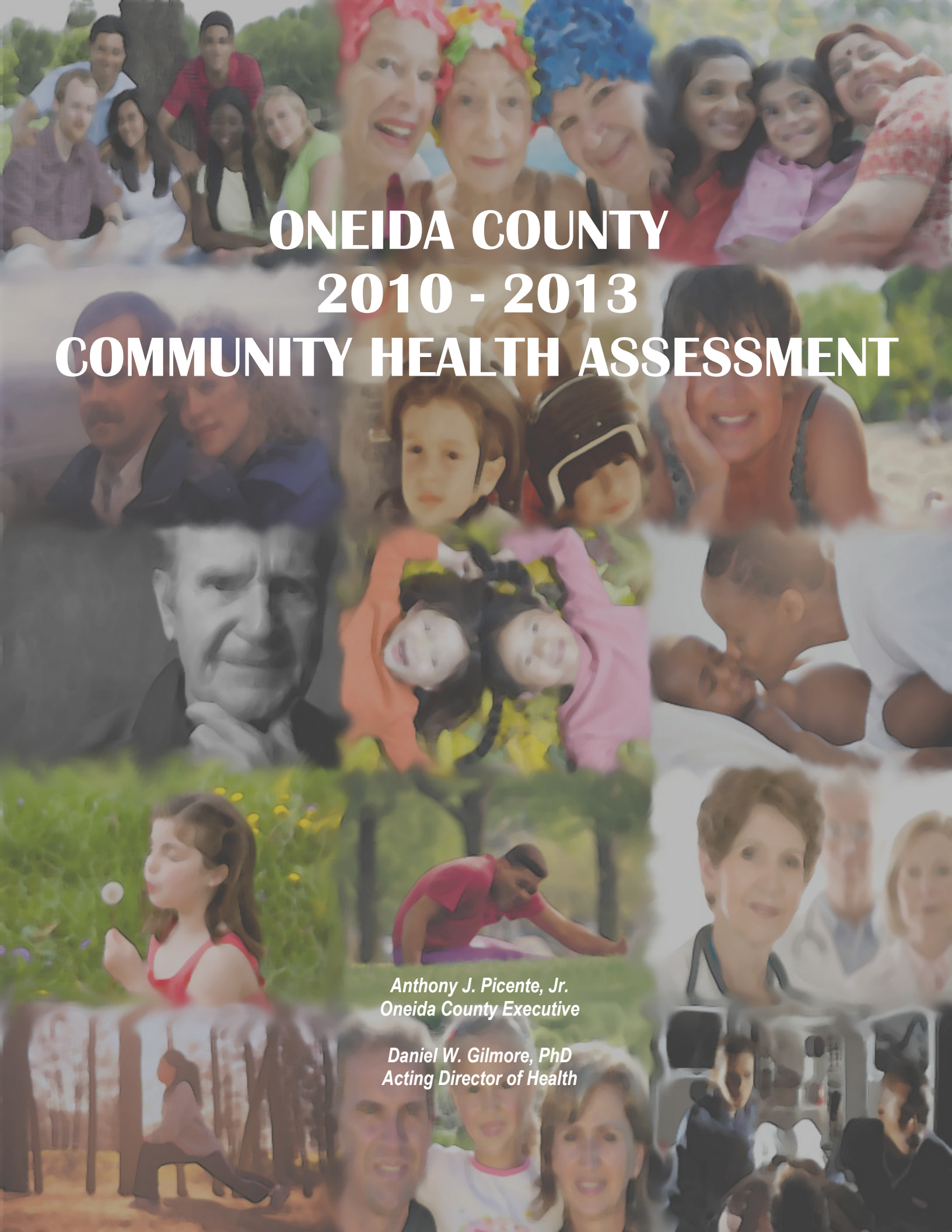

ONEIDA COUNTY
2010 - 2013
COMMUNITY HEALTH ASSESSMENT

Anthony J. Picente, Jr.
Oneida County Executive

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Acting Director of Health

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EXECUTIVE SUMMARY - INTRODUCTION

BACKGROUND

Oneida County Health Department has used the MAPP (Mobilizing for Action through Planning and Partnerships) framework developed by the National Association of County and City Health Officials to conduct the majority of our Community Health Assessment (CHA) activities. In the fall of 2007, the Director of Health convened an internal Core Planning Team of five staff members that met regularly to coordinate and implement CHA activities. This team was supported by two contractual consultants for data collection (Gary Scherzer, M.P.H.) and meeting facilitation (Thomas H. Dennison, Ph.D.). Health Department Core Planning Team members included the Director of Clinical Services, Program Analyst, Administrative Assistant – Clinical Services Division, Public Health Educator and the Secretary to the Director of Health.

A community health assessment planning team of approximately 25-30 individuals was convened in January 2008 that consisted of the steering committee members of an existing community health partnership, the Oneida County Health Coalition, and additional key community stakeholders including representatives from Madison and Herkimer Counties community health assessment initiatives. This became the MAPP Advisory Team (MAT) and their primary role was to provide guidance for the overall assessment process and implementation of activities. For the most part, this team met on a monthly basis since 2008. In addition to the MAT, there were subcommittee members made up of some members of the MAT and the Oneida County Health Coalition General Membership, students and Health Department Staff. These groups had the responsibility of implementing specific MAPP assessment activities including collecting data, facilitating community focus groups, and developing and distributing community surveys on health and quality of life issues. (See Attachment C for MAT and Subcommittees team members).

Figure 1- What Affects the Health of a Community?

The Health Department Core Planning Team acknowledges and greatly appreciates the dedicated efforts and support of the groups and individuals that assisted in guiding and supporting this tremendous undertaking; these include the members of the MAT and the OCHC Steering Committee, MAT Subcommittees and supporting Health Department Staff, and the Oneida County Executive, Anthony J. Picente, Jr. and representatives from his Office that participated and assisted in the promotion of CHA activities. Below is an outline of the CHA process, activities and highlights:

ORGANIZING FOR SUCCESS:

- *October 2007* – The Health Department Core Planning Team began to orient themselves to the CHA/MAPP process, identify potential planning partners, recruit consultants, and develop materials to assist in educating and orienting staff and community partners on CHA and MAPP (See Figure 1).
- *December 2007* – Initiated a MAPP/CHA Orientation for all Health Department Staff and invited Joan Ellison, Director of Health, Livingston County to present to senior staff on their experience with MAPP.
- *January 2008* - Before reaching out to community partners, the Core Planning Team felt it was important to first orient Health Department staff to the importance of assessment as a core function, MAPP, and the subsequent activities that would be promoted throughout the community. Thus two (2) mandatory staff CHA trainings were conducted which were also used as an opportunity to recruit volunteers to assist with the assessment.
- *February 2008* – Recruitment letters were sent to community partners to join the MAT.
- *March 2008* – Convened the first MAT Meeting to introduce and orient members to CHA and MAPP process.
- *April 2008* – Convened a special meeting with subcommittee members to introduce and orient to the CHA and MAPP process with focus on roles and responsibilities specific to the subcommittees activities (data collection and community input).

VISIONING:

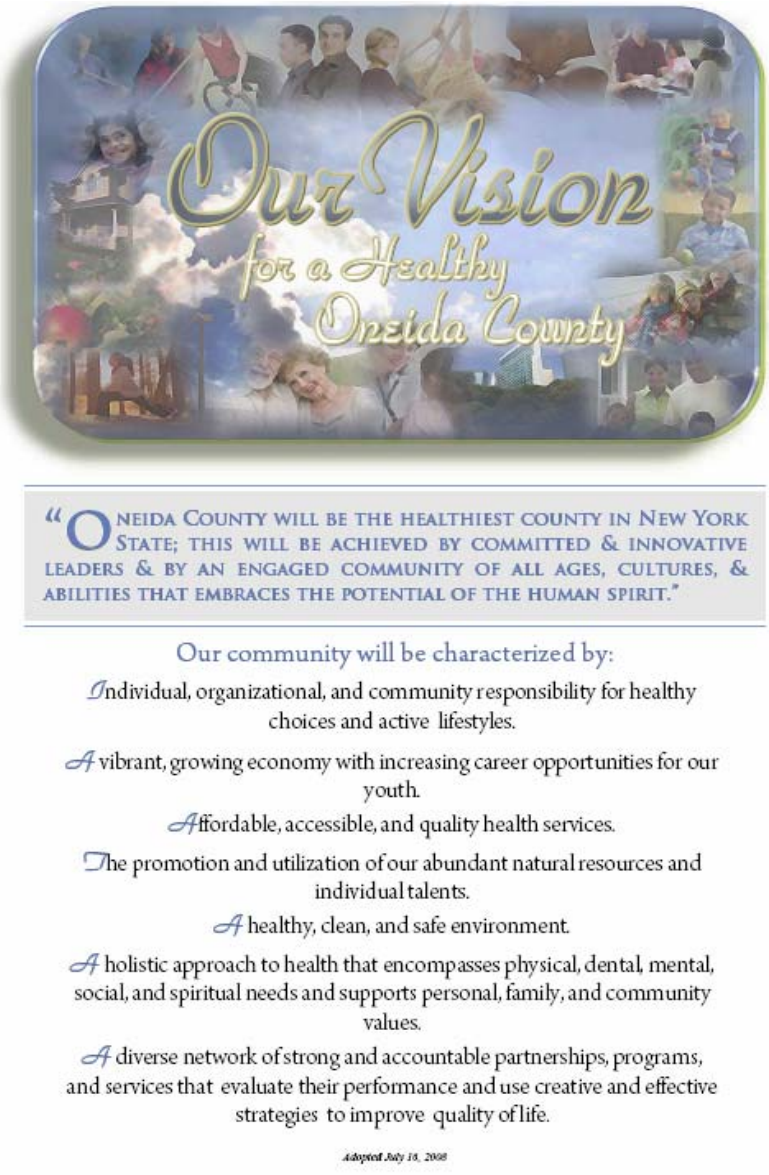
May & June 2008

- During Visioning (phase 2 of MAPP), we asked the community *"What does a healthy Oneida County mean to you?"* in order to identify common themes that would allow us to develop a shared community vision statement that would set the stage for the upcoming planning and assessment activities. Visioning was also used to promote and kick-off the overall CHA process.
- The MAT and or Health Department staff conducted Visioning Sessions throughout the community with the following individuals/groups: Oneida County Executive, Kick-Off Session with Community Partners, Oneida County Board of Legislators, Community Sessions in Utica & Rome, Youth Session and Girl Scouts. Over 140 individuals participated in the Visioning process which led to the development of a Vision Statement for a Healthy Oneida County. (See Attachment C for a listing of participating agencies). Hundreds of comments were collected and reviewed by a Visioning Subcommittee of the MAT that were committed to formulating a community vision statement that

would genuinely reflect the input of visioning participants. (See Figure 2 and Attachment D for the full Oneida County Vision Statement).

- The Vision Statement was finalized with a corresponding graphic design for promotion in the community; these were printed on bookmarks and distributed to all those that participated, posted on the Health Department's website, displayed in posters throughout many community agencies, and formally presented by partner agencies (Faxton-St. Luke's Healthcare and Insight House) to their staff and/or boards to encourage support of the Vision Statement.
- The Oneida County Executive's Office issued a press release and joined the MAT in a community meeting to announce the Community Vision Statement and launch the subsequent community health assessment activities.
- Data collected from the Visioning phase was incorporated in the subsequent priority setting process.

Figure 2- Oneida County Community Vision Statement



<u>COMMUNITY HEALTH STATUS ASSESSMENT:</u>

June – December 2008

- For the Community Health Status Assessment, a consultant, Gary Scherzer, M.P.H., Director and Associate Professor, SUNY IT Health Services Management School of Management, was hired to do the bulk of the data collection for this assessment. Subcommittee Chair, Dianne DiMeo, Catholic Charities, and other subcommittee members assisted in identifying data needs and began reviewing evidence-based strategies, and community resources for NYS Prevention Agenda areas. A Data Workshop was held at SUNY IT to provide CHSA subcommittee members in Oneida and Madison Counties with a refresher on health status indicators, data sources and data collection. A comprehensive data and

chart book has been compiled and has been used to identify priorities and serve as attachments to the CHA narrative report.

COMMUNITY THEMES & STRENGTHS ASSESSMENT:

June – December 2008

The Community Themes Assessment Subcommittee was led by Peter Cittadino, Executive Director, American Cancer Society. Subcommittee members conducted focus group activities using the "Healthy Conversations" model developed by HANYS (Hospital Association of New York State); these community discussions were coordinated by the Health Department and the County's three local hospitals (Faxton-St. Luke's, Rome Memorial, and St. Elizabeth Medical Center) who provided training, coordination and facilitation for Healthy Conversation activities, and members of the Oneida County Health Coalition. Twelve Healthy Conversation sessions (approximately 176 people) were conducted with various community groups throughout the county in Camden, Holland Patent, New Hartford (2), Rome (3), Utica (4) and Westmoreland (See Attachment E).

- This Subcommittee developed and distributed a community survey to identify the most significant health issues and quality of life concerns in the county. The survey was administered to over 2,000 individuals in the community.
- Data from this assessment was incorporated in subsequent priority setting process.

2008 COMMUNITY HEALTH SURVEY:
Oneida County Community Health Survey
What do you believe are the five (5) most important issues that must be addressed to improve the health and quality of life in Oneida County?

Answer	Response Percent
1. Access to healthcare services	42.1%
2. Violence/Crime	32.7%
3. Educational & community-based programs	27.8%
4. Child abuse/Neglect	27.5%
5. Alcohol/Drug abuse	26.9%
6. Obesity	26.4%
7. Poor Diet/Physical inactivity	23.9%
8. Cancer	23.3%
9. Teenage Pregnancy	20.8%
10. Housing	20.6%

FORCES OF CHANGE ASSESSMENT:

September 2008

- For the Forces of Change Assessment, Oneida County joined resources with Madison County (also using the MAPP process) to facilitate a Regional Forces of Change Regional Brainstorming Session to identify significant trends, factors, and events that are or will impact the region's health and public health system. Over 140 diverse representatives from Herkimer, Madison and Oneida Counties attended this event. The Oneida County Executive, Anthony J. Picente, Jr.; Herkimer County Administrator, James Wallace; and John Salka, on behalf of the Madison County Board of Supervisor, introduced and participated in this session. (See Attachment C for a listing of participating agencies).
- Data from this assessment was incorporated in priority setting process.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT:

January 2009

- Since the Public Health System Assessment was conducted as a stand-alone process in 2005, the MAT felt that it was not necessary to reassess and that the results from 2005 could be used for our current process. Approximately 90 individuals participated in this assessment.
- Data from this assessment was incorporated in priority setting process. (See Attachment F - Oneida County Local Public Health System Assessment Results)

ONEIDA COUNTY HEALTH PRIORITIES:

January 2009 – April 2009

- Health Department Core Planning Team members spent several months organizing the data from all of the above-referenced assessments around each of the NYS Prevention Agenda Areas. Materials were distributed prior to the priority setting meeting and a summary sheet was developed to assist participants in determining the priorities for Oneida County.
- In April 2009, over 40 individuals participated in the priority setting process for Oneida County by reviewing the data and collectively identifying the most significant issues for the County. As a result of that process the following five priorities were identified:

Physical Activity and Nutrition - #1
Healthy Mothers, Babies and Children - #1
Access to Quality Healthcare - #2
Mental Health and Substance Abuse - #3
Chronic Disease - #3

REGIONAL HEALTH PRIORITIES:

April 2009

- As neighboring counties, Oneida and Herkimer share in the provision of many health services to their residents; moreover, each county had identified the same 5 priorities from the NYS Prevention Agenda as part of their separate CHA processes. During this time, the United Way of the Valley and Greater Utica Area had recently undertaken an initiative to identify health investment areas for the Oneida-Herkimer Region. Thus, both counties agreed to coordinate their priority setting efforts to identify potential collaborative actions for the health priorities for the Region from the NYS Prevention Agenda by convening a Regional Health Summit with representatives from both counties. On April 24, 2009, a Regional Health Summit was convened with the primary focus of identifying potential collaborative actions/projects for each of the 5 priorities. Over 130 community partners participated in this event. At the conclusion of the meeting a list of proposed actions/projects and volunteers interested in working on each of the 5 priority areas were identified, collected and organized by the sponsors. (See Attachment C for a listing of participating agencies).
- This collaborative Regional Health Summit was sponsored and coordinated by representatives from the Oneida County Executive's and Herkimer County Administrator's Offices, Hospitals, Health Departments, CHA Planning Teams, and the United Way of the Valley and Greater Utica Area. This included the following agencies:

Faxton-St. Luke's Healthcare
Herkimer County Administrator's Office
Herkimer County Health Department
Herkimer County HealthNet
Oneida County Executive's Office
Oneida County Health Coalition & MAPP Advisory Team
Oneida County Health Department
St. Elizabeth Medical Center
Rome Memorial Hospital
United Way of the Valley and Greater Utica Area

ACTION CYCLE

The next phase of the MAPP process involves the development and implementation of an action plan. To guide the action planning and implementation phase, the MAT, OCHC, and sponsors of the Regional Health Summit reconvened to develop a plan of action for coordinating workgroup activities and to discuss the formation of an integrated regional council consisting of planning groups involved in the community health assessments for Oneida and Herkimer Counties into a "Regional Health Coordinating Council" (RHCC). Under such an arrangement, all of the Prevention Agenda Workgroups from the Regional Health Summit would be working on the priority areas under the umbrella of this council. The formation of this and council its purpose, membership, support, and structure are in the process of being discussed by representatives from both Herkimer and Oneida Counties. General discussions to date include the following proposal for the RHCC and ways in which it could coordinate and support the Prevention Agenda Workgroups:

- Launch the Prevention Agenda Workgroups in the late fall of 2009 to begin their action planning and implementation efforts.
- Provide workgroups with charters that provide a framework of "loose guidance" that does not dictate activities for implementation, but assists them in moving forward in their planning and organization process.
- Assist in identifying and recruiting members from the Workgroups that can act as Chairperson to lead the coordination of workgroup action items.
- Identify and reach out to existing coalitions/groups addressing their Prevention Agenda issues so as not to "reinvent" the wheel and allow them to connect with related initiatives or groups.
- Monitor data to track priority areas and health status of the Oneida-Herkimer Region
- Grant writing to support proposed projects.
- Coordination of communication regarding progress, activities, barriers and challenges.
- Ensure appropriate representation from Oneida and Herkimer Counties on workgroups and the RHCC.

In the meantime, the tentative plan is to reconvene all of the workgroups in the fall of 2009 to release each County's CHA Reports, launch the Prevention Agenda Workgroups and their projects, and announce the selected priority areas projects for which the Health Department and Hospitals will coordinate. Workgroups

that are not spearheaded by the Health Department or Hospital will be organized to self-select leadership and initiate their activities.

The next section is a summary of the proposed actions and projects to be undertaken to address the five priorities selected from the NYS Prevention Agenda. As part of the Prevention Agenda Initiative, the Oneida County Health Department and Oneida County Hospitals (Faxton-St. Luke's, Rome Memorial, and St. Elizabeth Medical Center) have agreed to take the lead in collaborating and/or supporting community efforts to address Healthy Mothers, Healthy Babies, and Healthy Children; Chronic Disease; and Mental Health and Substance Abuse. However, as previously discussed, community partners also identified Access to Quality Health Care and Physical Activity and Nutrition as community priorities; actions to address these issues will be spearheaded by a designated member of the Prevention Agenda Workgroups formed at the Regional Health Summit. All of the five priority areas and projects identified for implementation will be supported by the Health Department and hospital through their participation on the proposed RHCC.

The next section of this Executive Summary provides highlights of some of the key data findings from the Community Health Assessment and concludes with goals and strategies to address the NYS Prevention Agenda Priority Areas for Oneida County. As the planning and implementation phase evolves, currently identified actions and projects will likely evolve as additional partners, insights and issues are incorporated into the process

EXECUTIVE SUMMARY - CHA HIGHLIGHTS

"It's hard to know where you're going if you don't know where you are."

Community Health Assessment has been defined as "the ongoing process of regular and systematic collection, assembly, analysis, and distribution of information on the health of the community." Its aim is to describe the health of the community by presenting information on health status and community health needs and resources. Assessing the health of the community is a core function of your local public health department and is the foundation of public health practice. Information within the Community Health Assessment provides a diagnosis of the health status of the community based on a comprehensive analysis of health-related data and other factors that influence community health; in effect, it provides a picture or a "snapshot" of the health condition of the people in the community by answering important questions such as:

What are the significant health issues in our community?
What factors contribute to these health issues?
What are our community's assets and resources and where are there gaps in services?

A comprehensive health profile can tells us how healthy our community is and whether or not its health status is improving. Community health assessment should drive decisions about policies, programs, services and funding. It is a basis for determining necessary community interventions and for setting priorities to improve the health of the community. Additionally, it is the foundation for advocating for necessary change, leveraging resources and mobilizing community partners to share resources to address priority health issues.

This section of the report provides highlights of some of the key data findings from the Community Health Assessment, which includes:

- ☐ A table of Oneida County's Quartile Ranking for Select Health Indicators in comparison with all 62 counties in NYS based on NYSDOH quartile rankings.
- ☐ A summary table of Fertility and Natality data for Oneida County
- ☐ A table of the Leading Causes of Mortality in Oneida County
- ☐ A table of the Leading Causes of Years of Potential Life Lost
- ☐ A Socioeconomic Profile for Oneida County
- ☐ A table of the findings from the 2008 Oneida County Community Health Survey and Healthy Conversations

These highlights provide a quick overview of select health indicators for Oneida County; however, these indicators and many others are discussed in depth and included in relevant sections throughout the report. Each section of the report is based on a major health issue from the New York State Prevention Agenda. These sections include an analysis of some of the issues, trends, gaps and other relevant factors that may influence data findings.

ONEIDA COUNTY'S QUARTILE RANKING FOR SELECT HEALTH INDICATORS
In relation to the rates for all 62 NYS Counties

	Indicator	1st - most favorable	2nd	3rd	4th - least favorable
Natality Information	**Pregnancy Rate (population 15-44 yrs old)** (2004-2006):80.8 per 1,000				4
	Pregnancy Rate for 10-14 Year Olds (2004-2006): 1.4 per 1,000				4
	Teen Pregnancy Rate for 15-17 Year Olds (2004-2006): 33.2 per 1,000				4
	Abortion Ratio for All Ages (2004-2006): 35.6 per 100 live births				4
	Abortion Ratio for 15-19 Year Olds (2004-2006) 86.4 per 100 live births			3	
	% of First Births (2004-2006): 39.4%		2		
	% of Multiple Births (2004-2006): 3.9%			3	
	% of Births within 24 Months of Previous Pregnancy (2004-2006): 22.2%				4
	% of Births to Women 25+ years w/o High School Education (2004-2006): 2.1%			3	
	% of Births to Out of Wedlock Mothers (2004-2006): 45.9%				4
	% of Births to Teens 10-17 Years Olds (2004-2006): 3.3%				4
	% of Births to Women 35+ Years Olds (2004-2006 13.6%		2		
Low Birthweight & Premature Births	**% Very Low Birthweight (<1.5 Kg)** (2005-2007): 1.7%				4
	% Very Low Birthweight Singleton Births (2005-2007): 1.1%			3	
	% Low Birthweight (<2.5 Kg) (2005-2007): 8.7%				4
	% Low Birthweight Singleton Births (2005-2007): 6.3%				4
	% Premature Births (<32 Weeks Gestation) (2005-2007): 2.4%				4
	% Premature Births (32 - <37 Weeks Gestation) (2005-2007):10.6%				4
	% Premature Births (<37 Weeks Gestation) (2005-2007): 13.0%				4
Prenatal Care	**% Births with Early Prenatal Care** (2004-2006): 70.8%				4
	% Births with Late or No Prenatal Care (2004-2006): 5.4%				4
	% Adequate Prenatal Care (2004-2006): 65.2%			3	
	% Pregnant Women in WIC w/Early (1st Trimester) Prenatal Care, Low SES (2005-2007): 70.2%				4
	% Pregnant Women in WIC with Anemia, Low SES (2005-2007): 19.6%				4
	% Anemic Children in WIC (6 mos-4 yrs) Low SES (2005-2007): 19.8%				4
	% Pregnant Women in WIC - Prepregnancy Underweight (BMI < 19.8), Low SES (2005-2007): 12.5%				4
	% Pregnant Women in WIC - Prepregnancy Overweight (BMI 26 - 29), Low SES (2005-2007): 31.0%			3	
	% Pregnant Women in WIC - Prepregnancy Very Overweight (BMI over 29), Low SES (2005-2007): 31.0%		2		
Infant Mortality	**Infant Mortality (< 1year) Rate** (2005-2007): 7.0 per 1,000				4
	Neonatal Mortality (<28 weeks) Rate (2005-2007): 4.6 per 1,000			3	
	Postneonatal Mortality (1 month to 1 year) Rate (2005-2007): 2.5 per 1,000			3	
	Fetal Deaths (<20 weeks gestation) Rate (2005-2007): 5.8 per 1,000			3	
	Perinatal Mortality (20 weeks gest - 7 days of life) Rate (2005-2007): 6.9 per 1,000			3	

ONEIDA COUNTY'S QUARTILE RANKING FOR SELECT HEALTH INDICATORS In relation to the rates for all 62 NYS Counties					
	Indicator	1st - most favorable	2nd	3rd	4th - least favorable
Dental Care - Children	**Dental Caries (Cavities) Outpatient Visits Rate** (2005-2007):349.4 per 10,000				4
	% All 3rd Grade Children with Caries (Cavities) (2004-2006): 59.0%			3	
	% Low SES 3rd Grade Children with Caries (Cavities) (2004-2006): 80.1%				4
	% All 3rd Grade Children with Untreated Caries (Cavities) (2004-2006): 38.2%			3	
	% Low SES 3rd Grade Children w/Untreated Caries (Cavities)(2004-2006): 63.6%				4
	% 3rd Grade Children with Dental Sealants (2004-2006): 48.5%	1			
	% 3rd Grade Children with Dental Insurance (2004-2006): 77.5%			3	
	% 3rd Grade Children with at Least 1 Dental Visit in Last Year (2004-2006): 75.2%			3	
	% 3rd Grade Children Taking Fluoride Tablets on a Regular Basis (2004-06): 34.5%		2		
Lead	**% of children born in 2003 or 2004 screened for lead by age 2:** 74.5%			3	
	Incidence rate among children <72 months of age with a confirmed blood lead levels>=10µg/dl (2003-2005): 4.9 per				4
Infectious Diseases	**Pneumonia Hospitalizations Rate for 0-4 yr Olds** (2005-2007): 45.1 per 10,000			3	
	Gastroenteritis Hospitalizations Rate for 0-4 yrs Olds (2005-2007): 20.4 per 10,000		2		
	Otitis Media Hospitalizations Rate for 0-4 yr Olds (2005-2007): 2.9 per 10,000			3	
	Pertussis Incidence Rate (2005-2007): 15.8 per 100,000				4
	HIB (Haemophilus Influenza) Incidence Rate (2005-2007): 0.9 per 100,000		2		
	Pneumonia/flu hospitalizations Rate for 65+ yr s (2005-2007): 215.4 per 10,000			3	
	Hepatitis A Rate (2005-2007): 1.3 per 100,000			3	
	Hepatitis B Rate (2005-2007): 0.7 per 100,000			3	
	Tuberculosis Incidence Rate (2005-2007): 2.4 per 100,000				4
	Lyme Disease Incidence Rate (2005-2007): 2.4 per 100,000		2		
	E. Coli O157 Incidence Rate (2005-2007): 1.4 per 100,000			3	
	Salmonella Incidence Rate (2005-2007): 12.1 per 100,000		2		
	Lyme Disease Incidence Rate (2005-2007): 2.4 per 100,000;		2		

ONEIDA COUNTY'S QUARTILE RANKING FOR SELECT HEALTH INDICATORS
In relation to the rates for all 62 NYS Counties

	Indicator	1st - most favorable	2nd	3rd	4th - least favorable
Sexually Transmitted Diseases	**Gonorrhea Rate** (2005-2007): 41.6 per 100,000			3	
	Gonorrhea for 15-19 Years Olds Rate (2005-2007): 158.2 per 100,000			3	
	Chlamydia for Males Rate (2005-2007): 122.4 per 100,000				4
	Chlamydia for Males 15-19 Years Old Rate (2005-2007): 370.5 per 100,000			3	
	Chlamydia for Males 20-24 Years Old Rate (2005-2007): 631.4 per 100,000				4
	Chlamydia for Females Rate (2005-2007): 379.4 per 100,000				4
	Chlamydia for Females 15-19 Years Old Rate (2005-2007): 2241.3 per 100,000				4
	Chlamydia for Females 20-24 Years Old Rate (2005-2007): 2,139.2 per 100,000				4
	Pelvic Inflammatory Disease Rate -Females Age 15-44 (2005-2007): 4.4 per 10,000			3	
	Pelvic Inflammatory Disease (PID) Hospitalizations Rate (2005-2007): 5.1 per 10,000 women ages 15-44 years			3	
	HIV Case Rate (2005-2007): 3.7 per 100,000		2		
	Newly Diagnosed Cases of HIV (**Rate** 2005-2007): 5.4 per 100,000		2		
	AIDS Case Rate (2005-2007): 4.6 per 100,000		2		
	AIDS Mortality Rate (2005-2007): 3.2 per 100,000				4
Injuries and Violence	**Unintentional Injury Hospitalizations Rate** (2005-2007): 69.2 per 10,000			3	
	Unintentional Injury Hospitalizations (< 10 yrs) Rate (2005-2007): 25.3 per 10,000			3	
	Unintentional Injury Hospitalizations (age 10-14) Rate (2005-2007): 21.3 per 10,000		2		
	Unintentional Injury Hospitalizations (age 15-24) Rate (2005-2007): 34.8 per 10,000		2		
	Unintentional Injury Hospitalizations (age 25-64) Rate (2005-2007): 47.5 per 10,000			3	
	Unintentional Injury Hospitalizations (age 65+) Rate (2005-2007): 317.3 per 10,000				4
	Falls Hospitalizations Rate (2005-2007): 38.9 per 10,000				4
	Falls Hospitalizations (Under age 10) Rate (2005-2007): 7.5 per 10,000		2		
	Falls Hospitalizations (age 10-14) Rate (2005-2007): 5.9 per 10,000		2		
	Falls Hospitalizations (age 15-24) Rate (2005-2007): 6.1 per 10,000			3	
	Falls Hospitalizations (age 25-64) Rate (2005-2007): 19.3 per 10,000			3	
	Falls Hospitalizations (age 65-74) Rate (2005-2007): 92.4 per 10,000				4
	Falls Hospitalizations (age 75-84) Rate (2005-2007): 265.8 per 10,000				4
	Falls Hospitalizations (age 85+) Rate (2005-2007): 603.9 per 10,000				4

ONEIDA COUNTY'S QUARTILE RANKING FOR SELECT HEALTH INDICATORS
In relation to the rates for all 62 NYS Counties

	Indicator	1st - most favorable	2nd	3rd	4th - least favorable
Injuries and Violence (continued)	**Poisoning Hospitalizations Rate** (2005-2007): 10.8 per 10,000				4
	Traumatic Brain Injury Hospitalizations Rate (2005-2007): 9.0 per 10,000			3	
	Unintentional Injury Mortality Rate (2005-2007): 22.6 per 100,000	1			
	Motor Vehicle Mortality Rate (2005-2007): 9.1 per 100,000		2		
	Non-Motor Vehicle Mortality Rate (2005-2007): 18.1 per 100,000;		2		
	Alcohol-related Motor Vehicle Injuries & Deaths Rate (2005-2007): 5.9 per 100,000		2		
	Assault Hospitalizations Rate (2005-2007): 2.7 per 10,000			3	
	Homicide Mortality Rate (2005-2007): 4.2 per 100,000				4
	Self-Inflicted Injury Hospitalizations Rate (2005-2007): 8.6 per 10,000				4
	Self-Inflicted Injury Hospitalizations(15-19 Yrs) Rate (2005-2007): 12.9 per 10,000			3	
	Suicide Mortality Rate (2005-2007): 10.4 per 100,000			3	
	Suicide Mortality Rate for 15-19 Year Olds (2005-2007): 5.9 per 100,000			3	
Respiratory Diseases	**CLRD Mortality Rate** (2005-2007): 46.7 per 100,000		2		
	Asthma Hospitalizations Rate (2005-2007): 15.1 per 10,000				4
	Asthma Hospitalizations Rate for 0-4 Year Olds (2005-2007): 35.3 per 10,000			3	
	Asthma Hospitalizations Rate for 5-14 Year Olds (2005-2007): 7.6 per 10,000			3	
	Asthma Hospitalizations Rate for 0-17 Year Olds (2005-2007): 13.6 per 10,000			3	
	Asthma Hospitalizations Rate for 65+ Year Olds (2005-2007): 33.0 per 10,000				4
	Asthma Mortality Rate (2005-2007): 12.2 per 1,000,000			3	
	COPD Hospitalization Rate (2005-2007): 35.1 per 10,000			3	
	COPD Mortality Rate (2005-2007): 46.7 100,000		2		
Cirrhosis	**Cirrhosis Hospitalizations Rate** (2005-2007): 2.7 per 10,000			3	
	Cirrhosis Mortality Rate (2005-2007): 7.0 per 100,000		2		
Diabetes	**Diabetes (Primary Diagnosis) Hospitalization Rate** (2005-2007): 16.8 per 10,000				4
	Diabetes (Any Diagnosis) Hospitalization Rate (2005-2007): 252.9 per 10,000				4
	Diabetes Mortality Rate (2005-2007): 19.7 per 100,000			3	

ONEIDA COUNTY'S QUARTILE RANKING FOR SELECT HEALTH INDICATORS
In relation to the rates for all 62 NYS Counties

	Indicator	1st - most favorable	2nd	3rd	4th - least favorable
Diseases of the Heart	**Diseases of the Heart Hospitalizations Rate** (2005-2007): 142.2 per 10,000				4
	Diseases of the Heart Mortality Rate (2005-2007): 218.7 per 100,000			3	
	Diseases of the Heart Mortality Rate for Premature Death (ages 35-64) (2005-2007): 100.7 per 100,000			3	
	Diseases of the Heart Pretransport Mortality Rate (2005-2007): 155.4 per 100,000				4
	Cardiovascular Disease Hospitalizations Rate (2005-2007): 204.5 per 10,000				4
	Cardiovascular Disease Mortality Rate (2005-2007): 278.1 per 100,000			3	
	Cardiovascular Disease Mortality Rate for Premature Death (ages 35-64) (2005-2007): 125.0 per 100,000			3	
	Cardiovascular Disease Pretansport Mortality Rate (2005-2007): 191.6 per 100,000				4
	Coronary Heart Disease Hospitalizations Rate (2005-2007): 65.9 per 10,000			3	
	Coronary Heart Disease Mortality Rate (2005-2007): 155.1 per 100,000		2		
	Coronary Heart Disease Mortality Rate for Premature Death (ages 35-64) (2005-2007): 73.7 per 100,000			3	
	Coronary Heart Disease Pretransport Mortality Rate (2005-2007): 114.6 per 100,000			3	
	Congestive Heart Failure Hospitalizations Rate (2005-2007): 36.3 per 10,000				4
	Congestive Heart Failure Mortality Rate (2005-2007): 16.1 per 100,000			3	
	Congestive Heart Failure Mortality Rate for Premature Death (ages 35-64) (2005-2007): 2.9 per 100,000			3	
	Congestive Heart Failure Pretransport Mortality Rate (2005-2007): 12.0 per 100,000			3	
	Cerebrovascular Disease (Stroke) Hospitalization Rate (2005-2007): 31.8 per 100,000				4
	Cerebrovascular Disease (Stroke) Mortality Rate (2005-2007):38.9 per 100,000			3	
	Cerebrovascular Disease (Stroke) Mortality Rate for Premature Death (ages 35-64) (2005-2007): 17.2 per 100,000				4
	Cerebrovascular Disease (Stroke) Pretransport Mortality Rate (2005-2007): 23.1 per 100,000				4
Cancer	**% Early Diagnosis of Breast Cancer** (2001-2005): 68%		2		
	Breast Cancer Incidence Rate (2002-2006): 122.7 per 100,000		2		
	Breast Cancer Mortality Rate (2002-2006): 1.2 per 100,000		2		
	% Early Diagnosis of Cervical Cancer 2002-2006): 64%	1			
	Cervix uteri Cancer Incidence Rate (2002-2006): 8.2 per 100,000			3	
	Cervical Cancer Mortality Rate (2002-2006): 3.0 per 100,000			3	
	% Early Ovarian Cancer Diagnosis Rate (2002-2006): 19%		2		
	Ovarian Cancer Incidence Rate (2002-2006): 16.7 per 100,000				4
	Ovarian Cancer Mortality Rate (2002-2006): 9.8 per 100,000			3	
	% Early Diagnosis of Colorectal Cancer Percentage (2002-2006): 42%			3	

ONEIDA COUNTY'S QUARTILE RANKING FOR SELECT HEALTH INDICATORS
In relation to the rates for all 62 NYS Counties

	Indicator	1st - most favorable	2nd	3rd	4th - least favorable
Cancer (continued)	**Colon and Rectum Cancer Incidence Rate** (2002-2006): 52.7		2		
	Colorectal Cancer Mortality Rate: (2002-2006): 17.4	1			
	% Early Diagnosis of Prostate Cancer (2002-2006): 90.0%	1			
	Prostate Cancer Incidence Rate (2002-2006): 168.2		2		
	Prostate Cancer Mortality Rate (2002-2006): 21.6	1			
	% Early Oral Cavity and Pharynx Cancer Diagnosis (2002-2006): 46%	1			
	Oral Cavity and Pharynx Cancer Incidence Rate (2002-2006): 12.9				4
	Oral Cavity and Pharynx Cancer Mortality Rate (2002-2006): 2.1		2		
	% Early Lung and Bronchus Cancer Diagnosis (2001-2005): 21%			3	
	Lung and Bronchus Cancer Incidence Rate (2002-2006): 81.4			3	
	Lung and Bronchus Cancer Mortality Rate (2002-2006): 55.3		2		
	% Early Diagnosis of Melanoma of the Skin (2002-2006): 81%			3	
	Melanoma of the Skin Mortality Rate (2002-2006): 2.5		2		

FERTILITY AND NATALITY

See Healthy Mothers, Babies and Children Section for analysis of Fertility and Natality Data

Table 2.1. Selected Natality Information, Oneida County, New York State, New York State w/o NYC and HP2010 Goals, 2004-2006 combined

Indicator	3 Year Total	Oneida Co	NYS	Sig.Dif.	NYS excl. NYC	Sig.Dif.	Ranking Quartile	HP2010 Goal
% of births to women 25+ years w/o H.S. education	97	2.1	7.6	Yes	3.5	Yes	3rd	N/A
% births to out of wedlock mothers	3,508	45.9	40.0	Yes	35.0	Yes	4th	N/A
% first births	3,012	39.4	42.9	Yes	40.9	Yes	2nd	N/A
% of births that were multiple births	300	3.9	3.8	No	4.1	No	3rd	N/A
% births w/early prenatal care	5,280	70.8	74.9	Yes	77.3	Yes	4th	90
% births w/late or no prenatal care	404	5.4	5.0	No	3.8	Yes	4th	N/A
% adequate prenatal care (Kotelchuck)	4,889	65.2	63.0	Yes	68.6	Yes	3rd	90
% Pregnant Women in WIC with Early (1st Trimester) Prenatal Care, Low SES (2005-07)	2,711	70.2	84.0	Yes	85.1	Yes	4th	N/A
% Cesarean section	2,428	31.7	31.5	No	33.2	Yes	3rd	N/A
% of births within 24 months of previous pregnancy	1,698	22.2	16.5	Yes	17.9	Yes	4th	6.0
% of births to teens (10-17 years)	254	3.3	2.2	Yes	2.1	Yes	4th	N/A
% of births to women 35+ years	1,038	13.6	20.1	Yes	20.8	Yes	2nd	N/A
Fertility rate per 1,000 (all births/population 15-44)	7,651	57.1	60.7	Yes	57.8	No	3rd	N/A
Teen birth rate per 1,000 (births 10-17/population 10-17)	254	6.7	5.4	Yes	4.4	Yes	4th	N/A
Pregnancy Rate per 1,000 (all pregnancies/ population 15-44 years)	10,829	80.8	94.4	Yes	76.9	Yes	4th	N/A
Teen Pregnancy Rate per 1,000 -								
10-14 years	32	1.4	1.5	No	0.9	No	4th	N/A
15-17 years	493	33.2	36.7	Yes	23.7	Yes	4th	43.0
15-19 years	1,526	63	61.3	No	41.7	Yes	4th	N/A
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 women ages 15-44 years	69	5.1	5.8	No	4.4	No	3rd	N/A
Abortion Ratio (induced abortions per 100 live births)								
15-19 years	692	86.4	123.7	Yes	84.6	No	3rd	N/A
All ages	2,727	35.6	48.4	Yes	27.8	Yes	4th	N/A

Source: New York State Department of Health, 2008.

LEADING CAUSES OF MORTALITY AND YEARS OF POTENTIAL LIFE LOST

Heart Disease and Cancer are the leading causes of death in Oneida County and Years of Potential Life Lost (YPLL). YPLL is an estimated measure of premature mortality, or the average years a person would have lived if they had not died prematurely. YPLL data helps communities to understand deaths that are more common in younger people. Interestingly, when looking at YPPL data for Oneida County, Accidents and Suicide emerge as an issue of concern and rank 3rd and 5th respectively for YPLL (Table 3.11). See respective health issue sections for a more detailed analysis of mortality, YPLL, and other health indicator data.

Table 3.7. Age-sex adjusted mortality rates/100,000 for selected causes of death, Oneida County, New York State and New York State w/o NYC, 2002-2006 (See Oneida County Data Book)

Indicator	2002			2003			2004			2005			2006		
	OC	NYS	NYS excl. NYC	OC	NYS	NYS excl. NYC	OC	NYS	NYS excl. NYC	OC	NYS	NYS excl. NYC	OC	NYS	NYS excl. NYC
Overall	783.1	783.6	805.9	805.9	764.9	783.6	783.6	798.2	764.9	764.9	763.0	798.2	798.2	744.3	763.0
Heart Disease	245.4	272.6	253.3	248.1	261.0	242.8	229.3	241.6	225.2	229.1	240.7	223.8	216.6	222.9	217.9
Malignant Neo	187.1	180.7	190.9	178.9	175.2	184.2	188.3	172.3	183.0	171.4	169.5	179.7	178.9	163.6	179.8
CVD	57.0	36.2	41.7	46.3	34.1	39.2	45.1	31.9	39.1	37.5	30.4	40.2	43.6	28.9	37.8
CLRD*	45.6	34.2	44.1	42.4	32.3	41.2	45.0	31.9	38.2	45.1	32.2	37.2	42.9	29.1	35.3
Pneumonia	24.6	25.8	26.6	27.0	25.4	25.4	25.1	25.8	23.8	22.1	25.5	26.2	26.2	21.7	26.4
Accidents	24.9	21.9	22.6	21.6	21.0	21.0	21.7	19.4	20.0	18.4	21.5	20.1	15.2	19.8	17.8
Diabetes	18.8	19.3	18.0	20.6	20.5	18.6	17.9	18.7	17.2	20.6	19.3	17.7	17.6	17.4	17.0
AIDS	9.8	10.3	6.9	7.3	9.6	7.1	6.7	8.7	6.4	6.0	8.3	6.2	6.9	6.5	6.1
Cirrhosis	2.4	6.9	3.3	3.2	6.8	3.1	2.9	6.3	2.8	4.0	5.9	3.1	4.4	5.7	3.2
Homicide, et al	0.0	4.9	2.8	2.6	5.1	2.5	3.1	4.6	2.7	4.4	4.8	2.3	2.5	4.4	2.4

Source: New York State Department of Health, 2008. *Chronic Lower Respiratory Disease.

Table 3.11 - Years of potential life lost (YPLL) age adjusted mortality/100,000, Oneida County, New York State and New York State w/o NYC, 2006 (See Oneida County Data Book)

Cause of Death	Oneida County			NYS			NYS w/o NYC		
	Rank*	YPLL	AR	Rank	YPLL	AR	Rank	YPLL	AR
Malignant Neoplasms (C00-C97)	1	3,627	1,398.1	1	262,984	1,258.8	1	162,268	1,314.3
Diseases of the Heart (I00-09,11,13,20-51)	2	2,600	1,047.0	2	183,710	883.1	2	101,601	837.0
Total Accidents (V01-X59,Y85-Y86)	3	1,616	712.3	3	100,812	522.3	3	75,219	689.0
Cond Perinatal Period (P00-P96)	4	1,103	586.8	4	59,329	335.0	4	28,485	309.9
Suicide (X60-X84,Y87.0)	5	750	320.9	7	37,038	190.7	5	37,038	230.5
Cerebrovascular Disease (I60-I69)	6	484	196.3	10	26,102	127.2	8	15,034	124.4
Homicide and Legal Int (X85-Y09,Y35,871,890)	7	445	195.1	5	40,116	209.8	7	14,766	137.1
Chronic Lower Resp Dis (J40-J47)	8	440	170.6	11	22,584	108.5	9	15,265	122.2
Diabetes (E10-E14)	9	350	148.8	9	26,347	127.5	10	13,537	111.4
Cirrhosis Liver (K70,K73-K74)	10	225	101.3	12	17,230	83.3	11	10,270	84.8
Congenital Anomalies (Q00-Q99)	11	203	101.0	8	27,569	153.5	6	16,025	167.2
Pneumonia (J12-J18)	12	180	75.4	13	15,502	76.5	13	6,718	57.9
AIDS (B20-B24)	13	170	74.4	6	38,972	199.1	12	7,985	72.5
Other	NA	3,264	NA	NA	219,026	NA	NA	103,204	NA
Total	NA	15,457	6,546.8	NA	1,077,321	5,339.5	NA	607,415	5,240.1

Source: New York State Department of Health, 2008. *Rank is based on the age-adjusted rates.

SOCIOECONOMIC PROFILE

Research shows that social conditions – such as our jobs, our income, the schools we attend, the neighborhoods we live in – are as important to our health as our genes, our behaviors and even our medical care. Thus, when assessing health risk factors in Oneida County it is equally important to review data for social determinants of health to understand their impact on health and quality of life in our community. The following table highlights some of these socioeconomic characteristics which are discussed in more detail in the full CHA Report.

Population and socioeconomic profile, Oneida County, 2006

Characteristic	Number	Percent	U.S.	Margin of Error
Selected Socioeconomic Data				
Average household size	2.34	(X)	2.61	+/-0.04
Average family size	2.86	(X)	3.2	+/-0.07
High school graduate or higher	(X)	84.6%	84.1%	(X)
Bachelor's degree or higher	(X)	21.6%	27.0%	(X)
Disability status (population 5 years and over)	45,523	21.4%	15.1%	+/-2,764
In labor force (population 16 years and over)	114,357	60.2%	65.0%	+/-2,584
Median household income (in 2006 inflation-adjusted dollars)	40,466	(X)	48,451	+/-1,640
Median family income (in 2006 inflation-adjusted dollars)	49,799	(X)	58,526	+/-2,090
Per capita income (in 2006 inflation-adjusted dollars)	20,945	(X)	25,267	+/-749
Families below poverty level	(X)	11.1%	9.8%	(X)
Individuals below poverty level	(X)	14.8%	13.3%	(X)
Total housing units	103,344	.	.	+/-268
Occupied housing units	93,323	90.3%	88.4%	+/-1,421
Owner-occupied housing units	60,884	65.2%	67.3%	+/-2,232
Renter-occupied housing units	32,439	34.8%	32.7%	+/-2,109
Vacant housing units	10,021	9.7%	11.6%	+/-1,407

Source: Bureau of the Census, 2008.
Explanation of symbols:
***** The median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.**
******* The estimate is controlled. A statistical test for sampling variability is not appropriate.**
N – Data for this geographic area cannot be displayed because the number of sample cases is too small.
(X) – The value is not applicable or not available.

COMMUNITY FEEDBACK

This part of the Community Health Assessment focuses on gathering input from Oneida County residents and capturing what is important to them. Data was collected on health and quality of life issues, characteristics of a healthy community, and what needs to be done to improve the health of the County. Focus group activities were facilitated using the "Healthy Conversations" model developed by HANYS (Hospital Association of New York State); these community discussions were coordinated by the Health Department, the County's three local hospitals (Faxton-St. Luke's, Rome Memorial, and St. Elizabeth Medical Center), and members of the Oneida County Health Coalition. Twelve Healthy Conversation sessions (approximately 176 people) were conducted with various community groups throughout the County (See Attachment E for more details on survey and focus groups results). Information was also collected through the use of a survey administered to 2,010 community members. This information was used to inform the priority setting process and CHA Action Plan. The following is a summary of the 2008 Community Health Survey results and the Healthy Conversations focus groups:

2008 COMMUNITY HEALTH SURVEY RESULTS: What do you believe are the 5 most important issues that must be addressed to improve the health and quality of life in the County?	
Options	**Percent**
1. Access to healthcare services	42.1%
2. Violence/Crime	32.7%
3. Educational & community-based programs	27.8%
4. Child abuse/Neglect	27.5%
5. Alcohol/Drug abuse	26.9%
6. Obesity	26.4%
7. Poor Diet/Physical inactivity	23.9%
8. Cancer	23.3%
9. Teenage Pregnancy	20.8%
10. Housing	20.6%
11. Aging problems	18.1%
12. Mental Health	17.1%
13. Domestic Violence	16.9%
14. Dropping out of school	16.1%
15. Heart Disease	14.9%
16. Tobacco use	12.9%
17. Maternal, infant, and child health	12.4%
18. Family Planning	12.3%
19. Dental care	11.2%
20. Diabetes	10.2%
21. Food Safety	8.8%
22. Sexually Transmitted Diseases (STDs)	8.4%
23. Race/Ethnic relations	8.1%
24. Water Quality	8.1%
25. Respiratory/Lung Diseases	6.5%
26. Infectious diseases	6.4%
27. Other (please specify)	6.3%
28. Air Quality	6.0%
29. HIV/AIDS	5.5%
30. Safety/Injury prevention	5.2%
31. Immunizations	4.9%
32. Suicide	4.5%

HEALTHY CONVERSATIONS FOCUS GROUP SUMMARY:

- 5 out of 12 groups specifically listed "Access to health care" as one of the top 3 most important issues.
- In 11 out of 12 groups, access in general, or a more specific healthcare system related issue, was mentioned.

Details on "Access to Health Care" categories (issues mentioned and counts):

- General (13)
- Provider Shortages/ Related (12)
- Insurance (11)
- Homecare (9)
- Resource awareness (9)
- Prescriptions (5)
- Transportation (4)
- Economics (3)
- Emergency Room related (3)
- Immunizations (2)
- Refugees/Immigrants (1)

EXECUTIVE SUMMARY - ACTION PLAN

This section identifies the goals and strategies to address the NYS Prevention Agenda Priority Areas for Oneida County. As the planning and implementation phase progresses, currently identified actions and projects will likely evolve as additional partners, insights and issues are incorporated into the process

Healthy Mothers, Babies, & Children 2013 Goals and Strategies

Ensuring the health and well-being of children in Oneida County continues to be a priority for the community. Throughout the commmunity health assessment process, an enormous amount of emphasis was placed on identifying ways in which we can promote postive health outcomes early in pregnancy and early in a newborn's life to improve the quality of life throughout the lifecourse. Reducing and or eliminating adverse childhood experiences (See Health Risk Factors Section - Adverse Childhood Experiences) specifically Child Abuse and Neglect, ranked 4th with 27.5% of respondents selecting it in the 2008 Oneida County Community Health Survey as one of the top five areas that must be addressed to improve the health and quality of life in the community. Another 12.4% of respondents selected Maternal Infant and Child Health and 12.3% selected Family Planning. There was a significant amount of concern for ensuring access to health services for poor and underserved children and families in all areas of health including physical, mental and oral health; with frequent references to immunizations, teen pregnancy and infant mortality. As a result it is not surprising Healthy Mothers, Healthy Babies, and Healthy Children has been identified as one of five priority areas for Oneida County from the NYSDOH Prevention Agenda. The Oneida County Health Department and local hospitals have also chosen this area as one of the priorities for which they will spearhead community efforts for improvement. The following is a summary of the goals and proposed collaborative actions to be taken to address this priority health area.

Objective:	Current Status:	2013 Target:
Reduce the Pregnancy Rate for 10-14 Year Olds from the 4th Quartile (Q4) to the 3rd Quartile (Q3) or lower Quartile by 2013.	Q4: 1.4 per 1,000 (2005-2007)	Q3: 0.8 - < 1.4
Decrease the % of Low Birth weight Births (<2.5 Kg) from the 4th Quartile (Q4) to the 3rd Quartile (Q3) or lower Quartile by 2013,	Q4: 8.7% (2005-2007)	Q3: 7.5% - < 8.2%
Increase the % of Births with Early Prenatal Care from the 4th Quartile (Q4) to the 3rd Quartile (Q3) or lower Quartile by 2013.	Q4: 70.4% (2005-2007)	Q3: 76.65% - < 80.6%
Decrease the Infant Mortality (< 1year) Rate from the 4th Quartile (Q4) to the 3rd Quartile (Q3) or lower Quartile by 2013.	Q4: 7.0 per 1,000 (2005-2007)	Q3: 5.5 - < 6.9
Decrease the Incidence rate among children <72 months of age with a confirmed blood lead levels>=10µg/dl to 0 by 2013.	4.9 per 100 (2003-2005)	0.0 per 100
Decrease the prevalence of tooth decay in 3rd grade children to 42.0% or lower by 2013.	59.0% (2004)	42.0%
Decrease the % of Indicated Reports of Child Abuse and Maltreatment to 27.0% or lower by 2013	36.0% (2008)	27.0%
Decrease the % of annual high school drop outs (students enrolled in grades 9-12) to 2.0% or lower by 2013	2.4% (2007-2008)	2.0% (?)
Increase the % of WIC mothers breastfeeding at 6 months to 50% or higher by 2013.	19% (2004-2006)	50.0%
Decrease the rate of Chlamydia to (?) per 100,000 or lower by 2013	275.3 per	TBD

Decrease the rate of gonorrhea to 19.0 per 100,000 or lower by 2013	100,000 58.2 per 100.000 (2004-2006)	19.0 per 100.000

Proposed Strategies:

1. Collaborate to centralize the OB services of Faxton-St. Luke's Healthcare and St. Elizabeth Medical Center at one site and provide a comprehensive, community-based program to improve access to prenatal and postnatal care for high risk populations.	Lead agencies/groups: ▪ Faxton-St. Luke's Healthcare ▪ St. Elizabeth Medical Center ▪ Oneida & Herkimer County Health Depts.
2. Reduce the number of adverse childhood experiences (ACEs) and their long-term mental and physical health effects. Activities include comprehensive approaches such as: Training healthcare providers in understanding and assessing ACEs; community education and awareness campaign; and increasing community protective factors that promote resiliency in childhood	Lead agencies/groups: ▪ Stop ACES Workgroup
3. Additional strategies to be identified by members of the Healthy Mothers, Babies & Children Workgroup(s) with guidance from the Oneida County Health Coalition/MAPP Team, and/or the Regional Health Coordinating Council. Recommendations include identifying evidence-based strategies and interventions that: • Address early education of girls for prenatal care • Increase the number of school-based health centers • Identify women early in pregnancy • Identifies systemic approach for women in prenatal care (education/inform physicians/providers)	Lead agencies/groups: ▪ To be identified

See Healthy Mothers, Babies, Children Section for a detailed discussion of maternal, infant and child health issues in Oneida County

Access to Quality Health Care 2013 Goals and Strategies

The Institute of Medicine has defined access to health care as "*The timely use of personal health services to achieve the best possible health outcomes*." (Institute of Medicine, Access to Health Care in America, National Academy Press, 1993) Access to quality health care services is a critical component of safeguarding and determining the health status of a community. The inability to access quality health care services can result in health disparities in vulnerable populations, diminish the overall quality of life for persons in our community and have significant costs to society. Many of the disparities in access to quality health care relate to affordability, availability, and accessibility, and the barriers that can prevent individuals from obtaining essential and needed health services.

Access to affordable health care services is a priority concern for Oneida County residents as identified in community surveys and forums (See Attachment E - Community Themes and Strengths); this issue ranked as the number one healthcare issue facing the community in a Faxton-St. Luke's 2008 Survey of 400 Households in Oneida and Herkimer Counties. It was also a recurring and dominant theme in the 2008 Visioning and Forces of Change Sessions, Oneida County Community Health Survey and all twelve 'Healthy Conversation' focus group sessions conducted throughout the County. This is not a surprising finding given the recent economic downturn. In Oneida County, affordable options for dental, vision and mental health services are a challenge for the poor, special needs, underinsured, uninsured and Medicaid populations.

Access to Quality Health Care has been identified as one of five priority areas for Oneida County from the NYSDOH Prevention Agenda. The following is a summary of the goals and proposed collaborative actions to be taken to address this priority health area.

Objective:	Current Status:	2013 Target:
Increase the % of adults with health care coverage to 100%.	84.3% (2008)	100.0%
Increase the % of adults with a regular health care provider to 96% or higher.	86.8% (2008)	96.0%
Increase the % of adults who have seen a dentist in the past year to 83% or higher by 2013.	70.3% (2008)	83.0%
Increase the % of Births with Early Prenatal Care from the 4th Quartile (Q4) to the 3rd Quartile (Q3) or better by 2013.	Q4: 70.4% (2005-2007)	Q3: 76.65% - < 80.6%
Increase the % of early stage diagnosis of breast cancer to 80.0% or higher by 2013.	68% (2001-2005)	80.0%
Increase the % of early stage diagnosis of colorectal cancer to 50.0% or higher by 2013.	42% (2001-2005)	50.0%
Decrease the % of all 3rd Grade Children with Untreated Caries (Cavities) to 21.0% or lower by 2013.	38.2% (2004-2006)	21.0%
Increase the % of all 3rd Grade Children w/ at Least One Dental Visit in Last Year to 83.0% or higher by 2013.	75.2% (2004-2006)	83.0%
Increase the percentage of All 3rd Grade Children with Dental Insurance to 100.0% by 2013.	77.5% (2004-2006)	100.0%

Proposed Strategies:

1. Reduce transportation barriers through the formation of an Oneida-Herkimer Transportation Committee to collaborate with existing community transportation services (i.e., Old Forge, Herkimer Co.) and develop a plan to expand services to coordinate bus runs near services. Include county leadership in the planning.

Lead agencies/groups:

- To be identified by members of the Access to Quality Health Care Workgroup(s).

2. Collaborate with the new Federally Qualified Health Center in providing and expanding primary care services for all underserved areas in the County.
3. Develop ongoing education regarding barriers to care and how to navigate the health care system broadcast and distribute to the community/providers at all levels of health care delivery. Support and actively participate in the community education video project for Herkimer-Madison-Oneida Counties - "Walk a Mile"- Navigating the Health Care System: The Patient and Provider Perspective.

Lead agencies/groups:

- CNY Ladder to Leadership "Walk A Mile" Access to Care Team

4. Additional strategies to be identified by members of the Access to Quality Health Care Workgroup(s) with guidance from the Oneida County Health Coalition/MAPP Team, and/or the Regional Health Coordinating Council. Recommendations include identifying evidence-based strategies and interventions that:
    - Advocate for policies, legislation, and incentives that reduce malpractice costs for providers and increase the number of primary care providers
    - Implement campaigns that increase awareness of benefits of a healthy lifestyle and consequences of poor health choices.
    - Maximize use of existing portals of access to improve awareness, access and treatment (e.g., DSS, nonprofits, faith-based organizations, etc.).
    - Address language barriers through:
    - MOSAIC Project
    - Improve organizational cultural competence within the health care leadership and workforce, by maximizing diversity by:
        - ✓ Establishing programs for minority health care leadership development and strengthening existing programs. The desired result is a core of professionals who may assume influential positions in academia, government, and private industry.
        - ✓ Hiring and promoting minorities in the health care workforce.
        - ✓ Involving community representatives in the health care organization's planning and quality improvement meetings.
    - Improve systemic cultural competence (e.g., in the structures of the health care system) by:
        - ✓ Making on-site interpreter services available in health care settings with significant populations of limited-English-proficiency (LEP) patients.
        - ✓ Developing health information for patients that is written at the appropriate literacy level and is targeted to the language and cultural norms of specific populations.
        - ✓ Requiring large health care purchasers to include systemic cultural competence interventions as part of their contracting language.
        - ✓ Identifying and implementing federal and state reimbursement strategies for interpreter services.

Lead agencies/groups:

- To be identified

- ✓ Using research tools to detect medical errors due to lack of systemic cultural competence, including those due to language barriers.
- ✓ Incorporating standards for measuring systemic cultural competence into standards used by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and by the National Committee for Quality Assurance (NCQA).
- ✓ Collecting race/ethnicity and language preference data for all beneficiaries, members, and clinical encounters in programs sponsored by the federal government and private organizations. The data should be used to monitor racial and ethnic disparities in health care delivery, for reporting to the public, and for quality improvement initiatives.
- ✓ Develop strategies to identify and collect data to measure barriers to accessing health care for targeted population (physical, mental, LEP, etc.). (Measured by the #facilities with handicap accessibility, interpreting contracts, specialty signage, etc.?)

See Access to Health Care Section for a detailed discussion of access to care issues in Oneida County

Physical Activity & Nutrition 2013 Goals and Strategies

The NYSDOH reports that "the major causes of morbidity and mortality in the United States are related to poor diet and physical inactivity. By maintaining a healthy diet and being physically active, individuals can achieve a healthy weight and reduce their risk of chronic diseases such as diabetes, heart disease, stroke and some forms of cancer. Obesity is a major risk factor for many chronic diseases, and has reached epidemic proportions both in New York and across the nation. Physical inactivity, poor nutrition, consumption of sugar-sweetened beverages and television viewing contribute to excess weight gain in children and adults."[1]

During the community health assessment process, physical activity and nutrition issues was one of the most common areas of concern raised, highlighting its relevance to both community members and health care providers. Over twenty three percent (23.9%) of respondents in the Oneida County 2008 Community Health Survey selected physical inactivity and poor nutrition as one of the top 5 most important issues to improve health and quality of life in the community; this ranked 7th out of 32 issues (see Attachment E - Community Themes and Strengths Section). In the 2008 community visioning sessions conducted as part of the community health assessment, there were repeated references to a greater need for individual and community responsibility for programs and initiatives that promote healthier lifestyles, improved access to healthy and affordable foods, and physical and recreational activities. (See Attachment D - Oneida County Community Vision Statement)

Physical activity and nutrition is one of the focus areas of the NYS Prevention Agenda and has been selected by community partners as one of the priority areas for action in Oneidas County. The following is a summary of the goals and proposed collaborative actions to be taken to address this priority health area

Objective:	Current Status:	2013 Target:
Decrease the % of obese 2−4 Years (WIC)(pre-school) to 11.6% or less by 2013.	14.7% (2004-2006)	11.6%
Decrease the % of adults who are obese (BMI>30) to 15% or less by 2013.	23.7% (2008)	15.0%
Increase the % of adults eating 5 or more fruits or vegetables per day to 33% or higher by 2013.	28.6% (2008)	33.0%
Increase % of adults engaged in some type of leisure time physical activity to 80% or higher by 2013.	76.6% (2005-2007)	80.0%

Proposed Strategies:	
1. Develop a community wide collaborative community health and fitness initiative. 2. Develop and advance broad-based policy, systems, and environmental change strategies for increasing access to physical activity and nutritional foods.	Lead agencies/groups: ▪ United Way of the Valley and Greater Utica Area ▪ To be identified by members of the Physical Activity & Nutrition Workgroup(s).
3. Additional strategies to be identified by members of the Physical Activity & Nutrition Workgroup(s) with guidance from the Oneida County Health Coalition/MAPP Team, and/or the Regional Health Coordinating Council. Recommendations include identifying evidence-based strategies and interventions that: • Improve access to existing low-cost physical activity resources in the	Lead agencies/groups: ▪ To be identified

community (e.g., schools)

- Collaborate with universities to collect and monitor school BMI data
- Implement policy and environmental changes that support physical activity and nutrition

See Health Risk Factors – Physical Activity & Nutrition Section for a detailed discussion of physical activity and nutrition issues in Oneida County

Chronic Disease & Cancer 2013 Goals and Strategies

The Centers for Disease Control (CDC) and Prevention define chronic diseases as non-contagious, prolonged illnesses that do not resolve spontaneously and are rarely cured completely; examples include asthma, heart disease, cancer, stroke, diabetes, and arthritis. They are the leading causes of disability and death in the United States and account for seven in ten deaths each year[2] and more so than ever there is rising concern regarding the increase in chronic conditions in children and adolescents. Behaviors such as tobacco use, poor diet, and physical inactivity are known risk factors leading to an increased incidence of chronic disease (NYSDOH)[3].

As part of Oneida County's Community Health Assessment (CHA) process, community partners selected chronic disease as one of three priority health areas for Oneida County from the NYS Prevention Agenda. During the priority setting process, it was understood that there is a correlation between chronic disease and other Prevention Agenda items specifically physical activity, nutrition, and tobacco use. Thus, although issues relating to accessing quality health care for the management and treatment of chronic disease were important factors, group discussions focused heavily on preventive measures and the underlying causes and behavioral risk factors that impact the problem. In fact, the increase in Obesity was identified by community partners as a significant "force of change" (trend, factors, or events) impacting the health of the community and the public health system (See Attachment G - Forces of Change Assessment). Similarly, Cancer (23.3% of respondents), Heart Disease (14.9%) and Diabetes (10.2%) were identified in the 2008 Oneida County Community Health Assessment Survey as quality of life concerns.

Chronic disease and cancer is one of the focus areas of the NYS Prevention Agenda and has been selected by community partners as one of the priority areas for action in Oneidas County. The Oneida County Health Department and local hospitals have also chosen this area as one of the priorities for which they will spearhead community efforts for improvement. The following is a summary of the goals and proposed collaborative actions to be taken to address this priority health area:

Objective:	Current Status:	2013 Target:
Decrease Diabetes prevalence in adults to 5.7% or less by 2013.	8.0% (2008)	5.7%
Decrease Diabetes short-term complication hospitalization rate for adults to 3.9 per 10,000 or less by 2013.	5.33 (2006)	3.9
Decrease the Coronary heart disease hospitalizations rate to 48.0 per 10,000 or less by 2013.	65.9 (2005-2007)	48.0
Decrease the Congestive heart failure hospitalization rate (ages 18+ years) to 33.0 per 10,000 or less by 2013.	36.3 (2005-2007)	33.0
Decrease the Cerebrovascular (Stroke) disease mortality rate to 24.0 per 100,000 or less by 2013.	31.8 (2005-2007)	24.0
Decrease the colorectal cancer mortality rate to 13.7 per 100,000 or less by 2013.	17.4 (2005-2007)	13.7
Increase the % of adults age 50 and Older that have had a Sigmoidoscopy or Colonoscopy within the Past 10 Years	62.9% (2008 Expanded BRFSS)	80%
Increase the % of Women age 40 and Older that have had a Mammogram within the Past 2 Years	81.9% (2008 Expanded BRFSS)	90%

Decrease the percentage of Overweight (27.8%) and Obese Adults (23.7%) to 15% or lower by 2013	27.8% and 23.7%	15%
Increase the number of healthcare organizations and providers that effectively implement the Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence.	TBD	TBD
Increase the number of public and private health insurance plans that provide comprehensive, lifetime coverage of tobacco dependence treatment.	TBD	TBD

Proposed Strategies:

1. Advance tobacco-free policies and provision of tobacco dependence treatment in all healthcare settings, including hospitals and physician practices, substance abuse treatment facilities, mental health treatment and support settings, adult care facilities and HIV care settings. 2. Support employer provision and promotion of tobacco dependence treatment for employees and adoption of tobacco-free campuses. 3. Expand and sustain efforts to promote the New York State Smokers' Quitline website	Lead agencies/groups: ▪ Chronic Disease Management - Smoking/Tobacco Cessation Program
4. Develop inventory of all (evidence-based) chronic disease prevention services and programs and educate community on availability.	Lead agencies/groups: ▪ To be identified by the Chronic Disease & Cancer Workgroup(s)
5. Additional strategies to be identified by members of the Chronic Disease & Cancer Workgroup(s) with guidance from the Oneida County Health Coalition/MAPP Team, and/or the Regional Health Coordinating Council. Recommendations include identifying evidence-based strategies and interventions that: • Identify effective and prevention-focused clinical practice guidelines for chronic disease and identify the clinical practice guidelines that providers are required to do based on payor source. Advocate for the adoption of the overlapping clinical practice guidelines globally to promote systems change. • Identify existing chronic disease services and reasons people do not access them. Develop and implement strategies that address these barriers.	Lead agencies/groups: ▪ To be identified

See Chronic Disease Section for a detailed discussion of chronic diseases issues in Oneida County

Mental Health & Substance Abuse 2013 Goals and Strategies

Healthy People 2010 defines mental health as "*a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.*"[4] An individual's mental health status influences their well-being, family and interpersonal relationships, and contribution to society. Mental illness touches people of all ages, gender, race, and income. The NYSDOH reports that in the United States, mental illness affects 50 percent of the population at some point over their lifetime and less than half who are mentally ill receive care. Mental health and substance abuse are often, but not always, co-occurring disorders; they are interlinked with physical health status and many risky behaviors such as tobacco, alcohol and substance abuse; problem gambling; and risky sexual activity. Furthermore, eating disorders, disability, suicide, school failure, poor overall health, incarceration and homelessness commonly occur within the context of mental health concerns.[5] The New York State Office of Alcoholism and Substance Abuse Services (OASAS) estimates that one in 13 New York State residents suffer from a substance abuse disorder. The cost to society is compounded by the consequences of alcohol and substance abuse addiction, which impact public safety, health, welfare, and education. Unfortunately, myths and stigma associated with mental illness prevent many people from getting the help they need.

Mental Health and Substance Abuse was identified as one of the priority areas of focus for Oneida County from the NYS Prevention Agenda. These results affirm the need for a holistic approach to improving community health that addresses physical, mental and social conditions. Mental health and substance abuse was selected as a priority from the NYS Prevention Agenda for the County. Oneida County hospitals and the Health Department will collaborate with existing partnerships and organizations to implement strategies to address mental health issues and improve access to mental health services. The following is a summary of the goals and proposed collaborative actions to be taken to address this priority health area:

Objective:	Current Status:	2013 Target:
Decrease the Suicide mortality rate to 4.8 per 10,000 or lower by 2013.	8.9 (2004-2006)	4.8
Decrease the % of adults reporting 14 or more days with poor mental health in last month to 7.8% or less by 2013.	11.0% (2008)	7.8%
Decrease the % of binge drinking past 30 days in adults to 13.4% or less by 2013.	21.1% (2008)	13.4%

Proposed Strategies:

1. Increased numbers of community screenings, so patients do not go to the ED for inappropriate mental-health concerns.
2. Decreased numbers of ED visits and involuntary transfers of such patients.
3. Development of a medically managed detoxification program in the area. There are not many services in the region that provide services for heavy substance abusers.

Lead agencies/groups:

- Oneida County Hospitals and Health Departments will actively participate in the lead activities of the Oneida County Department of Mental Health

Support the efforts of the Oneida County Stop ACES (Adverse Childhood Experiences) to prevent, reduce and build community and provider awareness of the impact of childhood abuse, maltreatment and neglect on adult physical and mental health. (See objectives for Healthy Mothers, Babies, & Children)	Lead agencies/groups: ▪ Stop ACEs Workgroup
Additional strategies to be identified by members of the Mental Health & Substance Abuse Workgroup(s) with guidance from the Oneida County Health Coalition/MAPP Team, and/or the Regional Health Coordinating Council. Recommendations include collaborating with the existing mental health subcommittees in identifying evidence-based strategies and interventions that: • Expand involvement in mental health subcommittees to include a broader range of community partners to increase visibility and accountability • Assess existing services to identify causes of access barriers (e.g., quality issue, lack of availability, agency-specific) and develop strategies based on findings. • Develop a process for planning for behavior health services that identifies areas in need of expanded services and how organizations can meet those needs.	Lead agencies/groups: ▪ To be identified

See Mental Health and Substance Abuse Section for a detailed discussion of mental health and substance abuse issues in Oneida County

DEMOGRAPHIC PROFILE

Oneida County is located in the heart of New York State, bordering five other counties: Herkimer, Madison, Lewis, Oswego, and Otsego Counties. It is comprised of 3 cities, Utica, Rome and, Sherrill (the smallest city in New York State). There are also 26 towns and 19 villages, totaling 48 different municipalities that comprise a total of 1,257.11 square miles of which 1,212.70 square miles is land area and 44.41 square miles of water area. Over sixty percent (64.5%) of Oneida County's population resides in urban areas and 35.5% in rural areas; population density is 187.3 persons per square mile.

NOTE:

The following symbols are used throughout this Community Health Assessment Report to serve only as a simple and quick reference for data comparisons and trends for the County. Further analysis may be required before drawing conclusions about the data.

- The apple symbol represents areas in which Oneida County's status or trend is **FAVORABLE** or **COMPARABLE** to its comparison (i.e., NYS, US) or areas/issues identified as **STRENGTHS**.
- The magnifying glass symbols represent areas in which Oneida County's status or trend is **UNFAVORABLE** to its comparison (i.e., NYS, US) or areas/issues of **CONCERN** or **NEED** that may warrant further analysis.

DATA REFERENCES:

- All References to tables are in **Attachment A – Oneida County Data Book.**
- See also **Attachment B – Oneida County Chart Book** for additional data.

POPULATION

The Census Bureau's Annual Estimates of Data for 2006 for Oneida County's population is 233,954 which is a decrease from the 2000 Census of 235,469. Population declines in Oneida County have been attributed to several factors such as the closing of Griffiss Air Force Base in the early part of the 1990's, and economic stagnation due to a loss of large employers and the associated jobs. (Tables 1.1 and 1.2)

- Population projections for Oneida County, based on the New York State Statistical Information System at Cornell University predict a decline in population between 2000 and 2025. This represents a 14.0% decline from 235,469 to 202,707. (Table 1.3) This decreased population affects health in a variety of ways: there is a smaller tax base to support public health and rising Medicaid costs; there are fewer skilled employees available, including the public health and general health care industries; and poverty is rising, as are the negative health effects associated with it.
- A study by the Federal Reserve Bank suggests that the resettlement of over 10,000 refugees in the Utica area has been a stabilizing factor for the County's declining population. It reports that the Syracuse-Utica area was the only upstate NY region where the foreign-born population expanded while the total population shrank; a direct result of the resettlement of refugees in the County.[6]

Table A1 - Population estimates by selected age cohorts, Oneida County, 2006
Source: US Census Bureau , 2008

Age cohorts	Total
Total	233,954
0 to 4	12,564
5 to14	28,420
15 to 19	17,070
20 to 44	17,375
25 to 34	28,633
35 to 44	32,736
45 to 64	60,300
65 to 74	16,733
75 to 84	13,571
85+	6,552

Population by Age

- In 2006 approximately 13.0% of Oneida County's population was aged 65 and older; 56.0% was between the ages of 20 and 64; and 24.0% aged 0 to 19. (Table A1) The median age in Oneida County was 39.5.[7]
- Population projections for 2020-2025 estimate a 6.56% increase in Oneida County's 65 and older population. All other age groups are projected to substantially decrease with -8.33% in the 0 to 4 age group and -7.00% for the 20 to 44 age group. (Table 1.4)
- Population projections estimate that by 2025 the 65 and older population will make up 20.6% of Oneida County's population. An area of concern is this high and increasing aging population due in large part to the decrease in the number of younger persons from the community due to limited employment opportunities. Increasing life expectancy and the growing elderly population is placing increasing demands on the public health system in the County. The aging of the populace poses numerous problems to public health, including the need to focus on health and other issues relating specifically to the elderly; increased cost of providing services to the elderly with no increase in resources to provide them; decreased tax base; and a lack of service providers for the elderly. (Table 1.5)

Population by Ethnicity

- The population of Oneida County is predominantly Caucasian (89.7%). Oneida County's Hispanic and Asian population have shown the most significant increase from 2000 to 2006 while the Caucasian population has declined. (Table A2)
- A significant proportion of Oneida County's minority populations reside within the urban areas of the Cities of Utica and Rome. For Utica the population is: 79.4% Caucasian, 13.7% African American, 7.7% Hispanic, and 2.9% Asian. For Rome the population is: 86.9% Caucasian, 6.8% African American, 5.8% Hispanic, and 2.9% Some other race.[8]
- An influx of refugees into the community has contributed to a significant change in the cultural diversity of the County. To date, the Mohawk Valley Resource Center for Refugees (MVRCR) has resettled over 4,000 refugees of varying ethnicities and nationalities within the County, primarily in the City of Utica.

