ONEIDA COUNTY HEALTH DEPARTMENT

Community Health Assessment

2013-2017

November 2013

Table of Contents

Community Health Assessment 2013-2017
Oneida County

METHODOLOGY

The Community Health Assessment (CHA) for Oneida County was developed within the framework of the New York State Prevention Agenda and drew upon a variety of data sources, both qualitative and quantitative. Faculty and staff from the Central New York Master of Public Health[1] provided technical support to a team made up of representatives of the Oneida County Health Department, local hospitals and community agencies. This workgroup also included representatives of neighboring Herkimer County because many of the services accessed by residents of Herkimer County, particularly acute care hospital services, are in Oneida County and many community service agencies serve both Herkimer and Oneida Counties.

A steering committee comprised of a variety of agencies and led by the Oneida County Health Department, met regularly starting in the Fall of 2012. The committee's focus was to outline the CHA process and, roles and responsibilities for the next several months. Roles and participation levels changed over the course of the project based on needs at the time.
A community health forum, held on May 20, 2013, marked the formal launch of the CHA process. The participants worked in small groups to identify and prioritize key health system and health status issues. The table below summarizes the top two health system and health status issues identified by the 11 tables. As can be seen, provider shortages dominated the discussion in terms of health system issues. Obesity and chronic disease were critical issues raised as health status issues, followed by mental health and maternal child health concerns.

Health System Issues	Health Status Issues
Provider Shortages – Mental Health	Lifestyles – Chronic Disease
Provider Shortages – Cost of Care	Oral Health – Behavioral Health
Primary Care – Limited Preventive Services	Chronic Disease – Aging Population
Access to Care – Coordination of Care	Obesity - Diabetes
Access to Care – Care for the Poor	Birth Outcomes - Mental Health
Shortage of Providers – Limited Health Information	Aging – Chronic Disease
Shortage of Specialists – Shortage of Behavioral Health Services	Delayed Access to Treatment – Mental Illness
Access to Care – Cost of Care	Obesity - Mental Health
Provider Shortage – Affordability of care	Obesity – Co-Morbidities
Access to Care – Health Literacy	Mental Health – Maternal/Child Health
Transportation – Limited Health Education	Chronic Disease - Obesity

[1] The CNYMPH program is a graduate program in public health sponsored by Syracuse University and Upstate Medical School.

Participants at the forum were also asked to describe the attributes of a healthy community and draw a picture of a healthy Oneida County (these drawings are incorporated in this assessment).

The results of the forum helped to frame the key issue to examine during the course of the process.

This collaborative process ensured broad participation in the analysis of data and selection of priority areas.

Organizations participating in the steering committee:

Community: Community Representation
Provider: Federally Qualified Health Center
Local Government: Oneida County Health Department
Local Government: Oneida County Department of Mental Health
Hospital: Faxton - St Luke's Healthcare
Hospital: Rome Memorial Hospital
Hospital: St Elizabeth's Medical Center
Community Agencies and a variety of program representatives
Syracuse University

The targeted groups listed below collaborated during the second half of 2013 to develop objectives and implementation strategies around each of the focus areas.

Mohawk Valley Perinatal Network
Mohawk Valley Breastfeeding Network
Oneida County Women, Infants, and Children Program
Hospitals
Community Agencies
Tobacco Cessation Center
Oneida County Health Department
Oneida County
Utica Community Health Center (FQHC)
American Cancer Society
Healthy Families Oneida County/Kids Oneida
Neighborhood Center/ Mohawk Valley Community Action Agency

COMMUNITY STAKEHOLDER FINDINGS

Summary

Over 65 participants from a variety of agencies gathered to provide input on the strengths, weaknesses, threats, opportunities and major health system and health status issues facing the county. Participants worked in small groups.

Groups 2, 6, 11

All three groups consistently emphasized economic development as the prime challenge to the wellbeing and health of the Oneida County. The prime concern of the discussants was lack of employment opportunities and resulting economic instability and social insecurity as well as threats to physical and emotional wellbeing of community members.

Another theme that was echoed in all three discussions was the shortage of medical providers including primary care, specialty care and mental health. Lack of cohesion and collaboration among services was also cited as a concern. At times, local services exist and can address health and wellness issues, however, there is a lack of information about them to the general population as well as a lack of communication and collaboration among those entities.

Finally, health education was perceived to be something that warrants much improvement. It should particularly pertain to healthy eating and physical activity, which would in turn result in prevention of many common chronic conditions (of which diabetes was perceived to be particularly prevalent).

The existing assets and opportunities include availability of educated professionals and concerned community members. There are also local higher education institutions, which should be better utilized and engaged in the life of the community.

Cultural diversity was characterized both as an opportunity and a challenge, the former stemming from local small business and jobs growth and cultural enrichment, and the latter connected to ensuing cultural and language barriers.

Groups 4, 8, 9

The three major threats to the county focus on the economy, an underutilization of health care, and the challenges of planning for the future. First, Oneida County has a high unemployment rate and lacks white color job opportunities. These forces exaggerate the weak economy and shifting demographic base, with trends suggesting an overall decline in population, increase in older folks, and loss of educated young people. Participants are concerned that a continued influx of refugees brings inherent challenges related to language barriers and low levels of literacy, particularly health literacy. Second, there is an underutilization of services due to the lack of public transportation, inaccessibility of services to rural communities, and lack of health education among county residents. The physician shortage leads to greater challenges overall in patient access, as well as in managing chronic

diseases, providing mental health assistance, and reducing teen pregnancy. Third, the "tyranny of moment" illustrates how preoccupied health agencies are in sustaining program funds and managing paperwork and regulations from unfunded mandates to focus on the future.

Opportunities were illustrated in terms of the environment, infrastructure and culture of the county. "Self Care" and wellness initiatives are garnering attention with funding agencies which may provide well needed financial resources. In a healthier environment, pre-existing coalitions and potential collaborations among agencies may flourish. Successful models are in place between human service and non-profit agencies to manage and prevent disease. Better utilization of college health care programs could provide white color job opportunities in the future and stabilize a health workforce required to serve an aging population. Furthermore, Oneida County culture is depicted as rich in diversity, caring, generous and welcoming to new businesses.

Health system issues primarily focused on access to care as related to the local physician shortage, particularly in terms of dentistry and for children needing mental and behavioral health assistance. Access to care is considerably more difficult in rural communities and among the newly settled refugees who have low levels of literacy. The county faces high rates of uninsured and under-insured populations, and those with insurance require assistance navigating the health insurance regulatory processes. A lack of collaborations seems to affect the continuum of care received by residents.

Health status issues primarily focused on: maternal and child health including accessing prenatal care and the rate of high risk pregnancies; eldercare; and health disparities. Of particular concern was the delay of accessing treatment and the co-occurrence of diseases. Chronic diseases (i.e. cancer, diabetes and heart disease); oral health; mental health, substance abuse and suicide; along with communicable diseases and stress related illnesses were also discussed.

Groups 1 & 5

Dominant threats were *limited financial resources, access to care, including provider shortages, and demographic challenges*, such as aging and out-migration of youth and working age adults. Lack of economic development, competition among providers, and the existence of mandates without funding were identified as negative forces currently impacting Oneida County. One group also pointed to lack of health literacy, health disparities, easy accessibility of fast foods, and lack of healthy intention or attention to health. Flawed connection and the impact of the ACA were seen as existing threats, but the same group also identified ACA as opportunity.

Leading opportunities identified were the existence of an *infrastructure (healthcare, safety, schools), a vision for change, raising awareness of collaborations and services, and natural resources*. The latter include a strong agriculture supply and green spaces, also mentioned separately. The presence of an active food network (Mohawk Valley Food Action Network *alias* MVFAN) is a unique local opportunity. The county's opportunities also include the fact that it is service-rich in resources, with the presence of several colleges, and availability of buildings.

Top health system issues were provider shortages (dental, primary care, psych), mental health challenges, and the inability to adequately care for those in poverty. Concerns with out-migration, food safety, insurance confusions and coordination of referral process were also noted.

The most prominent health status issues that emerged were *birth outcomes, mental health, lack of healthy lifestyle(s), contributing to multiple health problems and chronic disease generally,* with diabetes identified as a special concern. Both tables pointed to local challenges regarding maternal/child care, including teen pregnancy and breastfeeding. There were concerns with high rates of smoking, particularly among teens, sexually transmitted diseases, and inadequacy of post drug rehab care, thus continuity of mental health care for prevention of recurrence/relapse.

Groups 3, 7, 10

Common themes represented in the vision of a healthy community among the three tables included access to safe, affordable, healthy opportunities for families and children. Some of the opportunities included free health care, education, safe places to be active, and more areas to access and grow fruits and vegetables. Communication and policy were also cited as being major factors that shape a healthy community.

All tables cited numerous different threats and opportunities. The common thread between all threats was the lack of funds available to address issues such as obesity and poverty, or schooling and education. Lack of coordination of services was also cited as a potential threat to the development of a happy healthy community. Lack of funding in Oneida County was discussed by table members as potentially being managed by more stringent regulation of existing programs that carry out the same activities. By consolidating similar programs or assigning different roles to different organizations, the potential to save valuable resources and reallocate them to needed areas may be plausible. Among the common opportunities discussed were cultural diversity, collaboration between many organizations, good schools and colleges, good infrastructure, and community programs. A major environmental commonality with respect to opportunities was the availability of green space and areas for recreation. Although a lot of green space is available, many table members did point out that safety is an issue in the county, and it is necessary to build safe locations where county residents can be physically active.

Lack of funding, high costs, lack of access to affordable healthcare and understanding the importance of preventative care were all mentioned as health system issues. All three groups cited provider shortage with respect to primary care and mental health and consequent shortage in services provided by these parties. Again, many of these issues are rooted in the diminished economy in this area with includes lack of jobs, transportation and affordable services. Many common health status issues appeared among all three groups as well. The aging population in Oneida county, chronic diseases such as Diabetes and Obesity, and substance abuse were all discussed. In addition, each group addressed mental health issues and hygiene as not only impacting adults but the elderly and adolescents as well.

Community Stakeholder Findings

Group 1

Vision of a healthy community: The group drew a bright yellow sun and a circular path, where people, including family groups, circulated freely and safely to access resources. Gardens and trees and bodies of water illustrate the importance of natural and agricultural resources. Public safety, housing for families and social institutions (schools, health, religious) represent key social resources. A guitar represents the importance of cultural resources and opportunities. A red cross with symbols in every quadrant summarizes a holistic vision of economic, mental, emotional, spiritual wellbeing.

Threats	*Opportunities*
**Financial Resources / Money (for Child Care, Healthy Food, Healthcare)*	Strong Agriculture Supply
Physician Shortages (Psych)	Green Spaces
**Access to Care + Resources*	**Infrastructure in Place (Healthcare, Safety, Schools)*
Lack of Health Literacy	**Vision for Change*
Lack of Economic Development	
Disparities	
Fast Food (Easy)	
Connection (Flawed)	
Lack of Healthy Intention + Attention	

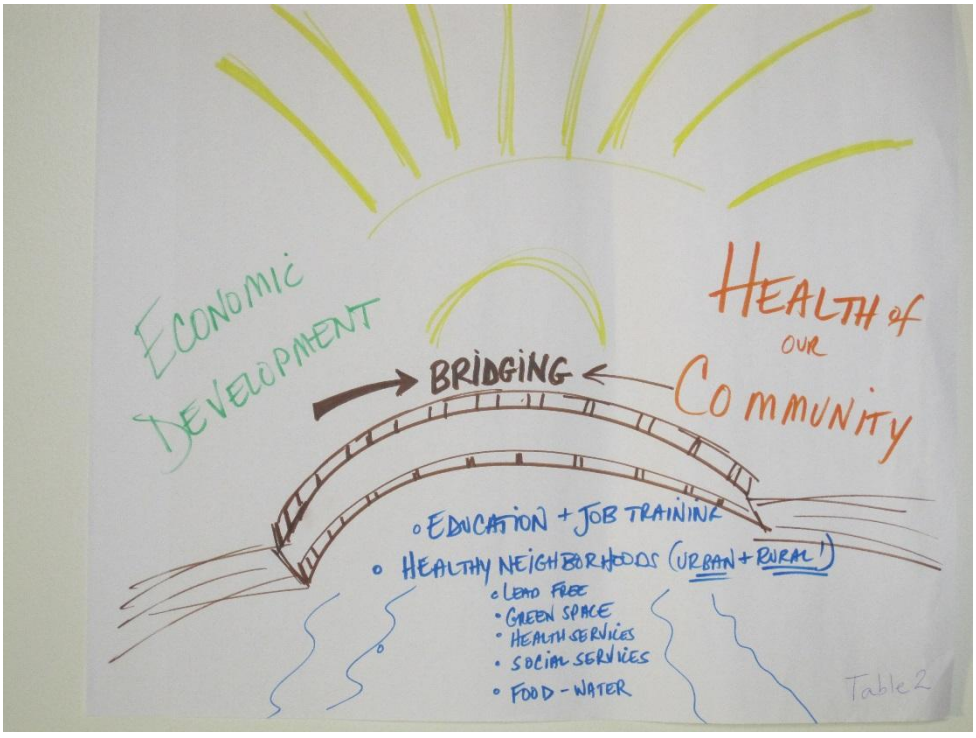
* Top 2

Health Systems	*Health Status*
Out-migration	Teen Pregnancy
**Mental Health*	Breastfeeding
Food Safety	Diabetes
**Physician Shortage*	STDs
(Dental, Primary, Etc.)	Post Drug Rehab Care
	**Lack of Healthy Lifestyle Creating Multiple Health Issues*
	Smoking (Esp. Teens)
	**Chronic Disease*

* Top 2

Group 2

Vision of a healthy community: The group envisioned a bridge between economic development and the health of the community as a prerequisite of wellbeing, security and stability. The bridging of the two factors must involve education and job training available to both the rural and the urban communities comprising the population of the Oneida County. That, in turn, will result in healthy neighborhoods as well as efficient health and social services. The advantages include availability of green space, sources of water and the opportunity to locally produce healthy foods.



Threats	*Opportunities*
*Poverty**	*Cultural diversity**
*Government regulation / unfunded mandates**	work force development; college consortium
Language	*Geographic attributes**
Lack of access to services	center of New York State; prime agricultural land
Geography	
Weather	
Limited access to transportation	
Crime	
Reduction in federal support	
Lack of coordinated services	
Aging population	

* Top 2

Health Systems	*Health Status*
Provider shortage (physicians, nurses, specialty care, mental health, oral health)*	*Oral health**
Cost of health care (overutilization, funding)*	*Behavioral Health* (seniors, children)*
Lack of coordination of services, information, referral	Chronic diseases
Lack of focus on preventive health	diabetes
Reduction in funding for support services (meals on wheels, head start, etc.)	heart disease
Cost of interpreter services	asthma
Health literacy	obesity
Healthy Start (infants, children, prenatal)	

* Top 2

Group 3

Vision of a healthy community: The picture of a healthy community included many trees, a safe area to be active, and places to garden and plant fresh fruit and vegetables. A great emphasis was placed on physical activity, greenery and aesthetic pieces in this image, such as a bright blue water fountain.

Threats	*Opportunities*
*Imported drug activity**	*Cultural diversity enhances economic base**
Lack of providers	Plenty of space
Lack of jobs/ins	Quality healthcare
Aging population	Engaged law enforcement
Reduction of funds to assist refugee population	Good education including colleges
Unfunded mandates-education healthcare	Addressed language issues
*Lack of jobs leading to obesity and poverty**	*Good infrastructure**
Less sunshine/depression	-Health care
	-Law enforcement
	-Education

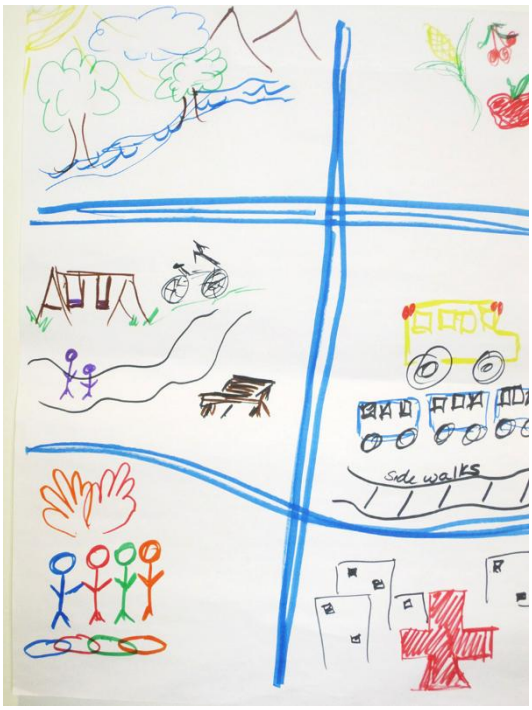
* Top 2

Health Systems	*Health Status*
*Shortage of Primary Care/Urgent Care in rural communities**	*Aging population**
Access to transportation-rural/elderly	*Chronic diseases**
Shortage homecare agencies	Poor oral health
Shortage of language assistance in specialty areas	Substance abuse
*Moving from a reactive to a proactive preventative care**	Chronic and acute mental health
Lack of affordable dental services for Medicaid patients	Pediatric/Adolescent mental health
Reduction in community mental health services	Chronic refugee health issues
	Communicable disease
	Smoking

* Top 1 and 2

Group 4

Vision of a healthy community: The group envisioned looking through a windowpane. They articulated green spaces with trees and clean water. Their vision incorporated access to fresh, healthy foods including locally harvested fruits, vegetables and the production of local dairy products. The group's image included active spaces with walking trails and safe parks for families and children. They illustrated an image of diversity using colorful stick figures and links to signify unity and interdependence. The group's image also included access to health care and the availability of transportation.



Threats	*Opportunities*
**Financial Resources*	Human Service + Non-Profit
Low Literacy	Collaborations
Low Health Literacy	**Environment*
Underutilization of Services Available	Diverse Culture
Younger people not staying in area	Development of Senior Services
Aging Population	Preventive Services
Diverse Culture	Develop Specialty Services
**Chronic Diseases*	Increase Opportunities for "Access" to services
Lack of Mental Health Services	*Disease Management and Prevention

* Top 2

Health Systems	*Health Status*
Lack of Specialty MDs	**DM/Pre-DM*
Lack of Dental	Heart Disease
Mental Health Care	**Obesity*
Rural Services	DV
Uninsured	High Risk Pregnancies
Under-insured	Communicable Diseases
Low literacy	Substance Abuse Care
**Lack of Network Collaborations*	Decreased Physical Activity
Refugee Health Literacy	Suicide
**Access to Care*	Smoking
Continuum of Care	Stress Related Illnesses

* Top 2

Group 5

Vision of a healthy community: For this group, a healthy community provides access and availability regarding financial, education, transportation, language, and culture. A most important element is fresh food, which should be accessible to all illustrated by an apple tree with red apples, garden space, and fresh water. Fertility depends upon plentiful rain and sunshine. A healthy community offers safe housing, safe schools, and safety of transportation, green space and playgrounds, recreation facilities, and non-denominational spiritual support. It also provides cooperation and connections, such as community "bridging" of gaps and other community connections. At the center of all this activity is family, repeatedly written across the green hill that traverses the illustration, drawn to incorporate adults/guardians, children, and animals/pets.

Threats	*Opportunities*
Lack of Money *Provider Shortages *Demographics Economic Competition Among Providers Mandates w/o Funding ACA	Colleges Service-rich in Resources ACA *Raise Awareness of Collaborations and Services Availability of Buildings Food Network *Natural Resources

Health Systems	*Health Status*
*Lack of Providers *Inability to Adequately Care for Those Living In Poverty Insurance Confusions Coordinated Referral Process	*Birth Outcomes *Mental Health

* Top 2

Group 6

Pictorial vision of a "healthy community": A healthy community is a result of a combination of availability of services and the quality of available resources. A healthy community was viewed as a cohesive infrastructure comprising good schools, availability of medical care providers, healthy neighborhoods and farms, availability of transportation and outdoor space for recreational activities, and appropriate industrial development which would provide manufacturing and other jobs.

Threats	*Opportunities*
Economics*	Job and business growth*
Lack of wellbeing and healthy lifestyle*	Greater coordination of health care*
Obesity	Higher education
Smoking	Consolidation of government services
Access to care	
Crime / violence	
Hopelessness	
Family breakdown	
Mental health	
Substance abuse	
Exodus [of young people]	
Aging	
Affordable housing	

Transportation Siloed government Disaster preparedness	

* Top 2

Health Systems	*Health Status*
Shortage of providers*	Aging*
Lack of health care information*	Chronic disease* (primarily diabetes)
Reimbursement cuts	Obesity
Unfunded mandates	Smoking
Lack of coordination of care	Birth outcomes
Non-standard IT infrastructure	Heart disease
[Lack of] transportation	Alzheimer's / dementia
Shortage of mental health providers	Cancer
Cost of health care	Teen pregnancy
	Mental health

* Top 2

Group 7

Pictorial vision of a "healthy community": Many values were addressed in the representation of a healthy community made by this table. A focus was placed on unity among community groups, affordability of services, addressing alcoholism and changing norms about drinking. Attention was brought to increasing communication, quality of care and education as well. Increasing education about available services for people in need was also depicted. The group depicted the need for healthy communities to reduce stigma around people in need asking for help. Finally, healthy eating and access to fresh fruits and vegetables was indicated as being pivotal in a healthy community.

Threats	*Opportunities*
State and federal cuts to healthcare and schools* Federal and state policies don't support families Quality childcare Isolation Poverty/Refugees* Mental health Substance abuse Lead poisoning Aging environmental infrastructure Housing Separation of communities within County	Collaboration of organization to make a plan/community involvement* Economic development* For screening for providers Green spaces Advocacy in relation to state and federal cuts Education Provide bilingual interpreters in schools Community programs/involvement Unify communities Broadband for Rural

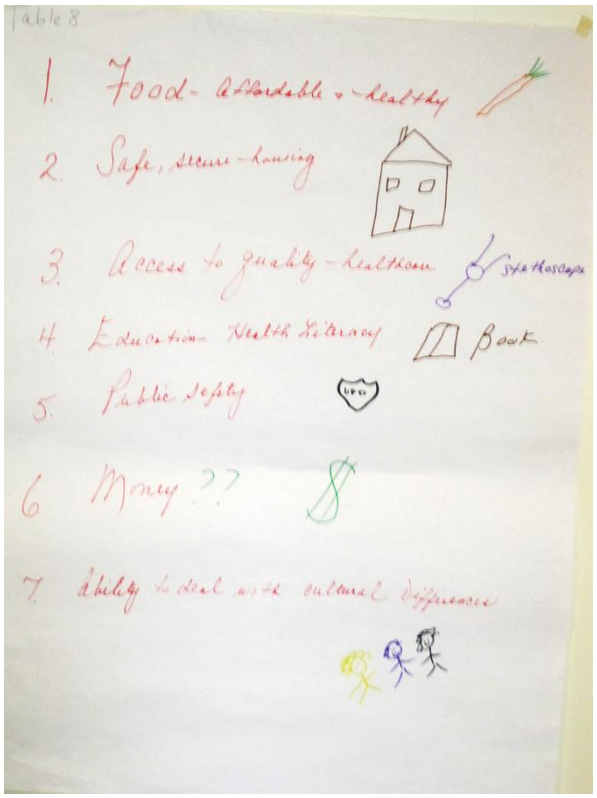
* Top 2

Health Systems	*Health Status*
Shortage of psychiatrists Accessibility* Cost* Understanding services-both availability and usage Dental health Cross systems Cross county AIDS Service Organization Medical detox	Smoking related illness Obesity* Cancer Diabetes Suicide Heart disease Low birth weights Addiction/Substance abuse Mental Hygiene* -Addiction -Mental Health -Developmental Disabilities

* Top 2

Group 8

Vision of a healthy community: For this group, a healthy community has access to healthy foods, safe and secure housing, quality health care and health literacy education, a strong public safety presence, financial resources, and the ability to deal effectively with the cultural difference associated with the community.



Threats	*Opportunities*
Language barriers Cost *Poor Economy Population Decline *Aging Demographics Lack of white color jobs Inability to draw certain specialists	*Consolidation of health care services *Higher education in health care fields Caring, generous community Strong desire to collaborate to do the right thing Healthy workplaces

* Top 2

Health Systems	*Health Status*
*Shortage of Specialty Physicians *Shortage of Behavioral Health Services (adolescent + pediatric)	*Delay of Accessing Tx Chronic Diseases Diabetes, *Mental Illness, Smoking, Cancer Early Entry in Prenatal Care

* Top 2

Group 9

Vision of a healthy community: This group illustrated a healthy community in terms of incorporating green spaces, safe play spaces and community gardens with access to fresh vegetables in a setting where different perspectives are shared and voices are heard. They described the importance of parents, children, seniors and health care workers each having a voice in the decisions that are made in the community. The group illustrated the importance of respecting cultural diversity by adding religious symbols and incorporating different colored stick figures arranged in a circle holding hands.

Threats	*Opportunities*
Funding	*"Self Care" & Wellness are "In" & Fun
*Stressors ("Tyranny of the moment")	Community Involvement
Perceived competition ($, "clients", etc.)	*Welcoming new businesses
*Geography (Transportation) & Social	Existing Coalitions & potential collaborations
Factors (teen pregnancy, education, isolation,	Retaining college students after graduation
employment, etc.)	Funding moving to health & wellness
Diversity (Language)	opportunities
Physician Shortages	Diversity (ideas, experiences, etc.)
	Continued "Stop ACES" initiative
	Make exercise "fun"

* Top 2

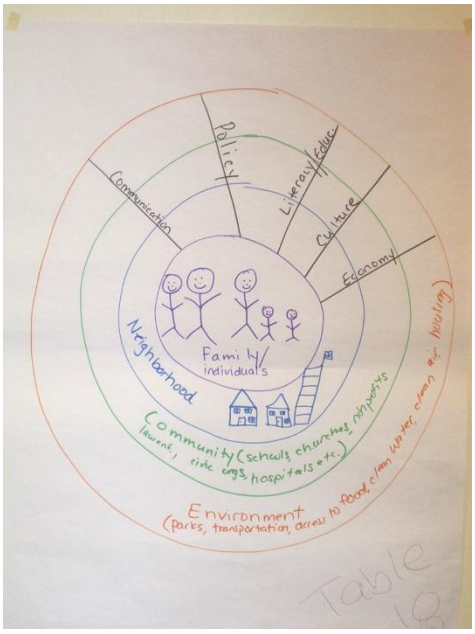
Health Systems	*Health Status*
*Shortage of Physicians including	Birth Outcomes & Maternal Child Health
specialists	Lead
Cost of health care	*Obesity – childhood & adult
*Affordable health ins. & care options	Population disparities (re: cultural & social
Healthe Connections (HIDAA)	differences)
Rural Healthcare options	Cancer

Need help "moving through the process" of health care Insurance Companies & regulations Access to local specialists	Heart Disease Smoking Diabetes Children's Health – What are the trends? (& community safety playing into it) Substance Abuse Oral Health Mental Health *Co-occurring Issues Eldercare & their health

* Top 2

Group 10

Pictorial vision of a "healthy community": This group depicted their healthy community using a model of spheres of influence. In the central most sphere in this image, healthy families and individuals were placed. The next successive sphere included safe neighborhoods, followed by a sphere including community. Community was defined by this group as consisting of schools, churches, not-for-profits, law enforcement, civic organizations, and hospitals. In the outer most sphere, environment is included. Environment is defined as consisting of parks, transportation, access to food, clean water, clean air, and housing. All three spheres would be molded and impacted by communication, policy, literacy and education, culture and economy.



Threats	*Opportunities*
Economy-$ Language barriers Number of adverse childhood experiences* Access to healthcare -elderly Support for populations -mental health/ behavioral -daycare -elderly -respite care Awareness and coordination of services* Aging Population Obesity/ Chronic Diseases Violence	Collaboration* -coalition -communication Cultural Diversity Recreation -four seasons Schools* -universities Farm to table Volunteer pool -community events MVILR

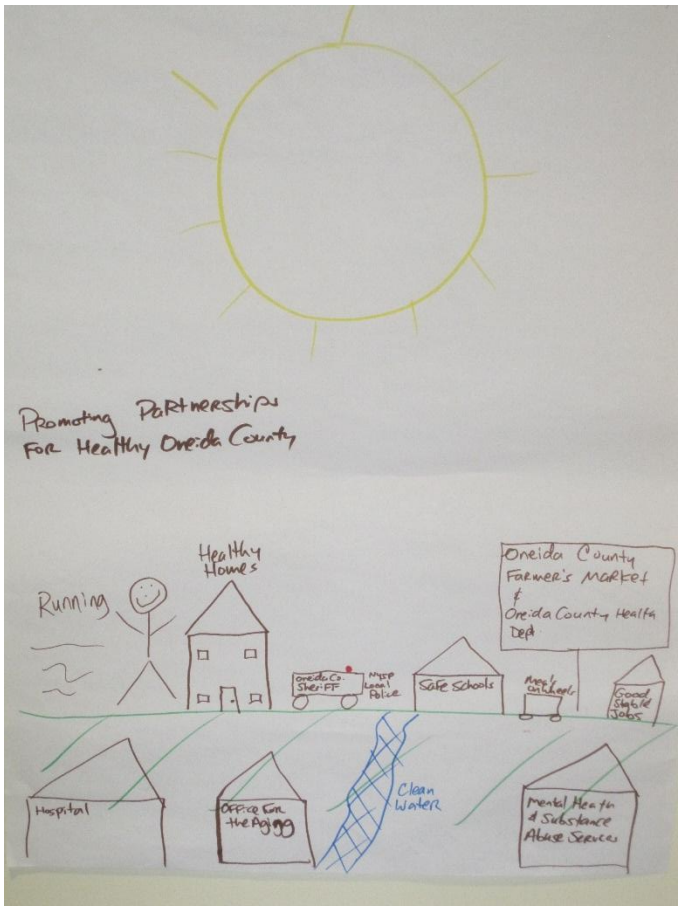
* Top 1 and 2

Health Systems	*Health Status*
Cost Physician Shortage/Mid-Level Providers Access* Health Literacy/ Cultural Competency* Safe discharge -Housing Early detection/treatment Lack of mental health providers/ services Hospital Finances	Chronic Disease Obesity Substance Abuse Addiction Mental Health Issues* -Elderly -Adolescent -Childhood Lead Poisoning Maternal and Infant Health*

* Top 1 and 2

Group 11

Pictorial vision of a "healthy community": Collaborative relations between various facets of community and government entities were envisioned as the prime characteristic of a healthy community. The components that are necessary for a prospering community include health and social services; efficient local government agencies that oversee and respond to social and health needs of the community in coordinated and collaborative ways (e.g. law enforcement, office for aging); medical and public health services; safe schools; and safe outdoor space. Economic stability and availability of employment were viewed as part of the systems approach to the overall health of the community.



Threats	*Opportunities*
No jobs*	Education / knowledge* (better knowledge or desire to learn about healthy lifestyles, e.g. food, exercise)
Cycle of events* [explained as a disruption of generational continuity, lack of connection among the elderly and the young resulting in less knowledge and skills transmitted from parents to children]	Partnerships*
No money	Green space
No food	Concerned community members
Substance abuse	Health care (hospitals, etc.)
Lead	Partnerships
Crime	
Diversity [explained as cultural and language challenges / barriers]	
Aging community	
Mental illness	

* Top 2

Health Systems	*Health Status*
1. Lack of transportation for health systems* 2. [Poor] nutrition and lack of knowledge about healthy eating and exercise* (healthy foods, cooking skills) 3. Doctor shortage (primary and specialists) 4. Lack of mental health providers 5. [Lack of] linkage of services (very important)	1. Chronic diseases* (primarily diabetes due to unhealthy eating and lack of exercise) 2. Obesity* (in children and adults) 3. Heart disease 4. High blood pressure 5. Cancer

* Top 2

DEMOGRAPHIC & SERVICE AREA OVERVIEW

Oneida County is located in the geographic center of New York State, occupying an area of 1,212 square miles, with a population census estimate of 233,556 for 2012, and a population density 1/2 of New York State's, but double that of the United States overall. According to the most recent USDA Census about 25% of Oneida County's acreage is employed in agricultural production, remaining an important economic engine in Central New York. However, this is a significant decline from around 41% in 1969. For decades, the area has experienced a significant decline in manufacturing and commerce, originally spurred by the construction of the Erie Canal. Outside Utica, Rome and the small City of Sherrill, half of the Oneida County inhabitants reside in rural (1/3) or suburban areas.

Total Oneida County population has been declining since the 1970s, with a drop greater than 30% for the cities of Utica and Rome, which together comprise approximately 100,000 persons (USCB). The population has remained stable over the past decade, while state and national populations have grown (2 and 12%). The ethnic composition of the county has been changing, particularly in the multi-cultural, multi-racial, and multi-ethnic city of Utica. Since 1979, Utica has been home to the Mohawk Valley Resource Center for Refugees, resettling close to 6,000 refugees since 2000, contributing significantly to the population profile of Oneida County.

ONEIDA COUNTY RACIAL COMPOSITION (2010):	Number	Percent
White	208,959	89.0
Black or African American	17,445	7.4
American Indian and Alaska Native	1,692	0.7
Asian	7,434	3.2
Native Hawaiian and Other Pacific Islander	258	0.1
Some Other Race	4,270	1.8

While Oneida County remains overall less diverse than the state as a whole, African American and Hispanic populations have steadily increased, and so have the Asian populations, particularly with the most recent influx of refugees from Southeast Asia. Poverty levels among these populations are disproportionately high, particularly among single mothers with small children, who experience highest levels of household poverty. In Oneida County 3% of children had elevated blood lead levels in 2009, compared to the state level of 0.7%. This is a decrease from 2000 elevated blood lead levels (Oneida County:

4.1%, NYS: 2%). Blood lead level is a factor associated with poverty, as it relates to housing conditions (LAVC 2013 http://hoc.communityprofiles.org/health).