Table A2 Population Change by Ethnicity
Source: Bureau of the Census, 2008

Race	Oneida County	
	2000 % of Total Population	2006 % of Total Population
Caucasian	90.2%	89.7%
African American	5.7%	5.7%
Asian	1.2%	1.6%
American Indian/Alaska Native	0.2%	0.3%
Hispanic or Latino of any race	3.2%	3.8%
Some Other Races	1.1%	1.2%

Population by Gender

- The 2005-2007 American Community Survey (ACS) estimated that 38.7% of the population 18 years and over is male and 39.5% is female. For the population 65 and older 6.4% is male and 9.4% is female.[9]
- From 2000 to 2030, it is predicted that the number of women of childbearing age in Oneida County is projected to decrease by more than 35% with the total loss projected to be 16,180.[10]

- The median age for males in Oneida County is expected to decrease from 36.5 in 2000 to 36.1 by 2010. It is expected to continue to decrease slightly before returning to near 2000 levels in 2030. The median age for females is expected to increase from 40.1 in 2000 to 41.8 in 2010 and will be 42.2 by the year 2030.[11]

Culturally and Linguistically Diverse Populations

A large number of refugees have resettled in Oneida County due in part to having one of the largest resettlement agencies in the Country. The Mohawk Valley Resource Center for Refugees (MVRCR) has been responsible for the resettlement of over 13,000 refugees in NYS (excluding NYC) since its inception in 1979. According to the MVRCR, the tragic events of September 11, 2001 drastically impacted refugee resettlement to the United States; the number of refugees resettled declined from an average of 70,000 annually before 2001 to 28,000 in 2003, directly impacting the decline of refugees resettling in Oneida County

- Over 4,000 of refugees have resettled in Oneida County. Initially, the majority of these refugees came from Bosnia, the former Soviet Union, and Vietnam. The most recent influx of refugees is from Southern Somalia in Africa, Burma and Bhutan.
- Oneida County has a significant and growing Latino population; the 2005-2007 American Community Survey (ACS) 3-Year estimate for the County is that 3.5% of the population speaks Spanish.[12]
- The 2005-2007 ACS estimates that 10.4% of the County population 5 years of age and older speaks a language other than English and 4.0% speak English "less than very well".[13]
- It is estimated that 549 Native Americans reside in Oneida County,[14] which include members of the neighboring Oneida Indian Nation.
- Oneida County's rural communities are also seeing an increase of Amish and Mennonite families; data is not available on the numbers for these populations.

These changes in County demographics has enhanced the diversity and economic stability of the community while at the same time presented health care challenges for refugees, immigrants and providers. These are discussed in more detail in the Access to Health Care section of this report; however, most of the challenges faced are related to:

- Community members facing language and cultural barriers to accessing the health care system.
- Lack of affordable interpretation and translation services for providers.
- Increased need for cultural competence in serving diverse populations.
- Limited availability of safe and affordable housing options for resettling refugees.

Culturally and linguistically diverse residents have been identified as a vulnerable population facing personal barriers to health care in Oneida County – see Access to Health Care Services – Personal Barriers.

HEALTH RISK FACTORS

A health risk factor is anything that increases a person's chances of getting a disease or other health-related condition. There are several factors that can increase an individual's risk of disease. Common risk factors include inherent factors (e.g., age, gender, and race), lifestyle or behavioral factors (e.g., excess weight, physical inactivity or tobacco use), and environmental factors (e.g., exposure to air pollution). There are also clinical factors such as high blood pressure, high cholesterol, and being overweight or obese – these are often caused by one or more of inherent and/or behavioral factors. Alcohol use, substance abuse, geographic location and socioeconomic status are additional risk factors for certain diseases and health conditions. Social/environmental factors such as poverty, and trauma experienced early in life can also increase risk of disease and behaviors associated with poor health outcomes. As an example, a large scientific research study funded by the CDC and Kaiser Permanente and led by Co-principal Investigators Robert F. Anda, MD, MS, and Vincent J. Felitti, MD, analyzed and concluded that there is a strong and graded relationship between multiple categories of adverse childhood experiences (ACEs) and health and behavioral outcomes later in life.

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Some of these risk factors are controllable while others are not. Having a risk factor does not mean someone will develop a given health problem, just as being free of a risk factor does not mean someone is safe from a disease; however, understanding risk factors is helpful in identifying and developing individual and community-based prevention strategies for those that are most likely to be affected by a disease. Several risk factors are contributing factors to many diseases and conditions. This section will focus primarily on data for major risk factors that can be modified; however it will also briefly review the way in which inherent factors related to family medical history can predict risk of disease and how a person can work with their health care provider to take preventive and early detection measures to reduce or better manage these risks. Similarly, there will be a summary of the ACE Study findings and a review of available data relating to specific adverse childhood experiences in Oneida County and the potential long-term health impact.

SOCIOECONOMIC STATUS AND HEALTH INEQUALITIES

According to the national documentary series *Unnatural Causes…Is Inequality Making Us Sick*?[15], "research shows that social conditions – the jobs we do, the money we're paid, the schools we attend, the neighborhoods we live in – are as important to our health as our genes, our behaviors and even our medical care." Thus, when assessing health risk factors in Oneida County it is equally important to review data for social determinants of health to understand their impact on health and quality of life in our community. The discussion guide adapted from the documentary Unnatural Causes, *Ten Things to Know About Health*[16], discusses how several key determinants can influence individual and community health. One of these is the fact that health is tied to the distribution of resources - the strongest predictor of our health is our position on the "class pyramid". Middle class people are almost twice as likely to die prematurely compared to those at the top while those on the bottom are four times as likely to die an early death. In addition, children living in poverty are about seven times more likely to be in poor or fair health than children living in high-income households. Middle class children are twice as likely to be in poor or fair health than those at the top. Those in lower socioeconomic strata often experience high demands and stress coupled with little control of their circumstance, and exposure to this type of chronic stress increases the risk of disease. Interestingly, the documentary reports that even among people who smoke, poor smokers have a greater risk of dying than rich smokers. In addition, race imposes an added health burden as populations of color typically have worse health and die sooner than their Caucasian counterparts. This finding is most likely due to a higher proportion of non-Caucasian populations being in lower socioeconomic categories.

For impoverished communities, making healthy choices isn't always an option. Unnatural Causes explains that some neighborhoods have easy access to fresh, affordable produce; while others have only fast food, liquor, and convenience stores. Similarly, some neighborhoods have safe homes; clean parks, safe places to walk or play; and well-financed schools offering gym, art, music and some don't. On average, in the U.S., there are four times as many supermarkets in predominantly Caucasian neighborhoods as there are in predominantly African American or Latino neighborhoods. Rural communities in Oneida County also face unique challenges in health risk behaviors. According to the report, *Rural Health Investment Strategy –A Policy White Paper* by the Community Health Foundation of Western and Central NY, "health behaviors/conditions that threaten rural areas include: smoking among teens (children in poverty); remote rural areas have higher rates of obesity; there are higher levels of inactivity and higher rates of unintentional injury."[17]

Entire communities pay the price for poor health through decreased life expectancy, high costs for health care, a strained health care system, and loss of productivity. It is imperative that communities invest in the conditions that can improve health today, or pay to repair the bodies tomorrow. This section will analyze risk factors related to social determinants of health for Oneida County.

EMPLOYMENT

- From July 2008 to July 2009 the unemployment rate for Oneida County increased from 5.2% to 7.2%.[18]
- In 2006, the percentage of the Oneida County population age 16 years and over in the labor force was 60.2% in comparison to 65.0% for the U.S. (Table 1.1)
- In a 2006 Needs Survey administered by the Oneida Department of Social Services, Youth Bureau and Probation Department, 63.6% of respondents identified unemployment and underemployment as a major problem in Oneida County; this ranked second out of 23 issues. Poverty ranked third with 59.4% of respondents identifying it as a major problem in the community while racism ranked last with 11.7%.
- Employment and economics is a growing concern among Oneida County residents. Almost fifty-five percent (54.7%) of respondents in the Oneida County 2008 Community Health Survey selected Good Jobs and a Healthy Economy as one of the 3 most important characteristics of a healthy community; this ranked 1st out of 18 issues. (See Attachment E - Community Themes and Strengths)

INCOME

- The 2006 median household income in Oneida County was $40,466 in comparison to $48,451 for the U.S. (Table 1.1)
- The 2006 median family income in Oneida County was $49,799 in comparison to $58,526 for the U.S. (Table 1.1)
- The per capita income for Oneida County was $20,945 in comparison to $25,267 for the U.S. (Table 1.1)

POVERTY

Low income and poor residents have been identified as a vulnerable population facing personal barriers to health care in Oneida County – see Access to Health Care Services – Personal Barriers. Analyzing data for adults and children living in poverty and requiring government assistance aids in measuring the number of children in the community that have too little income to meet basic needs. Poverty in childhood is associated with a wide range of social, educational, health and future employment problems. Research suggests that poor children have more severe health problems than higher-income children, are more likely to experience difficulties in the development of cognitive skills and to experience stressful home and family environments that impact their health and well-being over the life course.

The Robert Wood Johnson Foundation chartbook, *America's Health Starts With Healthy Children: How Do States Compare?,* examines the health of children from different socioeconomic backgrounds in every state to document how healthy our Nation's children are now and how healthy they could be if we as a Nation were realizing our full health potential. The findings were that NYS falls within the highest range of 8.4% to 16.1% for the size of the gap in child health status by family income. The report states that although the size of the state-level gap in children's general health status by family income varies markedly, there is unrealized health potential among children in every state. Unrealized health potential is defined as "the

difference between 'what is' (the current level of children's health) and 'what is attainable' (the level of health that would occur if all children were as healthy as children in the most socially-advantaged group)."[19]

Poverty – Families and Individuals

The data below suggests that there are considerable disparities in poverty rates for minorities, female single parent households, individuals with the least amount of education, and some rural areas in the County.

- In 2006, the number of Oneida County families below the poverty level was 11.1%; this was higher than the 9.8% percent of the U.S. (Table 1.1)
- From 2005-2007, 15.0% of people in Oneida County were in poverty. Twenty-four percent of related children under 18 were below the poverty level, compared with 8.0% of people 65 years old and over. Eleven percent of all families and 30.0% of families with a female householder and no husband present had incomes below the poverty level.[20]
- In 2006, the number of individuals below the poverty level was 14.8% for Oneida County in comparison to 13.3% for the U.S. (Table 1.1)

Poverty and Children

- In Oneida County, the percent of Children and Youth Living Below Poverty between the ages of birth to 17 years increased from 17. 6% in 2000 to 24.9% in 2007.[21]
- From 2000 to 2007, the percentage of Children and Youth Receiving Public Assistance (birth to 17 years) in Oneida County increased nominally from 6.5% to 6.7%; however, these percentages are much higher than NYS exc. NYC percentages which decreased from 4.5% to 3.7%[22]
- From 2000 to 2007, the percentage of Children and Youth Receiving Food Stamps (birth to 17 years) in Oneida County increased from 14.9% to 22.0%; these percentages are much higher than NYS exc. NYC percentages which increased from 7.9% to 11.9%[23]
- From 2000 to 2005, the percentage of Children and Youth Receiving Food Stamps (birth to 17 years) in Oneida County increased from 17.6% to 20.9%; these percentages are much higher than NYS exc. NYC percentages which increased from 12.6% to 13.5%

Figure B1- Oneida County Poverty Status in the Past 12 Months of Families Data Set: 2005-2007 American Community Survey 3-Year Estimates

RACE	All families		Married-couple families		Female householder, no husband present	
	Total	% below poverty level	Total	% below poverty level	Total	% below poverty level
Caucasian	55,819	9.4%	41,410	5.2%	10,557	24.9%
African American	2,290	41.9%	515	20.6%	1,487	50.0%
Hispanic or Latino origin (of any race)	1,659	45.9%	840	28.0%	604	78.1%

- From 1999/2000 to 2006/2007, the percentage of Children and Youth Receiving Free or Reduced Priced School Lunch (grades K-6) in Oneida County increased from 43.6% to 47.1%; these percentages are much higher than NYS exc. NYC percentages which remained relatively unchanged from 32.4% to 32.3% during the same time period.[24]

Poverty and Ethnicity

- Based on the 2005-2007 poverty status estimates for Oneida County poverty estimates are considerably higher for African American (41.9%) and Hispanic (45.9%) families and even higher in female head of household families with no spouse present for African Americans (50%) and Hispanics (78.1%). (Figure B1)

Poverty and Disability

- The U.S. Census Bureau estimates that in the 2005-2007 period 26.5% of the Oneida County population 5 years and over with a disability were below the poverty level.[25]

Poverty and Household Type

- The U.S. Census Bureau estimates that in the 2005-2007 period 29.7% of female households with no husband present in Oneida County were below the poverty level; 40.3% of these single female householder families with related children under the age of 18 were below the poverty level; this is a significant contrast to the number of married couple family households in poverty at 5.9% and 9.5% for those with children under the age of 18. [26]

Poverty and Education

- The Census Bureau estimates that in the 2005-2007 period 60.9% of Oneida County householders with less than a high school diploma were below the poverty level; 32.5% of those with a high school diploma or GED were below the poverty level. [27]

Poverty and Geographic Area

- The 2000 Census indicates that in addition to the Cities of Utica and Rome, there were a number of families and individuals in poverty in several rural and suburban areas of the County. In 2000, the percentage of those in Oneida County aged 18 and under in poverty was 19.4%; several areas exceed that percentage including Rome (23.5%), Utica (38.5%), Annsville (20.1%), Ava (28.8%), Oriskany Falls (27.3%), Sylvan Beach (25.7%), Whitesboro (23.2%) and Yorkville (26.5%). [28]

HOMELESS AND VETERANS POPULATION

Homeless populations face unique challenges in accessing health care that are associated with and contributing to homelessness including substance abuse, domestic violence, lack of education, unemployment and poverty. Another disconcerting characteristic of homeless populations is the number of those with veteran's status. Data highlights from a point-in-time survey from the report, *Homelessness in Oneida County, NY, Understanding and Addressing a Hidden Social Problem* prepared and contributed by Stephen Darman, Social Science Associates[29] are summarized here; however, a full excerpt from the report

that provides more details on the health issues related to these populations is included in the Mental Health and Substance Abuse Section of this report. Moreover, returning veterans have been identified as a vulnerable population facing personal barriers to health care in Oneida County – see Access to Health Care Services – Personal Barriers.

- In Oneida County, 316 homeless persons were counted on January 24, 2007. Two years later on January 28, 2009, 419 homeless persons were counted, a substantial increase of 103 persons. Most of this increase is due to increased numbers of homeless youth and adult males.[30]
- Thirty-four of the homeless persons counted in Oneida County that were age 22 and older (11.2%), reported that they had served in the US military. Only one in this group was female.[31]

DISABILITY STATUS

- In 2006, the disability status of the civilian non-institutionalized population 5 years and over in Oneida County was 21.4%; this is higher than the percentage of 15.0% for the U.S. (Table 1.1)
- In Oneida County, among people at least five years old, from 2005-2007, 20.0% reported a disability. The likelihood of having a disability varied by age - from 11.0% of people 5 to 15 years old, to 17.0% of people 16 to 64 years old, and to 40.0% of those 65 and older.
- Of the Oneida County population aged 5 to 15 years, the U.S. Census Bureau estimated that during the period 2005-2007 the majority (9.4%) of those with a disability had a mental disability, 2.0% had a sensory disability, and 1.9% had a physical disability.[32]
- Of the Oneida County population aged 16 to 64, the U.S. Census Bureau estimated that during the period 2005-2007 the majority (10.3%) of those with a disability had a physical disability and 7.1% had a mental disability.[33]
- Of the Oneida County population aged 65 and older, the U.S. Census Bureau estimated that during the period 2005-2007 the majority (29.4%) of those with a disability had a physical disability; 17.0% had a sensory disability, and 11.0% had a mental disability.[34]

EDUCATION

Education influences access to health care; and the level of education of a responsible adult (family head) contributes to the frequency and type of health care used. Moreover, literacy levels significantly impact a persons' health literacy or their ability to access health care services, understand health education messages and medical instructions given by their healthcare provider. Those with health literacy issues have been identified as a vulnerable population facing personal barriers to health care in Oneida County – see Access to Health Care Services – Personal Barriers.

- In 2006, percentage of High School Graduates or Higher in Oneida County was 84.6%, which is comparable to the 84.1% percent of the U.S. (Table 1.1)
- In 2006, the percentage of those with a Bachelor's Degree or Higher in Oneida County, was 21.6% which is lower than the 27% percent of the U.S. (Table 1.1)
- From (2005-2007), fifteen percent of people 25 years and over in Oneida County were dropouts; they were not enrolled in school and had not graduated from high school.[35]

- An estimated 92,000 adults read at or below the 8th grade level in Oneida County; and 35,000 of that number have literacy levels which are critically low meaning they are at or below a 3nd grade level.[36]
- As many as 30% of youth drop out of Utica and Rome high schools with limited skills and no diploma, and this number rises to 42% for those with learning difficulties.[37]

HOUSEHOLD TYPE

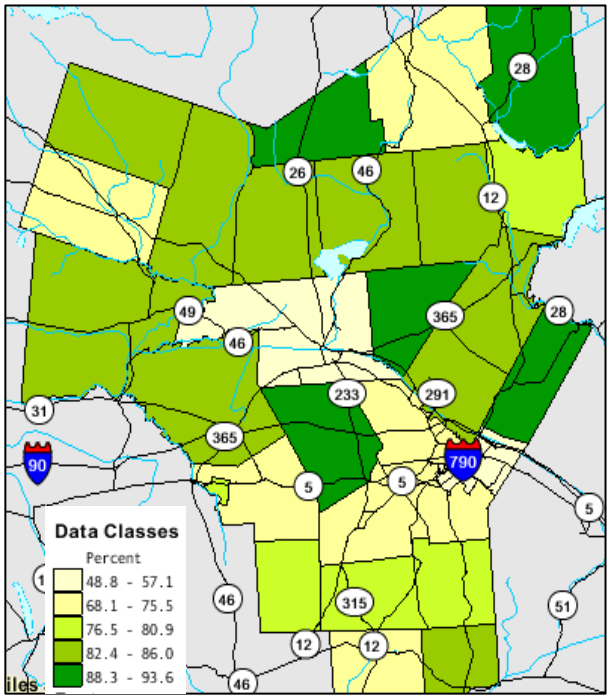
- In 2006, the average household size in Oneida County is 2.34 and the average family size is 2.86. (Table 1.1)[38]
- ACS estimated that during the period 2005-2007, 64.7% of the households in Oneida County were family households; 29.1% of these families have children under the age of 18.[39]
- During the period 2005-2007, forty-six percent (46.6%) of family households were married couple families; this number has decreased from 49.1% in 2000.[40]
- An estimated 18.5% of married couple families have children under the age of 18; this has decreased from 20.8% in 2000.[41]
- Over four percent (4.6%) of family households are single male householder families.[42]
- Approximately 13.5% of family households are single female families; this has increased from 12.0% in 2000.[43]
- Thirty five percent (35.3%) of the households in Oneida County are non-family households; 29.6% of these live alone and 11.9% of these are 65 years and over.[44]

Grandparents Raising Grandchildren

Nationwide there is a growing number of grandparents raising grandchildren in all socioeconomic groups; factors contributing to this trend include substance abuse, neglect, abuse or abandonment, teen pregnancy, death, divorce, unemployment, and incarceration.

- The 2005-2007 ACS estimated that an alarming 44.6% of Grandparents in Oneida County are living with and responsible for grandchildren under the age of 18; this is much higher than the 31.3% percent for NYS.[45]

Figure B2 - Percent of Occupied Housing Units That Are Owner-Occupied: Oneida County, Source: Census



HOUSING DISPARITIES

In the U.S., financial status can be associated with the ability to own a home in those neighborhoods with better access to health services and health promoting resources, including: schools, parks,

healthy foods, and jobs. Moreover, long-term exposure to specific health damaging physical characteristics of housing such as mold, lead or dilapidation accounts for some of the ill health effects associated with both owner-occupied and rental housing in indigent neighborhoods.

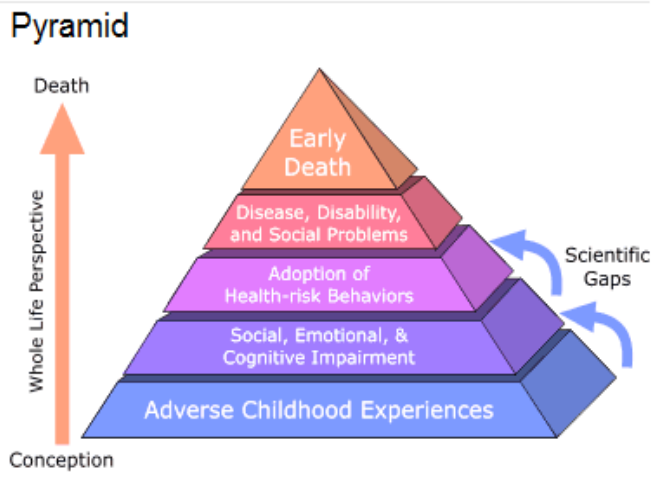
- The 2006 estimated percentage of owner-occupied housing units in Oneida County was 65.2% which was slightly lower than the U.S. at 67.3% (Table 1.1). However, the percentage of those owning their own homes is considerably lower for the cities of Utica and Rome falling in the range of 48.8 – 57.1 percent (the lowest areas of the County). These areas also have higher percentages of minorities. Several rural areas in the County fall into the next lowest bracket of 68.1% -75.5% for owner-occupied units (See Figure B2).[46]
- During the period of 2005-2007, Oneida County had a total of 103,000 housing units, 11.0% of which were vacant. Of the total housing units, 62.0% were single-unit structures, 31.0% were multi-unit structures, and 6.0% were mobile homes. Ten percent of the housing units were built since 1990.[47]
- From 2005-2007, Oneida County had 92,000 occupied housing units - 62,000 (67.0%) owner occupied and 31,000 (33.0%) renter occupied. Six percent of the households did not have telephone service and 11.0% of the households did not have access to a car, truck, or van for private use.[48]
- From 2005-2007, the median monthly housing costs for mortgaged owners was $1,109, non-mortgaged owners $456, and renters $594. Twenty-six percent of owners with mortgages, 18.0% of owners without mortgages, and 44.0% of renters in Oneida County spent 30 percent or more of household income on housing (considered occupants with a housing cost burden).[49]
- Over twenty percent (20.6%) of respondents in the Oneida County 2008 Community Health Survey selected *Housing* as one of the top 5 most important issues to improve health and quality of life in the community; this ranked 10th out of 32 issues. (See Attachment E - Community Themes and Strengths)

Social/Environmental Factors

Adverse Childhood Experiences

As previously stated, a nationally recognized study involving over 17,000 people (the majority classified as middle-class) conducted by the CDC and Kaiser Permanente revealed a strong relationship between multiple categories of adverse childhood experiences (ACEs) and health and behavioral outcomes later in life. This study and other research have shown that precursors to risky health behaviors (e.g., smoking, substance abuse), chronic disease and mental disorders include childhood exposures to adverse experiences; children are especially vulnerable during development in

Figure B3
Source: Center for Disease Control and Prevention



fetal, infant, and early childhood phases. Abuse and other adverse experiences can alter the structure of a child's brain and the body's reaction to stress resulting in biological changes that can produce adult disease. Childhood is an incubation period for many disorders that affect the health of the whole population. For the purposes of the CDC and Kaiser Permanente Study, an ACE is defined as growing up with any of the following category of issues prior to turning 18 years old:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. One or no parents
9. Emotional or physical neglect

Source: (Center for Disease Control and Prevention: http://www.cdc.gov/nccdphp/ace)

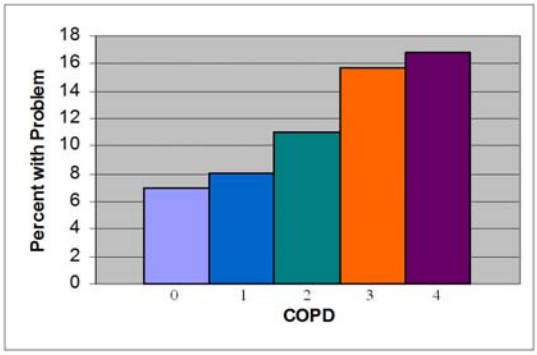
The ACE Study uses the ACE Score, which is a count of the total number of the above-listed experiences reported by respondents in the study; thus, multiple experiences of one ACE category (e.g., physical abuse) were counted as one ACE Score. The ACE Score is used to assess the total amount of stress during childhood, and studies have demonstrated that as the ACE score increase, the risk for major health problems later in life increases in a strong and graded fashion. Thus, as the number of adverse experiences increase, the following co-occurring "co-morbid" conditions increase as well:

- ALCOHOLISM AND ALCOHOL ABUSE
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
- DEPRESSION
- FETAL DEATH
- HEALTH-RELATED QUALITY OF LIFE
- ILLICIT DRUG USE
- ISCHEMIC HEART DISEASE (IHD)
- LIVER DISEASE
- RISK FOR INTIMATE PARTNER VIOLENCE
- MULTIPLE SEXUAL PARTNERS
- SEXUALLY TRANSMITTED DISEASES (STDS)
- SMOKING
- SUICIDE ATTEMPTS
- UNINTENDED PREGNANCIES

Drs. Anda and Felitti reported the following findings from the ACE Study[50]:

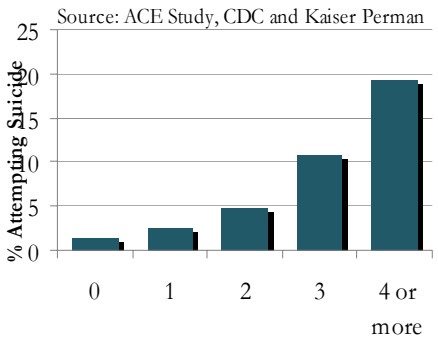
- Adverse Childhood Experiences (ACEs) are very common, but largely unrecognized.
- ACEs are in fact the basis for much of adult medicine and of many common public health problems.
- ACEs are strong predictors of later social functioning, well-being, health risks, disease, and death.
- Adverse childhood experiences are interrelated, not solitary.
- This combination makes ACEs the leading determinant of the health and social well-being of our nation.

Figure B4 - ACE Score and COPD
Source: ACE Study, CDC and Kaiser Permanente



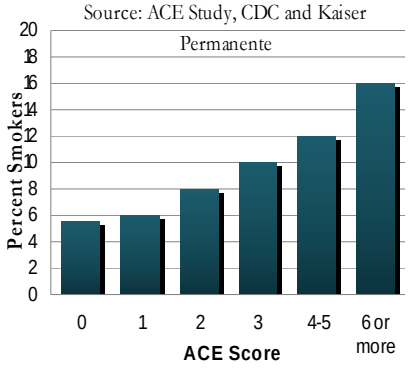
Figures B, C and D highlight some of the data findings from this study. As an ACE score increased, so did the likelihood of a major health or social problem such as smoking, suicide attempts, and COPD (Chronic Obstructive Pulmonary Disease). These findings indicate that ACEs are the underlying cause of many major public health issues. The ACE study clearly demonstrates how the negative effects of abuse and neglect in childhood severely hamper an individual's mental and physical health over a lifetime and result in the expenditure of huge amounts of public and private financial resources.

Figure B5- ACE Score and Suicide Attempts



The general conclusion of the study is that adverse childhood experiences are the most basic and long-lasting cause of health risk behaviors, mental illness, social malfunction, disease, disability, death, and healthcare costs. At present, there is no data specific to Oneida County that measures the relationship between ACE and negative health outcomes. However, a community workgroup, Stop ACEs Oneida County, is seeking to develop a comprehensive strategy that assesses the impact of ACEs in Oneida County and brings attention to the issues of abuse and neglect, and the long-term health and social consequences of these negative experiences in childhood (for the purposes of their local work, the Workgroup recognizes that ACEs are not necessarily limited to the 9 categories used in the CDC/Kaiser Permanente Study; the definition can be expanded to include other negative childhood experiences such as bullying). One of the initial activities of the Workgroup was to identify existing locally available data for ACE factors to better understand their potential impact and to assess their occurrence in some high risk groups already receiving service. Local data was not available for all of the ACE factors; however, data from various sources is available for some ACE factors and are summarized in this section.

Figure B5- Adverse Childhood Experiences and Smoking as an Adult



Kids Oneida Inc., a lead agency for the Stop ACEs Oneida County Initiative that serves high-risk children with serious emotional disturbances, completed annual research studies on open cases in September 2006, 2007 and 2008 to determine the association between ACEs and children enrolled in their program; it was recognized that many of these children have a history of child abuse and/or neglect.

Study of Enrolled Kids Oneida Youth and Adverse Childhood Experiences[51]

- Because this group was already at high-risk, an astounding 71% of the 120 children in the Kids Oneida study experienced 4 or more of the 9 categories of adverse childhood experiences in comparison to 15% in the general population of the CDC/Kaiser Permanente Study.
- Fifty-four percent (54%) of youth experienced the ACE Factor – Emotional or Physical Neglect.
- Sixty-three percent (63%) of youth experienced the ACE Factor – Domestic Violence.
- Fifty-six percent (56%) of youth experienced the ACE Factor – Substance Abuser in Household.
- Eighty percent (80%) of youth experienced the ACE Factor – Mental Illness in the Home.
- Eighty-nine percent (89%) of youth experienced the ACE Factor – Parental Separation.
- Forty-six percent (46%) of youth experienced the ACE Factor – Incarcerated Household Member.
- Sixty-six percent (66%) of youth experienced the ACE Factor – Emotional Abuse.
- Forty percent (40%) of youth experienced the ACE Factor – Physical Abuse.
- Twenty-four percent (24%) of youth experienced the ACE Factor – Sexual Abuse.

Additional insight into ACE experiences among youth can be obtained from the Oneida County TAP (Teen Assessment Project) Survey administered by the Herkimer-Oneida Counties Comprehensive Planning Program (HOCCPP) every four years since 1999, the most recent being in 2007. The TAP Survey is a voluntary and anonymous survey of 7th, 9th and 11th grade students in Oneida County school districts that provides a safe, confidential and anonymous way for a large number of youth to respond directly to a wide range of questions relating to how they spend their time, education, worries, their relationship with their parents, substance abuse, sexuality and much more. The TAP Surveys provides a unique assessment on the status of youth in Oneida County and allows for a better understanding of current and changing trends in youth behavior, concerns and needs. The following highlights some of the Oneida County TAP Survey[52] findings associated with ACEs:

Parent/Child Relationships – TAP Survey[53]

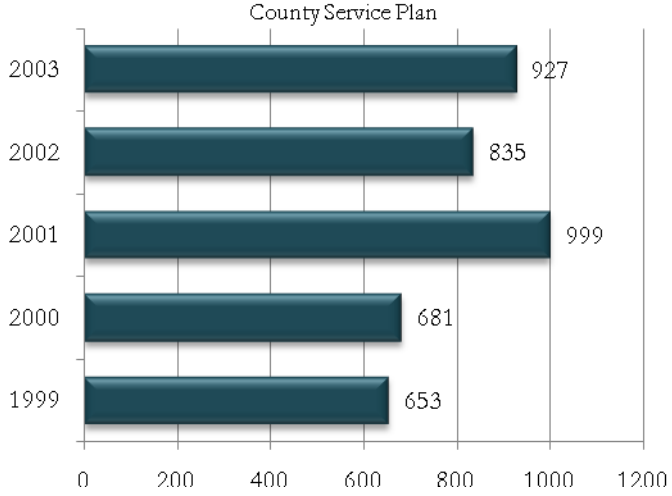
- In 2007, nearly 70% of teens said they worried at least "a little" about their parents getting along with each other. This is a slight decrease from the 2003 TAP Survey when 73% of teens said they worried about this, but a significant increase over the 1999 TAP Survey when only 56% said they worried about their parents getting along.
- In 2007, 35% of teens said they worried at least "a little" that their parents used drugs or alcohol. This is a decrease from 2003 when 38% indicated this and an increase from 23% in 1999.
- Teens were less concerned that no one loves or cares about them in 2007 than in the previous two TAP surveys. In 2007, 16% said they worried "a fair amount" to "a lot" that no one loves or cares about them. In 2003 - 21% and in 1999 - 18% worried about this.

Youth Personal Safety- TAP Survey[54]

- Most teens in 2007 said they felt safe at school (79%). This is a slight decrease from the 2003 TAP Survey and a statistically significant decrease from the 1999 TAP Survey, when 82% of teens said they felt safe.

- In 2007, 6.1% of teens said they received unwanted sexual contact from an adult during their lifetime. This is similar to the results from both the 2003 (6.7%) and the 1999 (7.1%) TAP Surveys.
- One in 9 teens (11%) said they were physically hurt in the past year by an adult at home. This is consistent with the results of the 2003 TAP Survey when 12%; and of the 1999 TAP Survey, when 9.7% said they were physically hurt by an adult in the past year.
- Significantly fewer teens felt bullied in 2007 than in 2003. When asked in 2007, 1 in 7 teens (14%) said they felt "constantly teased, threatened or harassed" by other youth. In 2003, it was 1 in 6 teens (16%).

Figure B6 - Oneida County Child Protective Services Indicated Reports by Year
Source: Oneida County Planning Department Needs Assessment for the 2007-2009 Child & Family Oneida County Service Plan



Child Abuse/Maltreatment

Indicators included in the Kids' Well-being Indicators Clearinghouse (KWIC), a tool to gather, plot and monitor NYS children's health, education and well-being; provide further insight into ACE factors specific to child abuse and maltreatment. The following is a highlight of the status of these indicators for Oneida County:

- The rate of Oneida County Children/Youth in Indicated Reports of Abuse/Maltreatment, increased from 20.7/1,000 in 2000 to 29.1/1,000 in 2007. Oneida County's rate of 29.1/1,000 youth ages 0-17 who were abused or maltreated in 2007 compares unfavorably with 16.2 per 1,000 youth in the rest of the State , a 13 point difference.[55]
- The rate of Oneida County Indicated Reports of Child Abuse and Maltreatment increased from 32.8 in 2000 to 34.3 in 2007; this rate was slightly higher than the NYS rate of 32.4.
- In a 2006 Needs Survey administered by the Oneida Department of Social Services, Youth Bureau and Probation Department, 52.3% of respondents identified Child Abuse and Neglect as a major problem in Oneida County; this ranked 6th out of 23 issues.[56]
- In the 2008 Oneida County Community Health Survey, 27.5% of respondents selected Child Abuse and Neglect as one of the top 5 health and quality of life issues in the community; this ranked 4th out of 32 health and quality of life issues. (See Attachment E - Community Themes and Strengths)
- The rate of Children and Youth 0-17 Years Old Admitted to Foster Care in Oneida County increased from 3.6 per 1,000 in 2000 to 6.7 per 1,000 in 2007. Many children entering foster care have been exposed to developmental and health risk factors, including: poverty and substance abuse, and parental neglect and abuse.[57]

One or No Parents

- One of the ACE factors is "growing up without one or both parents in the household". In Oneida County, of the families with children under 18, male households with no wife present totaled 2,993 and female households with no males present totaled 11,449.
- The rate of Terminated Parental Rights Judgments (TPRJ) in Oneida County decreased from 30.7% in 2004 to 16.7% in 2007; however, this is still considerably higher than the NYS percentage of 7.0%. Legal decisions for TPRJ are based upon a high standard of evidence that a child has been abandoned, permanently neglected, severely or repeatedly abused, or due to a finding of parental mental incapacity.[58]

Although there have been some improvements in trends related to our youth, the overall findings for child abuse and maltreatment in Oneida County, along with the results from the Kids Oneida, Inc. Study and TAP Survey emphasize the potential for adverse health and mental health outcomes in adulthood for many youth in our community. A report by Kids Oneida, Inc., Stop Adverse Childhood Experiences (ACEs) Oneida County, states that ACEs are disproportionately higher in Oneida County than the rest of the State and have been on the rise since 2004. In addition, recurrence of maltreatment levels in Oneida County are almost double that of the rest of the State with a 21.8 percent six month recurrence rate and 24.6 percent of families involved in indicated reports in 2007 having 5 or more previous indicated reports.[59] These statistics highlight the severe and immediate need for a unified, coordinated prevention and intervention plan and system in the County.

INHERENT RISK FACTORS

FAMILY MEDICAL HISTORY

Family medical history is one of the strongest influences in assessing the risk of developing certain diseases in a lifetime. Families share common genes, environments, and particular behaviors which could place individuals at increased risk for illness and chronic diseases. Knowing family history can hold important clues in determining whether a person is at an increased risk for developing diseases that may be present in their family. People with a family history of disease may have the most to gain from lifestyle changes and screening tests.

To learn about family history, the CDC recommends collecting medical information about major medical conditions, causes of death, age of disease onset, age at death, and ethnic background for three generations of family including grandparents, parents, aunts and uncles, nieces and nephews, siblings, and children. This information should be recorded, updated and shared with an individual's primary care provider who can assess disease risk and recommend lifestyle changes or prescribe screenings for early disease detection. Although many people recognize the importance of family medical history, a recent survey found that only one-third of Americans have ever tried to gather and write down their family's health history.[60] Because family health history is such a powerful screening tool, as a part of the Department of Health and Human Services Family Health History Initiative, the Surgeon General has created a

computerized tool to help make it easy to create a sophisticated portrait of a family's health at Family Health Portrait Tool.

Some individuals work with their health care provider and a genetic counselor. A genetic counselor is a health care professional with a specialized graduate degree in medical genetics and counseling. Their purpose is to better identify and investigate family medical history. In Oneida County, the Ferre Institute Community Genetics Program (offices in the Mohawk Valley and the North Country) provides professional education to providers, individual counseling and education to patients of all ages. These services are free or on a sliding scale based on federal poverty guidelines. This program includes cancer and cardiovascular genetics counseling.

Behavioral Risk Factors

Behavioral risk factors contribute to the major causes of death, illness, and disability. They are conditions or actions that may predispose a person to a health problem due to unhealthy behavior or lifestyle. Most are modifiable and changes in behaviors can lead to changes in disease risk. Chronic diseases—such as cardiovascular disease, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. This section will analyze data for behavioral risk factors in Oneida County including tobacco use, alcohol consumption, physical activity and nutrition, and sexual behavior.

Tobacco Use

Tobacco Use is one of the focus areas for the NYSDOH Prevention Agenda and will be one of the focus areas that the Oneida County Health Department and Oneida County hospitals will collaboratively engage community partners to address chronic disease issues in Oneida County. This section will review tobacco use in Oneida County by age, gender and socioeconomic status. Specific community strategies and action items for preventing and reducing tobacco use are outlined in the Chronic Disease Section of this report.

The NYSDOH reports that tobacco use and dependence is the leading preventable cause of morbidity and mortality in NYS; and in the U.S. cigarette use alone results in an estimated 438,000 deaths each year and 25,500 deaths in New York State. In NYS, another 2,500 people die from second hand smoke each year. There are 389,000 children alive today who will die prematurely from smoking. More than half a million New Yorkers currently suffer from serious smoking caused diseases, at a cost of $8.17 billion in health care expenditures annually. The list of illnesses caused by tobacco use is extensive and contains many of the most common causes of death, including heart disease and stroke, many forms of cancer, and lung and vascular diseases.[61]

Tobacco Use (2008)

- The percentage of Current Smoking among Adults in Oneida County is 21.6%; this is higher than the percentage for NYS at 16.7%.[62]
- The percentage of Everyday Smoking among Adults in Oneida County is 18.0%; this was considerably higher than NYS at 11.5%.[63]

- The percentage of **Adults in Oneida County Living in Homes in Which Smoking is Prohibited** is 77.5%; this is lower than NYS at 81.1%.[64]
- Over twelve percent (12.9%) of respondents in the Oneida County 2008 Community Health Survey selected tobacco use as one of the top 5 most important issues to improve health and quality of life in the community. (See Attachment E - Community Themes and Strengths)
- According to the report, *Rural Health Investment Strategy –A Policy White Paper* by the Community Health Foundation of Western and Central NY, "health behaviors/conditions that threaten rural areas include: smoking among teens (children in poverty)…"

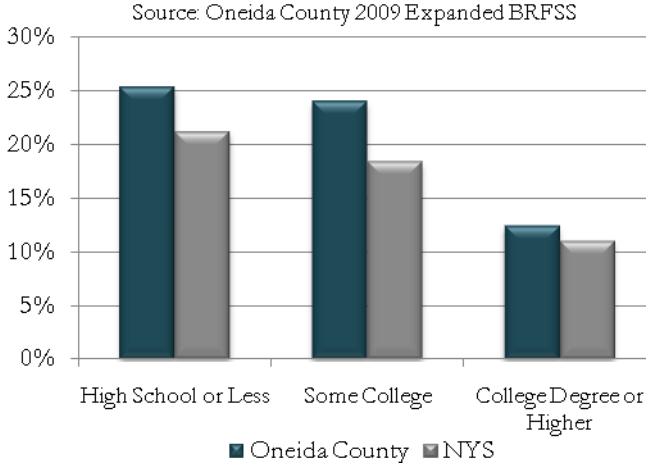
Tobacco Use and Gender (2008)

- The percentage of **Current Smoking among Adult Females** in Oneida County is 23.4%; this is higher than the percentage of Males at 19.7%.[65]
- The percentage of **Everyday Smoking among Adult Females** in Oneida County is 20.1%; this is higher than the percentage of Males at 15.8%.[66]

Tobacco Use and Age

- According to the 2007 Oneida County TAP Survey, for 11th graders nationwide, the percentage that had ever tried cigarette smoking, even one or two puffs, declined from 70% in 1999 to 58% in 2005. In Oneida County, the percentage of 11th graders that smoked a whole cigarette declined from 59% in 1999 to 32% in 2007.[67]
- In 2007, teens were much less likely than in 1999 and 2003 to have ever smoked. In 2007, only 21% of teens said they had smoked. This is a decrease from the 2003 TAP Survey when 29% of teens said they had smoked and a considerable decrease from the 1999 TAP Survey when 44% of teens said they smoked.[68]

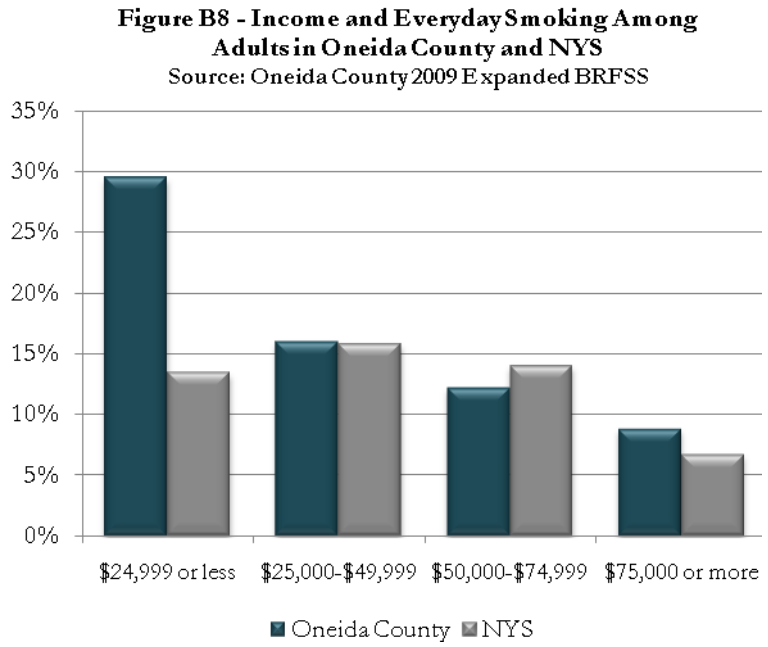
Figure B7- Education and Current Smoking Among Adults in Oneida County and NYS
Source: Oneida County 2009 Expanded BRFSS



- Among teens, the use (in the last 30 days) of chewing tobacco increased in 2007. In 1999, 3.3% of all teens admitted to using chewing tobacco. In 2003, reported use decreased to 2.1%; but in 2007, use increased to 4.5%.[69]
- The percentage of **Current Smoking among Adults by Age Group** in Oneida County is as follows: 45-54 years old – 27.7%; 55-64 years old – 21.6%; and 65 years and older – 7.9%. Data for 18 -44 year olds is not available.[70]
- The percentage of **Everyday Smoking among Adults by Age Group** in Oneida County is higher in younger adults: 18-34 year olds is 20.0%; 45-54 years old is 25.9%; 55-64 years old is16.9%; and 65 years and older is 7.0%. Data for 35-44 year olds is not available.[71]
- In Oneida County, adults aged 18-34 years of age are more likely to be **Living in Homes in Which Smoking is Prohibited than older age groups;** the percentage for those aged 18-34 is 92.3%, with those aged 35-44 being the least likely at 69.5%.[72]

Tobacco Use and Socioeconomic Status (2008)

- The percentage of Current Smoking among Adults by Education in Oneida County for those with a high school education or less is 25.4% and with some college education is 24.0%; these percentages are much higher than those with a college degree or higher at 12.4%.[73] (Figure F)
- The percentage of Everyday Smoking among Adults by Education in Oneida County for those with a high school education or less is 22.5% and with some college education is 20.0%; these percentages are much higher than those with a college degree or higher at 8.0%.[74]
- In Oneida County, adults with a high school education or less are the least likely to be Living in Homes in Which Smoking is Prohibited than older age groups; the percentage for these is 73.4%, and those with a college degree or higher being most likely at 84.9%.[75]



- The percentage of Current Smoking among Adults by Income in Oneida County shows an increase in smokers as income decreases. For those with incomes of $24,999 or less the percentage is 34.5%; this is considerably higher than the higher income brackets of $25,000-$49,999 at 21.8%; $50,000-$74,999 at 17.2%; and $75,000 and higher at 10.2%.[76]
- The percentage of Everyday Smoking among Adults by Income in Oneida County shows an increase in daily smokers as income decreases. For those with incomes of $24,999 or less the percentage is 29.5%; this is considerably higher than the higher income brackets of $25,000-$49,999 at 16.0%; $50,000-$74,999 at 12.2%; and $75,000 and higher at 8.8%.[77] (Figure G)
- In Oneida County, adults with incomes of $24,999 or less are the least likely to be Living in Homes in Which Smoking is Prohibited than older age groups. For this group the percentage is 66.5%. Those with incomes between $50,000-$74,999 are the most likely at 89.6%.[78]

ALCOHOL ABUSE

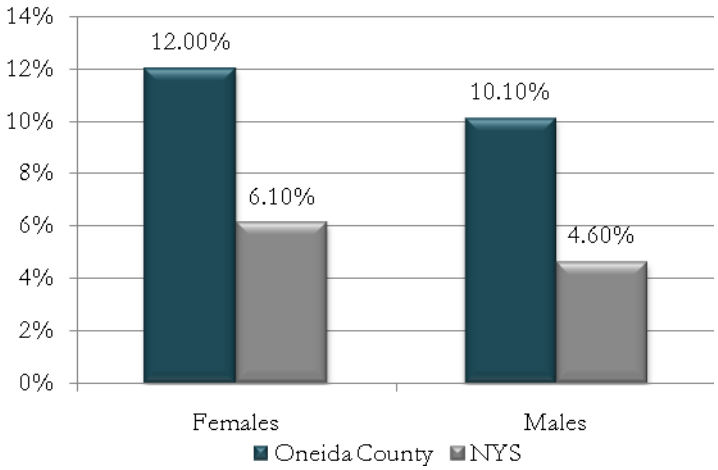
Alcohol abuse adversely affects the health, finances and stability of the person drinking and extends to family, friends, work, and the community. Alcohol abuse can lead to serious health complications including cirrhosis of the liver, elevated risk of falls, heart disease, stroke and cancer, neurological problems and birth defects. Mental Health and Substance Abuse is one of the priority areas of the NYS Prevention Agenda and was selected by community partners as one of Oneida County's priority focus areas. Other

consequences include injuries and fatalities associated with drinking and driving, and risky sexual behavior and victimization. Substance abuse data and opportunities for actions to address the issue are discussed in more detail in the Mental Health and Substance Abuse Section of this report. This section of the report will review data for alcohol-related behavioral risk factors in youths and adults in Oneida County. This 2008 data is from the 2009 Expanded BRFSS for Oneida County for which binge drinking is defined as men having 5 or more drinks and women having 4 or more drinks on 1 or more occasion within the past month. Heavy drinking is defined as adult men averaging more than 2 alcoholic drinks per day and adult women averaging more than 1 alcoholic drink per day within the past month

Binge/Heavy Drinking (2008)

- The percentage of Binge Drinkers within the Past Month among Adults in Oneida County is 21.1%; this is higher than the percentage for NYS at 19.6%.[79]
- The percentage of Heavy Drinkers within the Past Month among Adults in Oneida County is 11.0%; this is considerably higher than the percentage for NYS at 5.4%.[80]
- Over twenty-six percent (26.9%) of respondents in the Oneida County 2008 Community Health Survey selected alcohol and substance abuse as one of the top 5 most important issues to improve health and quality of life in the community; this ranked 5th out of 32 issues. (See Attachment E - Community Themes and Strengths Section)

Figure B9- Gender and Heavy Drinking Among Adults in Oneida County and NYS, 2008
Source: Oneida County 2009 Expanded BRFSS



Binge/Heavy Drinking by Gender (2008)

- The percentage of Binge Drinkers within the Past Month among Adults shows that males in Oneida County are more likely to binge drink than females. Binge drinking among adult males in Oneida County is 30.2%; and this is considerably higher than the percentage for females at 12.1%.[81]
- The percentage of Heavy Drinkers within the Past Month among Female Adults in Oneida County is 12.0% which is slightly higher than Males at 10.1%. Both of these numbers are unfavorable in comparison to NYS Males at 4.6% and Females at 6.1%[82] (Figure H)

Binge/Heavy Drinking and Age (2008)

- The percentage of Binge Drinkers within the Past Month among Adults in Oneida County for those in the 45-54 age cohort is 32.6%. This is considerably higher than the same age cohort for NYS at 18.7%; and for other age cohorts in Oneida County, specifically 55-64 at 9.9% and 65 years and older at 2.9%. Data for 18-44 year olds is not available. [83]

- The percentage of Heavy Drinkers within the Past Month among Adults in Oneida County is highest among those in the 35-44 age group, at 14.2%; and the 45-54 age group at 12.3%. This is considerably higher than the same age groups for NYS at 5.0% and 5.5% respectively. Data for 18-44 year olds is not available. [84]
- According to the 2007 Oneida County TAP Survey, about 42% of teens that used alcohol were regular users (drank at least a few times per month). This represents a reduction in regular alcohol use from the previous two surveys. In 2003, 45% said they were regular users and in 1999, it was 49%.[85]
- Fewer teen alcohol users are binge drinking now when compared to the results of the original TAP survey in 1999. However, binge drinking is up in 2007 from 2003. In 2007, one-third of teen alcohol users (33%) said they had gone binge drinking in the past 30 days. In 2003, it was more than a quarter (28%), and in 1999, 41% of teen alcohol users noted they had gone binge drinking. [86]

Binge/Heavy Drinking and Socioeconomic Status (2008)

- The percentage of Binge Drinkers within the Past Month among Adults in Oneida County with a high school education or less is 20.0%. This is comparable to those with a college degree or higher at 18.4%.[87]
- The percentage of Heavy Drinkers within the Past Month among Adults in Oneida County with a high school education or less is 6.1%. This is less than the percentage for those with a college degree or higher at 8.3%.[88]
- The percentage of Binge Drinkers within the Past Month among Adults in Oneida County is more common among those with higher incomes. For those with incomes of $24,999 or less the percentage is 13.2%; incomes between $25,000-$49,999 at 25.4%; and $75,000 and higher is 27.6%.[89] Data is not available for those in the $50,000-$74,999 income bracket
- The percentage of Heavy Drinkers within the Past Month among Adults in Oneida County is more common among those with higher incomes. For those with incomes of $24,999 or less the percentage is 4.0%; incomes between $25,000-$49,999 at 7.9%; and $75,000 and higher is10.6%.[90] Data is not available for those in the $50,000-$74,999 income bracket.

PHYSICAL ACTIVITY AND NUTRITION

The NYSDOH reports that "the major causes of morbidity and mortality in the United States are related to poor diet and physical inactivity. By maintaining a healthy diet and being physically active, individuals can achieve a healthy weight and reduce their risk of chronic diseases such as diabetes, heart disease, stroke and some forms of cancer. Cardiovascular diseases are the leading causes of death in New York State; taking the lives of almost 59,000 residents each year. Diabetes is the most rapidly growing chronic disease, affecting one out of every 12 adult New Yorkers. Obesity is a major risk factor for many chronic diseases, and has reached epidemic proportions both in New York and across the Nation. The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008 and, nationally, obesity among children and adolescents has tripled over the past three decades. Physical inactivity, poor nutrition, consumption of sugar-sweetened beverages and television viewing can contribute to excess weight gain in children and adults."[91]

Physical activity and nutrition is one of the focus areas of the NYS Prevention Agenda and has been selected by community partners as one of the priority areas for action in Oneida County. Specific community strategies and action items for addressing this priority area are outlined at the end of this section. During the community health assessment process, physical activity and nutrition issues was one of the most common areas of concern raised, highlighting its relevance to both community members and health care providers. In this section we will review the status and concerns regarding obesity, physical activity and nutrition in Oneida County.

Healthy Lifestyles, Obesity, and Overweight (2008)

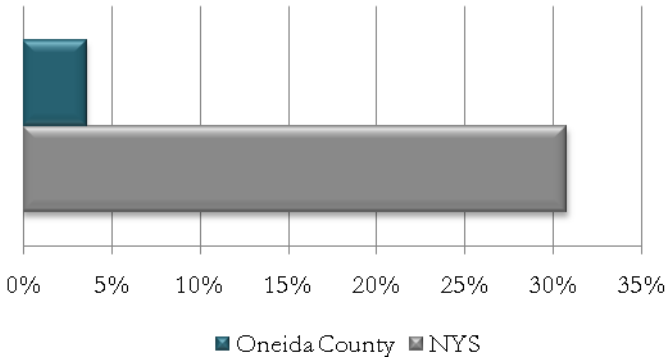
(Overweight is defined as having a body mass index (BMI) more than 24.9 but less than 30.0 and Obesity is defined as having a BMI of 30.0 or greater)

- Over twenty three percent (23.9%) of respondents in the Oneida County 2008 Community Health Survey selected physical inactivity and poor nutrition as one of the top 5 most important issues to improve health and quality of life in the community; this ranked 7th out of 32 issues. (See Attachment E - Community Themes and Strengths Section)
- In the 2008 community visioning sessions conducted as part of the community health assessment process, there were repeated references to a greater need for individual and community responsibility for programs and initiatives that promote healthier lifestyles, improved access to healthy and affordable foods, and physical and recreational activities. (See Attachment D - Oneida County Community Vision Statement)
- The percentage of WIC Mothers Breastfeeding at 6 Months in Oneida County is 19.0%; this is considerably lower than the percentage in NYS at 38.6% and the NYS Prevention Agenda 2013 Objective of 50.0%. (Table 4.3)
- The percentage of Adults in Oneida County reporting Consumption of 5 or More Servings of Fruits and Vegetables per day is 28.6%; this is comparable to the percentage for NYS at 26.7%.[92]
- The percentage of Adults in Oneida County reporting No Leisure-Time Physical Activity is 23.4%; this is comparable to the percentage for NYS at 22.7%.[93]
- Over twenty-six percent (26.4%) of respondents in the Oneida County 2008 Community Health Survey selected obesity as one of the top 5 most important issues to improve health and quality of life in the community; this ranked 6th out of 32 issues.
- Obesity was identified by community health partners as a significant force of change (factor or trend) that is impacting the health of the community and the community health system. (See Attachment G - Forces of Change Assessment)
- The percentage of Overweight Adults in Oneida County is 27.8%; this is lower than NYS at 34.6%.[94]
- The percentage of Obese Adults in Oneida County is 23.7%; this is comparable to NYS at 23.6%; however, Oneida County's percentage is still considerably higher than the NYS Prevention Agenda 2013 Goal of 15%.[95]
- About twenty-two percent (22.5%) of Oneida County Adults Received Advice about Weight by a Health Professional; of these, 80.6% were advised to lose weight - this is lower than the NYS percentage of 88.4%. [96]

Healthy Lifestyles, Obesity, and Overweight by Gender (2008)

- The percentage of **Overweight Adult Males** in Oneida County is 30.6%; this is higher than the percentage of Females at 24.8%.[97]
- The percentage of **Obese Adult Males** in Oneida County is 23.9%; this is comparable to the percentage of Females at 23.5%.[98]
- The percentage of **Female** adults in Oneida County reporting **Consumption of 5 or More Servings of Fruits and Vegetables per day** is 30.8%; this is slightly higher than the percentage of Males at 26.4%.[99]

Figure B10- Percentage Overweight Among 18-34 Year Olds in Oneida County and NYS
Source: Oneida County 2009 Expanded BRFSS



Healthy Lifestyles, Obesity, and Overweight by Age (2008)

- The percentage of **Overweight Adults** 18-34 years of age in Oneida County is 3.6%; this is significantly lower than the percentage for the same age group for NYS at 30.8%.[100] (Figure I)
- The percentage of **Overweight Adults** 45-54 years of age in Oneida County is 46.5%; this is the highest of all age groups in the County and higher than the same age group for NYS at 36.4%.[101]
- The percentage of **Obese Preschool Children** (2-4 years old in WIC) in Oneida County is 14.7%; this is comparable to the percentage for the same age group in NYS at 15.2%; but this is still higher than the NYS Prevention Agenda 2013 Objective of 11.6%. (Table 4.3)
- The percentage of **Obese Adults** 45-54 years of age in Oneida County is 33.0%; this is the is highest of all age groups in the County: ages 18-34 years is 14.2%; ages 55-64 years is 25.9%; and ages 65 and older is 28.2%. Data for 35-44 year olds is not available. [102]

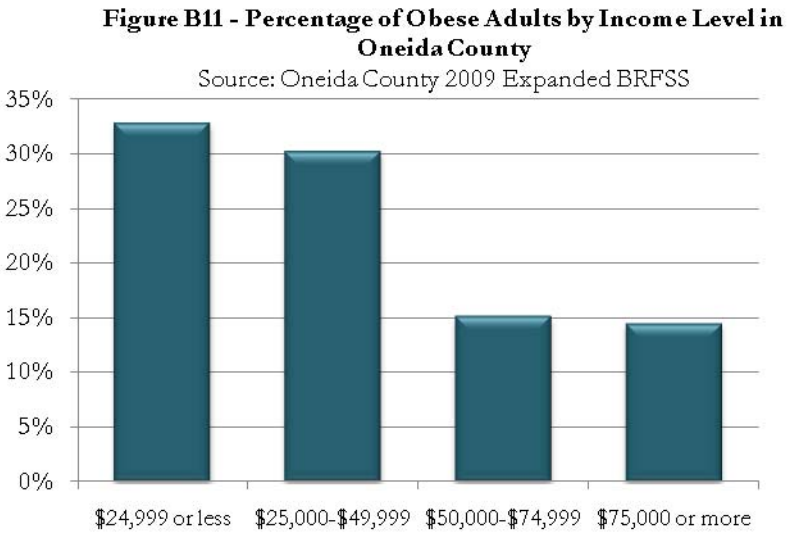
Healthy Lifestyles, Obesity, and Overweight by Socioeconomic Status (2008)

In many cases, the data below shows a more unfavorable status in obesity, physical activity and/or nutritional practices for those with lower incomes and/or educational levels. This may be due to factors relating to health inequalities such as lack of resources, or limited availability and access to healthier food choices. It may also be due to the lack of physical activity sites for lower-income individuals and neighborhoods they reside in, as discussed in the Social/Environmental Health Risk Factors Section.

- Adults in Oneida County with incomes of $24,999 or less were much more likely to report having **No Leisure-Time Physical Activity** than those with higher incomes. The percentage for those with lower incomes was 35.9% in comparison to those with incomes of $75,000 or more at 9.7%.[103]
- Adults in Oneida County with incomes of $24,999 or less were less likely to report having **Consumption of 5 or More Servings of Fruits and Vegetables per day** than those with higher

incomes. The percentage for the lower income group was 27.7% in comparison to those with incomes of $75,000 or more at 38.6 %.[104]

- The percentage of Overweight Adults by Education Level in Oneida County is 31.3% for those with a college degree or higher; this is greater than those with a high school education or less at 21.1%.[105]
- The percentage of Obese Adults by Education Level in Oneida County is comparable across all educational levels; 24.2% for those with a college degree or higher and 24.1% for those with a high school education or less.[106]



- Adults in Oneida County with a college degree or higher were more likely to report Receiving Advice about Weight by a Health Professional than those with lower education levels. The percentage for those with a college degree or higher was 34.1% in comparison to those with a high school education or lower at 18.0%. [107]
- The percentage of Adults in Oneida County with a high school education or less reporting No Leisure-Time Physical Activity is 34.4%; and this is considerably higher than those with a college degree or higher at 7.2%.[108]
- The percentage of Overweight Adults by Income Level in Oneida County is 34.7% for those with incomes of $75,000 or more; and this is higher than those with lower incomes of $24,999 or less at 22.0%.[109]
- The percentage of Obese Adults by Income Level in Oneida County is considerably higher among lower income adults; 32.8% for those with incomes of $24,999 or less; 30.2% for those with incomes between $25,000-$49,999; 15.1% for those with incomes between $50,000-$74,999; and14.5% for those with incomes of $75,000 or more.[110] (Figure B11)

OPPORTUNITIES FOR ACTION: PHYSICAL ACTIVITY AND NUTRITION

Community health assessment planning partners selected Physical Activity and Nutrition as one of five priority areas for Oneida County from the NYS Prevention Agenda (see Introduction) after analyzing data collected on health status indicators; community input; forces of change (trends, factors and events that are or will impact the community's health); and public health system strengths and weaknesses. Specific actions and opportunities for improvement are identified in the Executive Summary-Action Plan Section of this report.

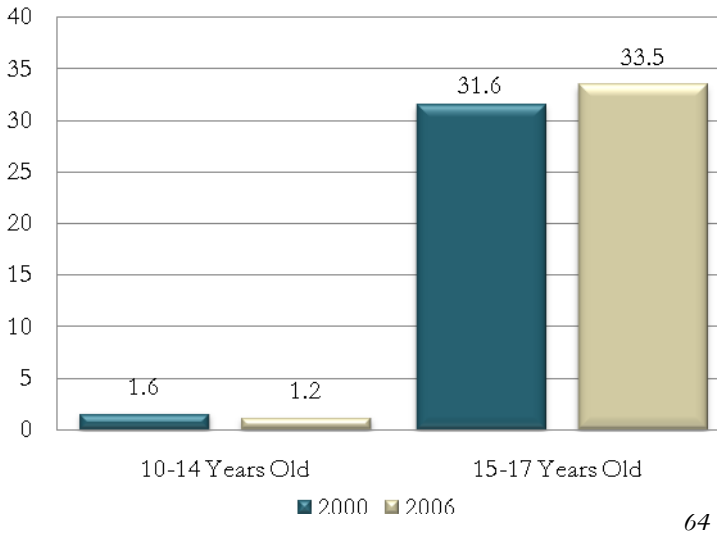
SEXUAL BEHAVIOR

Unintended pregnancies and sexually transmitted diseases (STDs) can result from unprotected sexual behaviors. Abstinence is the only method of complete protection, and condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. Lack of knowledge, limited awareness of risk, and cultural norms can have a negative influence on an individual's sexual health. Sexually transmitted disease data are discussed in more detail in the Infectious Disease Section of this report; this section will review data for sexual behavioral risk factors in youths and adults in Oneida County.

Sexual Behavior (2008)

- Approximately eight percent (8.4%) of respondents in the Oneida County 2008 Community Health Survey selected STDs as one of the top 5 most important issues to improve health and quality of life in the community. (See Attachment E - Community Themes and Strengths)
- The percentage of those Never or Rarely Been Asked About Sexual History During Routine Check-up Among Adults in Oneida County is 66.9%; this is slightly lower than the percentage for NYS at 65.9%.[111]
- Adults in Oneida County are more likely to report that they Believed Hardly Any or a Few People their Age in their Community have had a Sexually Transmitted Disease (STD) than most New Yorkers; the percentage for Oneida County is 83.8% in comparison to 79.9% for NYS. [112]
- Adults in Oneida County are less likely to report that they Believed it was At Least Somewhat Acceptable to See and Hear Discussions about STD Risks in Public Forums in their Community than most New Yorkers; the percentage for Oneida

Figure B12- Oneida County Adolescent (10-17 years old) Pregnancy Rate per 1,000 for 2000 and 2006
Source: NYS Touchstones/KIDS COUNT 2008 Data Book



County is 84.2% in comparison to 88.8% for NYS.[113]

- The rate of **Chlamydia for Males** in Oneida County increased from 283.0 per 100,000 in for 2001-2003 to 335.6 per 100,000 in 2004-2006; the rate of **Chlamydia for Females** increased from 70.3 per 100,000 in for 2001-2003 to 97.8 per 100,000 in 2004-2006.[114]
- The rate of **Adolescent Pregnancies for 10-14 year olds** slightly decreased from 1.6 per 1,000 in 2000 to 1.2 per 1,000 in 2006; and the pregnancy rate for **15-17 year olds** increased from 31.6 per 1,000 in 2000 to 33.5 per 1,000 in 2006 (See Figure K).

Sexual Behavior by Age

- Over twenty percent (20.8%) of respondents in the Oneida County 2008 Community Health Survey selected teenage pregnancy as one of the top 5 most important issues to improve health and quality of life in the community; this ranked 9th out of 32 issues. (See Attachment E - Community Themes and Strengths)
- According to the 2007 Oneida County TAP Survey, although teens who said they ever had sexual intercourse remained consistent since 1999, 7th graders who said they ever had sexual intercourse decreased steadily from 18% in 1999 to 12% in 2007.[115]
- The percentage of 11th graders who said they ever had sexual intercourse increased from 44% in 1999 to 50% in 2007.[116]
- In 2007, approximately 1 in 6 teens (17%) have had more than one sexual partner. This is consistent with the 2003 TAP survey and a slight increase from the 1999 TAP Survey where approximately 1 in 7 teens (15%) had more than one sexual partner.[117]
- In 2007, more than 2 in 5 teens in the TAP Survey (44%) said they considered themselves to be actively abstinent. Females (50%) were much more likely to consider themselves actively abstinent than males (37%).[118]
- Among Youth That Have Had Sexual Intercourse In 2007, nearly 40% of sexually active teens said they had 3 or more sexual partners. This is consistent with the two previous 1999 and 2003 TAP surveys.[119]
- In 2007, more than 4 in 5 sexually active teens (82%) used some type of birth control the last time they had sexual intercourse. The most common method of birth control was a condom (61%). The second most common method was birth control pills (9.9%).[120]
- The percentage of those **Never or Rarely Been Asked About Sexual History During Routine Check-up Among Adults** in Oneida County is higher for older adults aged 55-64 at 76.8% and adults aged 65 and older at 84.2% than for adults aged 45-54 at 70.6%. Data is not available for 18-44 year olds.[121]
- Adults in Oneida County aged 55 and older are more likely to report that they **Believed Hardly Any or a Few People their Age in their Community have had a Sexually Transmitted Disease (STD)** than adults aged 45-54; the percentage for those aged 45-54 is 80.3% in comparison to 87.9% for those aged 55-64 and 93.2% for those aged 65 and older. Data is not available for 18-44 year olds .[122]

Sexual Behavior by Gender (2008)

- The percentage of those Never or Rarely Been Asked About Sexual History During Routine Check-up Among Adults in Oneida County is higher for Males at 73.0% than Females at 66.9%.[123]
- Males in Oneida County are more likely to report that they Believed Hardly Any or a Few People their Age in their Community have had a Sexually Transmitted Disease (STD) than Females; the percentage for Males is 87.2% in comparison to 80.4% for Females.[124]
- Males in Oneida County are less likely to report that they Believed it was At Least Somewhat Acceptable to See and Hear Discussions about STD Risks in Public Forums in their Community than Females; the percentage for Males is 82.6% in comparison to 85.8% for Females.[125]

Sexual Behavior and Socioeconomic Status (2008)

- Among adults in Oneida County, it is more common for those with higher education levels to report that they have Never or Rarely Been Asked About Sexual History During Routine Check-up; the percentage for those with a college degree or higher is 76.6% and 65.1% for those with a high school education or less.[126]
- Among adults in Oneida County, it is more common for those with lower education levels to report that they Believed Hardly Any or a Few People their Age in their Community have had a Sexually Transmitted Disease (STD); the percentage for those with a high school education or less is 92.5% whereas those with a college degree or higher is 76.8%.[127]
- Among adults in Oneida County, it is more common for those with lower incomes to report that they Believed Hardly Any or a Few People their Age in their Community have had a Sexually Transmitted Disease (STD); the percentage for those with incomes of $24,999 or less is 92.6% and 78.5% for those with incomes of $75,000 or more.[128]
- Among adults in Oneida County, those with lower education levels are less likely to report that they Believed it was At Least Somewhat Acceptable to See and Hear Discussions about STD Risks in Public Forums in their Community; the percentage for those with a high school education or less is 74.1% whereas those with a college degree or higher is 90.1%.[129]
- Among adults in Oneida County, those with lower incomes are less likely to report that they Believed it was At Least Somewhat Acceptable to See and Hear Discussions about STD Risks in Public Forums in their Community; the percentage for those with incomes of $24,999 or less is 82.3% whereas those with incomes of $75,000 or more is 91.8%.[130]

ACCESS TO HEALTH CARE

The Institute of Medicine has defined access to health care as "*The timely use of personal health services to achieve the best possible health outcomes*." (Institute of Medicine, Access to Health Care in America, National Academy Press, 1993) Access to quality health care services is a critical component of safeguarding and determining the health status of a community. The inability to access quality health care services can result in health disparities in vulnerable populations, diminish the overall quality of life for persons in our community and have significant costs to society.

NOTE:

The following symbols are used throughout this Community Health Assessment Report to serve only as a simple and quick reference for data comparisons and trends for the County. Further analysis may be required before drawing conclusions about the data.

- The apple symbol represents areas in which Oneida County's status or trend is **FAVORABLE** or **COMPARABLE** to its comparison (i.e., NYS, US) or areas/issues identified as **STRENGTHS**.
- The magnifying glass symbols represent areas in which Oneida County's status or trend is **UNFAVORABLE** to its comparison (i.e., NYS, US) or areas/issues of **CONCERN** or **NEED** that may warrant further analysis.

DATA REFERENCES:

- All References to tables are in **Attachment A – Oneida County Data Book.**
- See also **Attachment B – Oneida County Chart Book** for additional data.

Access to vital health care services can encompass the full scope of primary (preventive), secondary (preventive screenings), and tertiary (treatment) services provided in the areas of medical, dental and mental health care. Results of a national Robert Wood Johnson Foundation study[131] found that there are substantial unmet needs specific to supplementary health care services, such as prescription drugs, eye glasses, dental care, and mental health care or counseling. Moreover, in the 2008 Community Health Foundation of Western and Central New York (CHFWCNY) Survey of Providers, mental and dental health, were cited by providers as two of the Top Five Care Areas with Problems pertaining to Accessibility for the Central New York (CNY) Region. Thus, this section will provide an overview of access to health care as it relates to all areas of health including medical, dental and mental health.

Many of the disparities in access to quality health care relate to affordability, availability, and accessibility, and the barriers that can prevent individuals from obtaining essential and needed health services. Three common barriers include:

- Financial barriers – insufficient resources to pay for health care and inadequate insurance.
- Structural barriers – shortage of primary care and other health care providers, lack of accessible service sites, and/or transportation.
- Personal barriers – a lack of knowledge about the healthcare system, environmental challenges for people with disabilities, and cultural, linguistic, and educational factors.

These barriers may be linked to preventable hospitalizations in which good outpatient care can potentially prevent, or for which early intervention, can prevent complications or more severe disease. The impact of these barriers can be partially assessed by analyzing Prevention Quality Indicators (PQI) data which are based on the hospitalization rates for these specific conditions. Since PQIs and other poor health outcomes can be the result of one or more of the above-listed barriers, these data for Oneida County are discussed subsequent to the following overview of the financial, structural, and personal barriers associated with accessing care.

FINANCIAL BARRIERS

Across the U.S., communities have their own patchwork of public and private insurance policies and programs that vary in scope of coverage from plan to plan. However, the issue of affordability continues to be a significant barrier to accessing quality health care services due in part to the continual and substantial increases in insurance premiums, co-pays and deductibles. The problem of inadequate or lack of insurance is not limited to the unemployed or poor individuals and families. *Cover the Uninsured*[132], a project of the Robert Wood Johnson Foundation, reports that in the U.S., more than 82.8% of the non-elderly uninsured live in families where the head of household works. There is a wealth of evidence on the impact of health insurance status on access to care and the financial and societal implications of being uninsured. This section will discuss those consequences and examine the differences and trends by ethnicity, age, gender and socioeconomic status for Oneida County, New York State and the U.S.

Results of 2008 Community Health Foundation of WCNY Survey of Providers in Central New York:

Top 5 Care Areas Identified with Problems in Accessibility:
1. Mental Health Services
2. Transportation
3. Dementia Care
4. Dental Health Care Services
5. Free Low/Cost Care Clinics

Top 5 Barriers Faced in Providing Health Services:
1. Reimbursement Levels
2. Nurse Recruitment & Retention
3. Uninsured & underinsured Patients
4. Nurse Assistant Recruitment and Retention
5. Relationship with Insurers

WHY HEALTH INSURANCE MATTERS

Health insurance status is an important determinant in health status because it makes a difference in how, where and when people get their health care. According to the Kaiser Foundation[133], research has confirmed the correlation between insurance status with preventable health problems and hospitalizations, overall health decline, late stage diagnosis, disease severity and decreased life expectancy. Some reasons for this are because the uninsured are likely to forego the considerable out-of-pocket expenses of health services (including the continuity of care from a primary care provider), and go without vital preventive services, chronic disease care and treatment for other serious health conditions.

The Uninsured are

LESS LIKELY:

- ☐ To have a regular source of care
- ☐ To have had a recent physician visit
- ☐ To use preventive services such as cancer screening and cardiovascular risk reduction
- ☐ To have received routine check-ups

MORE LIKELY

- ☐ To delay seeking care
- ☐ To report that they have not received needed care
- ☐ To be admitted to a hospital for chronic medical conditions
- ☐ To report that they could not see a doctor when needed due to cost
- ☐ To report poor health

A lack of health insurance may also impact an individual's ability to access higher levels of health care resources including specialists and more costly technologies. A study by the Kaiser Foundation[134] found that uninsured patients hospitalized for serious conditions, specifically acute heart attack, were significantly less likely to undergo any invasive procedures including standard diagnostic procedures and were 25% more likely to have died in the hospital than those that were privately insured. Hospitals too face real challenges that can restrict the care and services they are able to provide for the uninsured; most have limited financial resources to subsidize the cost of care for the uninsured because of their need to maintain adequate revenues to cover the significant and ever-increasing operating costs needed to stay in business.

Community and Societal Costs

The plight of the uninsured affect not only an individual's health and quality of life, but it also incurs costs for society. The negative effects spill over into communities as high rates of uninsured influence how the health care system is financed and how the system and its providers deliver care to their communities. As examples, primary care providers may lack the financial incentive to locate in areas with high uninsured rates, leading to physician shortages and limited access to primary care for everyone regardless of insurance status. Hospitals may become financially unstable and try to ease financial strain by eliminating and/or reducing valuable specialized services. A high percentage of uninsured persons put communities at greater risk for an increased amount of childhood developmental deficiencies, reduced employment opportunities, higher costs for public programs and overall poor health outcomes.

Socioeconomic Status and Access to Health Care

Low-income persons may lack access to health care because they do not have access to health insurance and cannot afford to pay for health care services or other services that can facilitate access such as transportation and child care. Although public insurance programs are available for low income families and individuals, not all meet the eligibility requirements for these programs for one reason or another.

- According to the Census Bureau, in 2006 the percentage of Oneida County families below the poverty level was 11.1%; this was higher than the percentage for the U.S. of 9.8%. The percentage of individuals below the poverty level in the County was 14.8% which was comparable to 13.3% for the U.S.

- In Oneida County, the percentage of the entire population at or below the poverty level increased from 12.6% in 2000 to 15.9% in 2005.
- In the US, low income and minority children constitute the highest percentage of uninsured. Among all women, low income, single, low educational attainment, foreign-born and minority women are at the greatest risk for being uninsured
- In NYS, racial/ethnic "minorities" are about 61% of the uninsured, but comprise only about 40% of the population.
- In NYS, the uninsured rate for the State's non-Hispanic whites was 8.5%; for African-Americans, 20.7%; for persons of Hispanic origin, 22.0%; and 16.5% for other.

Figure C1 Oneida County Poverty Status in the Past 12 Months of Families
Data Set: 2005-2007 American Community Survey 3-Year Estimates

RACE	All families		Married-couple families		Female householder, no husband present	
	Total	% below poverty level	Total	% below poverty level	Total	% below poverty level
Caucasian	55,819	9.4%	41,410	5.2%	10,557	24.9%
African American	2,290	41.9%	515	20.6%	1,487	50.0%
Hispanic or Latino origin (of any race)	1,659	45.9%	840	28.0%	604	78.1%

Education levels also influence access to health care; and the education of a responsible adult (family head) contributes to the frequency and type of health care used.

- According to the 2009 Expanded BRFSS for Oneida County, 11.7% of those reporting no health insurance had a high school or lower level of education in comparison to 4.2% reporting a college degree or higher. This data is consistent with the established relationship between access to health care and an individual's income, education and occupation.

There are also disparities in accessing health care based on race or ethnicity. Because minorities are more likely to have lower incomes, they are also more likely to be uninsured and unable to pay for health care services. In the US, Hispanics (40%) and American Indians/Alaska Natives (32%) have the highest percentages of uninsured rates among workers.

- Based on the 2005-2007 poverty status estimates for Oneida County (Figure C1), poverty estimates are considerably higher for African American (41.9%) and Hispanic (45.9%) families and even higher in female head of household families – African American (50%) and Hispanic (78.1%).

HEALTH INSURANCE STATUS IN ONEIDA COUNTY

Access to affordable healthcare services is a priority concern for Oneida County residents as identified in community surveys and forums (See Attachment E - Community Themes and Strengths); this issue ranked as the number one healthcare issue facing the community in a Faxton-St. Luke's 2008 Survey of 400 Households in Oneida and Herkimer Counties. It was also a recurring and dominant theme in the 2008 Visioning and Forces of Change Sessions, Oneida County Community Health Survey and all twelve

'Healthy Conversation' focus group sessions conducted throughout the County. This is not a surprising finding given the recent economic downturn and the fact that according to the Kaiser Foundation, nationally between 2000 – 2007 insurance premiums increased 80% and worker contributions doubled along with increases in co-pays and deductibles. The underinsured and uninsured members of our community are at greater risk for poor health outcomes; even individuals with employer-sponsored health insurance coverage experience barriers due to limited coverage, and increasing premiums and co-pays. In Oneida County, affordable options for dental, vision and mental health services are a challenge for the poor, special needs, underinsured, uninsured and Medicaid populations.

Health Insurance and Ethnicity

The uninsured include individuals from all races and ethnic groups; however, nationwide there are large disparities in health insurance coverage for minorities. In the U.S., Hispanics (40%) and American Indians/Alaska Natives (32%) have the highest percentages of uninsured rates among workers. Less than half of Hispanics, African Americans, and American Indians receive employer sponsored health insurance because minorities are more likely to have employment that does not offer health insurance or are not likely to take advantage of it when available due to low wages and ability to afford coverage. Nationwide Caucasian children are least likely to be uninsured and are most likely to have employer-sponsored coverage in comparison to all other ethnic groups[135]. African American, Hispanic and Native American children have higher rates of coverage from public insurance programs, but despite this, disparities in insurance coverage still exist as low income and minority children have the highest rates of uninsured.

- At present, there is no local data available to determine the number of uninsured low-income minority children and adults in Oneida County; however, it is very likely that national trends apply to our communities as the rates of poverty are higher among these groups (Figure C2).

Health Insurance and Children

The consequences for being uninsured has serious implications for adults and children alike. Uninsured children are more likely to: lack a usual source of care, not receive timely care and have unmet medical and dental health care needs. The current economic climate and the increasing costs of health insurance gives rise to concern as families may lose or no longer be able to afford health insurance coverage. Studies show that when health insurance coverage is disrupted, children are more likely to have an unmet need for care, receive delayed care, and go without prescription drugs in comparison to those with uninterrupted health insurance coverage. Nationwide there are still uninsured children that meet the eligibility requirements for public programs, but are not enrolled because parents don't realize that they qualify, understand the enrollment process or face other barriers to enrollment.

Figure C2 -2007 Estimates of Uninsured Children Under 19 Years	
Oneida County	6.0%
Broome County	7.1%
Herkimer County	10.0%
Madison County	7.0%
Niagara County	5.9%
New York State	9.0%
NYS w/o NYC	8.4%
**2007 CPS Estimates of Uninsured Children*	

- In Oneida County and nationwide, children aged 18 and younger have higher rates of insurance coverage than adults. This is likely due to the fact that public insurance programs have less restrictive eligibility requirements for children than adults.
- There has been a minor decrease in the percentage of all children aged 18 and younger that were uninsured from 6.4%% in 2000 to 6.0% in 2005.
- The 2007 estimated percentage of uninsured children under the age of 18 in Oneida County was 6.0%; this was below the U.S. with 11.3% and NYS with 9.0%. Oneida County's percentage was comparable to its peer counties of Broome with 7.0% and Niagara with 5.9%. (Figure C2)
- In 2005, the percentage of uninsured aged 18 and younger in Oneida County was 6.0% which was lower than its neighboring counties specifically Herkimer with 10.0% and Madison with 7.0%. (Figure C2); this is also less than NYS with 9.0% and NYS exc. NYC with 8.4%. (Table 7.2).
- Over four percent (4.6%) of children in Oneida County aged 18 and younger are at or below 200% of the poverty level and uninsured (Table 7.2).
- Low income children in Oneida County can enroll in public insurance programs including New York State Children's Medicaid and Child Health Plus (CHPlus) Programs. These are public insurance programs available through several providers for qualifying low-income children under the age of 19 and pregnant women. For CHPlus, there is no monthly premium for families whose income is less than 1.6 times the poverty level. Families with higher incomes pay a premium based on income and family size.
- In 2008, the CHPlus income eligibility threshold increased from 250 to 400 percent of the federal poverty level which should increase access to insurance coverage for vulnerable low-income children. This includes the over four percent (4.6%) of children in Oneida County aged 18 and younger that are at or below 200% of the poverty level and uninsured (Table 7.2); these lower-income children are at increased risk for disease, disability and premature death.
- In December 2006, New York State took a step toward achieving parity in mental health benefits for New Yorkers with the passage of "Timothy's Law" (Chapter 748 of the Laws of 2006, as amended by Chapter 502 of the Laws of 2007). Timothy's Law requires that, as of January 1, 2007, insurers issuing group or school blanket health insurance policies or contracts in New York must include certain minimum mental health benefits and coverage levels. Generally, for mental, nervous or emotional disorders, insurers must offer inpatient care of not less than thirty days per year and outpatient care of not less than twenty visits per year at the same cost sharing limits as applicable to other health coverages (the "30/20 benefit"). Timothy's Law further requires that large group policies or contracts (over 50 employees) and school blanket policies also provide additional coverage above the basic 30/20 minimum benefit levels for treatment of adults and children with biologically based mental illnesses ("BBMI") and for treatment of children with serious emotional disturbances ("SED"). The added level of BBMI/SED coverage is not required in small group policies or contracts (50 or fewer employees), but insurers are required to offer it on a "make available" basis (i.e., if requested by a small group purchaser). The premium cost to small employers for the 30/20 benefit is fully subsidized by an appropriation from the State's General Fund. The BBMI and SED "make available" benefits are not subsidized. Unless extended, Timothy's Law sunsets on December 31, 2009.

Health Insurance and Adults

The number of uninsured adults in the U.S. increased from 34.6 million in 2004 to 37 million in 2006. These numbers do not include the underinsured or insured adults with coverage that does not fully cover their healthcare expenses. Many working family members cannot afford, or are not offered, employer-sponsored insurance as contributions for health insurance have substantially increased for both employee and employer. The likelihood of being uninsured decreases as income rises; not surprisingly then the uninsured tend to fall in the lower income brackets of the population despite public programs that serve these vulnerable populations. Lower income adults have less of a safety net in public programs than children, and adults without dependent children have more restrictions for eligibility and limited coverage.

> "If you are uninsured, and you are diagnosed with cancer, you have a 60% greater chance of dying from cancer than if you were insured and diagnosed with cancer" - Dr. Otis Brawley, Chief Medical Officer, American Cancer Society (Reinberg, 2007)

- According to the 2009 Oneida County Expanded BRFSS Report, 15.0% (27,257) of Oneida County adults aged 18 and older reported that cost prevented a visit to a doctor within the last year. This is higher than the 12.6% reporting the same for all of NYS.
- In Oneida County, over fifteen percent (15.7%) of adults of all incomes aged 18-64 are uninsured; this rate is higher than NYS w/o NYC at 13.6%.
- Since lower income individuals are at greater risk for disease, disability and premature death, a noteworthy cause for concern is the fact that ten percent (10.1%) of uninsured adults are at or below 250% of the poverty level (Table 7.2), which is similar for those in the same age and income level of NYS including NYC (10.9%)[136].

Figure C3- 2005 Small Area Health Insurance Estimates of Uninsured Adults 18-64 Years of Age

Oneida County	15.7%
Broome County	18.8%
Herkimer County	19.4%
Madison County	17.2%
Niagara County	13.6%
NYS	17.6%
NYS w/o NYC*	13.6%

**2007 CPS Estimates of Uninsured adults aged 19-64*

- In Oneida County, adults unable to afford private health insurance may be able to take advantage of NYS public insurance programs such as Family Health Plus which is available to adults aged 19 to 64 who have income or resources too high to qualify for Medicaid. It is available to qualifying single adults, couples without children, and parents; there are no deductibles. However, there may be co-pay requirements for some services. The average number of beneficiaries for Family Health Plus in Oneida County increased 6.6% from 3,586 in 2005 to 3,823 in 2007; this is similar to the increase for all of NYS w/o NYC (6.6%) (Table 7.5)
- Another program, Healthy NY, provides affordable insurance coverage to eligible small businesses that are not currently offering health insurance coverage to their employees and for eligible uninsured working individuals and sole proprietors.
- The New York State Prescription Saver Program provides enrolled individuals a pharmacy discount card sponsored by New York State. The program offers discounts on prescription drugs to New York residents not on Medicaid with limited incomes, and are disabled or between the ages of 50 and 64.

Health Insurance and the Elderly

Medicare provides insurance coverage for those 65 and older, disabled Americans, and those with end-stage renal disease regardless of their income or medical history. In the U.S., Medicare covers approximately 45 million people including 7 million people with disabilities There are four parts to the Medicare Program: A, B, C and D. Part A (from payroll taxes) covers inpatient hospital, skilled nursing facility, home health and hospice services and is generally available without a premium. Medicare Part B supplemental insurance is voluntary and pays for physician visits and outpatient services, which may include a monthly premium based on income. Medicare C gives beneficiaries the option of receiving their benefits through private health plans. Part D is a voluntary prescription program that is offered through private plans. The majority of Medicare beneficiaries utilize employer or other health plans for prescription drugs.

- Total Medicare enrollment in Oneida County for 2007 was 45,619; 36,029 elderly and 9,590 disabled. Population projections show a significant increase in the number and percent of aging adults forecast for Oneida County. By 2025 the elderly will comprise approximately 21% of the population, an increase of 17% from 2005. The number will increase from 36,936 to 43,221, and although these are only estimates and projections, the trend is clear. (Census and Cornell) (Table 1.5); an increasing aging population means an increased need and cost for health care services as older adults consume a disproportionate share of resources.
- Since most elderly adults qualify for Medicare Part A, only one percent (1%) of surveyed Oneida County adults 65 and older reported having no health insurance with 1.9%[137] reporting the same for NYS. However, Medicare does not cover all medical costs leaving gaps in coverage that are especially problematic for low-income adults.
- In Oneida County, over two percent (2.1%) of adults 65 and older surveyed reported that cost prevented a visit to a doctor within the past year with 4.9% reporting the same for NYS. Even if some of these individuals are Medicare beneficiaries, they may not be able to afford supplemental insurance to pay for needed services not covered by Medicare Part A, including high cost prescription drugs. Some Medicare beneficiaries are able to cover these costs through private insurance plans; however, those that lack this type of coverage are not likely able to afford the considerable expense of out-of-pocket costs for supplemental insurance plans including deductibles and co-pays.
- Some Oneida County residents can qualify for NYS EPIC (Elderly Pharmaceutical Insurance Coverage) a program that helps seniors pay for their prescription drugs by lowering their drug costs and helping them pay the deductibles and co-payments. Gaps in coverage place these vulnerable elderly at greater risk for going without needed care. These issues are of great concern considering the fact that 46% of Medicare beneficiaries nationwide have incomes that are 200% below the federal poverty level.[138]

Health Insurance and Gender

According to the Kaiser Foundation[139], men and women are equally likely to be covered by private insurance plans; however, women are more often covered as a dependent which may be due to their working part-time or part-year because of child rearing responsibilities. This situation makes women more susceptible to the problems associated with being uninsured and accessing health care if they become widowed, divorced, or if economic burdens prevent their families from being able to afford health insurance. Among all women, low income, single, low educational attainment, foreign-born and minority women are at greater risk for being uninsured than other socioeconomic groups.

- In Oneida County, there is a considerable difference in the number of males (18.4%) versus females (11.3%) aged 18-64 that are uninsured. This may be related to the fact that women are more likely to meet the qualifying categories of Medicaid for low-income, pregnant women and parents with children. However, this gap closes somewhat when we compare the number of men (10.8%) and women (9.3%) aged 18-64 that are uninsured and at or below 250% of the federal poverty level.
- The percentage of women giving birth without insurance has increased slightly from 1999 (0.7%) to 2007 (1.2%)[140].

Health Insurance and Disability

The *National Organization on Disability/Harris 2000 Survey of Americans with Disabilities* reports that people with and without disabilities are equally likely to be covered by some form of health insurance; however, people with disabilities (28%) are four times more likely than those without (7%) to have special needs that are not covered by their health insurance. People with disabilities are also more likely to put off or postpone medical care because they cannot afford it (28% versus 12%).[141]

- For Oneida County, the disability status of the civilian non-institutionalized population 5 years and over is 20.0%[142]. There is no current data on the number of uninsured and disabled residents.

MEDICAID - ELIGIBILITY, ENROLLMENT AND ACCESS TO PROVIDERS

Medicaid Managed Care

- According to the 2008 Mohawk Valley Perinatal Needs Assessment, due to a statewide mandate to shift Medicaid recipients from traditional fee-for-service into managed care plans, the percentage of Medicaid recipients in Oneida County in managed care has increased to 80% or more. This is significantly more than the overall upstate New York figure of 67% of recipients in managed care programs.[143] The shift to managed care resulted in a greater focus on preventive health, provided for enhanced continuity of care, and higher reimbursement fees for primary care providers. The incentives of higher enrollments and reimbursements through managed care programs can help to improve access by increasing the number of Medicaid providers in the community.

Medicaid and Primary Care Providers

- A shortage of primary care providers compounded with a limited number that will accept Medicaid can create disparities for the publicly insured. This limited provider base makes Medicaid patients

more likely to use outpatient hospital services, emergency rooms and health clinics. A smaller pool of providers can create even more access barriers, including long wait times, difficulty making appointments, and having to travel longer distances to receive care.

Medicaid and Children

- The number of Medicaid eligible children aged 12-17 increased from 2000 (3,970) to 2005 (5,954) (Table 7.6 and Figure A-1). Child Health Plus enrollment for Oneida County was 5,454 as of July 2009.

Medicaid and Adults

- The number of Medicaid eligible adults in Oneida County aged 18 and older increased 18 % from 2000 (22,398) to 2005 (26,346) (Table 7.6)

Medicaid and Maternal Child Health

- The proportion of women using Medicaid to pay for their births increased steadily between 1997 and 2007, going from 39.9% to 46.7%; this is slightly higher than the proportion for the CNY Region (45.1%) in 2007[144]. The CNY Region includes Broome, Cayuga, Chenango, Cortland, Jefferson, Lewis, Madison, Onondaga, Oneida, Oswego, St. Lawrence, Tioga, and Tompkins counties.
- Women who had private insurance were far more likely to obtain early prenatal care than women who had Medicaid for health insurance. Over the nine year period from 1999 to 2007, rates of early prenatal care were 25% higher for those privately insured in Oneida County; 59.5% for Medicaid and 85.8% for privately insured[145].

Medicaid and Dental Services

- There is no current data available on the exact number of local dental providers that accept Medicaid; however, the Faxton-St. Luke's Dental Health Center, recipient of the NYS Preventive Dentistry Grant, estimates that there are only 17 in Oneida County.
- In Oneida County, there are only two Article 28 dental health settings that provide services for the Medicaid population; they include the Faxton – St. Luke's Dental Health Center and the Sitrin Dental Clinic both of which are located in New Hartford. In addition, the UCP Dental Center in Rome sees Medicaid and Child Health Plus recipients. The ability to pay for dental care is a barrier to receiving care for many children from low-income families.
- For all underserved children in the area, there is a shortage of providers of dental services. Transportation can be a hindrance to getting services at the Article 28 (Medicaid Only) settings referenced above, especially for rural and inner-city children. These providers are located in the out-lying areas (New Hartford) of Utica. It appears that few dental practices see Medicaid and Child Health Plus and uninsured children that are comparable to the need.

Medicaid and Chemical Dependency Services

- The number of Medicaid recipients receiving chemical dependency services has decreased from 1,323 in 2003 to 1,260 in 2007; however, there was a peak of recipients in 2005 (1,458). (Table 5.2)
- The number of Medicaid claims increased from 35,829 in 2003 to 44,413 in 2007; however, the number of claims in 2007 is a decrease from the 2005 (53,361) peak. (Table 5.2) These changes may be due to the shift to Medicaid Managed Care.

PROVIDER CHALLENGES

- Low levels of reimbursement and onerous paperwork may discourage physicians from participating in Medicaid or cause them to limit the number of Medicaid patients they will see.
- In the 2008 CHFWCNY Survey of CNY Providers, the underinsured and uninsured and overall low reimbursement levels were identified as two of the top five priorities that create barriers to care. The relationship with insurers was also a major concern as some primary care providers noted that Medicare reimbursement remain low.
- Patients that face barriers to care may become chronic no-shows and/or noncompliant which can create liability issues for providers.

STRUCTURAL BARRIERS

If a person has health insurance they may still experience problems with accessing health care services due to structural barriers that can include a shortage of primary and other health care providers, lack of accessible service sites and/or transportation, and enabling services such as interpretation. According to the report *Access Denied: A Look at America's Medically Disenfranchised*[146], "56 million Americans of all income levels, race and ethnicity, and insurance status have inadequate access to a primary care physician due to shortages of these physicians in their communities." The report describes these as the *medically disenfranchised;* individuals that "face multiple and compounding barriers to primary care, including lack of insurance and financial difficulty, language and culture, transportation, as well as the lack of physicians present or willing to treat them[147]." (See Map 2) This section will discuss the availability and accessibility of health care professionals, and primary, secondary and tertiary services in Oneida County and how some of these barriers impact the County's health care system.

Like many communities across the Country, Oneida County faces major challenges associated with the shortage of health care professionals and services which will continue to worsen as our aging population increases.

- According to a Faxton-St. Luke's 2008 Survey of 400 Households in Oneida and Herkimer counties, respondents identified not enough doctors (4.9%), quality care (2.6%), and quality of physicians (2.5%) as the top health care issue facing the community.
- Participants in the 2008 Community Health Assessment 'Healthy Conversations' forums overwhelming identified access to care issues relating to provider shortages, quality care and frustration in navigating the health care system.
- In the 2008 Oneida County Community Health Survey of over 2,000 residents, there were numerous references to the need to recruit quality health care professionals; the need for more and improved geographic access to specialty care physicians; better access to clinics, dental care, and mental health services for low-income and under/uninsured; expanded hours of operation that improve access for those who work; shorter waiting times; and adequate reimbursement for providers, to name a few.

- Oneida County's rural communities lack core health services such as mental health, substance abuse, oral health, and primary care; these problems are attributed to a lack of qualified health professionals.[148]
- Health care providers expressed similar sentiments in the 2008 CHFWCNY Survey of Providers in CNY; the most significant barriers to addressing unmet health care needs were workforce recruitment and retention, and provider reimbursement. Nurse, nursing assistant, and physician shortages were chief concerns especially in the areas of primary care providers. A shortage of psychiatrists was also noted. These issues were applicable to both urban and rural areas in the region. In terms of barriers and problems to providing care, the following were highlighted in order of priority:[149]

1. Physician Recruitment and Retention	6. Access to Timely Data
2. Nurse and Nursing Assistant Recruitment and Retention	7. Lack of Electronic Medical Records
3. Uninsured and Underinsured	8. Relationship with Insurers
4. Reimbursement levels	9. Healthcare Infrastructure
5. Coordination and Communication with other Providers	10. Effective Quality Improvement Strategies

Clinical preventive care, primary care, emergency services, long-term and rehabilitative care, specialty, and hospital care comprise the major components of the scope of care of the public health care system. Ample access to the programs and services provided by these key system components could increase health care system utilization and in due course improve health outcomes.

CLINICAL PREVENTIVE SERVICES

People must have access to clinical preventive services that are effective in preventing disease (primary prevention) and in detecting diseases or risk factors (secondary prevention) at early and treatable stages. Clinical services encompass a broad range of services relating to immunizations, disease screening and behavioral counseling. Although services may be available through existing clinics in the County, access to these clinics may be hindered due to factors including a lack of insurance, lack of awareness of available services, location of clinic sites, or cultural differences and language barriers.

- In Oneida County, clinical preventive services are available through the local health department, health care provider networks and independent care providers, especially in the urban areas of Utica and Rome.
- The primary sources of clinical preventive services for low income populations in the City of Utica is the Oneida County Health Department Diagnostic & Treatment Clinic and St. Elizabeth Medical Center Family Practice.
- Numerous ambulatory care clinics (or walk-in clinics) exist in the County through such healthcare providers systems as Faxton-St. Luke's Healthcare, St. Elizabeth Medical Center, Slocum Dickson Medical Group and Rome Memorial Hospital
- The Health Department is the only referral source for agencies seeking specialty care for TB, and has substantial immunization expertise. Healthcare providers refer insured and primarily uninsured patients for TB, STD and Immunization services to the Oneida County Health Department.

- Immunizations are provided to some extent by most providers; however, all vaccines are not available (varicella, meningococcal) due to storage and cost issues. Healthcare providers continue to refer patients to the Health Department for immunization services despite the patient's financial and/or insurance status. At present, no providers provide walk-in immunization clinics or travel vaccines. Flu clinics are increasingly available through other agencies/organizations; however, providers typically do not maintain adequate vaccine supplies. Consequently, the public is heavily reliant on the Health Department to meet their flu vaccine needs (See Infectious Disease Section for more data on immunizations).
- According to the CHFWCNY 2008 Provider Survey, providers saw a lack of access to free and low-cost clinic care as one of the top five health care accessibility issues in the CNY region.
- A significant proportion of Oneida County is rural, and these areas face challenges common to rural communities[150] including transportation, travel time, distance and costs, weather, and limited availability of clinical, primary and specialty care services.

PRIMARY CARE SERVICES

Nationally there is a shortage of primary care providers (primary care, as defined by the National Center for Health Statistics, includes general practice, internal medicine, pediatrics, obstetrics and gynecology and family practice.) as fewer medical students are entering into primary care and more are opting for specialty services with considerably higher incomes. This is a significant area of concern as having a primary care physician as the usual source of care is a critical factor in accessing needed health care services. Through a primary care provider individuals are ensured continuity of care, can be directed to a myriad of services in a timely manner and experience overall improved health outcomes. Primary care is likened to a "medical home" or a patient-centered, regular, and continuous source of primary care, and is proven to provide better health outcomes and lower costs of care.[151]

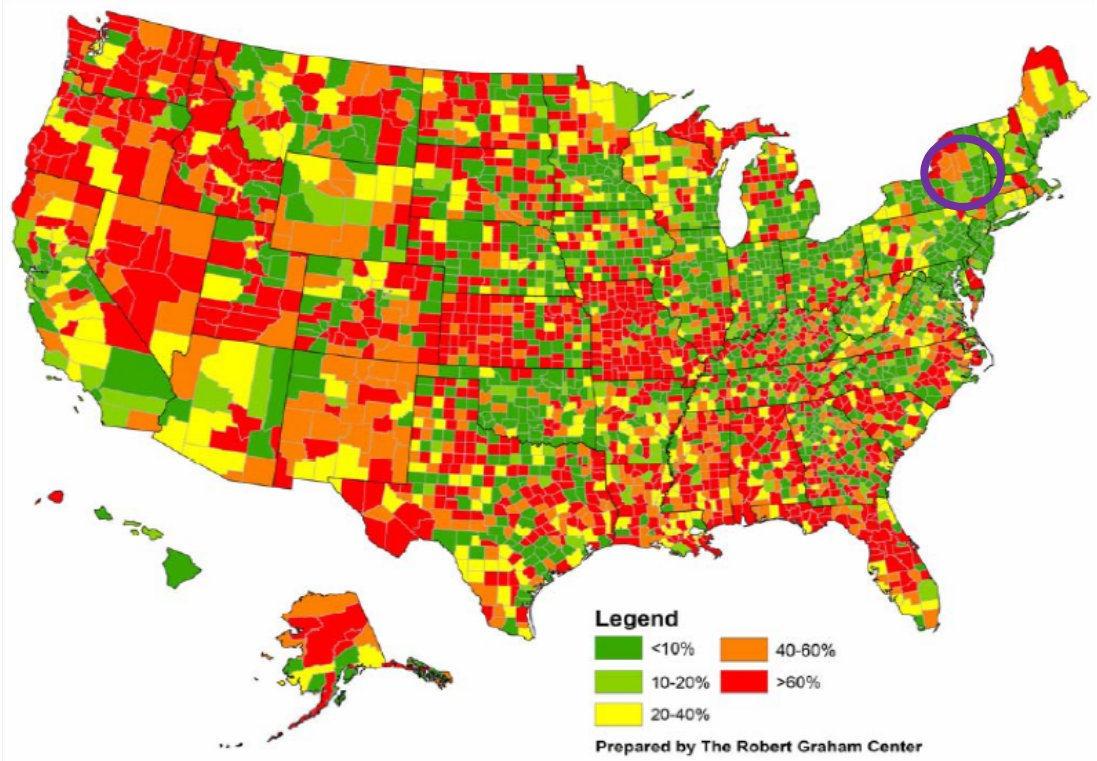
A shortage of, and difficulty in, recruiting primary care providers is a significant issue in Oneida County as evidenced by the designation of several areas in the County as Health Professional Shortage Areas and Medically Underserved Areas/Populations (see next section). Since PCPs are able to serve only a limited number of patients, health disparities occur when there are not enough providers for a given area. Patients with and without insurance may be unable to access a primary care physician, which could result in the increased use of costly emergency rooms and critical delays in care that lead to more severe health problems.

- There are 70 primary care physicians per 100,000 in Oneida County; this is lower than the number for Upstate NY (79 per 100,000)(Table 6.6).
- Improving access to care was and is a major goal of the St. Elizabeth Medical Center's Residency Program established in 1975. Not only do the residents get experience with both our urban and rural populations, but a real plus for the region has been the decision by many of the program's graduates -- approximately half - to settle and practice here.
- There are two School-Based Health Centers (SBHC) in Oneida County (both in the City of Utica) that provide vital primary and preventive services for students or their families; the School-Based Health

Centers provide comprehensive primary health care services (including mental and dental health) for underserved children and youth in high risk areas. One is operated by Donovan Middle School and Community Health and Behavioral Services, a program of Upstate Cerebral Palsy; and the second is located at Kernan Elementary School and is sponsored by St. Elizabeth Medical Center.

- The Oneida Indian Nation Health & Human Services Department provides direct primary and preventive medical, dental, behavioral health and community health services to American Indians living in Central New York, and makes referrals to off-site providers for services not available at the Oneida Nation Health Center on the Oneida Nation Territory or at its Behavioral Health Services sites in Oneida and Syracuse. Services are available Monday through Friday by appointment.
- The 2009 Expanded BRFSS report for Oneida County states that 86.8% of those surveyed indicated having a regular health care provider. This is slightly higher than the 82.8% reporting the same for NYS, but still well below the HP 2010 Target of 96% for increasing the proportion of persons who have a regular source of ongoing care.
- For Oneida County, 74.5% of those surveyed reported having visited the doctor for a routine check up in the last year; this is comparable to 75.4% reporting the same for NYS.
- According to the Report Access Denied: A Look at America's Medically Disenfranchised[152], the 2005 Estimated Percent of Medically Disenfranchised People for Oneida County is between 40-60%; it is estimated, therefore, that as many as 102,555 individuals in the County may be disenfranchised, an alarming statistic. The medically disenfranchised are people with no or inadequate access to a primary care physician due to the local shortage of physicians. (See Map 2)

Map 2
Estimated Percent of Medically Disenfranchised People by County, 2005



Note: Does not subtract health center patients as state and U.S. medically disenfranchised figures do.
Source: The Robert Graham Center. Health Services and Resource Administration (HPSA, MUA/MUP data), 2006 AMA Masterfile, Bureau of the Census 2005 population estimates.

Medically Underserved Areas/Populations (MUA/P)

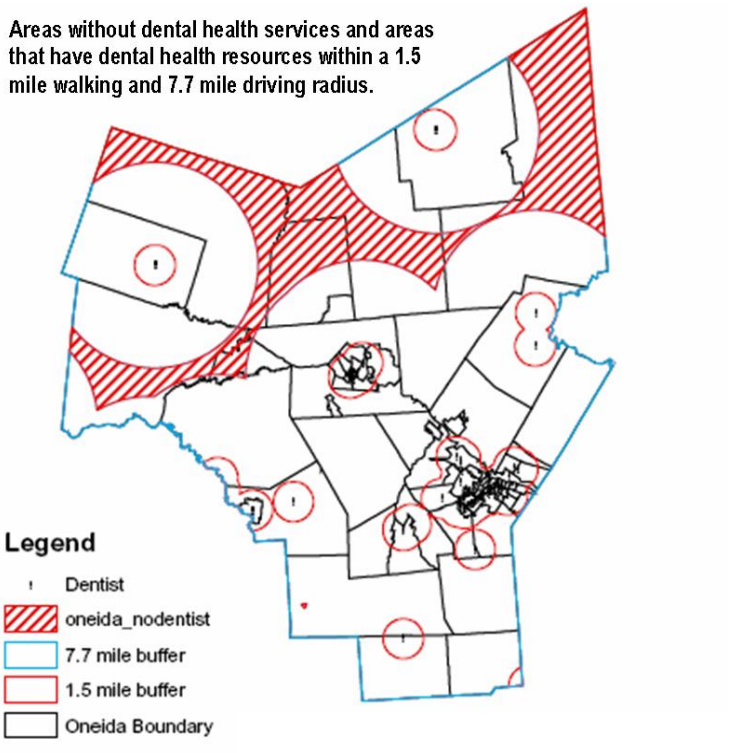
Oneida County also has Health Resources and Services Administration (HRSA) designation status for several Medically Underserved Areas/Populations (MUA/P). MUA/P designation is given to areas or populations with too few primary care providers, high infant mortality rates, and high poverty and/or a high elderly population. MUA designation is for areas for which there is a shortage of personal health service and MUP designation is for groups of persons who face economic, cultural or linguistic barriers to health care.

Health Professional Shortage Areas (HPSA)

The need for more healthcare providers in Oneida County is supported by the Health Resources and Services Administration's (HRSA) designation of several geographic areas in the County as Health Professional Shortage Areas (HPSA); these include several urban and rural areas throughout the County (See Table 6.6). The designation as a HPSA is assigned to urban or rural areas, populations groups, or medical facilities that have a shortage of primary medical care, dental or mental health providers. Geographical, population-to-practitioner ratio, resource over-utilization, excessively distant, or otherwise inaccessible services constitute the criteria for an HPSA designation. See Table 6.6 for a listing of areas in Oneida County that are designated as HPSA for primary medical care.

- According to the 2007 Annual Physician Workforce Profile, despite the overall growth in physicians statewide, the Mohawk Valley (Fulton, Herkimer, Madison, Oneida, Montgomery and Schoharie counties) experienced the greatest decline (7%) in active patient care FTE (full-time equivalent) physicians.[153] For Oneida County there was a 10% decrease in total FTE physician supply which includes non-primary care, surgical specialties, ob/gyn, and psychiatry (Table 6.6).
- Low wages for direct care workers make recruitment and retention increasingly difficult.
- In Oneida County, there are 49.6 Dentists per 100,000 population[154]
- There are considerable gaps in the availability of dental health care providers in the western and northern rural areas of Oneida County. (See Figure C4)

Figure C4 – Dental Resources in Oneida County
Source: The Commission for a Healthy CNY, June 2007



- According to the 2009 Expanded Interim BRFSS 70.3% of adults reported having a dentist visit within the last year; this is comparable to 70.5% for NYS.

- In Oneida County, there are 24 psychiatrists per 100,000 population (Table 6.4) which is lower than the State overall (33), but higher than NYS without NYC (18). Oneida County had 37 psychologists or 15.8 per 100,000 at the beginning of 2009 which is considerably lower than the State rate of 50.8 (Table 6.10). The shortage of mental health professionals is of great concern, and it is especially acute for children and adolescents.

EMERGENCY AND URGENT CARE

Emergency Services

Access to rapid response emergency medical services can be a critical factor in the outcome of many medical emergencies. Oneida County Pre-Hospital Emergency Medical Services is provided by a composite of career, volunteer and combination agencies. Responses to medical emergencies are delivered in a tiered type response, generally the closest basic life support (BLS) agency responds to the emergency followed by an advanced life support (ALS) ambulance. The County is divided into districts, with assigned fire/ambulance agencies responsible for responses in those areas.

- The placement of nearly 88 public access automatic external defibrillators (PAD sites) has also had an impact on emergency care in Oneida County. These sites include schools, industry, fire/rescue, and law enforcement.
- Patients requesting EMS in Oneida County are routinely transported to Emergency Departments within the County. Faxton-St. Luke's Healthcare and St Elizabeth in Utica and Rome Memorial in Rome, all participate in establishing pre-hospital protocols and have developed cooperative agreements for multi casualty incidents (MCI).
- Pre-Hospital Emergency Medical Services are coordinated through the State appointed Resource Hospital, Faxton-St. Luke's Healthcare. Training is provided via the Faxton-St. Luke's Course Sponsorship these courses, including: Certified First Responder, Emergency Medical Technician, Critical Care Emergency Medical Technician, and Paramedic.
- Oneida County EMS Agencies respond to nearly 45,000 calls annually, the exact number of responses is difficult to determine given three separate Public Safety Answering Points (PSAP) and commercial ambulance responses not tracked by any PSAP. The New York State Department of Health has determined 815 EMTs (Emergency Medical Technicians) currently reside in Oneida County; of those, 308 provide advanced pre-hospital care.
- There is inconsistent EMS coverage in several rural areas of Oneida County; and mutual aid agencies provide back-up coverage to these areas.[155] Currently eleven ambulance services are located in Oneida County, (five independent volunteer, three commercial, one fire

Figure C5 - Courses in Oneida County (2008-2009)

	Courses	Students
Certified First Responder	2	18
Emergency Medical Technician	10	189
Advanced AEMT – CC	2	24
Paramedic AEMT-P	2	52
American Heat Association Basic CPR	60	1100
American Heart Association ACLS	8	79
American Heart Association PALS	8	109

Source: Midstate EMS

department, and two municipal). All commercial services provide "in-house" responses and the remaining agencies provide varying levels of availability based on volunteer responses.

Urgent Care Centers

Urgent care centers provide walk-in care for treating acute and non-life threatening conditions and can assist in conserving costly emergency room resources for more appropriate care of life threatening conditions. Urgent care physicians are not intended to be a replacement for ongoing care needed from primary care providers.

- There are 4 urgent care facilities in Oneida County's urban and suburban areas; 2 in Utica (Independent Physicians and Faxton-St. Luke's), 1 in New Hartford (Slocum Dickson) and 1 in Rome (Mohawk Glen).

Figure C6 2007-2008 Emergency Department Report on Race, Oneida County, Source: SPARCS

Race	2007 Patients	2008 Patients
Asian	513	590
African American	7,066	8,537
Native American or Alaskan Native	23	38
Other Race	1,522	1,793
Unknown Race	1,043	862
Caucasian	53,053	58,575
Total	63,220	70,395

Emergency Departments

Federal law (Emergency Medical Treatment and Labor Act) requires Emergency Departments (ED) to evaluate anyone seeking care and to at least stabilize the most severely ill and injured patients. Additionally, ED's can become walk-in care for a number of persons who face financial or other barriers to receiving appropriate care elsewhere. Oneida County's three hospitals, Faxton-St. Luke's Healthcare, Rome Memorial Hospital and St. Elizabeth Medical Center provide emergency care services.

- The total number of hospital ED visits in Oneida County increased from 63,220 in 2007 to 70,395 in 2008, just over an 11% increase. (Figure C6)
- The largest ED usage is in the 20-44 age group; this group makes up approximately 40% of the total ED patients.
- In 2007, the African American population comprised approximately 6% of Oneida County's population, but they accounted for 12% of emergency room use, clearly disproportionate to their percent of the population.

Figure C7 - 2007 -2008 Emergency Department Report on Ethnicity, Oneida County
Source: SPARCS

Ethnicity	2007 Patients	2008 Patients
Not of Spanish/Hispanic Origin	59,921	66,601
Spanish/Hispanic Origin	2,616	2,986
Unknown	683	808
Total	63,220	70,395

TERTIARY AND SPECIALTY CARE

Tertiary care includes hospital and specialty care services for the treatment and management of an illness. At all levels, national, state, and county, considerable emphasis is placed on medical treatment of illness after it occurs, rather than preventing it before it begins. An increased focus on prevention both in the hospitals and during office visits can save more lives and resources. Traditionally, the hospital care

providers have focused on secondary and tertiary care; however, in recent years many hospitals are shifting more focus towards disease education and prevention activities.

- Three hospitals, two in Utica and one in Rome, are located in Oneida County; each provides acute care services, and each has its own specialty services.
- Figure C9 shows a summary of acute care beds by hospital. See Table 6.1 for the total number by type. The estimate of acute care needs show a deficit in psychiatric bed needs for the County; the existing bed count is 61 and the estimated need is 94 (Table 6.2).

Figure C9- Number of acute care beds by hospital, Oneida County, 2008

Total Beds	Hospital				Total
	Rome Memorial	St. Elizabeth MC	Faxton-St. Luke's/St. Luke's	Faxton-St. Luke's/Faxton	
	144	201	346	26	717

Source: NYSDOH, 2008

- Slocum-Dickson Medical Group is a major and expanding private physician group of over 70 primary care and specialty physicians that provide a wide range of medical diagnostic, therapeutic, and support services. The practice is located in New Hartford and includes an urgent care facility and has a satellite office in the City of Rome.
- St. Elizabeth's Medical Center is a Level II Area Trauma Center. Injury Prevention is a major focus of the Trauma Department. St. Elizabeth Medical Center provides the area with an array of services such as primary care facilities, orthopedic treatments, radiology, emergency care services and prenatal clinics. There is also a Family Practice Residency Program at St. Elizabeth. The St. Elizabeth Trauma Center spearheads injury prevention education and programs aimed at senior citizens, an important preventive measure whose demand will steadily increase as our County population ages.
- Rome Memorial Hospital provides general medical-surgical care, 24-hour emergency care, obstetric, pediatric, long-term care, physical therapy and rehabilitation, laboratory and medical imaging, pain management and alcohol and substance abuse services. Rome Memorial Hospital has directed prevention activities towards areas of anti-smoking and increased physical fitness and diet.
- Faxton/St. Luke's Hospital (FSLH) provides a variety of specialty services such as maternity care, pediatrics, psychiatric care, renal dialysis and long term care. They also provide a Level II nursery, which helps parents to access a higher level of care. Infants who need Level III care are sent to the Perinatal Center at Crouse-Irving Hospital in Syracuse. The Faxton campus operates the Cancer Center and provides access for outpatient cancer care with state-of-the-art equipment, advanced technology, inpatient oncology unit, and skilled staff with specialized training in Cancer care.
- The Mohawk Valley Heart Institute is a cooperative venture of Faxton-St.Luke's Healthcare (FSLH) and St. Elizabeth Medical Center. MVHI provides cardiac surgery and coronary angioplasty, cardiac catherizations, and rehabilitation services.

Hospital Quality Measures

NYSDOH provides hospital quality measures to indicate how well a hospital provides care for its patients. These measurements relate to: heart conditions, pneumonia care, surgical infection prevention, and

performance of coronary artery bypass graft, angioplasty or pediatric heart surgery. Although these measures have been proven the most useful indicators of quality care, NYSDOH cautions that a hospital's overall quality cannot be expressed by its scores on these measures alone. Indicators do not currently exist to measure how well hospitals treat every type of illness or patient that they care for. The following is a summary of scores for Oneida County hospitals in comparison to the NYS average (See Table 4.30 for more details on select hospital quality measures). Oneida County Hospitals include Rome Memorial Hospital (RMH), Faxton-St. Luke's Hospital (FSLH) and St. Elizabeth Medical Center (SEMC).

- For Adult heart surgery mortality rate and Angioplasty mortality rate, NYSDOH reports that SEMCs risk-adjusted mortality rate is not significantly above or below the average for New York hospitals. RMH and FSLH either do not provide these services or are not required to publicly report data for these measures.

Figure C10 Hospital Quality Measures, 2009
Source: NYSDOH

	NYS	RMH	FSLH	SEMC
Overall Heart Attack Care	96.4%	92.7%	92.6%	94.8%
Overall Heart Failure:	91.2%	94.4%	84.8%	82.9%
Overall Pneumonia Care	91.1%	93.9%	87.6%	84.8%
Overall Surgical Care Improvement	92.2%	96.7%	78.9%	85.9%

Long-Term & Rehabilitative Care

People in the long-term care population need access to a range of services, including: nursing home care, home health care, adult day care, assisted living, and hospice care. Access to the full range of these services can be limited due to financial constraints and geographic barriers. Providers and community members alike have expressed great concern in regard to the current and future challenges associated with providing services to Oneida County's increasing aging population.

- There are 17 long term care facilities in Oneida County. These are listed in Table 4.31 along with the scoring for quality measures for each facility.
- There are (approximately)? 11 adult care facilities located primarily in Utica, Rome, Clinton, and New Hartford areas. All tolled these facilities have over 600 adult care and/or assisted living beds.
- Three of the adult care facilities in Oneida County have assisted living programs that combines residential and home care services. These include Cedarbrook Village in New Hartford, Loretto Utica Center, in Utica and Presbyterian Residential Community in New Hartford.
- Oneida County has one hospice care provider, Hospice and Palliative Care located in New Hartford.
- There are three Certified Home Health Agencies serving all of Oneida County: Acacia Certified Home Care Company, St Elizabeth Certified Home Care and Visiting Nurse Association (VNA) of Utica and Oneida County Inc. People of all ages receive home care; these agencies primarily serve chronically ill adults and geriatric patients and in recent years some have been accepting referrals for ill and at-risk newborns and children.
- The Visiting Nurse Association of Utica and Oneida County Inc., is an affiliate of the Mohawk Valley Network and is the largest home care provider in the County. Acacia and VNA provide services 24 hours 7 days a week and VNA and St. Elizabeth Home Care accept both Medicare and Medicaid.

- The Visiting Nurse Association of Utica and Oneida County Inc., also has Long Term Home Health Care Program for clients with complex needs who would otherwise require skilled nursing facility placement. Individuals in the LTHHCP qualify through the Oneida County Department of Social Services and the Office of Continuing Care. This case management program provides an array of services including nursing, home health/personal care aides, Meals on Wheels, social day care, audiology, personal emergency response system, respite care, specific home modifications/ramps/lift chairs, housekeeping, medical social worker, respiratory therapy and nutritionists.
- Senior Network Health is a Managed Long Term Care Program that provides health and long-term care services to adults with chronic illness or disabilities, to better address their needs and to prevent or delay nursing home placement. Services include – but are not limited to – nursing, physical therapy, occupational therapy, speech pathology, medical equipment and supplies, podiatry, dentistry, optometry, respiration therapy, transportation and social day care. Their services are available 24 hours 7 days a week and are available to those eligible for Medicaid or willing to pay privately.
- Additional agencies providing home care services in Oneida County include AmeriCare, Caregivers, Central Home Care, Family Home Care, Mohawk Valley Home Care, Oxford Home Care Services, and U.S. Care Services serving the greater Utica area. Also, for rural areas, Cathie Lee's Home and Health Care serves the Sylvan Beach and western Oneida County areas; Comfy Care and Connie's Caring Companions serves western and southern Oneida County; and HASCA serves the northern Oneida County townships.

🔍 The aging population was identified as a "force of change" (See Attachment G - Forces of Change Assessment Results) that has significant impact on the health of the community. Some of the community challenges include a lack of resources for the aged to stay in their homes when they are sick, the need for more healthcare staff, and a shortage of residential health care facilities.

Transportation

In Oneida County, public transportation is available in the cities of Utica and Rome (and some outlying suburban areas) and there are some programs available for seniors, special needs and low-income or Medicaid eligible people to assist in accessing an array of health and human services. However, transportation issues relating to accessing health care services remains a major issue of concern as identified by providers and clients in Oneida County. Several of the problems relate to fragmentation of services throughout the County, and the costs, availability and inconveniences associated with public transportation.

🔍 In a summary of findings from surveys and focus groups conducted by the Mohawk Valley Perinatal Network (MVPN)[156], women reported that the cost and availability of transportation was a significant problem including the "inconvenience of using buses to travel between agencies in the same day, and the problem of carrying supplies, such as cans of formula, that they received from agencies."

🔍 In the CHFWCNY 2008 Provider Survey, transportation problems were listed as one of the top five barriers to accessing care.

- Transportation availability is especially problematic for individuals living in the rural areas of Oneida County. Options such as mobile clinics may improve access for those facing transportation barriers.

Office Hours

Limited availability due to inflexible office hours can create barriers to accessing services. This was an issue raised by providers and participants of many of the community sessions conducted throughout the Oneida County community health assessment process.

- Participants of the 2008 MVPN focus groups pointed to the dilemma of those who have inflexible work hours, lose pay, or have their work hours cut if they take time during the work day for appointments. Expanding hours of coverage by making services available in the evenings and on weekends can improve access to care for those working and unable to take off time for appointments.

Accessing Information Regarding Community Services

As a part of their strategic planning efforts the Oneida County Health Coalition, a community-based partnership among local nonprofit organizations and governmental agencies, identified a need for better communication and coordination within the public health system to facilitate easier access by the community to the wide range of health and human services offered in the community. For community members, finding and accessing the needed services in the community can be a daunting and frustrating task. Moreover, health and human service agencies and community groups are challenged with the lack of time and resources for maintaining up-to-date and easily accessible information about the community services to assist our residents in getting the services they need in a timely manner. For these reasons, in 2006, the OCHC initiated the exploration of 2-1-1 services for the Leatherstocking Region (Oneida, Herkimer and Madison counties).

2-1-1 is an easy to remember 3-digit dialing code offered to over 70% of the US population as an Information and Referral (I & R) service that gives people an easy link to information about local resources in their own communities. 2-1-1 has improved how people learn about and connect with services they need; helped to create efficiencies in the delivery of health and human services; and served as a support system for emergency management. It also provides additional data on trends in health and human service needs within communities – both met and unmet needs – for more efficient and effective community planning and allocation of resources. Thus, in 2007 the OCHC formed a tri-county Regional Committee (Oneida, Herkimer, and Madison) that was charged with the responsibility of conducting a feasibility study and to propose recommendations for how 2-1-1 services might be made available in the three-county region. Their efforts included the development of a comprehensive business plan for 2-1-1 services for the region developed by an independent consultant through a grant from NYS 2-1-1. The following are some of the findings of issues and needs identified through the Regional Committees planning efforts and the 2-1-1 Business Plan for the Leatherstocking region.

- At present, the Leatherstocking Region (Oneida, Herkimer and Madison) is one of only three remaining regions within NYS that does not yet have a plan to effectively and efficiently offer 2-1-1 to its citizens.
- There is significant duplication of I & R efforts within the Leatherstocking Region and no central "clearinghouse" for such information.
- I & R efforts within individual organizations that do not have standard and current information about programs and services in a readily available and accessible format that is continuously updated.
- Organizations that do not have designated and trained I & R specialists who may readily assess, analyze and refer people promptly to the most appropriate services or follow-up on referrals.
- Fragmented, disparate or no data which makes strategic planning and decision-making about how to best meet community needs difficult.

(Source: CNY 211 – Request for Proposal a Business Plan for Leatherstocking Region)

After the development of the Business Plan, the NYS 2-1-1 budget was cut drastically putting plans to expand the service to the Leatherstocking region on hold indefinitely. Although the statewide budget cut has halted the 2-1-1 planning efforts, feedback from the community health assessment activities relating to better coordination and communication within the public health system emphasize a need for a centralized, integrated and easily accessible, clearinghouse of community services to ensure better access to care.

Other Health System Issues

Healthy People 2010 states that system barriers can "include a lack of resources or attention devoted to prevention, lack of coverage or inadequate reimbursement for services, and lack of systems to track the quality of care."[157] Oneida County community health assessment participants and other relevant reports have identified other significant barriers and areas for improvement that relate to the full spectrum of health services. These include:

- A fragmented healthcare system that requires improved coordination of care and collaboration with other providers including, but not limited to, Electronic Medical Records.[158] This was identified by CNY providers as one of the top five barriers to care.
- Oneida County has several partnerships and collaborations that are working together to improve health; however, there are still access issues that relate to duplication of services, reimbursement driven services, and competition rather than collaboration.
- Provider relationship with insurers and a lack of or inadequate funding and reimbursement for preventive services.
- A need to implement effective quality improvement strategies[159].
- A need to make prevention the "hallmark" of our efforts; increased emphasis on and funding for prevention and prevention-focused programs to improve long term health outcomes.

PERSONAL BARRIERS

Personal barriers can include a lack of knowledge about the healthcare system, environmental challenges for people with disabilities, and cultural, linguistic, and educational factors. Over the last 30 years the Mohawk Valley Resource Center for Refugees (MVRCR) has resettled over 13,000 refugees in New York State; over 4,000 of these refugees have resettled in Oneida County and have made significant contributions to the enhancement of Oneida County's economic and community development. However, each group arrives with unique health issues, concerns, experiences and needs that must be met as they assimilate into the community. In addition to the diverse cultures and languages of refugees and immigrants, Oneida County also has a growing Latino population. Like many other communities across the country, many residents also have religious and cultural beliefs and practices (e.g., Amish and/or Mennonite, Native Americans, etc.) that require improved cultural competencies on the part of health care providers. Moreover, there are other groups with social issues (re-entering Veterans and prisoners, homeless, aging, poor, etc.) that have special needs that can impede their access to health care services.

POVERTY

- When assessing personal barriers to health we must take into consideration the irrefutable evidence pertaining to the ways in which social determinants can influence and create disparities in health. The CDC (Centers for Disease Control and Prevention) defines social determinants of health as "factors in the social environment that contribute to or detract from the health of individuals and communities." [160]These factors can include, socioeconomic status, transportation, housing, access to services, discrimination by social grouping (e.g., race, gender, or class), and social or environmental stressors. Thus, declining economic conditions will have impacted the health status of the residents of Oneida County; and it is a significant barrier to families and individuals that may be facing loss of employment, low-income jobs and/or poverty. Even when services are readily available, individuals in poverty must often make the choice between paying for vital health services and their immediate food and sheltering needs. In all of the community health assessment sessions, surveys, focus groups, etc., inadequate access to health care for the "working poor" was a prime concern. The economic downturn has impacted individuals, businesses, programs and services countywide; this situation compounds the burdens and stresses of our most vulnerable low-income and poor populations and significantly increases their risk for adverse health outcomes.

CULTURE

- The Mohawk Valley Resource Center for Refugees and the Multicultural Association of Medical Interpreters, Inc. are the primary providers of interpretation and translation services in the County. As the refugee and immigrant population continues to expand and diversify, many providers have expressed a need for more affordable interpretation and translation services and for a better understanding of individual cultures.
- In 2003, the Oneida County Health Coalition (OCHC) conducted four focus groups with four different groups (Vietnamese, Bosnian, Latino, and Russian) to find out if the health care needs of certain ethnic groups on Medicaid were being met. The profile of refugees in Oneida County has expanded since

that time, and, the problems associated with language barriers remain the same. Some reported that the lack of interpretation and translation services is a problem which makes communicating with providers difficult. They also noted that telephone interpretation services are not always effective because of multiple dialects; and that children, often used for certain situations, are not good choices for interpreters. Paperwork such as instructions for medications and medical history forms posed additional challenges for those with language barriers. Also, it is important that providers understand that although refugees/immigrants may speak English, they may not be able to read it.

VETERANS

- Soldiers returning from Iraq and Afghanistan, and/or their families, face barriers to health and mental health care. The veteran's system is strained causing delayed access to critical services; and local providers often lack an understanding of veteran's issues (e.g., trauma related disorders) and have a lack of expertise and/or capacity to serve them.[161]

HEALTH LITERACY

Healthy People 2010 defines health literacy as the "degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." – Healthy People 2010, Health Communication Terminology. Health literacy barriers can be caused by health care providers who use words that patients don't understand, low educational skills, cultural barriers to health care, and Limited English Proficiency (LEP). Problems with health literacy can make it difficult to locate providers and services, complete health forms, explain medical history to providers, seek preventive health care, manage chronic conditions and understand directions for medicine or healthy behaviors. The Community Foundation of Herkimer and Oneida Counties conducted a literacy assessment in 2008 that found that "low literacy is a crisis in Oneida County" [162] and this is despite the number of organizations committed to providing literacy services. The report explains the premise that there are many aspects of literacy - including health - that are broader than basic reading and writing skills. The following are highlights from the findings of the assessment:

- An estimated 92,000 adults read at or below the 8th grade level in Oneida County; 35,000 adults literacy levels are critically low meaning they are at or below a 3nd grade level.
- As many as 30% of youth drop out of Utica and Rome high schools with limited skills and no diploma and this number rises to 42% for those with learning difficulties.
- Utica has high levels of children living in poverty and these children are at risk of not having the pre-literacy skills necessary for kindergarten success. In 2000, Utica reported 44.5% of children under age 5 living in poverty; this rate is double the state average.
- Areas of Utica with the lowest literacy levels are those with the highest levels of poverty. The small African American population is concentrated in this area as are families with limited English language skills

THE CONSEQUENCES OF INADEQUATE ACCESS TO HEALTH CARE

As stated at the beginning of this section, access to quality health care services is a critical component of safeguarding and determining the health status of a community. All of the barriers and factors previously discussed can create health disparities especially in vulnerable populations, diminish quality of life, lead to premature death, increase costs for health care, and erode economic growth. This section will review health status indicators that give insight into health issues that may be related to access to quality health care in Oneida County.

PREVENTION QUALITY INDICATORS

NYSDOH defines Prevention Quality Indicators (PQIs) as "rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. These indicators serve as a screening tool rather than as definitive measures of quality problems. They can provide initial information about potential problems in a community that may require further, more in-depth analysis."[163] The following is a summary of PQI data for Oneida County:

Figure C11 - Prevention Quality Indicators (PQIs*) hospitalization rates/10,000, Oneida County and NYS, 2006

Measure		Oneida County Risk adjusted rate**	New York State Risk adjusted rate**
PQI 1	Diabetes short-term complications	5.33	4.95
PQI 2	Perforated appendix	2,554.12	2,581.81
PQI 3	Diabetes long-term complications	13.63	13.84
PQI 5	COPD	17.30	15.68
PQI 7	Hypertension	3.95	5.32
PQI 8	Congestive heart failure	52.87	39.50
PQI 9	LBW	697.52	619.99
PQI 10	Dehydration	18.39	9.98
PQI 11	Bacterial pneumonia	46.15	33.10
PQI 12	Urinary tract infection	11.38	15.07
PQI 13	Angina w/o procedure	2.30	4.13
PQI 14	Uncontrolled diabetes	2.04	2.98
PQI 15	Adult asthma	17.46	14.98
PQI 16	Lower extremity amputation, diabetes	3.41	3.23
PQI 90	Overall PQIs	151.70	130.34
PQI 91	Acute PQIs	59.45	46.16
PQI 92	Chronic PQIs	92.34	84.26

Source: NYSDOH, 2008; and Agency for Healthcare Research and Quality, 2008. See Table 4.25 for more details

Diabetes – related PQIs (Prevention Quality Indicators)

- The Oneida County 2006 hospitalization rate for PQI 1 - Diabetes short-term complications was 5.33 per 10,000; this was slightly higher than NYS rate of 4.95 per 10,000. However, when we

compare the combined rates for the 13501 and 13502 - Utica zip codes (102.0 per 10,000) to the NYS rate (52.0 per 10,000) the difference is considerably higher than NYS.*

- The Oneida County 2006 hospitalization rate for PQI 3 - Diabetes long-term complications was 13.63 per 10,000; this was slightly lower than NYS rate of 13.84 per 10,000.
- The Oneida County 2006 hospitalization rate for PQI 16 – lower extremity amputations was 3.41 per 10,000; this was slightly higher than the NYS rate of 3.23 per 10,000.
- The Oneida County 2006 hospitalization rate for PQI 24 – Uncontrolled diabetes was 2.04 per 10,000; this was slightly lower than the NYS rate of 2.98 per 10,000.

Respiratory Conditions – related PQIs

- The Oneida County 2006 hospitalization rate for PQI 5 - COPD was 17.30 per 10,000; this was slightly higher than the NYS rate of 15.68 per 10,000.
- The Oneida County 2006 hospitalization rate for PQI 15 – Adult Asthma was 17.08 per 10,000; this was slightly higher than the NYS rate of 14.98 per 10,000.

Circulatory Conditions – related PQIs

- The Oneida County 2006 hospitalization rate for PQI 7 - Hypertension was 3.95 per 10,000; this was lower than the NYS rate of 5.32 per 10,000.
- The Oneida County 2006 hospitalization rate for PQI 13 – Angina w/o procedure was 2.30 per 10,000; this was lower than the NYS rate of 4.13 per 10,000.
- The Oneida County 2006 hospitalization rate for PQI 8 – Congestive Heart Failure was 52.87 per 10,000; this was higher than the NYS rate of 39.50 per 10,000.

Figure C12- Oneida County Early Stage Cancer Diagnosis[164]

Early stage cancer diagnosis:	Prevention Agenda 2013 Obj.	US	NYS	Oneida County 2001-2005	Oneida County 1996-2000	NYS excl. NYC 2001-2005
Breast	80%	63%	63%	**68%**	68.8%	65.3%
Cervical	65%	53%	51%	**65%**		
Colorectal Both	50%	40% 1996-2003	41% 2001-2005	**42%**		
Male Female				**42.7%** **41.3%**	44.3% 43.2%	44.2% 42.1%
Prostate				**89.8%**	81.8%	87.8%

Sources: NYS DOH State Cancer Registry, 2003 and 2008

Acute Conditions – related PQIs

- The Oneida County 2006 hospitalization rate for PQI 11 – Bacterial Pneumonia is 46.15 per 10,000; this was higher than the NYS rate (33.10).
- The Oneida County 2006 hospitalization rate for PQI 10 – Dehydration is 18.39 per 10,000; this was considerably higher than the NYS rate of 9.98 per 10,000.
- The Oneida County 2006 hospitalization rate for PQI 12 – Urinary tract infection is 11.38 per 10,000; this was lower than the NYS rate of 15.07 per 10,000.

Overall Prevention Quality Indicators

- The 2006 Overall PQI hospitalization rate for Oneida County is 151.70 per 10,000; this was higher than the overall NYS rate of 130.34 per 10,000.

*Zip code level PQI data is available on the NYSDOH website at
https://apps.nyhealth.gov/statistics/prevention/quality_indicators/start.map

Early Cancer Diagnosis

Early stage cancer diagnosis is another important indicator of access to quality health care because many common cancers (such as breast, cervical and colorectal) are treatable in their early stages and barriers to care can prevent their early detection and timely treatment.

- For 2001-2005, Oneida County, **early diagnosis of breast cancer** was 68.0% (of all breast cancers subsequently diagnosed), which is higher than the US and NYS, and NYS excl. NYC percentages; however, it is significantly below the NYS PA Obj. (NYS Prevention Agenda Objective) for 2013 of 80.0%.(Figure C12)
- For 2001-2005 the percentage of **early diagnosis of breast cancer** (68.0%) has for the most part remained unchanged in comparison to 1996-2000. (Figure C12)
- For 2001-2005, **cervical cancer early diagnosis** was 65.0% for Oneida County; this is slightly higher than NYC excl. NYC but much higher than NYS (51.0%) and US (53.0%); Oneida County's percentage (65.0%) is equivalent to the NYS PA Obj. for 2013. (Figure C12)
- The percentage of **colorectal cancer early diagnosis** for males and females in 2001-2005 was 42.0% for Oneida County which is similar to the NYS and US percentages; this is below the NYS PA Obj. 2013 of 50.0%. (Figure C12)
- The percentage of **colorectal cancer early diagnosis** for Oneida County males has decreased from 44.3% (1996-2000) to 42.7% (2001-2005); the 2001-2005 44.2% for NYS excl. NYC is higher than the percentage of 42.7% for Oneida County for the same time period. (Figure C12)
- **Colorectal cancer early diagnosis** for Oneida County females has decreased from 43.2% in 1996-2000 to 41.3% in 2001-2005; the 2001-2005 percentage of 42.1% for NYS excl. NYC is slightly higher than 41.3% for Oneida County for the same time period. (Figure C12)
- The percentage of **prostate cancer early diagnosis** has increased from 81.8% in 1996-2000 to 89.8% in 2001-2005; Oneida County's percentage for 2001-2005 is higher than 87.8% for NYS excl. NYC for the same time period. (Figure C12)

Figure C13 – Oneida County Early Prenatal Care by Age
Source: NYS Dept. of Health, SPDS Data)

Age Group	2003	2004-2007	CNY Region
15-19	51.6%	54.2%	58.3%
20-24	67.9%	65.3%	68.3%
25-34	76.1%	80.0%	80.6%
>34	74.9%	80.5%	72.4%

Figure C14 – Oneida County Early Prenatal Care by Race
Source: NYS Dept. of Health, SPDS Data)

Race	1999-2003	2004-2007	CNY Region
Caucasian	77.1%	77.6%	77.9%
African-American	52.9%	48.2%	55.3%
Hispanic	65.0%	58.8%	67.8%
Other	58.1%	56.9%	64.1%

Early Prenatal Care[165]

- The percent of women receiving **early prenatal care** in Oneida County decreased from 75% in 1999 to 73% in 2007. This is short of the Healthy People 2010 Goal of 90%.

- In comparing 2003 data to the 2004-2007 time period, among all age groups, there were increases in the rate of early prenatal care for the 15-19, 25-34, and greater than 34 age groups.(Figure C14)
- From 2003 to 2004-2007 there was a slight decrease in the number of women aged 20-24 that received early prenatal care.
- In Oneida County, African-American women were the least likely of any race to receive early prenatal care. (Figure C14)
- In Oneida County the percent of women receiving early prenatal care during the period 1999-2003 decreased from the 2004-2007 period for all non-Caucasian women. (Figure C14)

UTILIZATION OF PREVENTIVE SERVICES

The following is a summary of data for Oneida County from the 2009 New York State Expanded Behavioral Risk Factor Surveillance System Interim Report. The New York State Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide random-digit-dialing (RDD) telephone survey of adults aged 18 years and older to assess prevalence and monitor trends in behavioral risk factors and the utilization of preventive care services associated with the leading causes of illness, injury and death in the population. The responses to some of the survey results can give us some insight into current trends related to access to quality health care in Oneida County.

Figure C15- Summary of Oneida County BRFSS Survey Results, 2009

	OC	NYS	HP 2010	
Dental Care				
Dentist Visit within the Past Year among Adults	70.3%	70.5%		The Oneida County percentage is comparable to NYS
Had Teeth Cleaned within the Past Year among Adults	74.9%	71.7%		
Permanent Teeth Extracted Due to Decay or Gum Disease among Adults	49.5%	50.1%	42%	The Oneida County percentage is comparable to NYS; however, this is higher than the HP 2010 goal for the percentage of adults that have ***never*** had have never had a permanent tooth extracted because of dental caries or periodontal disease.
Had All Permanent Teeth Extracted Due to Decay or Gum Disease among Adults age 65 and Older	22.2%	18.4%		
Immunization				
Flu Shot within the Past 12 Months	37.2%	41.7%		
Flu Shot among Adults age 65 and Older	62.4%	74.4%	90%	
Pneumonia Shot or Pneumococcal Vaccine	27.6%	25.8%		
Pneumonia Shot or Pneumococcal Vaccine among Adults age 65 and older	65.9%	64.2%	90%	
Cancer Screening				
Ever had a Mammogram among Women age 40 and Older	96.5%	89.8%		
Had Mammogram within the Past 2 Years among Women age 40 and Older	81.9%	77.9%	70%	The Oneida County percentage is slightly higher than NYS and much higher than the HP 2010 Goal.
Had Mammogram within the Past 2 Years among Women age 50 and Older	84.6%	82.9%		
Ever Had a Pap Test among Women	93.4%	92.5%	97%	

Had a Pap Test within the Past 3 Years among Women	76.7%	83.8%	90%	The Oneida percentage is lower than NYS and considerably lower than the HP 2010 Goal.
Ever Had a Digital Rectal Exam among Men age 40 and Older	73.5%	75.9%		
Had Digital Rectal Exam within the Past 2 Years among Men age 40 and Older	55.4%	54.9%		
Ever Had a Prostate Specific Antigen Test among Men age 40 and Older	64.1%	68.5%		
Had Prostate Specific Antigen Test within the Past 2 Years among Men age 40 and Older	54.7%	58.7%		
Home Blood Stool Test Ever Used among Adults age 50 and Older	40.3%	34.9%		The Oneida percentage is considerably higher than NYS
Home Blood Stool Test Used within the Past Year among Adults age 50 and Older	11.4%	11.5%		The Oneida percentage is comparable to NYS
Ever had Sigmoidoscopy or Colonoscopy among Adults age 50 and Older	64.1%	66.0%	50%	
Sigmoidoscopy or Colonoscopy within the Past 10 Years among Adults age 50 and Older	62.9%	64.3%		
Chronic Disease				
Ever Had Blood Cholesterol Checked among Adults	78.8%	81.0%		
Blood Cholesterol Checked within the Past 5 Years among Adults	75.1%	78.4%	80%	

ACCESS TO HEALTH CARE - PRIMARY PREVENTION RESOURCES:

- Resources To Be Developed - See Attachment H for a listing of some Oneida County Resources.

OPPORTUNITIES FOR ACTION: ACCESS TO QUALITY HEALTH CARE

Community health assessment planning partners selected Access to Quality Health Care as one of five priority areas for Oneida County from the NYS Prevention Agenda (see Introduction) after analyzing data collected on health status indicators; community input; forces of change (trends, factors and events that are or will impact the community's health); and public health system strengths and weaknesses. Specific actions and opportunities for improvement are identified in the Executive Summary-Action Plan Section of this report.

Chronic Disease

NOTE:
The following symbols are used throughout this Community Health Assessment Report to serve only as a simple and quick reference for data comparisons and trends for the County. Further analysis may be required before drawing conclusions about the data.

- The apple symbol represents areas in which Oneida County's status or trend is **FAVORABLE** or **COMPARABLE** to its comparison (i.e., NYS, US) or areas/issues identified as **STRENGTHS**.
- The magnifying glass symbols represent areas in which Oneida County's status or trend is **UNFAVORABLE** to its comparison (i.e., NYS, US) or areas/issues of **CONCERN** or **NEED** that may warrant further analysis.

DATA REFERENCES:

- All References to tables are in **Attachment A – Oneida County Data Book.**
- See also **Attachment B – Oneida County Chart Book** for additional data.

Chronic disease is one of the priority areas of the *New York State Prevention Agenda Toward the Healthiest State* – a call to action for communities to come together to address priorities for improving the health of all New Yorkers. The Centers for Disease Control (CDC) and Prevention define chronic diseases as non-contagious, prolonged illnesses that do not resolve spontaneously and are rarely cured completely; examples include asthma, heart disease, cancer, stroke, diabetes, and arthritis. They are the leading causes of disability and death in the United States and account for seven in ten deaths each year[166] and more so than ever there is rising concern regarding the increase in chronic conditions in children and adolescents. In 2001, over 70% of all deaths in New York State were due to chronic diseases. Chronic disease is often preventable; but for those afflicted it causes major limitations in daily living, and its health care related costs account for more than 75% of the nation's health care costs. Behaviors such as tobacco use, poor diet, and physical inactivity are known risk factors leading to an increased incidence of chronic disease (NYSDOH)[167].

As part of Oneida County's Community Health Assessment (CHA) process, community partners selected chronic disease as one of three priority health areas for Oneida County from the NYS Prevention Agenda. During the priority setting process, it was understood that there is a correlation between chronic disease and other Prevention Agenda items specifically physical activity, nutrition, and tobacco use. Thus, although issues relating to accessing quality health care for the management and treatment of chronic disease were important factors, group discussions focused heavily on preventive measures and the underlying causes and behavioral risk factors that impact the problem. In fact, the increase in Obesity was identified by community partners as a significant "force of change" (trend, factors, or events) impacting the health of the community and the public health system (See Attachment G - Forces of Change Assessment). Similarly, Cancer (23.3% of respondents), Heart Disease (14.9%) and Diabetes (10.2%) were identified in the 2008

Risk Factors for Chronic Disease

- Tobacco use
- Unhealthy diet
- Physical inactivity
- Obesity
- Alcohol use

Oneida County Community Health Assessment Survey as quality of life concerns. When we reviewed the results of all the community focus groups, surveys and visioning session, much greater emphasis was placed on healthy and active lifestyles and the expansion of primary prevention programs to prevent chronic disease.

This section will provide an overview of health status as it pertains to chronic disease in Oneida County (including asthma, heart disease, cancer, stroke, diabetes and arthritis), related behavioral risk factors, and where possible, show the Years of Potential Life Lost (YPLL) - a measure of the total number of years of life lost owing to premature death - for each condition. YPLL data allows us to evaluate the impact of the leading causes of mortality on younger age groups. At the conclusion of this section we will summarize the proposed collaborative actions to be taken to address this priority health area.

In addition, there will be a review of data for Pre-transport mortality for stroke, which represents deaths that occurred before transport to a hospital emergency department. High pre-transport mortality rates for stroke could indicate a need for better public awareness of the signs and symptoms of stroke. A Morbidity and Mortality Weekly Report (a CDC publication) article on the CDC's review of the high prevalence of pretransport stroke deaths in the U.S., reports that these findings "highlight the need for early patient and bystander recognition of stroke symptoms and improved emergency response times to reduce the continued high rate of pre-transport deaths and serious sequelae that can lead to severe disabilities."[168]

HEART DISEASE AND STROKE

According to the NYSDOH report, *Cardiovascular Health in New York State, A Plan for 2004-2010*[169], Cardiovascular disease (CVD) remains the leading cause of death in the United States with about 950,000 people dying each year and one quarter of the population living with the disease. In 2007, over 49,000 New Yorkers died from some form of cardiovascular disease. CVD has traditionally been associated with aging men; however, *Cardiovascular Health in New York State* reports that CVD is striking people in the prime of life with about half of all deaths occurring among women. The incidence of CVD risk factors in children includes obesity, type 2 diabetes, high cholesterol and sedentary lifestyle and they're at an all time high. Moreover, specific segments of the population are at greater risk than others. in 1999 death rates from stroke was over 29% higher for African American men than Caucasian men, and 49% higher for African American women than Caucasian women for reasons primarily attributed to higher incidences of hypertension and diabetes.[170] The data indicates that CVD is a significant health issue in Oneida County with high rates of hospitalizations and mortality. Although heart disease mortality rates have declined since 2002, it remains the leading cause of death in Oneida County (Table 3.7). Heart disease is an apparent concern for the public; almost 15% of respondents in the 2008 Oneida County Community Health Survey selected heart disease as one of the most important health issues in the community ranking it 15th out of 32 health related issues. (See Attachment E - Community Themes and Strengths)

HYPERTENSION

Although often preventable through diet and exercise, hypertension (high blood pressure) is known as the "silent killer" and is a leading risk factor for heart disease and stroke. High blood pressure can make a person more prone to clogged arteries and blood clots that can impede the flow of blood and strain the heart. According to the American Heart Association hypertension is more common among overweight children. In addition, people with lower incomes and educational levels tend to have higher blood pressure. Nationally, the 2005 death rates from hypertension was 18.4 per 100,000 persons overall; 15.8 per 100,000 for Caucasian males, 15.1 100,000 for Caucasian females, 52.1 per 100,000 for African American males and 40.3 per 100,000 for African American females.[171]

Hypertension (High Blood Pressure) Hospitalizations

- The Oneida County (PQI7**) Hypertension hospitalization rate per 1,000 persons was 3.95; this is lower than the NYS rate of 5.32. (Table 4.25)

Hypertension (High Blood Pressure) Hospitalizations and Ethnicity

- The 13501 (Utica) zip code had the highest rate of Hypertension hospitalizations by County zip codes at 70.0 per 1,000 persons; and this rate was also higher than the NYS rate of 61.0. This zip code also has the highest percentages of minorities in the County: Hispanic – 6%; African American – 12%; Asian – 4%; and Other – 3%.[172]

Hypertension (High Blood Pressure) Prevalence (2008)

- According to the 2009 Expanded BRFSS for Oneida County[173], the estimated prevalence for **High Blood Pressure among Adults** in Oneida County was 27.1%; this is slightly higher than New York State at 25.8%; both percentages exceed the HP 2010 Target of 16.0%.
- The estimated prevalence for **Blood Pressure Medication among Adults with High Blood Pressure** in Oneida County is 83.6%, slightly higher than New York State (80.4%).[174]

Hypertension (High Blood Pressure) and Gender (2008)

- Among adults with high blood pressure in Oneida County, the estimated percent of women was 29.2% which is higher than the percent of 24.2% for men[175].