The majority of the Oneida County population is over the age of 18 (78.1%), with 16.3% being over the age of 65. The median age of the county population is 40.8 year. Children under 5 years make up 5.7% of the county population.

2010 Demographic Profile Data

	Number	**Percent**
Total population	234,878	100.0
Under 5 years	13,281	5.7
5 to 9 years	13,785	5.9
10 to 14 years	14,511	6.2
15 to 19 years	17,293	7.4
20 to 24 years	15,959	6.8
25 to 29 years	14,218	6.1
30 to 34 years	12,474	5.3
35 to 39 years	13,473	5.7
40 to 44 years	15,698	6.7
45 to 49 years	18,065	7.7
50 to 54 years	17,847	7.6
55 to 59 years	15,992	6.8
60 to 64 years	14,114	6.0
65 to 69 years	10,511	4.5
70 to 74 years	7,984	3.4
75 to 79 years	6,779	2.9
80 to 84 years	6,100	2.6
85 years and over	6,794	2.9
Median age (years)	40.8	(X)

Source: US Census Bureau, 2010

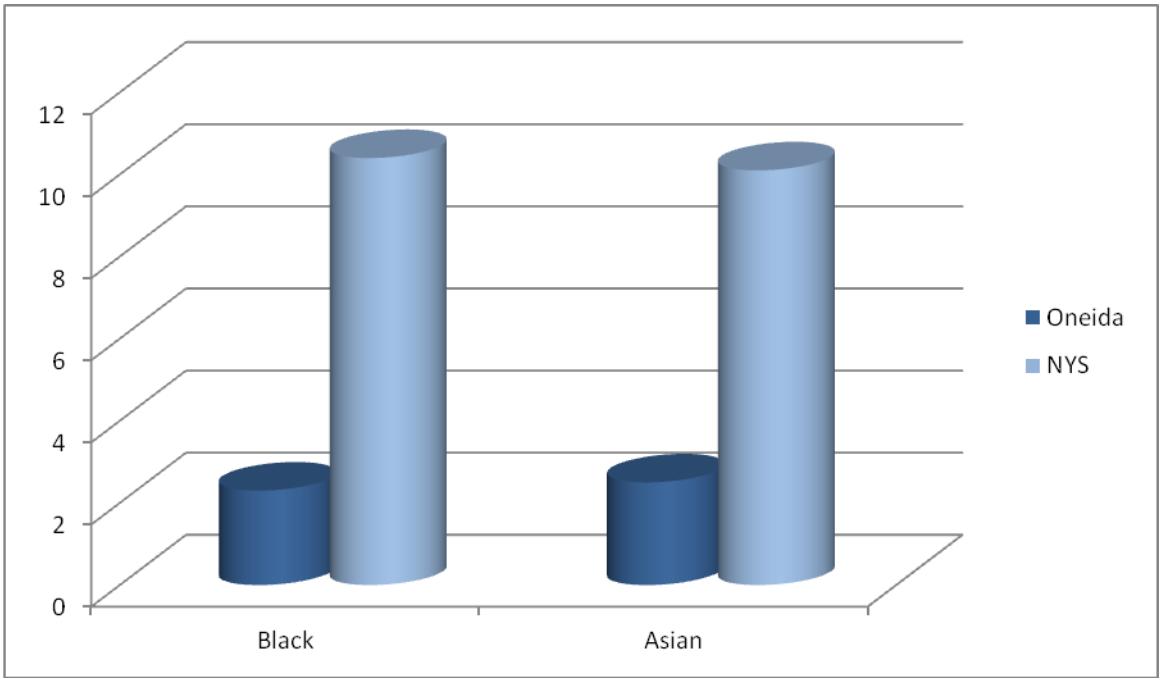
Compared to the state, there are more Oneida County children who live in single parent households as well as children who are being cared for by a grandparent. The poverty rate for children was 25%, and for related children under 5, 32.9% (USCB 2007-2011, American Community Survey, *American FactFinder; countyhealthrankings.org*).

Almost 7% of Oneida County residents speak another language at home, and 11% are foreign-born, with a greater percentage in the Utica area. Almost one third of Hispanics in Oneida County identify themselves with a race “some other race” besides the customary categories of Black, White, or Native American or Hawaiian/Pacific Islander, and 13% identify themselves as multiple-races (Community Commons CHNA).

ECONOMIC PROFILE

Oneida County faces stagnant economic conditions and high socioeconomic disparities. Compared to New York State, business opportunities are more unequally distributed, with one fifth as many Black or Asian owned firms in Oneida as in New York State:

Firm Ownership (%) in Oneida County Compared to New York State (2007):



Source: http://quickfacts.census.gov/qfd/states/36/36065.html
(data for other minorities not reportable from this source)

When compared to the state, a much lower percentage of firms are owned by minorities or women, according to 2007 data from the US Census (Oneida County *QuickFacts*).

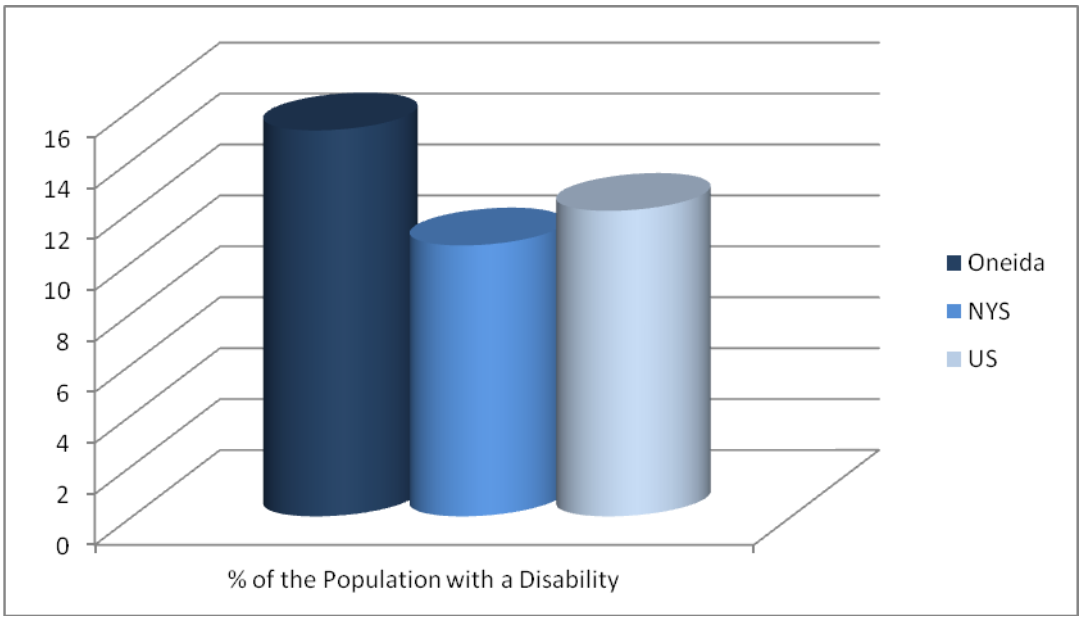
Oneida County averages fewer college graduates (22%) then the state excluding NYC (32%) or the nation (28%), but more persons with high-school diplomas and associate degrees. At 15%, the county has a higher poverty rate than the state, particularly in the city of Utica (29%) and Rome (16%) compared to 11% for the state (*Leadership Alliance for a Vital Community – Community Indicators Project*).

Median income has remained flat from 2000 to 2010 at about 48,000, which is lower than state and national medians. Income for whites is twice as high as the income of Black and Hispanic residents of Oneida County, nearly half of whom live in poverty, compared to 12% of whites. Median value of owner occupied housing in Oneida County was 106,000 in 2007-2011, compared to 301,000 for New York State (Oneida County *QuickFacts*). Oneida County children depend upon supplemental nutrition programs at rates higher than the state and the nation (NYSKWIK 2012).

HEALTH STATUS

(See Oneida County Databook for comprehensive assessment)
There is also a "graying" of the population, with the fastest growing age segment being seniors, particularly persons over 85 (*Leadership Alliance for a Vital Community – Community Indicators Project*). Aging of the population brings with it concerns regarding chronic disease, disabilities, access to fresh foods, as well as access to timely and appropriate

care, due to inadequate supply of providers and transportation challenges, which are particularly cumbersome for seniors located in rural and suburban areas. Compared to state or nation, a higher percentage of the Oneida County population experiences a disability (any), with higher disability prevalence for African Americans, persons who identify themselves as "some other race," Hispanic/Latinos, and women.



Source: http://assessment.communitycommons.org/CHNA/report.aspx?page=6&id=617

According to countyhealthrankings.org Oneida County measures up poorly in terms of morbidity (rank #53 out of 62 counties), including mental health, and various socio-economic factors (#43 out of 62 counties). At the same time, it fares better than most counties regarding overall clinical care (#16), particularly with respect to insurance coverage (despite relatively fewer providers), and physical environment (#17). Rates of adult smoking, adult obesity, physical inactivity, and teen birth rate are all higher than the state and the national benchmark. The overall rank of 50 reflects Years of Potential Life Lost (YPLL) before age 75 per 100,000 population, a measure of premature mortality.

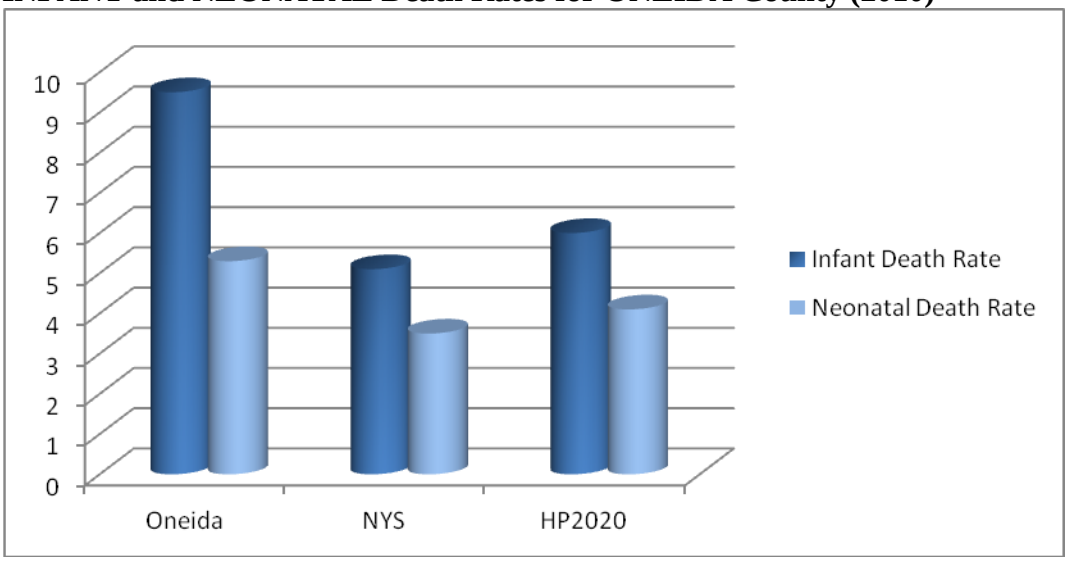
SELECTED COUNTY HEALTH RANKING MEASURES USED IN 2013 RANKINGS

	ONEIDA	NYS	National Benchmark (90th percentile)
Adult Smoking	24%	18%	13%
Adult Obesity	29%	25%	25%
Physical Inactivity	27%	25%	21%
Teen Birth Rate	31%	25%	21%

SOURCE: http://www.countyhealthrankings.org/app/new-york/2013/oneida/county/outcomes/overall/snapshot/by-rank
(Various data sources ranging from 2004-2012 were used to generate the above rankings.)

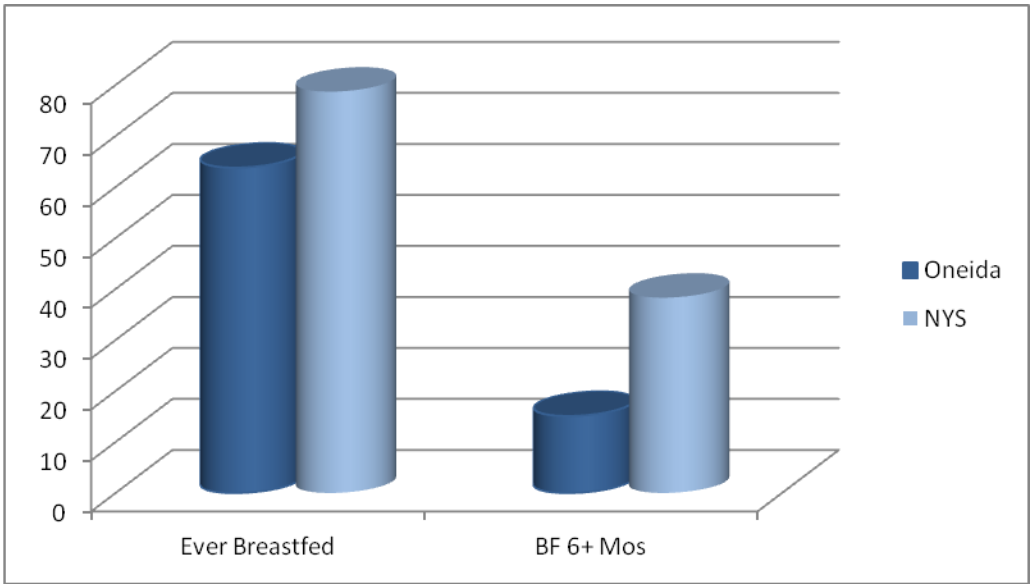
A leading measure of community health is infant mortality, being influenced by diverse socioeconomic, personal and system factors, including access to health care. As noted, while Oneida County measures up well in terms of insurance coverage, there are other, less obvious barriers to care, as well as drastic disparities among races and ethnic groups. For 2010 infant death rates (deaths under 1 year of age per 1000 live births) and neonatal death rates (under 28 days) were higher than NYS and HP2020 rates for Oneida County. Other aspects and dimensions of maternal and child care are discussed in that section.

INFANT and NEONATAL Death Rates for ONEIDA County (2010)



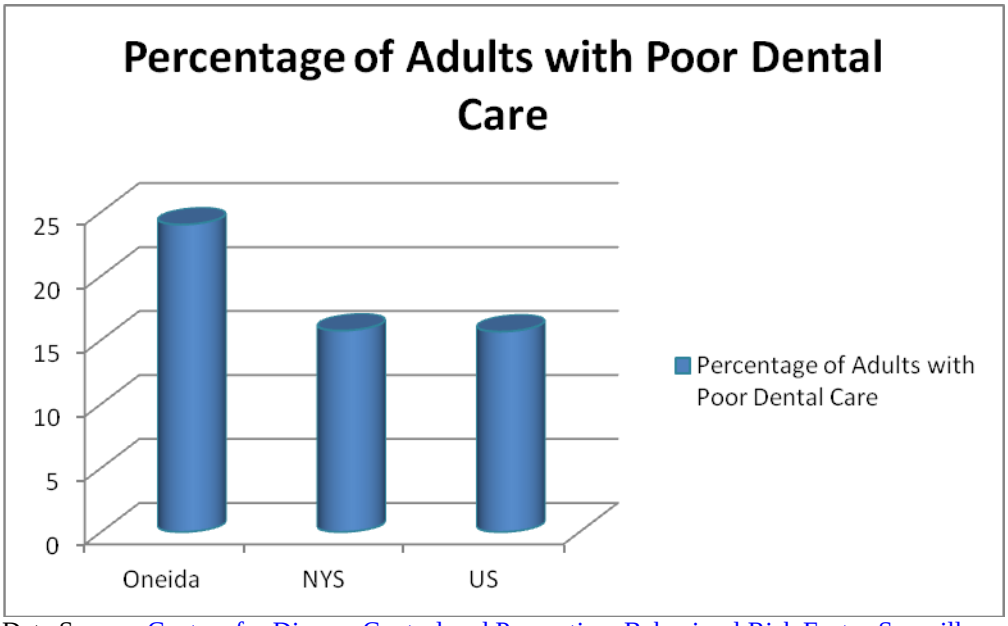
Source: New York State Department of Health (2010)
www.health.ny.gov/statistics/vital_statistics/2010/table45_htm

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



Source: http://www.health.ny.gov/statistics/prevention/nutrition/pednss/2011/table7b.htm

A significantly higher percent of Oneida County adults (18 or older) have poor self-reported dental health (defined here as having had six or more permanent teeth removed due to tooth decay) when compared to state and national populations:



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10. Additional data analysis by CARES. Accessed at http://assessment.communitycommons.org/CHNA/report.aspx?page=6&id=619

Policy and Built Environment

Health challenges facing the community are being addressed through assessment, policy and the built environment. From tobacco free parks, to assessing hunger and food insecurity, to the review of transportation and walkability, the community continues to address the contributing causes of health challenges. Some of the areas are highlighted below:

- Over 11 municipalities have implemented tobacco free park policies across the county. The efforts continue each year through the work of BRIDGES to Prevent Tobacco.
- In 2013, Oneida County formed a Food Policy Advisory Council, focusing on healthy people, healthy environment, and healthy economy. The council's role is to identify, develop, promote and support local efforts to create a strong and resilient local food system.
- The County Planning department has done a complete assessment on sidewalks and continues to examine and improve transportation options in the community. Through the assessment, they digitally mapped existing sidewalks and then performing a field assessment of the sidewalk conditions. The evaluation of crosswalks, pedestrian ramps, pedestrian signals, etc at intersections was also included. A local senior center received funding for a mobility management project. Along with the project, the planning department is working on building a transportation coalition with a community oriented approach on getting people where they need to go.
- Over the last several years, several communities received funding for transportation enhancements and three school districts received funding for safe routes to schools.

NYS Prevention Agenda and Oneida County

	Indicator	Data Years	Oneida County	New York State	NYS 2017 Objective
1.	Percentage of premature death (before age 65 years)	2008-2010	20.7	24.3	21.8
2.	*Ratio of Black non-Hispanics to White non-Hispanics*		2.97	2.12	1.87
3.	*Ratio of Hispanics to White non-Hispanics*		2.60	2.14	1.86
4.	Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years	2008-2010	163.8	155.0	133.3
5.	*Ratio of Black non-Hispanics to White non-Hispanics*		2.04	2.09	1.85
6.	*Ratio of Hispanics to White non-Hispanics*		0.91	1.47	1.38
7.	Percentage of adults with health insurance - Ages 18-64 years	2010	87.4 (86.3-88.5)	83.1 (82.9-83.3)	100
8.	Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years	2008-2009	86.1 (81.4-90.9)	83.0 (80.4-85.5)	90.8
9.	Rate of hospitalizations due to falls per 10,000 - Ages 65+ years	2008-2010	256.7	204.6	Maintain
10.	Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years	2008-2010	532.7	476.8	429.1
11.	Assault-related hospitalization rate per 10,000	2008-2010	3.1	4.8	4.3
12.	*Ratio of Black non-Hispanics to White non-Hispanics*		6.92	7.43	6.69
13.	*Ratio of Hispanics to White non-Hispanics*		2.08	3.06	2.75
14.	*Ratio of low income ZIP codes to non-low income ZIP codes*		3.88	3.25	2.92
15.	Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years	2008-2010	67.3	36.7	33.0
16.	Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge	2012	0.0*	26.7	32.0
17.	Percentage of commuters who use alternate modes of transportation[1]	2007-2011	16.4	44.6	49.2

	Indicator	Data Years	Oneida County	New York State	NYS 2017 Objective
18.	Percentage of population with low-income and low access to a supermarket or large grocery store[2]	2010	5.6	2.5	2.24
19.	Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2008-2011	23.7	12.9	20
20.	Percentage of residents served by community water systems with optimally fluoridated water	2012	68.3	71.4	78.5
21.	Percentage of adults who are obese	2008-2009	26.0 (21.5-30.5)	23.2 (21.2-25.3)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	19.7	17.6	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	24.0 (19.5-28.4)	16.8 (15.1-18.6)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	66.8 (60.4-72.6)	66.3 (63.5-69.1)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	56.2	83.7	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	125.8	221.4	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	14.4	15.5	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	4.8	3.2	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	6.3	5.6	4.86
30.	Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months[3]	2011	51.9	47.6	80

Indicator		Data Years	Oneida County	New York State	NYS 2017 Objective
31.	Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	26.8	26.0	50
32.	Percentage of adults with flu immunization - Ages 65+ years	2008-2009	69.3 (61.5-77.2)	75.0 (71.5-78.5)	66.2
33.	Newly diagnosed HIV case rate per 100,000	2008-2010	5.2	21.6	14.7
34.	*Difference in rates (Black and White) of new HIV diagnoses*		s	59.4	45.7
35.	*Difference in rates (Hispanic and White) of new HIV diagnoses*		s	31.1	22.3
36.	Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	231.4	203.4	183.1
37.	Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	164.0	221.7	199.5
38.	Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	1098.5	1619.8	1,458
39.	Primary and secondary syphilis case rate per 100,000 males	2010	1.7*	11.2	10.1
40.	Primary and secondary syphilis case rate per 100,000 females	2010	0.0*	0.5	0.4
41.	Percentage of preterm births	2008-2010	12.1	12.0	10.2
42.	*Ratio of Black non-Hispanics to White non-Hispanics*		1.96	1.61	1.42
43.	*Ratio of Hispanics to White non-Hispanics*		1.25	1.25	1.12
44.	*Ratio of Medicaid births to non-Medicaid births*		1.22	1.10	1.00
45.	Percentage of infants exclusively breastfed in the hospital	2008-2010	44.4	42.5	48.1
46.	*Ratio of Black non-Hispanics to White non-Hispanics*		0.47	0.50	0.57
47.	*Ratio of Hispanics to White non-Hispanics*		0.61	0.55	0.64
48.	*Ratio of Medicaid births to non-Medicaid births*		0.55	0.57	0.66
49.	Maternal mortality rate per 100,000 births	2008-2010	50.7*	23.3	21.0

	Indicator	Data Years	Oneida County	New York State	NYS 2017 Objective
50.	Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs[4]	2011	67.7	69.9	76.9
51.	*Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs*		90.0	82.8	91.3
52.	*Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs*		80.5	82.8	91.3
53.	*Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs*		56.8	61.0	67.1
54.	Percentage of children with any kind of health insurance - Ages 0-19 years	2010	95.1 (94.0-96.2)	94.9 (94.5-95.3)	100
55.	Percentage of third-grade children with evidence of untreated tooth decay	2009-2011	29.0 (24.9-33.0)	24.0 (22.6-25.4)	21.6
56.	*Ratio of low-income children to non-low income children*		1.64	2.46	2.21
57.	Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008-2010	28.4	31.1	25.6
58.	*Ratio of Black non-Hispanics to White non-Hispanics*		4.04	5.74	4.90
59.	*Ratio of Hispanics to White non-Hispanics*		3.72	5.16	4.10
60.	Percentage of unintended pregnancy among live births	2011	47.3	26.7	24.2
61.	*Ratio of Black non-Hispanics to White non-Hispanics*		1.47	2.09	1.88
62.	*Ratio of Hispanics to White non-Hispanics*		1.37	1.58	1.36
63.	*Ratio of Medicaid births to non-Medicaid births*		1.67	1.69	1.56
64.	Percentage of women with health coverage - Ages 18-64 years	2010	89.5 (88.0-91.0)	86.1 (85.8-86.4)	100

	Indicator	Data Years	Oneida County	New York State	NYS 2017 Objective
65.	Percentage of live births that occur within 24 months of a previous pregnancy	2008-2010	24.3	18.0	17.0
66.	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2008-2009	13.0 (9.2-16.8)	10.2 (8.7-11.7)	10.1
67.	Age-adjusted percentage of adult binge drinking during the past month	2008-2009	21.3 (15.8-26.8)	18.1 (16.1-20.2)	18.4
68.	Age-adjusted suicide death rate per 100,000	2008-2010	9.2	6.8	5.9

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

HEALTH SYSTEM

The supply of providers in Oneida County is limited, especially in rural areas. There are also some provider shortages in several specialties (such as dermatology and mental health), which entail delays of 2 or more months before one can obtain an appointment. Some providers (including the otherwise widespread dental offices) do not accept Medicaid or Medicare, while others are not adding any new patients to their panels.

One Federally Qualified Health Center is located in the Utica area, the Utica Community Health Center. FQHCs receive federal support to provide federally needed primary care to underserved populations. In Utica, UCHC serves a large population of racial and ethnic minorities and many of Utica's newly arrived refugees, predominantly residing in the 13501 and 13502 zip codes. These zip codes are associated with a higher occurrence of unfavorable health outcomes in several respects, particularly concerning maternal and infant health (prematurity).

Oneida County has 5 larger-scale medical facilities and a number of multi-provider partnerships, some affiliated with the medical centers. Many provider organizations have been transitioning to Electronic Medical Records. The following institutions primarily serve Oneida county population, while providing some services to neighboring counties:

- Faxton-St Lukes Healthcare Faxton Division (Utica) / 50 beds
- Faxton-St Lukes Healthcare St Lukes Division (Utica) / 346 beds
- Regional Wound Care Center (Rome) / 0 beds
- Rome Memorial Hospital, Inc (Rome) / 144 beds
- St Elizabeth Medical Center (Utica) / 201 beds

Source: Oneida County Hospitals (2010), http://hospitals.nyhealth.gov/browse_search.php?form=COUNTY&rt=oneida

Rome Memorial Hospital serves primarily the 13440 zip code and has a Level 1 perinatal center. St. Luke's has a Level 2 perinatal center, and serves both Oneida and Herkimer communities. Faxton has the area cancer center, and St. Elizabeth's has the area trauma center. According to the New York State Department of Health, Oneida County had a significantly higher rate of emergency room visits and hospitalizations compared to the state (NYSDOH 2008-2011), while according to countyhealthrankings.org, there were more preventable hospital stays in Oneida County than there were at state-level. The local health system must attend to an increasingly diverse population, with a growing burden of chronic disease and disabilities, emphasizing prevention in ways that are mindful of challenges and disparities between rural/urban, age and gender differences, racial/ethnic groups, and other social factors.

Community assets and resources

The Oneida County Health Coalition continues to play an important role in the health of the community. The Coalition is a partnership of diverse agencies and representatives who are committed to improving the public's health and well-being. The Coalition continues to collaborate, educate, advocate, and promote health and quality of life for people in Oneida County. Assets and resources related to the focus areas of Healthy Women, Infants, and Children, and tobacco cessation are referenced in the Community Health Improvement Plan (CHIP).

REFERENCES

NYSKWIK (Child Well-being, NYS)—Oneida County: http://www.nyskwic.org/get_data/county_report_detail.cfm?countyid=36065&Go.x=12&Go.y=21

Community Commons CHNA: Full Health Indicators Report: http://assessment.communitycommons.org/CHNA/report.aspx

Oneida County QuickFacts: http://quickfacts.census.gov/qfd/states/36/36065.html

Oneida County Hospitals (2010): http://hospitals.nyhealth.gov/browse_search.php?form=COUNTY&rt=oneida

USCB (US Census Bureau) American FactFinder: http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

LAVC (Leadership Alliance for a Vital Community) Community Indicators Project:
Financial Self Sufficiency: http://hoc.communityprofiles.org/financial-self-sufficiency
Key Trends: Health http://hoc.communityprofiles.org/health

NYSDOH Socio-Economic and General Health Indicators, Oneida County (data ranging from 2008-2011): http://www.health.ny.gov/statistics/chac/chai/docs/ses_30.htm

DATA BOOK

ONEIDA COUNTY

COMMUNITY HEALTH ASSESSMENT 2013

DATA

CHRONIC DISEASE

Chronic diseases such as Obesity, Diabetes, Cardiovascular disease, and Asthma have detrimental long-term impacts on individuals with one or more of these diseases, their families, and their respective health care provider systems. Chronic diseases appear more commonly in the adult population with high rates of incidence in the elderly population. Recent data shows increasing incidence of Asthma, Obesity and Diabetes in younger generations. The costs associated with treating longstanding outcomes of these chronic conditions, such as kidney failure, diabetic neuropathy, chronic obstructive pulmonary disease (COPD), and heart failure, are quite high and place a huge burden on the health care system.

The Centers for Disease Control and Prevention (CDC) states that, "Chronic diseases affect the lives of six million New Yorkers, and account for 73% of deaths in New York State annually. Of the 157,000 deaths in New York State in 2002, 114,000 were attributable to the top five chronic diseases. The proportion of deaths due to chronic disease in New York is somewhat higher than that of the United States, primarily because of higher deaths from diseases of the heart."

New York's Alliance Against Chronic Disease sheds light on the financial impact of chronic disease on our health care system. NYAACD states, "Chronic disease is a major driver of health care costs and severely affects the affordability of health insurance. 75% of health care spending goes to the treatment of chronic disease and the secondary disease states it causes. In Medicare and Medicaid, the percentage of spending on chronic disease is even higher - 96% and 83% respectively."

The employment of proper preventive methods can avert many chronic disease states. Some changes that can be made are based on behaviors and access to healthcare. Chronic disease states are associated with a variety of causal factors such as limited access to fresh fruits and vegetables, poverty, lack of exercise, increase in hours spent watching television, and pregnancy weight characteristics. Chronic disease outcomes such as high rates of hospitalization, and associated mortality are also cited by the data.

The data will be presented about pervasive chronic disease conditions in Oneida County and their associations with each other. Data will also be offered that sheds light onto habits and activities of county residents that contribute to chronic disease states. Finally, the efficacy of preventive measures against these conditions will be discussed.

Data Overview

The following indicators will be focused on in this study of Chronic Disease trends in Oneida County and New York State. As defined by CDC, Body Mass Index (BMI) over 25 is overweight, over 30 obese.

Prevent Chronic Diseases				
Indicator	**Data Years**	**Oneida County**	**New York State**	**NYS 2017 Objective**
Percentage of adults who are obese (%, CI)	2008-2009	26.0 (21.5-30.5)	23.2 (21.2-25.3)	23.2
Percentage of children and adolescents who are obese	2010-2012	19.7	17.6	NYC: 19.7 ROS: 16.7
Percentage of cigarette smoking among adults (%, CI)	2008-2009	24.0 (19.5-28.4)	16.8 (15.1-18.6)	15.0
Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years (%, CI)	2008-2009	66.8 (60.4-72.6)	66.3 (63.5-69.1)	71.4
Asthma emergency department visit rate per 10,000	2008-2010	56.2	83.7	75.1
Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	125.8	221.4	196.5
Age-adjusted heart attack hospitalization rate per 10,000	2010	14.4	15.5	14.0
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	4.8	3.2	3.06
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	6.3	5.6	4.86

Source: New York State Department of Health, Oneida County Indicators for Tracking Public Health Priority Areas, 2013-2017, http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/oneida.htm. *Preliminary estimates (4 months) for the 2013-2014 Expanded Behavioral Risk Factor Surveillance System show the Percentage of cigarette smoking among adults at 19.6%, however a final updated reporting will be available in 2014.*

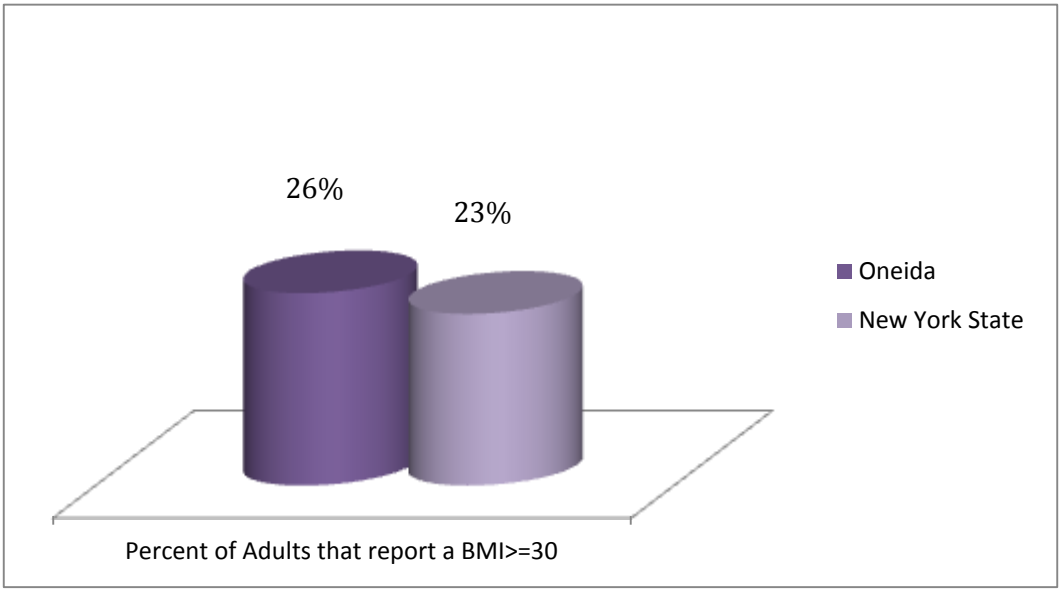
Section A: Chronic Disease Conditions

OBESITY

Excess body fat is a risk-factor for many diseases, such as diabetes, cardiovascular disease, arthritis, cancers, or sleep apnea. According to CDC, persons with a Body Mass Index (BMI) over 25 are overweight, and those with a BMI over 30 are obese. Athletes can have high BMI without excess fat, exhibiting different risks from sedentary persons. Other measures such as skinfold thickness, waist-to-hip ratio, ultrasound or MRI can more accurately assess body fat.

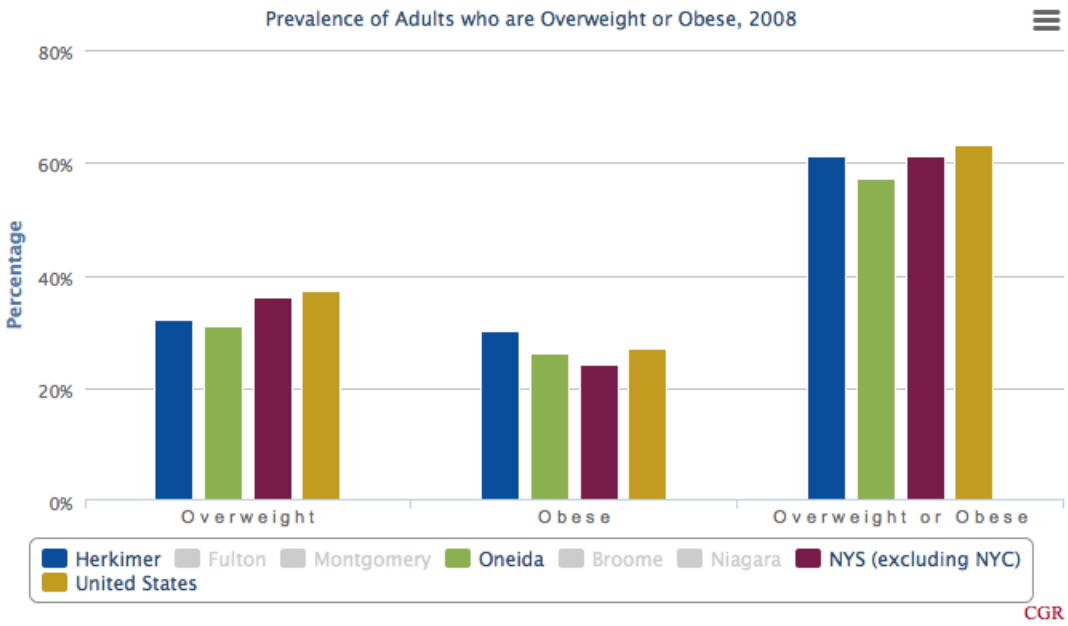
Oneida County has higher rates of obesity than New York State excluding New York City. However, Oneida County's rates falls into the "more favorable" category when compared to other counties (County Ranking Group #2). The 2017 Prevention Agenda Objective for NYS is 23.2%.

Percentage of Adults who are Obese (2008-2009)
BMI 30 or higher



Source: New York State Department of Health, Oneida County Indicators for Tracking Public Health Priority Areas, 2013-2017, *2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System*

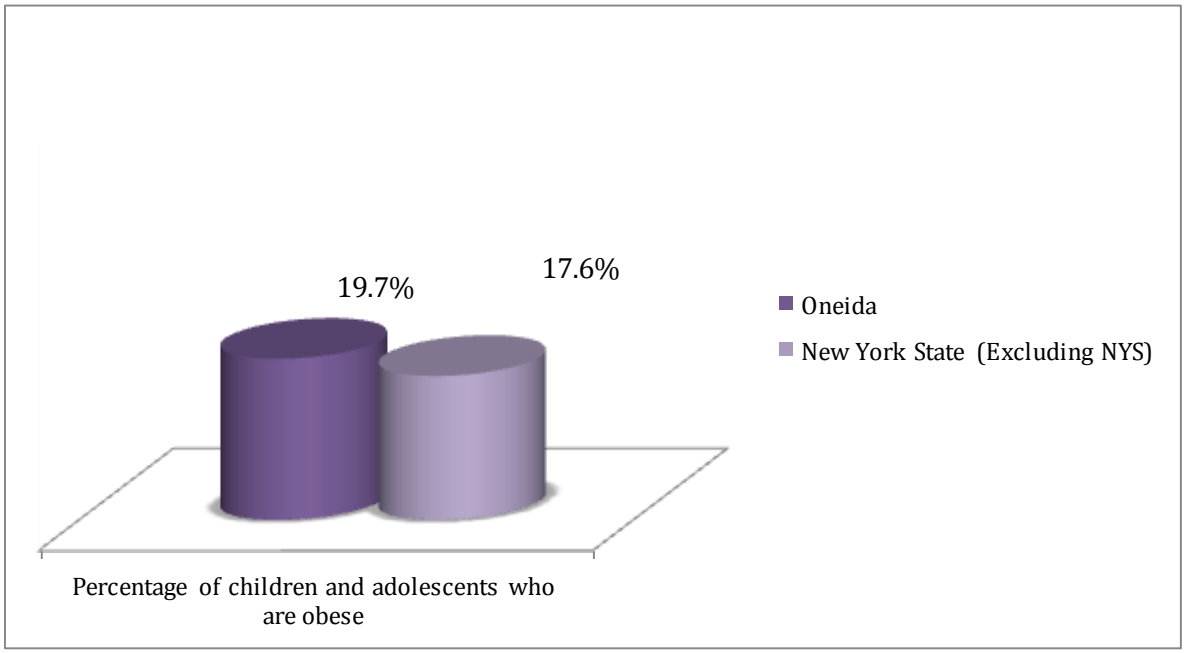
The following graph shows overweight and obesity trends in adults, 18 and over, with a BMI over 25. Survey results cover the years 2008 and 2009. Figure 2 shows similar trends to those in the prior figure. Oneida County obesity rates were higher than the New York State rates.



Source: Centers for Disease Control, New York Department of Health. Note: Figures are adults, 18 and over, with a BMI greater than 25. Survey results cover 2008 and 2009, http://hoc.communityprofiles.org/health/health-risks

The issue of obesity does not only impact adults. In Oneida County, children and adolescents are affected greatly by this chronic condition. After decades of steady rise, the prevalence of obesity among pre-school children of low socioeconomic status has begun a slow downward trend in the last ten years, reflecting rising breastfeeding rates, public health efforts, changes in nutrition policies at all levels (national, state, county, schools). Obese children are more likely to become obese adults. Some develop obesity-associated chronic conditions in childhood, such as high cholesterol, high blood pressure and Type 2 Diabetes. They also tend to be less active. The data shows that the percent of obese children and adolescents in Oneida County is higher than that of New York State.

Percentage of children and adolescents who are obese



Source: Counties outside NYC: 2010-12 Student Weight Status Category Reporting System, NYC: 2009-10 NYC Fitnessgram; Data as of November, 2012, (NYSDOH Oneida County Indicators)

The following chart shows the breakdown of the prevalence of obesity in children based on age in school. Obesity affects middle and high school students at higher rates in Oneida County than New York State.

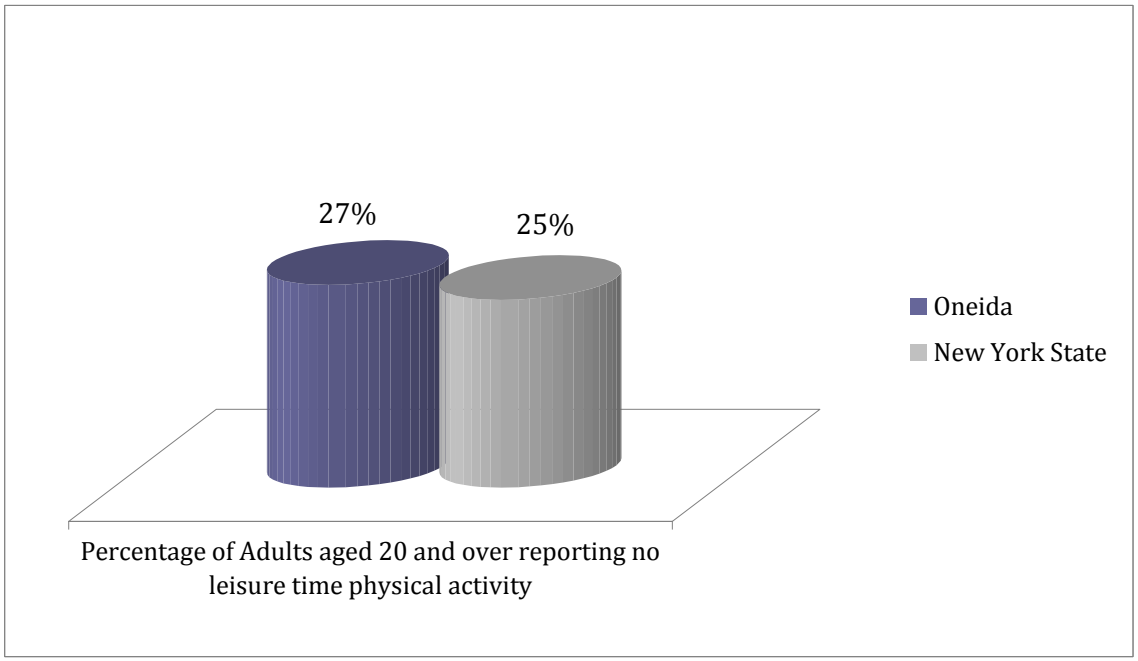
2010-2012 Student Weight Status Category Reporting System Data as of July, 2013

	Oneida County	NYS (excluding NYC)
Overweight but not obese (85th-<95th percentile) - Elementary students	16.7%	15.8%
Obese (95th percentile or higher) - Elementary students	19.6%	17.2%
Overweight but not obese (85th - < 95th percentile) Middle and high school students	16.8%	16.8%
Obese (95th percentile or higher) - Middle and high school students	21.1%	18.2%

Source: New York State Department of Health found at http://www.health.ny.gov/statistics/chac/indicators/obs.htm

Numerous social and community level characteristics contribute to this increased incidence of obesity. Some of these causal factors include limited leisure time activity, with Oneida County individuals showing decreased physical activity levels when compared to New York State.

Percent of Adults aged 20 and over reporting no leisure time physical activity (2009)

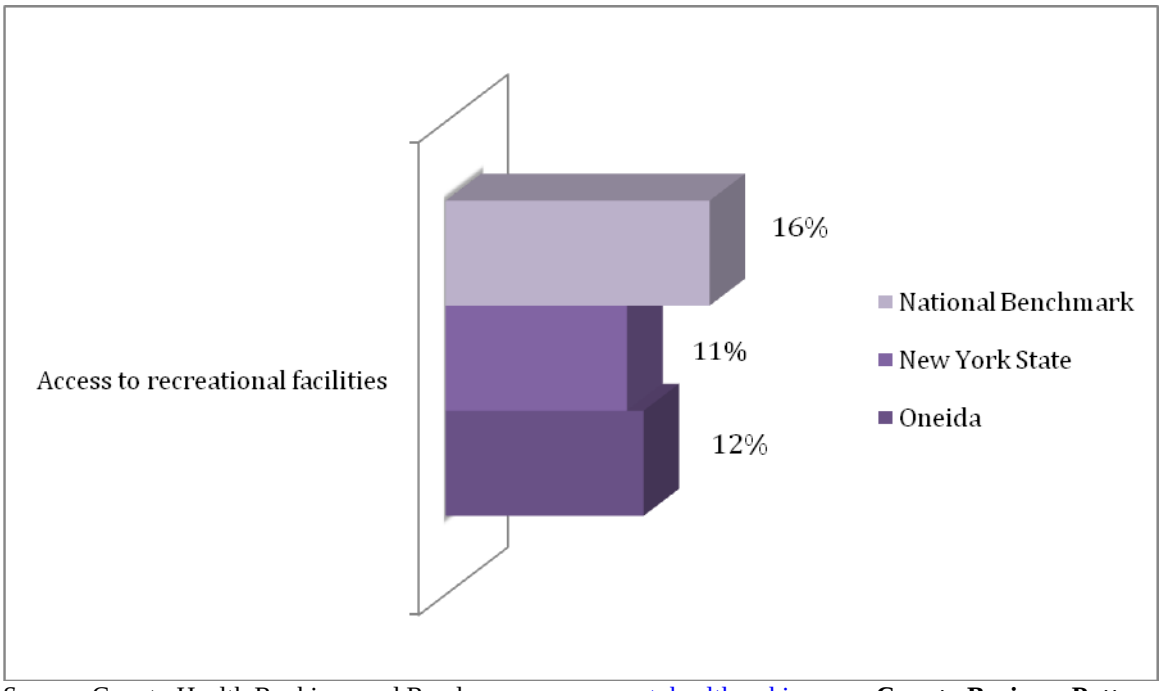


Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org ***National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation.***

Issues of access also contribute to the growing problem of obesity. With respect to access to recreational facilities, Oneida County shows a rate that is comparable if slightly higher than that of the state. Attention should be called to access barriers experienced by residents of lower socioeconomic status, improving access to recreational facilities and settings for all ages and abilities, and providing more opportunities for all Oneida County residents to be active.

Access to recreational facilities- Recreational Facility Rate (2010)

This measure represents the number of recreational facilities per 100,000 population in a given county. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports.



Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org **County Business Patterns**

Oneida County has 25% fewer recreational facilities compared to the national benchmark of 16% (90'th percentile) for this measure. The County Comparison tool available online at *countyhealthrankings.org* shows that Oneida County compares favorably with surrounding counties.

Limited access to stores where healthy purchases can be made is also an issue in Oneida County. Two populations affected by limited access to stores are children and seniors.

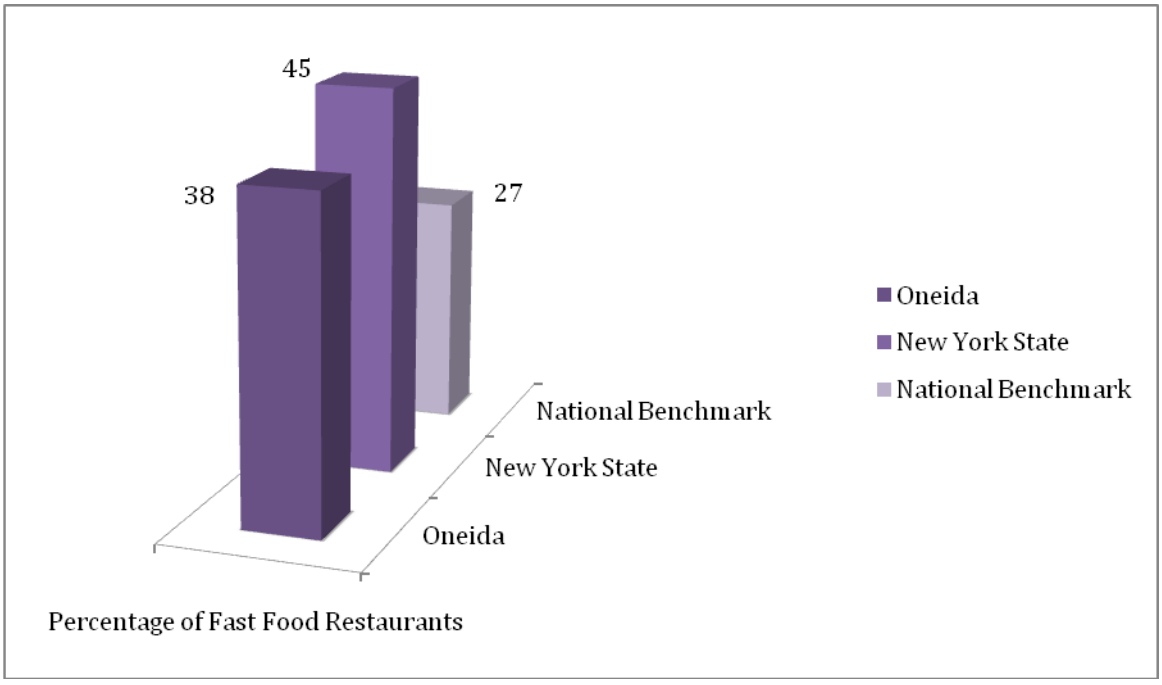
Oneida County USDA Grocery Store Access Measures 2010

	% Population	Population Count
Children with Low Access to Store	4.09%	9,588
Households with No Car and Low Access to Store	3.20%	2,970
People with Low Income and Low Access to Store	5.61%	13,165
Total Population with Low Access to Store	19.62%	46,066
Seniors with Low Access to Store	3.46%	8,112

Source: USDA ERS found at: http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx.

On the other side of access, data supports an increased level of access to fast food establishments in Oneida County, when compared to New York State. When this county characteristic is combined with limited access to safe recreational areas, the likelihood of obesity is magnified.

Fast food restaurants (2010)
This measure of a health-supporting environment reflects the percent of all restaurants in a county that are fast food establishments. The national benchmark is 27% (90'th percentile) for this measure. Oneida's rate is higher (38) but below NYS (45).



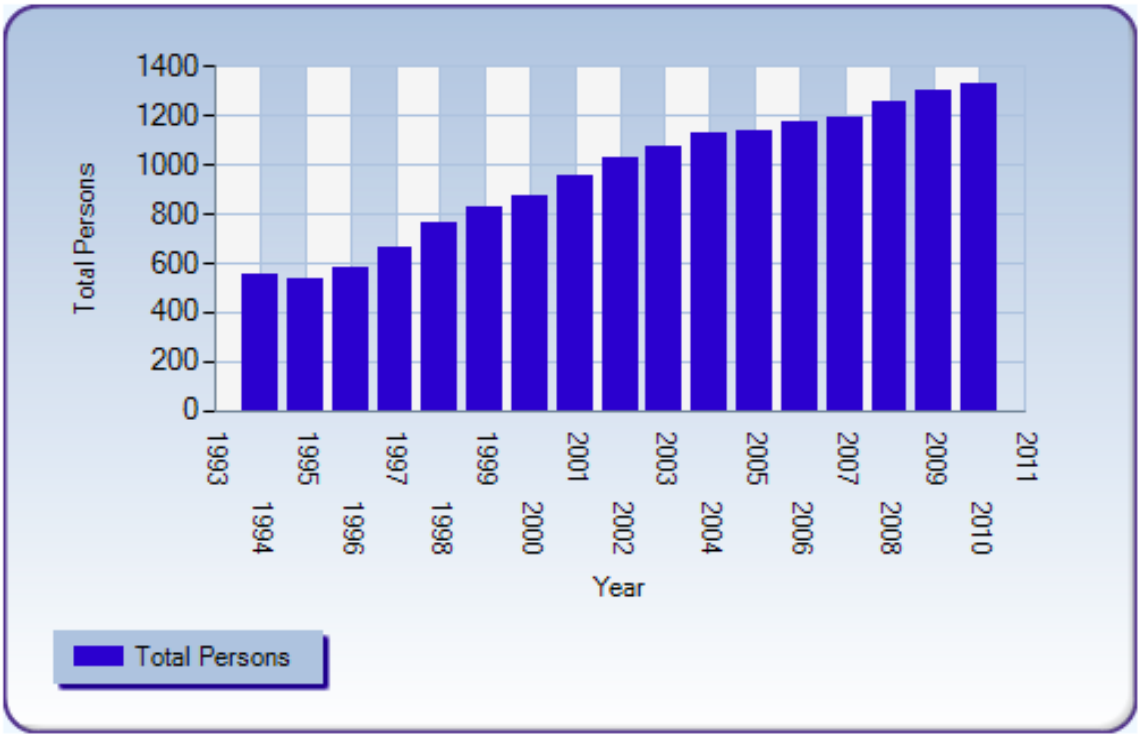
Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org , County Business Patterns

DIABETES

Many chronic conditions are linked and share similar causal factors. Obesity is strongly linked to the earlier onset of Diabetes and cardiovascular conditions. The following data aligns with this association.

The following graph shows an overall increasing trend in New York State with respect to the total number of adults diagnosed with Diabetes over the last 15 years.

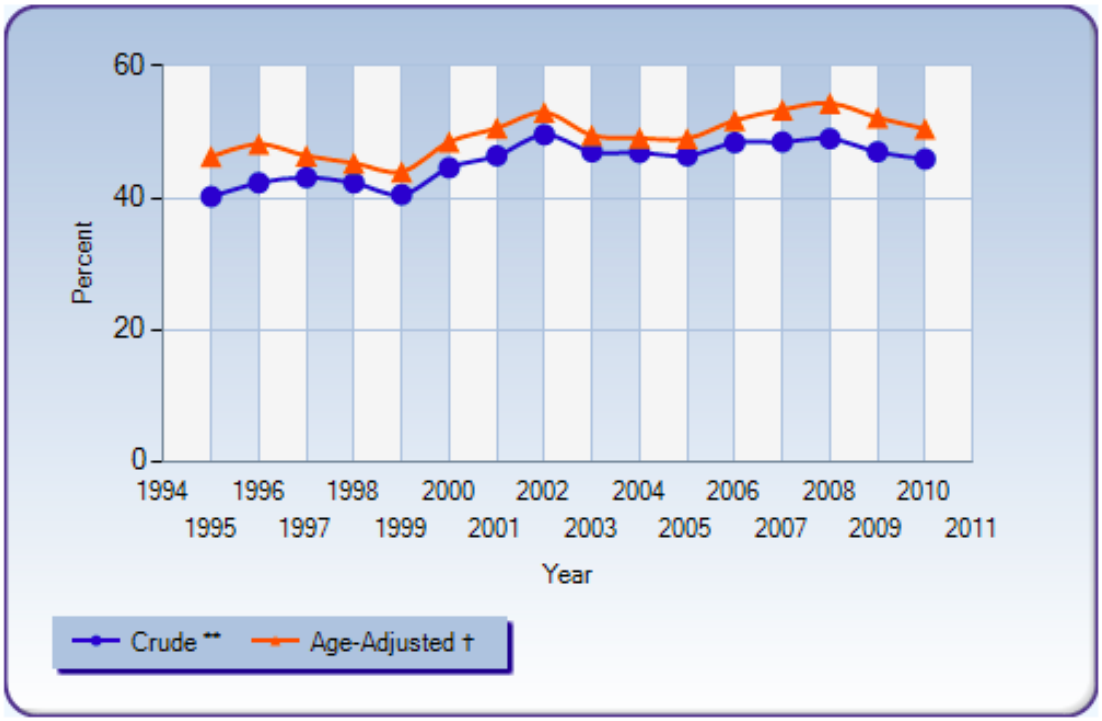
New York - Total Number (in Thousands) of Adults (aged 18 years or older) with Diagnosed Diabetes, 1994 – 2010



Source: CDC, Diabetes Data and Trends, New York Surveillance Data

The following graph shows an increasing trend in the percent of adults with diabetes who are also obese. The age-adjusted percentages approach 50% statewide.

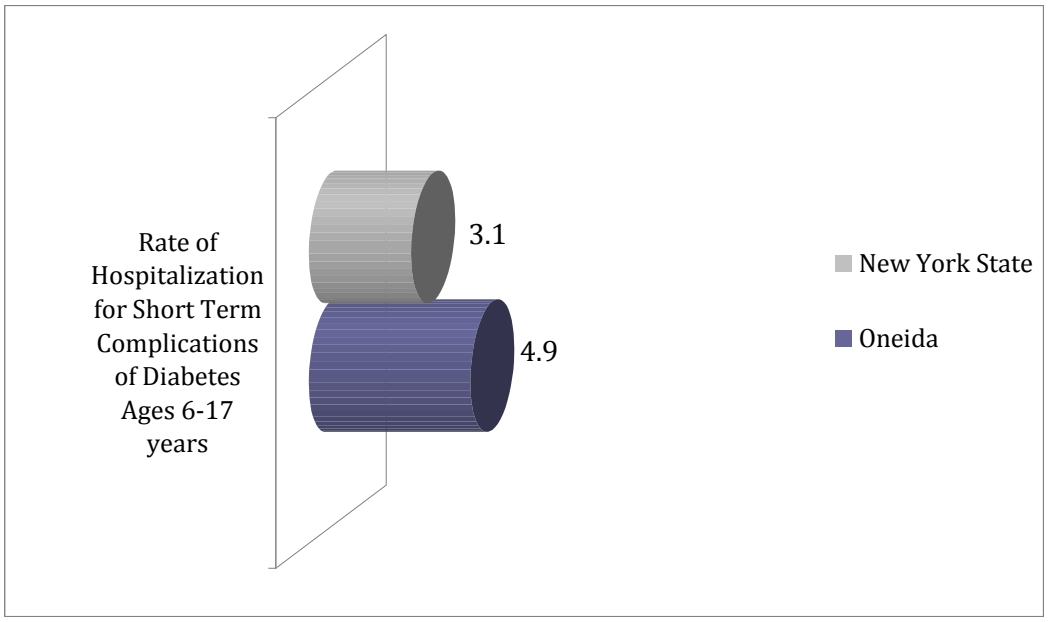
New York - Percentage of Adults (aged 18 years or older) with Diabetes Who Are Obese (1995 – 2010)



Source: CDC, Diabetes Data and Trends, New York Surveillance Data

In Oneida County, where the rates of Obesity are higher than that of the state, data also shows a significantly different higher rate of hospitalization from short-term complications of Diabetes in adolescents and adults.

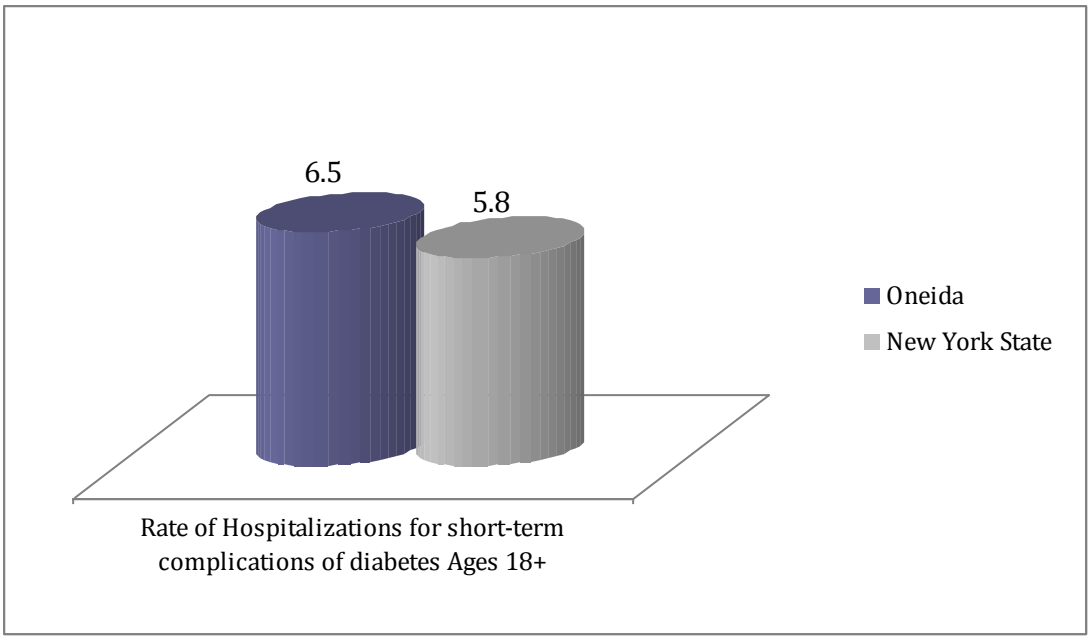
Rate of hospitalizations for short-term complications of diabetes per 10,000 Ages 6-17 years (2009-2011)



Source: 2009-2011 SPARCS Data as of February, 2013, (NYSDOH Oneida County Indicators)

Similarly higher rates of hospitalization for short-term complications of diabetes are also noted for ages eighteen and over in Oneida county.

Rate of hospitalizations for short-term complications of diabetes per 10,000 Ages 18+ years (2009-2011)

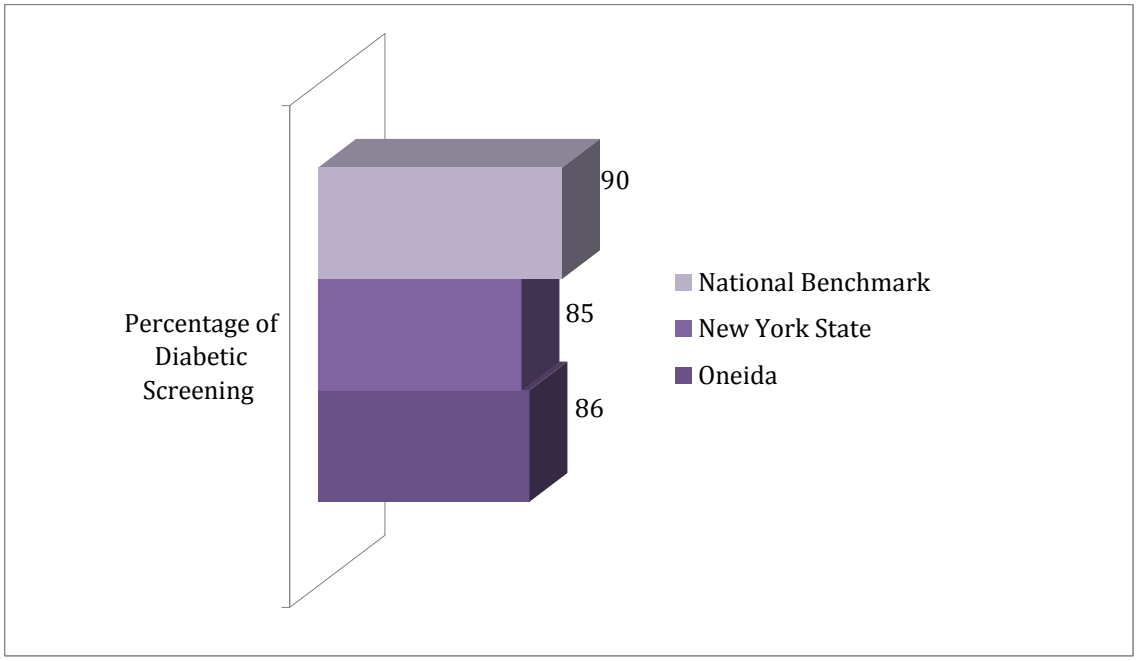


Source: 2009-2011 SPARCS Data as of February, 2013, (NYSDOH Oneida County Indicators)

Screening rates for this chronic condition are high in Oneida County, but can be improved further to cover the growing population of Diabetics in both counties.

Diabetic screening is calculated as the percent of diabetic Medicare patients whose blood sugar control was screened in the past year using a test of their glycated hemoglobin (HbA1c) levels.

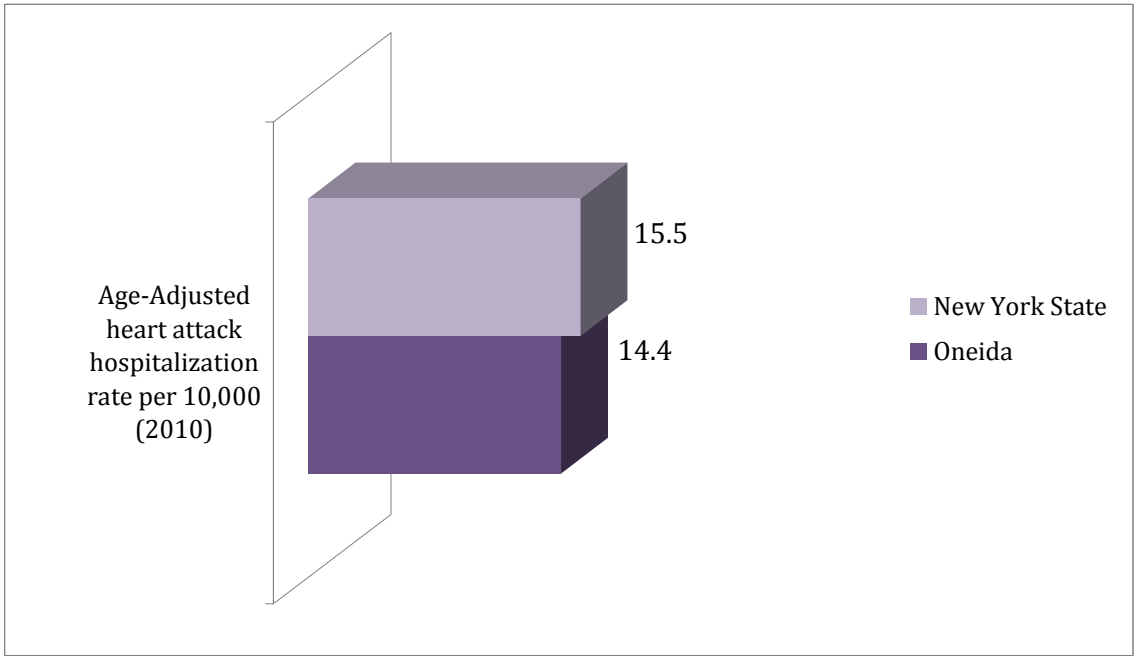
Diabetic screening (2010)



Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org, Dartmouth Atlas of Health Care

Another chronic condition that has been linked to Obesity is cardiovascular disease, which can manifest in myocardial infarction. Oneida County's heart attack rate is below New York State.