Hypertension (High Blood Pressure) and Socioeconomics (2008)

- In Oneida County, adults within the lowest income bracket ($24,000 or less) have the highest percentage of high blood pressure at 41.9% in comparison to other incomes brackets specifically $25,000 - $49,999 (32.7%); $50,000-$74,999 (16.7%); and $75,000 and up (22.%) [176].

***A Prevention Quality Indicator (PQIs) represents rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.*

BLOOD CHOLESTEROL

A high blood cholesterol level is another major risk factor that can increase a person's chance for heart disease. Too much cholesterol in the blood builds up in the walls of the arteries and over time this buildup blocks the blood and oxygen supply to the heart which can result in a heart attack. Controllable factors (such as diet, weight, smoking, and physical activity) and uncontrollable factors (such as age and genetics) can affect blood cholesterol levels.

Blood Cholesterol Awareness (2008)

- According to the 2009 Expanded BRFSS for Oneida County, the estimated prevalence of adults that **Ever Had Blood Cholesterol Checked** for Oneida County was 78.8%; this is lower than New York State with 81.0%. There was a considerably higher percentage of those with a college degree or higher (92.0%) that have had their blood pressure checked in comparison to those with a high school education or less (68.7%)[177].
- According to the 2009 Expanded BRFSS for Oneida County, the estimated prevalence for adults that have had their **Blood Cholesterol Checked within the Past 5 Years** is 75.1% which is lower than New York State with 78.4%. These are below the HP 2010 Target of 80%[178].

Blood Cholesterol Awareness and Education Level (2008)

- A considerably higher percentage of those with a college degree or higher (88.0%) have had their blood pressure checked within the past 5 years in comparison to those with a high school education or less (67.1%)[179].

ALL DISEASES OF THE HEART

All Diseases of the Heart Hospitalizations

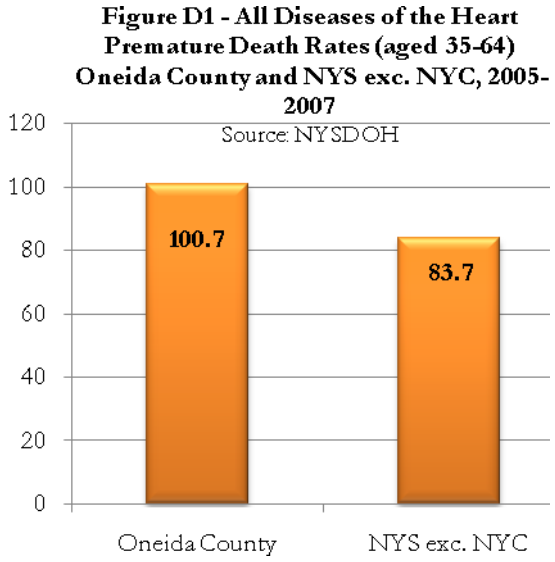
- The 2005-2007 combined age-adjusted rate of Diseases of the Heart Hospitalizations of Oneida County residents was 142.2 per 10,000, significantly higher than NYS with 126.0 per 10,000 and NYS w/o NYC with 122.7 per 10,000. The quartile ranking* for Oneida County was 4th.[180]

All Diseases of the Heart Mortality

- The Age and Sex-adjusted Heart Disease Mortality Rate for Oneida County gradually declined from 267.6 per 100,000 in 1997 to 216.6 in 2006. (Table 3.12)
- The 2005-2007 combined age-adjusted Diseases of the Heart Mortality Rate for Oneida County was 218.7 per 100,000, which was significantly lower than the NYS rate of 233.6 per 100,000 and comparable to NYS w/o NYC with 218.9 per 100,000. The quartile ranking* for Oneida County was 3rd.[181]

All Diseases of the Heart Mortality for Premature Death

- The 2005-2007 combined Diseases of the Heart Mortality Rate for *Premature Death* (ages 35-64) for Oneida County was 100.7 per 100,000 was higher than the NYS rate of 89.2 per 100,000 and significantly higher than the NYS w/o NYC rate of 83.7 per 100,000 The quartile ranking* for Oneida County was 3rd.[182]



All Diseases of the Heart Pre-transport Mortality

- The 2005-2007 combined Diseases of the Heart *Pre-transport Mortality* Rate for Oneida County was 155.4 per 100,000 which was significantly higher than both NYS with 125.3 per 100,000 and NYS w/o NYC with 128.4 per 100,000. The quartile ranking* for Oneida County was 4th.[183]

All Diseases of the Heart Age and Mortality

- In 2006, the total number of diseases of the heart deaths was 717; approximately 13.0% of these were between the ages of 35-64 years and approximately 86% were 65 and older with the majority (533) of these being over the age of 75. (Table 3.8)

All Diseases of the Heart and Years of Potential Life Lost (YPLL)

- Diseases of the heart are the leading cause of death in Oneida County and ranks 2nd - out of 13 causes of death - in total Years of Potential Life Lost (2,600). This accounts for 16.8% of the total premature years of potential life lost for Oneida County in 2006. This ranking (2nd) is consistent statewide; however, the rate of YPLL for diseases of the heart in Oneida County is 1,047.0 per 100,000 which is considerably higher than the NYS rate of 883.1 per 100,000 and the NYS w/o NYC rate of 837.0 per 100,000. (Table 3.11)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

CARDIOVASCULAR DISEASE

Cardiovascular Disease Prevalence

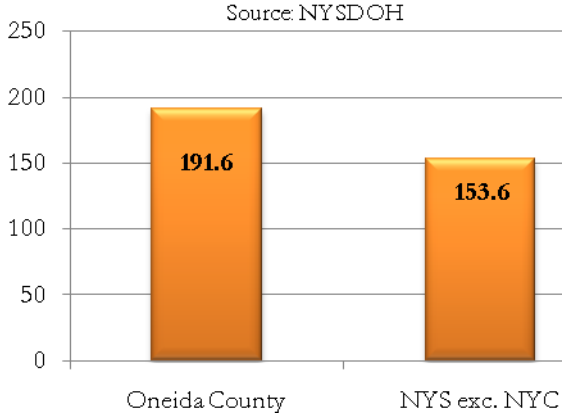
- According to the 2009 Oneida County Expanded Interim BRFSS[184], the estimated prevalence (number of current disease cases) of Cardiovascular Disease among Adults in Oneida County is 6.1% (11,148) in comparison to 7.8% for New York State; however, for Oneida County the percentage in the 45-54 year old age group (11.4%) is considerably higher than the same age group for NYS (5.1%).

Cardiovascular Disease Hospitalizations

- The 2005-2007 combined age-adjusted rate of Cardiovascular Disease Hospitalizations for Oneida County was 204.5 per 10,000 was significantly higher than both NYS with 180.5 per 10,000 and NYS w/o NYC with 173.3 per 10,000. The quartile ranking* for Oneida County was 4th.[185]

Figure D2- Cardiovascular Disease Pretransport Mortality Oneida County and NYS exc. NYC, 2005-2007

Source: NYSDOH



Cardiovascular Disease Mortality

- The 2005-2007 combined age-adjusted Cardiovascular Disease Mortality Rate for Oneida County was 278.1 per 100,000 which was lower than NYS with 279.9 per 100,000 and higher than NYS w/o NYC with per 271.1 100,000. The quartile ranking* for Oneida County was 3rd.[186]

Cardiovascular Disease Mortality for Premature Death

- The 2005-2007 combined Cardiovascular Disease Mortality Rate for *Premature Death* (ages 35-64) for Oneida County was 125.0 per 100,000 which was significantly higher than both NYS with 108.3 per 100,000 and NYS w/o NYC with 101.8 per 100,000. The quartile ranking* for Oneida County was 3rd.[187]

Cardiovascular Disease Pretansport Mortality

- The 2005-2007 combined Cardiovascular Disease *Pre-transport Mortality* Rate for Oneida County was 191.6 per 100,000, which was significantly higher than both NYS with 142.9 per 100,000 and NYS w/o NYC with 153.6 per 100,000. The quartile ranking* for Oneida County was 4th.[188]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

CORONARY HEART DISEASE

Coronary Heart Disease Prevalence

- According to the 2009 Oneida County Expanded Interim BRFSS[189] the estimated prevalence (number of current disease cases) of Coronary Heart Disease among Adults in Oneida County is

4.9% (8,898) and 6.2% for New York State; however, for Oneida County the percentage in the 45-54 year old age group (10.4%) is considerably higher than the same age group for NYS (4.1%).

Coronary Heart Disease Hospitalizations

- The 2005-2007 combined age-adjusted rate of Coronary Heart Disease Hospitalizations for Oneida County was 65.9 per 10,000 was significantly higher than both NYS with 57.4 per 10,000 and NYS w/o NYC with 55.2 per 10,000. The quartile ranking* for Oneida County is 3rd.[190]

Coronary Heart Disease Mortality

- The 2005-2007 combined age-adjusted Coronary Heart Disease Mortality Rate for Oneida County was 155.1 per 100,000 was significantly lower than NYS with 193.9 per 100,000 and lower than NYS w/o NYC with 165.9 per 100,000. The Oneida County and NYS w/o NYC rates are below the HP 2010 Target of 166. The quartile ranking* for Oneida County was 2nd.[191]

Coronary Heart Disease Mortality for Premature Death

- The 2005-2007 combined Coronary Heart Disease Mortality Rate for Premature Death (ages 35-64) for Oneida County was 69.1 per 100,000 which was lower than the NYS rate of 73.7 per 100,000 and slightly higher than the NYS w/o NYC rate of 64.1 per 100,000. The quartile ranking* for Oneida County was 3rd.[192]

Coronary Heart Disease Pretransport Mortality

- The 2005-2007 combined Coronary Heart Disease *Pretransport Mortality Rate* for Oneida County was 114.6 per 100,000 which was higher than both the NYS rate of 108.5 per 100,000 and NYS w/o NYC rate of 100.9 per 100,000. The quartile ranking* for Oneida County was 3rd.[193]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

CONGESTIVE HEART FAILURE

Congestive Heart Failure Hospitalizations

- The 2005-2007 combined age-adjusted rate of Congestive Heart Failure Hospitalizations for Oneida County was 36.3 per 10,000 which was significantly higher than both the NYS rate of 32.1 per 10,000 and the NYS w/o NYC rate of 29.5 per 10,000. The quartile ranking* for Oneida County was 4th.[194]
- The Oneida County 2006 hospitalization rate for PQI** 8 – Congestive Heart Failure was 52.87 per 10,000; this was higher than the NYS rate of 39.50 per 10,000. (Table 4.25)

Congestive Heart Failure Mortality

- The 2005-2007 combined age-adjusted Congestive Heart Failure Mortality Rate for Oneida County was 16.1 per 100,000 which was significantly higher than the NYS rate of 12.1 per 100,000 and comparable to the NYS w/o NYC rate of 16.3 per 100,000. The quartile ranking* for Oneida County was 3rd.[195]

Congestive Heart Failure Mortality for Premature Death

- The 2005-2007 combined Congestive Heart Failure Mortality Rate for *Premature Death* (ages 35-64) for Oneida County was 2.9 per 100,000 which was higher than the NYS rate of 1.8 and NYS w/o NYC with 2.1 per 100,000. The quartile ranking* for Oneida County was 3rd.[196]

Congestive Heart Failure Pre-transport Mortality

- The 2005-2007 combined Congestive Heart Failure *Pre-transport Mortality* Rate for Oneida County was 12.0 per 100,000 which was significantly higher than the NYS rate of 6.6 per 100,000 and slightly higher than the NYS w/o NYC rate of 9.7 per 100,000. The quartile ranking* for Oneida County was 3rd.[197]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

***A Prevention Quality Indicator (PQIs) represents rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.*

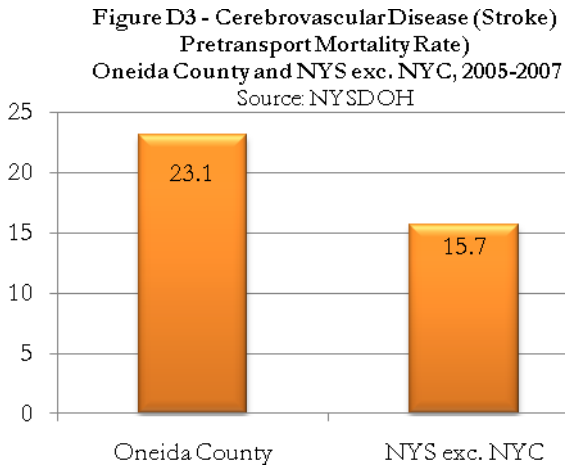
CEREBROVASCULAR DISEASE (STROKE)

Cerebrovascular Disease Hospitalizations

- The 2005-2007 combined age-adjusted rate of Cerebrovascular Disease (Stroke) Hospitalizations for Oneida County was 31.8 per 10,000 which was significantly higher than both the NYS rate of 26.4 per 10,000 and the NYS w/o NYC rate of 26.7 per 10,000. The quartile ranking* for Oneida County was 4th.[198]

Cerebrovascular Disease Mortality

- The 2005-2007 combined age-adjusted Cerebrovascular Disease (Stroke) Mortality Rate for Oneida County was 38.9 per 100,000 which was significantly higher than the NYS rate of 29.1 per 100,000 and slightly higher than NYS w/o NYC rate of 35.1 per 100,000. This rate is lower than the HP 2010 target of 48.0. The quartile ranking* for Oneida County was 3rd.[199]



Cerebrovascular Disease Mortality for Premature Death

- The 2005-2007 combined Cerebrovascular Disease (Stroke) Mortality Rate for *Premature Death* (ages 35-64) for Oneida County was 17.2 per 100,000 which was significantly higher than the rates for both NYS with 11.1 per 100,000 and NYS w/o NYC with 11.5 per 100,000. The quartile ranking* for Oneida County was 4th.[200]

Cerebrovascular Disease Pre-transport Mortality

- The 2005-2007 combined Cerebrovascular Disease (Stroke) *Pre-transport Mortality Rate* for Oneida County was 23.1 per 100,000 which was significantly higher than the rates for both NYS with 10.3 per 100,000 and NYS w/o NYC with 15.7 per 100,000. The quartile ranking* for Oneida County was 4th.[201]

Cerebrovascular Disease Mortality and Age

- In 2006, the total number of Cerebrovascular Disease (Stroke) deaths in Oneida County was 143; approximately19% were between the ages of 55-74 years and approximately 77% were 75 and older. (Table 3.8)

Cerebrovascular Disease and Years Potential Life Lost (YPLL)

- Cerebrovascular Disease (Stroke) ranks 6th - out of 13 causes of death - in total Years of Potential Life Lost (484) in Oneida County for deaths that occurred in 2006. This accounts for 3.1% of the total years due to premature deaths for Oneida County in 2006. This ranking (6th) was higher than the statewide placements for NYS (10th) and NYS w/o NYC (8th). (Table 3.11)
- The 2006 rate of YPLL for Stroke in Oneida County was 196.3 per 100,000; this was considerably higher than the NYS rate of 127.2 per 100,000 and the NYS w/o NYC rate of 124.4 per 100,000. (Table 3.11)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

RESPIRATORY DISEASES

CHRONIC LOWER RESPIRATORY DISEASES

Some of the most common Chronic Lower Respiratory Diseases (CLRD) includes asthma, emphysema, chronic bronchitis, and Chronic Obstructive Pulmonary Disease (COPD), all of which are characterized by impaired lung function. CLRD is the 3rd leading cause of death in NYS excluding NYC with 4,849 deaths in 2006; the majority of these deaths – 96%- (4,653) occurred among Caucasians aged 45 and older.[202]

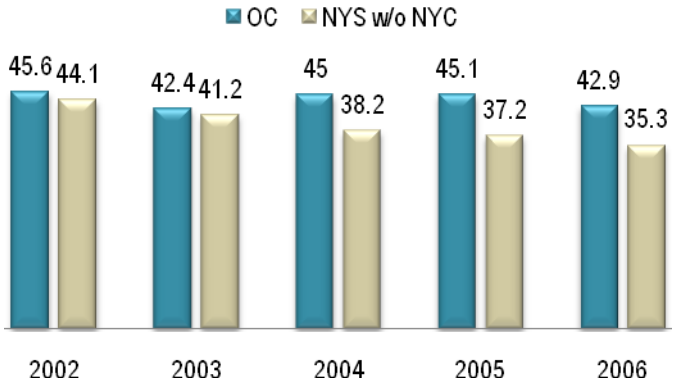
CLRD Mortality

- CLRD is the 4th leading cause of death in Oneida County; this is consistent with the nationwide mortality for CLRD. (Table 3.9)
- The 2002-2006 Trends in CLRD Mortality Rates for Oneida County indicate a slight decrease from 45.6 per 100,000 (2002) to 42.9 per 100,000 (2006); however, the Oneida County rates remained consistently higher than the NYS w/o NYC rates of 44.1 (2002) and 35.3 (2006) per 100,000 which steadily declined. (Figure E1)
- The 3 year (2005-2007) CLRD Mortality Rate for Oneida County was 46.7 per 100,000 which was significantly higher than the NYS exc. NYC rate of 39.5 per 100,000; The quartile ranking* for Oneida County was 2nd.[203]
- In 2006, there were 138 CLRD deaths; the vast majority of these deaths occurred in the 75+ age group (70%) with 18% in the 65-74 age cohort and 8% in the 55-64 age cohort. This is consistent with the statewide trend among older populations; as a common CLRD, COPD is a slow progressive disease. (Table 3.8).

CLRD and Years Potential Life Lost (YPLL)

- CLRD ranks 8th - out of 13 causes of death - in total Years of Potential Life Lost (440) for Oneida County for deaths that occurred in 2006. This accounts for 2.8% of the total premature death YPLL for Oneida County in 2006. This ranking (8th) ranking was higher than the statewide placements for NYS (11th) and NYS w/o NYC (9th). (Table 3.11)
- The 2006 age adjusted rate of YPLL for CLRD in Oneida County was 170.6 per 100,000;

Figure E1- Oneida County and NYS w/o NYC CLRD Mortality Rate 2002-2006 Source: Table 3.7



this was considerably higher than the NYS rate of 108.5 per 100,000 and the NYS w/o NYC rate of 122.2 per 100,000. (Table 3.11)

ASTHMA

Asthma is a chronic disease of the lungs that impacts health and quality of life in many ways. It is the leading cause of school absenteeism, results in many lost hours of sleep and a disruption of activities; and missed days from work for parents of children with asthma. There is no cure for asthma but exacerbation of troublesome symptoms can be managed and/or prevented with appropriate care. According to the NYSDOH, asthma is most common in children, and nationwide about one in 13 school-aged child has asthma. In 2003 -2005, it was the cause of an average of 301 deaths per year in NYS including 45 deaths in children 0-14 years of age. The asthma rate is rising more rapidly in preschool-aged children and those living in inner cities than in any other group. Total Medicaid health care expenditures for enrollees with asthma in New York exceeded $1 billion in fiscal year 2005, inclusive of asthma related and unrelated medical services[204].

Asthma Prevalence – Adults (2008)

- The estimated prevalence of Adults Ever Diagnosed with Asthma (Lifetime) in Oneida County (16.6%) is comparable to New York State (16.5%).[205]
- The estimate for Current Asthma among Adults in Oneida County (9.1%) is comparable to New York State (9.5%).[206]

Asthma Prevalence and Gender (2008)

- Among Adults Ever Diagnosed with Asthma (Lifetime) in Oneida County, the estimated number of men (20.3%) is higher than the number of women (13.3%)[207].
- Among Adults Currently with Asthma in Oneida County, the estimated number of men (11.2%) is higher than the number of women (6.9%); conversely, for NYS the estimate number of adult women with asthma (12.9%) is higher than men with asthma (6.6%)[208].

Asthma Prevalence and Socioeconomics (2008)

- Among Adults Currently with Asthma in Oneida County, the estimated number of individuals with a high school education or less (13.0%) is considerably higher than those with a college degree or higher (5.7%)[209].
- The estimated prevalence of Asthma among Adults with Income Levels at or below $24,999 (13.0%) and between $25,000-$49,000 (21.0%), is considerably higher than those in Oneida County with incomes above $75,000 (6.2%).[210] Smoking and barriers to accessing health care such as lack of insurance or lack of an ongoing source of care from a primary care provider may be contributing factors to this disparity.

Asthma Hospitalizations - Total

- The 2005-2007 rate of Total Asthma Hospitalizations in Oneida County was 15.1 per 10,000 which was significantly higher than NYS exc. NYC rate of 12.2 per 10,000; Oneida County's rate was also considerably higher than the CNY Region*** rate of 10.1 per 10,000.[211] The quartile ranking* for Oneida County was 4th.

- The 2005-2007 number of Total Asthma Hospitalizations in Oneida County decreased by 15% from 390 (2005) to 330 (2007).[212]

Asthma Hospitalizations by Age Groups

- The 2006 rate of Pediatric Asthma Hospitalizations (PQI** 14) for Oneida County is 12.64 per 10,000; this was lower than the NYS rate of 20.81 per 10,000. (Table 4.26)
- The 2005-2007 rate of Asthma Hospitalizations for 0-4 Year Olds in Oneida County 35.3 per 10,000 which was significantly lower than New York State rate of 58.8 per 10,000 and lower than the NYS w/o NYC rate of 35.8 per 10,000; Oneida County 's rate remains above the HP 2010 Goal of 25.0. The quartile ranking* for Oneida County was 3rd.[213]
- The 2004-2006 rate of Asthma Hospitalizations for 5-14 Year Olds in Oneida County was 7.6 per 10,000 which was significantly lower than the rate for both New York State with 23.4 per 10,000 and NYS w/o NYC with 11.1 per 10,000. The quartile* ranking for Oneida County was 3rd. (Table 4.1)
- The 2005-2007 rate of Asthma Hospitalizations for 0-17 Year Olds in Oneida County was 13.6 per 10,000 which was significantly lower than the NYS exc. NYC rate of 15.8 per 10,000 and below the HP2010 target of 17.3. The quartile* ranking for Oneida County was 3rd.[214]
- The Oneida County 2006 hospitalization rate for PQI** 15 – Adult Asthma was 17.08 per 10,000; this was slightly higher than NYS rate of 14.98 per 10,000. (Table 4.25)
- The 2005-2007 rate of Asthma Hospitalizations for Adults 18-64 Year Olds in Oneida County was 12.3 per 10,000 which was considerably higher than the CNY Region*** rate of 7.6 per 10,000. The number of hospitalizations for adults 18-64 years old decreased by 18% from 199.0 (2005) to 164.0 (2007); however, the three year rate remains high.[215]
- The 2005-2007 rate of Asthma Hospitalizations for Adults 65 Years and Older in Oneida County was 33.0 per 10,000 which was significantly higher than the NYS exc. NYC rate of 19.3 per 10,000; Oneida County's rate was also considerably higher than the CNY Region*** rate of 17.2 per 10,000 and the HP 2010 Goal of 11.0 per 10,000.[216] The quartile* ranking for Oneida County was 4th.

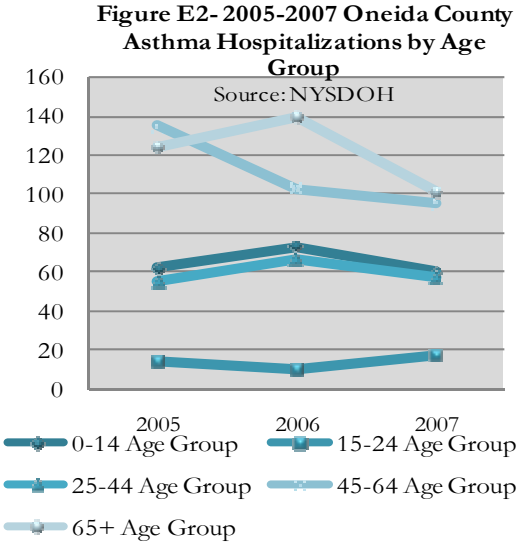
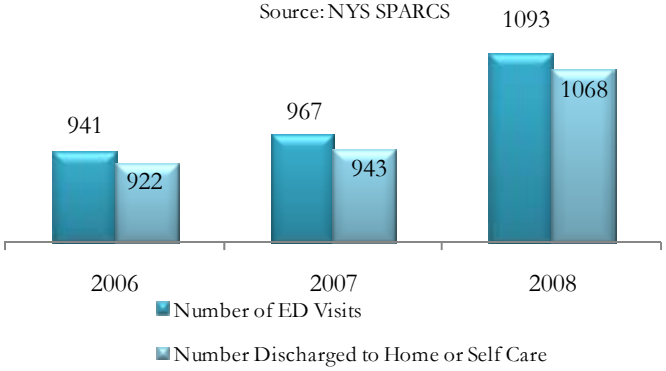


Figure E2- 2005-2007 Oneida County Asthma Hospitalizations by Age Group

- The 2005-2007 Total Asthma Hospitalizations by Age Groups for Oneida County show that the highest number of asthma hospitalizations were in the adult 45-64 and 65+ age groups. (Figure E2)
- From 2005-2007, the Total Number Asthma Hospitalizations for the 0-14, 25-44, and 65+ age groups peaked in 2006 and declined in 2007. (Figure E2)

- From 2005-2007, Total Asthma Hospitalizations for the 15-24 year old age group was the only group that increased (21%) in total number of hospitalizations. (Figure E2)
- From 2005-2007, Total Asthma Hospitalizations for the 45-64 year olds consistently declined (30%) in total number of hospitalizations (Figure B1); however, Oneida County's rate for the same time period was 18.4 per 10,000 which was the highest in the CNY Region*** and higher than the peer counties of Broome with 10.1 and Niagara with 15.1 per 10,000.[217]

Figure E6- 2006-2008 Oneida County Asthma Emergency Department Visits
Source: NYS SPARCS



Asthma Emergency Department Visits

- From 2006-2008 the total number of Asthma Emergency Department Visits increased by 16%. Approximately 98% of these were discharged to home or self care. (Figure E6)

Asthma Mortality

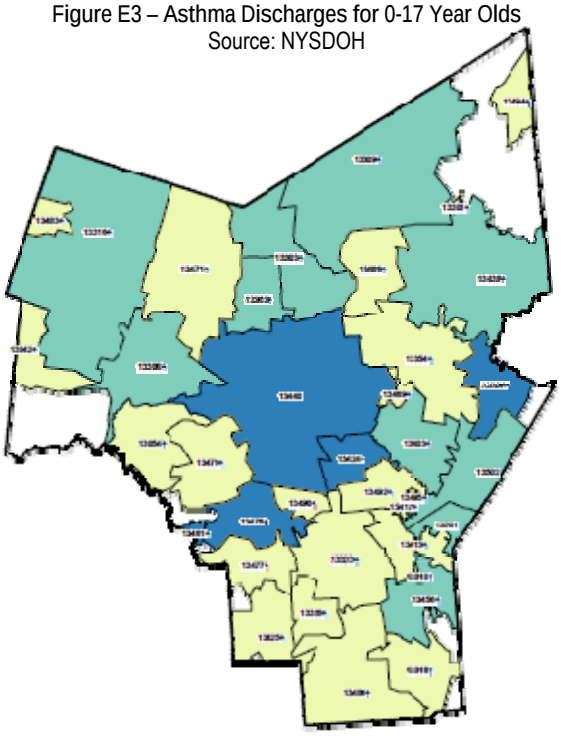
- The 2005-2007 rate of Asthma Deaths in Oneida County was 12.2 per 1,000,000 which was higher than Herkimer (5.3 per 1,000,000) and Madison (0.0 pr 1,000,000); Oneida County's rate was also considerably higher than the CNY Region*** rate of 8.6 pr 1,000,000. In comparison to Oneida County's peer counties, its rates were considerably higher than Niagara (3.8 per 1,000,000) and comparable to Broome (12.3 per 1,000,000)[218]. The quartile ranking* for Oneida County was 3rd.

Asthma Hospitalizations by Zip Code and Age Groups

- The 2005-2007 rates of Asthma Discharges for 0-17 Year Olds were the highest in the 13440-Rome (21.6 per 10,000); 13501-Utica (17.6 per 10,000); and 13502-Utica (12.7per 10,000) zip codes. *(Although other zip codes have higher rates, if the average discharge is less than or equal to 10 discharges, the rate may not be stable).* (Figure E3)
- The 2005-2007 rates of Asthma Discharges for 18-64 Year Olds were the highest in the 13478-Verona with 31.4 per 10,000; 13476- Vernon with 26.8 per 10,000; and 13501-Utica with 20.4 per 10,000 zip codes in the County. *(Although other zip codes have higher rates, if the average discharge is less than or equal to 10 discharges, the rate may not be stable).* (Figure E4)
- The 2005-2007 rates of Asthma Discharges for 65+ Year Olds were the highest in the 13476-Vernon (77.2 per 10,000); 13413- New Hartford (52.8 per 10,000); and 13323-Clinton (32.7 per 10,000) zip codes in the County. *(Although other zip codes have higher rates, if the average discharge is less than or equal to 10 discharges, the rate may not be stable).* (Figure E5)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*
***A Prevention Quality Indicator (PQIs) represents rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.*
****For this comparison the CNY Region includes Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence and Tompkins Counties.*

Figure E3 – Asthma Discharges for 0-17 Year Olds
Source: NYSDOH

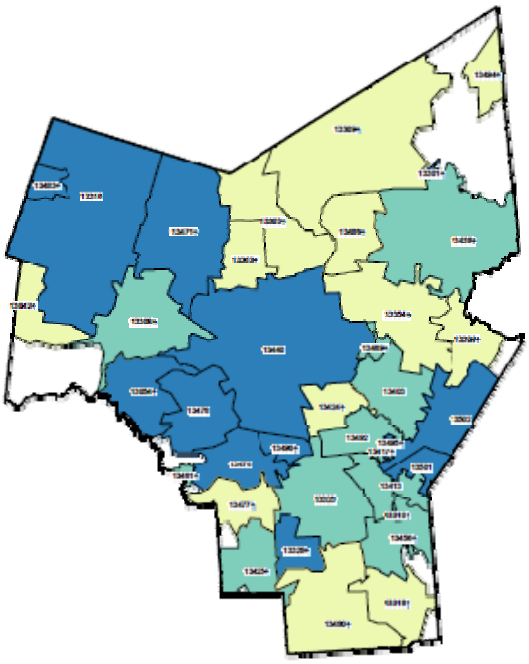


Quartile (Q) Distribution (Excl NYC)

(Rates per 10,000 population)

0 - <8.86: Q1 & Q2
8.86 - <18.0: Q3
18.0 + : Q4

Figure E4 Asthma Discharges for 18-64 Year Olds Source: NYSDOH



ASTHMA HOSPITAL DISCHARGE RATE

ONEIDA COUNTY - 33.0
NEW YORK STATE - 30.0
NEW YORK STATE (Excl NYC) - 19.3
Quartile (Q) Distribution (Excl NYC)

(Rates per 10,000 population)

0 - <10.7: Q1 & Q2
10.7 - <20.9: Q3
20.9 + : Q4

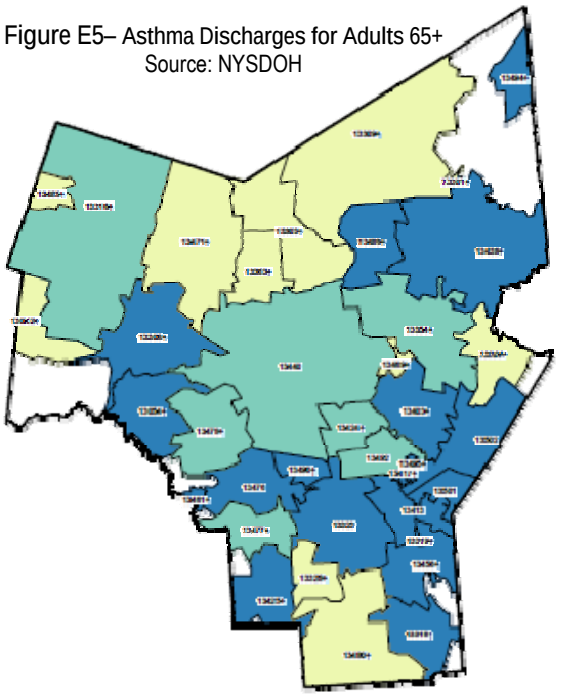
ASTHMA HOSPITAL DISCHARGE RATE

ONEIDA COUNTY - 12.3
NEW YORK STATE - 15.0
NEW YORK STATE (Excl NYC) - 9.2
Quartile (Q) Distribution (Excl NYC)

(Rates per 10,000 population)

0 - <5.41: Q1 & Q2
5.41 - <9.95: Q3
9.95 + : Q4

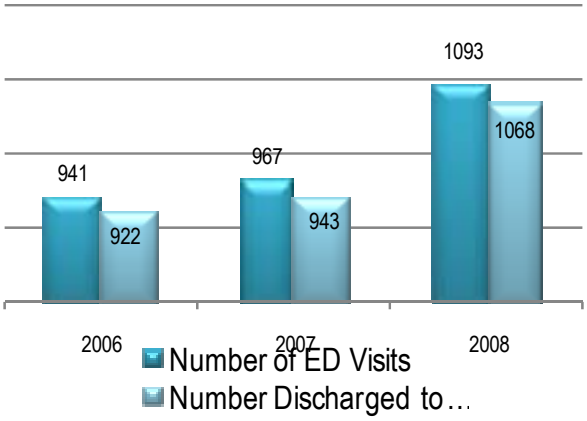
Figure E5– Asthma Discharges for Adults 65+
Source: NYSDOH



CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

According to the National Heart Lung and Blood Institute[219], COPD is a slow progressive disease of the lungs that worsens over time. Those suffering with this illness have difficulty breathing which can be disabling and severely limiting to their ability to do basic activities. Cigarette smoking is the leading cause of COPD while long-term exposure to other lung irritants, such as air pollution, chemical fumes, or dust, may also contribute to the disease. COPD is more common in middle-aged or older adults and is the fourth leading cause of death in the United States, with more than 12 million people currently diagnosed with the disease. There is no cure for COPD; however, treatments and lifestyle changes can help to minimize the symptoms and slow the progress of the disease.

Figure E6- 2006-2008 Oneida County Asthma Emergency Department Visits
Source: NYS SPARCS



COPD Hospitalizations

- The Oneida County 2006 hospitalization rate for PQI** 5 – COPD was 17.30 per 10,000; this was slightly higher than NYS rate of 15.68 per 10,000. (Table 4.25)
- The 2005-2007 rate of COPD Hospitalizations for Oneida County was 35.1 per 10,000 was comparable to the NYS rate of 36.1 per 10,000 and significantly higher than the NYS w/o NYC rate of 29.5 per 10,000. The quartile ranking* for Oneida County was 3rd.[220]

COPD Mortality

- The 2005-2007 rate of COPD Mortality for Oneida County was 46.7 per 100,000 which was significantly higher than the rates for both NYS with 31.0 per 100,000 and the NYS w/o NYC rate of 39.5 per 100,000. The quartile ranking* for Oneida County was 2nd.[221]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*
***A Prevention Quality Indicator (PQIs) represents rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.*

DIABETES

In the United States, approximately 800,000 new cases (2,200 per day) of diabetes are diagnosed each year. Diabetes is a chronic disease that presents as one of two types: type 1, mainly occurring in children and adolescents, in which the body does not produce insulin; or type 2 in which the body is unable to use its own limited amount of insulin effectively. Nationwide there is an increase of children and adolescents with type 2 diabetes caused by obesity and sedentary lifestyles. The Centers for Disease Control and Prevention (CDC) predicts that one out of every three children born in the United States will develop diabetes in their lifetime. For both adults and children, diabetes can increase risks of other health problems such as heart disease, kidney problems, blindness and circulatory problems. Moreover, HP 2010 states that "the toll of diabetes on the health status of people in the United States is expected to worsen before it improves, especially in vulnerable, high-risk populations—African Americans, Hispanics, American Indians or Alaska Natives, Asians or other Pacific Islanders, elderly persons, and economically disadvantaged persons." Several factors account for this chronic disease epidemic, including behavioral elements (improper nutrition, for example, increased fat consumption; decreased physical activity; obesity); demographic changes (aging, increased growth of at-risk populations)."[222]

Diabetes has been referred to as an epidemic because it is the fastest growing chronic disease of our time. Over 10% of respondents in the 2008 Oneida County Community Health Survey (See Attachment E - Community Themes and Strengths) identified diabetes as one of the top priority health issues that needs to be addressed to improve the health and quality of life in the community – it ranked as 20th out of 32 health issues. Although this issue did not fall into the top five health issues, as previously stated, a substantial amount of emphasis was placed on education and community based programs that could prevent chronic diseases such as diabetes. According to the NYSDOH diabetes affects one out of every 12 adult New Yorkers – while more than one million have been diagnosed with the disease and another 450,000 are believed to have the disease and are not aware of it. The number of people with diabetes in NYS has more than doubled since 1994 and it is expected that the number will double again by the year 2050. Diabetes is also a very costly disease as 20% of U.S. federal health care dollars is spent for diabetes treatment. The average yearly health care costs for a person without diabetes is $2,560 and for a person with diabetes, that figure soars to $11,744. The human and economic burden of diabetes can be mitigated with the adoption and promotion of healthy lifestyles and prevention-based programs. [223]

Diabetes Prevalence (2008)

- The 2008 estimated prevalence of Diabetes among Adults in Oneida County (8.0%) is slightly lower than New York State (9.7%).[224]

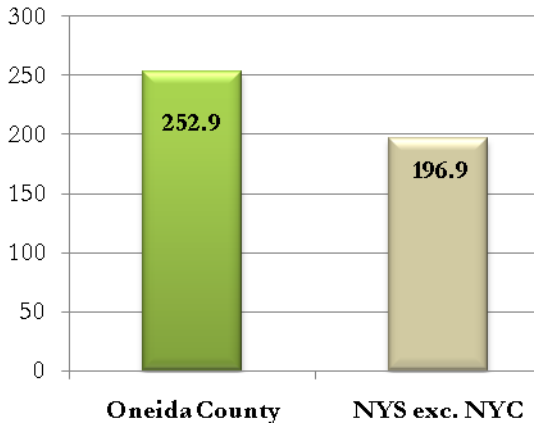
Diabetes and Socioeconomics (2008)

- The estimated prevalence of Diabetes among Adults with Education Levels less than a high school degree (8.8%) and some college education (10.4%) is considerably higher than those in Oneida County with a college degree or higher (4.4%).[225] Barriers to accessing health care such as

lack of insurance or lack of an ongoing source of care from a primary care provider may be contributing factors to this disparity.

- The estimated prevalence of Diabetes among Adults with Income Levels at or below $24,999 (7.0%) and between $25,000-$49,000(16.8%) is considerably higher than those in Oneida County with incomes between $50,000-$74,999 (4.5 %) and above $75,000 (3.2%).[226] Barriers to accessing health care such as lack of insurance or lack of an ongoing source of care from a primary care provider may be contributing factors to this disparity.

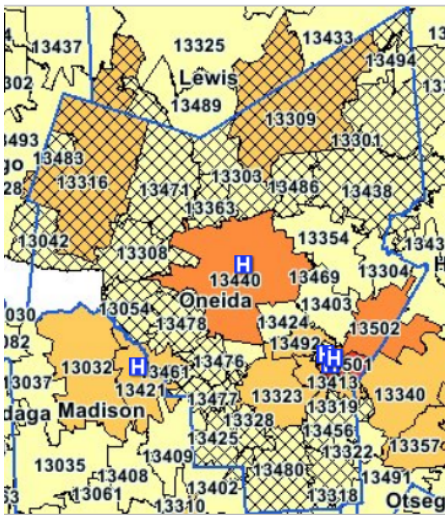
Figure F1 - Diabetes Hospitalizations Rates - Any Diagnosis, Oneida County and NYS exc. NYC, 2005-2007
Source: NYSDOH



Diabetes Hospitalizations

- The 2005-2007 rate of Diabetes (Primary diagnosis) Hospitalizations in Oneida County was 16.8 per 10,000 which was significantly lower than the New York State rate of 19.9 per 10,000; however, it is significantly higher than NYS w/o NYC rate of 14.3 per 10,000. The quartile ranking* for Oneida County was 4th.[227]
- The 2005-2007 rate of Diabetes (Any diagnosis) Hospitalizations in Oneida County was 252.9 per 10,000 which was significantly higher than both the New York State rate of 224.8 per 10,000 and the NYS w/o NYC rate of 196.9 per 10,000. The quartile ranking* for Oneida County was 4th.[228]
- The Oneida County 2006 hospitalization rate for PQI** 1 - Diabetes short-term complications was 5.33 per 10,000; this is slightly higher than the NYS rate of 4.95 per 10,000. (Table 4.25)

Figure F2 – Long Term Diabetes Complications in Oneida County Rural Zip Codes



- The Oneida County 2006 hospitalization rate for PQI** 3 - Diabetes long-term complications was 13.63 per 10,000; this is comparable to the NYS rate of 13.84 per 10,000. (Table 4.25)
- The Oneida County 2006 hospitalization rate for PQI** 16 – lower extremity amputations was 3.4 per 10,000; this is comparable to the NYS rate of 3.23 per 10,000. However, it is considerably higher than the HP 2010 target of 1.8. (Table 4.25)
- The Oneida County hospitalization rate for PQI** 24 – Uncontrolled diabetes was 2.04 per 10,000; this was comparable to the NYS rate of 2.98 per 10,000. (Table 4.25)

Diabetes Hospitalizations - Pediatric

- The Oneida County hospitalization rate for PQI** 1 - Pediatric Diabetes short-term complications was 1.53 per 10,000; this was lower than the NYS rate of 2.63 per 10,000. The Prevention Agenda 2013 Objective for this indicator for 6-17 year olds is 2.3. (Table 4.26)

Diabetes Hospitalizations by Zip Code in Rural Areas

- The rate of Diabetes Hospitalizations for Long-term Complications is relatively high for residents in the rural zip codes (105.0 per 10,000) in comparison to the NYS rate of 155.0 per 10,000. This issue warrants concern for vulnerable rural and low income persons that may have access to health care issues related to geography and inadequate provider access.[229] *(See Figure F2 – zip code areas with grid lines are included in this rate; some of these zip code areas extend outside of Oneida County).*

Diabetes Hospitalizations by Zip Code and Ethnicity

- The rate of All Diabetes Hospitalizations (for Short and Long-term Complications, Uncontrolled Diabetes, and Lower Extremity Amputations) are the highest in the 13501 and 13502 Utica (346.0 per 10,000) zip codes in the County; this rate is considerably higher than the NYS rate of 283.0 per 10,000. This issue warrants concern for vulnerable populations because the 13501 and 13502 zip codes have a higher proportion of poor adults and minorities in the County; Hispanic (5%); African American (10%); Asian (3%) and Other (2%).[230]
- The rate of Diabetes Lower Extremity Amputations is highest in the 13502 Utica zip code (68.0 per 10,000) in the County; this rate is considerably higher than the NYS rate of 37.0 per 10,000. This issue warrants concern for vulnerable populations because the 13501 zip code has a high proportion of poor adults and minorities in the County.[231]

Diabetes Mortality

- The 2005-2007 rate of Diabetes Mortality for Oneida County was 19.7 per 10,000 which was slightly higher than both the NYS rate of 18.4 per 10,000 and the NYS w/o NYC rate of 17.2 per 10,000. The quartile ranking* for Oneida County was 3rd.[232]
- The rate of Diabetes Mortality for Oneida County declined from 20.0 per 100,000 (1997) to 17.6 per 100,000 (2006). (Table 3.21)

Diabetes Mortality by Age

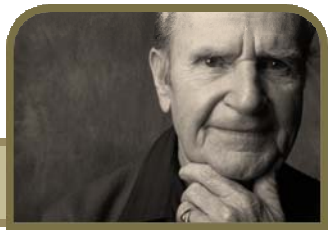
- The majority (67%) of 2006 Diabetes deaths in Oneida County (total of 54) were in the 65+ age group; the remaining were in the 25-74 age range. (Table 3.8)

Diabetes and Years Potential Life Lost (YPLL)

- Diabetes ranks 9th - out of 13 causes of death - in total Years of Potential Life Lost (350) for Oneida County for deaths that occurred in 2006. This accounts for 2.3% of the total premature death YPLL for Oneida County in 2006. This ranking (9th) is comparable to the statewide placements for NYS (9th) and NYS w/o NYC (10th). (Table 3.11)
- The 2006 age adjusted rate of YPLL for Diabetes in Oneida County was 148.8 per 100,000 which was considerably higher than NYS age adjusted rate of 127.5 per 100,000 and the NYS w/o NYC age adjusted rate of 111.4 per 100,000. (Table 3.11)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*
***A Prevention Quality Indicator (PQIs) represents rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.*

CIRRHOSIS



Cirrhosis is caused by scar tissue that forms in the liver due to damage that occurs repeatedly over many years. Several factors and conditions can cause this damage including chronic alcohol abuse and hepatitis B and C. According to the CDC, the number of discharges with chronic liver disease or cirrhosis as the first-listed diagnosis in 2005 in the U.S. was 112,000 and the number of deaths in 2006 was 27,555. Cirrhosis is the twelfth leading cause of death by disease and it affects men slightly more often than women.

Cirrhosis Hospitalizations

- The 2005-2007 rate of Cirrhosis Hospitalizations in Oneida County was 2.7 per 10,000; this was comparable to the 2.5 per 10,000 rate for NYS excl. NYC. The quartile ranking* for Oneida County was 3rd.[233]

Cirrhosis Mortality

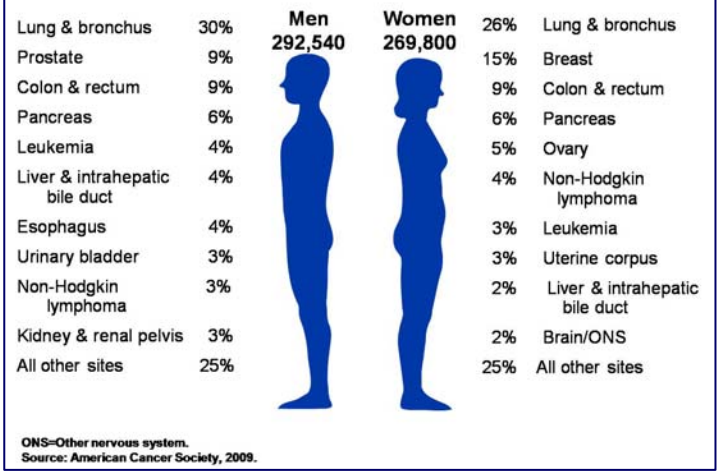
- The 2005-2007 rate of Cirrhosis Mortality in Oneida County is 7.0 per 100,000; this was comparable to the 6.5 per 100,000 rate for NYS excl. NYC. The quartile ranking* for Oneida County was 2nd.[234]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

CANCER

Figure G1

2009 Estimated US Cancer Deaths*



ONS=Other nervous system.
Source: American Cancer Society, 2009.

One in three persons will be diagnosed with cancer some time in their life and one in five deaths in the United States is due to cancer. Cancer is the second leading cause of death in NYS and about 100,000 New Yorkers are diagnosed with cancer each year. Cancer develops in people of all ages but most often in the middle-aged and the elderly. Researchers do not fully understand why some people develop cancer while others do not. Susceptibility to cancer-causing agents probably varies among individuals due to genetic factors. Other factors, as yet unknown, may also play a part in causing this disease. Factors associated with our personal habits and lifestyles are believed to contribute to the majority of cases. It has been estimated that approximately 30 percent of all cancer deaths are directly related to the use of tobacco; some cancer risk may be related to diet. The American Cancer Society (ACS) projects that lung and bronchus cancer will be the leading cause of cancer deaths in the U.S. in 2009; thirty percent (30%) of cancer deaths in men and 26% of cancer deaths in women.[235] (See Figure G1)

The National Cancer Institute (NCI)[236] reports that lung, prostate and colon cancer are the most common types of cancers diagnosed in adult men, breast, lung, and colon cancers are most common in women, and skin cancer is the most common form of cancer for both men and women. The NCI reports the following on key disparities in cancer in the U.S which may be related to many factors including a lack of health care access and socioeconomic status:

- African Americans suffer the greatest burden for each of the most common types of cancer with the highest rates of incidences and death.
- Caucasian women have the highest incidence rate for breast cancer and African American women are most likely to die from the disease.
- African American men have the highest incidence rate for prostate cancer and are more than twice as likely as Caucasian men to die from it.

The effects of cancer have touched the lives of many people through personal experience and/or family and friends. In the 2008 Oneida County Community Health Survey, cancer ranked 8th in the top priorities that must be addressed to improve the health and quality of life in the community; twenty three percent

(23%) of respondents selected it as one of the top five issues in the community. The prevention and early detection of cancer are key factors in reducing the risk for cancer and for curing or preventing some types of cancer. Preventive factors include healthy lifestyle behaviors including diet and nutrition, physical activity, avoiding tobacco use, and practicing sun safety; and these can significantly reduce a person's risk for developing cancer. Early stage cancer diagnosis is an important indicator with regard to access to quality health care because many common cancers (such as breast, cervical and colorectal) are treatable in their early stages and barriers to care can prevent their early detection and timely access to treatment. Some important screenings for early detection include mammograms, Pap tests, and colorectal exams.

Cancer Screening

Table G2 - Summary of Oneida County 2009 Expanded Interim BRFSS Survey for Cancer Screenings

	Oneida County	NYS	Healthy People 2010	
Ever had a Mammogram among Women age 40 and Older	96.5%	89.8%		The Oneida percentage is considerably higher than NYS.
Had Mammogram within the Past 2 Years among Women age 40 and Older	81.9%	77.9%	70.0%	The Oneida percentage is slightly higher than NYS and much higher than the HP 2010 Goal.
Had Mammogram within the Past 2 Years among Women age 50 and Older	84.6%	82.9%		
Ever Had a Pap Test among Women	93.4%	92.5%	97.0%	
Had a Pap Test within the Past 3 Years among Women	76.7%	83.8%	90.0%	The Oneida percentage is lower than NYS and considerably lower than the HP 2010 Goal.
Ever Had a Digital Rectal Exam among Men age 40 and Older	73.5%	75.9%		
Had Digital Rectal Exam within the Past 2 Years among Men age 40 and Older	55.4%	54.9%		
Ever Had a Prostate Specific Antigen Test among Men age 40 and Older	64.1%	68.5%		
Had Prostate Specific Antigen Test within the Past 2 Years among Men age 40 and Older	54.7%	58.7%		
Home Blood Stool Test Ever Used among Adults age 50 and Older	40.3%	34.9%		The Oneida percentage is considerably higher than NYS
• Home Blood Stool Test Used within the Past Year among Adults age 50 and Older	11.4%	11.5%		The Oneida percentage is comparable to NYS
Ever had Sigmoidoscopy or Colonoscopy among Adults age 50 and Older	64.1%	66.0%	50%	
Sigmoidoscopy or Colonoscopy within the Past 10 Years among Adults age 50 and Older	62.9%	64.3%		

ALL CANCERS

The prevalence of all cancer for females in Oneida County is slightly higher than males; however, the incidence and mortality rates for males remain considerably higher than for females. According to the ACS 2008 Oneida County Cancer Burden profile[237], 28 individuals are diagnosed with cancer each week and 11 die from cancer each week. Incidence rates have increased 15.3% since 1991-1995. However, the annual mortality rate has decreased 13.4% since 1991-1995. Four cancer sites represent 53.2% of all new cancer cases and 50.8% of all new cancer deaths in Oneida County, these include: lung and bronchus, prostate, female breast, and colorectal. These findings show the need for improvements in the areas of screenings and early detection, and the prevention and cessation of tobacco use.

Cancer and Socioeconomics

- At present there is no local data available to assess the relationship between cancer and socioeconomic status in Oneida County. However, the National Cancer Institute states that nationwide, "these [those with health disparities] population groups may be characterized by age, disability, education, ethnicity, gender, geographic location, income, or race. People who are poor, lack health insurance, and are medically underserved (have limited or no access to effective health care)—regardless of ethnic and racial background—often bear a greater burden of disease than the general population."[238]

Cancer and Ethnicity

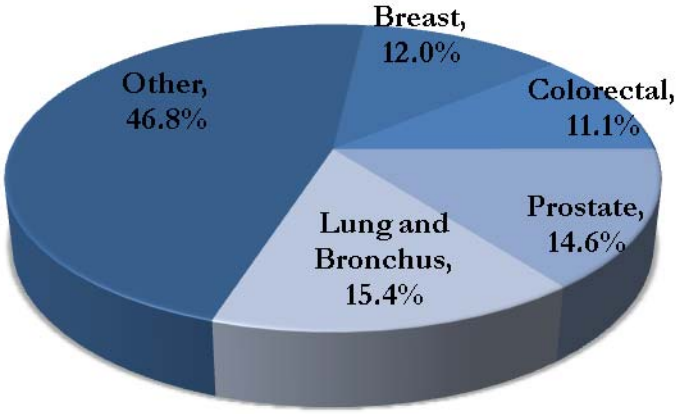
- At present there is no local data available to assess the impact of cancer on different races and ethnicities in Oneida County. However, the National Cancer Institute notes that nationwide, "a close look at cancer incidence and death statistics reveals that certain groups in this country suffer disproportionately from cancer and its associated effects, including premature death…African Americans, Asian Americans, Hispanic/Latinos, American Indians, Alaska Natives, and underserved Caucasians are more likely than the general population to have higher incidence and death statistics for certain types of cancer."[239]

Cancer Prevalence° by Gender

- The 2006 Estimated Number of People Diagnosed with Cancer in the Last 5 Years in Oneida County was comparable for males (2,040) and females (2,040)[240]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 5 years*).
- The 2006 Estimated Number of People Ever Diagnosed

Figure G3 - Percent of All Cancer Cases in Oneida County, 2001-2005

Source: American Cancer Society, Cancer Facts & Figures, 2008



with Cancer in Oneida County for Females (6,140) was higher than Males (5,120).[241] (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 30 years*).

Cancer Incidence by Gender

- The 2002-2006 rate of Incidence for All Invasive Malignant Tumors for Males in Oneida County was 624.4 per 100,000 which was higher than the rate of 469.7 per 100,000 for Females.[242]

Cancer Mortality

- For 2002-2006, Cancer was the second leading cause of all deaths in Oneida County. (Table 3.7)
- From 1997 to 2006, Cancer Mortality Rates in Oneida County decreased slightly from 189.9 per 100,000 to 178.9 per 100,000; these rates are comparable to the NYS and NYS excl. NYC rates. (Table 3.14)

Cancer Mortality by Gender

- The 2002-2006 Mortality Rate for All Invasive Malignant Tumors for Males in Oneida County was 222.9 per 100,000 which was higher than the rate of 159.6 per 100,000 for Females.[243]

Cancer Mortality by Age

- In 2006, the Number of Deaths for All Invasive Malignant Tumors was 538; 2% of these were in the 35-44 age group; 6% in the 45-54 age group; 18% in the 55-64 age group; 22% in the 65-74 age group; and 49% in the 75+ age group. (Table 3.8)

Cancer and Years of Potential Life Lost

- Cancer ranks first (1st) out of 13 causes of death in Years of Potential Life Lost (YPLL) in Oneida County; this ranking is consistent across NYS. This accounted for 23.5% of the total premature death YPLL for Oneida County in 2006. Total years lost is 3,627, with an age adjusted rate of 1,398.1 per 100,000, which is slightly higher than the rate for NYS exc. NYC of 1,314.3 per 100,000. (Tables 3.10 and 3.11)

° "Cancer prevalence" refers to the number of people who have been diagnosed with cancer and who are still alive.[244]

BREAST CANCER

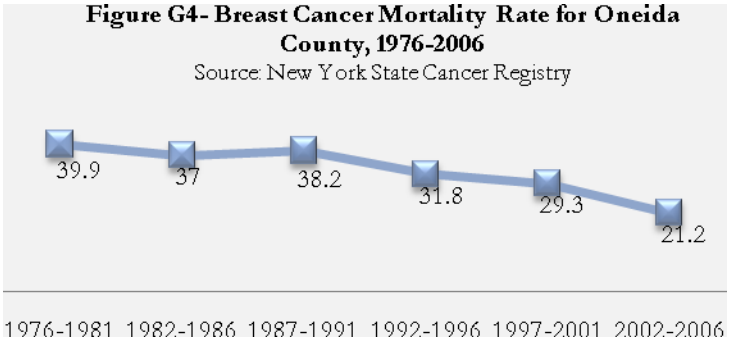
The American Cancer Society's[245] 2009 estimate of new cases of invasive breast cancer in the United States is 192,370 with 40,170 deaths. Breast cancer is the second leading cause of cancer death in women and is most common in older women as more than 75% of women who are diagnosed with breast cancer are over the age of 50. Caucasian women are more likely to get breast cancer than African American women and women in higher incomes groups are also more likely to be diagnosed with breast cancer. This may be related to factors such as inadequate access to care, socioeconomics, later age of first pregnancies, fewer pregnancies, and diet. Early diagnosis for breast cancer in Oneida County has seen a slight decrease; however, Oneida County's percentage of mammogram screenings for women over 40 is 96.5% which is higher than NYS. Breast cancer is the most common site of cancer for women in the County and the rates of incidence and mortality have consistently declined since 1976 and current rates are lower than rates for all counties in NYS, excluding NYC.

Early Breast Cancer Diagnosis

- For 2001-2005 in Oneida County, Early Diagnosis of Breast Cancer was 68%; in other words, 68% of all breast cancers in Oneida were diagnosed in what is defined as the early stage. This is significantly higher than the US (63%), NYS (63%), and NYS excl. NYC (65.3%); however, it is still

significantly below the NYS PA Obj. (NYS Prevention Agenda Objective) for 2013 (80%).The quartile ranking* for Oneida County was 2nd. (Table 4.3)

- For 2002-2006, the percentage of Early Diagnosis of Breast Cancer for Oneida County was 66% which is a decrease in comparison to 68% in 1996-2000.



Breast Cancer Prevalence°

- The 2006 Estimated Number of Females Diagnosed with Cancer in the Last 5 Years in Oneida County was 2,040; 730 or approximately 36% of these were for Breast Cancer[246]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 5 years*).
- The 2006 Estimated Number of Females Ever Diagnosed with Cancer in Oneida County was 6,140; 2,340, or approximately 38% of these, were for Breast Cancer[248]. (*Estimated number of* residents alive as of January 1, 2006, diagnosed with cancer within the past 30 years).

Breast Cancer Incidence

- For 2002-2006, the Breast Cancer Incidence Rate in Oneida County (122.7 per 100,000) was lower than NYS (124.5 per 100,000) and significantly lower than NYS excl. NYC (135.0 per 100,000); The quartile ranking* for Oneida County was 2nd.[249]

Breast Cancer Mortality

- For 2002-2006, the Breast Cancer Mortality Rate in Oneida County was 21.2 per 100,000 which was lower than the rate of 24.5 per 100,000 for NYS excl. NYC; this meets the HP 2010 Goal of 22.3. The quartile ranking* for Oneida County was 2nd.[250]

Figure G5- Oneida County Early Stage Cancer Diagnosis[247]

Early stage cancer diagnosis:	Prevention Agenda 2013 Obj.	US	NYS 2002-2006	NYS excl. NYC 2002-2006	Oneida County 2002-2006	Oneida County 1996-2000
Breast	80%	63%	63%	65%	**66%**	68.8%
Cervical	65%	53%	51%	54.0%	**65%**	
Colorectal Both	50%	40% 1996-2003	41%		**42%**	
Male				44.2%	**42.7%**	44.3%
Female				42.1% 2001-2005	**41.3%** 2001-2005	43.2%
Prostate			87.0%	88.0%	**90.0%**	81.8%
	Sources: NYS DOH State Cancer Registry, 2003 and 2008					

- The Breast Cancer Mortality Rate from 1976 to 2006 decreased 39.9 per 100,000 to 21.2 per 100,000.(See Figure G4)

°"Cancer prevalence" refers to the number of people who have been diagnosed with cancer and who are still alive.[251]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

CERVICAL CANCER

According to the American Cancer Society[252], in 2009, about 11,270 cases of invasive cervical cancer will be diagnosed in the United States and about 4,070 women will die from cervical cancer. The cervical cancer death rate declined by 74% between 1955 and 1992 mainly due to the increased use of screening through Pap tests. Most cases are found in women younger than 50 and it occurs most often in Hispanic women; African-American women develop this cancer about 50% more often than non-Hispanic white women. Considerable evidence suggests that screening can reduce the number of deaths from cervical cancer. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and follow-up. Having Pap tests regularly is the best chance of finding cervical cancer early, when it is easier to treat. Early diagnosis of cervical cancer in Oneida County is above the state and national averages. Rates for cervix uteri cancer incidences in Oneida County have substantially decreased since 1976 and mortality rates are comparable to the NYS rate.

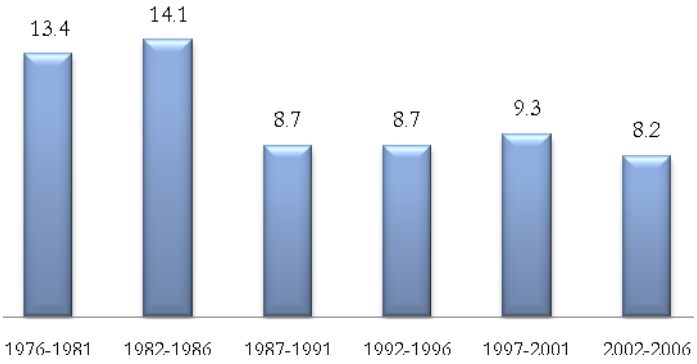
Early Cervical Cancer Diagnosis

- For 2002-2006, Early Diagnosis of Cervical Cancer was 64% for Oneida County; this was higher than NYC excl. NYC (52%), NYS (50%), and US (53%); Oneida County's percentage (64%) was near the NYS PA Obj. for 2013 (65%). The quartile ranking* for Oneida County was 1st.[253]

Cervical Cancer Incidence

- For 2002-2006, the Cervix uteri Cancer Incidence Rate in Oneida County was 8.2 per 100,000; and was slightly higher than the NYS excl. NYC rate of 7.5 per 100,000; the quartile ranking* for Oneida County was 3rd.[254]
- The Cervix Uteri Incidence Rate decreased from 13.4 per 100,000 in 1976 to 8.2 per 100,000 in 2006. See Figure G6

Figure G6- Cervix Uteri Cancer Incidence Rate for Oneida County, 1976-2006
Source: New York State Cancer Registry



Cervical Cancer Mortality

- For 2002-2006, the Cervical Cancer Mortality Rate in Oneida County was 3.0 per 100,000 which was slightly higher than the rate of 2.2 per 100,000 for NYS excl. NYC; the quartile ranking* for Oneida County was 3rd.[255]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

UTERINE CANCER

The American Cancer Society estimates 42,160 new cases of cancer of the uterine corpus (body of the uterus) will be diagnosed in the United States and 7,780 women will die from cancer of the uterine corpus during 2009. U.S. death rates from uterine sarcoma have been stable since 1992 after decreasing from

1975 to 1992. In Oneida County, early diagnosis of uterine cancer is similar to NYS while the rates of incidence and mortality have decreased since 1982.

Early Uterine Cancer Diagnosis

- For 2002-2006, Early Diagnosis of Uterine Cancer was 72% for Oneida County; this was comparable to NYC excl. NYC (73.1%).[256]

Uterine Cancer Incidence

- The Corpus Uterus and NOS Cancer Incidence Rate in Oneida County decreased slightly between the period of 1998-2002 at 27.4 per 100,000 females and 2003-2007 at 25.5 per 100,000[257]

Uterine Cancer Mortality

- The Corpus Uterus and NOS Cancer Mortality Rate in Oneida County slightly increased between the period of 1998-2002 at 3.7 per 100,000 females and 2003-2007 at 4.2 per 100,000.[258]

OVARIAN CANCER

The American Cancer Society estimates that in 2009, there will be 21,550 new cases of ovarian cancer and 14,600 deaths from ovarian cancer. Ovarian cancer ranks as the fifth cause of cancer death in women. It is more common in women 55 or older and Caucasian women. In Oneida County, early diagnosis for ovarian cancer is higher than most counties in NYS as the County is in the second quartile ranking. Incidence and mortality rates show declines from 1976 to 2006.[259]

Early Ovarian Cancer Diagnosis

- For 2002-2006, Early Diagnosis of Ovarian Cancer was 21% for Oneida County; this was slightly higher than NYC excl. NYC (19%). The quartile ranking* for Oneida County was 2nd.[260]

Ovarian Cancer Incidence

- For 2002-2006, the f Ovarian Cancer Incidence Rate in Oneida County was 16.7 per 100,000 which was higher than NYS excl. NYC rate of 14.8 per 100,000; the quartile ranking* for Oneida County was 4th.[261]

Ovarian Cancer Mortality

- For 2002-2006, the Ovarian Cancer Mortality Rate in Oneida County was 9.8 per 100,000 and was comparable to the NYS excl. NYC rate of 9.5 per 100,000; the quartile ranking* for Oneida County was 3rd.[262]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

ESOPHAGEAL CANCER

The American Cancer Society estimates that in 2009, there will be 16,470 new cases of cancer of the esophagus and 14,530 deaths from cancer of the esophagus. Esophageal cancer is 3 to 4 times more common among men than women. In Oneida County, the incidence and mortality rates for esophageal cancer in men was considerably higher than for women and the rate of mortality for males continues to increase.

Esophageal Cancer Incidence by Gender

- For 2002-2006, the Esophageal Cancer Incidence Rate for Males (9.6 per 100,000) in Oneida County was higher than Females (2.1 per 100,000)[263].

Esophageal Cancer Mortality by Gender

- For 2002-2006, the Esophageal Cancer Mortality Rate for Males (9.1 per 100,000) in Oneida County was higher than the rate for Females (1.3 per 100,000)[264].
- From 1976 to 2006, the Esophageal Cancer Mortality Rate in Males increased from 5.4 per 100,000 to 9.1 per 100.000.[265]

STOMACH CANCER

It is estimated that there will be 21,130 new cases of stomach cancer and 10,620 deaths from stomach cancer in 2009 in the U.S. The majority (two-thirds) of people found to have stomach cancer are over the age of 65 and the risk of getting stomach cancer is slightly higher for men than for women. In Oneida County stomach cancer incidence is much higher in men than women; however, five year time trends from 1976 show that the rate of stomach cancer mortality in men has notably decreased.

Stomach Cancer Incidence by Gender

- For 2002-2006, the Stomach Cancer Incidence Rate for Males (10.1 per 100,000) in Oneida County was higher than Females (5.4 per 100,000)[266].

Stomach Cancer Mortality by Gender

- For 2002-2006, the Stomach Cancer Mortality Rate for Males (3.8 per 100,000) in Oneida County was higher than Females (3.5 per 100,000)[267].
- From 1976 to 2006 the Stomach Cancer Mortality Rate for Males decreased from 11.7 per 100,000 to 3.8 per 100,000.[268]

COLORECTAL CANCER

The American Cancer Society estimates that in 2009 there will be 106,100 new cases of colon cancer, 40,870 new cases of rectal cancer, and 49,920 deaths from colorectal cancer in the U.S. The death rate from colorectal cancer has been going down for the past 15 years due to colorectal cancer screenings. These screenings make it easier to detect and cure at earlier stages and allows for polyps, a pre-cancer indicator, to be found and removed before they turn into cancer. In Oneida County, colorectal cancer is the second most common cancer for men and women. Five year time trends from 1976 – 2006 show decreases in the incidence and mortality rates for colorectal cancer for men and women in the County.

Early Colorectal Cancer Diagnosis

- The percentage of Early Diagnosis of Colorectal Cancer in 2002-2006 was 42% for Oneida County which was similar to NYS (41%) and the US (40%); but this was below the NYS PA Obj. 2013 of 50%. The quartile ranking* for Oneida County is 3rd.[269] (Figure G5)

Early Colorectal Cancer Diagnosis by Gender

- The 2002-2006 percentages of Early Diagnosis of Colorectal Cancer for Males (42.6%) and Females (41.6%) in Oneida County were comparable.[270]
- The percentage of Early Diagnosis of Colorectal Cancer for Oneida County males decreased from 44.3% (1996-2000) to 42.7% (2001-2005); the 2001-2005 early diagnoses percentage for males in NYS excl. NYC (44.2%) was higher than the percentage for Oneida County (42.7%) for the same time period. (Figure G5)
- The percentage of Early Diagnosis of Colorectal Cancer for Oneida County females decreased from 43.2% (1996-2000) to 41.3% (2001-2005); the 2001-2005 percent for females in NYS excl. NYC (42.1%) was slightly higher than the percentage for Oneida County (41.3%) for the same time period. (Figure G5)

Colorectal Cancer Prevalence° by Gender

- The 2006 Estimated Number of Males and Females Diagnosed with Cancer in the Last 5 Years in Oneida County was 2,040 for each gender; approximately 10% of these for both males and females were for Colorectal Cancer[271]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 5 years*).
- The 2006 Estimated Number of Females Ever Diagnosed with Cancer in Oneida County was 6,140; 590 or approximately 10% of these were for Colorectal Cancer[272]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 30 years*).
- The 2006 Estimated Number of Males Ever Diagnosed with Cancer in Oneida County was 5,120; 540 or approximately 11% of these were for Colorectal Cancer[273]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 30 years*).

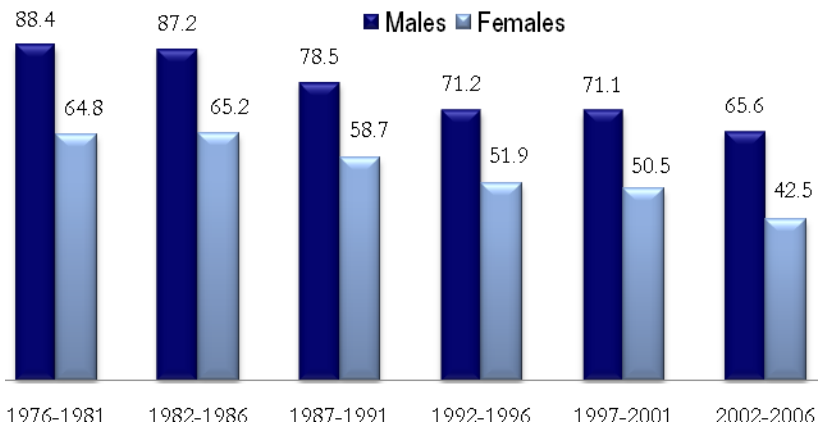
Colon Rectum Cancer Incidence

- For 2002-2006, the Colon and Rectum Cancer Incidence Rate in Oneida County (52.7 per 100,000) was comparable to NYS excl. NYC (53.4 per 100,000); the quartile ranking* for Oneida County was 2nd.[274]

Colorectal Cancer Incidence by Gender

- The 2003-2007 Colorectal Cancer Incidence Rate for Males (60.1 per 100,000) in Oneida County was higher than Females (42.9 per 100,000).[275]
- The Colorectal Cancer Incidence Rate for Females in Oneida County decreased from 64.8 per 100,000 (1976-

Figure G7- Colorectal Cancer Incidence Rate by Gender for Oneida County, 1976-2006
Source: NYS Cancer Registry



1981) to 42.5 per 100,000 (2002-2006). See Figure G7

- The Colorectal Cancer Incidence Rate for Males in Oneida County decreased from 88.4 per 100,000 (1976-1981) to 65.6 per 100,000 (2002-2006). See Figure G8

Colorectal Cancer Mortality

- The 2002-2006 Colorectal Cancer Mortality Rate for Oneida County (17.4 per 100,000) was slightly lower than NYS exc. NYC (18.4 per 100,000). The quartile ranking* for Oneida County was 1st.[276]

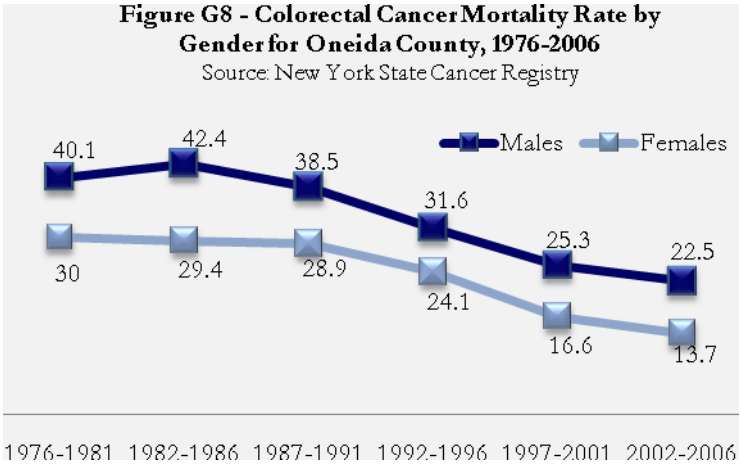
Colorectal Cancer Mortality by Gender

- The 2003-2007 Colorectal Cancer Incidence Rate for Males (21.6 per 100,000) in Oneida County was higher than Females (12.8 per 100,000).[277]
- The Colorectal Cancer Mortality Rate for Males and Females decreased from 1976 – 2006. See Figure G8

°"Cancer prevalence" refers to the number of people who have been diagnosed with cancer and who are still alive.[278]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

PROSTATE CANCER



According to recent estimates by the American Cancer Society for prostate cancer in the United States for 2009, 192,280 new cases with 27,360 deaths from prostate cancer are expected. It is the most common type of cancer found in American men and is the second leading cause of cancer death in men. More than 2 million men in the United States who have had prostate cancer at some point are still alive today; the death rate for prostate cancer is going down, and the disease is being found earlier as well. In Oneida County, the percentage of early prostate cancer diagnosis is 90% which is significantly higher than NYS. Prostate cancer is the third most common type of cancer for men in the County and all rates associated with this cancer are declining, and are favorable in comparison to NYS. The Oneida County rate of prostate cancer mortality is 21.6, which meets and exceeds the HP 2010 goal of 28.8 for the nation.

Early Prostate Cancer Diagnosis

- The percentage of Early Diagnosis of Prostate Cancer for Oneida County increased from 81.8% (1996-2000) to 90.0% (2002-2006); Oneida County's percentage for 2002-2006 was significantly

higher than the percentage for NYS excl. NYC (87.0%) for the same time period. The quartile ranking* for Oneida County was 1st. See Figure G5

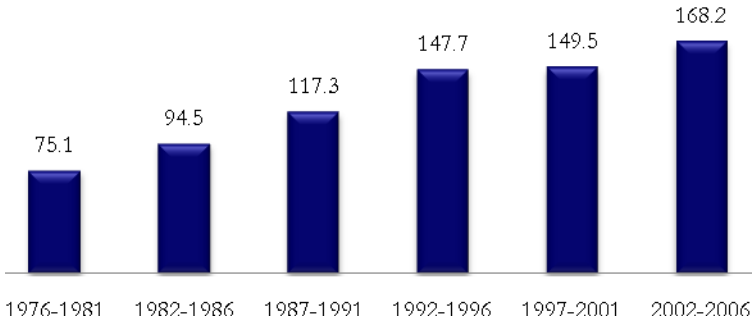
Prostate Cancer Prevalence°

- The 2006 Estimated Number of Males Diagnosed with Cancer in the Last 5 Years in Oneida County was 2,040; 840 or approximately 41% of these were for Prostate Cancer[279]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 5 years*).
- The 2006 Estimated Number of Males Ever Diagnosed with Cancer in Oneida County was 5,120; 2,060 or approximately 40% of these were for Prostate Cancer[280]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 30 years*).