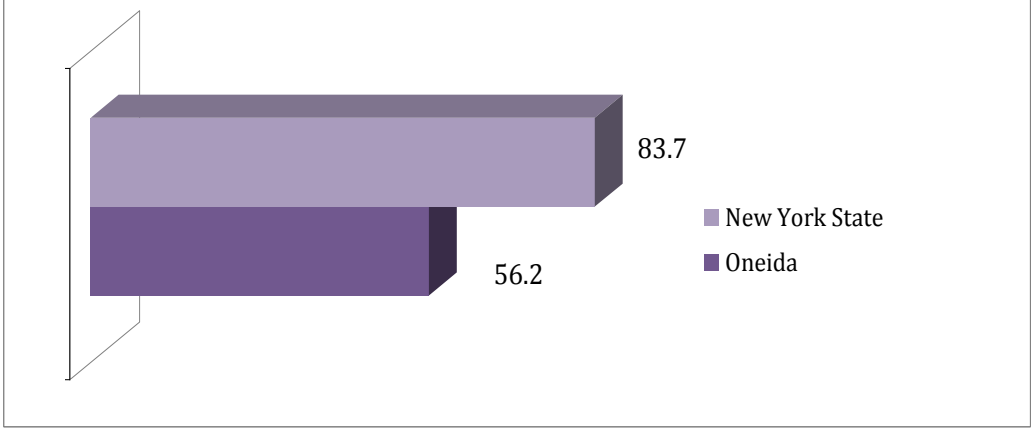
Age-adjusted heart attack hospitalization rate per 10,000 (2010)



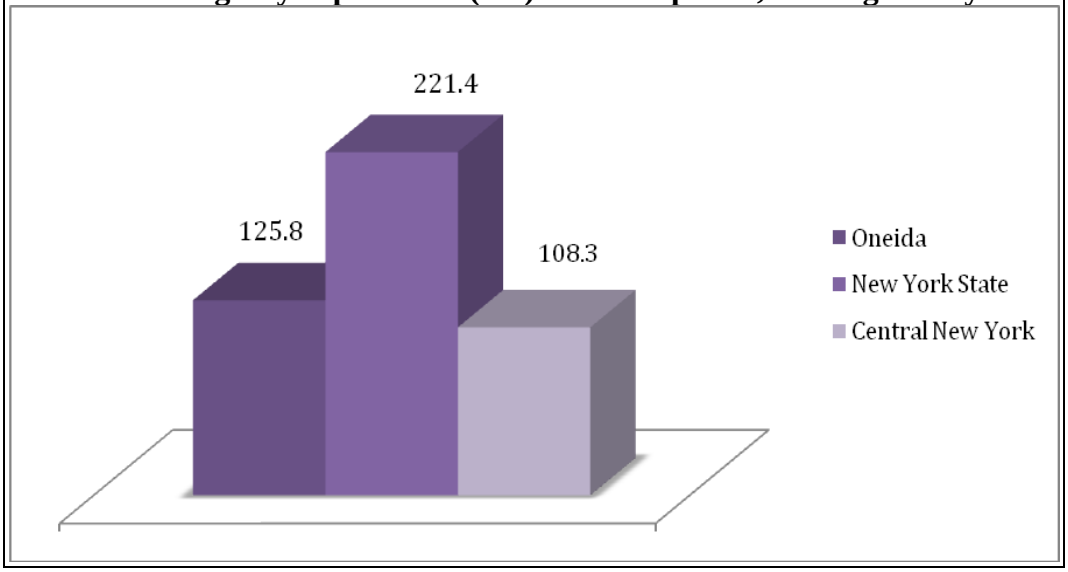
Source: 2010 SPARCS Data as of August, 2011, (NYSDOH Oneida County Indicators)

ASTHMA

Asthma emergency department visit rate per 10,000



Asthma emergency department (ED) visit rate per 10,000 - Ages 0-4 years

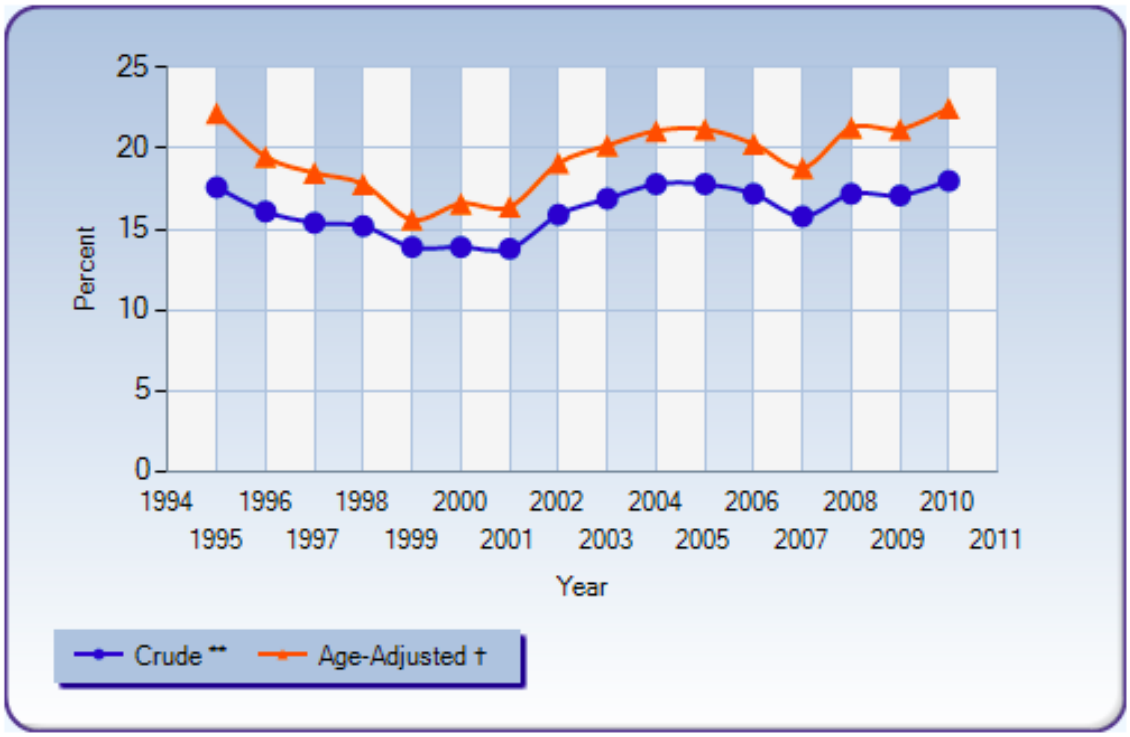


Source: 2008-2010 SPARCS Data August 2011, (NYSDOH Oneida County Indicators)
CNY includes the counties of Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins.

Issues related to Asthma also affect residents of Oneida County, although at a substantially lower rate than New York State overall. The age group of 0-4 has fewer ED visits compared to the state, but higher than Central New York Region.

Data from the CDC shows how numerous chronic conditions can appear in certain individuals simultaneously. This indicates that similar causal behaviors may be the root of these chronic conditions or that susceptibility to one condition may increase an individual's susceptibility for another condition. Tobacco usage will be discussed in the next section.

New York - Percentage of Adults (aged 18 years or older) with Diabetes Who Are Current Smokers, 1995 – 2010



Source: CDC, Diabetes Data and Trends, New York Surveillance Data

Section B: Habits Contributing to Chronic Disease Condition

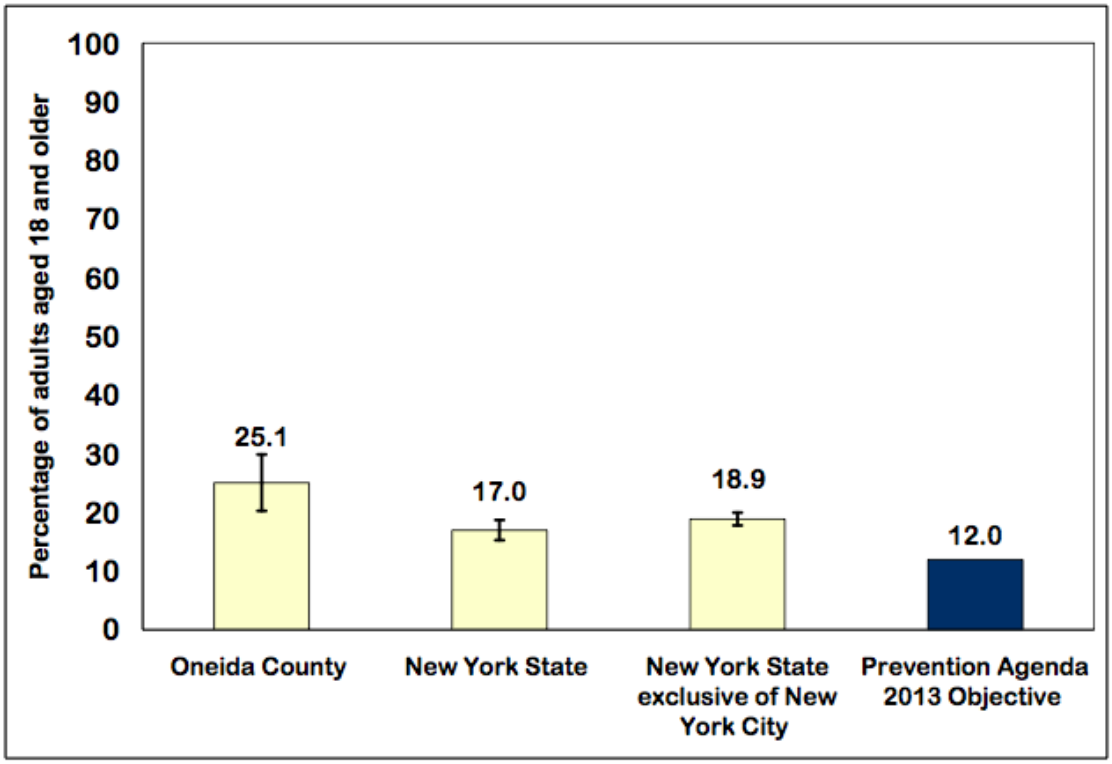
Tobacco Use

Tobacco use and dependence is the leading preventable cause of morbidity and mortality in New York State and in the US. Cigarette use alone results in an estimated 25,500 deaths in New York State.

In Oneida County, 25.1% of adult residents are current smokers (age-adjusted %). Among adults residing in New York State and New York State exclusive of New York City, 17.0% and 18.9%, respectively, are current smokers (age-adjusted %). The percentage of adult residents in Oneida County who are current smokers is statistically significantly greater than the percentage of adult residents who are current smokers in New York State and New York State exclusive of New York City. New York State had set an objective to reduce the percent of adults who smoke to no more than 12% by 2013 (15% by 2017).

Age Adjusted % of Adult Smokers

Figure 4. Percentage of adults aged 18 and older who are current smokers,* 2009

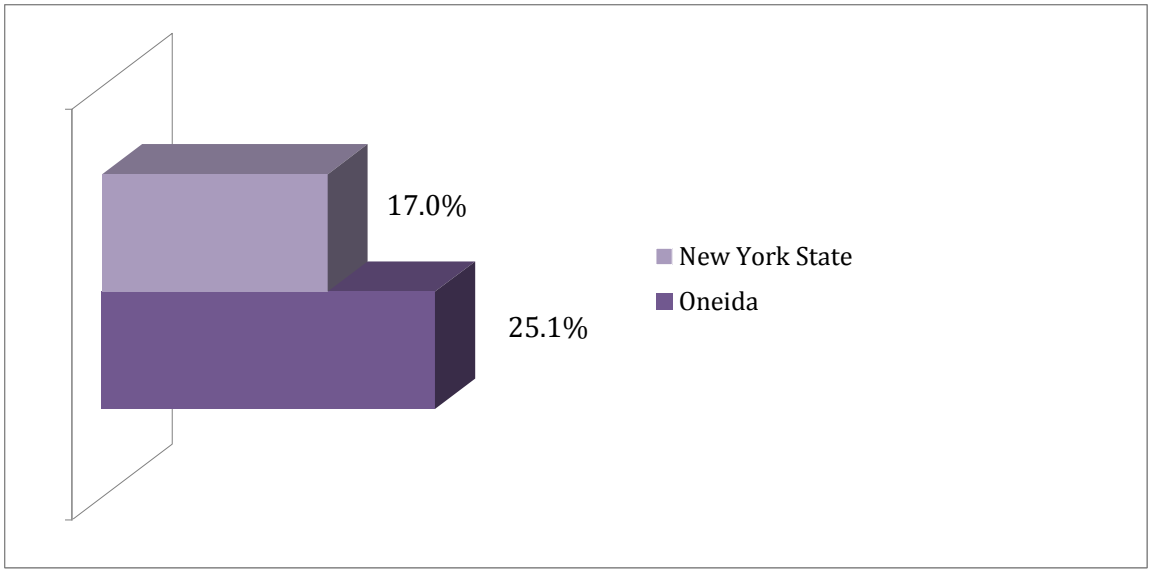


*Defined as having smoked at least 100 cigarettes in lifetime and currently smoking everyday or some days
Rates are age-adjusted to the Year 2000 US Standard Population.
Note: Error bars represent 95% confidence intervals.

Source: NYS Expanded Behavioral Risk Factor Surveillance System July 2008-June 2009, Prevention Agenda Report Oneida County. *Preliminary estimates (4 months) for the 2013-2014 Expanded Behavioral Risk Factor Surveillance System show the Percentage of cigarette smoking among adults at 19.6% for Oneida County and 16% for NYS, however a final updated reporting will be available in 2014.*

Tobacco use is more prevalent in Oneida County when compared to New York State.

Age-adjusted percent of adults who smoke cigarettes.



Source: NYS Department of Health. Data as of 2010.
http://www.health.ny.gov/statistics/chac/general/g108.htm

TOBACCO USE AMONG TEENAGERS

	Oneida (2011)	US (2009)
11th graders who smoked in the last 30 days	16%	22%
Use of chewing tobacco among 11th graders	9%	11%

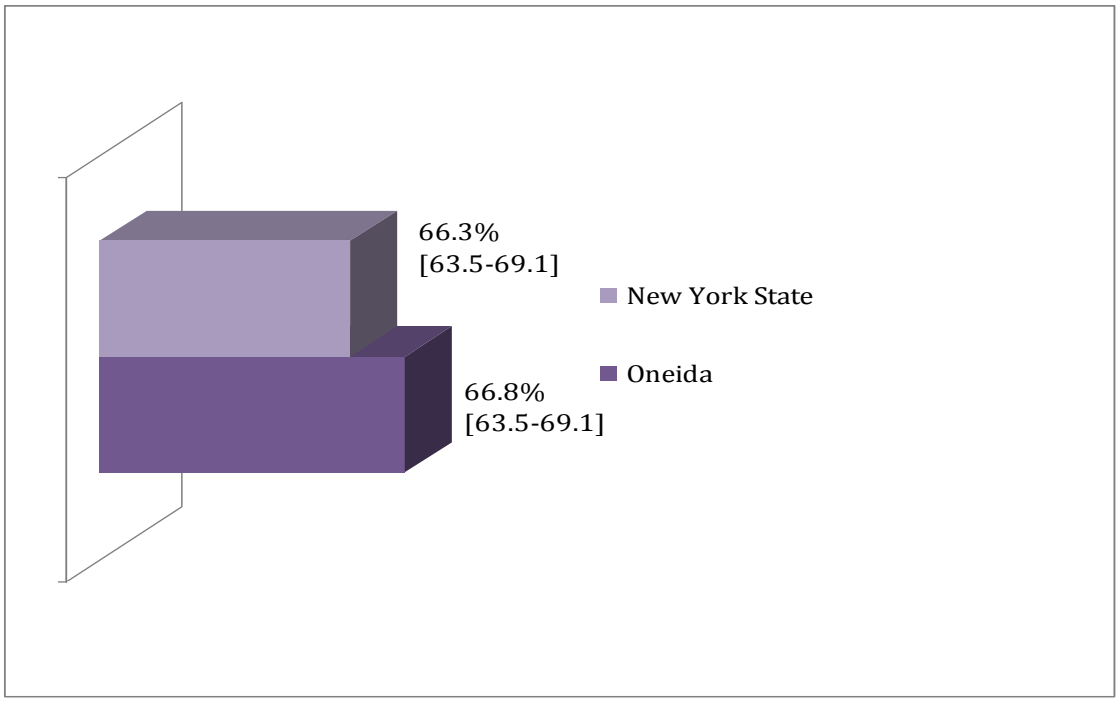
Source: Teen Assessment Project Survey, Oneida County, New York, 2012, http://www.ocgov.net/oneida/sites/default/files/planning/HumanServices/2011%20tap%20report%20final.pdf

Section C: Chronic Disease Prevention

The burden of chronic disease requires a three-fold approach: primary prevention, screening and management. As shown previously, A1C screening is widely employed for proper diagnosis and treatment of diabetes in Oneida County. Colorectal cancer is another highly preventable chronic condition, which can be treated quickly and effectively if diagnosed early. The personal and social impact of colorectal cancer can be greatly diminished if proper screening is carried out. Although the percentage of adults screened for this condition is close to that of New York State, increased prevention is necessary to cover the population who is not receiving adequate cancer screening services – the rural, aged, or disabled population with access barriers.

Colorectal Cancer Screening

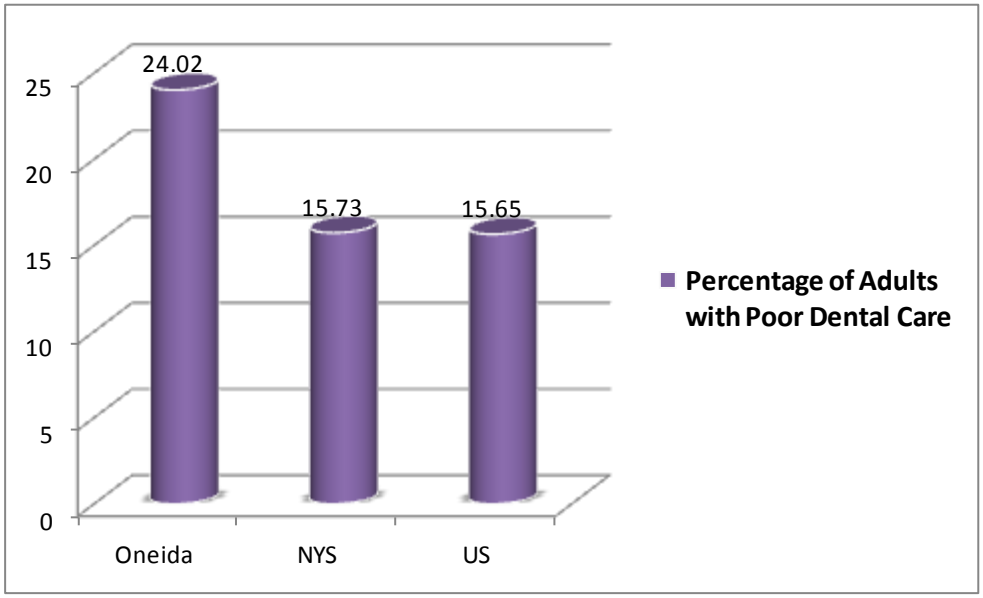
Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years (%, CI)



Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

Dental Care

A significantly higher percent of Oneida County adults (18 or older) have poor self-reported dental health (defined here as having had six or more permanent teeth removed due to tooth decay) when compared to state and national populations:

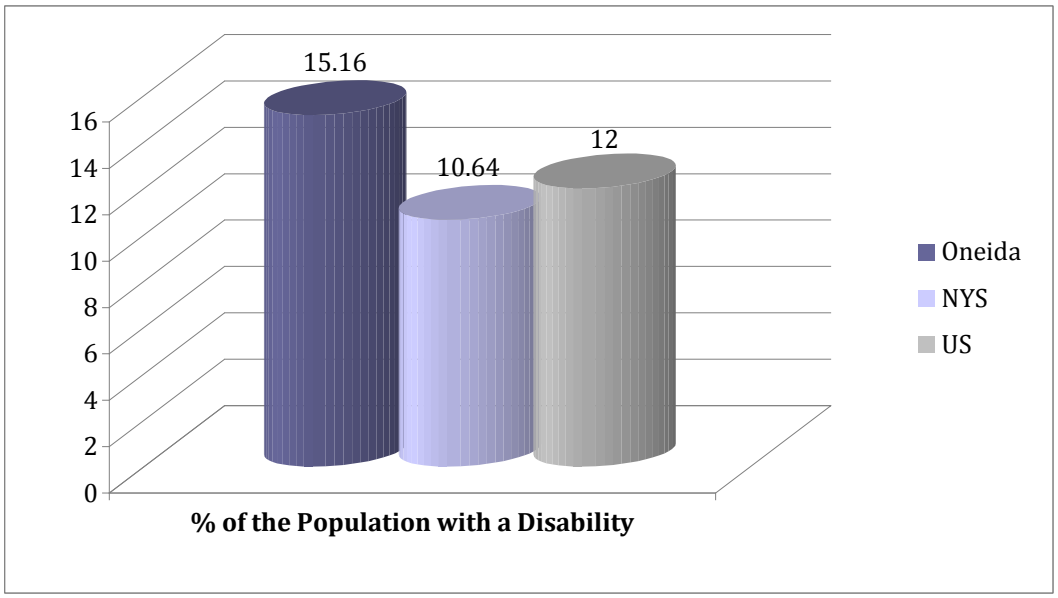


Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10. Additional data analysis by CARES. Accessed at http://assessment.communitycommons.org/CHNA/report.aspx?page=6&id=619

Aging and Disabilities

There is also a "graying" of the population, with the fastest growing age segment being seniors, particularly persons over 85 (*Leadership Alliance for a Vital Community – Community Indicators Project*). Aging of the population brings with it concerns regarding chronic disease, disabilities, access to fresh foods, as well as access to timely and appropriate care, due to inadequate supply of providers and transportation challenges, which are particularly cumbersome for seniors located in rural and suburban areas. Compared to state or nation, a higher percentage of the Oneida County population experiences a disability (any), with higher disability prevalence for African Americans, persons who identify themselves as "some other race," Hispanic/Latinos, and women.

Percent of the Population with a Disability 2009-11



Source: US Census Bureau, American Community Survey 2009-11

According to countyhealthrankings.org Oneida County measures up poorly in terms of morbidity (rank #53 out of 62 counties), including mental health, and various socio-economic factors (#43 out of 62 counties). At the same time, it fares better than most counties regarding overall clinical care (#16), particularly with respect to insurance coverage (despite relatively fewer providers), and physical environment (#17). Rates of adult smoking, adult obesity, physical inactivity, and teen birth rate are all higher than the state and the national benchmark. The overall rank of 50 for Years of Potential Life Lost (YPLL) before age 75 per 100,000 population, is a measure of premature mortality.

SELECTED COUNTY HEALTH RANKING MEASURES USED IN 2013 RANKINGS

	ONEIDA	NYS	National Benchmark (90th percentile)
Adult Smoking	24%	18%	13%
Adult Obesity	29%	25%	25%
Physical Inactivity	27%	25%	21%

SOURCE: http://www.countyhealthrankings.org/app/new-york/2013/oneida/county/outcomes/overall/snapshot/by-rank
(Various data sources ranging from 2004-2012 were used to generate the above rankings.)

Works Cited

CDC. (2010). *Diabetes data for New York*. Retrieved from http://apps.nccd.cdc.gov/DDTSTRS/statePage.aspx?state=NewYok

Helmes, B. (2013). *Food System Indicators for Oneida County, NY*. (Master's thesis).

NYAACD. (2011). *Chronic disease costs $1.324 trillion in treatment expenditures and lost productivity each year*. Retrieved from http://www.nyhpc.org/nyhpc_prod/chronic_disease/Costs.aspx

NYSDOH. (2012, September). *Chronic diseases and conditions*. Retrieved from http://www.health.ny.gov/diseases/chronic/

NYSDOH. (2013). *Herkimer county indicators for tracking public health priority areas, 2013-2017*. Retrieved from https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/herkimer.htm

NYSDOH. (2013). *Oneida county indicators for tracking public health priority areas, 2013-2017*. Retrieved from https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/oneida.htm

NYSDOH. (2010). *New York state expanded behavioral risk factor surveillance system july 2008 - june 2009 prevention agenda report oneida county*. Retrieved from RTI Authors Burton Levine Christine Davies website: http://www.health.ny.gov/statistics/brfss/expanded/2009/prevention_agenda/county/docs/oneida.pdf

University of Wisconsin. (2013). *Oneida county, ny-county health rankings and roadmaps*. Retrieved from http://www.countyhealthrankings.org/app/new-york/2013/oneida/county/outcomes/overall/snapshot/by-rank

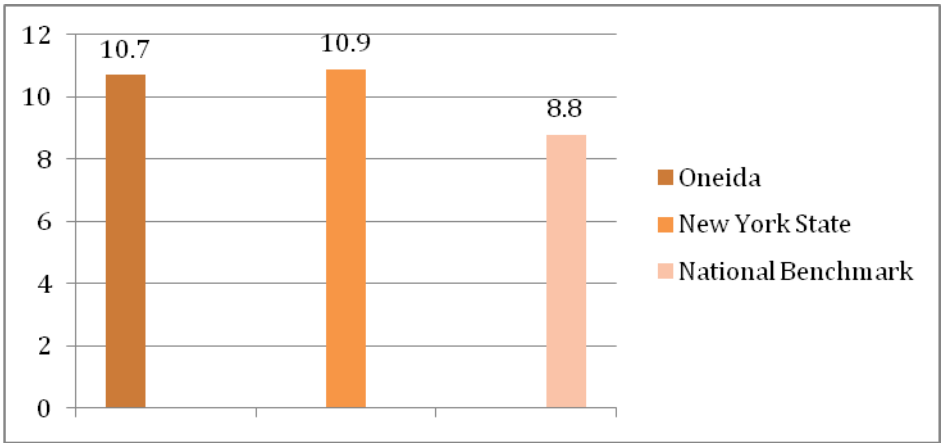
HEALTHY AND SAFE ENVIRONMENT

The **New York State 2013-2017 Prevention Agenda** distinguishes four core areas that comprise healthy and safe environment: *outdoor air quality, water quality, built environment* including homes, schools, workplaces, public buildings, as well as transit systems, neighborhoods, zoning and other land use which can all affect public health in various ways, and *injuries, violence and occupational health*. Inadequate physical space can affect health directly, for example, by inducing or exacerbating acute or chronic condition by air pollutants, or by compromising safety due to lack of safe indoor and outdoor space suitable for accommodating the needs of people with disabilities or senior citizens.

County Health Rankings and Roadmaps ranks Oneida County 17th out of the 62 New York counties in its physical environment category which encompasses air quality, drinking water safety, access to recreational facilities and access to healthy food.

The air quality in Oneida County does not currently give cause for concern. The presence of fine particulate matter in the air is slightly below the overall New York State levels and somewhat higher than the national benchmark.

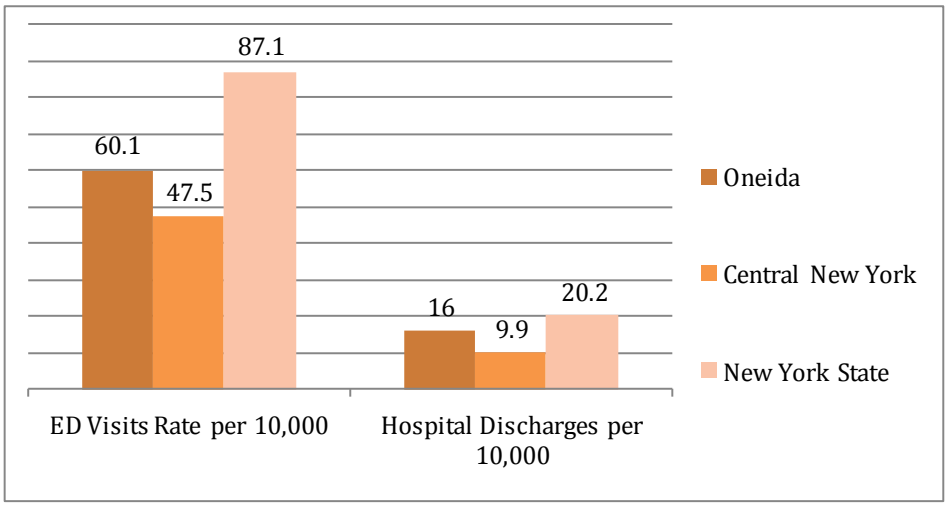
DAILY FINE PARTICULATE MATTER (2013).



Source: County Health Rankings and Roadmaps: http://www.countyhealthrankings.org

Asthma is a chronic disease that affects people of all ages but could be often prevented or mitigated by improving house related conditions. Asthma is not always caused by poor indoor environment but can be associated with house related hazards, like smoking, mold, indoor pests or chemical pollutants. Asthma prevalence is a cause of ED visits and hospitalizations. Rates of ED visits and hospital discharges for asthma are substantially higher in Oneida than in the region yet lower than those in the entire state.

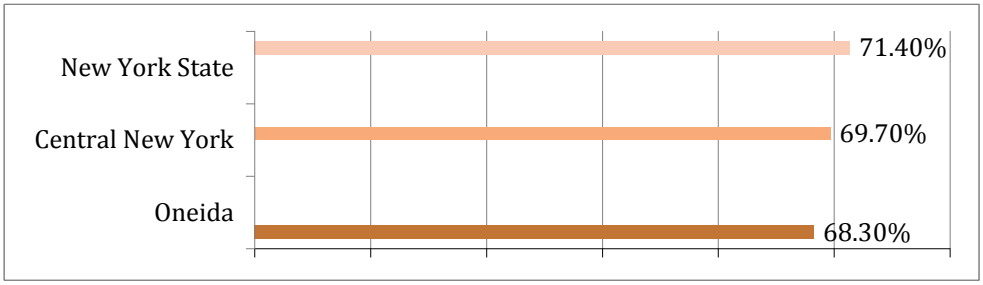
ASTHMA HOSPITAL DISCHARGES AND EMERGENCY DEPARTMENT VISIT AGE ADJUSTED RATES PER 10,000 (2008-2010)



Source: New York State Department of Health, http://www.health.ny.gov/statistics/ny_asthma/

Fluoridating drinking water is an effective way to promote oral health by preventing tooth decay. The Centers of Disease Control and Prevention (CDC) designate it as one of the ten greatest public health achievements of the 20th century. However, in New York State fluoridated water is not available in many rural areas with "off the grid" homes and private wells as water sources, which is an even more serious concern in high poverty areas where people have limited access to dental care. Another obstacle to a wide-spread consumption of fluoridated water are misconceptions about its safety and efficiency so efforts to make optimally fluoridated water more available to broader segments of the state's population should be accompanied by the public health education about its safety and effectiveness in promoting dental health.

PERCENTAGE OF RESIDENTS SERVED BY OPTIMALLY FLUORIDATED DRINKING WATER (2012)



Source: 2*012 CDC Water Fluoridation Reporting System Data as of November, 2012*, New York State Department of Health Prevention Agenda Indicators, http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p20.htm

The County Health Rankings and Roadmaps project defines drinking water safety by measuring the percentage of the population exposed to water exceeding the violation limit in the past year. Regular testing for common contaminants such as bacteria and nitrate is an important way to ensure continued safety of the water supply.

PERCENT OF POPULATION EXPOSED TO DRINKING WATER EXCEEDING A VIOLATION LIMIT DURING THE PAST YEAR

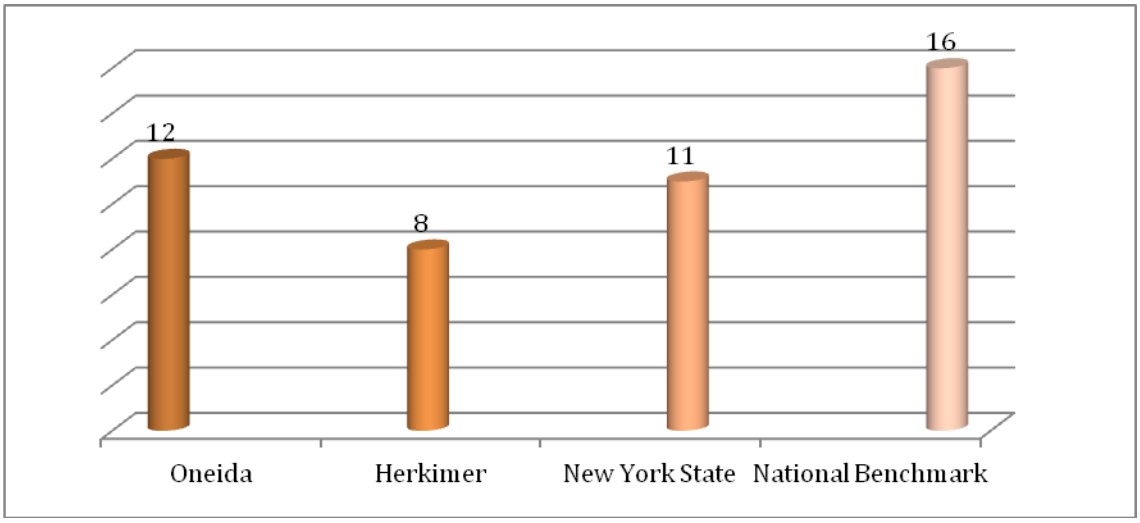
Oneida	New York State	National Benchmark
3%	4%	0%

Source: County Health Rankings and Roadmaps, http://www.countyhealthrankings.org

Public health research suggests that neighborhood, public and commercial buildings and housing characteristics affect the health of community residents. Safety and efficiency of the built environment can prevent and mitigate many chronic conditions as well as prevent accidents and injuries. The **New York State 2013-2017 Prevention Agenda** set two specific goals for improving built environment: improving its design and maintenance to promote healthy lifestyles, sustainability and adaptation to climate change, and improving the design and maintenance of home environments to promote health and reduce related illness.

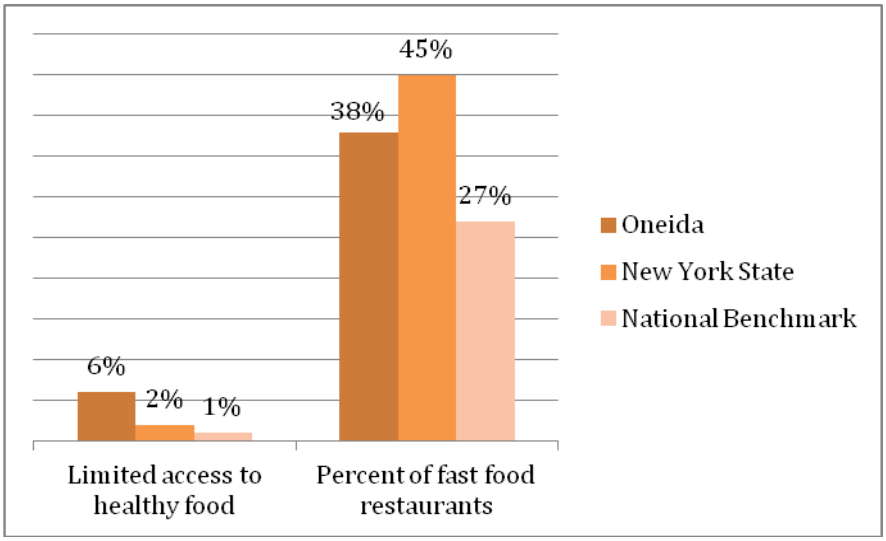
Community Health Rankings and Roadmaps measures access to recreational facilities as their rate per 100,000 of population. The availability of recreational facilities is an important factor associated with a decreased risk of many chronic diseases such as Type-2 diabetes, heart disease, hypertension, stroke, and obesity. Access to healthy food is another essential factor that along with physical activity helps to stave off many of those potentially life threatening conditions. They prevail in those areas where people have limited opportunities to engage in regular physical activity as well as limited availability of healthy foods, especially in the so called "food deserts," which are areas with little or no access to large grocery stores and a higher concentration of convenience stores with no fresh food or produce as well as fast food restaurants.

ACCESS TO RECREATIONAL FACILITIES (2010)



Source: 2013 County Health Rankings and Roadmaps, http://www.countyhealthrankings.org

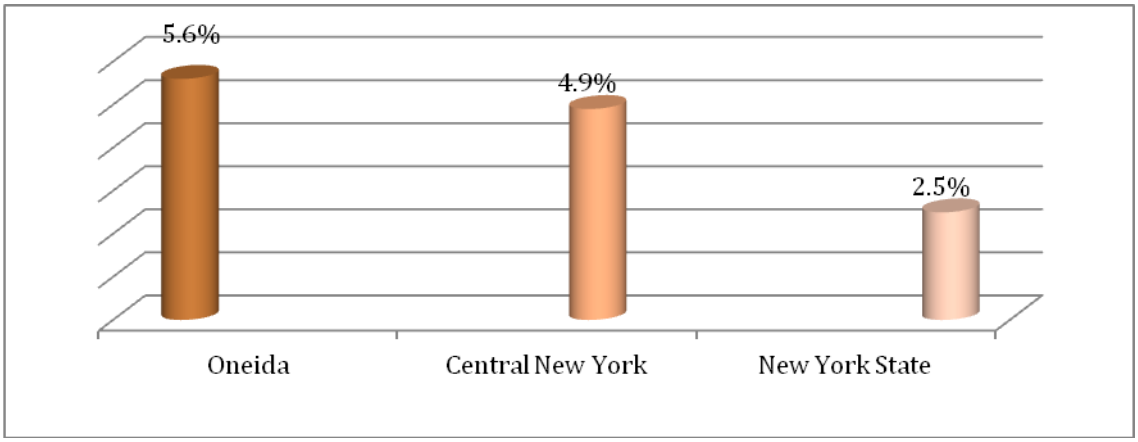
LIMITED ACCESS TO HEALTHY FOOD AND PERCENTAGE OF FAST FOOD RESTAURANTS (2012)



Source: 2013 County Health Rankings and Roadmaps, http://www.countyhealthrankings.org

Populations with low income are considerably more likely to have limited or no access to a large grocery store. In the Oneida County those individuals and families are likely to reside in rural areas with no supermarket or grocery store in the vicinity.

PERCENTAGE OF LOW-INCOME POPULATION WITH LOW ACCESS TO A LARGE GROCERY STORE



Source: 2010 US Department of Agriculture Food Environment Atlas Data as of November, 2012. New York State Department of Health, http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p18.htm

Availability of public transportation and walkable, safe and well-lit neighborhood streets improves access to both recreational facilities and healthy food as well as encourages overall physical activity. Limited access to public transit is a long standing problem in many upstate New York counties, which has an especially adverse effect on senior citizens and people with disabilities often preventing them from accessing many public areas and often resulting in social isolation. Oneida County has fewer commuters who have alternate modes of transportation available to them.

COMMUTERS WITH ALTERNATE MODES OF TRANSPORTATION*

	Oneida	Central New York	New York State
Overall Commuters	101,840	649,677	8,837,690
Commuters with Alternate Modes of Transportation	16,712	138,197	3,942,102
Percentage	16.4%	21.3%	44.6%

*Alternate modes of transportation include public transportation, carpool, bike/walk, and telecommute
Source: 2007-2011 US Census, American Community Survey Data

LEAD POISONING

Lead poisoning is a preventable housing-related hazard that today affects mostly infants and toddlers who become exposed and ingest lead-based paint in older residences. The State of New York ranks fairly high for lead poisoning due to the presence of many older and deteriorating houses. Despite persistent efforts and progress made in the recent years, lead poisoning remains a serious concern, especially in Oneida County which ranks number one in the state, with 29.8 children per 1,000 tested being lead poisoned (2009). The presence of large tracts of pre-1950, substandard, rental housing with original single pane windows covered in lead-based paints and large waiting lists for Housing Choice/Section 8 and Municipal Housing that is lead free or lead safe, makes the reduction of lead poisoning incidence in children challenging. A large number of newly arrived refugees in the City of Utica who may be nutritionally challenged, lacking sufficient calcium and iron intake, may permit the uptake of lead from high levels of 'lead in dust' found in the older homes in the months shortly following their arrival. Oneida County runs an aggressive lead primary prevention program designed to detect lead hazards in homes of newborns and children under age six before they can become lead poisoned.

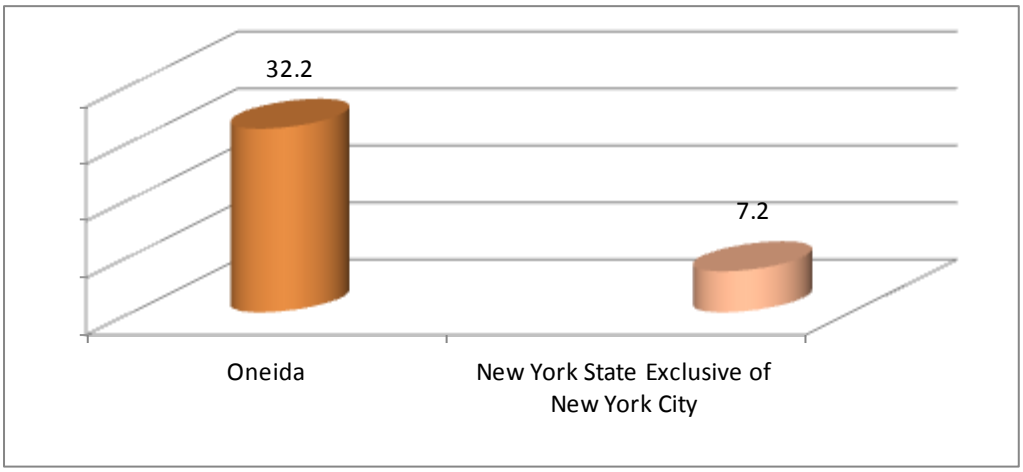
LEAD SCREENING RATES

2009-2011 NYS Child Health Lead Poisoning Prevention Program
(data as of June 2013)

	Oneida	New York State exclusive of New York City
Percent of children born in 2008 with a lead screening by 9 months	1.4%	2.9%
Percent of children born in 2008 with a lead screening between 9 months to less than 18 months	61.6%	65.8%
Percent of children born in 2008 with at least two lead screenings by 36 months	44.7%	46.8%
Incidence rate per 1,000 tested among children less than 72 months of age with a confirmed blood level of 10 mcg/dL or higher (2011)	30.5	7.2

Source: New York State Department of Health: http://www.health.ny.gov/statistics/chac/indicators/cah.htm

INCIDENCE OF LEAD POISONING
PER 1,000 CHILDREN TESTED AGED <72 MONTHS (2009-2011)
≥ 10 mcg/dL



Source: New York State Department of Health, *Source: 2009-2011 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2013,* http://www.health.ny.gov/statistics/chac/general/g28.htm

Oneida County's incidence of lead poisoning per 1,000 children tested aged < 72 months with blood lead levels ≥ 10 mcg/dL is higher than Erie County's incidence rate of 18.6/1000, Broome County's incidence rate of 15.6/1000, Schenectady County's incidence rate of 9.7/1000 and Onondaga County's incidence rate at 9.6/1000. High poverty rates, especially in the City of Utica, often limit families' choice of housing to substandard units with lead-based chipping and peeling paint hazards. Older windows with lead-based paints act as 'friction surfaces' and are major contributors to high 'lead in dust' levels in the home. Children under age three readily contact this hazard during crawling, or playing with toys, pacifiers, and bottles that have been contaminated with lead dust. ' Lead in dust' levels on window sills is often hundreds of times higher than levels recommended as safe for human habitation.

The **New York State 2013-2017 Prevention Agenda** chose to focus on injury prevention because it is currently a leading cause of disability and death in the state, especially for individuals between the ages of one and forty-four. Falls are the most common unintentional injury among New Yorkers, mainly among people who are over sixty-five and young children before four years of age. Many falls occur at home due to unsafe living arrangements. About half of older adults who are hospitalized for falls are discharged into nursing homes or rehabilitation facilities. Oneida senior residents have higher rates of falls compared with the region and the overall state. Young children residing in both counties are also more likely to show in emergency department due to fall related injuries.

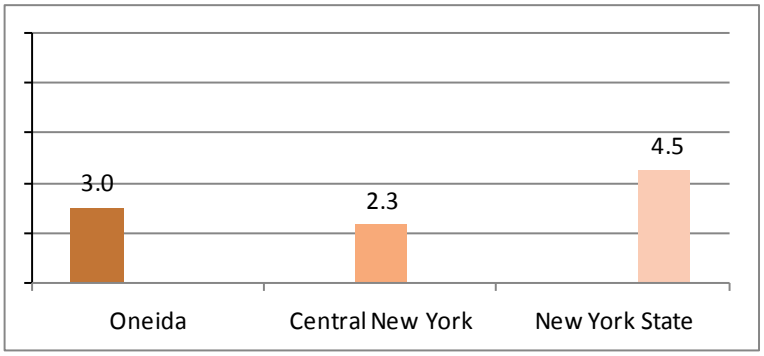
EMERGENCY DEPARTMENT VISITS AND HOSPITALIZATIONS DUE TO FALLS, RATES PER 10,000 (2008-2010)

	Oneida	Central New York	New York State
Hospitalizations, ages 65 and over	256.7	200.2	204.6
ED visits, Ages 1 to 4	532.7	493.3	476.8

Source: 2008-2010 SPARCS Data, http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm

Assault related injuries have serious personal and societal costs. They are most common among young males between fifteen and twenty-four years of age and tend to be correlated with social, economic and emotional challenges. Oneida County assault related hospitalizations rates have been substantially higher than regional and state levels.

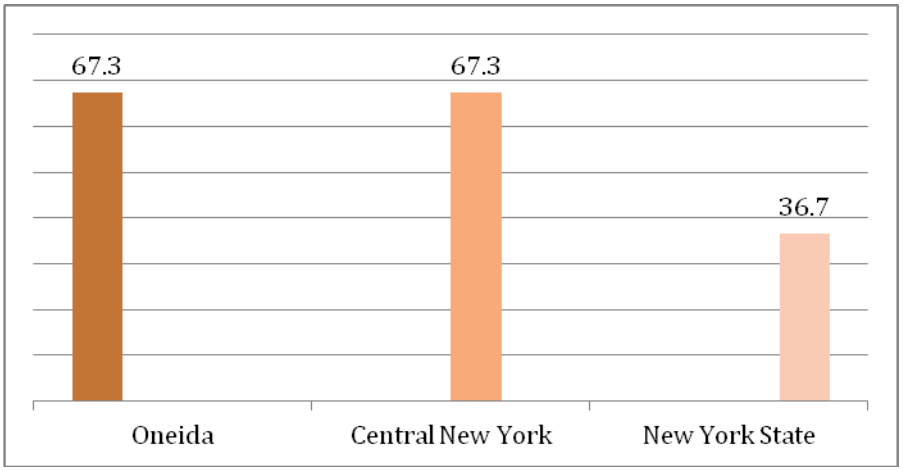
ASSAULT RELATED HOSPITALIZATION AGE ADJUSTED RATES PER 10,000 (2009-2011)



Source: 2009-2011 SPARCS Data as of February 2013
http://www.health.ny.gov/statistics/chac/hospital/h17.htm

Occupational injuries are more likely to occur in young people, and teens who suffer an injury on the job are more likely to seek medical help in the emergency room. In the Central New York region teens are more likely to get injured on the job than in the overall state. It is important to address general and work safety skills among teenage workers, and educate employers about safety and occupational hazards for their younger workers.

OCCUPATIONAL INJURIES TREATED IN THE EMERGENCY DEPARTMENT IN INDIVIDUALS AGES 15 TO 19, RATES PER 10,000 (2008-2010)



Source:2008-2010 SPARCS Data as of August, 2011
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p15.htm

HIV & STDs, VACCINE PREVENTABLE DISEASES AND HEALTHCARE ASSOCIATED INFECTIONS

HIV/AIDS and other sexually transmitted diseases are significant public health concerns in New York State, where well over half of all communicable diseases are attributed to STDs. HIV and STDs are regarded as "syndemics" or infections that occur in similar populations with the same behavioral risk factors. A major goal in prevention is to identify infected individuals as soon as possible and give them access to proper care, in hopes of health improvement and decreased chance of disease transmission to others. Community-driven efforts are necessary to deliver widespread availability of STD prevention supplies and services.

Immunization has been an invaluable strategy in public health for preventing communicable diseases. Vaccine-preventable diseases have been significantly reduced in the United States due to high rates of immunization, and New York State's enforcement of school entry laws has secured high immunization levels among children. Several conditions remain as intervention priorities due to high prevalence and possibility of prevention through vaccination. Some of these infections include pertussis, influenza, and disease caused by human papilloma virus (HPV).

Hospitals in New York State are required to report selected hospital-acquired infections to the Department of Health in order to determine which facilities need help in decreasing infection rates, and also to help the public make informed decisions when seeking medical care. Many Healthcare-Associated Infections (HAIs) are preventable, and hospitals continue to show signs of progress in the reduction of numerous conditions. While rates have decreased in several areas, there are still HAIs of concern at the national level. These include *Clostridium difficile* infections, central line associated bloodstream infections (CLABSIs), and surgical site infections (SSIs).

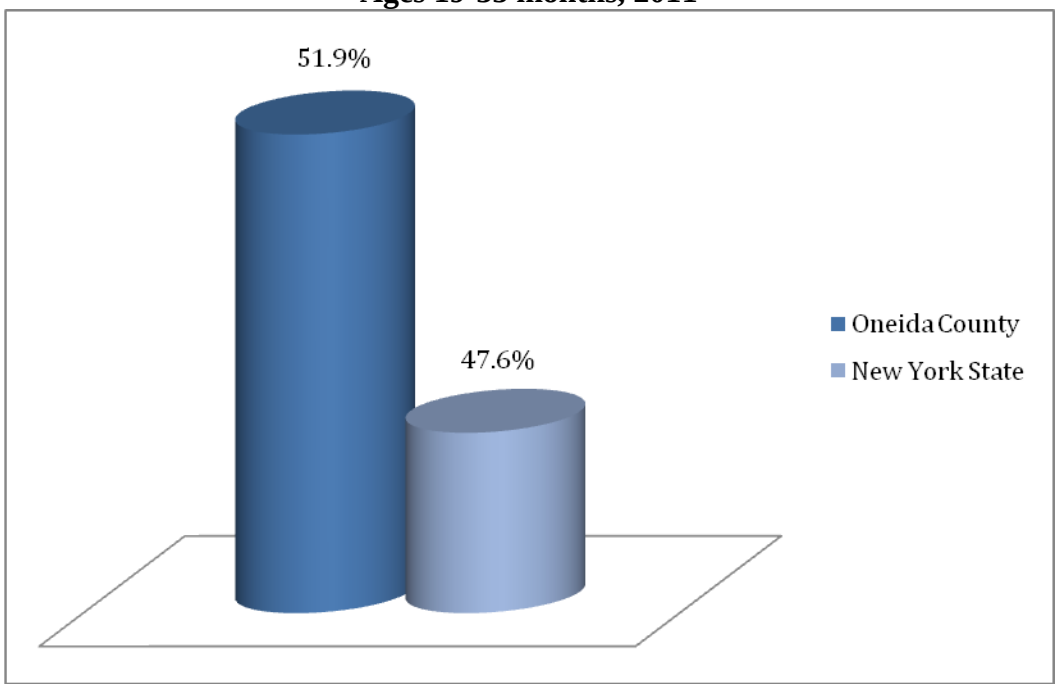
Data on these crucial health concerns will be presented for Oneida County and New York State.

Source: New York State Department of Health, http://www.health.ny.gov/prevention/prevention_agenda/2013-2017

IMMUNIZATION

Oneida County displays higher rates than New York State of children receiving their immunization series; however, the county lags behind the NYS Prevention Agenda 2017 objective (80%). The 4:3:1:3:3:1:4 immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, and 4 PCV13.

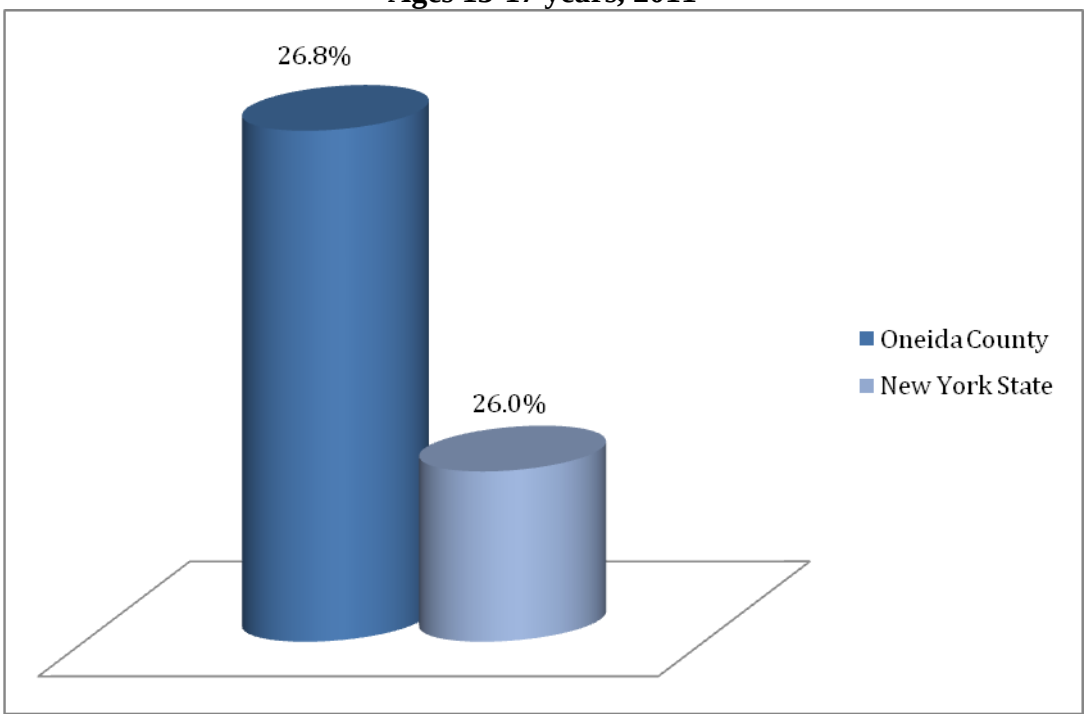
Percentage of Children with 4:3:1:3:3:1:4 Immunization Series
Ages 19-35 months, 2011



Source:2011 New York State Immunization Information System (NYSIIS) Data as of November, 2012
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p30.htm
New York State Department of Health,

In 2011 the percentage of HPV Immunized adolescent females in Oneida County was slightly higher than New York State. The NYS 2017 Prevention Agenda Objective is 50%.

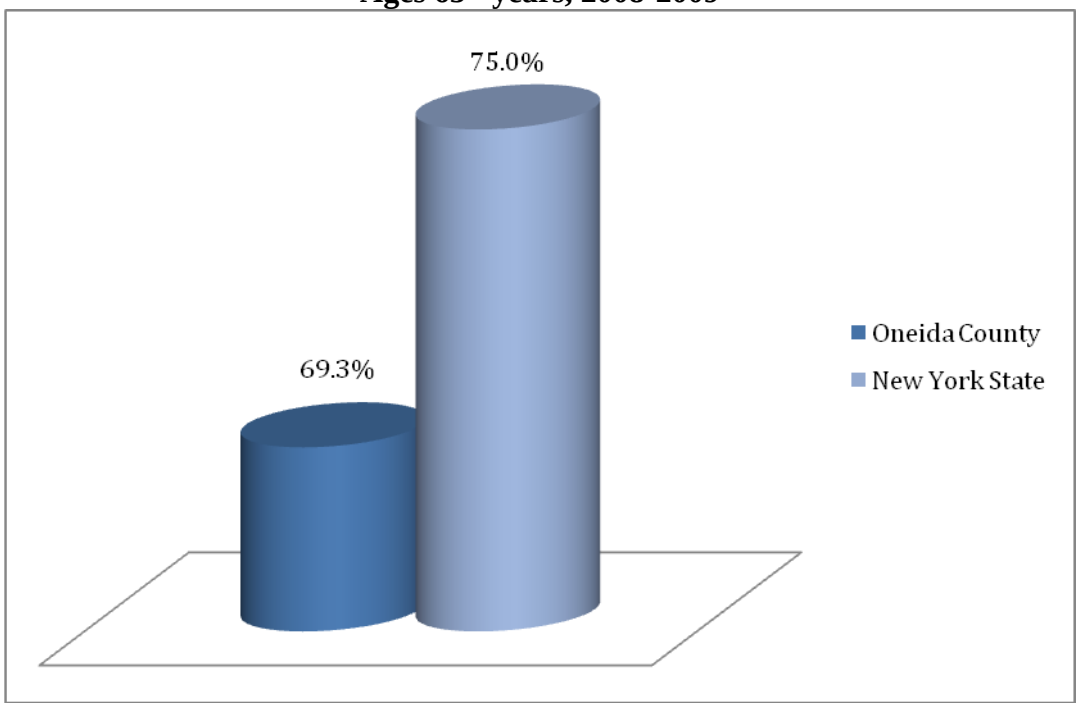
Percentage of Adolescent Females with 3-dose HPV Immunization
Ages 13-17 years, 2011



Source: New York State Department of Health, *2011 New York State Immunization Information System (NYSIIS) Data as of November, 2012*
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm

It was reported that the percentage of adults 65+ years with flu immunization was lacking in Oneida County during the 2008-2009 season when compared with New York State.

Age-adjusted Percentage of Adults with Flu Immunization
Ages 65+ years, 2008-2009

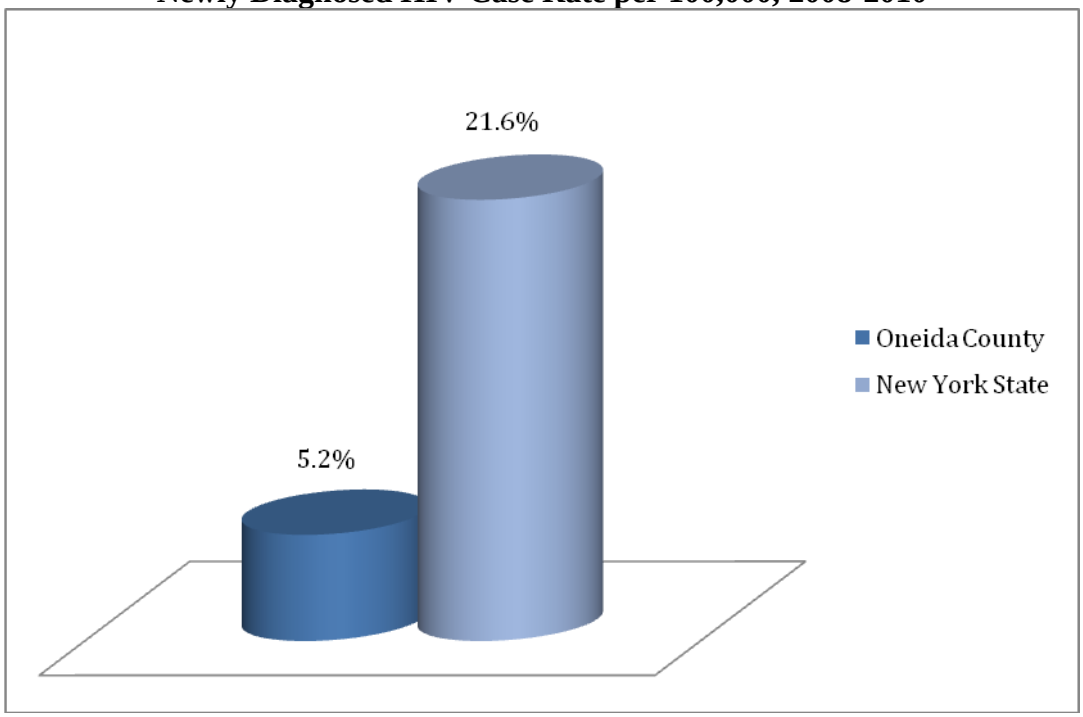


Source: New York State Department of Health,
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm
2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

HIV AND STDs

Oneida County is well below the HIV case rate compared to that of New York State.

Newly Diagnosed HIV Case Rate per 100,000, 2008-2010



Source: New York State Department of Health,
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm
2008-2010 Bureau of HIV/AIDS Epidemiology Data as of September, 2012

HIV and AIDS rates for Oneida County are consistently lower than those of New York State excluding New York City.

HIV/AIDS Age-Adjusted Indicators, 2009-2011

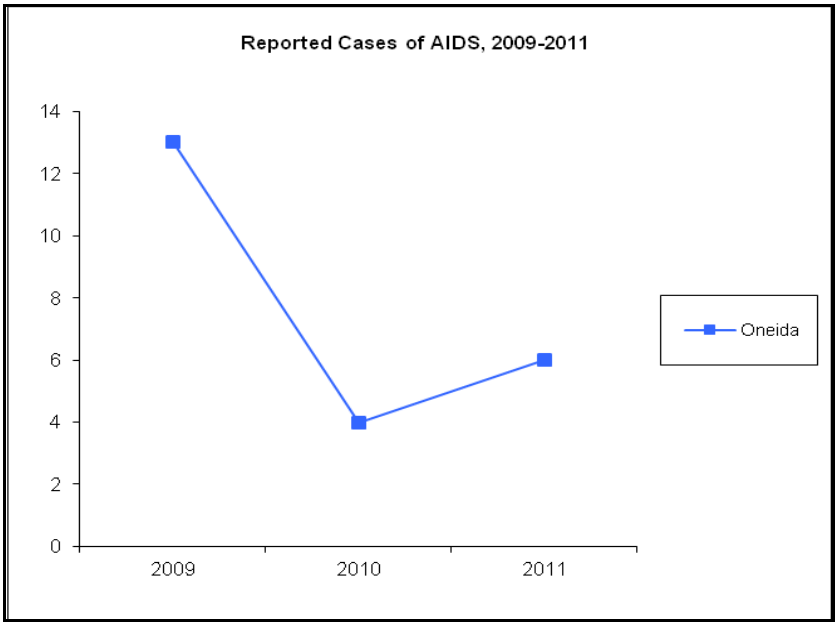
		Oneida County	NYS (exc NYC)
HIV Case Rate per 100,000	*Rate*	5.1	7.3
	Sig Dif from NYS	No	No
AIDS Case Rate per 100,000	*Rate*	3.2	5.2
	Sig Dif from NYS	No	No
AIDS Mortality Rate per 100,000	*Rate*	1.7	1.4
	Sig Dif from NYS	Yes	Yes

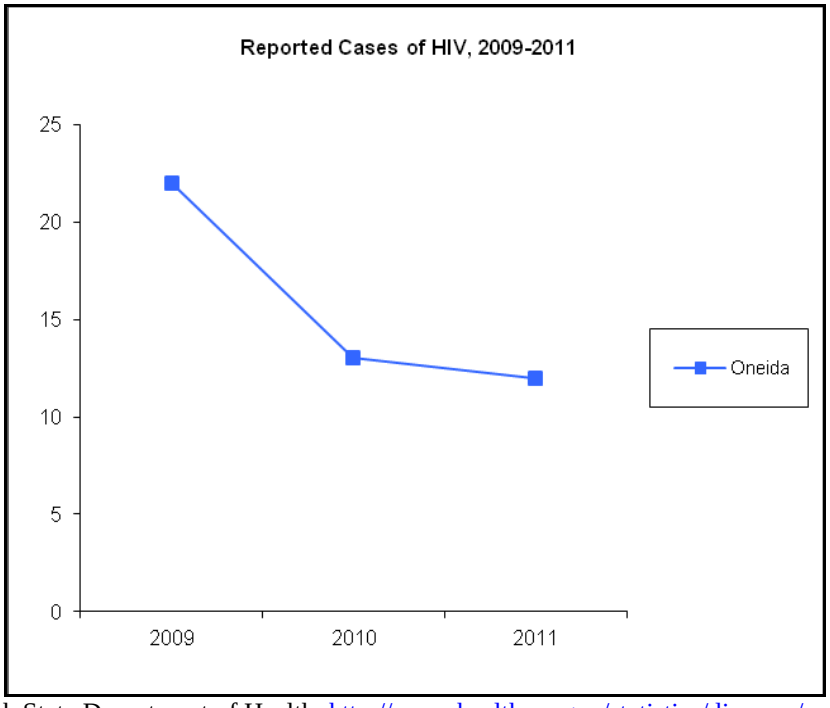
Source: New York State Department of Health, 2009-2011 Bureau of HIV/AIDS Epidemiology Data as of July, 2013, 2009-2011 Vital Statistics Data as of February, 2013, Adjusted Rates Are Age Adjusted to the 2000 United States Population, http://www.health.ny.gov/statistics/chac/chai/docs/sti_30.htm

Overall, cases for AIDS and HIV in Oneida County have decreased from 2009 to 2011.

	Oneida County*		
	2009	**2010**	**2011**
AIDS	13	4	6
HIV	22	13	12

Source: NYSDOH Communicable Disease Annual Reports. *Based on year reported (excludes inmates). Includes all newly-reported AIDS cases regardless of HIV diagnosis date.
http://www.health.ny.gov/statistics/diseases/communicable/2012/

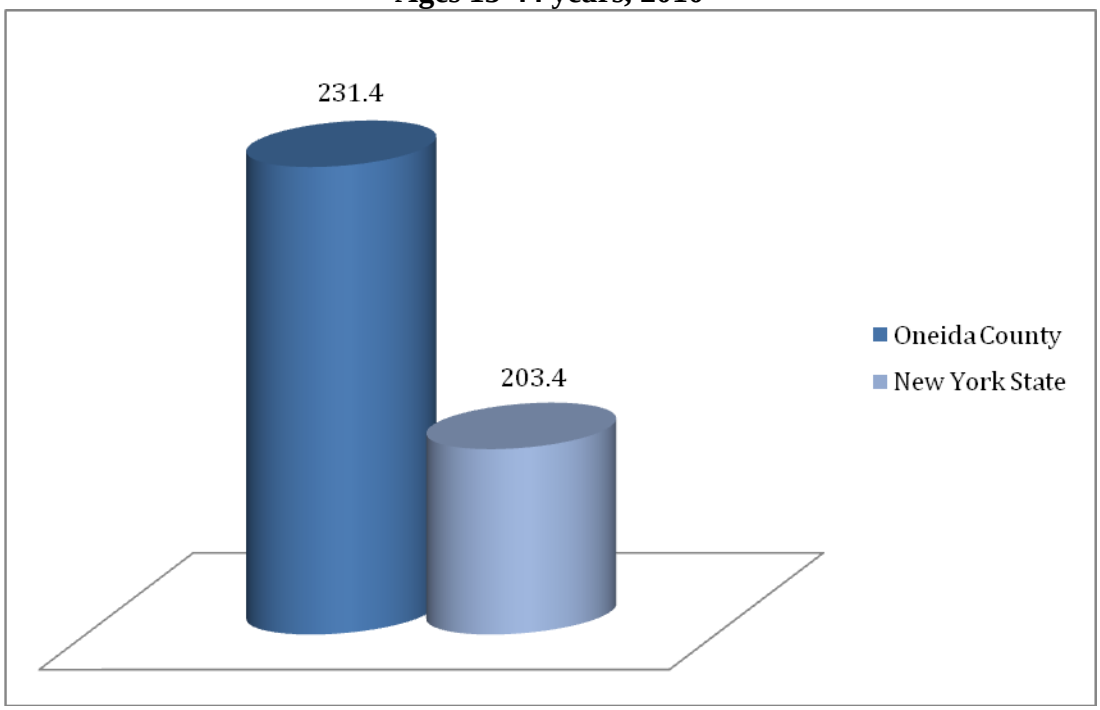




Source: New York State Department of Health, http://www.health.ny.gov/statistics/diseases/communicable/

Oneida County rate for Gonorrhea among women is higher than NYS and also the NYS Prevention Agenda Objective for 2017 (183.1%).

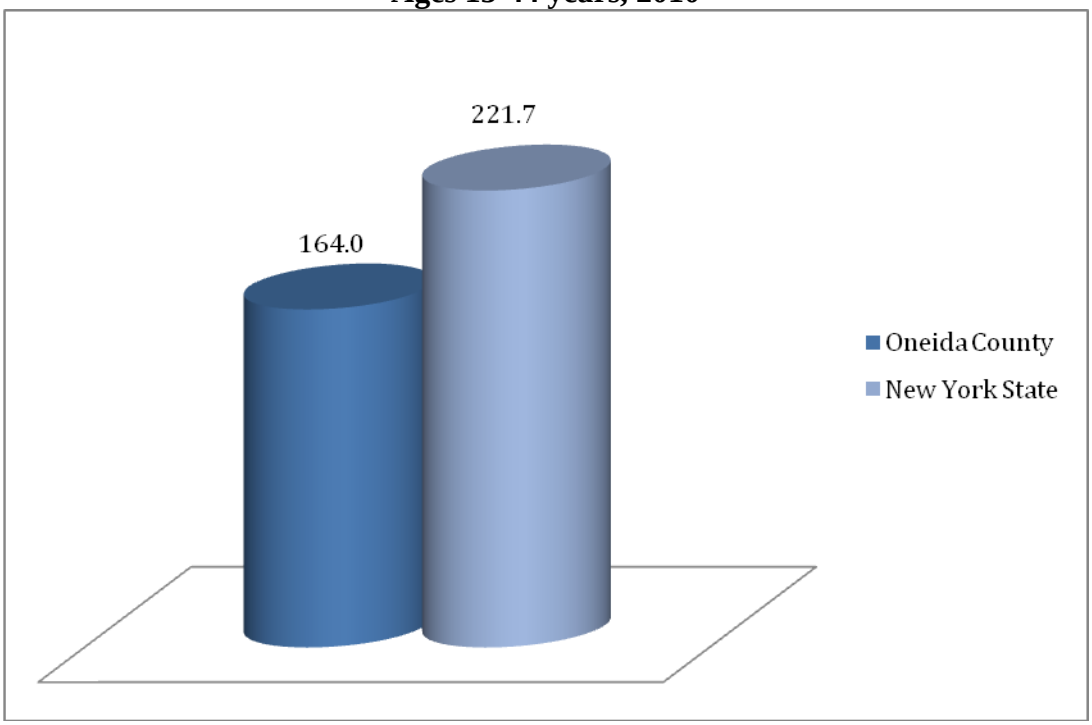
Gonorrhea Case Rates per 100,000 Women Ages 15-44 years, 2010



Source: New York State Department of Health,
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm
2010 NYS STD Surveillance System Data as of November, 2012

Oneida County had lower Gonorrhea rates for men in 2010 than New York State and the County rate is also below the NYS Prevention Agenda Objective for 2017 (199.5). It is also notable that Gonorrhea rates are lower in men than in women.