Prostate Cancer Incidence

- For 2002-2006, the rate of Prostate Cancer Incidence in Oneida County (168.2 per 100,000) was slightly lower than NYS excl. NYC (174.3 per 100,000); the quartile ranking* for Oneida County was 2nd.[281]
- The rate of Prostate Cancer Incidence from 1976-2006 increased from 75.1 per 100,000 to 168.2 per 100,000. See Figure G9

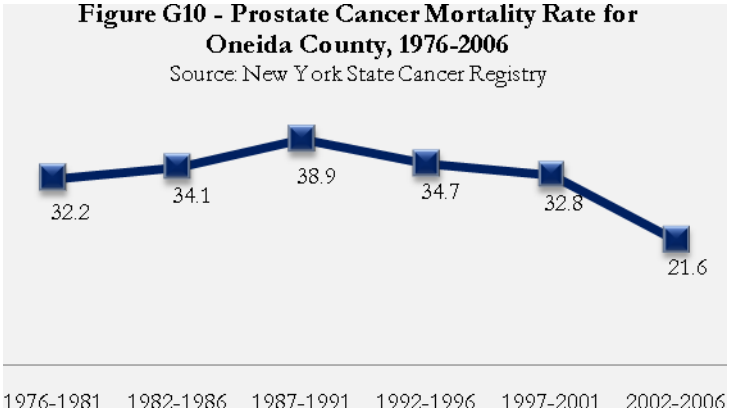
Figure G9 - Prostate Cancer Incidence Rate for Oneida County, 1976-2006
Source: New York State Cancer Registry



Prostate Cancer Mortality

- For 2002-2006, the rate of Prostate Cancer Mortality in Oneida County (21.6 per 100,000) was slightly lower than NYS excl. NYC (24.0); this meets the HP 2010 Goal of 28.8. The quartile ranking* for Oneida County was 1st.[282]
- The Prostate Cancer Mortality Rate for Oneida County declined from 32.2 per 100,000 males (1976) to 21.6 per 100,000 (2006). See Figure G10

Figure G10 - Prostate Cancer Mortality Rate for Oneida County, 1976-2006
Source: New York State Cancer Registry



°"Cancer prevalence" refers to the number of people who have been diagnosed with cancer and who are still alive.[283]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

Testis Cancer

The American Cancer Society's most recent estimates for testicular cancer in the United States for 2009 is 8,400 new cases with 380 deaths from testicular cancer. Because treatment is so successful, and testicular cancer is one of the most curable forms of cancer, the risk of dying from this cancer is very low. In Oneida County, the percentage of early diagnosis for testicular cancer is less favorable than the percentage for NYS. Five year time trends from 1976-2006 indicate slight increases in incidence of testicular cancer; however, the mortality rates remain very low; 0.2 per 100,000 males for 2002-2006.

Early Testis Cancer Diagnosis

- The 2002-2006 percentage of Early Diagnosis of Testis Cancer for Oneida County (59.5%) was considerably lower than for NYS exc. NYC (74.8%).[284]

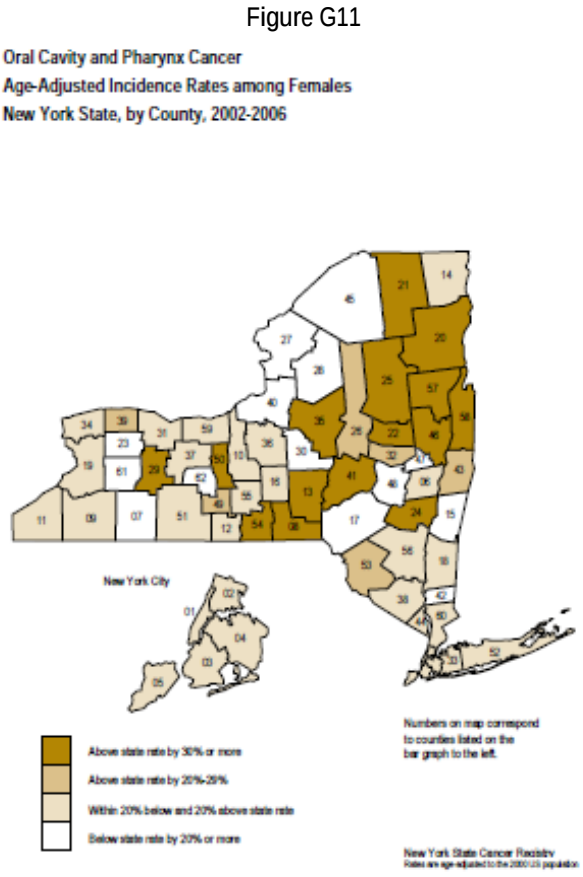
Testis Cancer Incidence

- From 1976-2006 the Testis Cancer Incidence Rate in Oneida County increased from 2.0 to 7.1 per 100,000 males.[285]

Oral Cavity and Pharynx Cancer

The American Cancer Society estimates about 35,720 new cases of oral cavity and oropharyngeal cancer will be diagnosed in the United States in 2009 and that an estimated 7,600 people will die of these cancers in the same year. Oral cavity cancers are twice as common in men as in women, and are slightly more common in African Americans than in Caucasians. These cancers are more common in older adults as the average age for this disease is 62; however, one-third of the new cases are individuals 55 years old and younger. Overall rates of new cases and mortality have decreased over the last 30 years. Although oral cavity and pharynx cancer is much more common in men than women in Oneida County, the percentage of early stage diagnosis for women is 66.7% which is considerably higher than for men at 36.4%. Men in Oneida County are also more likely than women to die from this type of cancer. Five year time trends from 1976 to 2006 show a decrease in oral cavity and pharynx cancer mortality in both men and women.

Figure G11



Early Oral Cavity and Pharynx Cancer Diagnosis

- The 2002-2006 Early Diagnosis of Oral and Pharynx Cancer for Oneida County (46.0%) was significantly higher than NYS excl. NYC (37.0%) The quartile ranking* for Oneida County was 1st.[286]

Early Oral Cancer Diagnosis by Gender

- The 2002-2006 Early Diagnosis of Oral Cancer for Males (36.4%) in Oneida County was much lower than Females (66.7%).[287]

Oral Cavity and Pharynx Cancer Incidence

- For 2002-2006, the Oral and Pharynx Cancer Incidence Rate in Oneida County (12.9 per 100,000) was significantly higher than NYS (9.8 per 100,000) slightly higher than NYS excl. NYC (10.2 per 100,000), and the quartile ranking* for Oneida County was 4th.[288]

Oral Cavity and Pharynx Cancer Incidence by Gender

- The 2002-2006 Oral and Pharynx Cancer Incidence Rate for Males (18.2 per 100,000) in Oneida County was higher than Females (8.3 per 100,000).[289]
- The 2002-2006 Oral and Pharynx Cancer Incidence Rate for Females is grouped with the highest counties in NYS; Oneida County's rate was above the NYS rate by 30% or more. See Figure G-11

Oral Cavity and Pharynx Cancer Mortality

- For 2002-2006, the rate of Oral and Pharynx Cancer Mortality in Oneida County (2.1 per 100,000) was comparable to NYS (2.3 per 100,000) and slightly higher than NYS excl. NYC (2.2 per 100,000) the quartile ranking* for Oneida County was 2nd. This rate meets the HP 2010 Goal of 2.7.[290]

Oral Cavity and Pharynx Cancer Mortality by Gender

- For 2002-2006, the rate of Oral and Pharynx Cancer Mortality for Males (3.7 per 100,000) in Oneida County was higher than Females (1.0 per 100,000).[291]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

LUNG AND BRONCHUS CANCER

The American Cancer Society's most recent estimates for lung cancer in the United States for 2009 are 219,440 new cases and 159,390 deaths from lung cancer. Lung cancer is the leading cause of cancer death for both men and women and is rare in people under the age of 45. Smoking is the leading risk factor for lung cancer and people who don't smoke, but are exposed to secondhand smoke, may also be at a higher risk for lung cancer. Some of the other risk factors for lung cancer include exposure to radon, asbestos and other cancer causing agents, air pollution and family history. Lung cancer incidence is significantly higher in Oneida County than NYS. Although men made up a greater proportion of new cases of lung cancer from 1976-2006, the rate of new cases in women shows a considerably higher growth. Similarly the rate of lung and bronchus cancer mortality for men in Oneida County is declining while the rate for women is increasing. (Figure G12)

Early Lung and Bronchus Cancer Diagnosis

- For 2001-2005 the percentage of Early Diagnosis of Lung and Bronchus Cancer for Oneida County (21%) was equivalent to the NYS and NYS excl NY. The quartile ranking* for Oneida County is 3rd. (Figure G5).

Early Lung Cancer Diagnosis by Gender

- The 2002-2006 percentage of Early Diagnosis of Lung Cancer for Males (18.9%) in Oneida County was lower than Females (24.3%).[292]

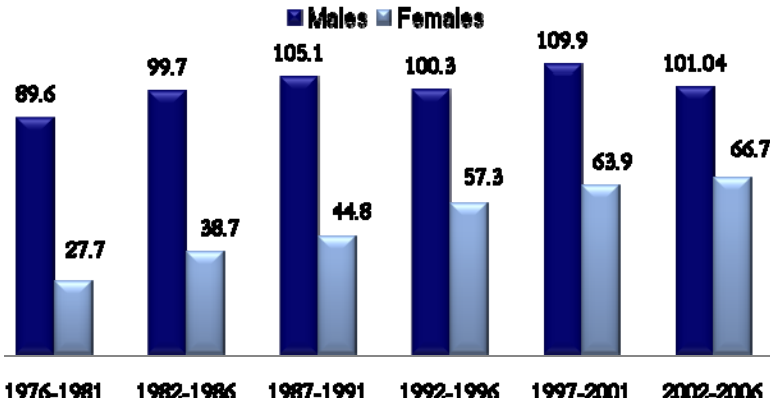
Lung Cancer Prevalence° by Gender

- The 2006 Estimated Number of Females Diagnosed with Cancer in the Last 5 Years in Oneida County was 2,040; 110 or approximately 5% of these were for Lung Cancer[293]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 5 years*).
- The 2006 Estimated Number of Males Diagnosed with Cancer in the Last 5 Years in Oneida County was 2,040; 90 or approximately 4% of these were for Lung Cancer[294]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 5 years*).
- The 2006 Estimated Number of Females Ever Diagnosed with Cancer in Oneida County was (6,140) 200 or approximately 3% of these were for Lung Cancer[295]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 30 years*).
- The 2006 Estimate Number of Males Ever Diagnosed with Cancer in Oneida County was (5,120); 170 or approximately 3% of these were for Lung Cancer[296]. (*Estimated number of residents alive as of January 1, 2006, diagnosed with cancer within the past 30 years*).

Lung and Bronchus Cancer Incidence

- For 2002-2006, the Lung and Bronchus Cancer Incidence Rate in Oneida County (81.4 per 100,000) was significantly higher than both NYS (64.5 per 100,000) and NYS excl. NYC (72.9 per 100,000) the quartile ranking* for Oneida County is 3rd.[297]

Figure G12 - Lung and Bronchus Cancer Incidence Rate by Gender for Oneida County, 1976-2006
Source: New York State Cancer Registry



Lung and Bronchus Cancer Incidence by Gender

- For 2002-2006, the Lung and Bronchus Cancer Incidence Rate for Males (101.4 per 100,000) in Oneida County was higher than Females (66.7 per 100,000).[298]
- The rate of Lung and Bronchus Cancer Incidence for Females in Oneida County increased from 27.7 per 100,000 in 1976 to 66.7 per 100,000 in 2006 in comparison to the rate for Males which increased from 89.6 per 100,000 to 101.4 per 100,000 during the same time period. See Figure G12

Lung and Bronchus Cancer Mortality

- For 2002-2006, the Lung and Bronchus Cancer Mortality Rate in Oneida County (55.3 per 100,000) was significantly higher than NYS (46.2 per 100,000) and slightly higher than NYS excl. NYC (52.5 per 100,000) the quartile ranking* for Oneida County is 2nd.[299]

Lung and Bronchus Cancer Mortality by Gender

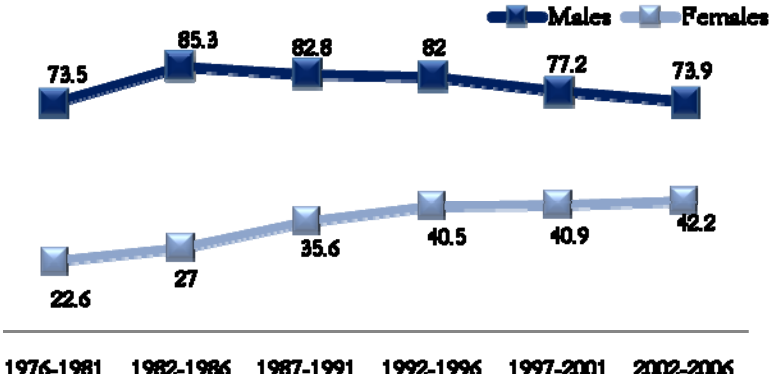
- For 2002-2006, the Lung and Bronchus Cancer Incidence Rate for Males (73.9 per 100,000) in Oneida County was higher than Females (42.2 per 100,000).[300]

- Although the Lung and Bronchus Cancer Mortality Rate for Males steadily declined, the rate for Females increased from 22.6 per 100,000 to 42.2 per 100,000 from 1976 to 2006. See Figure G13

°"Cancer prevalence" refers to the number of people who have been diagnosed with cancer and who are still alive.[301]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

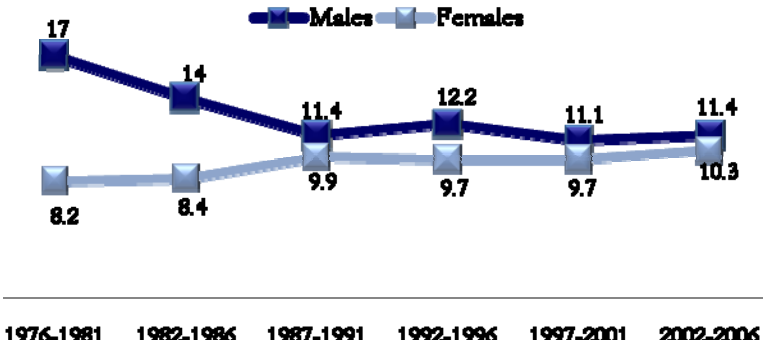
Figure G13- Lung and Bronchus Cancer Mortality Rate by Gender for Oneida County, 1976-2006
Source: New York State Cancer Registry



PANCREATIC CANCER

The American Cancer Society's most recent estimates for pancreatic cancer in the United States for 2009 is 42,470 new cases and 35,240 deaths from pancreatic cancer. The risk of this cancer goes up with age as almost 90% of patients are older than 55. Men have a slightly higher rate of this cancer and African Americans are more likely to have this cancer than Caucasians. Cirrhosis of the liver, smoking, diet, obesity and lack of exercise are additional risk factors for pancreatic cancer. Rates of incidence and mortality of pancreatic cancer for men and women in Oneida County are similar. However, five year time trends from 1976-2006 show an increasing pancreatic mortality rate for women, while the rate for men is decreasing.

Figure G14 - Pancreas Cancer Mortality Rate by Gender for Oneida County, 1976-2006
Source: New York State Cancer Registry



Pancreatic Cancer Incidence by Gender

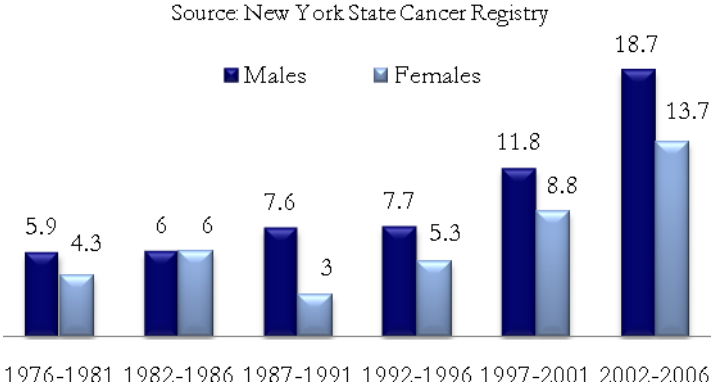
- For 2002-2006, the rate of Pancreatic Cancer Incidence for Males (13.9 per 100,000) in Oneida County was higher than Females (12.8 per 100,000).[302]

Pancreatic Cancer Mortality by Gender

- For 2002-2006, the rate of Pancreatic Cancer Mortality for Males (11.4 per 100,000) in Oneida County was higher than Females (10.3 per 100,000).[303]
- The rate of Pancreas Cancer Mortality for Females in Oneida County increased from 8.2 per 100,000 (1976) to 10.3 per 100,000 (2006) in comparison to the rate for Males which decreased from 17.0 per 100,000 (1976) to 11.4 per 100,000 (2006). See Figure G14

SKIN CANCER (MELANOMA)

Figure G15 - Melanoma of the Skin Incidence Rates by Gender for Oneida County, 1976-2006
Source: New York State Cancer Registry



The American Cancer Society's most recent estimates for melanoma in the United States for 2009 is 68,720 new cases and 8,650 deaths from melanoma. Melanoma accounts for less than 5% of skin cancer cases, but causes most skin cancer deaths. Overall, the lifetime risk of getting melanoma is about 1 in 50 for Caucasians, 1 in 1,000 for African Americans, and 1 in 200 for Hispanics. In Oneida County, the percentage of early diagnosis of melanoma of the skin is 81% which is below the HP 2010 Target of 90%. The incidence of melanoma of the skin is slightly higher among males; however, rates over a 30 year period show greater increase in new cases among women in Oneida County.

Early Diagnosis of Melanoma of the Skin

- For 2002-2006 the percentage of Early Diagnosis of Melanoma of the Skin for Oneida County (81%) was lower than NYS excl NY (83%); this was below the NYS Goal of 90%. The quartile ranking* for Oneida County is 3rd. [304]

Percent Early Melanoma Diagnosis by Gender

- The 2002-2006 percentage of Early Diagnosis of Melanoma for Males (79.2%) in Oneida County was lower than Females (83.3%).[305]

Melanoma of the Skin Incidence by Gender

- For 2002-2006, the rate of Melanoma of the Skin Incidence for Males (18.7 per 100,000) in Oneida County was higher than Females (13.7 per 100,000).[306]
- The rate of Melanoma of the Skin Incidence for both Females and Males in Oneida County increased from 1976 (Females: 4.3 per 100,000; Males: 5.9 per 100,000) to 2006 (Females: 3.7 per 100,000; Males: 18.7 per 100,000). See Figure G15

Melanoma of the Skin Mortality

- For 2002-2006 the rate of Melanoma of the Skin Mortality for Oneida County (2.5 per 100,000) was comparable to NYS excl NY (2.7 per 100,000); the quartile ranking* for Oneida County is 2nd [307]

Melanoma of the Skin Mortality by Gender

- For 2002-2006, the rate of Melanoma of the Skin Mortality for Males (3.1 per 100,000 in Oneida County was higher than Females (2.0 per 100,000).[308]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

URINARY BLADDER (INCL. IN SITU) CANCER

The American Cancer Society's most recent estimates for bladder cancer in the United States for 2009 is 70,980 new cases of and 14,330 deaths from bladder cancer. Bladder cancer is more common among men than women and more common among Caucasians than African Americans. Nearly 90% of people with bladder cancer are over the age of 55. In Oneida County, males have a considerably higher rate of new cases and deaths from bladder cancer than females.

Urinary Bladder Cancer Incidence by Gender

- The 2002-2006 rate of Urinary Bladder Cancer for Males (59.3 per 100,000) in Oneida County was higher than Females (14.0 per 100,000).[309]
- The 2002-2006 rate of Urinary Bladder Cancer for Males in Oneida County was grouped Among the highest of counties in NYS; Oneida County's rate of 59.3 per 100,000 was 30% or more above the state level. (See Figure G16)

Urinary Bladder Cancer Mortality by Gender

- For 2002-2006, the rate of Urinary Bladder Cancer Mortality for Males (9.3 per 100,000) in Oneida County was higher than Females (3.3 per 100,000)[310].

Figure G16

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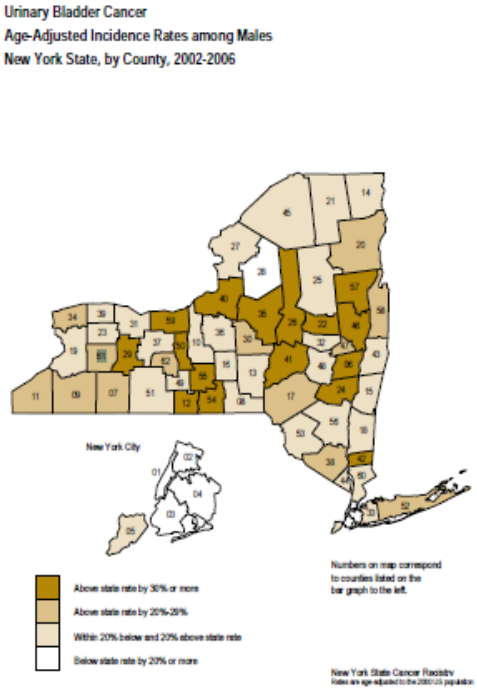


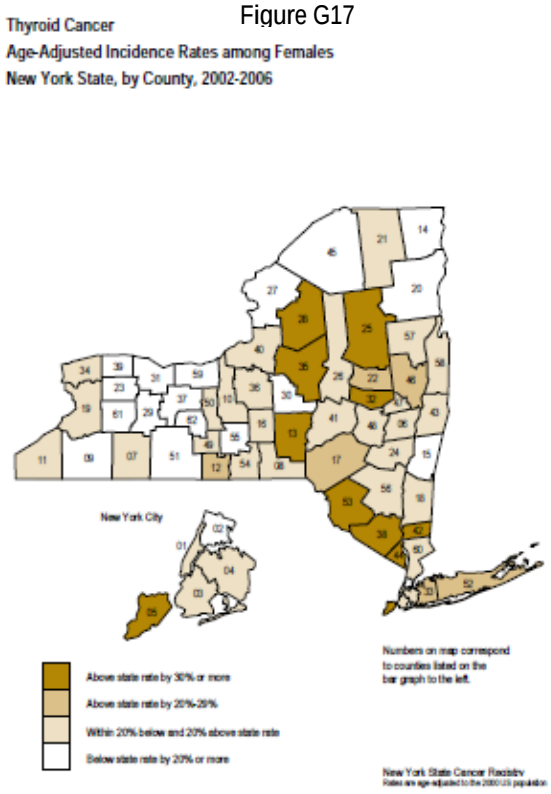
THYROID CANCER

The American Cancer Society's most recent estimates for thyroid cancer in the United States for 2009 is 37,200 new cases and 1,630 deaths from thyroid cancer. Thyroid cancer is one of the least deadly cancers and mainly affects younger people; nearly 2 of 3 cases are found in people between the ages of 20 and 55. In Oneida County, the rate of new cases for females is significantly higher than in males; over the 30 year time period between 1976 and 2006, the rate of new cases of thyroid cancer in females increased approximately 83%.

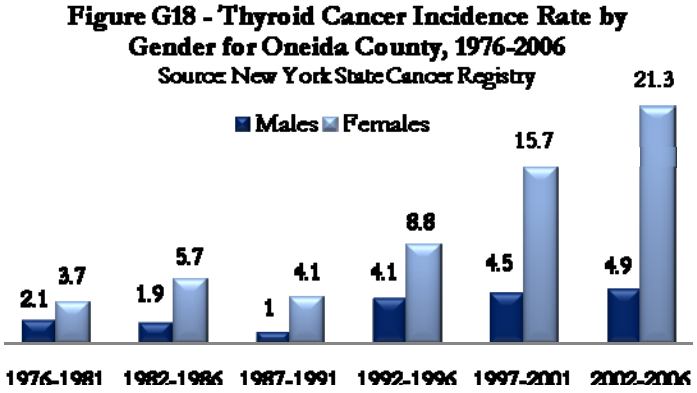
Thyroid Cancer Incidence by Gender

- The 2002-2006 rate of Thyroid Cancer Incidence for Females (21.3 per 100,000) in Oneida County was higher than Males (4.9 per 100,000).[311]

Figure G17



- Thyroid Cancer Incidence for Females in Oneida County increased substantially from 3.7 per 100,000 (1976) to 21.3 per 100,000 (2006). See Figure G17
- Thyroid Cancer Incidence for Females in Oneida County was grouped in the highest Among counties in NYS; Oneida County's rate was 30% or more above the NYS rate. See Figure G17

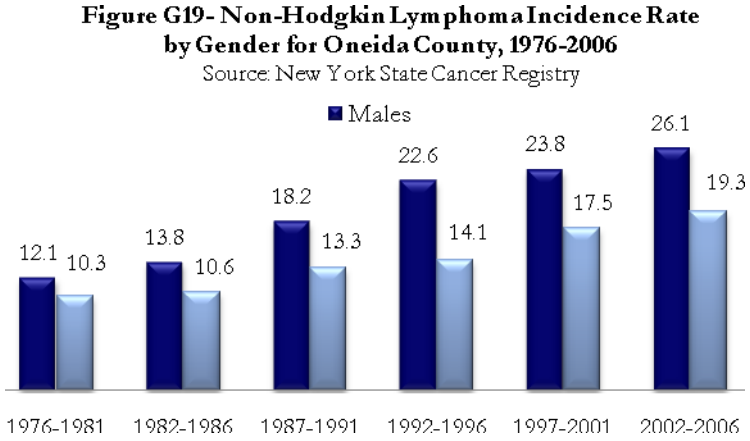


Thyroid Cancer Mortality by Gender

- For 2002-2006, the rate of Thyroid Cancer Mortality for Males (0.5 per 100,000) in Oneida County was higher than Females (0.3 per 100,000)[312].

NON-HODGKIN LYMPHOMAS

The American Cancer Society's most recent estimates for non-Hodgkin lymphoma (NHL) in the United States for 2009 is 65,980 new cases of and 19,500 deaths from NHL; this includes both adults and children. NHL is slightly more common in men than in women and Caucasians are affected more often than African Americans or Asian Americans. In Oneida County, the rate of new cases of NHL is slightly higher in males than females and 30 year trend data for 1976-2006 show similar increases in incidences for both males and females.



Non-Hodgkin Lymphomas Incidence by Gender

- The 2002-2006 rate of Non-Hodgkin Lymphomas for Males (26.1 per 100,000) in Oneida County was higher than Females (19.3 per 100,000).[313]
- From 1976 to 2006, the rate of Non-Hodgkin Lymphomas for Males in Oneida County increased from 12.1 per 100,000 to 26.1 per 100,000; the rate for Females increased from 10.3 per 100,000 to 19.3 per 100,000. See Figure G19

Non-Hodgkin Lymphomas Mortality by Gender

- For 2002-2006, the rate of Thyroid Cancer Mortality for Males (8.0 per 100,000) in Oneida County was higher than Females (5.5 per 100,000).[314]

ARTHRITIS

Arthritis encompasses over 100 diseases and conditions that affect joints, surrounding tissues, and other connective tissues; the most common types include osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis and fibromyalgia. According to the Arthritis Foundation[315], arthritis is one of the most prevalent chronic health problems in the U.S. and is a leading cause of disability in people aged 15 and older. Arthritis can limit a person's basic activities and is often characterized by pain, loss of movement and swelling. The number of people in the U.S. with arthritis increased from 35 million in 1985 to 46 million in 2006. In NYS 3.7 million people have arthritis, with 1.7 of these being over the age of 65; it is expected that these numbers will increase as the aging population grows. Although arthritis is more common in women and older adults, it affects people of all ages including children –about 285,000 children in the U.S. have some form of juvenile arthritis. Risk factors for arthritis include increasing age; family history and gender as women are at higher risk of developing one of the most common types of arthritis - osteoarthritis. Joint injuries, obesity and level of education, specifically less than high school, are additional risk factors.

Arthritis Prevalence (2008)

- Over thirty eight percent (38.2%) of adults in Oneida County have been diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia (excluding back or neck); this was higher than the percentage for NYS (27.9%).[316]

Arthritis Prevalence by Gender (2008)

- The percentage of females in Oneida County with arthritis (41.9%) was higher than the percentage of males with arthritis (34.4%); these percentages were higher than the percentages for males (24.5%) and females (31.1%) in NYS.[317]

Arthritis Prevalence by Age Groups (2008)

- The percentage of adults in Oneida County aged 65 and older with arthritis (70.6%) is considerably higher than the percentage for the same age cohort for NYS (57.8%).[318]
- The percentage of adults in Oneida County aged 18-34 with arthritis (17.1%) is considerably higher than the percentage for the same age cohort for NYS (6.4%).[319]
- The percentage of adults with arthritis in Oneida County in the following age cohorts is as follows 18-34 (17.1%), 35-44 (N/A), 45-54 (42.8%), and 54-64 (43.7%), 65 and older (70.6%). These finding are consistent with increasing age being a risk factor for arthritis.[320]

Arthritis Prevalence and Socioeconomics

- Arthritis prevalence is higher among adults with less than a high school education (42.3%) and some college (40.6%) in comparison to those with a college degree or higher (28.7%).[321]
- The prevalence of arthritis is higher among those with incomes between $25,000-$49,999 (41.5%) than those with incomes $75,000 or higher (34.8%).[322]

Chronic Diseases - Primary Prevention Community Resources:

- Resources To Be Developed - See Attachment H for a listing of some Oneida County Resources.

Chronic Diseases –Opportunities for Action

Community health assessment planning partners selected Chronic Disease and Cancer as one of five priority areas for Oneida County from the NYS Prevention Agenda (see Introduction) after analyzing data collected on health status indicators; community input; forces of change (trends, factors and events that are or will impact the community's health); and public health system strengths and weaknesses. Specific actions and opportunities for improvement are identified in the Executive Summary-Action Plan Section of this report.

HEALTHY MOTHERS, BABIES, & CHILDREN

NOTE:

The following symbols are used throughout this Community Health Assessment Report to serve only as a simple and quick reference for data comparisons and trends for the County. Further analysis may be required before drawing conclusions about the data.

- The apple symbol represents areas in which Oneida County's status or trend is **FAVORABLE** or **COMPARABLE** to its comparison (i.e., NYS, US) or areas/issues identified as **STRENGTHS**.
- The magnifying glass symbols represent areas in which Oneida County's status or trend is **UNFAVORABLE** to its comparison (i.e., NYS, US) or areas/issues of **CONCERN** or **NEED** that may warrant further analysis.

DATA REFERENCES:

- All References to tables are in **Attachment A – Oneida County Data Book.**
- See also **Attachment B – Oneida County Chart Book** for additional data.

Healthy Mothers, Babies and Children is one of the priority areas of the NYS Prevention Agenda and focuses on a range of indicators for maternal, infant, and child health - primarily those affecting pregnant and postpartum women, and infants' health and survival. Healthy People 2010 states that "the health of mothers, infants, and children is of critical importance, both as a reflection of current health status …and as a predictor of the health of the next generation." Efforts to improve the health of mothers and infants focus on identifying and modifying risks associated with pregnancy outcomes during the prenatal/postnatal period. Maternal high-risk behaviors include smoking, alcohol consumption and illegal substance abuse. Women who engage in these high-risk behaviors demonstrate a higher rate of poor birth outcomes including infant disease and death. Other factors associated with poor birth outcomes include unintended pregnancies, pregnancy occurrence before age 15, and after age 44, inadequate spacing of pregnancies (less than two years apart), poor nutrition, pre-existing medical conditions and socio-economic barriers to adequate care.

Another important area of review is health status indicators for children and adolescents. A report by the Robert Wood Johnson Foundation, *"America's Health Starts With Healthy Children: How Do States Compare?"* explains how a child's health shapes health throughout life. It reports that "good health and a nurturing and stimulating environment during childhood determine our potential for health and well-being throughout life. Getting a healthy start in life improves a child's chances of becoming a healthy adult and avoiding chronic conditions that can be limiting or disabling including heart disease and stroke, high blood pressure, diabetes, obesity, smoking, drug use and depression."[323]

This section will review health status indicators for maternal, and infant, child and adolescent health in Oneida County; and, where possible, include data for Years of Potential Life Lost (YPLL) - a measure of the total number of life years lost owing to premature death – as it relates to maternal and child health.

Furthermore, it will include an analysis of Pediatric Quality Indicators (PDIs), a set of measures that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric healthcare. PDIs screen for inpatient admissions that may be avoidable through prevention and changes at the outpatient level. We will also review data highlights and maternal and child health needs identified in an in-depth needs assessment completed in 2008 by the Mohawk Valley Perinatal Network (MVPN), a community agency that collaborates with community partners to improve perinatal health in the region. This comprehensive report analyzes data and trends in maternal, infant, and child health in the community as well as provides insight into community needs from information collected through focus group sessions with clients and interviews of health and human services providers.

Ensuring the health and well-being of children in Oneida County continues to be a priority for the community. Throughout the commmunity health assessment process, an enormous amount of emphasis was placed on identifying ways in which we can promote postive health outcomes early in pregnancy and early in a newborn's life to improve the quality of life throughout the lifecourse. Reducing and or eliminating adverse childhood experiences (See Health Risk Factors Section - Adverse Childhood Experiences) specifically Child Abuse and Neglect, ranked 4th with 27.5% of respondents selecting it in the 2008 Oneida County Community Health Survey as one of the top five areas that must be addressed to improve the health and quality of life in the community. Another 12.4% of respondents selected Maternal Infant and Child Health and 12.3% selected Family Planning. There was a significant amount of concern for ensuring access to health services for poor and underserved children and families in all areas of health including physical, mental and oral health; with frequent references to immunizations, teen pregnancy and infant mortality. As a result it is not surprising Healthy Mothers, Healthy Babies, and Healthy Children has been identified as one of five priority areas for Oneida County from the NYSDOH Prevention Agenda. The Oneida County Health Department and local hospitals have also chosen this area as one of the priorities for which they will spearhead community efforts for improvement. At the conclusion of this section we will summarize the proposed collaborative actions to be taken to address this priority health area.

Note that data pertaining to children, their health insurance status, and other relevant socioeconomic factors are primarily discussed in the Access to Health Care and Health Risk Factors- Socioeconomic Sections respectively.

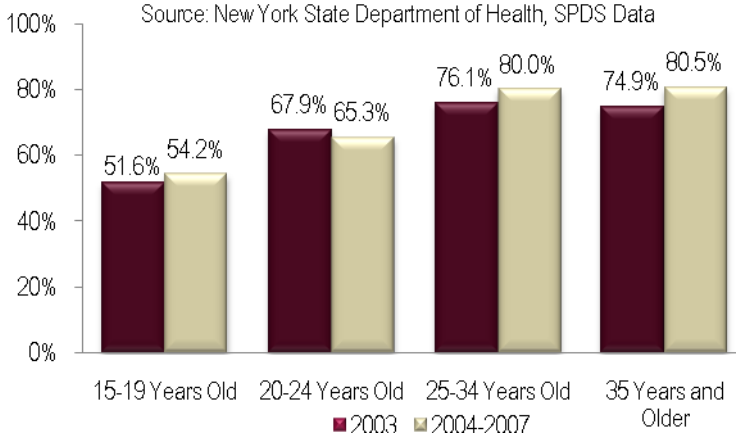
Maternal and Infant Health

Prenatal Care

Prenatal care refers to the medical and nursing care recommended for women before and during pregnancy. The aim of good prenatal care is to detect any potential problems early, to prevent them if possible.

Early prenatal care is pregnancy-related health care received during the first three months of pregnancy and includes risk assessment, treatment for medical conditions or risk reduction, and education. All of these contribute to reductions in illness, disability, and death by identifying and mitigating potential risks and helping women address behavioral factors that contribute to poor pregnancy outcomes. Late (care within the last three months of pregnancy) or no prenatal care during a pregnancy can result in negative health outcomes for both mother and child; and it can increase a woman's risk of bearing a child who is of low birth weight, stillborn, or who dies within the first year of life. Pregnant teenagers are especially at risk for negative outcomes of pregnancy.

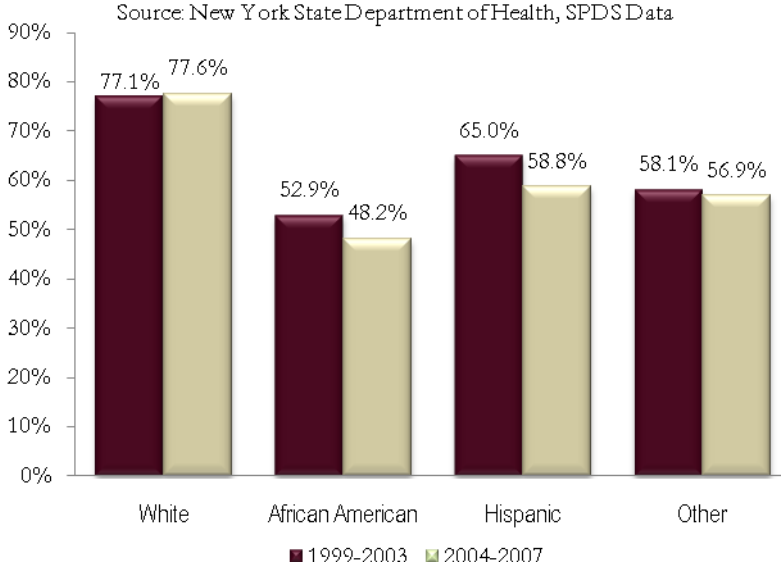
Figure H1 - Early Prenatal Care by Age, Oneida County, 2003 and 2004-2007
Source: New York State Department of Health, SPDS Data



Prenatal Care in Oneida County

- For 2004-2006, the percentage of **Births with Early Prenatal Care** in Oneida County was 70.8%; this is significantly lower than NYS at 74.9%, NYS w/o NYC at 77.3%; and the HP 2010 Goal of 90%. The quartile ranking* for Oneida County was 4th. (Table 2.1)
- For 2004-2006, the percentage of **Births with Late or No Prenatal Care** in Oneida County was 5.4%; this is significantly higher than NYS w/o NYC at 3.8%. The quartile ranking* for Oneida County was 4th. (Table 2.1)
- For 2004-2006, the percentage of **Adequate Prenatal Care** in Oneida County was 65.2%; this is significantly lower than NYS w/o NYC at 68.6% and the HP 2010 Goal of 90%. The quartile ranking* for Oneida County was 3rd. (Table 2.1)

Figure H2 - Early Prenatal Care by Race, Oneida County, 1999-2003 and 2004-2007
Source: New York State Department of Health, SPDS Data



- For 2005-2007, the percentage of **Pregnant Women in WIC with Early (1st Trimester) Prenatal Care, Low SES** in Oneida County was 70.2%; this is considerably lower than NYS w/o NYC at 85.1%. The quartile ranking* for Oneida County was 4th. (Table 2.1)

Prenatal Care by Age

- Oneida County teenagers were less likely to receive early prenatal care than other age groups; however, the 15-19 year old age group percentage increased from 51.6% in 2003 to 54.2% in 2004-2007. There were also increases for women 25 years and older. (See Figure H1)
- Early prenatal care for Oneida County women in the 20-24 year old age group percentage decreased from 67.9% in 2003 to 65.3% in 2004-2007. (See Figure H1)

Prenatal Care by Race

- During the period from 2004-2007, women of color were much less likely to receive prenatal care than Caucasian women in Oneida County. The percentage for Caucasian women was 77.6%; 48.2% for African-American women; 58.8% for Hispanic women; and 56.9% for Other races. (See Figure H2)
- From 1999-2003 to 2004-2007 the percentage of early prenatal care for women of color was mixed, but considerably lower than for Caucasion women, going to 52.9% from 48.2% for African-American women; from 65.0% to 58.8% for Hispanic women; and from 58.1% to 56.9% for other races. During these same periods the percentage for Caucasian women increased from 77.1% to 77.6%;. (See Figure H2)

Prenatal Care by Insurance Status

- Women with private insurance were far more likely to obtain early prenatal care than women covered by Medicaid. Over the nine year period from 1999 to 2007, the percentage of early prenatal care for women with private insurance in Oneida County was approximately 25% higher for those with Medicaid, 85.8% and 59.9% respectively.

Prenatal Care by Zip Code

- In 2003-2005, the percentage of Births with Late or No Prenatal Care by Zip Code showed several municipalities that exceeded the 4.9% average for the County; these include the City of Utica (13501 and 13502 zip codes) at 8.4% and 6.8% respectively, and the areas of Vernon Center - 12.0%, Chadwicks – 10.8%, Westdale – 9.1%, Westernville - 8.7%, and Ava- 6.3%. (Table 2.3)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

MATERNAL AND CHILD HEALTH BEHAVIORAL RISK FACTORS

Sexually Transmitted Diseases (STDs)

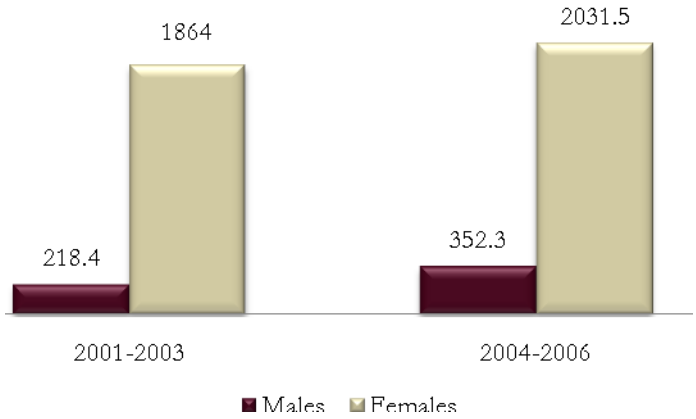
STDs can be passed from a pregnant woman to a baby before, during, or after the baby's birth. NYS Kids Touchstones/Kids Count reports that female New Yorkers had a much higher incidence of Chlamydia infection in 2004-2006 (466.9 per 100,000 females) compared to their male counterparts (189.3 per 100,000 males). For adolescents aged 15-19 years, the female Chlamydia incidence of 2,601.6 per 100,000 females aged 15-19 years was more than four times the rate for males (576.3 per 100,000 males aged 15-19 years). STDs for females can produce serious long-term consequences, including: pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain. Transmission of serious or fatal infections to the fetus or newborn can permanently damage the brain, spinal cord, eyes, auditory

nerves, respiratory or immune system; and STDS also increase the risk of spontaneous abortion, stillbirth or pre-term delivery.[324] (See Infectious Disease Section for a more comprehensive review of STDs in Oneida County)

- Between the periods of 2001-2003 to 2004-2006, the average rate of Chlamydia for Females of All Ages in Oneida County increased from 283.5 per 100,000 to 335.6 per 100,000; these percentages are almost four times higher than the rate for Males of all ages which increased from 70.3 per 100,000 to 97.8 per 100,000.[325]

Figure H3 - Chlamydia Rates per 100,00 for 15-19 Year Old Males and Females, Oneida County 2001-2003 and 2004-2006

Source: NYS Touchstones/Kids County 2008 Data Book



- Between the periods of 2001-2003 to 2004-2006, the average rate of Chlamydia for Females 15-19 Years Old in Oneida County increased from 1,864.0 per 100,000 to 2,031.5 per 100,000; these percentages are over six times higher than the rate for Males of all ages which increased from 218.4 per 100,000 to 352.3 per 100,000.[326]
- For 2004-2006, the average rate of Gonorrhea for Males and Females of All Ages in Oneida County was 58.2 per 100,000; this is lower than NYS w/o NYC with 93.4 per 100,000 and the U.S. with 120.9 per 100,000. Oneida County's rate is above the NYS Prevention Agenda 2013 Objective of 19.0. (Table 4.3)
- Between the periods of 1999-2001 and 2004-2006, the average rate of Gonorrhea for Males and Females 15-19 Years Old in Oneida County decreased from 461.9 per 100,000 to 239.8 per 100,000; the current rate is lower than NYS w/o NYC which also decreased from 342.2 per 100,000 to 253.0 per 100,000.[327]
- For 2004-2006, the average rate of AIDS in Oneida County was 6.0 per 100,000; this is lower than NYS with 23.8 per 100,000 and NYS w/o NYC with 8.0 per 100,000. The quartile ranking* for Oneida County was 3rd. (Table 4.16)
- For 2004-2006, the average rate of HIV in Oneida County was 5.4 per 100,000; this is considerably lower than NYS with 24.0 per 100,000 and NYS w/o NYC with 8.2 per 100,000. The quartile ranking* for Oneida County was 3rd. (Table 4.16)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

Smoking During Pregnancy

There is a plethora of research and evidence linking tobacco use in pregnancy with several poor health outcomes for mother and infant. Smoking during pregnancy can result in spontaneous abortions, low birth weight babies (which increase the risk of illness or death), sudden infant death syndrome (SIDS), infertility, miscarriages, tubal pregnancies, infant mortality, and childhood morbidity. The CDC reports that women who smoke prior to pregnancy are about twice as likely to experience a delay in conception and are about twice as likely to experience premature rupture of membranes, placental abruption, and placenta previa during pregnancy. Babies born to women who smoke during pregnancy have a 30% higher chance of being born prematurely, and are 1.4 to 3.0 times more likely to die of Sudden Infant Death Syndrome (SIDS). Pregnant women who are exposed to secondhand smoke are also at increased risks of giving birth to a low birth weight baby. In the U.S., younger, less educated, non-Hispanic, Caucasian women and American Indian women are more likely to smoke during pregnancy compared to their older, more educated, counterparts.[328] The H.P. 2010 target for women to abstain from smoking is 99%.

- The MVPN 2008 Needs Assessment[329] reports that younger women in the *Oneida-Herkimer Region* are almost twice as likely to report Smoking During Pregnancy than older women; the 2004-2007 average is 34.1% for 15-19 year olds; 33.2% for 20-24 year olds; 18.5% for 25-34 year olds; and 14.4% for women 35 and older.
- The percentage of Teenage (15-19 years) Tobacco Use During Pregnancy in the *Oneida-Herkimer Region* in 2007 was 29.8%; this percentage has dropped almost 10% from 39.3% in 1999.[330]
- For Zip Codes 13501 and 13502, women in this urban area (Utica) reported slightly higher Tobacco Use During Pregnancy. Over the past four years, the average percentage in zip code 13501 was 24.1% and, in zip code 13502, it was 26.7%.[331]

Alcohol and Substance Abuse During Pregnancy

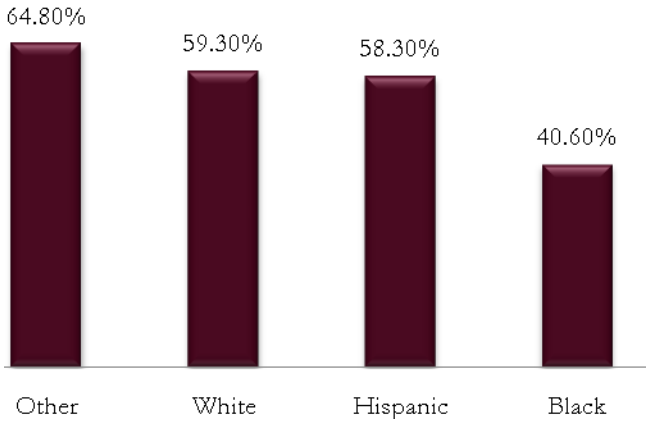
Drinking alcohol during pregnancy can cause physical and mental health birth defects and incur substantial economic costs for services to infants subjected to substance abuse. Marijuana, like cigarette smoke contains certain toxins that keep the fetus from getting the proper supply of oxygen needed to grow. Smoking marijuana during pregnancy can increase the chance of miscarriage, low birth weight, premature birth, developmental delays, behavioral and learning problems. Using heroin during pregnancy increases the chance of premature birth, low birth weight and withdrawal syndromes in newborns. Withdrawal syndromes can cause abnormalities in an infant.

- The MVPN 2008 Needs Assessment[332] reports that in 2007, 0.6% of pregnant women in Oneida County reported using alcohol during pregnancy and 2.6% used illegal drugs during pregnancy; these numbers indicate that very few used alcohol or drugs during pregnancy, however illegal drug use was reported twice as much as alcohol.

- The percentage of women in the 13501 and 13502 zip codes reporting using Illegal Drugs during Pregnancy, 3.7% and 3.1% respectively, were higher than the percentage reported for the rest of the County (2.6%).[333]
- For 2005-2007, the newborn drug related discharge rate for Oneida County was 57.1 per 1,000; this is lower than NYS exc. NYC at 60.8 per 1,000. The quartile ranking* for Oneida County was 3rd.[334]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

Figure H4 - Women Breastfeeding at Discharge by Race, Oneida County 2004-2007
Source: MVPN 2008 Needs Assessment



Breastfeeding

Breast milk contains all the vitamins and nutrients a child needs in the first six months of life; and it is packed with disease-fighting substances that protect babies from illness which is why the American Academy of Pediatrics recommends breastfeeding for the first six months. There are numerous health benefits to breastfeeding some of which include that it can protect children from gastrointestinal difficulty, respiratory problems, ear infections, and allergies; lowers their risk of SIDS and later life obesity; and boosts their intelligence. Breastfeeding has significant benefits for the mother's health as well, including: weight loss, reduced stress levels and postpartum bleeding, and it decreases their risk of some types of cancer. The Healthy People 2010 target calls for 75% of women to breastfeed in the early postpartum period, 50% to breastfeed at six months, and 25% to breastfeed at one year.

- The percentage of women Breastfeeding at Discharge in Oneida County increased from the 1999-2003 average of 54.0% to 58.4% in 2007. However, Oneida County's proportion of mother's breastfeeding at discharge is considerably lower than the CNY Region (Broome, Cayuga, Chenango, Cortland, Jefferson, Lewis, Madison, Onondaga, Oneida, Oswego, St. Lawrence, Tioga, and Tompkins Counties) which was at 67.4% for 2007 and the HP 2010 Target of 75.0%.[335]
- For 2005-2007, the percentage of Infants in WIC Who Were Breastfeeding at 6 Months, Low SES in Oneida County was 17.7%; this is considerably lower than the NYS percentage of 39.0%.[336]
- For 2004-2007, the percentage of women Breastfeeding at Discharge by Age in Oneida County shows that women under the age of 25 are less likely to breastfeed than older women; for 15-19 year olds - 48.8%; 20-24 year olds - 52.1%; 25-34 years olds - 62.2%; and 35 and older - 63.1%.[337]
- For 2004-2007, the percentage of women Breastfeeding at Discharge by Race in Oneida County shows that Caucasian and Hispanic women were more likely to be breastfeeding at discharge than African American women; 64.8% for women of Other race, 59.3% for Caucasian women, 58.3% for Hispanic women, and 40.6% for African American women. [338]

Nutrition and Weight

The March of Dimes reports that "during the childbearing years, a woman's weight can affect outcomes of pregnancy and have far-reaching effects on the woman's health as well. Women who are very thin or very short when they conceive are at increased risk for delivering an infant who has fetal growth restriction. This condition contributes to the high prevalence of low birth weight (weight less than 2,500 g). Many of the surviving infants are at increased risk for cognitive and neurological deficits and other adverse health outcomes. Obesity before pregnancy increases risk during the entire life cycle. For example, obesity increases risks for infertility, maternal and fetal complications during pregnancy (including congenital malformations) and delivery. During the postpartum period, obesity may impair lactation performance and, later in life, increase risk of chronic diseases such as cardiovascular disease and Type II diabetes."[339] Proper nutrition before, during, and after pregnancy is another important factor in promoting the health of both mother and baby. To give birth to a healthy baby, the nutritional value of a woman's diet is of equal importance to total caloric intake. Routine prenatal care can ensure that a woman is aware of any needed vitamin or mineral supplements, such as iron, calcium, or folate. As an example, an iron deficiency can cause anemia, a risk factor for preterm delivery, low birth weight, and possibly inferior neonatal health.

Figure H5 - Percentage of Pregnant Women in WIC with Anemia, Low SES, Oneida County, NYS and NYS exc. NYC, 2005-2007
Source: NYSDOH

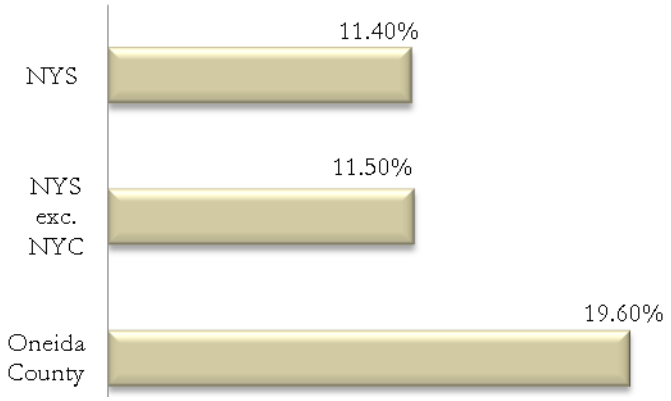


Figure H5

- For 2005-2007, the percentage of Pregnant Women in WIC with Anemia, Low SES in Oneida County was 19.6%; this was considerably higher than NYS at 11.4% and NYS exc. NYC at 11.5%. The quartile ranking* for Oneida County was 4th.[340]
- For 2005-2007, the percentage of Pregnant Women in WIC Who Were Prepregnancy Underweight (BMI Under 19.8), Low SES in Oneida County was 12.5%, this is higher than NYS exc. NYC at 10.3%. The quartile ranking* for Oneida County was 4th.[341]
- For 2005-2007, the percentage of Pregnant Women in WIC Who Were Prepregnancy Overweight (BMI 26 - 29), Low SES in Oneida County was 31.0%; this is significantly higher than the NYS rate of 26.1% and comparable to the NYS exc. NYC rate at 30.0%. The quartile ranking* for Oneida County was 3rd.[342]
- For 2005-2007, the percentage of Pregnant Women in WIC Who Were Prepregnancy Very Overweight (BMI over 29), Low SES in Oneida County was 31.0%; this is higher than NYS at 26.1%. The quartile ranking* for Oneida County was 2nd.[343]

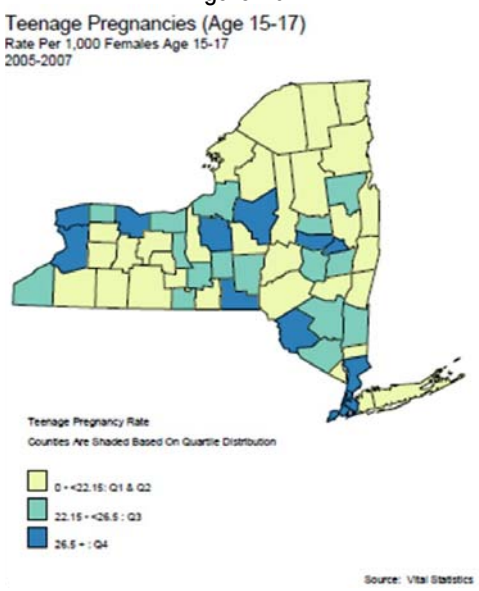
**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

PREGNANCY

Pregnancy and childbirth have an enormous impact on the physical, psychological and socioeconomic health of women and their families. The CDC reports that after declining steadily from 1991–2005, birth rates for 15- to19-year-olds increased significantly between 2005 and 2006 in 26 states from all regions of the country. Teen pregnancy and childbearing is closely linked to critical social issues, including poverty and overall child well-being, including: child abuse and neglect, out-of-wedlock births, and lack of education.[344] Factors contributing to teen pregnancy could include teen perceptions of sexual activity, contraceptive use, and possible changes in values and attitudes about becoming a parent while still a teenager.

According to the CDC, in 2001, approximately one-half of pregnancies in the United States were unintended. An unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. Understanding unintendedness of pregnancies is useful in understanding unmet needs for contraception. Women with an unintended pregnancy are at increased risk of of maternal mortality and adverse perinatal health outcomes because they may delay prenatal care and engage in unhealthy behaviors which may affect the health of the baby. Unintended pregnancies are more common among teenage and older women.[345] The national goal of unintended pregnancies is 30% by 2010.

Figure H6



Pregnancy

- For 2004-2006, the Pregnancy Rate (population 15-44 years old) in Oneida County was 80.8 per 1,000; this is higher than NYS w/o NYC at 76.9 per 1,000. The quartile ranking* for Oneida County was 4th. (Table 2.1)

Pregnancy by Age

- In the 2008 Oneida County Community Health Survey, 20.8% of respondents selected Teenage Pregnancy as one of the top five areas that must be addressed to improve the health and quality of life in the community; this ranked 9th out of 32 issues.
- For 2004-2006, the Teen Pregnancy Rate for 10-14 Year Olds in Oneida County was 1.4 per 1,000 this is higher than NYS w/o NYC at 0.9 per 1,000. The quartile ranking* for Oneida County was 4th. (Table 2.1)
- For 2004-2006, the Teen Pregnancy Rate for 15-17 Year Olds in Oneida County was 33.2 per 1,000 this is considerably higher than NYS w/o NYC at 23.7 per 1,0000; however, this meets the HP 2010 Target of 43.0. The quartile ranking* for Oneida County was 4th. (Table 2.1)
- For 2004-2006, the Teen Pregnancy Rate for 15-19 Year Olds in Oneida County was 63.0 per 1,000 this is considerably higher than NYS w/o NYC at 41.7 per 1,000 and the 2005-2007 rate of 43.4 per 1,000 for the CNY Region***. The quartile ranking* for Oneida County was 4th. (Table 2.1)

- For 2003-2005, the Teen Pregnancy Rate by Zip Codes show that the highest rates are in the following areas: Oriskany Falls, Remsen, Blossvale, Ava, Rome (13440), Utica (13501 and 13502), Chadwicks, and Westdale. (Table 2.3)

Pregnancy Intendedness

- The percentage of post-natal women reporting Unintended Pregnancies (number of births resulting from an unintended pregnancy) decreased for the *Oneida-Herkimer County Region* from 39.2% in 1999 to 34.7% in 2007.[346]
- The 2008 MVPN Needs Assessment suggests that there may be an emerging trend in comparing the Number of Unintended Pregnancies and the Number of Abortions in the *Oneida-Herkimer County Region* from 2004 to 2006. During 2004, the number of unintended pregnancies (1,063) reported was greater than the number of abortions (1,005). For 2005 and 2006, more abortions (1,028 and 1,044 respectively) were reported than unintended pregnancies (907 and 1,003 respectively).[347]
- The 2004-2006 Abortion Ratio for All Ages in Oneida County was 35.6 per 100 live births; this is considerably higher than NYS w/o NYC at 27.8 per 100 live births. The quartile ranking* for Oneida County was 4th. (Table 2.1).
- The 2005-2007 Abortion Rate is 36.7 per 100 for Oneida County; this is considerably higher than the rate of 24.6 per 1,000 for the CNY Region*** and the highest for all counties in this region.[348]
- The 2004-2006 Abortion Ratio for 15-19 Year Olds in Oneida County was 86.4 per 100 live births; this is slightly higher than NYS w/o NYC at 84.6 per 100 live births. The quartile ranking* for Oneida County was 3rd. (Table 2.1)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

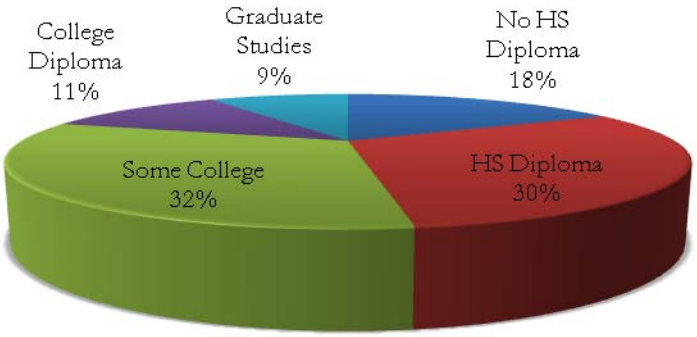
BIRTHS

Pregnancy outcomes are influenced by several factors including a woman's health condition, personal behaviors, ethnicity, age, education and income. The March of Dimes reports that in the U.S., 1 in 5 women in the United States has her first child after the age of 35 and most have healthy pregnancies and babies. However, studies show that women in their mid-to-late 30s and 40s may face some special pregnancy risks including certain birth defects, miscarriage, gestational diabetes, high blood pressure, premature birth and stillbirth.[349] NYS Touchstone explains that adolescent mothers are more likely to have large families and live in poverty; and their children are at greater risk of infant mortality, poor health, lower cognitive development, inferior educational outcomes, behavior problems and higher rates of adolescent childbearing themselves. Adolescent childbearing also places a greater financial burden on society in terms of the increased supports required to assist these families.[350] Furthermore, other factors such as inadequate birth spacing - giving birth within 24 months of a previous birth - increases the risk of complications for mother and baby.

Births

- For 2004-2006, the **Fertility Rate** (number of live births per 1,000 females, aged 15-44) in Oneida County was 57.1 per 1,000; this is comparable to NYS w/o NYC at 57.8 per 1,000. The quartile ranking* for Oneida County was 3rd. (Table 2.1) The number of births in Oneida County has fluctuated slightly each year with about the same number of births in 1999 at 2,651 as in 2007 at 2,610.[351]

Figure H7 - Percentage of 2007 Births by Mother's Educational Attainment, Oneida County
Source: 2008 MVPN Needs Assessment



- For 2004-2006, the percentage of **First Births** in Oneida County was 39.4%; this is lower than NYS w/o NYC at 40.9%. The quartile ranking* for Oneida County was 2nd. (Table 2.1)
- For 2004-2006, the percentage of **Multiple Births** in Oneida County was 3.9%; this is lower than NYS w/o NYC at 4.1%. The quartile ranking* for Oneida County was 3rd (Table 2.1)

- For 2004-2006, the percentage of **Births within 24 Months of Previous Pregnancy** in Oneida County was 22.2%; this is significantly higher than NYS at 16.5%, NYS w/o NYC at 17.9%, and the HP 2010 Target of 6.0%. The quartile ranking* for Oneida County was 4th. (Table 2.1)
- For 2005-2007, the percentage **of Cesarean (C-Section) Births** in Oneida County was 32.9%; this is lower than NYS w/o NYC at 34.3%. The quartile ranking* for Oneida County was 3rd.[352] Although this percentage is more favorable than NYS w/o NYS, the MVPN 2008 Needs Assessment reports that the trend of C-section births combined for Oneida *and* Herkimer County is increasing; the average percentage for 1999-2003 was 27.6% which increased to 32.3% for 2004-2007.[353]

Births by Mother's Educational Attainment

- For 2004-2006, the percentage of **Births to Women 25+ years w/o High School Education** in Oneida County was 2.1%; this is significantly lower than NYS at 7.6% and NYS w/o NYC at 3.5%. The quartile ranking* for Oneida County was 3rd. (Table 2.1)
- The percentage of **Births by Mother's Educational Attainment as a percent of total** in Oneida County showed a decrease from 19.2% in 2003 to 17.4% in 2007 for women without a high school diploma; the percentage of those with a high school diploma decreased from 34.0% to 30.3%; the percentage of those with a college degree increased from 9.5% to 11.3%; and the percentage of those at the graduate study level decreased from 10.2% to 8.8% during the same time period.[354]

Births - Out of Wedlock

- For 2004-2006, the percentage of **Births to Out of Wedlock Mothers** in Oneida County was 45.9%; this is significantly higher than NYS at 40.0%, and NYS w/o NYC at 35.0%. The quartile ranking* for Oneida County was 4th. (Table 2.1) The 2005-2007 percentage for Oneida County was 47.6 % which is higher than the total percentage for the CNY Region*** of 41.7%.[355]

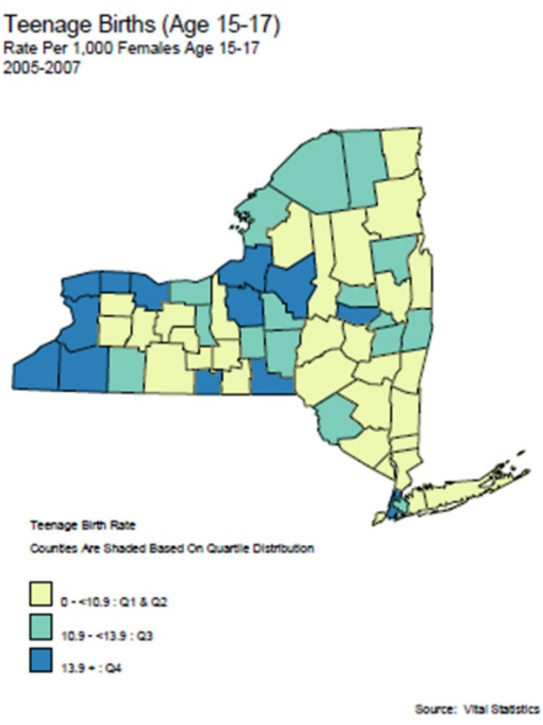
- For 2003-2005, the percentage of **Births to Out of Wedlock Mothers by Zip Codes** in Oneida County show several areas above the County average of 43.5%; these include the cities of Utica (13501 and 13502) at 56.7% and 50.0% respectively, and Rome (13440) at 51.3%; and the rural and suburban areas of Cassville – 53.8%, Taberg – 55.5%, Blossvale – 47.5%, and Westdale – 63.6%. (See Table 2.3).

Figure H8

Births by Age

- For 2004-2006, the percentage of **Births to Teens 10-17 Years Olds** in Oneida County was 3.3% this is considerably higher than NYS at 2.2% and NYS w/o NYC at 2.1%. The quartile ranking* for Oneida County was 4th. (Table 2.1)
- Although not a steady decline, the number of **Births to Teens 15-17 Year Olds** in Oneida County decreased by almost 38% from 1999 at 111 to 69 in 2007 (the respective rates decreased from 22.9 per 1,000 to 14.2 per 1,000) .[356]
- For 2005-2007, the **Births Rate to Teens 15-19 Year Olds** in Oneida County was 34.1 per 1,000; this is higher than the CNY Region*** rate of 27.0 per 1,000 and comparable to the NYS rate of 26.0 per 1,000.[357]
- The number of **Births to Teens 18-19 Year Olds** in Oneida County increased by 14% during the period from 1999-2007. The number of births fluctuated from a low of 165 in 2004 to a high of 211 in 2006.[358] The 2005-2007 birth rate of 18-19 Year Olds in Oneida County was 61.1 per 1,000; this is higher the rate of 40.5 per 1,000 for the CNY Region***.[359]

Figure H8



- From 1999 to 2007, the trend showed an increase in the proportion of **Births for the 20-24 year olds** from 24.2% to 26.9%.
- From 1999 to 2007, the trend showed a decrease in the proportion of **Births for the 25-34 year olds** from 52.3% to 49.1%.
- For 2004-2006, the percentage of **Births to Women 35+ Years Olds** in Oneida County was 13.6% this is considerably lower than NYS at 20.1% and NYS w/o NYC at 20.8%. The quartile ranking* for Oneida County was 2nd. (Table 2.1)
- For 2003-2005, the **Teen Birth Rate by Zip Codes** show that the highest rates were in the following areas: Rome (13440), Utica (13501 and 13502), Lee Center, New York Mills, Oriskany Falls, Ava, Rome, Chadwicks, and Westdale

Births by Race

- From 1999-2003 to 2004-2007 the percentage of **Births by Race** showed a decrease for Caucasian women from 87.2% to 82.1%; an increase for African American women from 7.6% to 8.3%; an increase for Hispanic women from 2.4% to 4.3%; and an increase from 2.8% to 5.3% for women of other races.[360]

Births by Insurance Status

- The percentage of women giving birth with No Insurance in Oneida County has increased slightly from 0.7 in 1999 to 1.2 in 2007.[361]
- The proportion of women in Oneida County using Medicaid to pay for their births increased from 39.9% in 1999 to 46.7% in 2007 with a high of 48.4% in 2006.[362]
- For 2003-2005, the percentage of Births by Medicaid or Self-pay by Zip Codes in Oneida County show several municipalities that exceeded the 43.0% of births paid for by Medicaid for the County; these include the City of Utica (13501 and 13502 zip codes) 67.9% and 56.5% respectively, and the rural and suburban areas of Westdale – 50.0%, Vernon Center – 48.0%, and Taberg – 45.9%. (Table 2.3)
- The proportion of women in Oneida County using Private Pay Insurance for their births decreased steadily from 59.4% in 1999 to 47.6% in 2007.[363]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*
****For this comparison the CNY Region includes Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence and Tompkins Counties.*

LOW BIRTH WEIGHT

The general category of low birth weight (LBW) infants includes both those born too early (pre-term infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). LBW is defined as a birth weight of <2,500 grams (5 lb, 8 oz) and is of public health importance because of the strong relationship between birth weight and infant mortality and morbidity. Neonatal (less than 28 days of life) death is 40 times more likely among LBW infants and 200 times greater among very-low birth-weight infants (infants weighing <1,500 grams at birth) than it is among infants of normal birth weight. Seven percent of U.S. infants are born weighing <2,500 grams, and account for two thirds of the nation's neonatal deaths. Infant and childhood morbidity are also associated with low birth weight. LBW infants are at an increased risk of neurological problems such as cerebral palsy and seizure disorders, severe mental retardation, lower respiratory tract conditions, and general morbidity. In 1990, the prevalence of LBW deliveries in the U.S. was more than twice as high among African American women (13.3%) as it was among Caucasian women (5.7%) and the difference has been consistent over time. Women under 17 or over 35, unmarried mothers, and women who have had a previous pre-term birth are at increased risk of having LBW babies. Other risk factors include (low pre-pregnancy rate), lack of early prenatal care that continues through delivery, cigarette smoking, illicit drug use, and alcohol consumption.[364] Expenditures for the care of LBW infants total more than half of the costs incurred for all newborns.

Low Birthweight and Very Low Birthweight

- For 2005-2007, the percentage of Very Low Birthweight (<1.5 Kg) Births in Oneida County was 1.7%; this percentage was comparable to NYS with 1.5% and NYS exc. NYC with 1.4%, but higher than the HP 2010 Target of 0.9%. The quartile ranking* for Oneida County was 4th.[365]
- For 2005-2007, the percentage of Very Low Birthweight Singleton Births in Oneida County was 1.1%; this percentage was comparable to NYS with 1.1% and NYS exc. NYC with 1.0%. The quartile ranking* for Oneida County was 3rd.[366]

- For 2005-2007, the percentage of Low Birthweight (<2.5 Kg) Births in Oneida County was 8.7%; this percentage was comparable to NYS at 8.3%, higher than NYS exc. NYC at 7.8%., and consid erably higher than the HP 2010 Target of 5.0%. The quartile ranking* for Oneida County was 4th.[367]
- For 2005-2007, the percentage of Low Birthweight Singleton Births in Oneida County was 6.3%; this percentage was comparable to NYS with 6.1% and higher than NYS exc. NYC with 5.5%. The quartile ranking* for Oneida County was 4th.[368]

Low Birthweight Hospitalizations

- For 2006, the PQI**9 - Low Birthweight Hospitalizations Rate in Oneida County was 697.52 per 10,000; this rate is higher than the NYS rate of 619.99 per 10,000. (Table 4.25)

Low Birthweight by Age

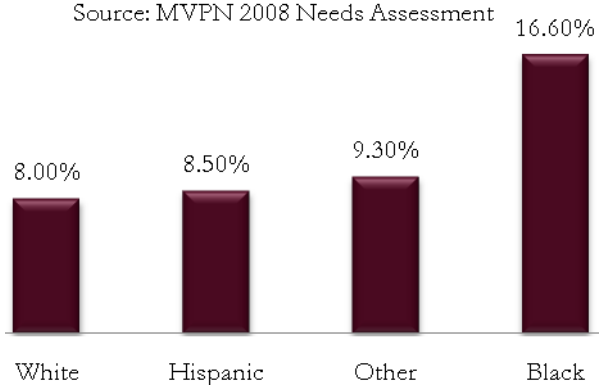
- From 2000 to 2006 the percentage of Low Birthweight Births by Maternal Age of 10-19 in Oneida County increased from 11.3% to 12.0%; these percentages are higher than NYS w/o NYC which increased from 9.8% to 10.3%.[369]
- From 2000 to 2006 the percentage of Low Birthweight Births by Maternal Age for All Ages in Oneida County increased from 8.3% to 9.0%; these percentages are higher than NYS w/o NYC which increased from 7.3% to 7.9%.[370]

Low Birthweight by Ethnicity

- For 2004-2007, the percentage of Low Birthweight by Race in Oneida County show that the highest proportion of low birthweight births was for African American women at 16.6% in comparison to 9.3% for Other, 8.5% for Hispanic women, and 8.0% for Caucasian women.[371]

Figure H9 - Percentage of Low Birthweight to Total Births by Race, Oneida County 2004-2007

Source: MVPN 2008 Needs Assessment



Low Birthweight by Zip Code

- For 2003-2005, the percentage of Low Birthweight Births by Zip Code in Oneida County show several municipalities that exceeded the 8.7% average for the County; these include the cities of Utica (13501 and 13502 zip codes) 9.3% and 9.8% respectively, and Rome (13440), 10.2%; and the rural and suburban areas of Cassville, 13.8%; Westernville, 13.0%; Blossvale, 12.8%; Waterville, 11.5%; Vernon, 10.1%; Boonville, 9.7%; Oriskany Falls, 9.4%; Deansboro, 9.1%; and Holland Patent , 8.8%. (Table 2.3)

Premature Births

- For 2005-2007, the percentage of Premature Births (<32 Weeks Gestation) in Oneida County was 2.4%; this percentage is comparable to NYS at 2.1% and higher than NYS exc. NYC at 1.9% and the HP 2010 Target of 1.0%. The quartile ranking* for Oneida County was 4th.[372]
- For 2005-2007, the percentage of Premature Births (32 - <37 Weeks Gestation) in Oneida County was 10.6%; this percentage is comparable to NYS at 10.3% and higher than NYS exc. NYC at 9.9% and the HP 2010 Target of 6.4%. The quartile ranking* for Oneida County was 4th.[373]
- For 2005-2007, the percentage of Premature Births (<37 Weeks Gestation) in Oneida County was 13.0%; this percentage is higher than NYS at 12.4%, NYS exc. NYC at 11.9% and the HP 2010 Target of 7.6%. The quartile ranking* for Oneida County was 4th.[374]

Premature Births by Age

- From 2000 to 2006 the percentage of Premature Births (<37 weeks) Maternal Age of 10-19 in Oneida County showed a small decrease from 16.5% to 15.0%; these percentages are higher than NYS w/o NYC which decreased from 14.6% to 14.0%.[375]
- From 2000 to 2006 the percentage of Premature Births (<37 weeks) Births by Maternal Age for All Ages in Oneida County increased from 11.2% to 13.1%; these percentages are higher than NYS w/o NYC which increased from 10.4% to 12.0%.[376]

Premature Births by Ethnicity

- For 2004-2007, the percentage of Premature Births by Race in Oneida County show that the highest proportion of premature births was for African American women at 16.4% in comparison to 9.2% for Caucasian women; 9.1% for Other; and 7.6% for Hispanic women.[377]

Premature Births by Zip Code

- For 2004-2007, the percentage of Premature Births by Zip Code for the urban 13501 and 13502 zip codes was 10.0% and 10.5% respectively; and these percentages were higher than all of Oneida County at 9.7%.

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

***A Prevention Quality Indicator (PQIs) represents rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.*

MATERNAL MORTALITY

Major causes of maternal death include hemorrhage, ectopic pregnancy, pregnancy – induced hypertension, embolism, infection, and other complications of pregnancy and childbirth. Pelvic inflammatory disease (PID) is an infection of the uterus, fallopian tubes and other reproductive organs; and it is a common complication of some sexually transmitted diseases (STDs), especially chlamydia and gonorrhea. PID can lead to serious consequences including ectopic pregnancy (a pregnancy in the fallopian tube or elsewhere outside of the womb), and is one of the major causes of maternal death (see Infectious Disease Section for more information on STDs). The maternal mortality rate in NYS is 16.7 per 100,000 births; this

is far above the HP 2010 Goal of 3.3 per 100,000 births. The 2005-2010 Oneida County Community Health Assessment reported 0.0 per 100,000 births for maternal deaths for Oneida County and this favorable trend continued in the 2005-2007 period.