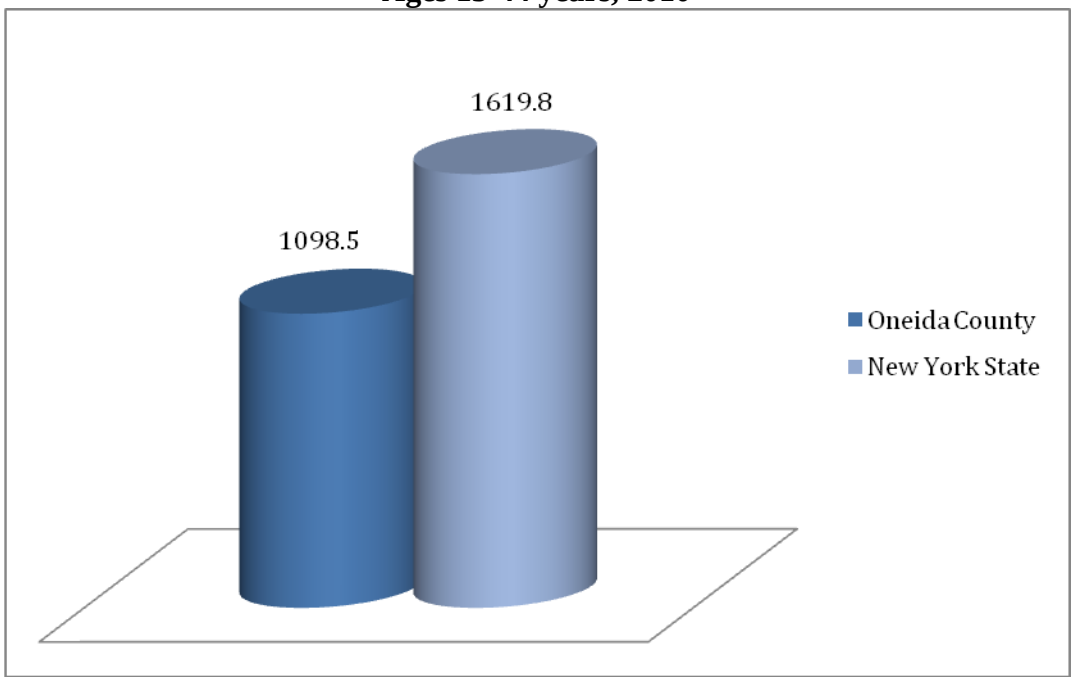
Gonorrhea Case Rate per 100,000 Men
Ages 15-44 years, 2010



Source: New York State Department of Health,
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm
2010 NYS STD Surveillance System Data as of November, 2012

Chlamydia rates for women are also lower in Oneida County when compared to New York State and also the NYS Prevention Agenda Objective (1458).

Chlamydia Case Rate per 100,000 Women
Ages 15-44 years, 2010

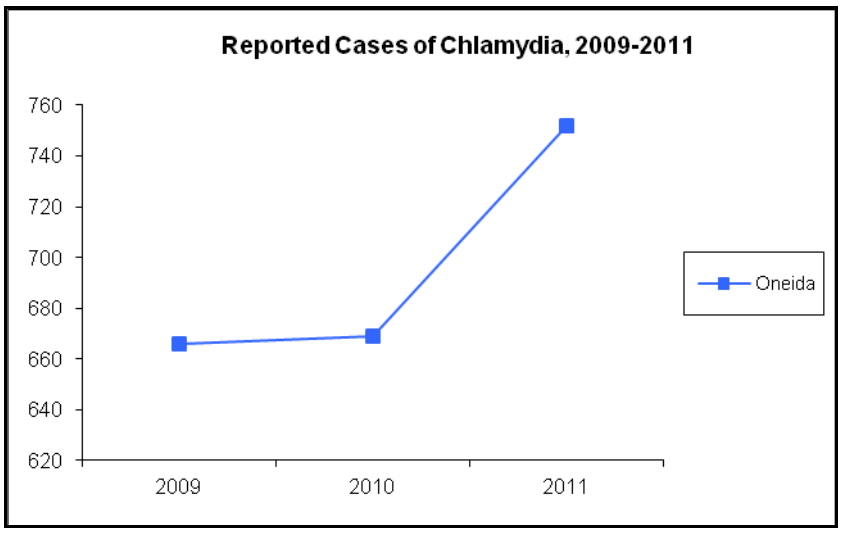


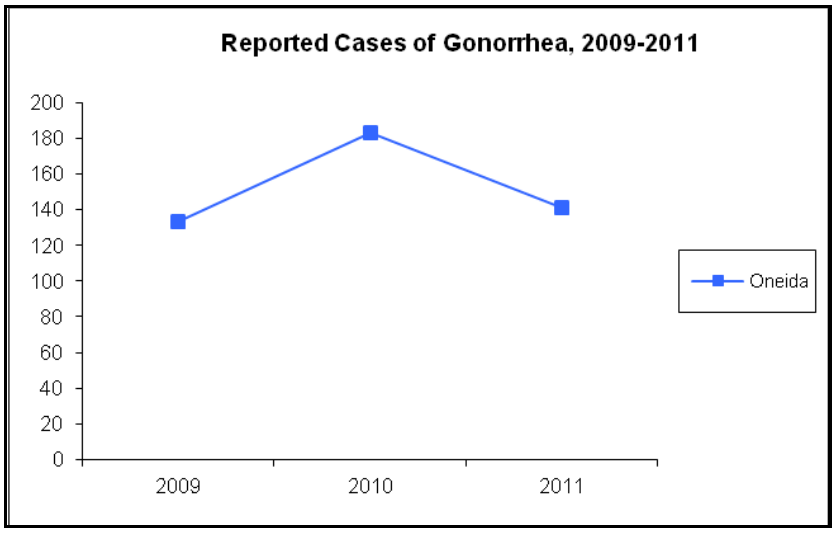
Source: New York State Department of Health,
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm
2010 NYS STD Surveillance System Data as of November, 2012

Chlamydia and Gonorrhea*

	Oneida County		
	2009	**2010**	**2011**
Chlamydia	666	669	752
Gonorrhea	133	183	141

Source: New York State Department of Health, Communicable Disease Annual Reports http://www.health.ny.gov/statistics/diseases/communicable/
*Based on report year (excludes inmates).





Source: New York State Department of Health, Communicable Disease Annual Reports
http://www.health.ny.gov/statistics/diseases/communicable/
* Based on report year (excludes inmates).

Gonorrhea Case Rate per 100,000, 2009-2011

		Oneida County	NYS (exc NYC)
All Ages	*Rate*	65.3	54.4
	Sig Dif from NYS	Yes	Yes
Ages 15-19 years	*Rate*	223.9	200.7
	Sig Dif from NYS	Yes	No

Source: New York State Department of Health, 2009-2011 Bureau of STD Prevention and Epidemiology Data as of July, 2013, *http://www.health.ny.gov/statistics/chac/chai/docs/sti_30.htm*

The data show Chlamydia case rates by selected age groups, bringing to attention the fact that this STD is much more prevalent in younger age groups when compared to all ages. It is also apparent that females are suffering from much higher rates of Chlamydia than males.

Chlamydia Case Rate per 100,000 Males, 2009-2011

		Oneida County	NYS (exc NYC)
All Ages	*Rate*	170.7	190
	Sig Dif from NYS	Yes	Yes
Ages 15-19 years	*Rate*	515.3	614.2
	Sig Dif from NYS	Yes	Yes
Ages 20-24 years	*Rate*	989.4	1009.1
	Sig Dif from NYS	Yes	No

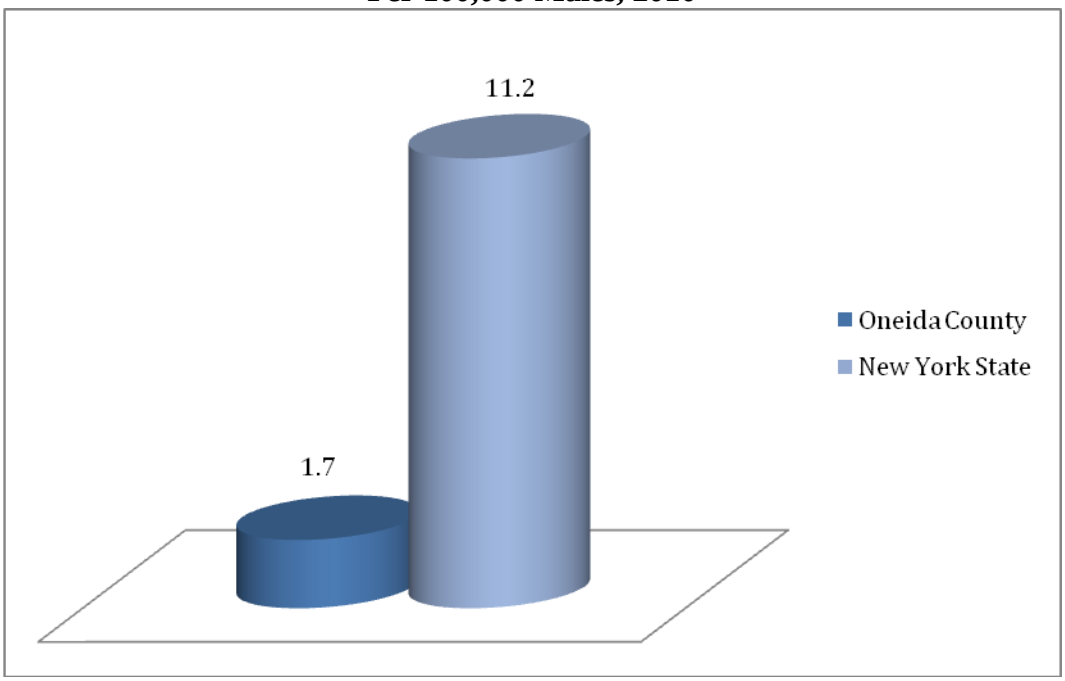
Chlamydia Case Rate per 100,000 Females, 2009-2011

		Oneida County	NYS (exc NYC)
All Ages	*Rate*	424.8	445.8
	Sig Dif from NYS	Yes	No
Ages 15-19 years	*Rate*	2391.2	2417.2
	Sig Dif from NYS	Yes	No
Ages 20-24 years	*Rate*	2511.5	2542.6
	Sig Dif from NYS	Yes	No

Source: 2009-2011 Bureau of STD Prevention and Epidemiology Data as of July, 2013, *New York State Department of Health,* *http://www.health.ny.gov/statistics/chac/chai/docs/sti_30.htm*

Syphilis cases for men in Oneida County were extremely low for the year 2010; however, there are fewer than 10 events in the numerator, therefore the rate is unstable.

Primary and Secondary Syphilis Case Rate
Per 100,000 Males, 2010

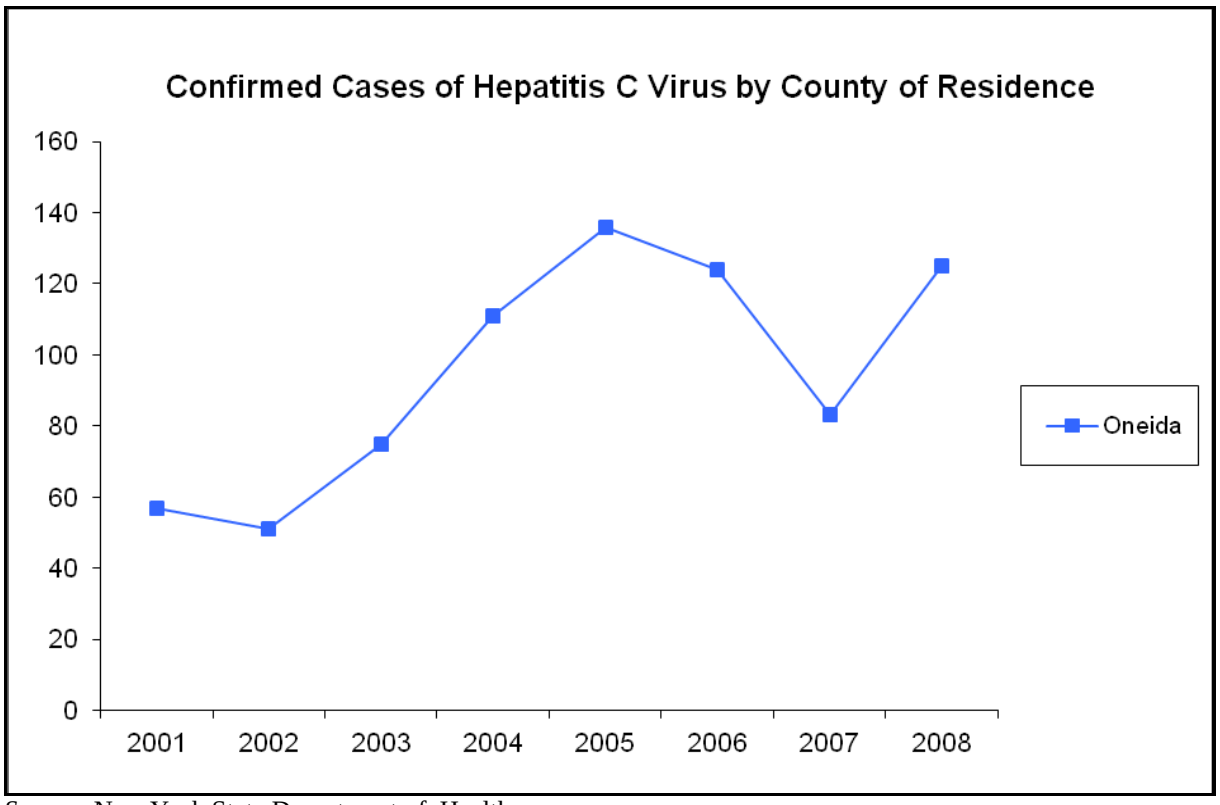


*Fewer than 10 events in the numerator, therefore the rate is unstable
Source: New York State Department of Health,
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm
2010 NYS STD Surveillance System Data as of November, 2012

No female cases of Syphilis were reported in 2010 for Oneida County.

Hepatitis C

Oneida had an increase of Hepatitis C until about 2005, a sharp decline noted in 2007, and finally a rise back to previous rates for 2008.



Source: New York State Department of Health, http://www.health.ny.gov/diseases/communicable/hepatitis/docs/chronic_hepatitis_b_and_c_annual_surveillance_report_2008.pdf

VACCINE PREVENTABLE DISEASES

Oneida County shows significantly higher hospitalization rates for pneumonia/flu in the elderly population than New York State. For Oneida County this may be attributed to lower flu and pneumonia shot percentage for adults 65 years and older. This is therefore an area of concern for Oneida and can be overcome through greater utilization of these vaccinations.

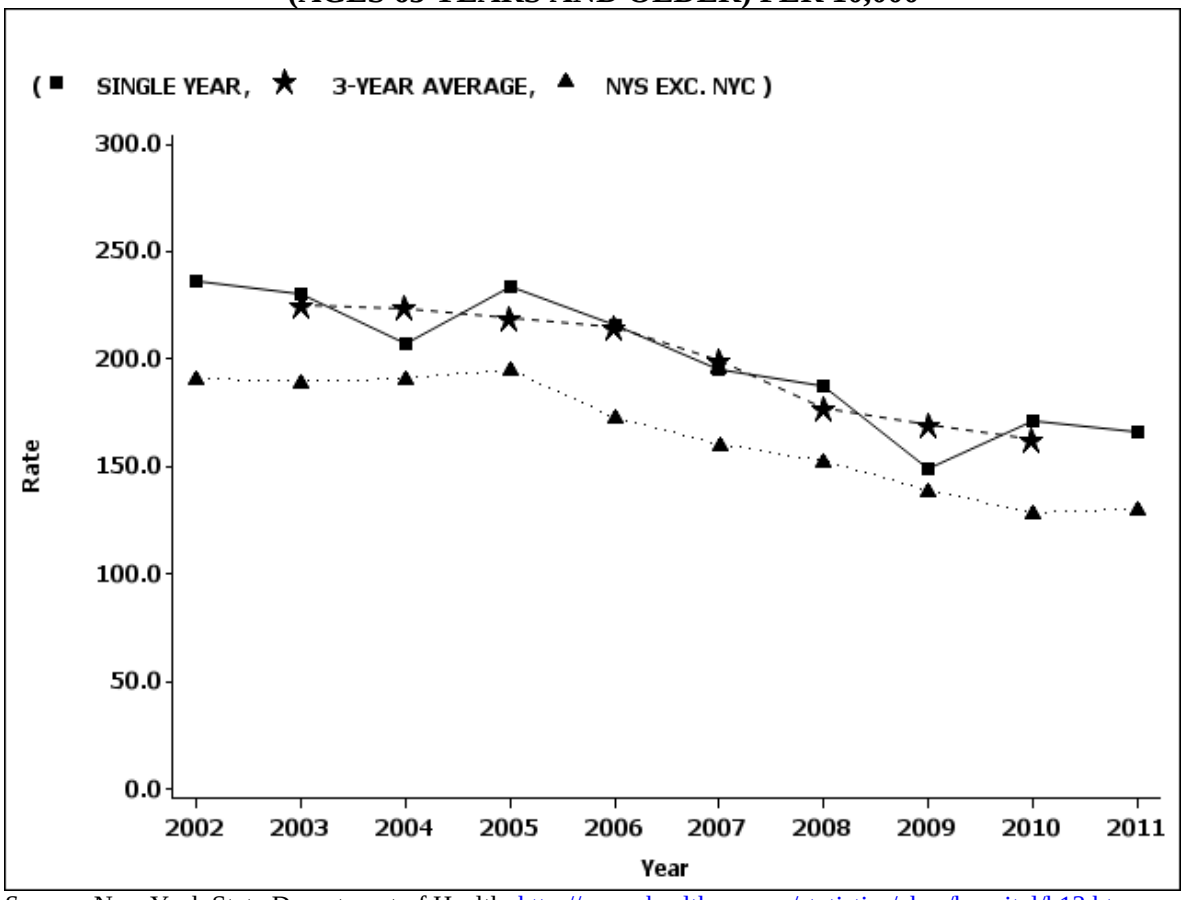
Pneumonia/flu Hospitalization Rate (ages 65 years and older) per 10,000, 2009-2011

	Oneida County	NYS (exc NYC)
Rate	162.4	132.7
Sig Dif from NYS	Yes	Yes

Source: 2009-2011 SPARCS Data as of February, 2013, *New York State Department of Health, http://www.health.ny.gov/statistics/chac/indicators/index.htm*

Oneida County shows consistently higher rates of pneumonia/flu hospitalization rates when compared to Upstate New York. The overall trend appears to be decreasing.

ONEIDA COUNTY PNEUMONIA/FLU HOSPITALIZATION RATE (AGES 65 YEARS AND OLDER) PER 10,000

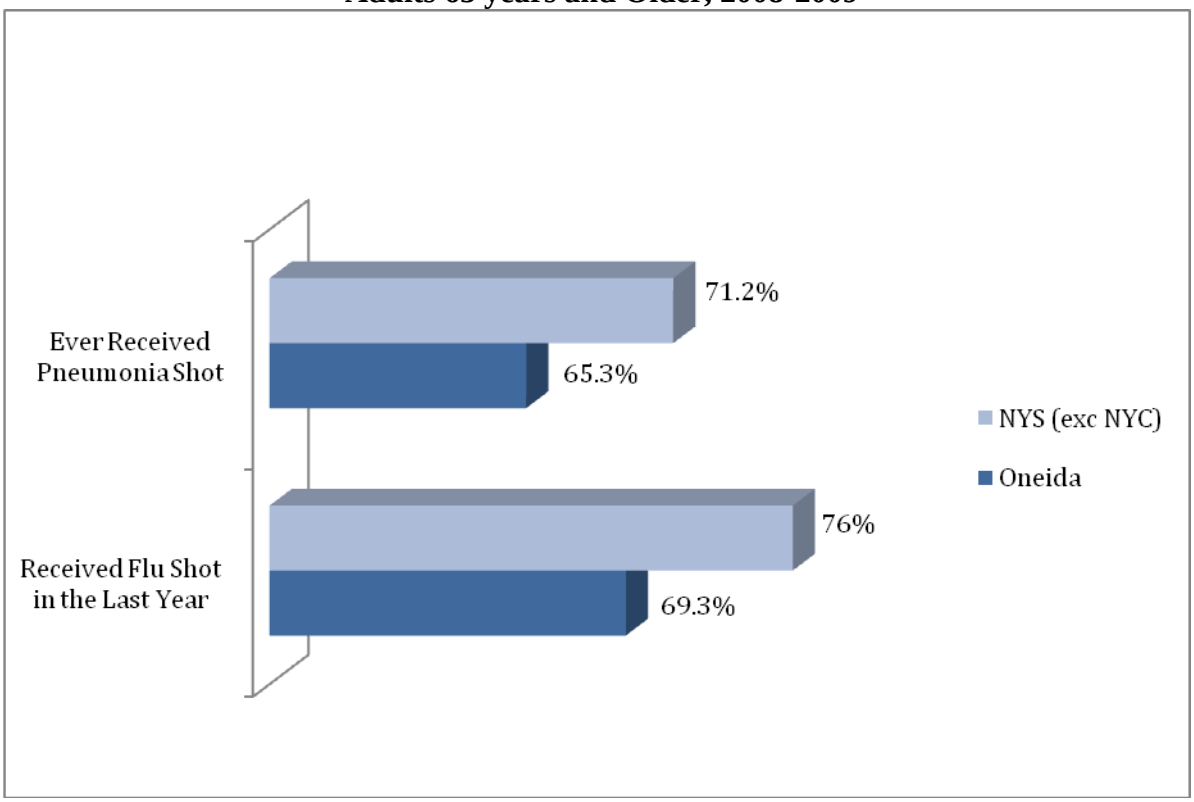


Source: New York State Department of Health, http://www.health.ny.gov/statistics/chac/hospital/h13.htm

VACCINATION RATES

		Oneida County	NYS (exc NYC)
% of Adults 65 years and Older with Flu Shot in the Last Year (2008-2009)	*Rate*	69.3	76
	Sig Dif from NYS	No	No
% of Adults 65 years and Older who Ever Received Pneumonia Shot (2008-2009)	*Rate*	65.3	71.2
	Sig Dif from NYS	No	No

Adults 65 years and Older, 2008-2009



Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010, *New York State Department of Health,* *http://www.health.ny.gov/statistics/chac/indicators/index.htm*

HEALTHCARE ASSOCIATED INFECTIONS

The Hospital-Acquired Infections presented in the following table include Surgical Site Infections (SSIs), Blood Stream Infections (BSIs), and Clostridium difficile infections. Data were available for the three hospitals in Oneida County; Faxton St. Lukes, Rome Memorial, and St. Elizabeth Medical.

Surgical site infections occur in the part of the body where surgery took place. SSIs can arise in the skin, tissue under the skin, or organs of the body. Blood stream infections may result from use of catheters, and cause thousands of deaths each year in the United States. Clostridium difficile is a germ that leads to diarrhea, and is known to cause 14,000 American deaths annually. Older adults who take antibiotics and receive medical care are at highest risk for C. difficile infections.

Source: Centers for Disease Control and Prevention, http://www.cdc.gov/hai/burden.html

HOSPITAL-ACQUIRED INFECTION DATA BY HOSPITAL IN NYS

Hospital	Year	Infection Type		
		All SSI (SIR)	All BSI (SIR)	*C. difficile* (Rate)
Faxton St. Lukes	**2010**	0.84	0.56	16.0
	2011	1.01	0.33	14.1
Rome Memorial	**2010**	0.00	0.00	7.7
	2011	0.80	0.00	9.5
St. Elizabeth Medical	**2010**	0.80	0.81	11.5
	2011	1.12	0.43	12.1
NYS Avg.	**2010**	1.0	1.0	8.2
	2011	1.0	1.0	8.5

SSI=Surgical Site Infections, BSI=Blood Stream Infections, SIR=Standardized Incidence Ratio
Source: New York State Department of Health, http://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/2011/docs/hospital_acquired_infection.pdf

SSIs, BSIs, and *C. difficile*

The standardized incidence ratio (SIR) for SSIs increased slightly for all given hospitals over the 2010-2011 period. Faxton St. Lukes and St. Elizabeth Medical both rose marginally above the NYS average. The SIRs for all BSIs either remained the same or decreased for all healthcare facilities. The rates for *Clostridium difficile* infections increased at Rome Memorial and St. Elizabeth Medical, while decreasing at Faxton St. Lukes.

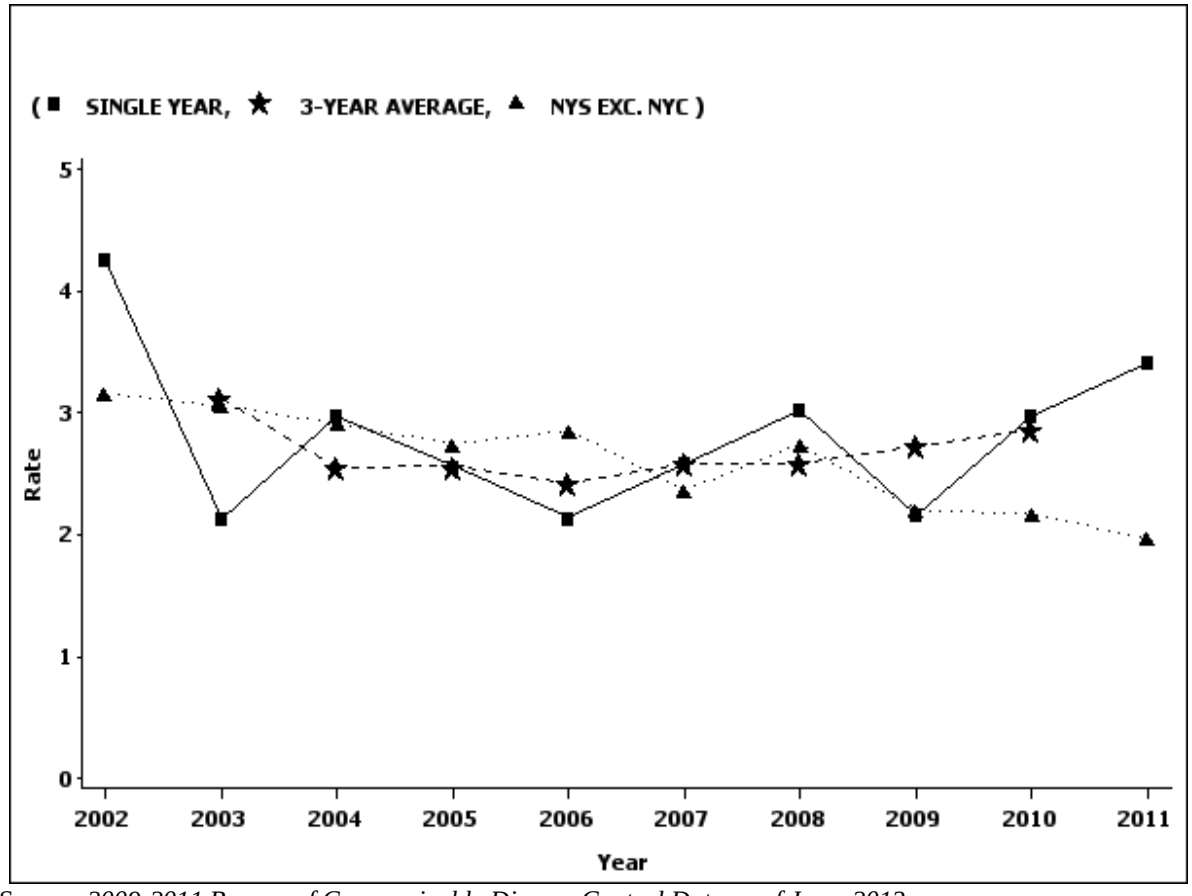
TUBERCULOSIS

Tuberculosis (TB) is a recognized risk in healthcare settings, with transmission most likely to occur from patients who have unrecognized pulmonary or larynx-related TB. Because the infection goes unnoticed, the patients are not being treated for TB and have not been isolated from other patients. Transmission of TB in hospitals is linked with close contact, especially during cough-inducing procedures. TB has the ability to travel long distances through the air.

Source: Centers for Disease Control and Prevention, http://www.cdc.gov/HAI/organisms/tb.html

From 2001-2011 Oneida County was consistent with the regional rate of TB when considering 3-year averages. A noticeably higher rate for Oneida occurred in 2002 and 2011.

ONEIDA COUNTY TUBERCULOSIS INCIDENCE PER 100,000



Source: *2009-2011 Bureau of Communicable Disease Control Data as of June, 2013,*
New York State Department of Health, http://www.health.ny.gov/statistics/chac/general/g36.htm

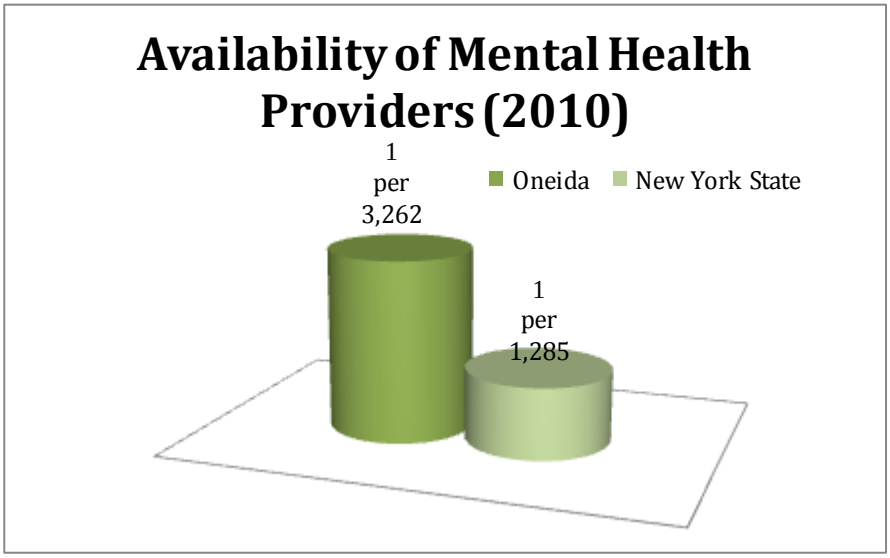
MENTAL HEALTH AND SUBSTANCE ABUSE

Mental health and substance abuse disorders negatively affect physical and emotional wellbeing. They occur at all ages among individuals from different socioeconomic and ethnic backgrounds, and in both genders. There is growing evidence that poor mental health frequently co-occurs with many chronic conditions and may worsen related health outcomes and lead to higher morbidity and mortality. US Surgeon General estimates that one in five Americans suffers from a mental health disorder each year.

Poor behavioral health is another pervasive problem that affects our society. It includes smoking, alcohol and drug abuse, all of which frequently accompany mental health problems as well as aggravate common chronic diseases.

When mental and behavioral health remain unaddressed, it inevitably results in heavy human and economic costs stemming from decreased productivity, work absenteeism, increased burden on the health care system, and, in extreme cases, suicide.

One of the greatest impediments to improved mental and behavioral health in Central New York remains the shortage of mental health providers and access to care. Oneida County experiences considerably lower availability of mental health providers than the State of New York.



Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org

In Oneida County, there is a lack of acute, emergency, and inpatient mental-health services for both adolescents and adults. Inpatient and outpatient care for children and adults is provided by the local hospitals located in the Oneida County. The Mohawk Valley Psychiatric Center offers inpatient services for children. It maintains an Assertive Community Team, Intensive Case Management, Transitional Living Center, Family Care, and Residential and Rehabilitation Services. Unfortunately, in 2012, the Mohawk Valley Psychiatric Center had to close two wards, while one ward with 24 beds was relocated to Hutchings Psychiatric Center in Syracuse, NY. Oneida is seeking additional funding through OMH to provide greater community support as a result of those closures. Adults and children from Herkimer County requiring inpatient care are served by facilities located in the Oneida County. Adults who need emergency mental health interventions also seek them outside of their home county.

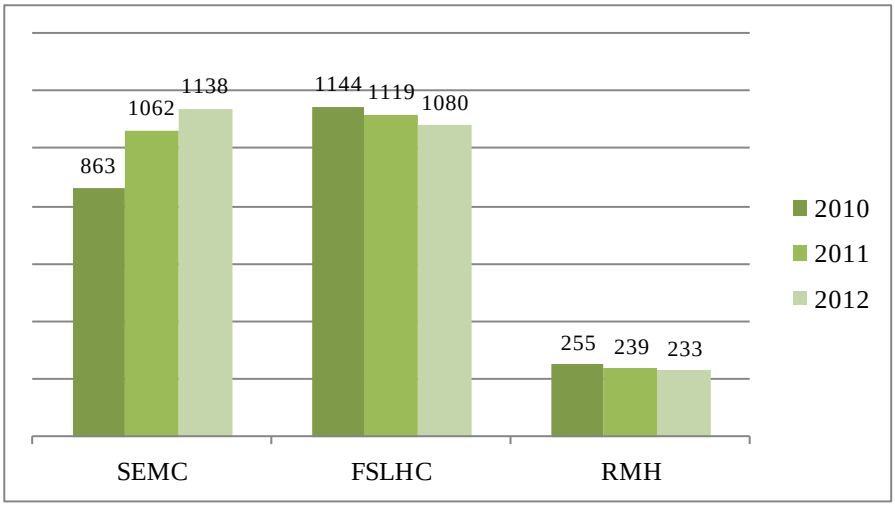
MENTAL HEALTH SERVICE USE

	Oneida County		New York State	
	Percent	**Rate /10,000**	**Percent**	**Rate /10,000**
Adults (18 +)	100.0%	147.2	100.0%	93.8
Emergency	2.0%	2.9	2.3%	2.1
Inpatient	17.4%	25.6	7.3%	6.9
Outpatient	38.5%	56.6	65.7%	61.6
Residential	15.3%	22.5	20.4%	19.2
Support	43.9%	64.5	23.6%	22.1
Children (0 - 17)	100.0%	113.1	100.0%	82.5
Emergency	3.2%	3.6	2.7%	2.2
Inpatient	8.0%	9	5.2%	4.3
Outpatient	77.9%	88.1	79.2%	65.4
Residential	0.0%	0	0.8%	.7
Support	13.8%	15.6	20.0%	16.5

Source: New York State Office of Mental Health, http://bi.omh.ny.gov/cmhp/dashboard#tab2

The two Utica hospitals, St. Elizabeth Medical Center (SEMC) and Faxton-St. Luke Healthcare (FSLHC) saw the highest rate of admissions of adult psychiatric patients, with fewer numbers of patients admitted to Rome Memorial Hospital (RMH) Senior Behavioral Health Unit. Rome Hospital's lower admission rates are due to the facility serving only patients aged 55 and older.

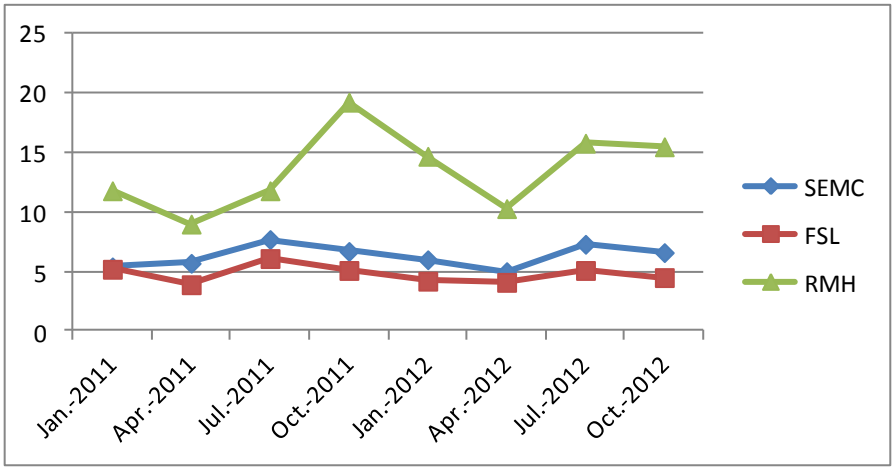
2010-2012 ONEIDA COUNTY HOSPITALS
ADULT PSYCHIATRIC ADMISSIONS



Source: Oneida County Department of Mental Health
SEMC – St Elizabeth's Medical Center
FSLHC – Faxton-St Luke's Healthcare
RMH – Rome Memorial Hospital Senior Behavioral Health Unit

While SEMC and FSL admitted the highest numbers of mental health admissions, RMH[2] patients had a greater length of stay.

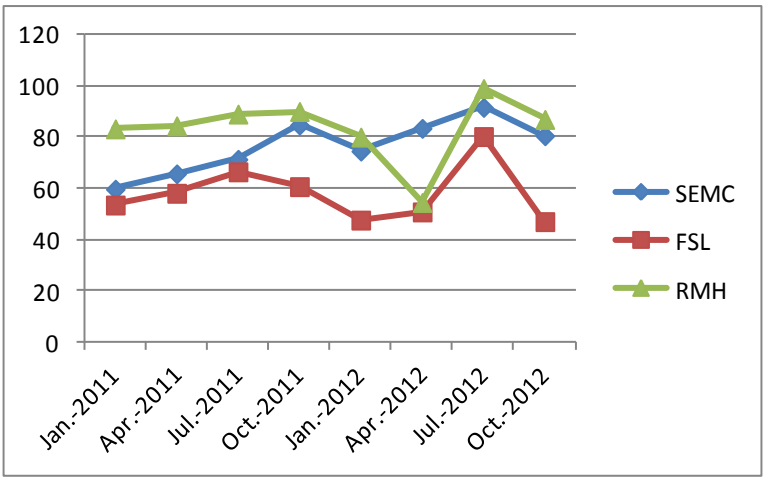
AVERAGE LENGTH OF STAY FOR ADULT PSYCHIATRIC ADMISSIONS



Source: Oneida County Department of Mental Health
SEMC – St Elizabeth's Medical Center, FSLHC – Faxton-St Luke's Healthcare,
RMH – Rome Memorial Hospital Senior Behavioral Health Unit

[2] Rome Memorial Hospital inpatient psychiatric facilities serve older adults aged 55 and over.

ONEIDA COUNTY ADULT PSYCHIATRIC HOSPITALS: AVERAGE PERCENTAGE OF FULL OCCUPANCY RATES

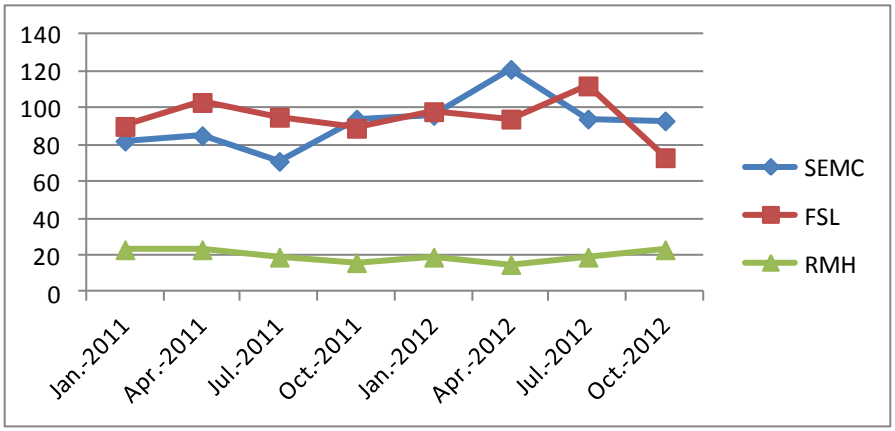


Source: Oneida County Department of Mental Health
SEMC – St Elizabeth's Medical Center, FSLHC – Faxton-St Luke's Healthcare
RMH – Rome Memorial Hospital Senior Behavioral Health Unit

In the last three years the regional hospitals admitted an average of 203 patients each month.

The graph shows a considerable spike of admissions at St. Elizabeth Medical Center and Faxton- St. Luke following the closing of the adult units at the Mohawk Valley Psychiatric Center.

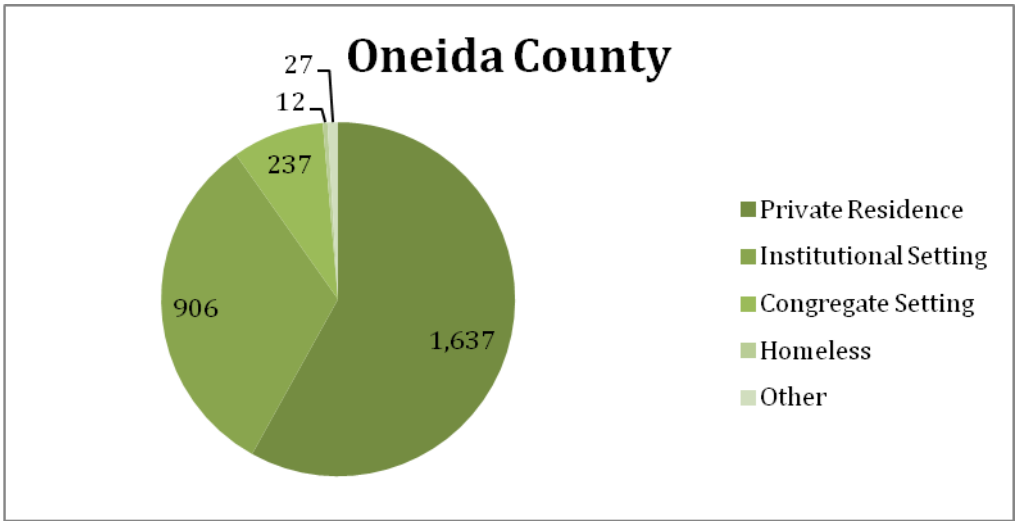
MENTAL HEALTH HOSPITAL ADMISSIONS



Source: Oneida County Department of Mental Health
SEMC – St Elizabeth's Medical Center, FSLHC – Faxton-St Luke's Healthcare,
RMH – Rome Memorial Hospital Senior Behavioral Health Unit

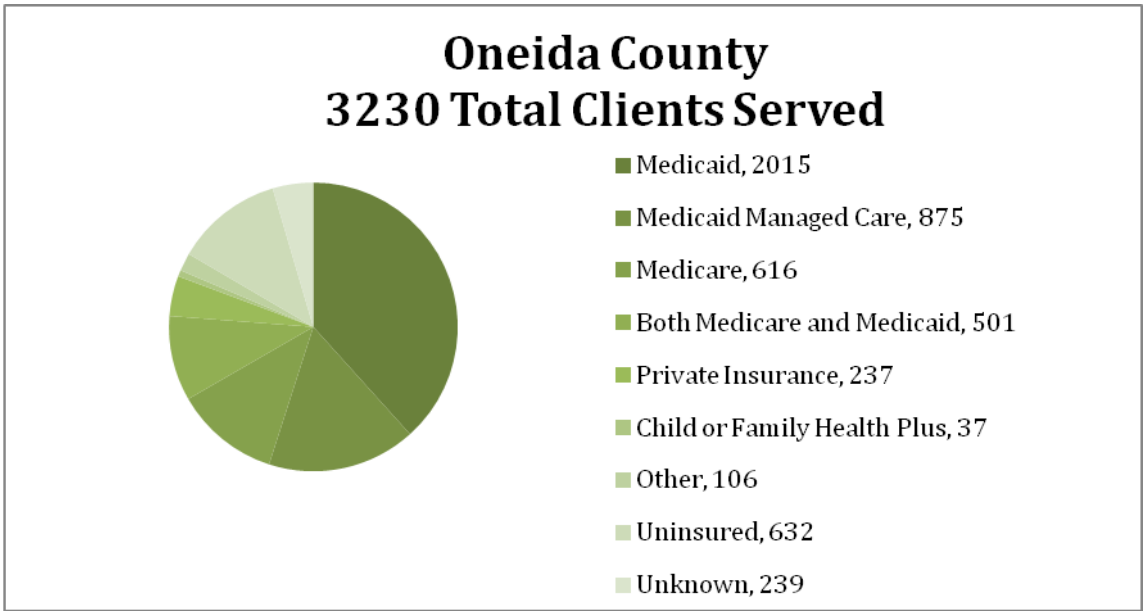
The vast majority of clients who utilize mental health services surveyed about their living situation responded that they receive care while residing in a private home. The second largest group in the Oneida County receives them in an institutional setting, while a congregate setting is available to a small number of patients in the Herkimer County.

ADULT CLIENTS SERVED BY CURRENT RESIDENCE (2009).



The majority of mental health services utilizers are covered by government health insurance programs, particularly Medicaid and Medicaid Managed Care.

HEALTH INSURANCE STATUS OF MENTAL HEALTH PATIENTS



Source: New York State Office of Mental Health, http://bi.omh.state.ny.us/pcs/Summary%20Reports?pageval=health&ethnicity=0&gender=0&regionname=33

A variety of residential programs are available to residents of the Oneida County. However, more supported housing and support programs are sorely needed due to their occupancy rates being close to or exceeding their capacity limits.

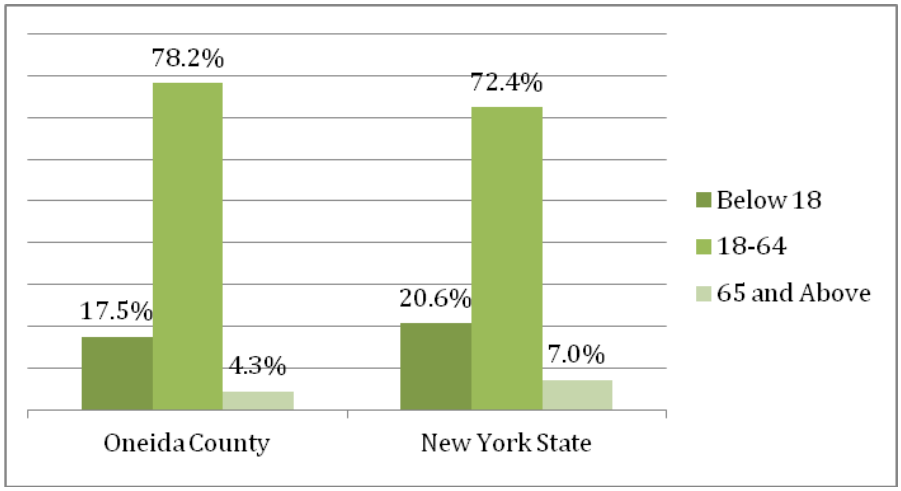
CHARACTERISTICS OF ADULT MENTAL HEALTH RESIDENTIAL PROGRAMS

	Oneida County			
	Congregate Treatment	Apartment Treatment	Support Programs	Supported Housing
# of Beds	110	41	52	222
Beds/10,000 Adult Pop	6.1	2.3	2.9	12.3
% Occupancy Rate	92.2%	92.8%	98.7%	105.4%
Median LOS (days)	202	286	988	608
% LOS >2 years	20.2%	17.1%	58%	39.6%

Source: New York State Office of Mental Health, http://bi.omh.ny.gov/cmhp/dashboard#tab6

Mental health service utilization by age is consistent with the New York State pattern. However, it is lower for children and adolescents, especially in Oneida County. At the same time, a recent Teen Assessment Project survey revealed consistently higher rates of depression and suicide ideation among 9th and 11th graders in Oneida County.

MENTAL HEALTH UTILIZATION BY AGE (2011)



Source: New York State Office of Mental Health, http://bi.omh.state.ny.us/pcs/Summary%20Reports?pageval=prog-age&yearval=2011

The number of adults who frequently experience mental health related concerns is a growing concern in the United States. Poor mental and emotional wellbeing is closely associated with poverty and unemployment. **New York State 2013-2017 Prevention Agenda** monitors *poor*

mental health reported for 14 or more days in the last month. The percentage of adults with poor mental health for Oneida County was found to be slightly higher than in New York State.

AGE-ADJUSTED PERCENTAGE OF ADULTS WITH POOR MENTAL HEALTH FOR 14 OR MORE DAYS IN THE LAST MONTH

Oneida County (2008-2009)	New York State (2008-2009)	Prevention Agenda 2013-2017 Objective
13.0%	10.2%	10.1%

Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System, http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
Preliminary estimates (4 months) for the 2013-2014 Expanded Behavioral Risk Factor Surveillance System show the Percentage of adults who report experiencing poor mental health for 14 or more days in the past month at 12.7% for Oneida County and 10.3% for NYS, however a final updated reporting will be available in 2014.

The World Health Organization identifies mental disorders (particularly depression and alcohol use) as a major risk factor for suicide in the developed world. Traditionally, suicide rates have been the highest among young people. However, the elderly, especially males, also constitute a high risk group. Center for Family Life and Recovery, Inc. has created the Oneida County Suicide Prevention Coalition whose mission is to prevent suicide in the local community by strengthening the coordination and accessibility of services, raising awareness of suicide prevention, facilitating intervention and post-prevention services, and enhancing support to those affected by suicide. While suicide death rates in Oneida County are on a par with those in the Central New York region, it is notably higher than the overall NY State rates. *Suicide death rates* are an important indicator defined and tracked by New York State 2013-2017 Prevention Agenda.

SUICIDE DEATH RATES PER 100,000 (AGE ADJUSTED)

Oneida County (2009-2011)	Central New York* (2009-2011)	New York State (2009-2011)	Prevention Agenda 2013-2017 Objective
8.9	10.5	7.2	5.9

*The Central New York region includes Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, and Tompkins counties
Source: New York State Department of health, 2009-2011 Vital Statistics Data as of February, 2013, *http://www.health.ny.gov/statistics/chac/mortality/d24.htm*, Adjusted Rates Are Age Adjusted to the 2000 United States Population

Based on a comparison of 9th and 11th graders, teens in Oneida County are more likely than their counterparts in the U.S. to seriously consider suicide and to make a plan how they would attempt suicide, but not anymore likely to actually attempt suicide.

PERCENTAGE OF TEENS WHO HAVE SERIOUSLY CONSIDERED SUICIDE

	Oneida County		US
	2007	**2011**	**2009**
9th graders	20%	21%	15%
11th graders	17%	21%	15%

Source: Oneida County TAP Survey Report,
http://www.ocgov.net/oneida/sites/default/files/planning/HumanServices/2011%20tap%20report%20final.pdf

Mental health and substance abuse frequently occur as comorbid conditions, which can worsen the course of both illnesses. Addiction results in compulsive behaviors that weaken the ability to control impulses, which is also a common trait of mental illnesses. The interaction between mental health and substance abuse disorders is almost always bilateral with drug abuse aggravating the symptoms of an accompanying mental illness, while mental disorders often leading to drug abuse. Individuals suffering from mental health conditions often rely on alcohol, tobacco and illicit substances to temporarily alleviate the symptoms associated with their mental illness. On the other hand, people who use drugs are about two times more likely to suffer from mood and anxiety disorders than the general population.

Mental Illness and Chemical Abuse[3] (MICA)
by Program Category Among Adults (2011)

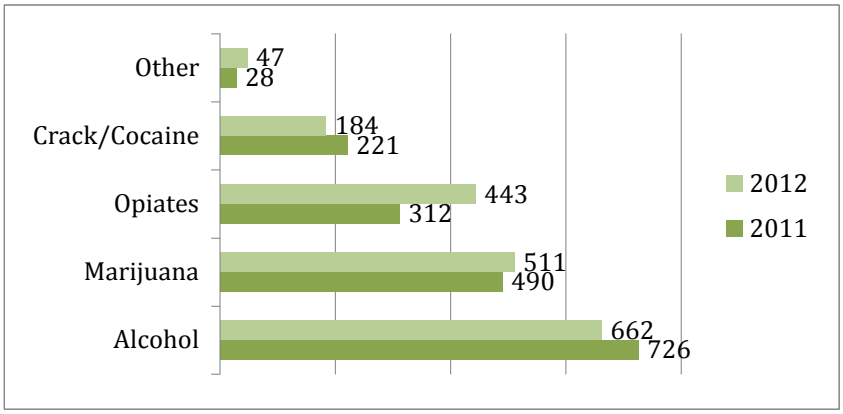
	Oneida County			
	Total Clients	**MICA**	**Not MICA**	**Unknown**
	3230	961	2032	237
Emergency	71	7	5	59
Inpatient	509	249	259	1
Outpatient	1465	327	1117	21
Residential	408	164	207	37
Support	1247	414	709	124

Source: New York State Office of Mental Health,
http://bi.omh.ny.gov/pcs/Summary%20Reports?pageval=mica&p_categ=Emergency&regionname=&p_agegrp=All&yearval=2011

[3] Served for co-morbid chemical or alcohol abuse disorder and service program

In Oneida County, the majority of substance users were treated for alcohol abuse on the outpatient basis. Marijuana and opiates were the most commonly abused illegal drugs

PRIMARY DRUG OF CHOICE
OUTPATIENT ADMISSIONS IN ONEIDA COUNTY



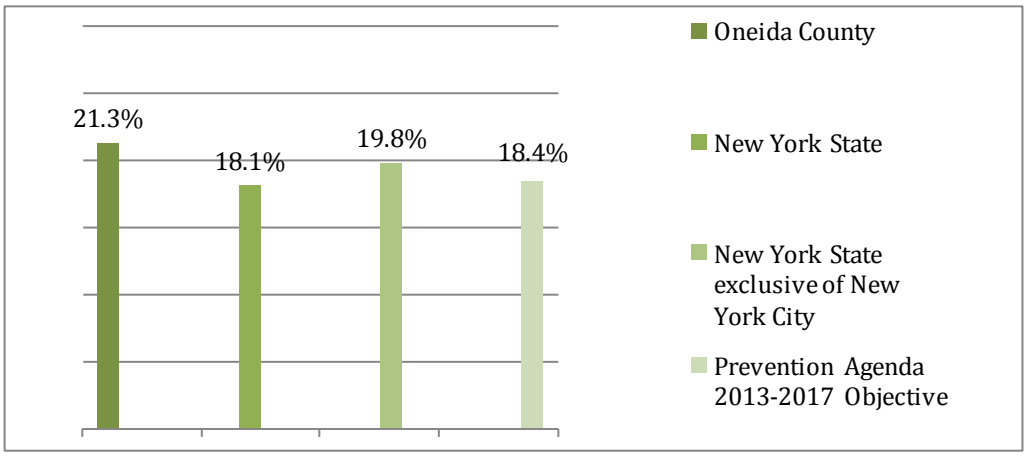
Source: Oneida County Department of Mental Health

Excessive use of alcohol is associated with an array of mental and physical health problems. The **New York State 2013-2017 Prevention Agenda** identifies *adult binge drinking* as an important indicator, which, according to the CDC, is the most common pattern of excessive alcohol use in the United States. The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of alcohol consumption that elevates an individual's blood alcohol concentration to 0.08 grams percent or above.[4] This usually occurs when men consume 5 or more drinks, and when women consume 4 or more drinks within a two hour period.

Oneida County reports higher rates of binge drinking among its residents than those of New York State, as well as New York State exclusive of New York City. The state has set an objective to reduce the percentage of its adult residents who engage in binge drinking to 18.4% by 2017.

[4] National Institute of Alcohol Abuse and Alcoholism. NIAAA Council Approves Definition of Binge Drinking. *NIAAA Newsletter* 2004; No. 3, p. 3. Accessed on June 29, 2013 at http://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.pdf

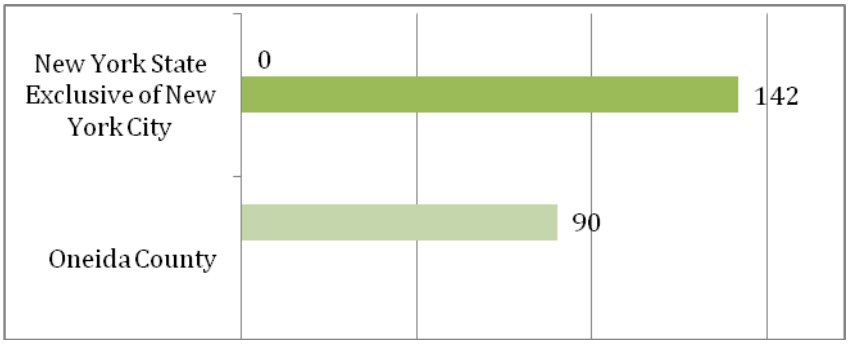
AGE-ADJUSTED PERCENTAGE OF ADULTS BINGE DRINKING DURING THE PAST MONTH (as of 2011)



Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System, Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System, http://www.health.ny.gov/statistics/brfss/expanded/2009/county
Preliminary estimates (4 months) for the 2013-2014 Expanded Behavioral Risk Factor Surveillance System show the Percentage of adults binge drinking in the last month at 13.1% for Oneida County and 10.3% for NYS, however a final updated reporting will be available in 2014.

The levels of admission to alcohol and substance abuse treatment in Oneida County are favorably different from New York State exclusive of New York City.

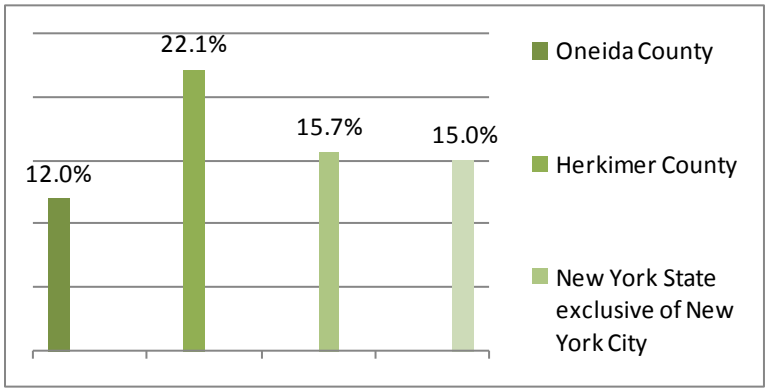
AMDISSIONS TO ALCOHOL AND SUBSTANCE ABUSE TREATMENT PER 10,000 (2010)



Source: Mohawk Valley Community Action Agency, Inc. Communitywide Strategic Needs Assessment, http://www.mvcaa.com/UserFiles/File/Community%20Assessment%202012-2015.pdf

The level of heavy alcohol consumption in Oneida is somewhat lower than in the state and in the nation. Heavy alcohol consumption is defined as more than two drinks per day for men and one drink per day for women.

SELF REPORTED HEAVY ALCOHOL CONSUMPTION FOR ADULTS 18+ (2011)



Source: Community Commons. Community Health Needs Assessment, http://assessment.communitycommons.org/CHNA/Report.aspx?page=5

Smoking has a profound negative impact on individuals with mental health concerns. Smoking rates of persons with behavioral health disorders, which includes psychiatric disorders and substance abuse disorders, are two to four times higher than those of the general population. Tobacco abusers can suffer from depression or anxiety disorders, which makes it more difficult for them to quit. People with mental health problems can use tobacco as a way to self-medicate or to alleviate symptoms. Mental illness creates a vulnerability to smoking addiction.

The **New York State 2013-2017 Prevention Agenda** recognizes this connection between tobacco abuse and mental disorders and designates *cigarette smoking among adults who report poor mental health* as a priority seeking to bring down the current rate of 31.2% to 26.5% by 2017. This data is not yet collected on the county level, however, self reported high smoking rates in Oneida point to a potential problem and the need for more focused treatment and counseling services.

SELF-REPORTED TOBACCO USAGE AMONG ADULTS 18 AND OVER (2011)

	Percent Estimated Population Regularly Smoking Cigarettes
Oneida	23.7%
New York	17.5%
United States	18.56%

Source: Community Commons. Community Health Needs Assessment, http://assessment.communitycommons.org/CHNA/Report.aspx?page=5

Fewer adult residents of Oneida who currently smoke have attempted to break the addiction for at least one day in the last year than in the United States. Their levels are similar to those from across the State of New York.

PERCENTAGE OF ADULTS WHO ATTEMPTED TO QUIT SMOKING FOR AT LEAST 1 DAY IN THE LAST YEAR (2010)

	Percent Smokers with Quit Attempt in Past 12 Months
Oneida	59.09%
New York	63.35%
United States	58.49%

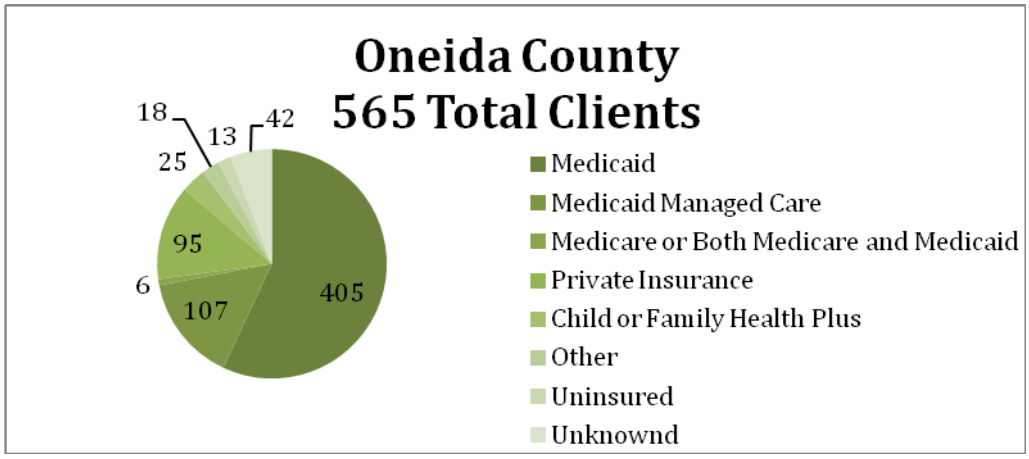
Source: Community Commons. Community Health Needs Assessment, http://assessment.communitycommons.org/CHNA/Report.aspx?page=5

Good mental health is a critical component in children's overall healthy development. Mental and behavioral problems are significant hurdles on their paths of growing, learning and attaining productive and fulfilling lives. Children and adolescents with mental and behavioral issues can benefit from effective treatments, services, and supports that are available and shown to have dramatically positive effects. Unfortunately, most children and adolescents in need of mental health services do not receive them. Children with mental health problems experience lower educational attainment, greater involvement with the criminal justice system, and less stable placements in the child welfare system, which, in turn, exacerbate their mental health issues.

Mental health problems in children are widespread and growing. The onset of a mental illness can occur as early as 3 year of age. One out of five in today's youth has a diagnosable mental disorder. Children and youth from low-income households stand at an increased risk for mental health as well as substance abuse disorders. Children who find themselves in the welfare and juvenile justice systems are much more prone to developing mental health disorders than children in the general population.

Even those children with mental health needs who are insured frequently do not receive necessary services. Consistently with the national patterns, the vast majority of children under 18 in Oneida County who receive mental health services come from households with incomes at or below the poverty level and are Medicaid beneficiaries.

HEALTH INSURANCE STATUS OF
MENTAL HEALTH PATIENTS BELOW AGE 18



Source: New York State Office of Mental Health, http://bi.omh.state.ny.us/pcs/Summary%20Reports?pageval=health&ethnicity=0&gender=0&regionname=33

New York State 2013/2017 Prevention Agenda identifies ***the presence of depression experienced as feeling of sadness and hopelessness among adolescents (grades 9-12)*** and ***attempted suicide within the same age group*** among its priority indicators. Recent Teen Assessment Project survey conducted in 2011 in the Oneida County revealed an alarming rate of those trends within the above age group.

DEPRESSION AND SUICIDE IDEATION AMONG ADOLESCENTS

	Oneida County (2011)	US (2009)
9th graders reporting an extended period of depression	32%	28%
11th graders reporting an extended period of depression	35%	28%
9th graders who seriously considered suicide or planned how they would attempt suicide	21%	15%
9th graders who seriously considered suicide or planned how they would attempt suicide	21%	15%

Sources: Oneida County 2011 Teen Assessment Project Survey Report, http://www.ocgov.net/oneida/sites/default/files/planning/HumanServices/2011%20tap%20report%20final.pdf and

Just as adults with mental health disorders, children and adolescents are more inclined to use tobacco and alcohol and develop addiction to illicit substances. However, their effect on a developing brain can be substantially more detrimental than on adults causing lifelong problems. The risks associated with substance abuse by children and teens, especially when it co-occurs with a mental health disorder, include potentially permanent intellectual and emotional damage if they remain unaddressed.

Mental Illness and Chemical Abuse (MICA) by Program Category Among Children Below 18 (2011)

	Oneida County			
	Total Clients	**MICA**	**Not MICA**	**Unknown**
	565	24	516	25
Emergency	18	0	0	18
Inpatient	45	2	43	0
Outpatient	440	18	420	2
Residential	78	5	68	5
Support	565	24	516	25

Source: New York State Office of Mental Health, Patient Characteristics Survey, http://bi.omh.ny.gov/pcs/Summary%20Reports?pageval=mica&p_categ=Emergency&regionname=&p_agegrp=All&yearval=2011

Among teens in the Oneida County, substance abuse is not markedly different from those rates from across the nation. As revealed by the 2009 and 2011 Teen Assessment Project surveys, the use of marijuana and methamphetamine occur at the same or slightly lower rates than across the United States. Tobacco use is also shown to be at lower levels. U.S. Teens in Oneida are considerably less likely to try alcohol prior to adulthood than in the U.S., while those who have experienced alcohol use are just as likely to engage in binge drinking as their peers from around the country.

BEHAVIORAL HEALTH INDICATORS AMONG TEENAGERS

	Oneida (2011)	US (2009)
11th graders who smoked in the last 30 days	16%	22%
Use of chewing tobacco among 11th graders	9%	11%
Teens who ever had at least one alcohol drink	41%	73%
Binge drinking among 11th graders	27%	28%
9th graders who used marijuana one or more times during their life	26%	26%
11th graders who used marijuana one or more times during their life	39%	42%
9th graders who used methamphetamine	3%	3%
11th graders who used methamphetamine	3%	5%

Source: Teen Assessment Project Survey, Oneida County, New York, 2012, http://www.ocgov.net/oneida/sites/default/files/planning/HumanServices/2011%20tap%20report%20final.pdf

WOMEN, INFANTS AND CHILDREN

Maternal, Infant and Child Health (MICH) holds a prominent place within New York State's 2013-2017 Prevention Agenda. The health of mothers and children is of urgent concern as a present challenge, fraught with persistent disparities. MICH is of key significance as a basis for the future wellbeing of communities. Prematurity, prenatal care, low birth-weight, teen births, breastfeeding rates, infant mortality, and maternal mortality/morbidity are persistent challenges and top indicators for the physical, social and economic health and resilience of communities. These factors substantially impact health expenditures at county, state and national levels.