- For 2005-2007, the Maternal Death Rate in Oneida County was 0.0 per 100,000 births (fewer than 20 events); this is lower than the NYS exc. NYC rate of 9.8 per 100,000 and the HP 2010 Goal of 3.3.
- For 2004-2006, the Pelvic Inflammatory Disease (PID) hospitalization rate per 10,000 women ages 15-44 years in Oneida County was 5.1 per 10,000; this is higher than the NYS exc. NYC rate of 4.4 per 10,000. The quartile ranking* for Oneida County was 3rd. (Table 2.1)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

INFANT MORTALITY

Infant mortality is one of the most widely used determinants of the health status and life expectancy of a population. Infant mortality is defined as deaths of infants less than one year of age; and infant mortality can be further divided into the following categories: neonatal - deaths under 28 days and postneonatal - deaths between 28 days through 11 months. It is important to recognize these categories as the causes of death for the different age groupings vary. Some of the risk factors for infant mortality include late or no prenatal care, cigarette smoking, alcohol and other drug use, being HIV positive, spacing of pregnancies, maternal age, (teenagers and women over 40 are at greater risk) poor nutrition and socioeconomic status.[378] According to the CDC, preterm birth (births at less than 37 completed weeks of gestation) is another key risk factor for infant death. The percentage of preterm births has increased rapidly in the United States in recent years. From 2000 to 2005, the percentage of preterm births increased 9% from 11.6% to 12.7%.[379]

Minority women are more likely to have poorer birth outcomes than Caucasian women. Nationwide, the disparity in infant mortality rates between Caucasians and other ethnic groups (i.e. African Americans, Hispanics and American Indians) persists; and the rate for African Americans remains twice that of Caucasians. In 2005, the U.S. infant mortality rate was 6.86 infant deaths per 1,000 live births.[380] According to the U.S. Department of Health and Human Services Office of Minority Health, in 2005, African Americans had 1.8 times the sudden infant death syndrome mortality rate as non-Hispanic Caucasians and were 2.5 times more likely than non-Hispanic white mothers to begin prenatal care in the 3rd trimester, or not receive prenatal care at all. Many of the racial and ethnic differences in infant mortality remain unexplained.

Infant Mortality

- For 2005-2007, the Infant Mortality Rate (< 1year) in Oneida County was 7.0 per 1,000 live births; this is higher than the NYS w/o NYC rate of 5.8 per 1,000 and the HP 2010 Goal of 4.5. The quartile ranking* for Oneida County was 4th.[381]
- For 2005-2007, the Neonatal Mortality Rate (<28 weeks) in Oneida County was 4.6 per 1,000 live births; this is higher than the NYS w/o NYC rate of 4.0 per 1,000 and the HP 2010 Goal of 2.9. The quartile ranking* for Oneida County was 3rd .[382]

- For 2005-2007, the Postneonatal Mortality Rate (1 month to 1year) in Oneida County was 2.5 per 1,000 live birhts; this is higher than the NYS w/o NYC rate of 1.7 per 1,000 and the HP 2010 Goal of 1.5. The quartile ranking* for Oneida County was 3rd .[383]
- For 2005-2007, the Fetal Death Rate (<20 weeks gestation) in Oneida County was 5.8 per 1,000 (the denominator for this is live births plus fetal deaths); this is higher than the NYS w/o NYC rate of 4.6 per 1,000 and the HP 2010 Goal of 4.1. The quartile ranking* for Oneida County was 3rd .[384]
- For 2005-2007, the Perinatal Mortality Rate (20 weeks gest - 7 days of life) in Oneida County was 6.9 per 1,000 live births; this is higher than the NYS w/o NYC rate of 5.5 per 1,000 and the HP 2010 Goal of 4.5. The quartile ranking* for Oneida County was 3rd .[385]

Infant Mortality and Years Potential Life Lost (YPLL)

- In 2006, the total Years of Potential Life Lost for Infant Mortality Deaths (<1 year) in Oneida County was 1,406 years; the rate of YPLL for infants 0-1 years in Oneida County was 54,139.4 per 100,000 which was higher than the NYS rate of 42,012.5 per 100,000 and NYS exc. NYC at 41,548.8 per 100,000. (Table 3.9)

Infant Mortality by Ethnicity

- For 2002-2006, the Infant Mortality Rate (< 1year) by Race in Oneida County shows that the mortality rate for African American infants is considerably higher than Caucasian infants; for African American infants the rate was 21.0 per 1,000 in comparison to 6.8 per 1,000 for Caucasian infants. The African American infant mortality rate for Oneida County was also considerably higher than NYS w/o NYC at 13.8 per 1,000. *Due to the low numbers of deaths for all races, caution must be used in drawing conclusions for this data. However, this disparity is consistent with nationwide trends.*(Table 3.3)
- For 2002-2006, the Neonatal Mortality Rate (<28 weeks) by Race in Oneida County shows that the mortality rate for African American infants was considerably higher than Caucasian infants; for African American infants the rate was 15.3 per 1,000 in comparison to 4.8 per 1,000 for Caucasian infants. The African American neonatal mortality rate for Oneida County was considerably higher than NYS w/o NYC at 9.8 per 1,000. *Due to the low numbers of deaths for all races, caution must be used in drawing conclusions for this data. However, this disparity is consistent with nationwide trends.* (Table 3.3)
- For 2002-2006, the Postneonatal Mortality Rate (1 month to 1 year) by Race in Oneida County shows that the mortality rate for African American infants was much higher than Caucasian infants; for African American infant mortality rate was 5.7 per 1,000 in comparison to 2.0 per 1,000 for Caucasian infants. The African American postneonatal mortality rate for Oneida County was higher than NYS w/o NYC at 4.0 per 1,000. *Due to the low numbers of deaths for all races, caution must be used in drawing conclusions for this data. However, this disparity is consistent with nationwide trends.* (Table 3.3)

**Note*: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

CHILD AND ADOLESCENT HEALTH

A child's health is powerfully shaped by the environment in which they live, learn and play. Family, community, and private and public policies at the local, state and national level influence a child's opportunity to be healthy.

DENTAL HEALTH AND CHILDREN

The focus of this section is dental health in children and adolescents; however, it is important to recognize that prenatal oral health is a significant factor in the outcome of the health of mother and baby. The NYSDOH recommends that pregnant women get their teeth cleaned, examined and have any needed dental work prior to their baby's birth. Preliminary studies show that there may be an association between periodontal disease and premature birth and low-birth weight. Furthermore, improving oral health during pregnancy can also help prevent early cavities in children as dental decay is an infectious transmissible disease and mothers can pass on decay causing germs to their babies.[386] According to the CDC, tooth decay (dental caries) affects children in the United States more than any other chronic infectious disease. This fact is disturbing because almost all oral diseases can be prevented. Practices that are instrumental in reducing dental caries in children include the optimal use of fluoride (especially community water fluoridation), dental sealants on permanent molars (and pre-molars, if indicated), a balanced diet, good personal dental hygiene and education. Immigrant children who had no benefit of fluoridated water supplies also have a high rate of tooth decay.

For children, cavities are a common problem that begins at an early age. Hardest hit are low-income children. Untreated cavities may cause pain, dysfunction, absence from school, being underweight, and poor appearance—problems that can greatly reduce a child's capacity to succeed in life. In addition, children from high-risk groups do not receive adequate fluoride exposure or adhesive sealants. Furthermore, the ability to pay for dental care is a barrier to receiving care for many children from low-income families. The NYSDOH reports the following for dental health in children in NYS for 2006: over half of New York State third graders (54%) experienced dental caries, with a greater percent going untreated (33%) compared to third graders nationally (26%). Caries experience and untreated dental decay were more prevalent among third graders from lower socioeconomic groups and minority children. Children from lower income groups in New York State (60%) experienced more caries than their higher income counterparts (48%). Lower income children in New York State (41%) had more untreated dental decay than higher income third graders (23%). Hispanic/Latino, African American, and Asian third graders in New York City had more untreated dental decay (37%, 38%, and 45%, respectively) than Caucasian, non-Hispanic/Latino children (27%). (Source: The Impact of Oral Disease in NYS, NYSDOH, Bureau of Dental Health, December 2006) The following is a summary of oral health status of third grade children in Oneida County.

Dental Caries (Cavities) Outpatient Visit Rat

- For 2005-2007 the Dental Caries (Cavities) Outpatient Visits Rate in Oneida County was 349.4 per 10,000; this was significantly higher than the percentage for NYS w/o NYC at 99.8 per 10,000. The quartile ranking* for Oneida County was 4th.

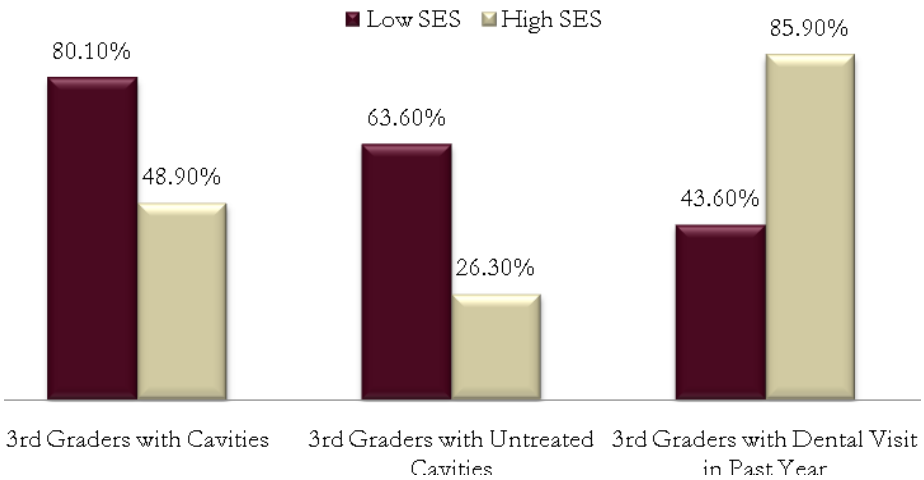
Dental Caries (Cavities)

- For 2004-2006 the percentage of All 3rd Grade Children with Caries (Cavities) in Oneida County was 59.0%; this was higher than the percentage for NYS w/o NYC with 53.8% and the HP 2010 Goal of 42.0%. The quartile ranking* for Oneida County was 3rd. (Table 4.5)
- For 2004-2006 the percentage of 3rd Grade Children with Caries (Cavities) by Socioeconomic Status (SES) in Oneida County shows that Low SES children are much more likely to have dental cavities than those of High SES families; the percentage for Low SES was 80.1% in comparison to 48.9% for High SES. (Table 4.5)
- For 2004-2006, Oneida County's percentage of 80.1% for Low Socioeconomic Status (SES) 3rd Grade Children with Caries (Cavities) was substantially higher than NYS w/o NYC with 65.8% and the HP 2010 Goal of 42.0%. The quartile ranking* for Oneida County was 4th for those of Low SES and 2nd for those of High SES. (Table 4.5)

Untreated Dental Caries (Cavities)

- For 2004-2006 the percentage of All 3rd Grade Children with Untreated Caries (Cavities) in Oneida County was 38.2%; this was higher than the percentage for NYS w/o NYC with 29.6% and the HP 2010 Goal of 21.0%. The quartile ranking* for Oneida County was 3rd. (Table 4.5)
- For 2004-2006 the percentage of Low Socioeconomic Status (SES) 3rd Grade Children with Untreated Caries (Cavities) in Oneida County shows that Low SES children are much more likely to have untreated cavities than those of High SES; the percentage for Low SES was 63.6% in comparison to 26.3% for High SES. The quartile ranking* for Oneida County was 4th for those of Low SES and 3rd for those of High SES. (Table 4.5)
- For 2004-2006, Oneida County's percentage of 63.6% for Low Socioeconomic Status (SES) 3rd Grade Children with Untreated Caries (Cavities) was substantially higher than NYS w/o NYC with 41.8% and the HP 2010 Goal of 21.0%. (Table 4.5)

Figure H10 - Percentage of 3rd Graders with Cavities and Untreated Cavities by Socioeconomic Status (SES), Oneida County 2004-2007
Source: New York State Department of Health, Bureau of Dental Health, 2008



Dental Sealants

- For 2004-2006 the percentage of **All 3rd Grade Children with Dental Sealants** in Oneida County was 48.5%; this was higher than the percentage for NYS w/o NYC with 38.1% and lower than and the HP 2010 Goal of 50.0%. The quartile ranking* for Oneida County was 1st. (Table 4.5)
- For 2004-2006 the percentage of **3rd Grade Children with Dental Sealants by Socioeconomic Status (SES)** in Oneida County showed that Low SES children are less likely to have dental sealants than those of High SES; the percentage for Low SES was 40.7% in comparison to 53.7% for High SES. The quartile ranking* for Oneida County was 1st for those of Low SES and 2nd for those of High SES. (Table 4.5)
- For 2004-2006, Oneida County's percentage of 40.7% for **Low SES 3rd Grade Children with Dental Sealants** was substantially higher than NYS w/o NYC with 28.9%, but lower than the HP 2010 Goal of 50.0%; the percentage of 53.7% for High SES 3rd Graders exceed the HP 2010 Goal (Table 4.5)

Dental Insurance (See Access to Care Section for barriers to care)

- For 2004-2006, the percentage of **All 3rd Grade Children with Dental Insurance** in Oneida County was 77.5%; this is higher than the percentage for NYS w/o NYC with 75.9%. The quartile ranking* for Oneida County was 3rd. (Table 4.5)
- For 2004-2006, the percentage of **Low Socioeconomic Status (SES) 3rd Grade Children with Dental Insurance** in Oneida County was comparable to those of High SES; the percentage for Low SES was 77.9% in comparison to 77.4% for High SES. The quartile ranking* for Oneida County was 3rd for those of Low SES and 2nd for those of High SES. Medicaid coverage for low income families may be a factor in why children of low and high socioeconomic status are equally likely to have dental insurance; however, the disparity in dental and untreated caries suggest that children of low SES may face barriers to accessing care including a limited availability and access to dentists that accept Medicaid. (Table 4.5)

- For 2004-2006, Oneida County's percentage of 77.9% for Low SES 3rd Grade Children with Dental Insurance was lower than NYS w/o NYC with 79.0%.(Table 4.5)

Dental Visit in Last Year

- For 2004-2006, the percentage of All 3rd Grade Children with at Least One Dental Visit in Last Year in Oneida County was 75.2%; this was lower than the percentage for NYS w/o NYC with 77.7%. The quartile ranking* for Oneida County was 3rd. (Table 4.5)
- For 2004-2006, the percentage of 3rd Grade Children with at Least One Dental Visit in Last Year by Socioeconomic Status (SES) in Oneida County shows that Low SES children are less likely to have visited the dentist in the past year than those of High SES; the percentage for Low SES was 43.6% in comparison to 85.9% for High SES. The quartile ranking* for Oneida County was 4th for those of Low SES and 2nd for those of High SES. As previously indicated, although low SES children may have dental coverage through public insurance programs such as Medicaid, they may face challenges in accessing the limited number of dental providers in the County that accept public insurance. (Table 4.5)
- For 2004-2006, Oneida County's percentage of 43.6% for Low SES 3rd Grade Children with at Least One Dental Visit in Last Year was lower than NYS w/o NYC with 57.8% and the HP 2010 Goal of 57.0%.(Table 4.5)

Fluoride Tablets on a Regular Basis

- For 2004-2006, the percentage of All 3rd Grade Children Reported Taking Fluoride Tablets on a Regular Basis in Oneida County was 34.5%; this is higher than the percentage for NYS w/o NYC with 26.9%. The quartile ranking* for Oneida County was 2nd. (Table 4.5)
- For 2004-2006, the percentage of 3rd Grade Children Reported Taking Fluoride Tablets on a Regular Basis by Socioeconomic Status (SES) in Oneida County shows that Low SES children are much less likely to be taking fluoride tablets than those of High SES; the percentage for Low SES was 19.1% in comparison to 39.8% for High SES. The quartile ranking* for Oneida County was 2nd for those of Low SES and 3rd for those of High SES. (Table 4.5) (The low use of fluoride tablets may be due to the lower SES populations being in areas where the water is fluoridated, i.e., Utica and Rome.
- For 2004-2006, Oneida County's percentage of 19.1% for Low SES 3rd Grade Children Reported Taking Fluoride Tablets on a Regular Basis was higher than NYS w/o NYC with 17.7%.(Table 4.5)
- The New York State Department of Health *2005 Oral Health Plan for New York State* reports that "more than 12 million New Yorkers receive fluoridated water. The percent of the population on community water supplies receiving fluoridated water is approximately 70%, compared to the Healthy People 2010 Objective of 75%. The percent of the population on fluoridation was 100% in New York City and 46% in upstate New York. Counties with large proportions of the population not covered by fluoridation are Nassau, Suffolk, Rockland, Ulster, Albany, Oneida and Tompkins."

CHILDHOOD IMMUNIZATION AND INFECTIOUS DISEASES

Childhood vaccinations are important for protecting the health of children and the community. Newborn babies have antibodies from their mothers that protect them from disease; however, the duration of this immunity may last only a month to about a year; moreover, they do not have maternal immunity against

some vaccine-preventable diseases, such as whooping cough. If a child is not vaccinated and is exposed to an infectious agent, the child's body may not be strong enough to fight the disease. Vaccinations protect children from diseases that, in the past, many children died from, including: whooping cough, measles, and polio. Immunizing children also helps to protect the health of all people in the community; especially those who are too young to be vaccinated, those who cannot be vaccinated for medical reasons, and those who do not develop an adequate response to vaccination. Immunization also slows down or stops disease outbreaks. Vaccines are provided to children and adults at various sites throughout the County by the Oneida County Health Department's Clinical Services Division. This program works closely with the NYSDOH Immunization Program in assessing the immunization rate of two-year olds in the private sector. (See Infectious Disease Section for issues relating to adults)

Immunizations

- In 2008, 77.0% of Two Year Olds seen in OCHD Public Clinics were Immunized; this compares to 92.0% in 2007. The decrease in is explained by the large number of refugees who started their immunization series late and to the nationwide shortage of Hib vaccine.[387] The NYSDOH Prevention 2013 Objective for the percentage of 2 year old children who receive recommended vaccines is 90.0%.

Pneumonia

NYSDOH reports that pneumococcal disease occurs more frequently in infants, young children, African Americans, some Native American populations, the elderly or in people with serious underlying medical conditions such as chronic lung, heart or kidney disease. Data suggests that the use of the pneumococcal conjugate vaccine (PCV7) has reduced invasive disease among children and their adolescent and adult household members, and close contacts.

- The 2005-2007 Pneumonia Hospitalization Rate for Children 0-4 yrs in Oneida County was 45.1 per 10,000; this was comparable to the NYS rate of 45.3 per 10,000 and higher than NYS exc. NYC at 38.3 per 10,000. The quartile ranking* for Oneida County was 3rd.[388]

Gastroenteritis ("Stomach Flu")

Gastroenteritis is an inflammation of the lining of the intestines caused by a virus, bacteria or parasites; viral gastroenteritis is the second most common illness in the U.S. The CDC reports that "Rotavirus is the most common cause of severe gastroenteritis in infants and young children worldwide. Rotavirus gastroenteritis results in relatively few childhood deaths in the United States (approximately 20–60 deaths per year among children aged <5 years)… However, nearly every child in the United States is infected with rotavirus by age 5, and the majority will have gastroenteritis, resulting in approximately 410,000 physician visits, 205,000–272,000 emergency department (ED) visits, and 55,000–70,000 hospitalizations each year and direct and indirect costs of approximately $1 billion."[389]

- The 2005-2007 Gastroenteritis Hospitalization Rate for Children 0-4 yrs in Oneida County was 20.4 per 10,000; this was lower than the NYS rate of 32.3 per 10,000 and NYS exc. NYC at 23.6 per 10,000. The quartile ranking* for Oneida County was 2nd.[390]

- The 2006 Pediatric Gastroenteritis Hospitalization Rate (PQI** 16) for Oneida County was 5.63 per 10,000; this was higher than the NYS rate of 3.86 per 10,000. (Table 4.26)

Otitis Media (Ear Infection)

Otitis media is an infection or inflammation of the middle ear. Seventy-five percent of children experience at least one episode of otitis media by their third birthday. Almost half of these children will have three or more ear infections during their first 3 years. It is estimated that medical costs and lost wages because of otitis media amount to $5 billion a year in the United States.[391]

- The 2005-2007 Otitis Media Hospitalization Rate for Children 0-4 yrs in Oneida County was 2.9 per 10,000; this was lower than the NYS rate of 3.8 per 10,000 and comparable to NYS exc. NYC at 2.8 per 10,000. The quartile ranking* for Oneida County was 3rd.[392]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

CHILDHOOD ASTHMA

NYS Kids Count states that asthma is one of the most common chronic diseases in childhood and can have serious negative consequences for the health and functioning of afflicted children. Effective management includes control of exposure to environmental triggers, adequate treatment, continual monitoring of the disease, and education. Asthma affects low income and minority children disproportionately. High asthma hospitalization rates are associated with problems with access to or utilization of primary health care services for effective management.[393] *(See Chronic Disease Section for adult asthma data)*

ZIP CODES WITH HIGHEST RATES OF ASTHMA HOSPITALIZATIONS FOR 0-17 YEAR OLDS:

Rome/13440 - 21.6 per 10,000
Utica/13501 - 15.7 per 10,000
Utica/13502 - 13.7 per 10,000
Whitesboro/13492 - 9.8 per 10,000

Asthma Hospitalizations – Child and Adolescent

- The 2006 Pediatric Asthma Hospitalization Rate (PQI** 14) for Oneida County was 12.64 per 10,000; this was lower than the NYS rate of 20.81 per 10,000. (Table 4.26)
- The 2005-2007 Asthma Hospitalization Rate for 0-4 Year Olds in Oneida County was 35.3 per 10,000; this was significantly lower than New York State rate of 58.8 per 10,000 and lower than NYS w/o NYC rate of 35.8 per 10,000; Oneida County's rate remains above the HP 2010 Goal of 25.0. The quartile ranking* for Oneida County was 3rd.[394]
- The 2005-2007 Asthma Hospitalization Rate for 5-14 Year Olds in Oneida County was 7.3 per 10,000 which was significantly lower than both the New York State rate of 21.8 per 10,000 and NYS w/o NYC rate of 10.8 per 10,000. The quartile* ranking for Oneida County was 2nd.[395]
- The 2005-2007 Asthma Hospitalization Rate for 0-17 Year Olds in Oneida County was 13.6 per 10,000 was significantly lower than the NYS exc. NYC rate of 15.8 per 10,000 and was below the HP2010 target of 17.3. The quartile* ranking for Oneida County was 3rd.[396]

Asthma Hospitalizations - Adolescent and Child by Zip Code

- The 2004-2006 Asthma Hospitalization Rate for 0-17 Year Olds by Zip Code in Oneida County show that the highest rates of asthma hospitalization are in the zip code areas of Rome (13440) – 21.6 per 10,000; and Utica (13501 and 13502) 15.7 and 13.7 per 10,000 respectively; and Whitesboro – 9.8 per 10,000. (Table 4.26)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

***A Prevention Quality Indicator (PQIs) represents rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.*

CHILDHOOD OVERWEIGHT AND OBESITY

At present, there is little or no data to measure the status of obesity and overweight and physical activity and nutritional behavior or children and adolescents in Oneida County. A limited amount of this type of data is tracked for children enrolled in the WIC (Woman Infants and Children's) Program, which is highlighted in this section. An initiative to collect this data for the County is an opportunity for future community action.

With limited local data we can draw inferences for Oneida County from data for NYS. A 2008 report from the NYS Office of the Comptroller, Preventing and Reducing Childhood Obesity in NYS, states the following, "New York State has a childhood obesity crisis. The New York State Department of Health estimates that one in four New Yorkers under the age of 18, or approximately 1.1 million young people, is obese. This childhood obesity crisis, in turn, is fueling a health care cost crisis, with an estimated annual $242 million in medical costs attributed to these children, which is putting even greater strain on the New York State budget. Causes of childhood obesity are easy to identify and include poor eating habits, readily available processed foods that are high in fat and sugar, and technology that make it easy for children to avoid physical activity." Children and adolescents are developing obesity-related diseases and cardiovascular disease risk factors that were once seen only in adults such as type 2 diabetes, high cholesterol levels, high blood pressure, and abnormal glucose tolerance.

Overweight and Obesity – Oneida County and NYS

- For 2004, in NYS, 16.8% of children aged <5 years were obese.[397]
- For 2004, in NYS excl. NYC, 21% of 3rd graders were obese in comparison to 13% of 2nd and 5th graders in 1987.[398]
- The percentage of Obese Preschool Children (2-4 years old in WIC) Low Socioeconomic Status in Oneida County was 14.7%; this is comparable to the percentage for the same group in NYS at 15.2%; but this was still higher than the NYS Prevention Agenda 2013 Objective of 11.6%. (Table 4.3)

Sedentary Lifestyle – Oneida County

- The 2005-2007 percentage of Children in WIC, 0-4 years, Low Socioeconomic Status viewing TV less than or equal to 2 hours per day was 74.6% for Oneida County; this was lower than NYS exc. NYC with 76.5%.[399]

Physical Activity in NY's Adolescents (from 2005 YRBSS)

- Thirty-seven percent (37.0%) of NYS youth self-reported that they did not participate in vigorous physical activity in three or more days out of seven.
- Seventy-eight percent (78.0%) of NYS youth self-reported that they did not participate in moderate physical activity in five or more days out of seven.
- Eighty-three percent (83.0%) of NYS youth self-reported that they did not have daily physical education (PE).
- Six percent (6.0%) of NYS youth self-reported that they were not enrolled in PE.
- Eight percent (8.0%) of NYS youth self-reported that they did not participate in either vigorous or moderate physical activity.

Dietary Behavior in NY's Adolescents (from 2005 YRBSS)

- Seventy-eight percent (78.0%) of NYS youth self-reported that they ate less than 5 servings of fruits and vegetables per day during the past 7 days.
- Eighty-five percent (85.0%) of NYS youth self-reported that they drank less than 3 glasses of milk per day during the past 7 days.

Nutrition

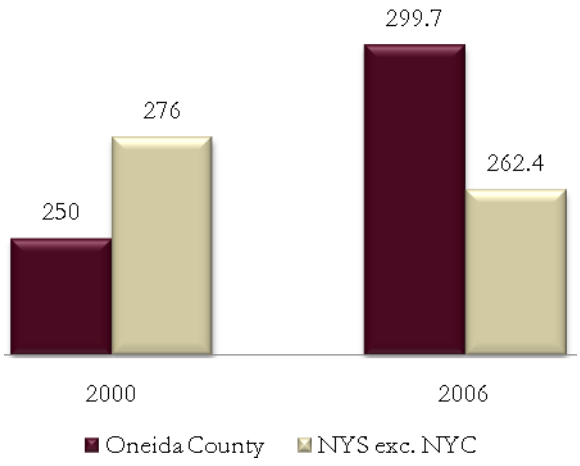
- The percentage of Anemic Children in WIC (6 mos-4 years old) Low Socioeconomic Status in Oneida County was 19.8%; and this was considerably higher than the percentage for the same group in NYS exc. NYC 11.8%. The quartile ranking* for Oneida County is 4th. [400]

(Source: 2005 YRBSS – Youth Risk Behavior Surveillance Survey)

DIABETES - PEDIATRIC

The NYSDOH reports that approximately 9,000 children and youth in New York State are diagnosed with diabetes. Type 1 diabetes accounts for nearly 85 percent of diagnosed diabetes among youth. Type 2 diabetes-historically diagnosed only in adults- is increasingly diagnosed in children due to increased rates of childhood overweight and obesity, a risk factor for Type 2 diabetes.[401]

Figure H11 - Rate of Unintentional Injuries Hospitalizations (birth-19 years old) for Oneida County, 2000 and 2006
Source: NYS Touchstones/Kids County 2008 Data Book



Diabetes Hospitalizations - Pediatric

- The Oneida County hospitalization rate for PQI** 1 - Pediatric Diabetes short-term complications was 1.53 per 10,000; this is lower than NYS 2.63 per 10,000. The Prevention Agenda 2013 Objective for this indicator for 6-17 year olds is 2.3 per 10,000. (Table 4.26)

***A Prevention Quality Indicator (PQIs) represents rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.*

UNINTENTIONAL INJURIES

According to NYS Touchstones/Kids Count 2008 Data Book, unintentional injuries are the leading causes of death among children and youth. Many unintentional injuries cause hospitalization and may result in temporary or permanent disability. In addition, motor vehicle crashes are the second leading cause of hospitalizations for young adults aged 15 to 24 years and a leading cause of death among young adults. Unintentional injuries among young adults are often associated with driving while intoxicated. Furthermore, the increased use of seat belts would decrease the mortality rate for older children and adolescents if they were consistently utilized. A more comprehensive review of unintentional injuries for all ages is discussed in the Injuries Section of this report

Youth Unintentional Injuries - Hospitalizations

- From 2000 to 2006, the Unintentional Injuries - Hospitalization Rate for Youth (birth to 19 years old) in Oneida County increased from 250.0 per 100,000 to 299.7 per 100,000; these rates are higher than the NYS exc. NYC rate which decreased from 267.0 per 100,000 to 262.4 per 100,000.[402]

Youth Unintentional Injuries - Mortalities

- From 1999-2001 to 2004-2006, the Unintentional Injuries - Mortality Rate for Youth (0-19 years old) in Oneida County decreased from 12.9 per 100,000 to 10.3 per 100,000.[403]
- From 2004-2006, the Unintentional Injuries - Mortality Rate for Youth (0-19 years old) in Oneida County was 10.3 per 100,000; this is higher than the NYS exc. NYC rate of 9.4 per 100,000.[404]

Youth/Young Adult Motor Vehicle Crashes - Hospitalizations

- From 1999-2001 to 2004-2006, the Motor Vehicle Crashes - Hospitalization Rate for Youth/Young Adults (15-24 years old) in Oneida County decreased from 155.1 per 100,000 to 150.4 per 100,000; these rates are comparable to NYS exc. NYC rate which decreased from 158.9 per 100,000 to 149.1 per 100,000.[405]

Youth/Young Adult Motor Vehicle Crashes - Mortalities

- From 1999-2001 to 2004-2006, the Motor Vehicle Crashes - Mortality Rate for Youth/Young Adults (15-24 years old) in Oneida County decreased from 19.7 per 100,000 to 17.2 per 100,000; these rates are comparable to NYS exc. NYC rate which decreased from 20.6 per 100,000 to 18.3 per 100,000.[406]

CHILDHOOD LEAD POISONING

The NYSDOH reports that "although lead poisoning is a preventable disease, it continues to be a major children's environmental health problem in the United States. An estimated 240,000 children in the United States have elevated blood-lead levels (EBLLs). Lead exposure can result in neurological damage, including intellectual impairment, developmental delays, learning disabilities, memory loss, hearing problems, attention deficits, hyperactivity, behavioral disorders, and other health problems. Lead is particularly dangerous to children under the age of six due to the rapid growth and development of their nervous systems and a greater lead uptake. Communities that engage in lead poisoning prevention can reap large monetary benefits. In the U.S., lost lifetime earnings from IQ loss related to lead exposure is estimated at over $43 billion. This does not include other social benefits, such as avoided medical care,

special education, crime, stress on parents and children, behavior problems, and many other preventable adverse health effects. The most common source of childhood lead poisoning is lead-based paint (LBP) in older homes and the primary exposure pathway is the ingestion of lead-contaminated settled interior dust and bare contaminated soil. Although banned from use in residential paint and other consumer products in 1978, there are still an estimated 38 million pre-1978 dwellings nationwide that contain LBP, and 24 million have deteriorated (chipping, peeling, flaking) LBP and dust and/or soil hazards. More than four million of these dwellings are homes to one or more young children."[407]

Exposure to elevated levels of lead affects all socioeconomic levels, but children living in poverty tend to be at greater risk. Lower income families are more likely to live in older housing with deferred maintenance that may result in lead paint hazards. Older homes, especially homes built prior to 1950, present the greatest risk to children because these homes are most likely to contain lead – based paint. The Census conducted in 2000 found that 37% of the homes in New York State, excluding NYC, were built prior to 1950. New York State has a higher percentage of pre – built 1950 housing units available for occupancy than any other state. The zip codes identified in Oneida County as having high incidences of lead poisonings are 13501 and 13502, the principle zip codes in the City of Utica. In 2009, in partnership with the Oneida County Health Department, the City of Utica received a $2 million grant as part of the federal stimulus package to reduce lead exposure in the City of Utica by funding efforts to abate lead in approximately 190 rental and owner occupied housing units by making significant repairs and renovations.

New York State regulations require health care providers to test all children for blood lead levels at age 1 and again at age 2. Medicaid, Child Health Plus, and the majority of health insurance plans cover lead testing. Free testing is also available through the Oneida County Health Department for uninsured children. Stronger emphasis needs to be placed on universal screening of 1 and 2 year olds by local pediatricians and physicians. Health care providers need to educate parents about the importance of obtaining blood lead level testing for their child once ordered. To that end, the OCHD implemented a Public Health Detailing program to provide 'in office' training to pediatric and family practice providers on lead poisoning prevention case management. Over one hundred (103) visits were conducted in 2008.

The Oneida County Health Department spearheads two programs that address lead poisoning issues in the County. One of these is the Childhood Lead Poisoning Prevention Program which provides case management and environmental investigations for children under age six years of age and case coordination for children over the age of six to eighteen years of age with elevated blood lead levels. In addition, the Health Department's Lead Primary Prevention Program, a New York State Department of Health pilot project, aims to reduce or eliminate the incidence of lead poisoning and provide lead prevention services. Based on GIS mapping of high risk census tracts and birth certificate data, families of children up to age three are offered free home inspections including visual inspection and dust wipe sampling to detect the presence of lead-based paint hazards, and specialized cleaning to reduce lead dust levels. Property owners are provided with free lead safe work practice training, and free loan of HEPA vacuums to reduce lead to levels considered safe for human habitation. The program coordinates services with the child's healthcare provider and community agencies.

Lead Screening and Prevention

- The Percentage of children born in 2003 or 2004 screened for lead by age 2 in Oneida County was 74.5%; this was lower than the 81.9% for NYS exc. NYC. The quartile ranking* for Oneida County was 3rd.[408]

- For 2003-2005, the Incidence Rate among children <72 months of age with a confirmed blood lead levels>=10µg/dl in Oneida County was 4.9; this is considerably higher than the rate of 1.3 for NYS exc. NYC. The quartile ranking* for Oneida County was 4th.[409]
- For the 2004 birth cohort, the Percentage of children with at least one lead screening by age 36 months in Oneida County was 75.1%; this is lower than the percentage of 82.8% for NYS exc. NYC and the NYS Prevention Agenda 2013 Objective of 96%. (Table 4.3)

Lead Poisoning

- The NYSDOH report that childhood lead poisoning varies greatly across the State. In 2005, the majority of new elevated blood lead levels (EBLL) cases outside of New York City resided in seven upstate counties: Albany, Erie, Monroe, Oneida, Onondaga, Orange, and Westchester. Collectively these counties accounted for 79% of all known cases in 2005 of children age six and under with newly identified elevated blood-lead levels. [410]

Lead Poisoning and Housing Stock (2000)

- Over forty percent (46.8%) of Oneida County's housing stock was built prior to 1950. Within the 13501 and 13502 zip codes, the percentage of housing built prior to 1950 is 65.7% and 63.1% respectively.[411]
- NYSDOH has identified housing in the 13501 and 13502 zip codes in the City of Utica as High-risk areas for lead poisoning.[412]

Lead Poisoning and Socioeconomic Status

- Thirty-seven percent (37.2%) of Oneida County's pre – 1950's housing is occupied by people living in poverty. The high incidence zip codes of 13501 and 13502 have 47% of its pre – 1950's housing occupied by those living in poverty.[413]
- The percentage of Renter-Occupied Housing units built pre-1950 with occupants in poverty in Oneida County is 30.9%; the percentage for the 13501 and 13502 zip codes is 39.9% and 35.3% respectively.[414]
- Children living in poverty tend to be at higher risk for lead poisoning primarily because of the nature of the housing in which they live. In the high incidence zip codes of 13501 and 13502, 40% of families with children under the age of 5 live in poverty.[415]

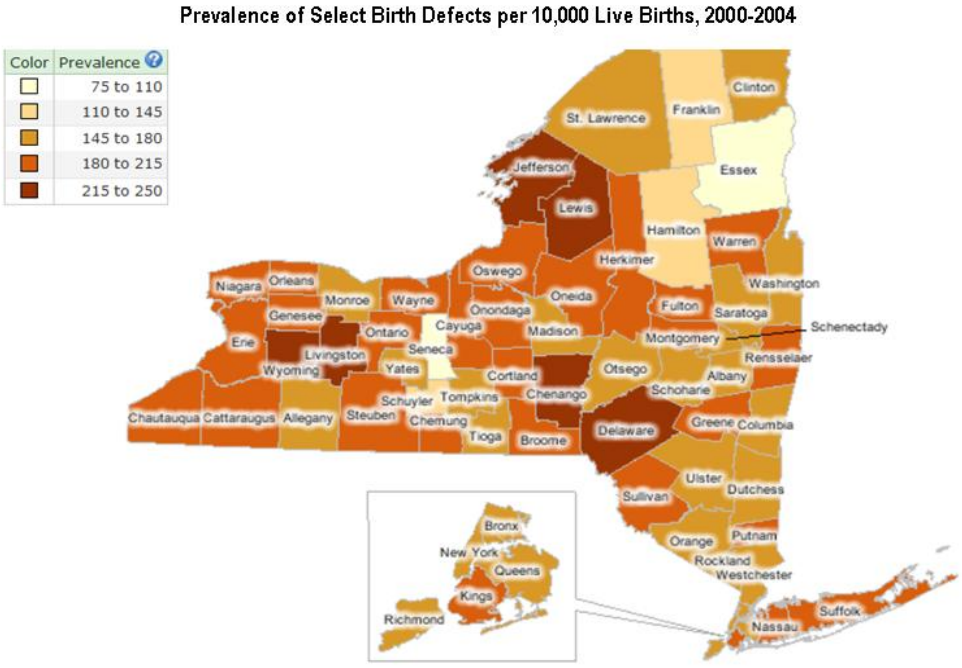
(See Health Risk Factors Section for other health inequalities associated with Housing)

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

BIRTH DEFECTS (CONGENITAL MALFORMATIONS) AND DEVELOPMENTAL DISABILITIES

The New York State Department of Health *Congenital Malformations Registry Summary Report Statistical Summary of Children Born in 2005 and Diagnosed Through 2007*[416] reports that congenital malformations are the leading cause of infant mortality in the United States, the fifth leading cause of years of potential life lost , and a major cause of morbidity and mortality throughout childhood. In the United States, about 3% of babies are born with birth defects including spina bifida, cleft lip/palate, congenital heart disease, and Down Syndrome to name a few. Little is known about the causes of birth defects; however, some factors such as age or genetics can increase a woman's chance of having a child with a birth defect. Women over the age of 35 years have a higher chance of having a child with Down syndrome than younger women. Personal behavior factors such as the use of certain drugs, alcohol, and/or smoking while pregnant also increase the risk of having a baby with certain birth defects.

H12
Source: NYSDOH Environmental Public Health Tracker



Birth Defects

- For 2000-2004, the prevalence of Children Born With Birth Defects in Oneida County was 182.3 per 10,000 live births. [417]
- For 2004-2007, the percentage of Congential Malformations Newborns in Oneida County was 5.7%.[418]

Developmental Disabilities

Developmental disabilities are birth defects related to a problem with how a body part or body system works. They may also be known as functional birth defects. Many of these conditions affect multiple body parts or systems. Different types of birth defects include nervous system disabilities including mental retardation and autism spectrum disorders; sensory-related disabilities including hearing and vision disorders; and metabolic and degenerative disorders[419]. Every state provides education services for children who have developmental

H12
Source: NYSDOH Environmental Public Health Tracker

problems, which include programs that start right after a baby is born and last until he or she turns 22. This section will highlight data from these programs in Oneida County.

Figure H13 - Type of Early Intervention Services Provided	2007	2008
Physical therapy visits	5,822	6,984
Occupational therapy visits	5,892	6,255
Speech/Language therapy visits	13,250	14,790
Special Instruction visits	7,641	7,611
Vision therapy sessions	147	89
Social work visits	230	85
Total of all visits (including other miscellaneous services)	20,912	35,843
Source: Oneida County Health Department 2007 and 208 Annual Reports		

In accordance with the Individuals with Disabilities Education Act (IDEA), the Early Intervention Program was created by Congress in 1986 and is administered by the New York State Department of Health through the Bureau of Early Intervention. The program is administered locally within the Oneida County Health Department and provides a variety of services to infants and toddlers with disabilities and offers support services for their families. Any child aged three or younger, with a suspected delay, is entitled to a multidisciplinary evaluation. The areas of development assessed during this evaluation include: cognitive; physical (including vision and hearing); communication; social/emotional; and adaptive development. Children who qualify for services are provided with an individualized family service plan and receive services appropriate to their needs. These services can include: audiology, speech pathology, physical therapy, occupational therapy, special instruction, nursing, vision and social work services.

Early Intervention Services

- From 2007 to 2008 the number of children directly serviced in the Early Intervention Program increased from 732 to 739 children.[420]
- From 2007 to 2008 the number of Early Intervention Program physical, occupational, speech/ language, and special instruction visits increased; however, the number of vision therapy sessions and social work visits decreased considerably.[421] (Figure H13)

Education and Transportation for Handicapped Children's Program

The Education and Transportation of Handicapped Children Program (ETHCP) is a State mandated program that provides special education services to three and four year old children with disabilities according to provisions under Section 4410 of the New York State Education Law. Each school district's Board of Education has established a Committee on Preschool Special Education which is responsible for ensuring that children receive an evaluation, determines the type of services required, submit recommendations to the Board for approval, and annually review the status of each child in the program. The County's ETHCP, administered by the Oneida County Health Department, is responsible for contracting with service providers and arranging, where appropriate, for the transportation of these children. The State Education Department's Office of Special Education Services is responsible for approving program providers and ensuring that the program providers comply with regulations. The services available to every eligible pre-school child at no cost to the parent are: services such as speech pathology, physical therapy, occupational therapy, etc; special education itinerant teacher; special segregated classes; and special classes in an integrated setting.

ETHCP Enrollment

- From the 2003-2004 to 2007-2008 school enrollment years, the number of children enrolled in the ETHCP increased from 555 to 607; overall enrollments have been relatively consistent. [422] (Figure H14)

Figure H14 - ETHCP Children Serviced in Pre-K by School Year Enrollment

	03-04	04-05	05-06	06-07	07-08
Enrollment	555	612	639	628	607

Source: Oneida County Health Department 2007 and 208 Annual Reports

Physically Handicapped Children's Program

The Physically Handicapped Children's (PHCP)/Children with Special Health Care Needs Program ensures access to quality health care for chronically ill and disabled children with severe chronic illnesses or physical disabilities, between birth and 21 years of age. The families must live in Oneida County and meet County medical and financial eligibility criteria. PHCP has two components: the Diagnosis and Evaluation Program and the Treatment Program. The program includes care for 150 categories of medical conditions requiring specialty care (e.g., musculo-skeletal, cardiac, convulsive disorders, hearing loss, dento-facial abnormalities and other long-term diseases).

PHCP Authorized Services

- From 2004 to 2008, the number of authorized services fluctuated; and service numbers peaked in 2007 with 329 and were at the lowest in 2008 at 259.[423] (Figure H15)

Figure H15
PHCP Authorized Services

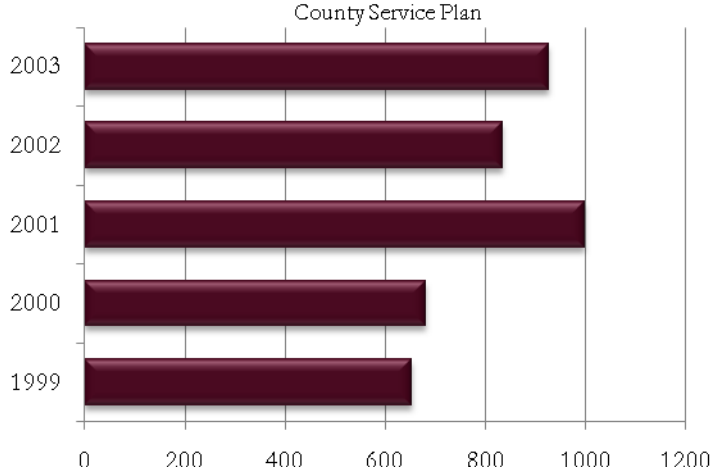
2004	**347**
2005	**266**
2006	**317**
2007	**329**
2008	**259**

Source: Oneida County Health Department 2007 and 2008 Annual Reports

CHILD ABUSE AND MALTREATMENT

This section briefly reviews child abuse and maltreatment data for children and adolescents; however, the Health Risk Behaviors Section of this report - specifically Social and Environmental Health Risk Factors : Adverse Childhood Experiences - provides a more comprehensive review of several categories of child abuse, neglect and family dysfunction in the community and the long-term health and mental health consequences in adulthood. Comparisons for Oneida County are drawn from a national study by the CDC and Kaiser Permanente, the Adverse Childhood Experiences (ACE) Study, one of the largest investigations ever conducted on the links between childhood maltreatment and later-life health and well-being. The findings of the ACE Study are compelling and suggest that adverse childhood experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. The CDC states that "progress in preventing and recovering from the nation's worst health and social problems is likely to benefit from the understanding that many of these problems arise as a consequence of adverse childhood experiences."[424] (See Health Risk Behaviors Section of this report for more details, data, and community efforts to address Adverse Childhood Experiences in Oneida County)

Figure H16 - Oneida County Child Protective Services Indicated Reports by Year
Source: Oneida County Planning Department Needs Assessment for the 2007-2009 Child & Family Oneida County Service Plan



- The rate of Oneida County Children/Youth in Indicated Reports of Abuse/Maltreatment, increased from 20.7/1,000 in 2000 to 29.1/1,000 in 2007; Oneida County's rate of 29.1/1,000 for youth ages 0-17 who were abused or maltreated in 2007 compares unfavorably with the rest of the State. The State rate was 16.2 per 1,000, a 13 point difference.[425] A report by Kids Oneida, Inc., *Stop ACEs Oneida County*, states that ACEs are disproportionately higher in Oneida County than the rest of the State and have been on the rise since 2004.
- The rate of Oneida County Indicated Reports of Child Abuse and Maltreatment increased from 32.8 in 2000 to 34.3 in 2007; this rate was slightly higher than the NYS rate of 32.4.
- In a 2006 Needs Survey administered by the Oneida Department of Social Services, Youth Bureau and Probation Department, 52.3% of respondents identified Child Abuse and Neglect as a major problem in Oneida County; this ranked 6th out of 23 issues.[426]
- In the 2008 Oneida County Community Health Survey, 27.5% of respondents selected Child Abuse and Neglect as one of the top 5 health and quality of life issues in the community; this ranked 4th out of 32 health and quality of life issues. (See Attachment E - Community Themes and Strengths)
- The rate of Children and Youth 0-17 Years Old Admitted to Foster Care in Oneida County increased from 3.6 per 1,000 in 2000 to 6.7 per 1,000 in 2007. Many children entering foster care have been exposed to developmental and health risk factors, including, poverty and substance abuse, and parental neglect and abuse.[427]

MENTAL HEALTH AND SUBSTANCE ABUSE –CHILDREN AND YOUTH

The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), reports that "like adults, children and adolescents can have mental health disorders that interfere with the way they think, feel, and act. Mental health influences the ways individuals look at themselves, their lives, and others in their lives. Like physical health, mental health is important at every stage of life."[428] Suicide is the third leading cause of death for youth ages 10 through 19 years in NYS. Reviewing data for self-inflicted injury hospitalizations is an important indicator of suicide "attempts" and mental health status.

The American Academy of Pediatrics notes that adolescence can be a very stressful time as mental health issues spike during this developmental time of life; and poor coping skills can lead to adolescents using

other avenues such as substance use to escape. Furthermore, "binge drinking; using illicit substances; lack of access to mental health treatment, and suicide attempts and completions are the most serious health and safety issues related to mental health and substance abuse faced by many of U.S. adolescents."[429] Untreated mental health problems in youth can impact their judgment and perception of self, which influences how they react to situations and the choices they make. Sometimes emotional disturbances and mental disorders can be a risk factor for violence or suicide, especially if there is a co-occurrence of behavioral and mental disorders.

Mental health was identified as one of the priority areas of focus for Oneida County from the NYS Prevention Agenda. This section provides a summary of mental health and substance abuse issues relating to children and adolescents; however, a more comprehensive review of mental health and substance abuse issues for all age groups is discussed in the Mental Health and Substance Abuse Section of this report. In addition, as a NYS Prevention Agenda priority for Oneida County, that section will also outline ways in which area hospitals and the Health Department will collaborate with existing partnerships and organizations spearheaded by the Oneida County Mental Health Department to address mental health issues for children and adults in our community.

The following is an excerpt from the NYS Office of Mental Health's report, *The Children's Plan - Improving the Social and Emotional Well Being of New York's Children and Their Families*[430], which highlights some troubling trends in regard to the emotional and mental health status of children in New York State:

- Significant concern exists about the social interaction and behaviors of preschoolers. In New York State, nearly 70,000 young children will be expelled from preschool for behavioral reasons each year. The expulsion rates for preschool children far exceed the rates for K-12.
- Community violence and family stressors have a dramatic impact on our children's emotional development. Eighty four percent (84%) of elementary school-age inner-city boys have heard guns being fired, 87% have seen someone arrested, and 25% have seen someone killed. This exposure to violence often leads to anxiety, depression, and, in turn, more violence.

- Emotional disturbances are very real and affect a staggering number of children. More children suffer from psychiatric illness than from autism, leukemia, diabetes, and AIDS combined. (1 out of 10 children has a serious emotional disturbance.)

- These are not problems that children "just grow out of;" suicide and mental health problems among older adolescents and college students have become front-page news. Suicide is the third leading cause of death among older adolescents and young adults.

Mental Health Services for Children and Adolescents

- Both urban and rural areas in Oneida County are impacted by the national Shortage of Child Psychiatrists. Community providers have identified a need for both acute and community mental

health services for children, adolescents and adults and have identified mental health as one of the top 5 care areas with problems due to accessibility for the CNY Region.[431]

- Barriers to receiving care may include the stigma of "deviancy" attached to children receiving mental health services for social and emotional challenges.
- There are 61 Psychiatric Acute Care Beds in Oneida County; and the estimated number of beds needed is 94. (Table 6.2)
- There has been some concern expressed by the hospitals regarding the Oneida County Mobile Crisis Assessment Team (MCAT) cessation of assessing children in Emergency Departments (ED) as of August 1, 2009 and will no longer assess adults there as of October 1, 2009. The objective of this change is to increase the number of community screenings, so patients do not go to the ED for inappropriate mental-health concerns. The Oneida County Department of Mental Health (OCDMH) Emergency Psychiatric Services System (EPSS) committee, which includes representatives from all three Oneida County hospitals (St. Elizabeth, Faxton-St. Luke's and Rome Memorial), MCAT and the Neighborhood Center will work together to assist in this transition. The plan of action is identified in the Mental Health and Substance Abuse Section of this report.

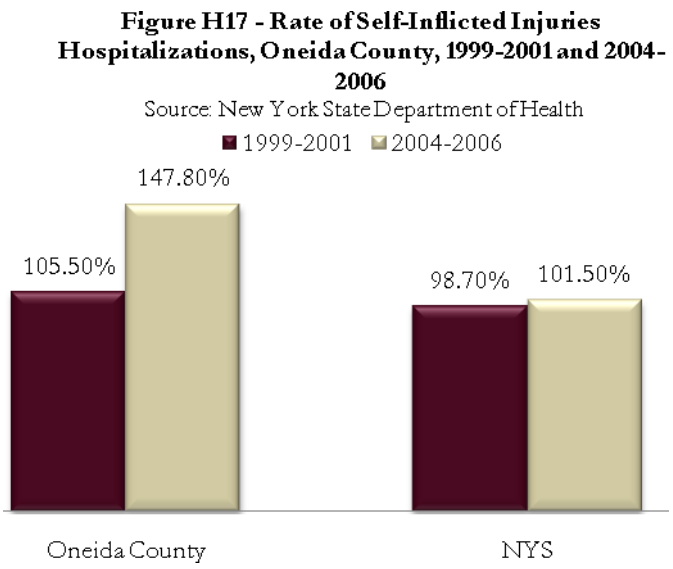
Depression

- The Oneida County 2007 Tap Survey reports that in 2007, 27.0% of all teens said they felt depressed during the past 12 months; and they had felt so sad or hopeless everyday for two weeks in a row or more that they stopped doing some usual activity. This is consistent with the 2003 TAP Survey. A higher percentage of females, 32.0%, said they felt depressed than males at 23.0%.[432]
- Kids Oneida, Inc., a community model of wrap around care for high-risk children with serious emotionally disturbances and their families reports that in 2007, 46% of children enrolled in their program had a primary diagnosis of Disruptive Behavioral Disorders; 20% for Depression and Mood Disorders, 11% for Bipolar Disorders, and 7% for Anxiety Disorders.[433]

Suicide Thoughts/Attempts

- In 1999, the percentage of teens who indicated they attempted suicide in the past year was nearly the same locally as nationally. In both the United States and Oneida County, the percentage for 9th graders was 10.0% and for 11th graders 7%. For 9th graders, the national rate remained at 10% in 2005, but by 2007 the rate in Oneida County approached 12.0%; and for 11th graders the national rate declined to 5.0% by 2005 while for Oneida County percent went up from 7% in 1999 to 10% in 2007.[434]
- A higher percentage of females than males said they seriously considered attempting suicide. In 2007, 20.0% of females compared to 16.0% of males said they had seriously considered it. However, when asked how many times they actually attempted suicide, 11.0% of both males and females said they actually attempted suicide. [435]

- Approximately 1 in 7 teens (14.0%) said they actually planned how they might commit suicide. This has decreased since the last TAP survey. In both 1999 and 2003, 18.0% planned how they might commit suicide.[436]



Injuries – Assault Hospitalizations

- From 1999-2001 to 2004-2006, the Hospitalizations Rate Resulting from Assault (aged 10-19 years) increased from 27.7 per 10,000 to 31.8 per 10,000; however, this rate is lower than NYS exc. NYC which increased from 26.9 per 10,000 to 34.3 per 10,000.[437]

Injuries - Self-Inflicted (Suicide attempts) Hospitalizations

- From 1999-2001 to 2004-2006, the Self-Inflicted Injuries Rate - Hospitalizations for Youth (15-19 years) in Oneida County increased considerably from 105.5 per 100,000 to 147.8 per 100,000. This rate is much higher than the NYS exc. NYC rate which increased from 98.7 per 100,000 to 101.5 per 100,000.[438]

Injuries –Self-Inflicted (Suicide) - Mortalities

- From 1999-2001 to 2004-2006, the rate of Self-Inflicted Injuries - Mortalities for Youth (15-19 years) in Oneida County increased from 7.9 per 100,000 to 12.6 per 100,000; this rate is comparable to the NYS exc. NYC rate which decreased from 19.1 per 100,000 to 12.0 per 100,000.[439]

Substance Abuse

- The Oneida County 2007 Tap Survey reports that teen binge drinking was up in 2007 from 2003. In 2007, one-third of teen alcohol users (33%) said they had gone binge drinking in the past 30 days. In 2003, it was more than a quarter (28%), and in 1999, 41% of teen alcohol users noted they had gone binge drinking.[440]
- One in 5 teens (20%) in 2007 reported they tried marijuana. This is a significant decrease over the two previous TAP surveys. In 2003, one-quarter (25%) of teens had tried marijuana, and in 1999, as many as 30% of all teens did. This decrease is true for both males and females.[441]
- One in 11 teens (9%) used marijuana at least a couple of times per month in 2007. This is also a decline from previous years. In 2003, 12% of all teens used marijuana at least a couple of times a month, and in 1999 it was 1 in 8 (13%).[442]

- In 2007, among other drugs: 8.3% of all teens tried an inhalant; 7.5% tried other people's prescriptions; 2.9% tried heroin; 3.2% tried methamphetamines. 3.3% tried ecstasy; 3.2% tried steroids; 4.4% tried cocaine; 11.6% used over the counter drugs to get high; and 4.3% said they tried other drugs such as LSD or PCP. [443]
- From 2000 to 2005 the percent of the Medicaid Eligible Population (12-17 years old) utilizing Chemical Dependency Services has remained relatively constant increasing nominally from 2.2% to 2.3%. (Table 7.6)
- From 2000 to 2007, the Young Adult Arrests Rate for Drug Use/Possession/Sale (aged 16-21 years) increased considerably from 55.1 per 10,000 to 77.2 per 10,000.[444]
- From 2000 to 2007, the Young Adult Arrests Rate for Driving While Intoxicated (aged 16-21 years) increased from 60.8 per 10,000 to 63.6 per 10,000; this rate is comparable to NYS exc. NYC which increased from 61.9 per 10,000 to 65.9 per 10,000. [445]

Juvenile Delinquency

- From 2000 to 2007, the Young Adult Arrests Rate for Property Crimes (aged 16-21 years) increased from 248.7 per 10,000 to 279.2 per 10,000; this rate is much higher than NYS exc. NYC which decreased from 190.6 per 10,000 to 167.6 per 10,000. [446]
- From 2000 to 2007, of Young Adult Arrests Rate for Violent Crimes (aged 16-21 years) increased from 39.1 per 10,000 to 42.2 per 10,000; however, this rate is lower than NYS exc. NYC which decreased from 57.7 per 10,000 to 51.2 per 10,000. [447]
- From 2004 to 2006, the Juvenile Delinquent Intakes Rate (aged 10-15 years) decreased from 28.1 per 10,000 to 23.9 per 10,000; however, this rate is higher than NYS exc. NYC which decreased from 16.4 per 10,000 to 16.1 per 10,000. [448]

CHILDHOOD MORTALITY

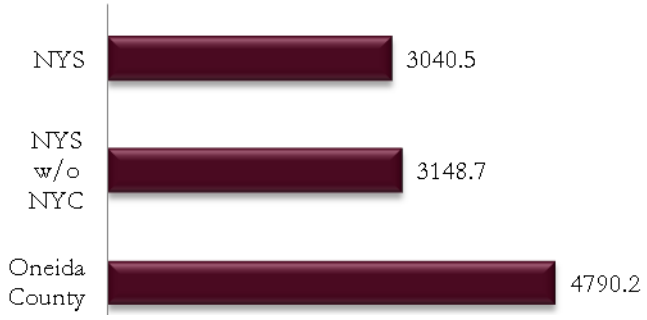
NYS Touchstones/Kids Count 2008 Data Book explains that child and adolescent mortality is the total number of deaths to children between 1 and 19 years of age. As previously indicated, the leading causes of child mortality are unintentional injury deaths (to include non-motor/ motor vehicle injuries, homicide and legal interventions, and suicide) and cancer. Most of these injury caused deaths are considered predictable and potentially preventable.

Childhood Mortality

- From 1999-2001 to 2004-2006, the Childhood Mortality Rate (1-4 years) in Oneida County increased from 21.1 per 100,000 to 33.4 per 100,000; this is higher than the NYS w/o NYC rate which decreased from 26.7 per 100,000 to 22.5 per 100,000. [449] *Due to the low numbers of deaths in Oneida County for each three year period, caution must be used in drawing conclusions for this data.*
- From 1999-2001 to 2004-2006, the Childhood Mortality Rate (5-9 years) in Oneida County decreased from 21.5 per 100,000 to 12.5 per 100,000; this is higher than the NYS w/o NYC rate which decreased from 12.0 per 100,000 to 11.4 per 100,000.[450] *Due to the low numbers of deaths in Oneida County for each three year period, caution must be used in drawing conclusions for this data.*

- From 1999-2001 to 2004-2006, the Childhood Mortality Rate (10-14 years) in Oneida County decreased from 16.0 per 100,000 to 8.4 per 100,000; this is lower than the NYS w/o NYC rate which decreased from 14.2 per 100,000 to 12.2 per 100,000.[451] *Due to the low numbers of deaths in Oneida County for each three year period, caution must be used in drawing conclusions for this data.*
- From 1999-2001 to 2004-2006, the Childhood Mortality Rate (15-19 years) in Oneida County remain relatively unchanged from 50.0 per 100,000 to 49.9 per 100,000; this is higher than the NYS w/o NYC rate which decreased from 50.6 per 100,000 to 45.9 per 100,000.[452] *Due to the low numbers of deaths in Oneida County for each three year period, caution must be used in drawing conclusions for this data.*

Figure H18 - Rate of Years of Potential Life Lost for ages 15-24, (per 100,000) Oneida County, 2006
Source: New York State Department of Health, 2008



Child and Adolescent Mortality and Years Potential Life Lost (YPLL)

- In 2006, the total Years of Potential Life Lost for Children and Adolescents (1-14 years of age) in Oneida County was 536 years; and the rate of YPLL was 1,396.3 per 100,000 which is higher than the NYS rate of 929.3 per 100,000 and NYS exc. NYC at 916.0 per 100,000. (Table 3.9)
- In 2006, the total Years of Potential Life Lost for Youth and Young Adults (15-24 years of age) in Oneida County was 1,650 years; and the rate of YPLL was 4,790.2 per 100,000 which is higher than the NYS rate of 3,040.5 per 100,000 and NYS exc. NYC at 3,148.7 per 100,000. (Table 3.9)

Healthy Mothers, Babies & Children- Primary Prevention Resources:

- Resources To Be Developed - See Attachment H for a listing of some Oneida County Resources.

Opportunities for Action: Healthy Mothers, Babies & Children

Community health assessment planning partners selected Healthy Mothers, Healthy Babies and Healthy Children as one of five priority areas for Oneida County from the NYS Prevention Agenda (see Introduction) after analyzing data collected on health status indicators; community input; forces of change (trends, factors and events that are or will impact the community's health); and public health system strengths and weaknesses. Specific actions and opportunities for improvement are identified in the Executive Summary-Action Plan Section of this report.

INFECTIOUS DISEASE

Infectious diseases are caused by germs that are transmitted directly from person to person; animal to person (zoonotic diseases); from mother to unborn child; or indirectly, such as when a person touches a surface that some germs can linger on. The NYSDOH recommends several effective strategies for preventing infectious diseases,, including: ensuring procedures and systems are in place in communities for immunizations to be up to date; enabling sanitary practices by conveniently located sinks for washing hands; influencing community resources and cultures to facilitate abstinence and risk reduction practices for sexual behavior and injection drug use, and setting up support systems to ensure medicines are taken as prescribed.[453]

NOTE:

The following symbols are used throughout this Community Health Assessment Report to serve only as a simple and quick reference for data comparisons and trends for the County. Further analysis may be required before drawing conclusions about the data.

- The apple symbol represents areas in which Oneida County's status or trend is **FAVORABLE** or **COMPARABLE** to its comparison (i.e., NYS, US) or areas/issues identified as **STRENGTHS**.
- The magnifying glass symbols represent areas in which Oneida County's status or trend is **UNFAVORABLE** to its comparison (i.e., NYS, US) or areas/issues of **CONCERN** or **NEED** that may warrant further analysis.

DATA REFERENCES:

- All References to tables are in **Attachment A – Oneida County Data Book.**
- See also **Attachment B – Oneida County Chart Book** for additional data.

The reporting of suspect or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). The primary responsibility for reporting rests with the physician; but laboratories, school nurses, day care centers, nursing homes/hospitals and state institutions or other locations providing health services are also required to report. There are 75 communicable diseases that must be reported using forms provided by the NYSDOH (See Tables 4.23 and 4.24 in the Oneida County Data Book), known collectively as "reportable communicable diseases". Thirty-two of these warrant prompt action and should be reported immediately. In addition to these reportable diseases, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could be caused by a transmissible infectious agent or microbial toxin) or cluster or outbreak of non-reportable diseases (head lice, impetigo, pneumonia, scabies) are also reportable.

Communicable diseases remain major causes of illness, disability, and death in spite of the progress made against these diseases with antibiotics and immunizations. New agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly, most notably in many health care institutions and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases. Increases in international travel, importation of foods, inappropriate use of antibiotics on humans and animals, and environmental changes multiply the potential for epidemics of all types of infectious diseases. Some of these diseases and pathogens were unknown 20 years ago. Others are re-emergent

problems once thought under control. At-risk populations include persons with impaired immune systems; pregnant women and newborns; travelers; immigrants, and refugees; and older adults.

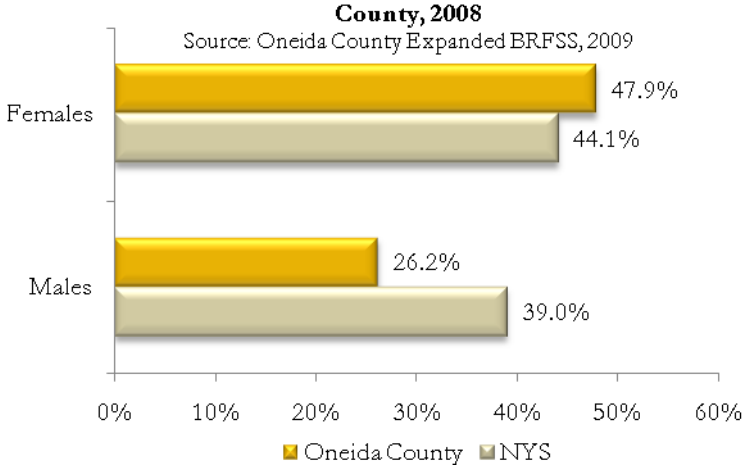
The Oneida County Health Department (OCHD) is the lead agency in disease control efforts for the prevention of community and personal dysfunction, physical disability and death due to communicable diseases. OCHD's major responsibilities involve surveillance, intervention, education, prevention and outreach services.

IMMUNIZATION

The NYSDOH states that "the prevention of vaccine preventable diseases is an extremely important public health goal achieved through immunization. Vaccine preventable diseases are at an all-time low in New York State (NYS) and in the U.S. as a whole. Among children, immunization rates are high because of school entry requirements, the Vaccines for Children Program, and insurance coverage for vaccines. Among adults, coverage is not optimal because of the lack of awareness of the importance of immunizations for adults and the lack of insurance coverage. As a result, the majority of vaccine preventable diseases now occur among adults in the United States." [454]

Figure I1- Percentage of Adult Males and Females Receiving Flu Shot within the Past 12 Months, Oneida County, 2008

Source: Oneida County Expanded BRFSS, 2009



- In Oneida County, coverage levels for immunizations in adults are not as high as those achieved in children, yet the health effects may be just as great. Barriers to adult immunization include not knowing immunizations are needed, misconceptions about vaccines, and lack of recommendations from health care providers. Both influenza and pneumococcal immunization rates are significantly lower for African American and Hispanic adults than for Caucasian adults.
- Despite the introduction of Medicaid Managed care plans and some others with private insurance, private providers continue to turn some patients away due to low or no reimbursement for vaccines, missing opportunities and sending them to the local health department for vaccination.

Childhood Immunizations

- In 2008, 77.0% of Two Year Olds seen in OCHD Public Clinics were Immunized; this compares to 92.0% in 2007. The decrease is explained by the large number of refugees who started their

immunization series late and to the nationwide shortage of Hib vaccine.[455] The NYSDOH Prevention 2013 Objective for the percentage of 2 year old children who receive recommended vaccines is 90.0%.

Flu Shot

- In 2008, the percentage of Adults Receiving a Flu Shot within the Past 12 Months in Oneida County was 37.2%; this was lower than the percentage for NYS at 41.7%.[456]

Flu Shot by Gender

- In 2008, the percentage of Male Adults Receiving a Flu Shot within the Past 12 Months in Oneida County was 26.2%; this was considerably lower than the percentage for Females at 47.9%. Adult Males in NYS, at 39.0%, were more likely than Males in Oneida County to receive a flu shot.[457] (Figure I1)

Flu Shot by Age

- In 2008, the percentage of Adults Receiving a Flu Shot within the Past 12 Months by Age in Oneida County between 18-49 years of age was 26.4%; this was lower than the NYS percentage of 30.8% for the same age group.[458]
- In 2008, the percentage of Adults Receiving a Flu Shot within the Past 12 Months by Age in Oneida County between 50-64 years of age was 44.0%; this was comparable to the NYS percentage of 45.2% for the same age group.[459]
- In 2008, the percentage of Adults Receiving a Flu Shot within the Past 12 Months by Age in Oneida County shows that adults 65 and older were more likely to receive a flu shot than any other age group; however, the percentage of 62.4% for Oneida County was lower than the NYS percentage of 74.4% for the same age group. This is also far below the NYS Prevention Agenda 2013 Objective of 90.0%[460]

Flu Shot by Socioeconomic Status

- In 2008, the percentage of Adults Receiving a Flu Shot within the Past 12 Months by Education in Oneida County shows that adults with a high school education or less are less likely to receive a flu shot than those with higher educational levels; 34.2% for High School Education or Less; 41.4% for Some College; and 37.8% for College Degree or Higher.[461]

Pneumonia Shot/ Pneumococcal Vaccine

- The percentage of Adults Receiving a Pneumonia Shot or Pneumococcal Vaccine in Oneida County was 27.6%; this was higher than the percentage for NYS at 25.8%.[462]

Pneumonia Shot/ Pneumococcal Vaccine by Gender

- In 2008, the percentage of Male Adults Receiving a Pneumonia Shot or Pneumococcal Vaccine in Oneida County was 24.0%; this was lower than the percentage for Females at 31.1%.[463]

Pneumonia Shot/ Pneumococcal Vaccine by Age

- In 2008, the percentage of Adults Receiving a Pneumonia Shot or Pneumococcal Vaccine by Age in Oneida County between 18-49 years of age was 12.0%; this was lower than the NYS percentage of 15.1% for the same age group.[464]
- In 2008, the percentage of Adults Receiving a Pneumonia Shot or Pneumococcal Vaccine by Age in Oneida County between 50-64 years of age was 24.3%; this was higher than the NYS percentage of 21.5% for the same age group.[465]

- In 2008, the percentage of Adults Receiving a Pneumonia Shot or Pneumococcal Vaccine by Age in Oneida County shows that adults 65 and older were most likely to receive a pneumonia shot or pneumococcal vaccine when compared to other age groups; the percentage of 65.9% for Oneida County was comparable to the NYS percentage of 64.2% for the same age group. However, this is considerably below the NYS Prevention Agenda 2013 Objective of 90.0%[466]

Pneumonia Shot/ Pneumococcal Vaccine by Socioeconomic Status

- In 2008, the percentage of Adults Receiving a Pneumonia Shot or Pneumococcal Vaccine by Education shows that in Oneida County those with a high school education or less have a higher percentage of 30.2% than those with Some College – 27.0%, and a College Degree or Higher – 23.2%. This was consistent with the data trends for NYS.[467]

COMMUNICABLE DISEASES

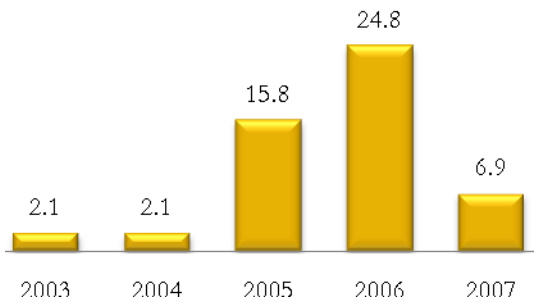
The diagnosis, control and prevention of communicable diseases are important functions in public health. This requires the ongoing, and often concurrent, application of epidemiological techniques; disease and infection surveillance; laboratory confirmation; accurate and rapid diagnosis; case and suspect reporting; identifying, locating and clinically evaluating individuals exposed to the diseases; prompt and accurate treatment for case and suspect management and prevention. If correctly done, this can do much to prevent the spread of communicable diseases in a community, and/or reduce the occurrence or containment of an outbreak. The application of these techniques will be of significant importance if biological agents are deliberately used to harm human populations. These techniques are an integral part of health emergency response and preparedness. According to the Centers for Disease Control and Prevention, vaccine-preventable disease levels are at or near record lows; and many children are under-immunized, leaving the potential for outbreaks of disease. In addition, many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against diseases.[468]

In the 2008 Oneida County Community Health Survey, 6.4% of respondents ranked infectious diseases as one of the top 5 health issues that must be addressed to improve the health and quality of life in the community. The following is a review of data on the status of some communicable diseases in Oneida County. Those that are vaccine preventable are highlighted with a check mark (✓). See Tables 4.23 and 4.24 in the Oneida County Data Book for data for all reportable communicable diseases.

Pertussis (✓)

Pertussis, or whooping cough, is a highly contagious bacterial infection that can occur at any age; however, children who are too young to be fully vaccinated and those who have not yet completed the primary vaccination series are at highest risk for severe illness. The NYSDOH reports that in 2005, over 25,000 cases of pertussis were reported in the United States, the highest number of reported cases since 1959.

Figure I2 - Rate of Pertussis Incidence per 100,000, Oneida County, 2003 - 2007
Source: NYSDOH



Approximately 60 percent of the cases were in adolescents and adults and may be a result of decreasing immunity in this population.[469]

- For the period 2005-2007, the Pertussis Incidence Rate in Oneida County was 15.8 per 100,000; and this was higher than the rate of 6.9 per 100,000 for NYS exc. NYC and 4.8 per 100,000 for NYS. The quartile ranking* for Oneida County was 4th.[470]
- From 2003 to 2007, the Pertussis Incidence Rate in Oneida County spiked with rates of 15.8 per 100,000 and 24.8 per 100,000 in 2005 and 2006 respectively. These sharply declined in 2007 with a rate of 6.0 per 100,000.[471] (Figure I2)

HIB (Haemophilus Influenza) (✓)

Hib is a bacterial illness that can cause meningitis, bloodstream infections, pneumonia, arthritis and infections of other parts of the body. The NYSDOH reports that before the development of a vaccine in 1988, Hib was the leading cause of bacterial meningitis among children less than five years of age. Since the widespread use of the vaccine, the number of new cases in infants and young children decreased by 99 percent to fewer that one case per 100,000 children younger than five years of age. Now, Hib is seen more commonly in the elderly, unvaccinated or incompletely vaccinated children, and people with a weakened immune system.[472]

- For the period 2005-2007, the HIB (Haemophilus Influenza) Incidence Rate in Oneida County was 0.9 per 100,000; this was lower than the NYS rate of 1.2 per 100,000. The quartile ranking* for Oneida County was 2nd.[473]

Pneumonia/flu hospitalizations in adults 65+ years (✓)

The NYSDOH reports that pneumococcal disease occurs more frequently in infants, young children, African Americans, some Native American populations, the elderly or in people with serious underlying medical conditions such as chronic lung, heart or kidney disease. Data suggests that the use of the pneumococcal conjugate vaccine (PCV7) has reduced invasive disease among children and their adolescent and adult household members and close contacts.[474]

- For the period 2005-2007, the Pneumonia/flu hospitalizations rate in adults 65+ years in Oneida County was 215.4 per 10,000; this is higher than the rate of 162.1 per 10,000 for NYS and 176.8 per 10,000 for NYS exc. NYC. The quartile ranking* for Oneida County was 3rd.[475]

Hepatitis A (✓)

Hepatitis A (HAV) is a highly contagious disease that attacks the liver and is the most common type of hepatitis reported in the US. It is transmitted by the fecal-oral route by a contaminated object, food, water, or through close personal contact. About 15 out of 100 people infected with Hepatitis A (HAV) will have prolonged illness or relapsing symptoms over a 6–9 month period.[476]

- For the period 2005-2007, the Hepatitis A Rate in Oneida County was 1.3 per 100,000; this was comparable to the NYS rate of 1.5 per 100,000. The quartile ranking* for Oneida County was 3rd. This meets and exceeds the HP 2010 Goal of 4.5 per 100,000.[477]

Hepatitis B (✓)

Hepatitis B is most efficiently transmitted through contact with blood and body fluids of an infected person through direct blood-to-blood contact, sex, illicit drug use, and from an infected mother to her newborn during delivery. In the U.S., 5-10% of adults, 30-50% of children, and 90% of infants infected with Hepatitis B will develop chronic infection which can lead to liver failure, cirrhosis (scarring) or cancer of the liver. Approximately 1.25 million people in the United States are chronically infected with HBV and 5,000 die each year from HBV.[478]

- For the period 2005-2007, the Hepatitis B rate in Oneida County was 0.7 per 100,000; this was lower than the NYS rate of 1.1 per 100,000. The quartile ranking* for Oneida County was 3rd.[479]

Hepatitis C

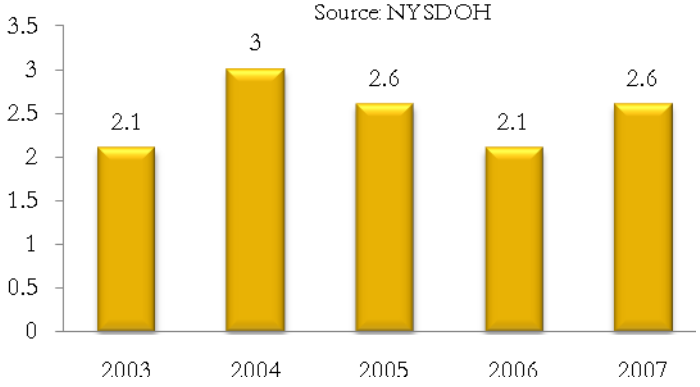
Hepatitis C virus (HCV) causes liver disease and is found in the blood of infected persons. It is spread by contact with the blood of an infected person and infects about 25,000 people each year with most developing chronic infection. In the U.S., 8,000-10,000 people die each year from hepatitis C (HCV). People with chronic HCV infection have a much higher risk of liver failure and liver cancer. Chronic HCV-related liver disease is the leading cause for liver transplant.[480]

- From 2004 to 2006, the Hepatitis C rate in Oneida County has remained consistently low at 0.4 per 100,000; and this is comparable to the NYS w/o NYC rate of 0.2 per 100,000. (Table 4.24)

Tuberculosis (✓)

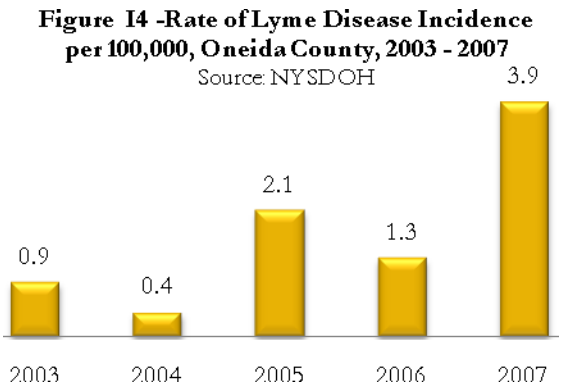
Mycobacterium tuberculosis and less commonly, *M bovis* and *M africanum* are the infectious agents that cause the airborne disease tuberculosis. With infrastructure improvements and the advent of directly observed treatment (DOT), supervision of TB medication administration, as the standard of care, morbidity in the U.S. has decreased. Despite an overall reduction in cases of TB disease, among those diagnosed, an increase in foreign-born cases has continued for the past several years. The continued morbidity and mortality experienced in other parts of the world, combined with international commerce, travel and the U.S. history of welcoming immigrants and refugees account for the disease spread among these populations. Cases of multi-drug resistant disease challenge TB controllers and healthcare providers. Ensuring prompt diagnosis, patient isolation when indicated, identification and evaluation of close contacts and treatment completion remain critical factors in the control of tuberculosis.

Figure 13 -TB Incidence Rates per 100,000, Oneida County 2003-2007
Source: NYSDOH



The Oneida County Health Department's TB Clinic provides TB control services, which include treatment of TB infection and disease, consultation services, and community and provider education upon request. DOT is the standard of care for TB cases in Oneida County and ensures completion of treatment for active TB disease. State funding cuts in the area of TB has shifted the financial burden for this program to the County. Local physicians and practitioners are aware of their responsibility, according to the NYSDOH guidelines, to report suspect and active TB cases to the County Health Department. They are also aware of the DOT services and contact investigation, which will be initiated by the Health Department. Ongoing communication between hospital infection control nurses (ICNs) and the OCHD is key to providing continuity of TB treatment and also in avoiding TB exposure when TB clients require hospitalization or outpatient procedures.

- For the period 2005-2007, the Tuberculosis Incidence Rate in Oneida County was 2.4 per 100,000; this was lower than the NYS rate of 6.4 per 100,000 and comparable to the rate of 2.7 per 100,000 for NYS exc. NYC. The quartile ranking* for Oneida County was 4th. This is above the HP 2010 Goal of 1.0 per 100,000.[481]
- From 2003 to 2007, the Tuberculosis Incidence Rate in Oneida County remained relatively constant with minor fluctuations in rates from 2.1 per 100,000 to 2.6 per 100,000.[482] (Figure I3)



Lyme Disease (✓)

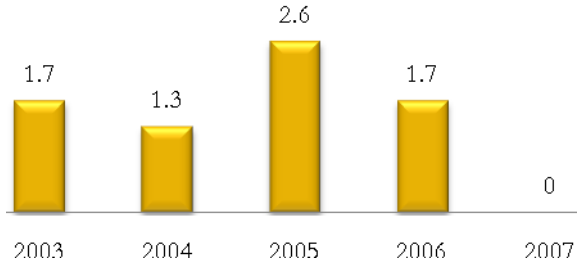
Lyme disease is a bacterial infection caused by the bite of an infected deer tick, which if left untreated, can cause a number of health problems. Since 1986, over 72,000 cases have been confirmed in New York State.[483]

- For the period 2005-2007, the Lyme Disease Incidence Rate in Oneida County was 2.4 per 100,000; this was significantly lower than the NYS rate of 25.3 per 100,000 and the rate of 40.6 per 100,000 for NYS exc. NYC. The quartile ranking* for Oneida County was 2nd. This meets and exceeds the HP 2010 Goal of 9.7 per 100,000.[484]
- From 2003 to 2007 the Lyme Disease Incidence Rate in Oneida County has shown a small increase of 0.9 per 100,000 to 3.9 per 100,000; however, these rates remain considerably below the NYS rate of 25.3 per 100,000 and the HP 2010 Goal of 9.7 per 100,000.[485] (Figure I4)

E. Coli

E. coli are bacteria that normally live in the intestines of humans and animals. Most strains are harmless; however, the E.coli strain 0157:H7, can cause severe diarrhea and kidney damage. Children and the elderly are at higher risk for severe complications.

Figure I5 -Rate of E.Coli O157 Incidence per 100,000, Oneida County, 2003 - 2007
Source: NYSDOH



- For the period 2005-2007, the E. Coli O157 Incidence Rate in Oneida County was 1.4 per 100,000; this is higher than the rate of 0.8 per 100,000 for NYS and 1.2 per 100,000 for NYS exc. NYC. The quartile ranking* for Oneida County was 3rd.[486]
- From 2003 to 2007, the E. Coli O157 Incidence Rate in Oneida County decreased from 1.7 per 100,000 to 0.0 per 100,000. [487] (Figure I5)

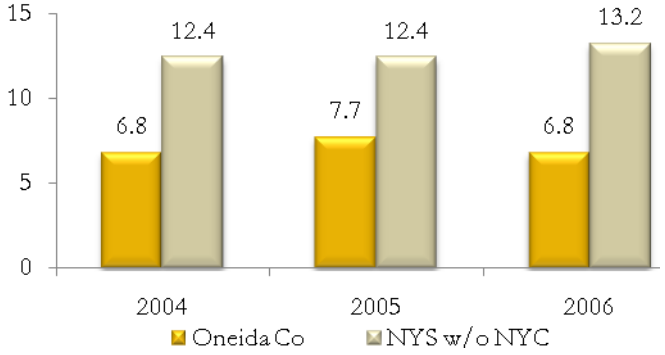
Campylobacteriosis and Salmonella

Campylobacteriosis and salmonella are the most frequently reported foodborne illnesses in the United States. Both are included in the Healthy People 2010 food safety objectives targeted to reducing foodborne illness. The very young, elderly and immunocompromised persons experience the most serious foodborne illnesses. They may become ill from smaller doses of organisms and may be more likely than other persons to die of foodborne diseases. Other high-risk populations include residents in nursing homes or chronic care facilities; hospitalized, cancer, and organ transplant patients; and individuals with AIDS, with cirrhosis, on anti-microbial treatment, or with reduced stomach acid such as due to antacid medications.

Campylobacteriosis

- From 2004 to 2006, the rate of Campylobacteriosis in Oneida County has remained relatively constant at 6.8 per 100,000. These rates are considerably lower than NYS w/o NYC which increased from 12.4 per 100,000 to 13.2 per 100,000 within the same time period. (Figure I6)

Figure I6- Campylobacteriosis Rate per 100,000, Oneida County 2004-2006
Source: NYSDOH



Salmonella

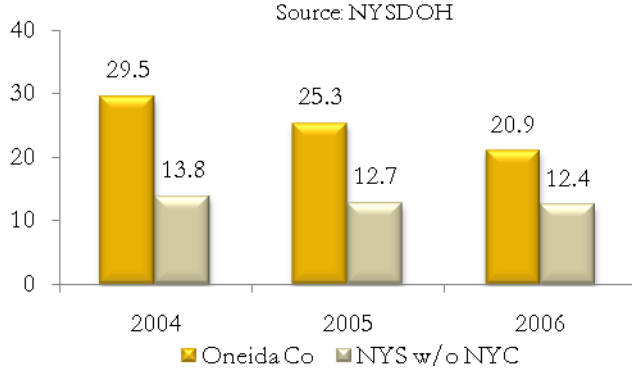
- For the period 2005-2007, the Salmonella Incidence Rate in Oneida County was 12.1 per 100,000; this was lower than the NYS rate of 14.0 per 100,000 and comparable to the rate of 13.0 per 100,000 for NYS exc. NYC. The quartile ranking* for Oneida County was 2nd.[488]

Giardiasis

Giardia infection has become recognized as one of the most common causes of waterborne disease (found both is drinking and recreational water) in humans in the United States. Giardia is found worldwide and within every region of the United States. Anyone can get giardiasis; however, persons more likely to become infected include international travelers, individuals who drink contaminated water.

- From 2004 to 2006, the rate of Giardiasis in Oneida County was much higher than the NYS w/o NYS rates; however, Oneida County's rates have declined from 29.5 per 100,000 to 20.9 during that time period. (Table 4.24) (Figure I17)

Figure I17- Giardiasis Rate per 100,000, Oneida County 2004-2006
Source: NYSDOH



**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

COMMUNICABLE DISEASES: SEXUALLY TRANSMITTED DISEASES (STDS)

In the 2008 Oneida County Community Health Survey, 8.4% of respondents ranked sexually transmitted diseases as one of the top 5 health issues that must be addressed to improve the health and quality of life in the community. The NYSDOH reports that sexually transmitted diseases (STDs) are a leading category of reported communicable diseases in the State, with chlamydia, gonorrhea and syphilis accounting for most. Estimating the true incidence of STD cases is difficult because infected persons often do not have noticeable symptoms that would cause them to be tested, routine screening programs are not widespread, and viral STDs are not reportable. The Centers for Disease Control and Prevention (CDC) report, "Sexually Transmitted Disease Surveillance 2007," found that women and minorities in particular are more likely to have STDs. Nearly 19 million new sexually transmitted infections occur each year, and almost half of those affect 15- to 24-year-olds. STDs significantly impact the health of New York State (NYS) citizens, pose a substantial economic burden, and contribute to reproductive health problems such as infertility, pelvic inflammatory disease, and ectopic pregnancy.[489] Sexual abstinence is the only way to prevent STDs and there are ways to reduce the risks of infection for sexually active persons. STDs are hidden epidemics because many Americans are reluctant to address sexual health issues in an open way due to the biologic and social characteristics of these diseases.

Syphilis

According to the CDC, health officials reported over 36,000 cases of syphilis in 2006 in the U.S including 9,756 cases of primary and secondary syphilis; and half of all primary and secondary syphilis cases were from 20 counties and 2 cities. Most syphilis cases occurred in persons 20 to 39 years of age. Reported cases of congenital syphilis in newborns increased from 2005 to 2006, with 339 new cases reported in 2005 compared to 349 cases in 2006. In 2006, 64% of the reported syphilis cases were among men who have sex with men (MSM).[490]

- For the period 2005-2007, the Early Syphilis Rate in Oneida County was 1.4 per 100,000; this was much lower than the NYS rate of 9.9 per 100,000.[491]

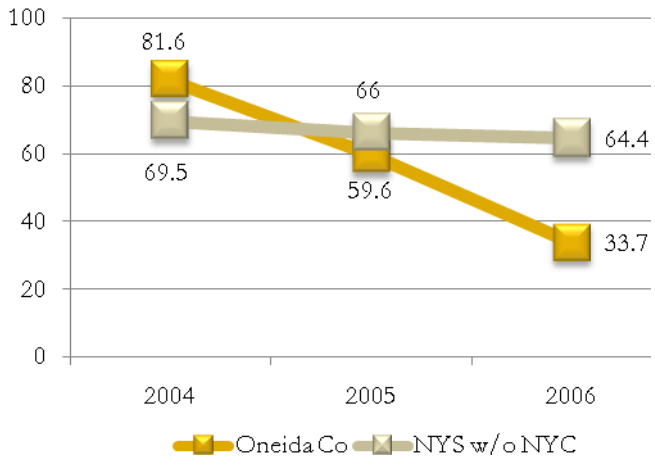
Gonorrhea

Any sexually active person can be infected with gonorrhea; and nationally, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans. The CDC estimates that more than 700,000 persons in the U.S. get new gonorrheal infections each year; and in 2006, 358,366 cases of gonorrhea were reported to CDC. From 1975 to 1997, the national gonorrhea rate declined following the implementation of the national gonorrhea control program in the mid-1970s. However, after several years of stable rates, the national gonorrhea rate began to increase; and in 2006, the rate of reported gonorrheal infections was 120.9 per 100,000 persons.

Untreated gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea is a common cause of pelvic inflammatory disease (PID) which can cause infertility or increase the risk of ectopic pregnancy, a life-threatening condition in which a fertilized egg grows outside the uterus. In men, untreated gonorrhea can lead to infertility. If gonorrhea spreads to the blood or joints, it can become life threatening. In addition, people with gonorrhea can more easily contract HIV.[492]

- For the period 2005-2007, the Gonorrhea Rate in Oneida County was 41.6 per 100,000; this was significantly lower than the NYS rate of 91.6 per 100,000 and the NYS w/o NYC rate of 65.7 per 100,000. The quartile ranking* for Oneida County was 3rd[493]. This is higher than the NYS Prevention Agenda 2013 Objective of 19.0 per 100,000.
- From 2004 to 2006, the Gonorrhea rate in Oneida County decreased considerably from 81.6 per 100,000 to 33.7 per 100,000. (Table 4.24) (Figure I18)

Figure I18- Gonorrhea Rate per 100,000, Oneida County 2004-2006, Source: NYSDOH



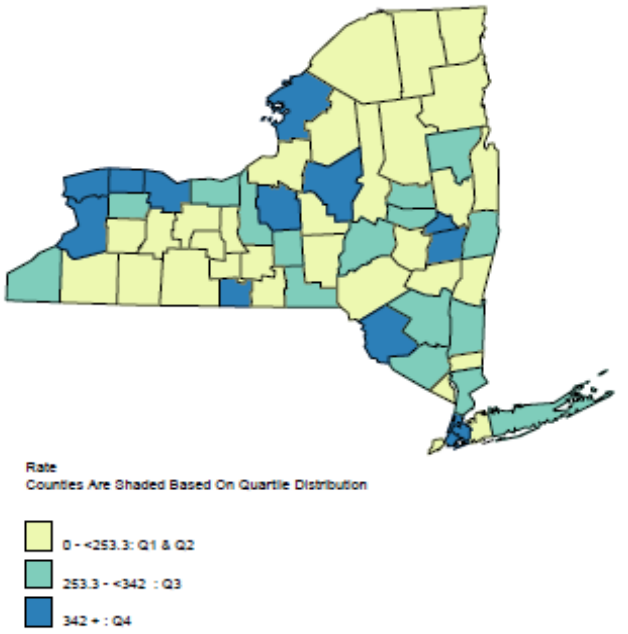
Gonorrhea by Age

- Between the periods of 1999-2001 and 2004-2006, the average rate of Gonorrhea for Males and Females 15-19 Years Old in Oneida County decreased from 461.9 per 100,000 to 239.8 per 100,000; and the current rate is lower than NYS w/o NYC which also decreased from 342.2 per 100,000 to 253.0 per 100,000.[494]
- For the period 2005-2007, the Gonorrhea Rate for 15-19 Years Olds in Oneida County was 158.2 per 100,000; this was significantly lower than the NYS rate of 313.6 per 100,000 and the NYS w/o NYC rate of 241.8 per 100,000. The quartile ranking* for Oneida County was 3rd [495].

Chlamydia

According to the CDC, chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States; and in 2006, 1,030,911 chlamydia infections were reported to CDC. Under-reporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Women are frequently re-infected if their sex partners are not treated. If left untreated, infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID) which happens in up to 40 percent of women with untreated chlamydia. Women infected with chlamydia are up to five times more likely to become infected with HIV, if exposed. All pregnant women should have a screening test for chlamydia as untreated chlamydia can lead to premature delivery and the spread of infection to the baby during childbirth. Complications among men are rare.[496]

Female Chlamydia Figure I19
Per 100,000 Females
2005-2007



Source: Bureau of STD Control

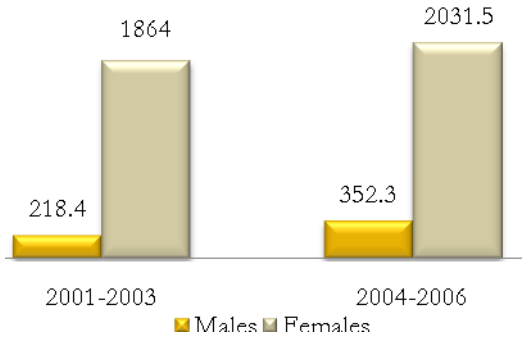
Local cases of chlamydia, especially in females, exhibit a continued increase as the County population declines. At present, this phenomenon cannot be explained. Further analysis is warranted. Decreased funding limits the availability of rapid HIV testing, free condoms, dosing of "at once" medications that avoid compliance concerns, and trained STD educators to target high risk populations. Finally, many patients with STD or at risk for STDs, do not regularly attend physician offices or other traditional clinic facilities. For those patients without healthcare providers, evening and weekend treatment is limited to emergency or urgent care centers

Chlamydia by Gender and Age

- For the period 2005-2007, the Chlamydia Rate for Males in Oneida County was 122.4 per 100,000; this was lower than the NYS w/o NYC rate of 133.4 per 100,000. The quartile ranking* for Oneida County was 4th.[497]

- For the period 2005-2007, the Chlamydia Rate for Males 15-19 Years Old in Oneida County was 370.5 per 100,000; this was lower than the NYS w/o NYC rate of 413.4 per 100,000. The quartile ranking* for Oneida County was 3rd.[498]
- For the period 2005-2007, the Chlamydia Rate for Males 20-24 Years Old in Oneida County was 631.4 per 100,000; this was lower than the NYS w/o NYC rate of 655.2 per 100,000. The quartile ranking* for Oneida County was 4th.[499]
- For the period 2005-2007, the Chlamydia Rate for Females in Oneida County was 379.4 per 100,000; this was higher than the NYS w/o NYC rate of 359.8 per 100,000. The quartile ranking* for Oneida County was 4th.[500]
- For the period 2005-2007, the Chlamydia Rate for Females 15-19 Years Old in Oneida County was 2241.3 per 100,000; this was significantly higher than the NYS w/o NYC rate of 1970.5 per 100,000. The quartile ranking* for Oneida County was 4th.[501]
- For the period 2005-2007, the Chlamydia Rate for Females 20-24 Years Old in Oneida County was 2139.2 per 100,000; this was significantly higher than the NYS w/o NYC rate of 1905.4 per 100,000. The quartile ranking* for Oneida County was 4th.[502]

Figure 120 - Chlamydia Rates per 100,00 for 15-19 Year Old Males and Females, Oneida County 2001-2003 and 2004-2006
Source: NYS Touchstones/Kids County 2008 Data Book



- Between the periods of 2001-2003 and 2004-2006, the average rate of Chlamydia for Females of All Ages in Oneida County increased from 283.5 per 100,000 to 335.6 per 100,000; these percentages were almost four times higher than the rate for Males of all ages which increased from 70.3 per 100,000 to 97.8 per 100,000.[503]
- Between the periods of 2001-2003 and 2004-2006, the average rate of Chlamydia for Females 15-19 Years Old in Oneida County increased from 1,864.0 per 100,000 to 2,031.5 per 100,000; these percentages were over six times higher than the rate for Males of all ages which increased from 218.4 per 100,000 to 352.3 per 100,000.[504]

Pelvic Inflammatory Disease

The CDC estimates that each year more than 1 million women experience an episode of acute PID and more than 100,000 become infertile as a result of it. A large proportion of ectopic pregnancies are due to the consequences of PID. Many cases of PID are caused by gonorrhea and chlamydia. Sexually active women in their childbearing years and women under the age of 25 are at greatest risk; and the cervix of teenage girls and young women is not fully matured, increasing their susceptibility to STDs that are associatedf with PID. Moreover, the more sex partners a woman has, and a woman whose partner has more than one other sex partner, are at the greatest risk of developing PID.[505]

- For the period 2005-2007, the Pelvic Inflammatory Disease Rate for Females Age 15-44 in Oneida County was 4.4 per 10,000; this was lower than the NYS rate of 5.5 per 10,000. The quartile ranking* for Oneida County was 3rd.[506]

HIV/AIDS

The CDC reports that at the end of 2006, an estimated 1.1 million persons in the U.S. were living with diagnosed or undiagnosed HIV/AIDS. In 2007, 42,655 new cases of HIV/AIDS in adults, adolescents, and children were diagnosed in the 33 states with long-term, confidential name-based HIV reporting. While African Americans represent approximately 12 percent of the U.S. population, they account for a higher proportion of cases at all stages of HIV/AIDS compared with members of other races and ethnicities.[507]

- For the period 2005-2007, the HIV Case Rate in Oneida County was 3.7 per 100,000; this was significantly lower than the NYS rate of 8.2 per 100,000. The quartile ranking* for Oneida County was 2nd.[508]
- For the period 2005-2007, the rate of Newly Diagnosed Cases of HIV in Oneida County was 5.4 per 100,000; this was significantly lower than the NYS rate of 24.0 per 100,000. The quartile ranking* for Oneida County was 2nd. This meets and exceeds the NYS Prevention Agenda 2013 Objective of 23.0 per 100,000. (Table 4.3)
- For the period 2005-2007, the AIDS Case Rate in Oneida County was 4.6 per 100,000; this was significantly lower than the NYS rate of 7.7 per 100,000. The quartile ranking* for Oneida County was 2nd.[509]

HIV/AIDS Mortality

- For the period 2005-2007, the AIDS Mortality Rate in Oneida County was 3.2 per 100,000; this was higher than the NYS w/o NYC rate of 2.3 per 100,000. The quartile ranking* for Oneida County was 4th.[510]

HOSPITAL-ACQUIRED INFECTIONS

The NYSDOH reports that healthcare-associated infections are a major public health problem. According to the Centers for Disease Control and Prevention (CDC), there were an estimated 1.7 million healthcare-associated infections and 99,000 deaths from those infections in 2002. A recent CDC report estimated the annual medical costs of healthcare-associated infections to U.S. hospitals to be between $28 and $45 billion, adjusted to 2007 dollars. As of July 2005, Public Health Law requires hospitals to report select hospital-acquired infections (HAIs) to the New York State Department of Health. The following data for HAI for Oneida County hospitals is from a

Table I21 – Hospital Acquired Infections Rates by Surgical Sites for Oneida County Hospitals, 2008
Source: Hospital-Acquired Infections - New York State 2008

Hospital	Colon	Hip	CLABSI Medical Surgical ICU
Statewide	4.4	1.1	2.4/2.0 Teaching/Not
Faxton-St. Luke's	0.8	0.5	3.1
Rome Memorial	6.9	2.9	0.0
St. Elizabeth Medical Center	7.1	0.0	1.0

NYSDOH report entitled "Hospital-Acquired Infections - New York State 2008" which provides HAI rates by individual hospital, region, and NYS totals for 2008; and compares these rates to the most recent available national data (2006-2007). The infections selected for reporting include colon surgical site infections, hip replacement surgical site infections, coronary artery bypass graft surgical site infections, central line-associated bloodstream infections (CLABSI) in intensive care units.[511]

- Within NYS, Colon SSI (surgical site infection) rates ranged from a significantly low infection rate of 2.8 per 100 in the Central Region (to include Oneida County hospitals) to a significantly high infection rate of 5.6 per 100 procedures in the Capital District.[512]
- Despite varying rates for Colon, Hip, and CLABSI Medical Surgical ICU Infections, the results of the findings for all three Oneida County hospitals is that their rates are considered not statistically different from the State average.[513]

Infectious Diseases - Primary Prevention Community Resources:

- The OCHD holds walk-in immunization clinics throughout the County a minimum of four times per week. Services are available to Oneida County residents and non-county residents of all ages.
- Travel immunization clinics are held at the Oneida County Health Department Clinic, by appointment, at the Utica Clinic site. Available vaccines include cholera, typhoid, tetanus, diphtheria, gamma globulin, yellow fever, meningicoccal, preexposure rabies, hepatitis A and B.
- The Federal government in conjunction with New York State, continue the "Vaccine for Children Program" (VFC) by supplying vaccines to both public and private providers. The goal is to have children fully immunized according to the recommended schedule by 2 years of age.
- The OCHD has participated in the NYS Immunization Registry program since 1996. This electronic registry supports tracking, recall and record sharing for all agency participants. Parents must consent to enrollment. As more agencies and medical practices enroll in the registry program, it may be expanded from a pediatric database to encompass all age groups. In addition to the Health Department, there are nine clinical practice sites, five school districts, one college and one youth agency enrolled.
- In Oneida County, several positive efforts are in place to address STD's. Clinicians that perform lab testing to diagnose STD's in Oneida County are identified through the mandated healthcare provider and laboratory reporting of STD's to OCHD. This initiates a CD report, ensures appropriate treatment and assists the confidential partner notification systems, all of which assist epidemiologic analysis and improve disease control methodologies.
- NYSDOH mandates availability of free, walk-in STD diagnosis and treatment clinics in the County. STD testing sites provide education and counseling on behavioral based prevention measures. Fortunately, the number of local drug resistant STDs remains low in Oneida County. Several gaps remain, however, that reduce the Department's ability to respond to STD issues.
- The Oneida County Health Department's STD Program ensures provision for evaluation, diagnosis and treatment of STDs to the public during walk-in, no charge clinics held in both Utica and Rome.

Patients may also be seen for treatment of infection by referral from other facilities. Along with treatment of the individual, with assistance from the NYSDOH, efforts are made to identify, locate and ensure treatment of sexual contacts. Behavioral counseling occurs to promote healthy behaviors and to prevent future disease transmission.

- Planned Parenthood, Utica and Rome offices offer STD diagnosis, treatment, and education services by appointment. Walk-ins are accepted during the Teen Night clinic in Utica.
- STD screening is provided by appointment with primary care providers (PCP) or specialists such as OB/GYN.
- Other Resources To Be Developed - See Attachment H for a listing of some Oneida County Resources.

INJURIES (UNINTENTIONAL & INTENTIONAL)

Injuries are classified into two categories "Intentional and Unintentional Injuries". Intentional injuries are injuries that occur with purposeful intent and include homicide, suicide, domestic violence, sexual assault and rape, bias related violence and firearms. Unintentional injuries are injuries that occur without purposeful intent, and are a leading cause of death and disability. Injury and violence is one of the 10 leading health indicators for HP 2010 as more than 400 Americans die each day from injuries due primarily to motor vehicle crashes, firearms, poisonings, suffocation, falls, fires, and drowning. The risk of injury is so great that most persons sustain a significant injury at some time during their lives.

NOTE:

The following symbols are used throughout this Community Health Assessment Report to serve only as a simple and quick reference for data comparisons and trends for the County. Further analysis may be required before drawing conclusions about the data.

- The apple symbol represents areas in which Oneida County's status or trend is **FAVORABLE** or **COMPARABLE** to its comparison (i.e., NYS, US) or areas/issues identified as **STRENGTHS**.
- The magnifying glass symbols represent areas in which Oneida County's status or trend is **UNFAVORABLE** to its comparison (i.e., NYS, US) or areas/issues of **CONCERN** or **NEED** that may warrant further analysis.

DATA REFERENCES:

- All References to tables are in **Attachment A – Oneida County Data Book.**
- See also **Attachment B – Oneida County Chart Book** for additional data.

The following section will review data for injury and violence in Oneida County primarily relating to unintentional injuries and homicide and assaults. Data for other violent events such as suicide and child abuse are briefly referenced in this section, but discussed in more detail in the Healthy Mothers, Healthy Babies and Healthy Children; Mental Health and Substance Abuse; and Health Risk Factors-Adverse Childhood Experiences Sections of this report.

UNINTENTIONAL INJURIES

According to the NYSDOH, unintentional injuries are a leading cause of death and disability among all age groups in the State regardless of gender, race or economic status; and it is also the leading killer of those aged 1-34 years. In addition, "more than 4,300 New Yorkers die every year as a result of an unintentional injury. Injury deaths are only part of the picture; and the consequences of non-fatal injuries range from temporary pain and inconvenience, to long-term disability, chronic pain, and a diminished quality of life. Hospitalization and rehabilitation services are often needed. Injuries are consistently among the leading causes of hospitalization for New Yorkers of all age groups. More than 130,000 individuals are injured severely enough to require hospitalization annually. Another 1.3 million unintentionally injured New Yorkers are treated and released from an emergency department each year. Furthermore, an injury may impact family members who are often called upon to care for the injured person. This can result in stress, time

away from work, and sometimes, lost income. The economic impact of injuries includes the costs associated with medical treatment and lost productivity, such as wages and accompanying fringe benefits, or the ability to perform one's normal household responsibilities. For 2000, the estimated lifetime economic impact of all injuries in the United States exceeded $406 billion."[514]

Unintentional Injury Hospitalizations

- For the period 2005-2007, the Unintentional Injury Hospitalizations Rate in Oneida County was 69.2 per 10,000; this was significantly higher than the NYS w/o NYC rate of 66.0 per 10,000. This is higher than the HP 2010 Goal of 44.5 per 10,000. The quartile ranking* for Oneida County was 3rd[515].

Unintentional Injury Hospitalizations by Age

- From 2000 to 2006 the Unintentional Injury Hospitalizations Rate for Children/Youth Ages 10-19 increased from 250.0 per 100,000 to 299.7 per 100,000.[516]
- For the period 2005-2007, the Unintentional Injury Hospitalizations Rate (Under age 10) in Oneida County was 25.3 per 10,000; this was higher than the NYS w/o NYC rate of 23.5 per 10,000. The quartile ranking* for Oneida County was 3rd.[517]
- For the period 2005-2007, the Unintentional Injury Hospitalizations Rate (age 10-14) in Oneida County was 21.3 per 10,000; this was comparable to the NYS w/o NYC rate of 22.4 per 10,000. The quartile ranking* for Oneida County was 2nd.[518]
- For the period 2005-2007, the Unintentional Injury Hospitalizations Rate (age 15-24) in Oneida County was 34.8 per 10,000; this was comparable to the NYS w/o NYC rate of 35.9 per 10,000. The quartile ranking* for Oneida County was 2nd.[519]
- For the period 2005-2007, the Unintentional Injury Hospitalizations Rate (age 25-64) in Oneida County was 47.5 per 10,000; this was higher than the NYS w/o NYC rate of 45.9 per 10,000. The quartile ranking* for Oneida County was 3rd.[520]
- For the period 2005-2007, the Unintentional Injury Hospitalizations Rate (age 65+) in Oneida County was 317.3 per 10,000; this was significantly higher than the NYS w/o NYC rate of 276.4 per 10,000. The quartile ranking* for Oneida County was 4th.[521]

Falls Hospitalizations

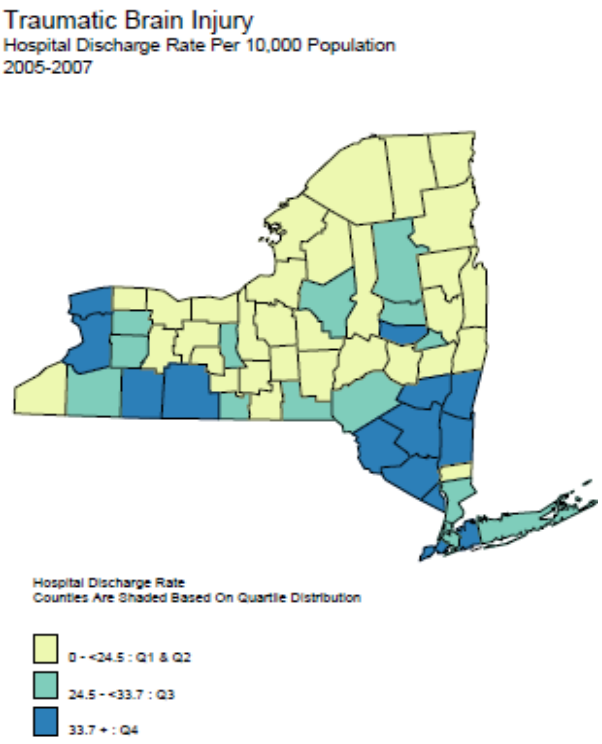
- For the period 2005-2007, the Falls Hospitalizations Rate in Oneida County was 38.9 per 10,000; this was higher than the NYS w/o NYC rate of 36.9 per 10,000. The quartile ranking* for Oneida County was 4th.[522]

Falls Hospitalizations by Age

- For the period 2005-2007, the Falls Hospitalizations Rate (Under age 10) in Oneida County was 7.5 per 10,000; this was lower than the NYS w/o NYC rate of 9.1 per 10,000. The quartile ranking* for Oneida County was 2nd.[523]
- For the period 2005-2007, the Falls Hospitalizations Rate (age 10-14) in Oneida County was 5.9 per 10,000; this was lower than the NYS w/o NYC rate of 7.2 per 10,000. The quartile ranking* for Oneida County was 2nd.[524]
- For the period 2005-2007, the Falls Hospitalizations Rate (age 15-24) in Oneida County was 6.1 per 10,000; this was comparable to the NYS w/o NYC rate of 6.4 per 10,000. The quartile ranking* for Oneida County was 3rd.[525]

- For the period 2005-2007, the Falls Hospitalizations Rate (age 25-64) in Oneida County was 19.3 per 10,000; this was higher than the NYS w/o NYC rate of 17.9 per 10,000. The quartile ranking* for Oneida County was 3rd.[526]
- For the period 2005-2007, the Falls Hospitalizations Rate (age 65-74) in Oneida County was 92.4 per 10,000; this was significantly higher than the NYS w/o NYC rate of 79.8 per 10,000. The quartile ranking* for Oneida County was 4th.[527]
- For the period 2005-2007, the Falls Hospitalizations Rate (age 75-84) in Oneida County was 265.8 per 10,000; this was significantly higher than the NYS w/o NYC rate of 243.8 per 10,000. The quartile ranking* for Oneida County was 4th.[528]
- For the period 2005-2007, the Falls Hospitalizations Rate (age 85+) in Oneida County was 603.9 per 10,000; this was significantly higher than the NYS rate of 43.9 per 10,000 and comparable to the NYS w/o NYC rate of 604.3 per 10,000. The quartile ranking* for Oneida County was 4th.[529]
- For the period 2004-2006, the Total Falls Hospitalizations Rate for Adults Age 65+ in Oneida County was 237.0 per 10,000; this was higher than the NY 2010 Goal of 155.0 per 10,000. (Table 4.3)

Figure J1



Pedestrian Injury Hospitalizations

- For the period 2004-2006, the Pedestrian Injury Hospitalizations Rate in Oneida County was 0.9 per 10,000; this was lower than the NYS rate of 1.9 per 10,000 and the HP 2010 Goal of 1.5 per 10,000. (Table 4.3)

Poisoning Hospitalizations

- For the period 2005-2007, the Poisoning Hospitalizations Rate in Oneida County was 10.8 per 10,000; this was higher than the NYS w/o NYC rate of 9.0 per 10,000. The quartile ranking* for Oneida County was 4th.[530]

Traumatic Brain Injury Hospitalizations

- For the period 2005-2007, the Traumatic Brain Injury Hospitalizations Rate in Oneida County was 9.0 per 10,000; this was comparable to the NYS rate of 9.3 and the NYS w/o NYC rate of 9.2 per 10,000. The quartile ranking* for Oneida County was 3rd.[531]

Unintentional Injury Mortality

- For the period 2005-2007, the Unintentional Injury Mortality Rate in Oneida County was 22.6 per 100,000; this was lower than the NYS w/o NYC rate of 27.2 per 100,000, but higher than the HP 2010 Goal of 17.1 per 100,000. The quartile ranking* for Oneida County was 1st.[532]

Unintentional Injury Mortality by Age

- From the period 1999-2001 to the 2004-2006 period, the Unintentional Injury Mortality Rate for Children/Youth Age 10-19 in Oneida County decreased from 12.9 per 100,000 to 10.3 per 100,000.[533]

Motor Vehicle Mortality

- For the period 2005-2007, the Motor Vehicle Mortality Rate in Oneida County was 9.1 per 100,000; this was comparable to the NYS w/o NYC rate of 9.5 per 100,000. This meets and exceeds the HP 2010 Goal of 9.2 per 100,000. The quartile ranking* for Oneida County was 2nd.[534]

Non-Motor Vehicle Mortality

- For the period 2005-2007, the Non-Motor Vehicle Mortality Rate in Oneida County was 18.1 per 100,000; this was lower than the NYS w/o NYC rate of 19.2 per 10,000. The quartile ranking* for Oneida County was 2nd.[535]

Alcohol Related Motor Vehicle Injuries and Deaths

- For the period 2005-2007, the Alcohol Related Motor Vehicle Injuries and Deaths Rate in Oneida County was 5.9 per 100,000; this was higher than the NYS rate of 4.0 per 100,000 a comparable to the NYS w/o NYC rate of 5.6 per 10,000. The quartile ranking* for Oneida County was 2nd. [536]

Oneida County STOP DWI reports that drivers under the age of 25 are four times more likely to be involved in a serious motor vehicle accident than older drivers for one or more of the following factors: lack of awareness of the consequences of risk-taking behavior; inexperience with the complexities of driving; driving as a social activity; peers in the vehicle with the young driver; impaired driving; and speeding.[537] The following highlights data related to safe driving practices for Oneida County from the New York State and County Traffic Safety Data.

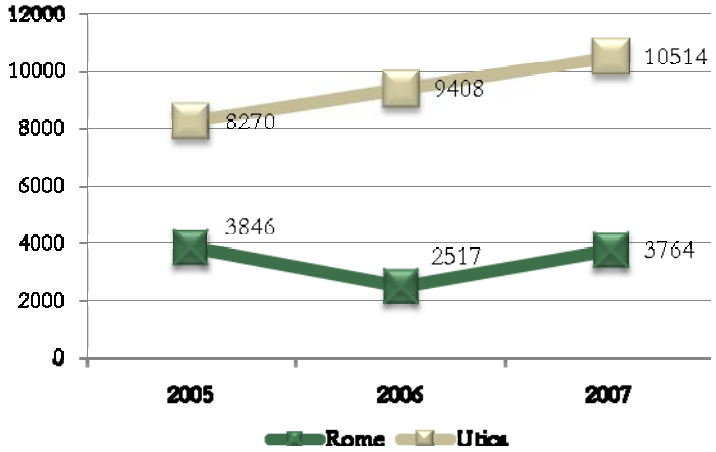
Reported Safety Equipment Use

- From 2005 to 2007, the percentage of accidents in Oneida County where a Motor Vehicle Occupant was Killed or Injured and Did Not Use a Safety Restraint decreased from 6.2% to 5.9%.[538]
- From 2005 to 2007, the percentage of accidents in Oneida County where a Motorcyclist was Killed or Injured and Did Not Use a Helmet decreased from 13.8% to 12.2%.[539]
- In 2007, the percentage of accidents in Oneida County where a Bicyclist was Killed or Injured and Did Not Use a Helmet is very high at 70.5%.[540]
- From 2005 to 2007, the total number of tickets issued in Oneida County for Speed Violations increased from 11,350 to 12,403. [541]
- From 2005 to 2007, the total number of tickets issued in Oneida County for Impaired Driving (Alcohol) increased from 1,786 to 1,925.[542]
- From 2005 to 2007, the total number of tickets issued in Oneida County for Safety Restraint Violations decreased from 5,843 to 5,039.[543]

Fire Safety

The CDC reports that deaths from fires and burns are the fifth most common cause of unintentional injury deaths in the United States and the third leading cause of fatal home injury. On average in the United States in 2006, someone died in a fire about every 162 minutes, and someone was injured every 32 minutes. Smoking is the leading cause of fire-related deaths and cooking is the primary cause of residential fires. Functioning smoke alarms on every level and in every sleeping area of a home can provide residents with sufficient warning to escape from nearly all types of fires. However, approximately half of home fire deaths in the U.S. occur in homes without smoke alarms.[544]

Figure J2- Reported Fire Incidents for the Cities of Utica and Rome, 2005-2007
Source: New York State Fire Reporting System



Note: Populations sizes are not comparable for the cities of Utica and Rome. Therefore, the intent of this chart is not to for comparison purposes, but to display trends in fire incidents for each city.

The New York State Fire Reporting System is the central data collection mechanism for more than 1,800 fire departments in the State. The NYS Office of Fire Prevention and Control prepares annual statistical reports based on data from this system on fire, accident, and burn injuries collected from paid and volunteer departments. It is possible to use fire data to draw conclusions about the adequacy of fire and building codes and consumer product safety and to measure the effects of fire safety education programs. The following is a summary of fire incidents for the two largest cities in Oneida County, Utica and Rome.

- From 2005 to 2007, the number of fire incidents reported for the City of Rome decreased slightly from 3,846 to 3,764.[545]
- From 2005 to 2007, the number of fire incidents reported for the City of Utica increased considerably from 8,270 to 10,514.[546]

INTENTIONAL INJURIES & VIOLENCE

The CDC Division of Violence Prevention states that violence is a significant problem in the United States that affects people in all stages of life. In 2006, 18,573 people died as a result of homicide and 33,300 took their own life. The number of violent deaths tells only part of the story. Many more survive violence and are left with permanent physical and emotional scars. Violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services. Intentional injuries usually result from violent events including suicide, homicide or assaults such as sexual assault, domestic violence, or

child or elder abuse.[547] Youth are involved as both perpetrators and victims of violence; elderly persons, females and children are often targets of both physical and sexual assaults, which are frequently committed by individuals they know.

Child Abuse and Maltreatment

(See the Health Risk Behaviors - Adverse Childhood Experiences and Healthy Mothers, Healthy Babies, Healthy Children Sections of this report for more data on child abuse and maltreatment)

- The rate of Oneida County **Children/Youth in Indicated Reports of Abuse/Maltreatment**, increased from 20.7/1,000 in 2000 to 29.1/1,000 in 2007; and Oneida County's rate of 29.1/1,000 for youth ages 0-17 who were abused or maltreated in 2007 compares unfavorably with 16.2 per 1,000 youth in the rest of the State who faced this situation, marking a 13 point difference.[548] A report by Kids Oneida, Inc., *Stop ACEs Oneida County*, states that ACEs are disproportionately higher in Oneida County than the rest of the State and have been on the rise since 2004.
- The rate of Oneida County **Indicated Reports of Child Abuse and Maltreatment** increased from 32.8 in 2000 to 34.3 in 2007; this rate was slightly higher than the NYS rate of 32.4.[549]

Assault Hospitalizations

- For the period 2005-2007, the **Assault Hospitalizations Rate** in Oneida County was 2.7 per 10,000; this was significantly lower than the NYS rate of 5.0 per 10,000 and comparable to the NYS w/o NYC rate of 2.8 per 10,000.The quartile ranking* for Oneida County was 3rd.[550]

Assault Hospitalizations by Age

- From the period 1999-2001 to the period 2004-2006 the **Hospitalizations Rate Resulting from Assault Among Youth Age 10-19** in Oneida County increased from 27.7 per 100,000 to 31.8 per 100,000.[551]

Homicide Mortality

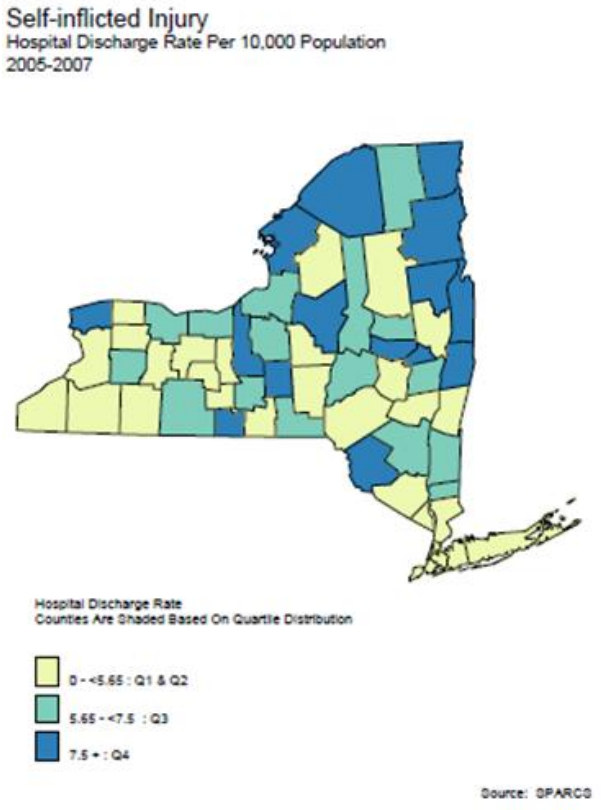
- For the period 2005-2007, the **Homicide Mortality Rate** in Oneida County was 4.2 per 100,000; this was higher than the NYS w/o NYC rate of 3.1 per 100,000. The quartile ranking* for Oneida County was 4th. This is higher than the HP 2010 Goal of 3.0 per 100,000.[552]

Self-Inflicted Injury Hospitalizations

(See the Mental Health and Substance Abuse and Healthy Mothers, Healthy Babies, Healthy Children Sections of this report for more data on self-inflicted injuries and suicide)

- For the period 2005-2007, the **Self-Inflicted Injury Hospitalizations Rate** in Oneida County was 8.6 per 10,000; and this was significantly higher than the NYS rate of 5.0 per 10,000 and the NYS w/o NYC rate of 5.6 per 10,000. The

Figure J3



quartile ranking* for Oneida County was 4th.[553]

Self-Inflicted Injury Hospitalizations by Age

- For the period 2005-2007, the Self-Inflicted Injury Hospitalizations Rate for 15-19 Year Olds in Oneida County was 12.9 per 10,000; and this was significantly higher than the NYS rate of 9.0 per 10,000 and higher than the NYS w/o NYC rate of 9.8 per 10,000. The quartile ranking* for Oneida County was 3rd. [554]

Suicide Mortality

(See the Mental Health and Substance Abuse and Healthy Mothers, Healthy Babies, Healthy Children Sections of this report for more data on self-inflicted injuries and suicide)

- For the period 2005-2007, the Suicide Mortality Rate in Oneida County was 10.4 per 100,000; and this was significantly higher than the NYS rate of 6.9 per 100,000 and higher than the NYS w/o NYC rate of 8.0 per 100,000. The quartile ranking* for Oneida County was 3rd.[555]

Suicide Mortality by Age

- For the period 2005-2007, the Suicide Mortality Rate for 15-19 Year Olds in Oneida County was 5.9 per 100,000; this was higher than the NYS rate of 3.9 per 100,000 and higher than the NYS w/o NYC rate of 4.7 per 100,000. The quartile ranking* for Oneida County was 3rd.[556]

Youth Personal Safety

- In the 2007 TAP Survey, 11.0% of teens said they were physically hurt in the past year by an adult at home. This is consistent with the results of the 1999 and 2003 TAP Surveys when 9.7% and 12.0% respectively said they were physically hurt by an adult in the past year.
- In the 2007 TAP Survey, significantly fewer teens felt bullied in 2007 than in 2003. When asked in 2007, 14.0% said they felt "constantly teased, threatened or harassed" by other youth. In 2003, it was 16.0%.
- In the 2007 TAP Survey, 6.0% of teens said they used physical force or threatened people "often" or "very often" to get their own way in the past year. This is a statistically significant decrease from the 2003 TAP Survey when 7.3% of teens said they "often" or "very often used physical force or threatened people."
- In the 2007 TAP Survey, one-quarter (25%) of all teens agreed that gang activity was a problem in their community. This is an increase from the 2003 TAP Survey when 22% agreed, but a decrease from 1999 when 27% agreed, gangs were a problem.
- According to the 2007 TAP Survey, most Oneida County teens (95.0%) said they felt safe at home. This is a slight increase over 93.0% in 2003 and similar to 94.0% for 1999.
- In the 2007 TAP Survey, 79.0% of Oneida County teens said they felt safe in their community. This is similar to 2003 when 81.0% said they felt safe in their community, but a statistically significant decrease from 1999 when 83.0% indicated this.
- In the 2007 TAP Survey, 79.0% of Oneida County teens said they felt safe at school; this is similar to 2003, but is a statistically significant decrease from the 1999 TAP Survey when 82.0% said they felt safe at school.

INJURY PRIMARY PREVENTION RESOURCES:

- Through a NYSDOH grant, Bicycle Helmet and Car Seat Program, the Oneida County Health Department distributes bicycle helmets and child passenger safety seats and educates families receiving these on injury prevention and proper installation of safety seats.
- The Oneida County Healthy Neighborhoods Program (OCHNP) a grant program funded by the NYSDOH and operated by the Oneida County Health Department, is an outreach and education program that conducts surveys in the Corn Hill section of Utica and also parts of West Utica. The program provides educational literature, safety products and referrals to other community programs for assistance in an effort to ensure safer housing, as well as fewer incidents of asthma attacks, lead poisoning, fire related injuries or death, carbon monoxide poisoning and unintentional injuries
- Other Resources To Be Developed - See Attachment H for a listing of some Oneida County Resources.

MENTAL HEALTH & SUBSTANCE ABUSE

NOTE:

The following symbols are used throughout this Community Health Assessment Report to serve only as a simple and quick reference for data comparisons and trends for the County. Further analysis may be required before drawing conclusions about the data.

- The apple symbol represents areas in which Oneida County's status or trend is **FAVORABLE** or **COMPARABLE** to its comparison (i.e., NYS, US) or areas/issues identified as **STRENGTHS**.
- The magnifying glass symbols represent areas in which Oneida County's status or trend is **UNFAVORABLE** to its comparison (i.e., NYS, US) or areas/issues of **CONCERN** or **NEED** that may warrant further analysis.

DATA REFERENCES:

- All References to tables are in **Attachment A – Oneida County Data Book.**
- See also **Attachment B – Oneida County Chart Book** for additional data.

Healthy People 2010 defines mental health as "*a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.*"[557] An individual's mental health status influences their well-being, family and interpersonal relationships, and contribution to society. Mental illness touches people of all ages, gender, race, and income. The NYSDOH reports that in the United States, mental illness affects 50 percent of the population at some point over their lifetime and less than half who are mentally ill receive care. Mental health and substance abuse are often, but not always, co-occurring disorders; they are interlinked with physical health status and many risky behaviors such as tobacco, alcohol and substance abuse; problem gambling; and risky sexual activity. Furthermore, eating disorders, disability, suicide, school failure, poor overall health, incarceration and homelessness commonly occur within the context of mental health concerns.[558] The New York State Office of Alcoholism and Substance Abuse Services (OASAS) estimates that one in 13 New York State residents suffer from a substance abuse disorder. The cost to society is compounded by the consequences of alcohol and substance abuse addiction, which impact public safety, health, welfare, and education. Unfortunately, myths and stigma associated with mental illness prevent many people from getting the help they need.

Over the last several years, the National Alliance on Mental Illness (NAMI) conducted a comprehensive survey and grading of state adult public mental healthcare systems. The 2006 and 2009 results suggest that the national mental health care system is in trouble receiving a disappointing grade of "D". The grade distribution shows that only six states received a grade of "B", one of which was NYS. Strengths in the system include the enacting of Timothy's Law to ensure equal mental health and substance abuse coverage in health care insurance plans; implementation of the "housing first" model which provides housing and then services for homeless persons; and Kendra's Law which authorizes involuntary assisted outpatient treatment which has resulted in fewer hospitalizations and arrests, and new investments in mental health services. The report concludes that despite this favorable grade, many urgent needs remain

in the NYS mental healthcare system that are also applicable to Oneida County, including severe shortages of acute care psychiatric beds and crisis stabilization programs.

Mental Health and Substance Abuse was identified as one of the priority areas of focus for Oneida County from the NYS Prevention Agenda. These results affirm the need for a holistic approach to improving community health that addresses physical, mental and social conditions. This section provides a summary of mental health and substance abuse issues in Oneida County and as a NYS Prevention Agenda priority for the County, and outlines ways in which area hospitals and the Health Department will collaborate with existing partnerships and organizations spearheaded by the Oneida County Mental Health Department to address mental health issues for children and adults in our community. A review of mental health issues specific to children and youths is also discussed in the Healthy Mothers, Healthy Babies, and Healthy Children Sections of this report.

Mental Health and Substance Abuse – Community Survey

- The importance and significant concern for mental health issues in the 2008 community visioning sessions is reflected in the incorporation of the following into the Oneida County Community Vision Statement: "A holistic approach to health that encompasses physical, mental, social, and spiritual needs and supports personal, family, and community values." (See Attachment D - Oneida County Community Vision Statement)
- In the 2008 Community Health Survey, alcohol and drug abuse ranked 5th and was selected by 26.9% of respondents as one of the top five most important issues that must be addressed to improve health and quality of life in the community. Mental health ranked 12th and was selected by 17.1% of respondents. Interestingly, a related issue, violence and crime ranked 2nd and was selected by 32.7% of respondents. (See Attachment E - Community Themes and Strengths)
- As part of the 2008 Forces of Change Brainstorming session, community partners identified social climate as a trend or factor impacting the health of the community and the public health system. The specific social climate issues identified relating to mental health and substance abuse, and included: childhood disorders, child abuse, adverse childhood experiences, and an increase in crime and drug and alcohol abuse (See Attachment G - Forces of Change Assessment).

Mental Health Status (2008)

- The percentage of adults reporting Poor Mental Health 14 or More Days within the Past Month in Oneida County was 11.0%; this was slightly higher than, but comparable to, NYS at 10.0%.[559]

Mental Health Status by Gender (2008)

- The percentage of adults reporting Poor Mental Health 14 or More Days within the Past Month in Oneida County was 13.2% for Females and 8.6% for Males.[560]

Mental Health Status by Age (2008)

- The percentage of adults reporting Poor Mental Health 14 or More Days within the Past Month by Age show that for Oneida County, those within the 35-44 age group are most likely to report experiencing poor mental health. The percentages by age group were: 18-34, 10.1%; 35-44, 20.7%; 45-54, 10.3%; 55-64, 11.8%; and 56 and older, 4.0%.[561]

- With 20.7% of 35-44 year old adults reporting Poor Mental Health 14 or More Days within the Past Month by Age, Oneida County was higher than the same age group for NYS at 10.3%.[562]
- The 4.0% of 65+ year old adults reporting Poor Mental Health 14 or More Days within the Past Month by Age for Oneida County in 2008 was lower than the same age group for NYS at 7.0%.[563]
- The Oneida County 2007 Tap Survey reported that in 2007, 27.0% of all teens said they felt depressed during the past 12 months, and they had felt so sad or hopeless everyday for two weeks in a row or more, that they stopped doing some usual activity. This is consistent with the 2003 TAP Survey. A higher percentage of females, 32.0%, said they felt depressed, compared to males at 23.0%.[564]

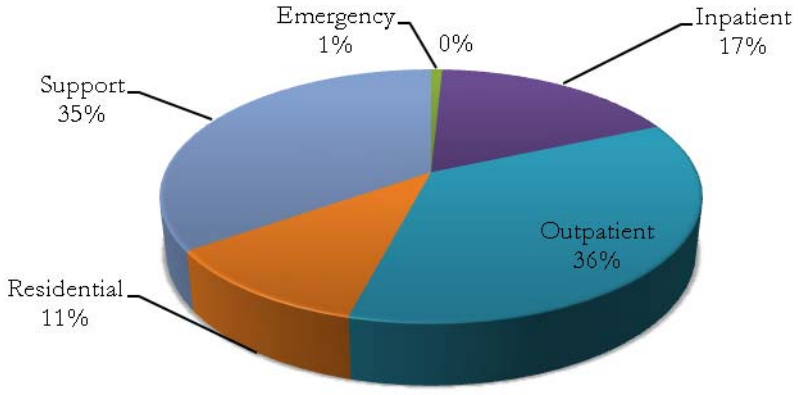
Mental Health Status by Socioeconomic Status (2008)

- The percentage of adults reporting Poor Mental Health 14 or More Days within the Past Month by Education show that for Oneida County in 2008, those without a college degree or higher are more likely to report experiencing poor mental health. Percentages are as follows by education level: high school or less was 11.5%; some college was 11.6%; and those with a college degree or higher was 9.1%.[565]
- The percentage of adults reporting Poor Mental Health 14 or More Days within the Past Month by Income show that for Oneida County in 2008, those within the $25,000-$49,999 income bracket were more likely to report experiencing poor mental health. Percentages were as follows by income bracket: $24,999 or less was 9.4%; $25,000-$49,999 was 19.1%; $50,000-$74,999 was 8.5%; and $75,000 or more was 9.6%.[566]

MENTAL HEALTH SERVICES UTILIZATION

All programs licensed or funded by the NYS Office of Mental Health (OMH) are required to complete the Patient Characteristics Survey (PCS), which is conducted every two years, and collects demographic, clinical, and service-related information for each person who receives a public mental health service during a specified one-week period. This data also provides county-level prevalence estimates for Serious Emotional Disturbance (SED), Serious Mental Illness (SMI) and Serious Persistent Mental Illness (SPMI).

Figure K1-ONEIDA COUNTY CLIENTS SERVED DURING WEEK OF 2007 PCS, BY DIAGNOSIS CATEGORY
Source: NYSOMH Patient Characteristic Survey, 2007



The NYSOMH (New York State Office of Mental Health) estimates that 500,000 NYS children experience SED (in any 12 months, a diagnosable mental health disorder and functional impairment in children ages 9–17). Children with SED have the highest rate of high school dropout among all disabilities and have higher levels of co-morbid health, social and learning problems. In addition it estimated that 3,500,000 New Yorkers have mental illness (diagnosable mental health disorder), 790,000 have SMI (mental health disorder and a substantial functional impairment), and 380,000 have SPMI (mental health disorder, substantial functional impairment, of prolonged duration). NYSOMH reports that on average, people with serious mental illness die 25 years earlier than the general public and mental illness is the leading cause of disease burden for women ages 15-44.[567]

- According to the 2007 PCS, the majority of Oneida County Patients Receiving Public Mental Health Services Served During the PCS Week were those diagnosed with Other Mental Disorders – 29.0%, Mood Disorders – 27%, and Schizophrenia and Related Disorders -23.0%. (See Figure K1)
- The number of Oneida County Clients Served with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) increased 9.0% from 2,126 in 2003 to 2,326 in 2007; and each year these accounted for approximately 80% of all clients served during the PCS Week.[568]

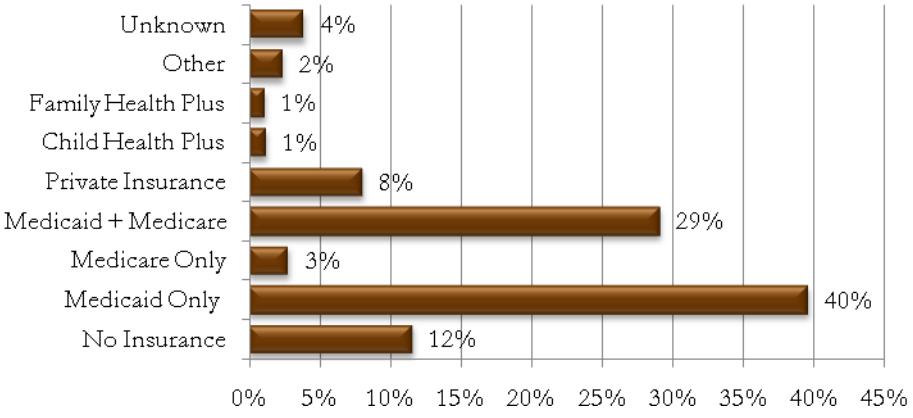
Mental Health Services by Health Insurance Status

- According to the 2007 PCS, the percentage of Clients by Health Insurance Status shows that the majority of the 2,899 clients receiving services in Oneida County were covered by public insurance programs; 40.0% were covered by Medicaid, 29.0% by Medicaid + Medicare, 12.0% were uninsured, and 8.0% were privately insured.(Figure K3)

Mental Health Services by Program Category

- According to the 2007 PCS, the Clients Served by Program Category shows that the majority of Oneida County clients received Outpatient services. The percentages were as follows: Outpatient - 41.0%; Support – 32.0%; Inpatient – 17.0%; Residential – 9.0%; and Emergency – 1.0%. Although the percentage of emergency services was the lowest of all categories, it is interesting to note that 34.0% of these services were consumed by youth under the age of 18.[569]

Figure K3- Mental Health Services by Health Insurance - PCS Week 2007, Oneida County
Source NYSOMH 2007 Patient Characterstic Survey, 2007



Children with Serious Emotional Disturbance

- According to the 2007 PCS, the number of Oneida County

Children aged 8 and Under with Serious Emotional Disturbance Served During the PCS Week was 85; this accounts for approximately 14% of the total 603 children aged 8 and under served during the 2007 PCS Week for the entire CNY Region***.[570]

- According to the 2007 PCS, the estimated prevalence of Children aged 9-17 with Serious Emotional Disturbance (SED) in Oneida County was 3,287; and the percentage of these served during the 2007 PCS Week was 10.6% which is higher than the 8.6% served for the entire CNY Region ***.[571]
- Kids Oneida, Inc., is a successful community model of wrap around care for high-risk children with serious emotionally disturbances and their families, and it reported that in 2007, 46% of children enrolled in their program had a primary diagnosis of Disruptive Behavioral Disorders; 20% for Depression and Mood Disorders, 11% for Bipolar Disorders, and 7% for Anxiety Disorders.[572]

Adults - Serious Mental Illness (SMI) and Serious & Persistent Mental Illness (SPMI)

- According to the 2007 PCS, the estimated prevalence of Adults aged 18-64 with Serious Mental Illness (SMI) in Oneida County was 7,846; the percentage of these served during the 2007 PCS week was 20.0% which is higher than the 15.0% served for the entire CNY Region ***.[573]
- According to the 2007 PCS, the estimated number of Adults aged 18-64 with Serious and Persistent Mental Illness (SPMI) in Oneida County was 3,777.[574]

Elderly Adults - Serious Mental Illness (SMI) and Serious & Persistent Mental Illness (SPMI)

- According to the 2007 PCS, the estimated number of Adults aged 65 and Older with Serious Mental Illness (SMI) in Oneida County was 1,997; the percentage of these served during the 2007 PCS week was 5.0% which is higher than the 4.0% served for the entire CNY Region ***.[575]
- According to the 2007 PCS, the estimated number of Adults aged 65 and Older with Serious and Persistent Mental Illness (SPMI) in Oneida County was 962.[576]

*(***For the NYSOMH PCS, the CNY Region includes the following counties: Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, Saint Lawrence).*

SUICIDE

According to the National Institute of Mental Health (NIMH), in 2006, suicide was the eleventh leading cause of death in the U.S., accounting for 33,300 deaths. An estimated 12 to 25 attempted suicides occur per every suicide death. Suicide is often related to severe depression, alcohol or substance abuse, or a major stressful event. NIMH reports that, American Indian and Alaska Natives (15.1 per 100,000) and Non-Hispanic whites (13.9 per 100,000) are at higher risk of suicide than Hispanics, African Americans, and Asian/Pacific Islanders. Suicide is also a major public health problem among youth. In 2006, suicide was the third leading cause of death for people ages 15 to 24. In addition, the suicide rate for older adults aged 65 and older is disproportionately higher than the general population; of every 100,000 people ages 65 and older, 14.2 died by suicide in 2006 in comparison to 10.6 per 100,000 for the general population.[577]

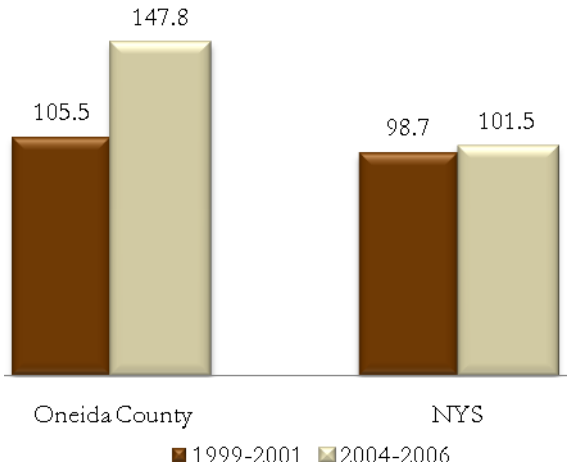
Suicide Thoughts/Attempts

- In 1999, the percentage of teens who indicated they attempted suicide in the past year was nearly the same locally as nationally. In both the United States and Oneida County, the percentage for 9th graders was 10.0% and for 11th graders, 7%. For 9th graders, the national rate remained at 10% in

2005, but by 2007 the rate in Oneida County approached 12.0%; and for 11th graders the national rate declined to 5.0% by 2005 while for Oneida County it went up from 7% in 1999 to 10% in 2007. [578]

- A higher percentage of females than males said they seriously considered attempting suicide. In 2007, 20.0% of females compared to 16.0% of males said they had seriously considered it. However, when asked how many times they actually attempted suicide, 11.0% of both males and females said they actually attempted suicide. [579]
- Approximately 1 in 7 teens (14.0%) said they actually planned how they might commit suicide. This has decreased since the last TAP survey. In both 2003 and 1999, 18.0% planned how they might commit suicide.[580]

Figure K4- 15-19 Year Olds Rate of Self-Inflicted Injuries Hospitalizations, Oneida County 1999-2001 and 2004-2006
Source: New York State Department of Health



Self-inflicted Injuries

- For 2005-2007, the Self-inflicted Injury Discharges Rate (from hospitals) for Oneida County was 8.6 per 10,000; and this is much higher than the rate of 4.9 per 10,000 for NYS.
- For 2005-2007, the Self-inflicted Injury Discharges Rate for 15-19 Year Olds in Oneida County was 12.9 per 10,000; and this is much higher than the rate of 9.0 per 10,000 for NYS.
- From 1999-2001 to 2004-2006, the Self-Inflicted Injuries - Hospitalizations Rate for Youth (15-19 years) in Oneida County increased considerably from 105.5 per 100,000 to 147.8 per 100,000.; and this rate is much higher than the NYS exc. NYC rate which increased from 98.7 per 100,000 to 101.5 per 100,000.[581]

Self-Inflicted (Suicide) - Mortalities

- From 1999-2001 to 2004-2006, the Self-Inflicted Injuries (Suicide) Mortality Rate for Youth (15-19 years) in Oneida County increased from 7.9 per 100,000 to 12.6 per 100,000. This rate is comparable to the NYS exc. NYC rate which decreased from 19.1 per 100,000 to 12.0 per 100,000.[582]
- For 2005-2007, the Suicide Mortality Rate for Youth (15-19 years) in Oneida County was 12.9 per 10,000; and this is much higher than the rate of 9.0 per 10,000 for NYS.
- For 2005-2007, the Suicide Mortality Rate for Oneida County was 10.0 per 100,000; and this is much higher than the rate of 6.7 per 100,000 for NYS.

SUBSTANCE ABUSE

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) estimates that approximately ten percent of State residents age 12 and older experience a substance use disorder

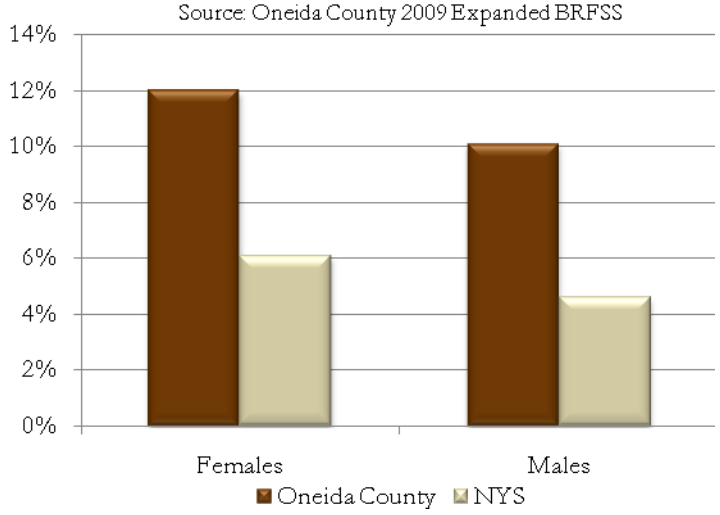
(addiction or abuse) annually. Statewide, almost 1.8 million New Yorkers (1.6 million adults and 160,000 youth ages 12-17) have a substance abuse problem.[583]

The data for adult binge drinking in the following section is from the 2009 Expanded BRFSS (administered in 2008) for Oneida County for which binge drinking is defined as men having 5 or more drinks or women having 4 or more drinks on 1 or more occasion within the past month. Heavy drinking is defined as adult men averaging more than 2 alcoholic drinks per day and adult women averaging more than 1 alcoholic drink per day within the past month

Binge/Heavy Drinking (2008)

- The percentage of **Binge Drinkers within the Past Month among Adults** in Oneida County was 21.1%; and this is higher than the percentage for NYS at 19.6%.[584]
- The percentage of **Heavy Drinkers within the Past Month among Adults** in Oneida County was 11.0%; this is considerably higher than the percentage for NYS at 5.4%.[585]
- Over twenty-six percent (26.9%) of respondents in the Oneida County 2008 Community Health Survey selected alcohol and substance abuse as one of the top 5 most important issues to improve health and quality of life in the community; this ranked 5th out of 32 issues. (See Attachment E - Community Themes and Strengths)

Figure K5 - Gender and Heavy Drinking Among Adults in Oneida County and NYS, 2008
Source: Oneida County 2009 Expanded BRFSS



Binge/Heavy Drinking by Gender

- The percentage of **Binge Drinkers within the Past Month among Adults** shows that males in Oneida County are more likely to binge drink than females. Binge drinking among adult males in Oneida County is 30.2%; and this is considerably higher than the percentage for females at 12.1%.[586]
- The percentage of **Heavy Drinkers within the Past Month among Female Adults** in Oneida County was 12.0% which is slightly higher than Males at 10.1%. Both of these numbers are unfavorable in comparison to NYS Males at 4.6% and Females at 6.1%[587]

Binge/Heavy Drinking and Age

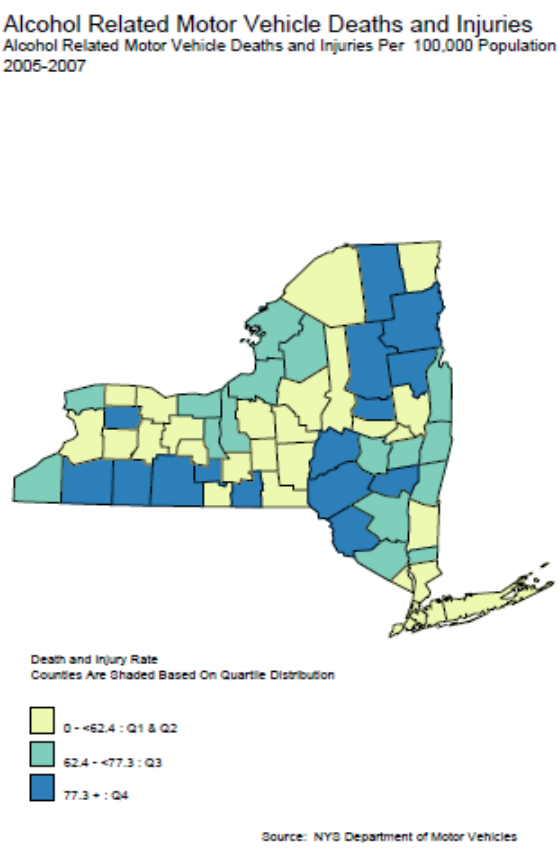
- The percentage of **Binge Drinkers within the Past Month among Adults** in Oneida County for those in the 45-54 age group was 32.6%. This is considerably higher than the same age cohort for NYS at 18.7%; and for other age cohorts in Oneida County, specifically 55-64 at 9.9% and 65 years and older at 2.9%. Data for 18-44 year olds is not available. [588]

- The percentage of Heavy Drinkers within the Past Month among Adults in Oneida County is highest among those in the 35-44 age group at 14.2%; and the 45-54 age group at 12.3%. This is considerably higher than the same age groups for NYS at 5.0% and 5.5% respectively. Data for 18-44 year olds is not available. [589]
- According to the 2007 Oneida County TAP Survey, about 42% of teens that used alcohol were regular users (drank at least a few times per month). This represents a reduction in regular alcohol use from the previous two surveys. In 2003, 45% said they were regular users and in 1999, it was 49%.[590]
- Fewer teen alcohol users are binge drinking now when compared to the results of the original TAP survey in 1999. However, binge drinking is up in 2007 from 2003. In 2007, one-third of teen alcohol users (33%) said they had gone binge drinking in the past 30 days. In 2003, it was more than a quarter (28%), and in 1999, 41% of teen alcohol users noted they had gone binge drinking. [591]

Binge/Heavy Drinking and Socioeconomic Status

- The percentage of Binge Drinkers within the Past Month among Adults in Oneida County with a high school education or less was 20.0%. This is comparable to those with a college degree or higher at 18.4%.[592]
- The percentage of Heavy Drinkers within the Past Month among Adults in Oneida County with a high school education or less was 6.1%. This is less than the percentage for those with a college degree or higher at 8.3%.[593]
- The percentage of Binge Drinkers within the Past Month among Adults in Oneida County is more common among those with higher incomes. For those with incomes of $24,999 or less the percentage was 13.2%; incomes between $25,000-$49,999 at 25.4%; and $75,000 and higher was 27.6%.[594] Data is not available for those in the $50,000-$74,999 income bracket.
- The percentage of Heavy Drinkers within the Past Month among Adults in Oneida County is more common among those with higher incomes. For those with incomes of $24,999 or less the percentage was 4.0%; incomes between $25,000-$49,999 at 7.9%; and $75,000 and higher was 10.6%.[595]
  Data is not available for those in the $50,000-$74,999 income bracket.

Figure K6



Illegal Drug Use

- One in 5 teens (20%) in 2007 reported they tried marijuana. This is a significant decrease over the two previous TAP surveys. In 2003, one-quarter (25%) of teens had tried marijuana, and in 1999, as many as 30% of all teens did. This decrease is true for both males and females. [596]

- One in 11 teens (9%) used marijuana at least a couple of times per month in 2007. This is also a decline from previous years. In 2003, 12% of all teens used marijuana at least a couple of times a month, and in 1999 it was 1 in 8 (13%).[597]
- In 2007, among other drugs: 8.3% of all teens tried an inhalant; 7.5% tried other people's prescriptions; 2.9% tried heroin; 3.2% tried methamphetamines. 3.3% tried ecstasy; 3.2% tried steroids; 4.4% tried cocaine; 11.6% used over the counter drugs to get high; and 4.3% said they tried other drugs such as LSD or PCP. [598]

Drug-related Hospitalizations

- For 2004-2006, the Drug-related Hospitalizations Rate was 15.7 per 10,000; this rate is much lower than the NYS rate of 34.0 per 10,000 and meets and exceeds the NYS Prevention Agenda 2013 Objective 26.0 per 10,000.[599]

Alcohol-Related Motor Vehicle Deaths and Injuries

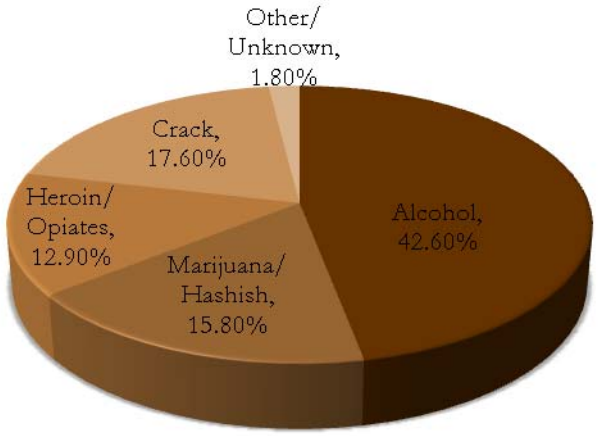
- For 2005-2007, the Alcohol Related Motor Vehicle Deaths and Injuries Rate for Oneida County was 59.3 per 100,000; this rate is higher the rate of 40.3 per 100,000 for NYS.

Substance Abuse Related Arrests

- From 2000 to 2007, the Young Adult Arrests for Drug Use/Possession/Sale Rate (aged 16-21 years) increased considerably from 55.1 per 10,000 to 77.2 per 10,000.[600]

Figure K7- Chemical Dependency Services - Primary Substance at Admission, Oneida County, 2006-2007

Source: NYS OASAS, Oneida County Profile Chemical Dependency, 2008



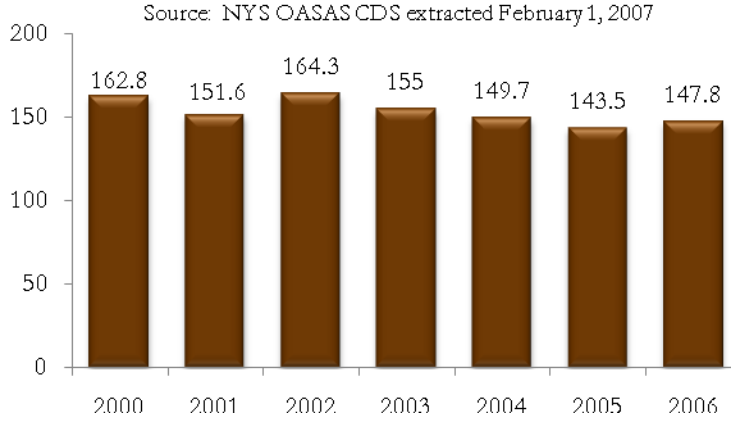
- From 2000 to 2007, the Young Adult Arrests for Driving While Intoxicated Rate (aged 16-21 years) increased from 60.8 per 10,000 to 63.6 per 10,000; this rate is comparable to NYS exc. NYC which increased from 61.9 per 10,000 to 65.9 per 10,000. [601]
- From 2000 to 2007, the Young Adult Arrests for Property Crimes Rate (aged 16-21 years) increased from 248.7 per 10,000 to 279.2 per 10,000; this rate is much higher than NYS exc. NYC which decreased from 190.6 per 10,000 to 167.6 per 10,000. [602]
- From 2000 to 2007, the Young Adult Arrests for Violent Crimes Rate (aged 16-21 years) increased from 39.1 per 10,000 to 42.2 per 10,000; however, this rate is lower than NYS exc. NYC which decreased from 57.7 per 10,000 to 51.2 per 10,000. [603]
- From 2004 to 2006, the Juvenile Delinquent Intakes Rate (aged 10-15 years) decreased from 28.1 per 10,000 to 23.9 per 10,000; however, this rate is higher than NYS exc. NYC which decreased from 16.4 per 10,000 to 16.1 per 10,000.[604]

Chemical Dependency Services

- In 2007, the majority of Admissions for Chemical Dependency Services by Primary Substance in Oneida County were for Alcohol abuse with 42.6% followed by Crack -17.6%, Marijuana/Hashish-15.8%, Heroin/Other Opiates – 12.9%, Cocaine -9.2%, and Other /Unknown**** -1.8%. (Figure K7)
- In 2007, the percentage of Admissions for Chemical Dependency Services by Primary Substance in Oneida County was higher than NYS w/o NYC for the following: Crack -17.6% and 10.8%, and Cocaine – 9.2% and 7.3%, respectively.[605]
- In 2007, the percentage of Admissions for Chemical Dependency Services by Primary Substance in Oneida County was lower than NYS w/o NYC for the following: Alcohol -42.6% and 48.2%, Heroin/Other Opiates – 12.9% and 16.3%, Marijuana/Hashish – 15.8% and 16.8%, and Other/Unknown**** 1.8% and 2.8% respectively.[606]
- In 2007, the number of Admissions for Chemical Dependency Services in Oneida County was 3,249, which includes County residents admitted in programs anywhere in NYS; 85.4% of these were admitted in Oneida County programs, 5.8% of these were Veterans, 18.2% were Homeless, 20.2% were employed, 50.0% had Criminal Justice Status, and 51.9% were COA/COSA (Child of an Alcoholic or Child of a Substance Abuser).[607] Reviewing the characteristics of those using services can assist in identifying vulnerable populations at risk for substance abuse including veterans, homeless, and children in households with a substance abuser.
- In 2007, the percentage of Patients Admitted to Non-Crisis+ Chemical Dependence Treatment Services with Prior Chemical Dependence Treatment was 70.5%.[608]
- In 2007, the percentage of Patients Admitted to Non-Crisis+ Chemical Dependence Treatment Services with Physical Impairment was 13.5%.[609]
- In 2007, the percentage of Patients Admitted to Non-Crisis+ Chemical Dependence Treatment Services with Mental Retardation was 2.3%.[610]
- In 2007, the percentage of Patients Admitted to Non-Crisis+ Chemical Dependence Treatment Services with Mental Illness was 38.8%.[611]
- In 2007, the percentage of Women Admitted to Non-Crisis+ Chemical Dependence Treatment Services and Pregnant was 3.3%.[612]
- In 2007, the percentage of Patients Admitted to Non-Crisis+ Chemical Dependence Treatment Services and Living with Children was 26.9%.[613]

Figure K8- Rate of Chemical Dependency Use of Services by per 10,000 residents, Oneida County, 2000-2006

Source: NYS OASAS CDS extracted February 1, 2007



- From 2000 to 2006 the Chemical Dependency Use Rate of Services in Oneida County decreased from 162.8 per 10,000 to 147.8 per 10,000. (Table 5.3) (Figure K8)

Chemical Dependency Services by Age

- From 2000 to 2005 the percent of Medicaid Eligible Population (12-17 years old) utilizing Chemical Dependency Services has remained relatively constant increasing nominally from 2.2% to 2.3%. (Table 7.6)
- From 2000 to 2005 the percent of Medicaid Eligible Population (18 Years and Older) utilizing Chemical Dependency Services has remained relatively constant increasing nominally from 4.9% to 5.0%. (Table 7.6)
- In 2007, the percentage of Admissions by Age Group for Chemical Dependency Services in Oneida County was as follows: 6.8% for ages 18 and under; 18.4% for ages 18-24; 26.8% for ages 25-34; 27.2% for ages 35-44; 17.3% for ages 45-54; and 3.5% for ages 55 and Older.[614]

Chemical Dependency Services by Gender

- In 2007, the percentage of Admissions by Gender for All Chemical Dependency Services in Oneida County was 71.5% Males and 28.5% Females; this trend is similar to the rest of the State with 74.8% and 25.2% respectively. However, the data breakdown by service type shows that Males - 38.9%, in Oneida County were less likely to be admitted for Methadone Services than Females - 61.1%; and this trend is the opposite for the rest of the State with 72.1% for Males and 27.9% for Females.[615]

Chemical Dependency Services by Ethnicity

- In 2007, the percentage of Admissions by Ethnicity for Chemical Dependency Services in Oneida County was as follows: Caucasian - 70.0%; African American -19.4%; Hispanic – 7.3%; and Other -3.3%.[616]

Chemical Dependency Services by Payment Source

- In 2007, the percentage of Discharges from Chemical Dependency Services by Primary Payment Source in Oneida County was 34.7% for Medicaid, 28.8% for None, 13.8% for Other, 11.6% for Private Insurance; and 11.2% for Self-Pay.[617]

****Other/Unknown includes barbiturates and other sedatives, methamphetamine and other amphetamines/stimulants, PCP and other hallucinogens, benzodiazepines and other tranquilizers, inhalants, over-the-counter drugs, and other unspecified drugs.
+Non-Crisis services include outpatient, inpatient, rehabilitation, residential and methadone.

MENTAL HEALTH - ACCESS TO CARE

Many of the references to mental health issues specified in the 2008 Oneida County Community Health Survey related to access and barriers to care, including: a need for better insurance coverage for mental health and substance abuse issues. Of special concern are: the needs for the underinsured and Medicaid recipients; improved and increased mental health services; more mental health providers especially crisis intervention, improved mental health awareness; and more resources for mental health, drug and alcohol, and family counseling. The stigma associated with mental health and substance abuse was also identified as a barrier to care. An analysis of mental health service needs and gaps identified by the Oneida County Mental Health Department is outlined in this section along with an excerpt from a report prepared by Stephen Darman, Social Science Associates for the OCDMH, on the health and mental health issues

specific to homeless and veterans populations in Oneida County. See the Access to Health Care Section of this report for more details on access to care issues relating to all areas of health.

- Community providers have identified a need for both acute and community mental health services for children, adolescents and adults and have identified mental health as one of the top 5 care areas with accessibility problems in the CNY Region.[618]
- There are 61 Psychiatric Acute Care Beds in Oneida County; the estimated number of beds needed is 94. (Table 6.2) Moreover, there is a shortage of beds for youths requiring psychiatric hospitalization.
- There is some concern expressed by hospitals regarding the fact that the Oneida County Mobile Crisis Assessment Team (MCAT) ceased assessing children in Emergency Departments (ED) as of August 1, 2009 and will no longer assess adults there as of October 1, 2009. One objective of this change is to increase the numbers of community screenings, so patients do not go to the ED for mental-health concerns inappropriate for the ED. The Oneida County Department of Mental Health (OCDMH) Emergency Psychiatric Services System (EPSS) committee, which includes representatives from all three Oneida County hospitals (St. Elizabeth Medical Center, Faxton-St. Luke's Hospital and Rome Memorial Hospital), MCAT and the Neighborhood Center will collaborate to assist in this transition. The plan of action is at the conclusion of this section in Opportunities for Action.
- A need for improved coordination between the systems that serve those with physical, social and mental health needs

The following is a summary of some of the mental health service needs and gaps as identified in the *Oneida County Department of Mental Health 2009 Local Services Plan for Mental Hygiene Services.*[619] Current community initiatives being undertaken to address some of these are also highlighted.

- Gambling: The expansion of gambling opportunities in Central NY has led to an increase in compulsive gambling and its damaging effects on families. Oneida County is relatively new to addressing this problem; however, two organizations have led the community efforts in this area: the Mohawk Valley Council on Alcoholism and Addictions has conducted a preliminary public awareness campaign and Insight House Chemical Dependency Services, Inc. is beginning to offer treatment services. Data is not available on the extent of the problem or the outcome of treatment efforts and will be included in future OCDMH plans as it becomes available
- Co-occurring Disorders: Providers report a significant increase in the number of clients with co-occurring mental health disorders. Adult outpatient mental health services in Oneida County continues to experience serious fiscal crises as the current system of reimbursement is not meeting the needs of the provider agencies. This is a barrier to providing effective integrated services for successful outcomes of substance abusers.[620]
- Returning Veterans: Oneida County can expect between 400 - 500 returning veterans. The OCDMH provides outreach and linkages for returning veterans and has taken the lead in training local providers in treating Post Traumatic Stress Disorder and Traumatic Brain Injury for this group.[621]

- Aging: Oneida County has a large and growing aging population. The OCDMH is in discussions with the Office for the Aging regarding services, needs and concerns for the aging such as medication management, transportation, and family involvement.[622]
- Prisoner Re-entry: At any given time, Oneida County has over 400 people on parole.[623]
- Outpatient Services: Discussions are being held with Insight House Chemical Dependency Services to develop both housing and clinic services in Rome where gaps currently exist for outpatient services. In addition, the County has experienced severe service interruption with the loss of the Center for Addiction Recovery Services Methadone services and the Shelter Care Plus units along with the recent curtailing of outpatient services by D.A. Mancuso Counseling Services. OCDMH has assessed the impact of these losses and approached Central NY Services regarding submitting an application to NYS OASAS for outpatient services, which is pending approval. [624]
- Homelessness: OCDMH set out to determine why individuals were not recovering from substance abuse and mental illness and to identify the barriers to recovery. Through a stringent community wide effort, homelessness and supportive housing needs surfaced as the number one issue affecting long term recovery. Oneida County Department of Mental Health, in conjunction with the Mohawk Valley Housing and Homeless Assistance Coalition, funded research on chronic homelessness to assess the impact on the substance abuse, mental health and jail systems. These results are highlighted in the next section of this report – Homeless and Veterans.[625]

Mental Retardation and Developmental Disabilities

OCMHD MRDD (Mental Retardation and Developmental Disabilities) Subcommittee surveyed county committees, agency committees/groups and other community organizations that support individuals with DD. The following is a summary of needs and recommendations for system improvements:

- Cross systems training, for dually diagnosed and aging clients.
- Better coordination of service delivery between systems.
- More specialized housing for children and adults with dual diagnosis
- Staff to assist those individuals with a dual diagnosis who chose to live independently
- Competent psycho-educational/clinical services to address the severity of behaviors in children with DD.
- More expedient DD eligibility determination and waiver service delivery.
- Transportation out of town, respite services, and equipment for children under age 3.
- Transportation to assist elderly caregivers.
- Medical respite.
- Appropriate employment for individuals with dual diagnosis.

HOMELESS AND VETERANS

Assessing the health status of the community includes identifying and addressing the needs of vulnerable populations that are at higher risk for both physical and mental health problems. In Oneida County, these include homeless and veterans populations. The evidence shows that poor health can contribute to being

homeless, and being homeless can lead to poor health. According to the National Institutes of Health, the health of homeless people in the United States is worse than that of the general population. Common health problems include mental illness, substance abuse, bronchitis and pneumonia, problems associated with exposure to the outdoors, and wound and skin infections. [626] Furthermore, people who serve in the military and veterans face some different health issues than civilians. During wartime, the main health concerns are life-threatening injuries. In addition, service members and veterans are at risk for mental health problems including anxiety, post-traumatic stress disorder, depression and substance abuse.[627]

The following is a summary of issues relating to the growing homeless population in the County. This section is an excerpt from the research report, *Homelessness in Oneida County, NY, Understanding and Addressing a Hidden Social Problem* prepared and contributed by Stephen Darman, Social Science Associates[628], and funded by the Oneida County Department of Mental Health in support of the Mohawk Valley Housing and Homeless Assistance Coalition.

Point-in-Time Count Results

We counted 316 persons who were homeless on January 24, 2007. Two years later on January 28, 2009, we counted 419 homeless persons, a substantial increase. Most of this increase is accounted for by increased numbers of homeless youth and adult males.

Most of the homeless persons counted in the 2009 census were residing in temporary (emergency or transitional) housing. Sixteen adult individuals (11 men and 5 women) were sleeping in places not meant for human habitation- on the streets, in their car, or in an abandoned building**. Not included in this count are individuals who were homeless prior to an arrest and incarceration at Oneida County Jail, and other homeless persons we did not locate during the census.

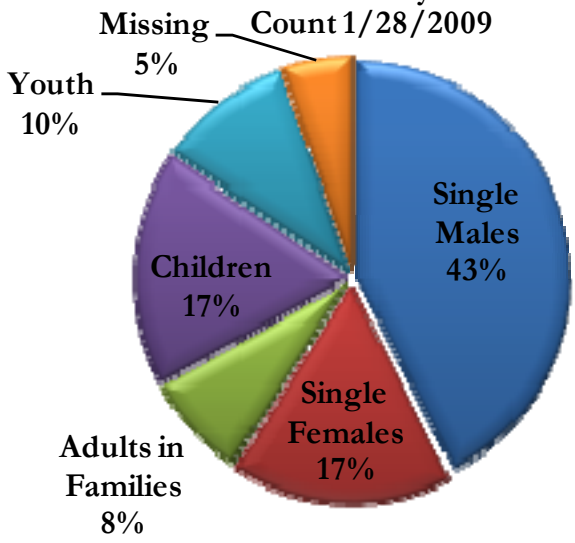
Table K9: Homeless in Oneida County, NY : Point in Time Count January 2007 and 2009

	January 24, 2007		January 28, 2009		
Youth Age 16-21 and Adults	**Number**	**%**	**Number**	**%**	**% Change 2007-2009**
Male	**134**	**53%**	217	62.70%	61.9%
Female	**121**	**47%**	125	36.30%	3.3%
Missing	**0**	**0%**	4	n/a	n/a
Total	**255**	**100%**	**346**	**100%**	35.7%
Age Group	**Number**	**% of Age 16 and Older**	**Number**	**% Age 16 and Older**	
Children	**61**	**N/A**	73	N/A	19.7%
Youth age 16-21	**16**	**6%**	43	12%	168.8%
22-59	**220**	**86%**	289	84%	31.4%
60 or Older	**14**	**5%**	14	4%	0.0%
Missing Data	**5**	**2%**	0	0%	
Totals Youth and Adults/All	**255/316**	**99%***	**346/419**	**100%**	

As Table K9 reveals, there was a substantial increase in the number of homeless persons from 2007 to 2009. Groups that account for this increase are homeless males (from 134 to 217) and homeless youth (from 16 to 43). In 2007, males accounted for 53.0% of homeless individuals (not including children) while in 2009 males comprise 62.0% of the homeless population. Three relatively new programs for homeless women (Evelyn's House, New Horizons Plus, and Willow Commons) were established in recent years, perhaps (but not conclusively) accounting for the fact the number of homeless women remained flat while the number of homeless men increased substantially.

Single Males	178
Single Females	70
Adults in Families	33
Children	73
Youth	43
Missing family status	22
TOTAL	419

Figure K10- Homeless Persons by Family Status: Oneida County Point in Time Count 1/28/2009



Contrary to popular misconceptions, most homeless persons are not single adult men. Single men constitute slightly more than a third (35.0%) of our homeless in Oneida County. Nearly one in five are children (19.0%) and one in five (19.0%) are single women. One in four (22.0%) are adults in families. See Figure K10.

Table K11 - Homelessness and Disability Status

Condition/Category*	Number and percent responding "Yes"	Condition/Category*	Number and percent responding "Yes"
Chronic substance abuse	157/45%	Victim of domestic violence	62/18%
Seriously mentally ill	124/37%	Persons with HIV/AIDS	5/1.5%
Dual-diagnosis: Mental Health and Substance Abuse	145/43%	Physical disability	62/18.4%

*NOTE: Individuals may have more than one disabling condition

Characteristics of homeless youth and adults (age 16 and older) from individual survey results

In contrast to our 2007 Census where only a sub-set of those counted completed a survey, all those age 16 and older counted in the January 2009 census completed a two-page survey that provides information beyond housing status, age group and gender. Items in this survey

measure chronic homelessness, disabilities, veteran status, and unmet needs. All measures are self-reported.

Other characteristics of our homeless population - Veteran Status

Thirty-four of those counted who were age 22 and older (11.2%) reported that they had served in the US military. Only one in this group was female. Looking at males only, 33 of the 215 males age 22 and older (15.3%) reported they had served. Because eligibility for federally-funded programs for homeless veterans is conditioned on having "good discharge paper", i.e. an honorable discharge, or a general discharge (under honorable conditions) we asked a follow up question about discharge status. Twenty-nine of the thirty-four homeless vets (85%) said they had good paper.

All but two of the homeless veterans we counted were age 40 or older. To these findings in context it's necessary to point out that members of the Mohawk Valley Housing and Homeless Assistance Coalition including the Utica Rescue Mission, the VA's Homeless Veterans Outreach Program, the WIB's Jobs and Hope for Homeless Veterans Program, the Utica Community Food Bank, and the Shelter Plus Care Program managed by CNY Services worked actively to identify and provide immediate outreach to homeless veterans- especially younger homeless veterans and female vets, and to rapidly re-house them and link them to support services.

MENTAL HEALTH AND SUBSTANCE ABUSE – PRIMARY PREVENTION RESOURCES

- Prevention Initiatives: In 2008, a Prevention Coalition was formed consisting of stakeholders from four area colleges, city school districts and treatment providers. Insight House Chemical Dependency, Inc. and the Mohawk Valley Council on Alcoholism and Addictions provide two evidence-based prevention models in school districts that give students the understanding and skills to resist substance abuse.[629]
- Other Resources To Be Developed - See Attachment H for a listing of some Oneida County Resources

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OPPORTUNITIES FOR ACTION: MENTAL HEALTH AND SUBSTANCE ABUSE

Community health assessment planning partners selected Mental Health and Substance Abuse as one of five priority areas for Oneida County from the NYS Prevention Agenda (see Introduction) after analyzing data collected on health status indicators; community input; forces of change (trends, factors and events that are or will impact the community's health); and public health system strengths and weaknesses. Specific actions and opportunities for improvement are identified in the CHA Executive Summary – Action Plan Section of this report.

HEALTHY ENVIRONMENT

In 2004, the Oneida County Health Department was awarded a Level I Community Action for a Renewed Environment (CARE) grant from the U.S. Environmental Protection Agency (EPA) a program that supports innovative ways for communities to organize and take action to reduce toxic pollution in the local environment. Level I grants enable communities to build a broad-based partnership and identify a range of environmental problems and solutions. Level II grants fund the next two steps to take action to reduce risks and become self-sustaining.

NOTE:

The following symbols are used throughout this Community Health Assessment Report to serve only as a simple and quick reference for data comparisons and trends for the County. Further analysis may be required before drawing conclusions about the data.

- The apple symbol represents areas in which Oneida County's status or trend is **FAVORABLE** or **COMPARABLE** to its comparison (i.e., NYS, US) or areas/issues identified as **STRENGTHS**.
- The magnifying glass symbols represent areas in which Oneida County's status or trend is **UNFAVORABLE** to its comparison (i.e., NYS, US) or areas/issues of **CONCERN** or **NEED** that may warrant further analysis.

DATA REFERENCES:

- All References to tables are in **Attachment A – Oneida County Data Book.**
- See also **Attachment B – Oneida County Chart Book** for additional data.

The CARE Project grant provided funds that enabled the Oneida County Health Department to establish a team of 25 to 30 community members that met monthly to identify and discuss environmental issues in the County. The membership of the team represents the diversity of the community and targets the area's wide-ranging environmental health concerns. The Oneida County CARE Team used a methodology called Protocol for Assessing Community Excellence in Environmental Health (PACE EH) developed by the National Association of County and City Health Officials to identify and prioritize issues. In addition, a survey was administered in the community to ensure that the views of the broader community were represented. As a result of the CARE Project, 12 environmental health issue profiles were developed that provide in-depth analysis of the impact and community concerns for various environmental issues. This section is a summary of the data and findings from these profiles developed by Oneida County Health Department staff and CARE Team Members.

ENVIRONMENTALLY-RELATED DISEASES

Environmentally-related disease is an area of great concern. Environmentally-related diseases can often be attributed to environmental risk factors as the cause or exacerbation of the disease. Such risk factors are generally any external agents that can be biological, chemical, or physical in nature. In the United States, the epidemiology involved in environmental hazards generally focuses on such things as particulate air pollution, environmental tobacco smoke, lead, and gene-environment interactions. In order to address environmental health concerns, distinctions must be made between infectious and chronic causes of

disease. Additionally, a distinction must be made between short-term, acute exposures resulting in epidemic-type outbreaks of illness, versus long term, low dose exposures resulting in chronic disease. These distinctions are necessary to ensure appropriate research and understanding of such health problems.

While environmental health hazards can by definition be generalized to anything which is not genetically determined, such an all-encompassing definition would not be useful in defining specific environmental health hazards. Therefore, the definition has been funneled to encompass only involuntary influences or exposures. An example of this would be exposure to breathing secondhand smoke as an environmental hazard, while an individual smoking tobacco would be considered a behavioral determinant. In addition, occupational environments can lead to involuntary exposure to measurable amounts of pollution, thus providing links between adverse health outcomes and environmental factors. Specific subcategories of environmentally-related diseases which affect humans, and areas of concern in Oneida County include:
(Source: Oneida County CARE Project Environmentally-related Disease Profile, 2005)

CANCER

See the Chronic Disease – Cancer Section of this report for a comprehensive review of cancer data for Oneida County.

The population affected by cancer can vary as some cancers are specific to certain ages, environmental exposure in terms of dose, and duration of the exposure in the environment. Many forms of cancer are associated with exposure to environmental factors such as tobacco smoke, radiation, alcohol, and certain viruses. While some of these risk factors can be avoided or reduced, there is no known way to entirely avoid the disease. Cancer can also occur in young children and adolescents, but it is rare. However, some studies have concluded that pediatric cancers, especially leukemia, are trending upward. Cancer may affect people at all ages, but risk tends to increase with age, due to the fact that DNA damage becomes more apparent in aging DNA. (Source: Oneida County CARE Project Environmentally-related Disease Profile, 2005)

INFECTIOUS DISEASES - VECTOR BORNE DISEASE

See the Infectious Disease Section of this report for a comprehensive review of non-vector borne infectious disease data for Oneida County.

Susceptibility to an infectious disease depends on many factors, such as where people live, their age, their general health and lifestyle. Of greater threat than infectious diseases one might learn about in the news are those disease-causing organisms lurking in the immediate vicinity. People are more likely to get sick from contaminated surfaces in the home, such as in the kitchen or bathroom, than to acquire a serious illness from a mosquito. The incidence of sexually transmitted diseases in the United States is far greater than the incidence of monkeypox, SARS and West Nile virus combined. Vector borne diseases in Oneida County that can affect humans include: rabies, mosquito borne disease and, and tick borne disease. The goal of the Oneida County Health Department is to prevent illness and death by exposure to these diseases, and conduct surveillance and prevention/education activities to further this goal. (Source: Oneida County CARE Project Environmentally-related Disease Profile and Vector Borne Diseases Profile, 2005)

Rabies

Rabies is a deadly disease caused by a virus that attacks the nervous system. The virus is present in the saliva and nervous tissue of a rabid animal. All residents of Oneida County can potentially be affected by rabies. Pet owners, and those who spend time around, or work with domestic and wild animals are at the highest risk. Examples include farmers, veterinarians and vet technicians, hunters, hikers, campers, and anyone who works or lives in close proximity to wildlife. New York State Public Health Law requires pet owners to vaccinate their cats, dogs, and ferrets by three months of age to help create a buffer between wildlife and people. Another potential area of impact with rabies is bats in private homes. Bats can and do roost in homes all over Oneida County. Compound this with the fact that their teeth are extremely small and sharp, so they may not leave a visible bite wound; a person may be bitten and not realize it. (Source: Oneida County CARE Project Vector Borne Diseases Profile, 2005)

- From 2003 to 2007, the number of reported exposures (bite and nonbite) to people and pets from rabies vector species in Oneida County increased from 568 to 666. (Table 4.33)
- From 2003 to 2007, the number of animals testing positive for rabies decreased from 8 to 6; the number peaked at 11 in 2006. (Table 4.33)
- From 2003 to 2007, the number of cats, dogs, and ferrets vaccinated against rabies at Oneida County Health Department rabies clinics increased from 420 to 609. (Table 4.33)

Mosquito borne disease

West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE) are the diseases carried by mosquitoes that have the highest risk of human infection in Oneida County. EEE is a viral disease of wild birds that is transmitted to horses and humans by mosquitoes. The virus responsible for EEE attacks the central nervous system of its host and horses are particularly susceptible to infection. Human cases of EEE are very rare, averaging less than 5 cases per year in the United States. However, the disease produces serious illness when it is contracted via a mosquito bite and the probability of recovery is less than 50%. WNV is also a virus existing in the bird population, but carries much less risk of illness if contracted, usually about 80% of infected people will show no symptoms, and less than 1% has serious illness. Mosquitoes breed in standing water and about 40% of the land in Oneida County has naturally occurring standing water. Some mosquitoes are highly adapted to breeding in containers in urban areas and the species of mosquito that transmit WNV are known as “backyard mosquitoes” because they breed and survive in pools, toys, planters, rain gutters, and similar items. Oneida County Health Department (OCHD) Environmental Health staff performs surveillance field work to continually test mosquitoes from high risk areas including high population and historically active areas. (Source: Oneida County CARE Project Vector Borne Diseases Profile, 2005)

- The historically active area for EEE in Oneida County is the Oneida Lake Basin, from Verona to Annsville north to south, and the Oswego County border to the outskirts of Rome east to west. The risk for human and animal infection is greatest in this area of the County.
- Conversely, the greatest risk to human health from WNV is in the most populated areas. These include Rome, Utica, New Hartford, and Whitestown.

- From 2005 to 2007, none of the mosquito pools sent for testing was positive for WNV.
- From 2005 to 2007, only two pools of mosquitoes tested positive for EEE in 2006.

Tick Borne Disease

Lyme disease is by far the most common tick borne disease in New York State and it is transmitted by the deer tick; some individual ticks can carry more than one infection, but not all ticks are infected. Those most at risk include people who spend a lot of time outdoors; hikers, hunters, DPW workers, and children who play in wooded areas are some examples. Ticks live in areas that provide some leaf cover in winter, and where there are populations of host animals, including the white footed mouse and deer. When people, or pets, walk through these areas, it is very easy for a questing tick to latch on to their clothing or body, then crawl to an area of exposed skin and attach itself for a blood meal. Because ticks are so small they may be overlooked; many people who are diagnosed with Lyme do not remember ever having a tick on their body. (Source: Oneida County CARE Project Vector Borne Diseases Profile, 2005)

- For 2005-2007, the Lyme Disease Incidence Rate in Oneida County was 2.4 per 100,000; this was significantly lower than the NYS rate of 25.3 per 100,000 and the rate of 40.6 per 100,000 for NYS exc. NYC. The quartile ranking* for Oneida County was 2nd. This meets and exceeds the HP 2010 Goal of 9.7 per 100,000.[630]
- From 2003 to 2007 the Lyme Disease Incidence Rate in Oneida County has shown small increases, of 0.9 per 100,000 to 3.9 per 100,000; however these rates remain considerably below the NYS rate of 25.3 per 100,000 and the HP 2010 Goal of 9.7 per 100,000.[631]

ASTHMA

See the Chronic Disease – Asthma Section of this report for a comprehensive review of asthma data for Oneida County.

Asthma is one of the most common and rising chronic health condition among children. While much of the asthma research has focused on indoor allergens, scientists are realizing that outdoor pollutants also play a major role. Children from urban environments tend to suffer from it more than other environments, and African Americans are more likely to be hospitalized or die from it than Caucasians. Researchers found that the closer children live to a freeway, the greater their chances of being diagnosed with asthma. The researchers also found that children who had higher levels of nitrogen dioxide in the air around their homes were more likely to develop asthma symptoms (nitrogen dioxide is one of many pollutants emitted from the tailpipes of vehicles). Smoking is also a risk factor for asthma in children, and a common trigger of asthma symptoms for all ages. It may seem obvious that people with asthma should not smoke, but they should also avoid the smoke from others' cigarettes. This secondhand smoke, or "passive smoking," can trigger asthma symptoms in people with the disease. Studies have shown a clear link between secondhand smoke and asthma, especially in young people. (Source: Oneida County CARE Project Environmentally-related Disease Profile, 2005)

- The 2005-2007 Total Asthma Hospitalizations Rate in Oneida County (15.1) was significantly higher than NYS exc. NYC (12.2) and higher than Herkimer (9.5) and Madison (9.2); Oneida

County's rate was also considerably higher than the CNY Region*** rate (10.1).[632] The quartile ranking* for Oneida County was 4th.

- The 2005-2007 Asthma Hospitalizations Rate for 0-17 Year Olds in Oneida County (13.6) was significantly lower than the NYS exc. NYC rate (15.8) and was below the HP2010 target of 17.3. The quartile* ranking for Oneida County was 3rd.[633]

**Note: the county quartile ranking is in relation to the rates of all 62 NYS counties (1st - most favorable, 4th - least favorable)*

CHILDHOOD LEAD POISONING

See the Healthy Mothers, Healthy Babies, and Healthy Children Section of this report for a comprehensive review of lead data for Oneida County.

Children are more vulnerable to lead poisoning than adults. Children are exposed to lead all through their lives. They can be exposed to lead in the womb if their mothers have lead in their bodies. Babies can swallow lead when they breast feed, or eat other foods, and drink water that contains lead. Babies and children can swallow and breathe lead in dirt, dust, or sand while they play on the floor or ground. These activities make it easier for children to be exposed to lead than adults. The dirt or dust on their hands, toys, and other items may have lead particles in it. In some cases, children swallow nonfood items such as paint chips; these may contain very large amounts of lead, particularly in and around older houses that were painted with lead-based paint. The paint in these houses often chips off and mixes with dust and dirt. Some old paint contains as much as 50% lead. Also, compared with adults, a larger proportion of the amount of lead swallowed will enter into the blood of children. (Source: Oneida County CARE Project Environmentally-related Disease Profile, 2005)

- For 2003-2005, the Incidence Rate of children <72 months with confirmed blood lead level >= 10 µg/dl in Oneida County was 4.9 per 100 children tested; this was considerably higher than the NYS w/o NYC rate of 1.3 per 100 children tested. (Table 4.3)

OCCUPATIONAL HEALTH

The U.S. Department of Labor, Occupational Safety and Health Administration reported that in 2005, there were 4.2 million occupational injuries and illnesses among U.S. employees. Approximately 4.6 of every 100 employees experienced a job-related injury or illness, and in 2006, 5,703 employees lost their lives on the job. The following is a summary of some work-related illness data for Oneida County:

- For 2005-2007 Work –related Injury Hospitalizations Rate in Oneida County was 21.9 per 10,000; this was higher than the NYS rate of 15.5 per 10,000.[634]

Elevated Blood Lead Levels in Adults

Elevated blood lead levels (BLL's) in adults can damage the nervous, hematologic, reproductive, renal, cardiovascular, and gastrointestinal systems. The majority of cases are workplace-related. The U.S. Department of Health and Human Services recommends that BLLs among all adults be reduced to <25

µg/dL. The highest BLL acceptable by standards of the U.S. Occupational Safety and Health Administration is 40 µg/dL.

- For 2005-2007, the Elevated Blood Lead Levels Rate (>25 µg/dl) for Employed Persons 16 Years and Older in Oneida County was 12.3 per 100,000; this was considerably higher than the NYS rate of 6.0 per 100,000 in 2004-2006. (Table 4.3)

Pneumoconiosis

Pneumoconiosis is a lung condition that is caused by inhaling particles of mineral dust, usually while working in a high-risk, mineral-related industry. One common type of pneumoconiosis is asbestosis. Asbestos fibers are released into the environment from the use and deterioration of more than 5,000 asbestos products, including roofing, thermal, and electrical insulation; cement pipe and sheet; flooring; gaskets; plastics; and textile and paper products. The entire population may have been exposed to some degree because asbestos products have been so widely used. The heaviest asbestos exposures occur in the construction industry, particularly during the removal of asbestos during renovation or demolition. Employees are also likely to be exposed during the manufacture of asbestos products (such as textiles, friction products, insulation, and other building materials) and during automotive brake and clutch repair work. Approximately 7,700 people in Oneida County work in the construction industry according to the 2000 census. (Source: Oneida County CARE Project Environmentally-related Disease Profile, 2005)

- For 2005-2007, the Asbestosis Hospitalizations Rate for the Age 15+ Population in Oneida County was 7.1 per 100,000; this was lower than the NYS rate of 13.0 per 100,000.[635]
- For 2005-2007, the Pneumoconiosis Hospitalizations Rate for the Age 15+ Population in Oneida County was 8.8 per 100,000; this was lower than the NYS rate of 13.9 per 100,000.[636]

HOUSING/PROPERTY MAINTENANCE

See the Health Risk Factors – Housing Section of this report for a comprehensive review of housing data for Oneida County.

Oneida County has an issue with aging housing stock; in many of Oneida County's Villages and Cities the housing stock dates from the late 19th and early 20th Centuries. In the 2005 Community Health Assessment, Oneida County's aging infrastructure, including its housing stock, were identified as a force of change impacting the health of the community. Substandard housing leads to safety issues and health hazards, such as fires, high lead poisoning and asthma rates, and risk of disease outbreaks from poor water and sewage disposal systems. These issues cause problems including increased health care costs; and the need for repair, renovation, and replacement of this aging infrastructure before health will improve.

DRINKING WATER

One of the 10 most important public health accomplishments of the 20th Century, in the United States, as determined by the Centers for Disease Control and Prevent (CDC), was the disinfection of drinking water.

This single environmental health intervention caused, within a two year period, the increase of life expectancy by 18 years. This represented the greatest jump in life expectancy made during the 20th Century by any public health intervention. The CARE Project identified the following primary issues related to drinking water:

Availability and quality of municipal drinking water

Approximately 75% of the population of Oneida County relies on Public Water Supplies to supply all of their drinking water. The other 25% of the population relies on private dug, driven and drilled wells to supply drinking water to their homes.

- Currently within Oneida County, one of the major suppliers of water (the Mohawk Valley Regional Water Authority) is dealing with an issue associated with the quantity of water available to expand its service area and the Hinckley Reservoir.
- The City of Rome has a significant legal restriction on its ability to extend water service to many areas of Oneida County due to its straddling the Great Lakes Basin.
- One area of specific concern is the greater Westmoreland-Verona-Vernon corridor. The soils in this region are basically silts and clays, which by their dense structures and shallow nature do not facilitate good groundwater sources either in quantity and quality. The bedrock water underlying this region has a history of high mineral content and/or salt intrusion.
- The increase of water quality standards also significantly impacts all of Oneida County's water supplies, forcing additional treatment(s) and major capital improvements that will significantly impact water rates throughout the county.
- Another issue of concern is the need for the reinvestment in infrastructure. Areas of the Mohawk Valley Water Authority water system were installed in 1848. Likewise the main feed lines of the City of Rome's water supply were installed in 1910. These are just a few of the many examples of the aging infrastructure in Oneida County's water works. The United States Environmental Protection Agency estimates that the average life expectancy of a water main is 40-50 years. The average age of the vast majority of water mains in Oneida County are at or exceed the 50 year life expectancy.
- The New York State Department of Health *2005 Oral Health Plan for New York State* reports that "more than 12 million New Yorkers receive fluoridated water. The percent of the population on community water supplies receiving fluoridated water is approximately 70%, compared to the Healthy People 2010 Objective of 75%. The percent of the population on fluoridation was 100% in New York

Figure L1-Areas of Oneida County receiving fluoridated water as of 2006
(Source: Oneida County CARE Project, Drinking Water Profile, 2005)

City and 46% in upstate New York. Counties with large proportions of the population not covered by fluoridation are Nassau, Suffolk, Rockland, Ulster, Albany, Oneida and Tompkins."

Availability and quality of onsite drinking water

- In general, groundwater resources are available in most regions of Oneida County. Oneida County has some of the best recharge conditions in the State of New York.
- Overburdened soils (which hold the groundwater) in much of the region tends to be shallow which limits the overall amount of water which can be stored in the soil. The river systems and their contributing streams are made up of very permeable soils which allow the rapid infiltration of water both into and out of nearby creeks making groundwater sources located close to creeks vulnerable to biological contamination.
- In the western portions of Oneida County the soil depths are very shallow, and wells of over 40 feet in depth are known to be contaminated with methane gas and salt water due to the underlying geology. These areas also, due to the fine soil structures deposited by the lake sediments (silts and clays), have poor water infiltration rates, and correspondingly have a very limited availability to support groundwater sources.
- Over 50% of Oneida County has a high perched groundwater table less than 2 feet below the ground surface. This leads to significant issues with wastewater disposal, the interrelationships between septic systems and wells; these inappropriate wastewater systems can be a significant health risk.

Protection of water from agricultural runoff

Agricultural runoff can endanger household water systems. These can be influenced by the improper placement of manure and improper use of fertilizers and pesticides/herbicides. .

- Oneida County's largest drinking water supplies (City of Oneida and its purchase districts, City of Rome and its purchase districts, and the Mohawk Valley Water Authority) use surface waters to supply their sources. These sources have extremely limited (less than an estimated 20 acres per watershed) agricultural activity on their watersheds. The Village of Camden has significant control over its entire watershed area, which also limits the effects of agricultural runoff. This issue is of more concern to the recreational uses of the water as opposed to the drinking water component.

Protection of groundwater sources from contamination

Groundwater contamination can be caused by: bacteriological, chemical, and radiological contamination

- A study conducted in 2002 by the Oneida County Health Department of individual wells in the Village of Bridgewater found that 48.0% of the 72 individual wells located in the village were contaminated with coliform bacteria. The study also found that 14.0% of the 72 individual wells in the village were contaminated with E. coli bacteria, a known disease causing organism.
- An area of concern is the Route 5 corridor in Kirkland/Westmoreland groundwater contamination during flood. Aquifer changes from discharging to recharging rapidly allowing biological contamination of the aquifer.

- Village of Boonville Supply - threat: development encroachment and hydrocarbons from parking lots
- Village of Clinton- threat: household lawn chemicals.
- Bridgewater flats- Large scale agribusiness (milking) and its associated wastes and supporting agriculture.

(Source: Oneida County CARE Project, Drinking Water Profile, 2005)

Recreational Water Quality

Recreational waters, including lakes, streams, and wetlands of various size and structure, are threatened by many potential sources of contamination within the County. Former sites of industry and manufacturing may be leaching hazardous chemicals into the soils and groundwater, thereby impacting surrounding surface waters, while agricultural practices, past and present, may be introducing fertilizers and insecticides into surface waters through run-off. Other potential sources of contamination include acid rain, wastewater treatment systems, both individual and municipal, leaking underground storage tanks, as well as chemical storage within floodplain areas. All of these sources contribute to the degradation of recreational water quality by changing water chemistry, pH, and biological oxygen demand, thereby impacting aquatic vegetation, as well as fish and wildlife species found within these ecosystems.

Oneida Lake

- Some of the issues potentially impacting water quality in Oneida Lake include failing or inadequate septic systems, drainage and runoff, shoreline development and erosion, and introduction of zebra mussels. Due to the high demand for the limited shoreline space available on Oneida Lake, many septic systems have been installed which do not provide adequate capacity for wastewater treatment. This often leads to untreated human wastewater contaminating the Lake. Wastewater contamination also increases nutrient content within the Lake, potentially causing human health effects as well as negatively impacting the plant and fish populations found within. Land use changes, such as shoreline development, within the watershed of Oneida Lake have affected soil drainage, causing greater runoff following rainstorms. This runoff brings sediment from surrounding lands into the Lake, decreasing water clarity, and impacting plant and fish populations. It also carries contaminants such as fertilizers and insecticides from landscaping and agricultural practices. Development of the shoreline also impacts native wildlife species, due to the decrease in natural habitat.
- The introduction of zebra mussels into Oneida Lake has changed the biological characteristics of the lake. This exotic species (not native to Oneida Lake) has thrived there, with some areas of the lake having a density of over 100,000 mussels per square meter of lake bottom. Zebra mussels filter lake water, removing microscopic algae, a vital part of the natural food chain within Oneida Lake. The end result is a negative impact on native fish populations, thereby impacting recreational opportunities presented to sportsmen. Other lakes within the County, including Delta Lake, face many of the same issues as described above, often to a lesser extent due to lower human population densities.

Mohawk River

- The Mohawk River is the largest river found within Oneida County, and drainage from its basin area accounts for more than 25.0% of the volume of the Hudson River. There are many sources of contamination negatively impacting this River, from both urban and rural environments. Within Oneida County, the cities of Rome and Utica are both located along the Mohawk River. Non-point pollution from industrial sites formerly located within these cities accounts for an elevated level of PCB's (polychlorinated biphenyls) within the Mohawk.
- Acid rain, caused by industrial and commercial pollutant emissions, has lowered the pH of many lakes and ponds found within the Mohawk River watershed, negatively impacting native fish populations.
- Agricultural activities in rural areas in Oneida County have contributed to soil erosion along the shorelines of the Mohawk River, causing increased sedimentation and a reduction in the clarity of the water. This reduction further impacts native fish populations, by limiting the growth of aquatic vegetation, which is a necessary part of the food chain within this ecosystem. The impact from reduced soil drainage and increased surface runoff carrying contaminants from agricultural fertilizers as well as failing or inadequate septic systems has caused an increase nutrient load within the water body, further reducing water quality.

(Source: Oneida County CARE Project, Recreational Water Quality Profile, 2005)

WASTEWATER

Water quality in the lakes and streams of the region are directly affected by a combination of storm water (runoff) and the materials it picks up (agricultural wastes, fertilizers, herbicides, insecticides and soils), and sewage treatment, both onsite (such as septic systems) and centralized (i.e. sewers and sewer treatment plants). These can impact water quality in individual household wells, municipal water supplies and recreational water resources if not properly maintained and managed. Currently several studies have indicated that 70% or more of the onsite wastewater disposal systems in the United States either are in failure (i.e. discharging sewage to the ground surface) or inadequately treat wastewater (discharging high levels of bacteria, virus, or nitrate) into the groundwater.

- From the 1990 Census (the last census with data on sewer service), of the 101,251 housing units in Oneida County, 28.2% (or 28,577 households) of Oneida County's households have onsite wastewater disposal systems. If we assume that 70% failure rate noted in national studies is accurate for Oneida County, something like 20,004 housing units (including apartment buildings, individual households and trailers) are not properly treating their wastewater they are discharging into the environment. Basically, based upon national statistics, 1 in 5 housing units in Oneida County have inadequate wastewater disposal systems.
- Currently major portions of Oneida County (i.e., Whitestown, Whitesboro, New York Mills, New Hartford, Paris, Yorkville, and Utica) are affected with groundwater/surface water infiltration to the sewers. This causes a surge in flows which overwhelms the Oneida County Wastewater Treatment

Plant during heavy rains, and snow melt events, causing raw sewage to discharge directly into the Mohawk River. In February 2006 the City of Rome reported that their wastewater treatment plant was at or nearing its organic treatment limit to treat wastewaters.

- The two cities (Utica and Rome) and most of the wastewater systems in the surrounding towns were laid out prior to the 1970 and the advent of the ecological movement. These systems were designed under the older sanitary movement which emphasized isolation of disease sources as opposed to treatment. The sewers in these older communities convey both storm water and waste waters from their area to a safe discharge area in a receiving river. Since the ecological movement of the early 1970's, emphasis has been put on treatment of wastewaters as opposed to just disposal, thereby keeping a balance between man and the environment. However, the old infrastructure still exists and in times of very high flows (i.e., spring melt off, strong rain events etc.) these combined sewer overflows discharge wastewaters directly into streams and rivers without any form of treatment.

(Source: Oneida County CARE Project, Wastewater and Storm Water Management Profile, 2005)

Solid Waste Management

Solid waste – more commonly known as trash or garbage – consists of everyday items such as product packaging, grass clippings, furniture, clothing, bottles, food scraps, newspapers, appliances, paint, batteries, and household cleaning/other chemicals. Solid waste management refers to the collection, transport, storage and disposal of waste and debris generated from residential, commercial, industrial, as well as medical facilities. Accumulation of debris, including tire piles, contributes to increasing populations of disease vectors such as rodents and mosquitoes, which cause diseases including West Nile Virus, dengue fever, as well as plague. An additional concern with both household hazardous waste and agricultural waste is the potential for toxic content. The improper management of hazardous chemicals from these sectors may result in their leaching into surface or ground water affecting recreational water quality as well as drinking water quality.

- Some of the concerns raised through the CARE community team included improper or inadequate disposal of garbage, construction waste, as well as agricultural waste. Improper collection and disposal of waste can be linked to other environmental issues, including but not limited to, air pollution impacts through the use of burn barrels, poor housing maintenance and vector-borne disease. Another concern pertaining to solid waste management is the prevention of illegal roadside dumping
- One of the greatest concerns regarding solid waste management is the proper storage and disposal of the waste which includes residential, commercial, industrial, as well as medical waste. If stored or disposed of improperly, hazardous chemicals may leach into and contaminate the surface or groundwater supplies of the surrounding area, which in turn will affect our drinking water quality and recreational water quality. The recent opening of the landfill in Ava has made many members of the community voice their concerns about the potential for large-scale contamination of Moose Creek, which feeds into the Black River.

- A major concern with solid waste storage and disposal is a potential for contamination of nearby waterways. Illegal dumping of hazardous materials and improper landfill design and management may allow the leaching of hazardous substances into groundwater as well as into nearby surface water. The hazards associated with this type of contamination are more fully discussed within the recreational water quality and drinking water quality profiles.
- According to the Oneida-Herkimer Solid Waste Authority (OHSWA), both Oneida and Herkimer counties combined generate a total of approximately 300,000 tons of waste per year. Based on the current amount of waste generated, the landfill is expected to last for 62 years. Since the opening of the landfill in Ava, all of the waste generated by the two counties is managed locally, be it by recycling, composting, transferred to the landfill, or other means of waste management. Prior to the landfill opening, the waste generated by the two counties was exported to landfills near Rochester, New York, and Pennsylvania. The landfill in Ava, however, does not accept any waste outside of Oneida and Herkimer County, the Authority is legally prohibited from accepting waste outside these two counties (Section 2049-ee of NYS Public Authorities Law).

According to the OHSWA, Oneida County has recycled the following quantities of recyclable materials since opening the Oneida-Herkimer Recycling Center in 1991:

- *Newspaper* - 221,842 tons - 431 million pounds. The pile of newspaper would be 3,269 miles high (4 foot pile weighs 100 lbs.) This would stretch from Utica to San Francisco, California and back to Salt Lake City, Utah. 1 ton of newspaper saves 20 trees; we have saved 4,436,840 trees.
- *Corrugated Cardboard* - 108,103 tons. This would fill 13,868 ten-wheel dump trucks with 194,152 cubic yards. Bumper to bumper they would stretch nearly 110 miles.
- *Glass Containers* - 32,821 tons. This would be the equivalent to the weight of 102 Statues of Liberty (322 tons).
- *Plastic Containers* - 17,647 tons (10 barrels oil/ton). Saved 176,466 barrels of oil or 8,823,300 gallons of oil.
- *Metal Cans* - 28,579 tons (1.5 tons/car). This would produce approximately 19,053 economy size cars.
- *Mixed Office Paper* - 9,944 tons (1.0 lb. per employee). This is 1 days worth of paper for 19,886,700 employees

(Source: Oneida County CARE Project, Solid Waste Management Profile, 2005)

Contaminated Land Profile

As the CARE Project Community Team began to discuss environmental health issues, contaminated land was brought forward as a significant issue to be explored, based upon Oneida County's long history of industrial and manufacturing practices. Over the past two hundred years, many types of industries have operated in Oneida County, including foundries, wire mills, textile mills, and tanneries. These types of activities, along with many others, have potentially contaminated the soils and groundwater on and around the properties where the activities occurred. Most of these operations have ceased activities or relocated.

However, the properties which they once occupied still exist, and in some instances, have not been fully remediated to allow for reuse of the property.

- Specific to Contaminated Land, some of the concerns raised by the community team included the existence of brownfields and contaminated industrial sites. By definition, a brownfield is an unused or underused site of former industrial or manufacturing activity with perceived contamination. Contamination may be in the form of heavy metals, solvents, or volatile organic compounds used by the facility or produced as a by-product, and not properly disposed of. Contamination of the soil and groundwater may impact recreational water quality as well as nearby drinking water sources. If a facility is re-occupied without appropriate remediation, indoor air quality within the facility may be impacted by the prior contamination. Continued exposure to the contamination may also lead to environmentally-related diseases such as cancer.
- Other concerns raised specific to contaminated land include the existence of hazardous waste sites. The site of the former Griffiss Air Force Base, now known as Griffiss Business and Technology Park is currently listed on the National Priorities List and has had significant attention and effort due to the presence of multiple hazardous waste sites on the property.
- Another concern was the number of abandoned gas stations within the County, and how to appropriately manage these properties, considering their underground storage and the potential for leakage. This issue may be of increased significance due to the EPA's additional offer to each of its CARE Communities. Through their brownfields program, the EPA has offered to conduct several Phase I assessments within the community, and continue one of the selected properties through a Phase II assessment at no cost to the community.

(Source: Oneida County CARE Project, Contaminated Land Profile, 2005)

Urban Sprawl and the Effects on Green Space

Urban sprawl is a term that refers to the rapid and expansive growth of a greater metropolitan area, traditionally suburbs, over a large area. The phrase "Urban Sprawl" has been used by some critics to describe almost any urban growth, but this usage may be misleading. Most cities exist because humans benefit from living close together, but these benefits have limits. In recent years local government and the public alike have recognized the potential health and environmental concerns from Urban Sprawl. Sprawl induces problems such as water pollution, erosion and flooding, air pollution, traffic accidents, and even obesity can be linked to the expansive growth of our communities.

With development and expansion comes the destruction of natures "water filters" known as wetlands which includes swamps, marshes, and bogs; and with devastating consequences. When development destroys wetlands and changes the area into an impervious surface, such as concrete and asphalt; pollutants such as pesticides, fertilizers, and metals enter storm runoff water rather than being naturally absorbed into a wetland and filtered. When runoff becomes drinking water, residents of that area are now exposed to the polluted water. Destroying wetlands also creates the problem of erosion and flooding.

Due to expanding communities, suburban life is dependent on the automobile for transportation to work, school, shopping, and entertainment. Because of this, it is easy to understand that increased automobile use has lead to an increase in air pollution, leading to vast increases in respiratory problems. However, air pollution is not the only unfortunate byproduct of increasing dependence on the automobile. Sprawling communities were designed for cars rather than walkers and bicyclists. Increased automobile use correlates to a higher rate of car accidents with wider streets and dangerous intersections making many local roads dangerous for pedestrians. Suburban design has particularly devastating effects for the elderly and the disabled who may not be able to operate or afford a car. Many places are not within walking distance and a lack of mass transit makes it difficult to go from place to place. Moreover, residents may walk less to reach their destinations, leading to a more sedentary lifestyle, a factor in obesity.

- The Vernon- Verona-Westmoreland region as a whole is facing shrinking environmental capacity to supply water and wastewater services through the traditional routes. This is simply caused by the best areas of these towns for land development has already been developed. The fuel for this development has been a massive nationwide exodus of the population for the cosmopolitan centers (cities) into the open spaces of adjoining towns. The Towns of Vernon, Verona and Westmoreland have seen development following this pattern of development.
- The western part of Oneida County has seen significant development pressure in the past 20 years. Prior to 1980 the region could best be described as a rural region, with agricultural activity being the largest land use. However, as has been noted across the country, since the late 1940's there has been a pattern of movement from the cities to the rural areas, forming what is referred to as a suburb.
- In the same time period the Town of Vernon, Verona and Westmoreland have seen marked growth in population. With little consideration, the population growth of Oneida County, over the past 50 years has been basically stagnant, if not slightly declining. Thus what we have is a redistribution of the population form the urban centers (the cities) into the more rural and suburban areas. Basically, this region (Vernon, Verona and Westmoreland) provides is easy access to the workplace markets of Rome, Utica, Oneida and Syracuse.
- The western portions of Oneida County have been under a three-fold development pressure in the past 15-20 years. One portion of the equation deals with the open available lands of family farms this area. Another portion of the equations was declining farm product prices from the 1980's to the late 1990's. These two factors, as a whole, made farming less and less attractive from a business standpoint. This encouraged the sale of excess or un/under productive farm lands to cash. Added to the equation was a real estate boom, and a general exodus from the cities by the middle class to more rural and/or suburban settings. Under these conditions the areas in question came under very significant development pressures.

(Source: Oneida County CARE Project, Land Use Planning Profile, 2005)

INDOOR AIR QUALITY

Studies by the U.S. Environmental Protection Agency, American Lung Association and other organizations has shown that the air in our own homes can be even more polluted than the air outside. Laws, research and many millions of dollars have been spent to keep outside air clean. Yet indoor air quality has only recently been better understood and funded. Air, like water, can hold suspended particles (asbestos fibers, radon nuclei, lead dust, synthetic fibers, etc.), chemicals (pesticide sprays, air fresheners, perfume, etc.), biological organisms (pollen, mold spores, dust mites, bacteria, viruses, etc.) and many different gaseous elements and compounds (carbon monoxide, oxygen, sulfur dioxide, carbon dioxide, etc.). Poor indoor air quality can cause many health problems including respiratory problems (allergies, asthma), respiratory diseases, learning or physical disabilities, physical distress and bacterial and viral infections.

Mold growth is one of the most common complaints received by the Oneida County Health Department Environmental Division. This is partly due to the natural, widespread amounts of mold always present in any environment. “Toxic Mold” or “Black Mold” – does not really refer to any specific list of molds or a type of mold. “Toxic mold” doesn't cause health problems in all people. If two people are exposed to the same mold in the same space, one might have health effects while the other person has none.

In 2006, the Oneida County Health Department’s Healthy Neighborhoods, Maternal Child Health, Community Health Workers and Healthy Families Programs, and the Mohawk Valley Community Action Agency conducted 77 interviews with County residents that provide insight into some of the potential issues related to indoor air quality in the community. The assessment included data collection for the presence of asthma triggers and lead hazards. The following table is a summary of the survey findings:

- Four percent (4.0%) of the residences visited during this time period were suspected to have elevated levels of carbon monoxide.
- Forty-eight percent (48.0%) of the households had a smoker.
- Fourteen percent (14.0%) of the households had a malfunctioning appliance which could result in an indoor air problem.
- Ten percent (10.0%) had leaky roofs.
- Nine percent (9.0%) had leaking plumbing.
- Twenty-five percent (25.0%) used a humidifier or vaporizer.
- Thirty percent (30.0%) of the residence have not been tested for radon.
- Sixty-one percent (61.0%) of the tenants have no knowledge of if their homes have been tested for radon.
- Sixteen percent (16.0%) had evidence of mice or reported mice lived in the house.
- Thirteen percent (13.0%) of the households had a cockroach infestation.
- Sixteen percent (16.0%) of the households had a mold/mildew problem.
- Ten percent (10.0%) of the household visited had a dust problem.
- Eighty-six percent (86.0%) of the dwellings were built before 1978.
- Seventeen percent (17.0%) had some sort of renovation done within the past six months.

- Thirty percent (30.0%) had chipping, peeling, deteriorated, chalking paint indoors.
- Forty-two percent (42.0 %) had chipping, peeling, deteriorated, chalking paint outdoors.
- Thirty-three percent (33.0%) of the households with at least one asthma individual had a mold/mildew problem (vs. 16% total visited).
- Eighteen percent (18.0%) of the households with at least one asthma individual had a dust problem..
- Twenty-one percent (21.0%) of the households with at least one asthma individual had a cockroach infestation.
- Thirty percent (30.0%) of the households with at least one asthmatic individual had evidence of mice & rats or reported mice or rats lived in the house.
- Twelve percent (12.0%) of the households with at least one asthmatic individual had a person that smoked.

(Source: Oneida County CARE Project, Indoor Air Quality Profile, 2005)

Outdoor Air Quality Issue Profile

The quality or air that we breathe is dependent on the outdoor ambient air quality. Two pollutants stand out as potential problems in Oneida County, ozone and particulate matter (PM-2.5). Since 1997, the number of days that ozone has been a main Air Quality Index (AQI) pollutant in Oneida County has steadily decreased. In contrast, the number of days that PM-2.5 has been a main AQI pollutant in Oneida County has steadily increased. The U.S. Environmental Protection Agency (EPA) and others are working to make information about outdoor air quality as easy to understand as a weather forecast. A key tool in this effort is the Air Quality Index, or AQI. EPA and local officials use the AQI to provide simple information on local air quality, the health concerns for different levels of air pollution, and how to protect health when pollutants reach unhealthy levels.

L2 - AQI data for Oneida County from 1997 to 2004
Source, EPA: http://www.epa.gov/air/data/index.html, AirData : Access to Air Pollution Data, January 11, 2005

Year	# of days with AQI data	# of days AQI was Good	# of days AQI was Moderate	# of days AQI was Unhealthy for Sensitive Groups	# of days AQI was Unhealthy
2004	332	259	71	2	2
2003	301	246	53	2	0
2002	293	237	50	6	0
2001	339	299	37	3	0
2000	366	329	36	1	0
1999	365	339	24	2	0
1998	361	350	10	1	0
1997	365	352	13	0	0

The AQI is an index for reporting daily air quality. It tells you how clean or polluted your air is, and what associated health effects might be a concern. The AQI focuses on health effects that may be experienced within a few hours or days after breathing polluted air. The higher the AQI value, the greater the level of air pollution and the greater the health concern. For example, an AQI value of 50 represents good

AQI CATEGORIES:	
Air Quality Index (AQI) Values	Levels of Health Concern
When the AQI is in this range:	...air quality conditions are:
0 to 50	Good
51 to 100	Moderate
101 to 150	Unhealthy for Sensitive Groups
151 to 200	Unhealthy
201 to 300	Very Unhealthy
301 to 500	Hazardous

air quality with little potential to affect public health, while an AQI value over 300 represents hazardous air quality. AQI is divided into six categories identified in the above table.

(Source: Oneida County CARE Project, Outdoor Air Quality Profile, 2005)

ENVIRONMENTAL HEALTH - PRIMARY PREVENTION COMMUNITY RESOURCES:

- Resources To Be Developed - See Attachment H for a listing of some Oneida County Resources.

COMMUNITY PREPAREDNESS

NOTE:
The following symbols are used throughout this Community Health Assessment Report to serve only as a simple and quick reference for data comparisons and trends for the County. Further analysis may be required before drawing conclusions about the data.

- The apple symbol represents areas in which Oneida County's status or trend is **FAVORABLE** or **COMPARABLE** to its comparison (i.e., NYS, US) or areas/issues identified as **STRENGTHS**.
- The magnifying glass symbols represent areas in which Oneida County's status or trend is **UNFAVORABLE** to its comparison (i.e., NYS, US) or areas/issues of **CONCERN** or **NEED** that may warrant further analysis.

DATA REFERENCES:

- All References to tables are in **Attachment A – Oneida County Data Book.**
- See also **Attachment B – Oneida County Chart Book** for additional data.

Since the terrorist acts of September 11, 2001, the Oneida County Health Department and local hospitals have received New York State Department of Health funding to strengthen and support local capacities for emergency preparedness and response for acts of terrorism and natural disasters. These activities including collaborating with community agencies in the development of a countywide health and medical response plans that are consistent with the County's overall emergency management plan developed by the Oneida County Department of Emergency Services. Although there continues to be room for improvement, these funds have enabled the public health system to improve its ability to prepare, respond and recover from public health emergencies. The recent H1N1 (Swine Flu) outbreak has demonstrated the importance of having strong coordination and capacities to identify, monitor and respond to a variety of public health threats including infectious diseases.

As part of the 2006 Local Public Health System Assessment, over 90 representatives from the County convened to assess the performance of Oneida County's public health system using a tool developed by the CDC, the National Public Health Performance Standards. This assessment tool is unique because it is the only tool that assess the collective performance of public health systems in delivering essential public health services to the communities they serve. The key concept of this tool is the public health system, which is defined as "all public, private, and voluntary entities that contribute to delivering essential public health services to a community." It must be emphasized that the public health system is comprised of more than the public health department; it is a varied network of entities with differing roles, responsibilities and interactions but each contributes to the health and well-being of the community. Public

Table M1- Oneida County Public Health System Emergency Response and Preparedness Assessment	Score
Essential Public Health Service #2: Diagnosing and Investigating Health Problems and Health Hazards	89.25
2.1 Identification and Surveillance of Health Threats	84.41
2.2 Plan for Public Health Emergencies	98.33
2.3 Investigate and Respond to Public Health Emergencies	74.25
2.4 Laboratory Support for Investigation of Health Threats	100.00

health systems are comprised of entities such as hospitals, social services, academic institutions, mental and dental health providers, community-based organizations, fire, EMS, law enforcement, nursing homes, and public health departments to name a few.

A major component or essential service of the public health system is its ability to diagnose and investigate health problems and health hazards in the community. This includes the identification and surveillance of health threats, planning for public health emergencies, investigating and responding to public health emergencies, and other activities such a laboratory support for investigating health threats. As part of the public health system assessment, the current status of the community's health and medical emergency preparedness and response was rated in comparison to model standards of performance outlined the CDC's assessment tool. Table M.1 shows Oneida County's scoring results for Essential Public Health Service 2, Diagnosing and Investigating Health Problems and Health Hazards in the Community; this activity was divided into indicators that represent major practice areas within this essential service. Scoring results represent the percentage or extent to which Oneida County's public health system meets the model standard for each indicator. As the results indicate, in 2005, Oneida County received high scores in these activities – the highest of all essential health service areas that were assessed. Qualitative feedback was also collected from participants that assisted in understanding the rationale behind the scoring and public health strengths and weaknesses in each essential service. The following provides highlights regarding the assessment of Oneida County's performance in emergency health and medical preparedness and response:

- In 2006, Oneida County's overall assessment score of 89.2% for EPHS 2 (See Table M1) exceeded the NYS average of 82.9%.
- In 2003, the Oneida County Health Department convened a multi-agency County Health Emergency Response and Preparedness (CHERP) Team focused on collaborative emergency response and preparedness planning. During that time, the CHERP Team's developed a comprehensive of the Oneida County Health Emergency Response and Preparedness Plan.
- The Oneida County Department of Emergency Services, EMS, all three of the County's hospitals along with several long-term care facilities and multiple health and human service agencies participated in developing the CHERP Plan and have coordinating emergency response plans.
- In 2004, The Health Department spearheaded the collaborative development of the Mutual Aid and Evacuation Supply Plan that coordinates resources in the event that a health facility exceeds its response capacity for over 20 health care agencies. It is anticipated that this plan will be updated in 2010.
- CHERP Team activities have included regular emergency response drills and exercises such as collaborating with Boy Scouts of America in 2004 to conduct an emergency preparedness expo at Utica College to educate community participants in emergency response activities and the roles and responsibilities of various agencies.

- In 2005, almost 80% of the Health Department's full-time employees received training in the Federal Emergency Management Agency's (FEMA) National Incident Management System (NIMS) and Incident Command Systems (ICS).
- The County's Emergency Medical Services Committee has developed a Mass Casualty Incident plan that streamlines their response to mass casualty incidents.
- Some public health system partners lack awareness of the County Health Emergency Response and Preparedness (CHERP) plan and their individual roles and responsibilities.
- Plan has not been disseminated beyond organizational planners; those that are responsible for implementing have neither been informed nor made aware of plan activities.
- In 2006, it was reported that the CHERP Team had not met on a consistent basis or updated the CHERP Plan. In 2009, the OCHD reconvened the CHERP Team and has been meeting on a monthly basis to update and revise plans, strengthen collaboration and communication for emergency response and preparedness.
- The public health system's confidence in the plan hasn't been determined; the CHERP plan needs to be exercised and tested. The system responds to emergency incidents, but does not appraise the effectiveness of its response.
- Roster of contact personnel for health system partners is requires consistent maintenance and updating.
- The surveillance system needs enhancement and additional resources and support.
- The CHERP plan needs further development in the areas of mental health and special needs populations.

COMMUNITY PREPAREDNESS - PRIMARY PREVENTION COMMUNITY RESOURCES:

- Oneida County CHERP Team monthly meetings are open to all community agencies, organizations, businesses, and elected officials interested in participating in countywide planning for health emergency preparedness and response. Meetings are coordinated by the Oneida County Health Department.
- Other Resources To Be Developed - See Attachment H for a listing of some Oneida County Resources.

LOCAL HEALTH UNIT CAPACITY PROFILE

Local Health Department (LHD) Assessment - Summary

Project Goal

Assess the capacity of the local health department for 1) fulfillment of the Community Health Assessment, and 2) use in department quality improvement and strategic planning efforts.

Assessment Tool

The tool used was offered through the National Association of County & City Health Officials (NACCHO) and titled:

"Local Health Department Self-Assessment Tool", Operational Definition of a Functional Local Health Department Capacity Assessment

This is an agency self-assessment tool allowing LHDs to measure themselves against standards in the Operational Definition, and to then identify strengths, weaknesses and areas for improvement. The Operational Definition comprises agreed upon standards defining what people in any community can reasonably expect from their local health department.

The tool contains 225 indicators to score. The indicators are categorized first by Essential Service (ES) and then by Standard. Each indicator is also identified by a specific Topic area. Multiple indicators represent the same topic, allowing us to categorize strengths and weaknesses across standards.

Essential Services - 10
Standards – 45
Indicators – 225
Topic Areas - 19

Process

- Senior Management selected staff to participate from each Division in the health department.
- Twenty-five people completed the assessment, including five senior staff.
- Held meetings and asked staff to complete the tool on an individual basis without discussion or consensus with other staff.
- Provided participants with an overview of the Project Goal and Assessment Tool, and asked participants to score each indicator to the best of their knowledge.
- Participants assessed and scored each indicator based on their self assessment of the capacity within Oneida County Health Department to fulfill each of the 225 indicators (capacity either through staff or contracted staff).
- On average, it required 1.5-2 hours for each person to complete the scoring.
- Individual scores were entered in a spreadsheet and tallied resulting in average scores for each Essential Service, Standard, Indicator, and Topic.

Scoring

Each indicator scored between 0 (No Capacity) and 4 (Optimal Capacity).

0=No Capacity -There is no capacity, planning, staff, resources, activities, or documentation to fulfill the indicator
1=Minimal Capacity -there is minimal planning and staffing capacity to fulfill the indicator but no implementation activity or documentation.
2=Moderate Capacity -There is moderate planning, staffing and other resources to fulfill the indicator but only minimal activity and/or documentation.
3=Significant Capacity -There is significant planning, staffing, and other resources and a moderate amount of activity and/or documentation.
4=Optimal Capacity -there is significant planning, staffing and resources and significant to optimal activity and/or documentation to fulfill the indicator.

Results

When looking at Essential Services, "Enforce laws and regulations" and "Monitor health status" scored with the highest capacity. The lowest capacity scores were seen for "Evaluate and improve programs" and "Contribute to and apply the evidence base of public health". Nine out of the ten Essential Services scored at Moderate Capacity (average score range 2.33-2.84). [Table 1]

Table 1: Average Score by Essential Service

Average Score	Essential Service
2.84	Essential Service VI: Enforce laws and regulations and work with governing bodies and policymakers to update them as needed.
2.83	Essential Service I: Monitor health status and understand health issues facing the community.
2.78	Essential Service III: Give people information they need to make healthy choices.
2.75	Essential Service II: Protect people from health problems and health hazards.
2.64	Essential Service VII: Help People receive health services.
2.62	Essential Service IV: Engage the community to identify and solve health problems.
2.48	Essential Service V: Develop public health policies and plans.
2.40	Essential Service VIII: Maintain a competent public health workforce.
2.33	Essential Service IX: Evaluate and improve programs.
1.80	Essential Service X: Contribute to and apply the evidence base of public health.

For Topic area, “Surveillance” and “Regulatory Authority” were scored with the highest capacity and “Best Practices” and “Research” scored with the lowest capacity. Quality Improvement, Evaluation, Culturally Appropriate Health Education, Legislative Process, and Relationship with Academia all scored below 2.5. Overall, 22 out of 24 topic areas scored at Moderate Capacity (average score range 2.06-2.91). [Table 2]

Table 2: Average Score by Topic Area

Average Score	Topic Area
3.04	Surveillance
2.91	Regulatory Authority
2.84	Health Education
2.80	Legal Review
2.78	Fiscal
2.75	Communication
2.75	Data
2.72	Program Planning
2.69	Stakeholder Engagement
2.67	Laboratory
2.66	Access to Care
2.66	Preparedness
2.63	Community Health Plan
2.61	Community Health Assessment
2.57	Policy
2.55	Internal Strategic Plan
2.52	Internal Workforce
2.45	Quality Improvement
2.41	Evaluation
2.39	Culturally Appropriate Health Education
2.37	Legislative Process
2.08	Relationship with Academia
2.06	Best Practices
1.77	Research

B: Average score by Standard.

For the 45 standards:

- 3/45 (7%) were scored at Minimal capacity.
- 38/45 (84%) were scored at Moderate Capacity.
- 4/45 (9%) were scored at Significant Capacity.

Highest scoring standards (average) [See B]:

- Develop Relationships with media to convey information of public health significance, correct misinformation about public health issues and serve as an essential resource – score 3.32 (ES# III-A).
- Investigate health problems and environmental hazards – score 3.14 (ES# II-A).

Lowest scoring standards (average) [See B]:

- Apply evidence-based programs and best practices where possible - score1.76 (ES# X-C).
- Working with research - score 1.79 (ES# X-A).

C: Average Score by Indicator

Reviewing indicators allows for a more detailed analysis of participants perceived knowledge of capacity for a particular area.

Highest scoring indicators:

- II-B #4 - (Significant Capacity, 3.56) LHD conducts routine programs to protect the public from vaccine preventable diseases, such as pneumonia and influenza.
- III-A #4 – (Significant Capacity, 3.40) LHD has a media strategy that includes formal (press releases) and informal opportunities for communicating with the media and responding to media requests, along with routine communication to raise awareness of public health issues.
- VI-A #1 – (Significant Capacity, 3.40) LHD has legal expertise, county attorney or other legal counsel, available to assist in the review of laws and regulations.

Lowest scoring indicators:

- X-A #4 – (Minimal Capacity, 1.65) LHD convenes community members and key community partners, as appropriate, to identify opportunities for the community to participate in research that would benefit the community.
- X-B #3 – (Minimal Capacity, 1.65) LHD provides expertise in creating innovative solutions based upon research, and shares them with elected officials and community organizations involved in developing and analyzing public policy and in planning implementation of population-based strategies.
- X-C #1 – (Minimal Capacity, 1.65) LHD evaluates current research and participates in research translation activities.

Summary and Recommendations:

Overall, no measures scored at “no capacity” or “optimal capacity”. The majority of indicators scored at Moderate Capacity. Many of the participants expressed a concern for completing the tool as they lacked the knowledge of the Health Department’s capacity for many of the indicators. Participants were assured that gaining a perceived capacity from the pool of participants was acceptable and an expected outcome.

A possible next step recommendation is to have staff knowledgeable in the specific topic areas review the overall score results for those areas and/or standards and compare their results to the group scores. This would allow for a comparison of perceived and actual capacity and help support employee training, quality improvement, and strategic planning activities.

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