Poverty, single parenthood, education and ethnicity/race play a substantial role in the current pattering of health disparities, with Black and Hispanic/Latina populations experiencing a disproportionate burden of preventable mortality and morbidity. A challenge for Oneida County is providing adequate care, health promotion, and disease prevention education to a community diverse in both demographics and geography.

The Prevention Agenda recognizes that the socioeconomic costs of inadequate resource access and poor outcomes for mothers, infants and children stretch over decades, causing many long-term negative effects, contributing to the personal and social burdens of chronic sickness, behavioral and substance addictions, mental illness, unemployment, year of life lost, and continued socioeconomic hardship. Adverse childhood experiences have been well documented to contribute to life-long risks of chronic disease and dysfunction, mental and physical. What can appear as ethnic, cultural or racial differences in health can actually be the direct result of socioeconomic constraints, such as access to employment, support, opportunities, or services.

According to the Countyhealthrankings.org tool of the Robert Wood Johnson Foundation, Oneida County compares poorly with New York State with regards to multiple key indicators: Teen Birth Rate, Children in Poverty, Children in Single Parent Households, and Limited Access to Healthy Foods. Based upon multiple measures, including years of potential life lost, Oneida's overall health ranking is #50 among 62 New York State counties.

SELECTED COUNTY HEALTH RANKING MEASURES USED IN 2013 RANKINGS

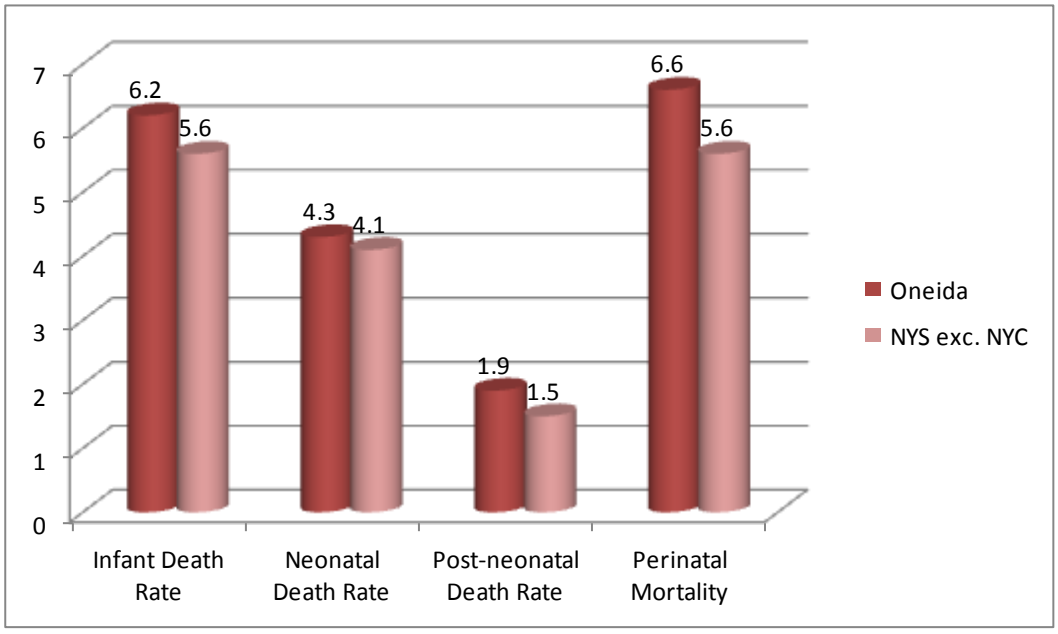
	ONEIDA	NYS	National Benchmark (90th percentile)
OVERALL RANKING out of 62 counties	#50		
Low Birthweight (% of live births <2500 g)	8.3%	8.2%	6%
Teen Birth Rate (per 1000, ages 15-19)	31	25	21
Children in Poverty	27%	23%	14%
Children in Single Parent Households	37%	34%	20%
Limited Access to Healthy Foods*	6%	2%	1%

SOURCE: http://www.countyhealthrankings.org/app/new-york/2013/oneida/county/outcomes/overall/snapshot/by-rank

(Various data sources ranging from 2004-2012 were used to generate the above rankings.)

*percent of population who are low income and do not live close to a grocery store.

According to the New York State Department of Health (3 yr average 2009-2011 data), Oneida County exceeds infant, neonatal, post-neonatal and perinatal mortality rates compared to the state, exclusive of New York City.

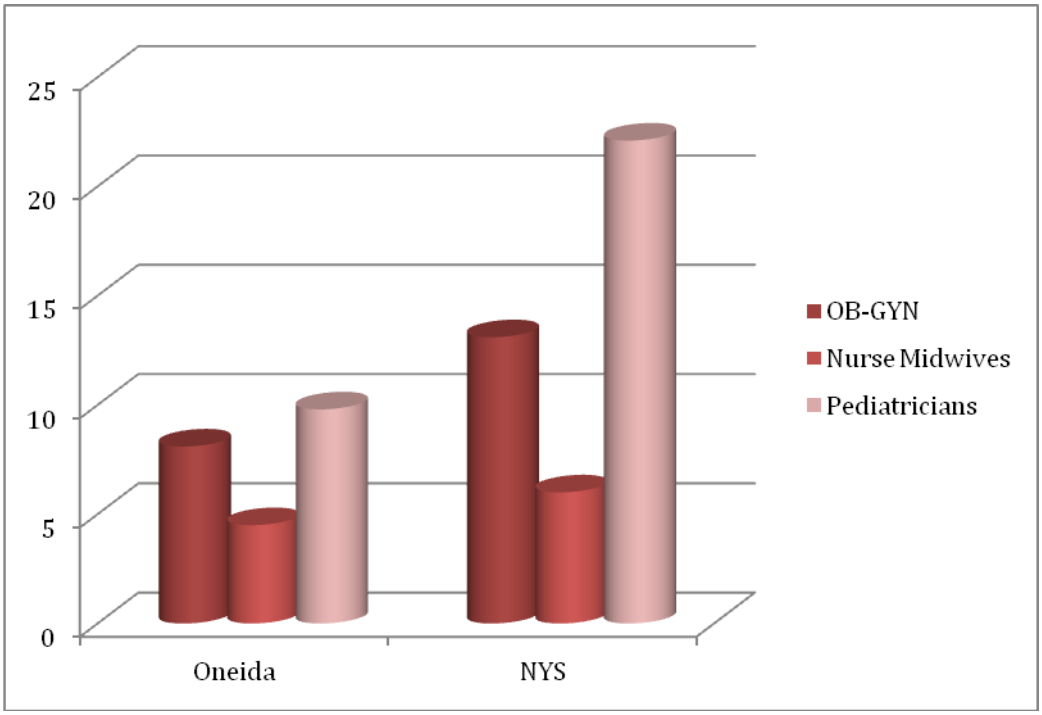


Infant Death Rate: deaths under 1 year of age per 1,000 live births
Neonatal Death Rate: deaths under 28 days of age per 1,000 live births
Post-neonatal Death Rate: deaths age 28 days and older but less than 1 year per 1,000 live births
Perinatal Mortality: deaths 28 weeks gestation - <7 days of life per 1,000 live births

Source: New York State Department of Health, *Source: 2009-2011 Vital Statistics Data as of February, 2013*
http://www.health.ny.gov/statistics/chac/indicators/mih.htm

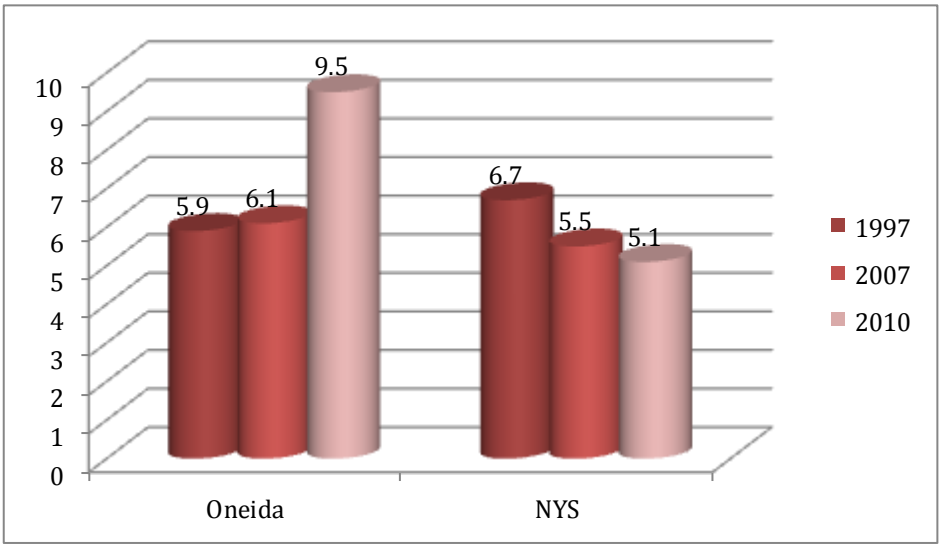
Oneida County is below NYS with respect to health provider availability, including physicians, Certified Nurse Midwives, and Physician Assistants. However, Oneida is well supplied with Nurse Practitioners and close behind the state for Primary Care Physicians. Oneida is underserved in the specialties that most concern mothers, infants and children: Pediatrics and OB-GYN. Women birthing in Herkimer County, which is predominantly rural usually deliver in Albany or Utica, sometimes Rome or Cooperstown.

HEALTH CARE PROVIDER AVAILABLILTY IN ONEIDA COUNTY 2010

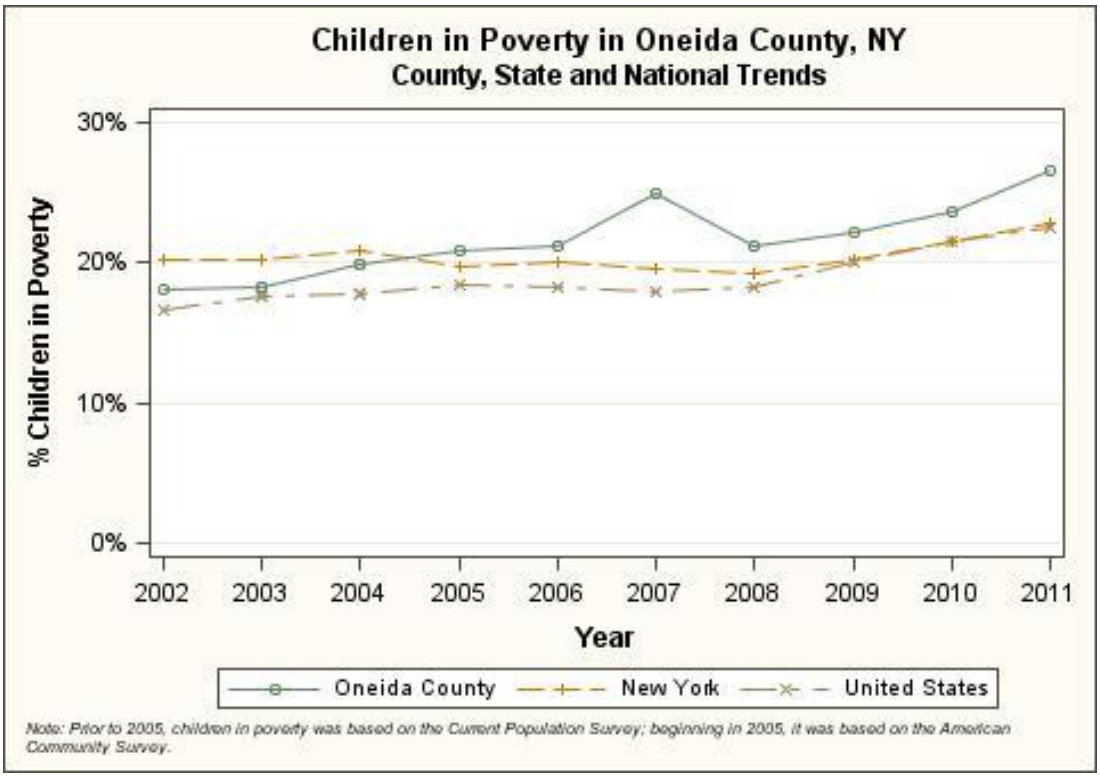


Data Source (2010): http://www.arf.hrsa.gov/arfdashboard/ArfGeo.aspx

TIME TRENDS in INFANT Death Rate for ONEIDA COUNTY 1997-2010



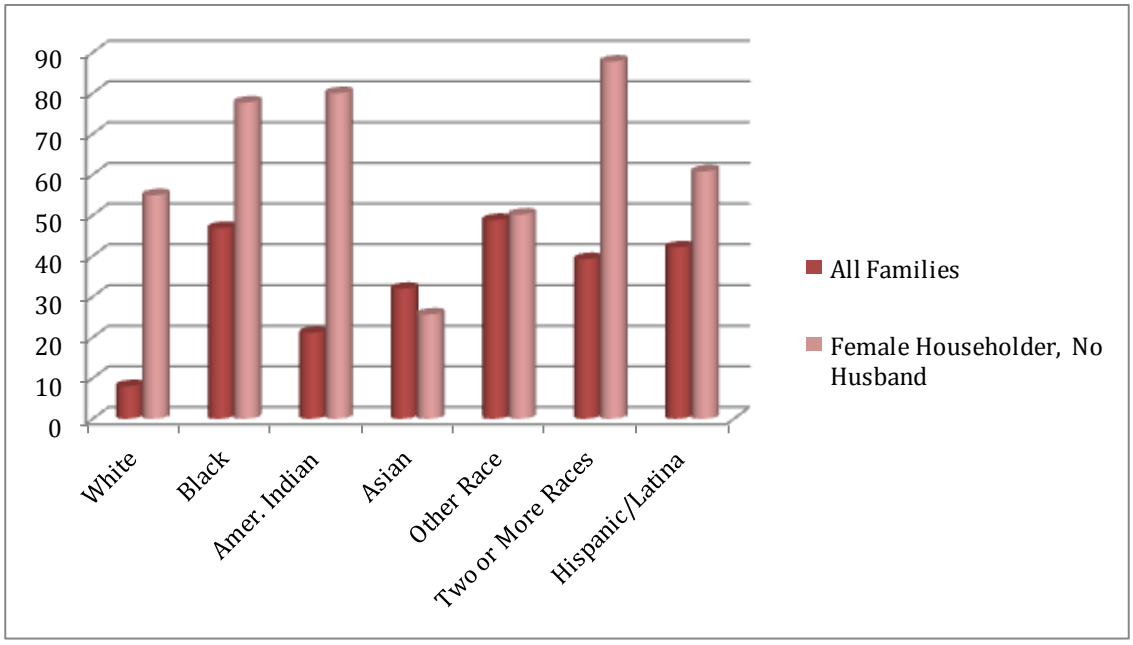
CHILDREN IN POVERTY – ONEIDA COUNTY – TRENDS 2002-2011



SOURCE: http://www.countyhealthrankings.org/app/new-york/2013/oneida/county/outcomes/overall/snapshot/by-rank

As evidenced in the above chart, in 2002 Oneida County had a lower child poverty rate than NYS as a whole, but higher than the US. The child poverty rate rose gradually, exceeding that of NYS in 2005, with a major spike in 2007, followed by a decline until 2008. **Since 2008 the Child Poverty Rate has risen steadily, faster than that of NYS and US as a whole.** Whereas in 2000, 17.6% of Oneida County children lived in poverty, by 2005 it exceeded the state and by 2011, more than a quarter (or 26.5%) of the county's children lived in poverty, almost 4 percentage points above state and national poverty levels (US Census Bureau). Poverty rates of "female householder, no husband" families are much higher than rates for "all families," and reflect sharp disparities by race and ethnicity. 80% of Native American single mothers are poor, and 77.7% of Black single mothers, compared to 21.13% and 46.87% respectively for "all families." For women classified as "two or more races," being a single mother more than doubles the poverty rate, from 39.23% to 87.75%. In contrast, the poverty rate is 8% for partnered white mothers and almost 55% for single white mothers, whereas for Asians, "all families" poverty rate is actually higher than the poverty rate for single mothers, 31.94% and 25.62% respectively.

2011 POVERTY RATES FOR FAMILIES AND SINGLE MOTHERS IN ONEIDA COUNTY BY RACIAL AND ETHNIC GROUP (US Census Bureau)

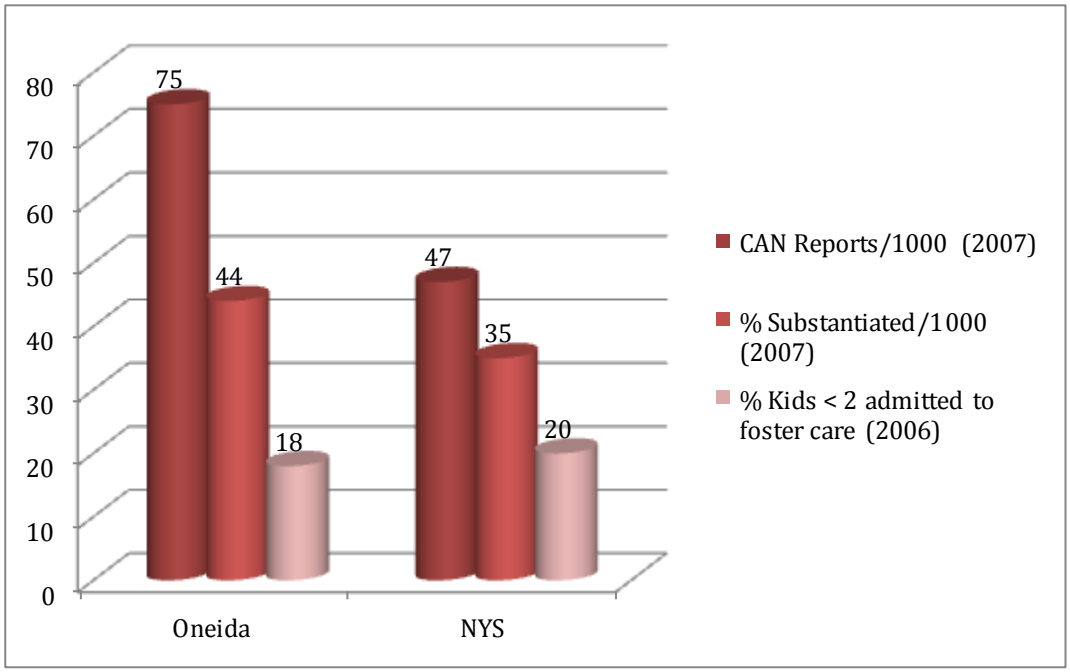


Food insecurity remains high in Oneida County, with one in five children (more than 11,000 kids county-wide) being food insecure in 2011 and 74% being income eligible for federal nutrition programs like WIC, SNAP and Free/Reduced Price School Lunch (Feeding America – Map the Meal Gap). From 2000 to 2010 participation in the school lunch program grew by almost 10 percentage points, so that half of all Oneida County children K-6 were enrolled by 2011 (www.nyskwic.org). Almost one fifth of the population has *low access* to a grocery store (USDA ERS 2010). Only one quarter of adults (25.9%) in the county eat 5+ fruits and vegetables daily (NYS 27%) (NYSDOH *brfss*), while 38% of middle school students (based on grades 7 and 10 sampling) are overweight or obese (NYSDOH *student weight status reporting system*). Ironically, this happens in a county where a quarter of the land is used in farming, with massive economic potential.

Sources: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx
http://www.nyskwic.org/get_data/indicator_narrative_details.cfm?numIndicatorID=31
http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atls.aspx
http://www.health.ny.gov/statistics/brfss/expanded/
http://www.health.ny.gov/statistics/chac/general/g71.htm

An ample body of research has shown that adverse childhood experiences (ACE) contribute to life-long health risks that range from cardiovascular disease and obesity to addictions and mood disorders, as well as economic and social difficulties in adulthood.

CHILD MALTREATMENTS, SUBSTANTIATION RATES, and FOSTER CARE



Source: Barringer et al (2009), based upon Kids Wellbeing Indicators Clearinghouse (2006)

The NYS "Promote Healthy Women, Infants and Children" Action Plan

Under the NYS Prevention Agenda Action Plan ***Promote Healthy Women, Infants and Children Action Plan*** there are three separate focus areas: **1)** *Maternal and Infant Health*, **2)** *Child Health*, and **3)** *Reproductive, Preconception and Inter-conception Health*. Within each of these areas, county indicators and goals are delineated below, and county data is compared with state and national data, in light of pertinent goals set by the Prevention Agenda. In every one of these three focus areas there are significant disparities and risks that mirror environmental, historic and socioeconomic fault lines.

While biological/genetic and behavioral differences certainly play an important role in health risks and outcomes, as well as disease prevention, it has been amply documented for decades (or indeed centuries) that health risks for mothers and babies are linked closely with the social and poverty status of the mothers. In the US, insurance/Medicaid is an indicator of maternal socioeconomic status. Such maternal, infant, and child health risks include infant mortality, preterm birth (<37 weeks), maternal mortality, and substantiated child maltreatment. Race/ethnicity play an important role, but racial/ethnic classifications and identities are often dynamic and variable.

The mother's country of birth can be used to *roughly* define recently arrived members of refugee or migrant groups, who experience distinct health histories, burdens, needs, perceptions, and barriers in the pursuit of health and wellness. Such challenges include but are not limited to communication, acculturation, education, fresh food access, nutritional choice/diversity, consumption patterns, recreation opportunities, and stress.

There is geographic patterning of health and health care services, which has significant effects on both preventive and curative care, reflecting urban/rural or class differences. It includes trends in local and regional economic decline or development, proximity to a full-service grocery store, environmental pollution, transportation difficulties, availability and cost of health care providers and services (community clinics, hospitals or specialists), and neighborhood wealth disparities.

Certain zip codes have been identified in recent years as "hot spots," with significantly increased risks. The Mohawk Valley Perinatal Network's (MVPN 2013) provided detailed outcomes reports with racial/ethnic and Medicaid comparison data by zip-code, generated from the CNY Regional Perinatal Data System (CNY-RPDS), now the Statewide Perinatal Data System (SPDS) at SUNY Upstate Medical University. The SPDS, using birth certificate record information, provides each hospital with standardized quality-focused prenatal and pregnancy outcome information. This along with other county-level health and family planning statistics are summarized in MVPN's (2012-2013) assessments of county needs for Oneida and Herkimer counties. The data shows that Oneida County has three MCH zip-code hot spots, two in Utica and one in Rome – areas which present distinctive risk patterns and would likely benefit from targeted preventive efforts. A detailed account of zip-code health disparities follows below.

Prepared for the Community Health Foundation of Western and Central New York by Chapin Hall of University of Chicago, Barringer et al. (2009) created an environmental scan and recommendation report entitled "Improving Services for Pregnant Women and Children 0-1 in Central New York State," which focused on a target area of 8 counties, including Oneida County. While slightly older, this report provides helpful data for time trend comparisons.

Premature Births

According to a MVPN/SPDS (2008-2010), Oneida's overall rate of preterm births was 8.9%, with Medicaid births at 9.1%. Rates for higher-risk minority women were calculated for "hot-spot" (or high risk) zip-codes. In zip-codes13501 and 13502, African American women's preterm births were as high as 15%. Other rural zip-codes had higher similar rates as well. The SPDS data differs from that reported online by the NYDOH (below), as it reflects only 7 select zip-codes. Oneida County's disparity score for Black women substantially exceeds both NYS or US, with Black non-Hispanic mothers having almost twice as the rate of premature births compared to white non-Hispanics.

INDICATOR	Base-line Years	NYS Base-line	Prev. Ag. Objective 2013-2017	US (if avail)	US Data Years	HP 2020	ONEIDA County
Percentage of preterm births (<37 wks gestation)	2010	11.6	10.2	12.0	2010	11.4	12.1
Ratio of Black non-Hispanics to White non-Hispanics		1.58	1.42	1.6	2010		1.96
Ratio of Hispanics to White non-Hispanics		1.24	1.12	1.1	2010		1.25
Ratio of Medicaid births to non-Medicaid births		1.10	1.0	NA			1.22

SOURCE: *Indicators for Tracking Public Health Priority Areas from the NYSDOH* (7/13/ 13): http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/nys.htm
AND County Tracking Indicators for the Priority Areas from the NYSDOH Website: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm

Breastfeeding

Breastfeeding has well documented health benefits for both babies and mothers, such as reduced rates of ear infections, gastroenteritis, and obesity later in life. It has a protective role against breast cancer, as well as diminishing post-partum depression and weight gain for the mother. Along with hospitals and lactation consultants, the MVPN and its partner The Mohawk Valley Breastfeeding Network took leadership roles promoting and supporting breastfeeding in the Mohawk Valley, as well as assisting and educating employers about the new breastfeeding law.

Breastfeeding in the hospital

Data on disparities point to much lower rates of breastfeeding among Black and Latina women (below) in the hospital. Half as many Black non-Hispanic women breastfeed exclusively in the hospital compared to white non-Hispanics.

Breastfeeding Exclusivity in the Hospital

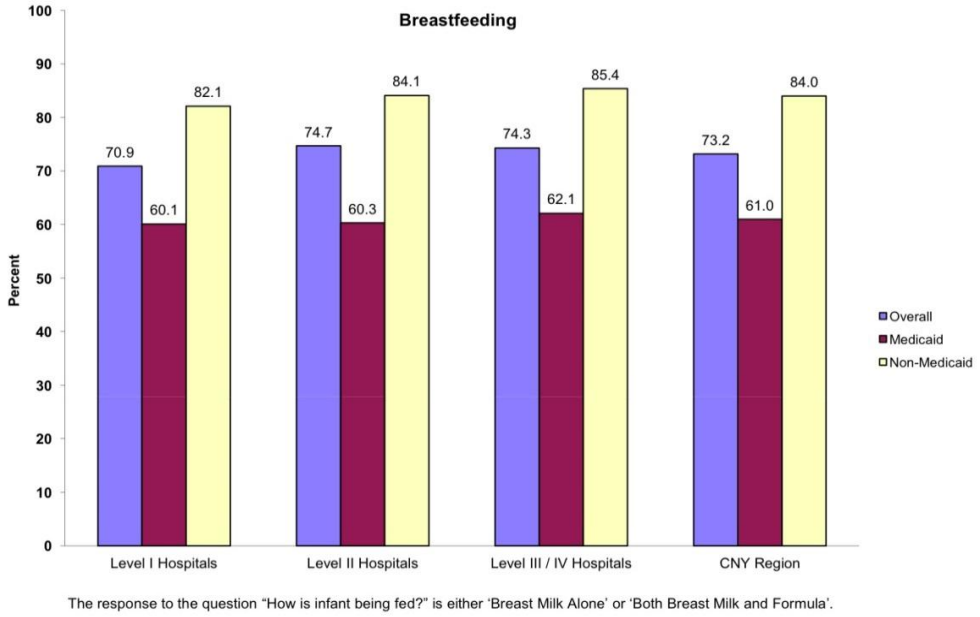
INDICATOR	Base-line Years	NYS Baseline	Prev. Agenda Objective 2013-17	ONEIDA
Percentage of infants exclusively breastfed in the hospital	2010	43.7	48.1	44.4
Ratio of Black non-Hispanics to White non-Hispanics		0.52	0.57	0.47
Ratio of Hispanics to White non-Hispanics		0.58	0.64	0.61
Ratio of Medicaid births to non-Medicaid births		0.60	0.66	0.55

SOURCE: *Indicators for Tracking Public Health Priority Areas from the NYSDOH* (7/13/ 13):
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/nys.htm
AND County Tracking Indicators for the Priority Areas from the NYSDOH Website:
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm

The 2009-2011 Vital Statistics Data as of February, 2013 show the percentage of infants fed exclusively breast milk in the hospital at 45.1% for Oneida County (40.5%, NYS). However, when compared to other counties in NYS, Oneida's rate is in County Ranking Group #4-least favorable.

According to hospital perinatal reporting (SPDS), Medicaid insured women in Oneida County breastfed at a lower rate of 51.9%, compared to the Overall rate of 60.7% (any breastfeeding). The chart that follows shows how patterns of breastfeeding vary by insurance status at the CNY regional level, with women in poverty (and on Medicaid) breastfeeding at a lower rates than overall and non-Medicaid women. Teens had the lowest rates of breastfeeding in Oneida County, at around 35.1% (1/3). Women in the hot-spot zip-codes 13501 and 13502 breastfed at rates of 28.9 and 33.3 respectively, which are significantly lower than the county average.

**BREASTFEEDING RATES IN CNY HOSPITALS*
ACCORDING TO LEVEL OF CARE**



*Includes any breastfeeding in the hospital - "Breast Milk Alone" or "Both Breast Milk and Formula"
Source: SPDS http://www.upstate.edu/obgyn/outreach/cmatch/programs/statewide_data.php

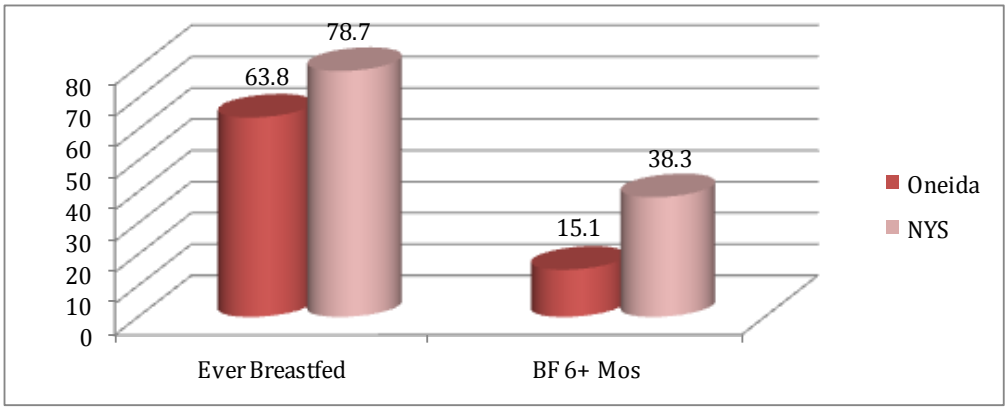
Birthing hospitals are ranked in three levels of care, with 3 providing the most highly specialized care (NICU) for premature, underweight, and sick infants. Among the two Oneida County hospitals with birthing centers, Rome Memorial Hospital is Level 1 and Faxton-St. Luke's Healthcare is Level 2. The closest Level 3 Hospitals are Crouse (designated a Regional Perinatal Center) and St. Joseph's in Syracuse. Infants with serious risks such as Very Low Birth Weight (VLBW) have to be transported to Syracuse. At 73.2% for the CNY Region, breastfeeding in the early post-partum comes short of the HP2020 goal of 81.9% or more. Smoking abstinence in pregnancy in CNY is currently at 74.7%, which also comes significantly below the HP2020 goal of 98.6%.

Maternity Services and Hospital Information for Oneida County is available at:
http://www.health.ny.gov/statistics/facilities/hospital/maternity/oneida.htm
and New York State Hospital Profile: http://hospitals.nyhealth.gov/

2011 Breastfeeding Rates According to the Pediatric Nutrition Surveillance
(Survey of participants in the Women, Infants, and Children supplemental food program)

Oneida County does fall behind in breastfeeding duration when compared to NYS.

2011



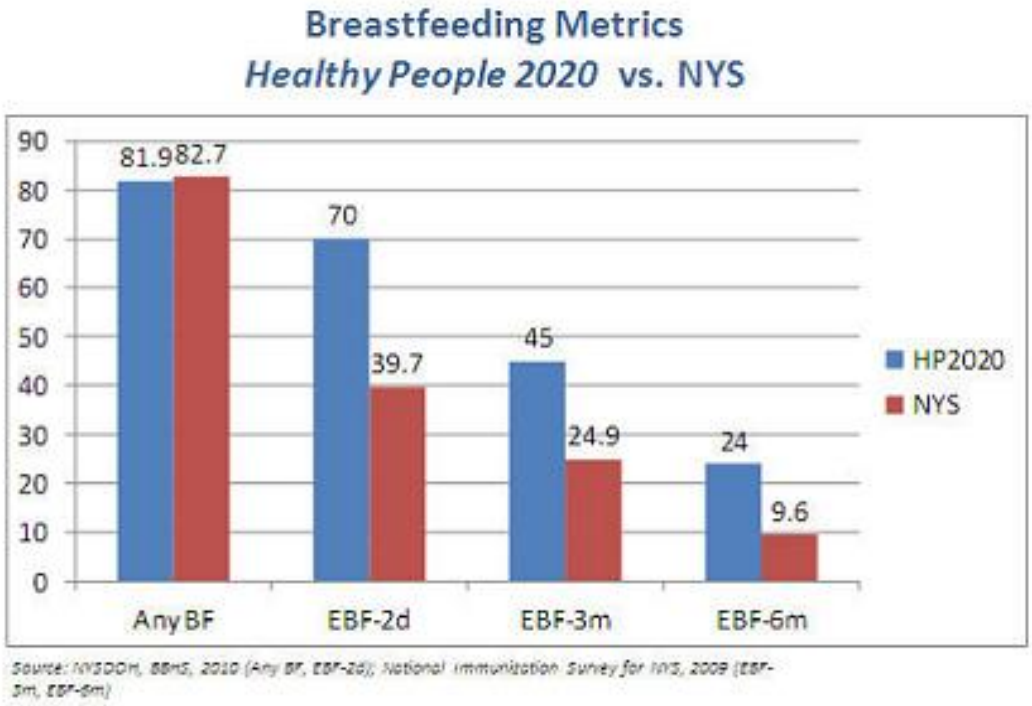
Source: 2011 Pediatric Nutrition Surveillance,
http://www.health.ny.gov/statistics/prevention/nutrition/pednss/2011/table7b.htm

The three year average 2009-2011 shows after discharge, only 16% of WIC mothers breastfed more than six months, compared to nearly 40% for New York State and almost half in the Hudson Valley (NYSDOH 2009-2011, Pediatric Nutrition Surveillance http://www.health.ny.gov/statistics/chac/general/g62.htm)

Percentage of WIC mothers breastfeeding at least 6 months

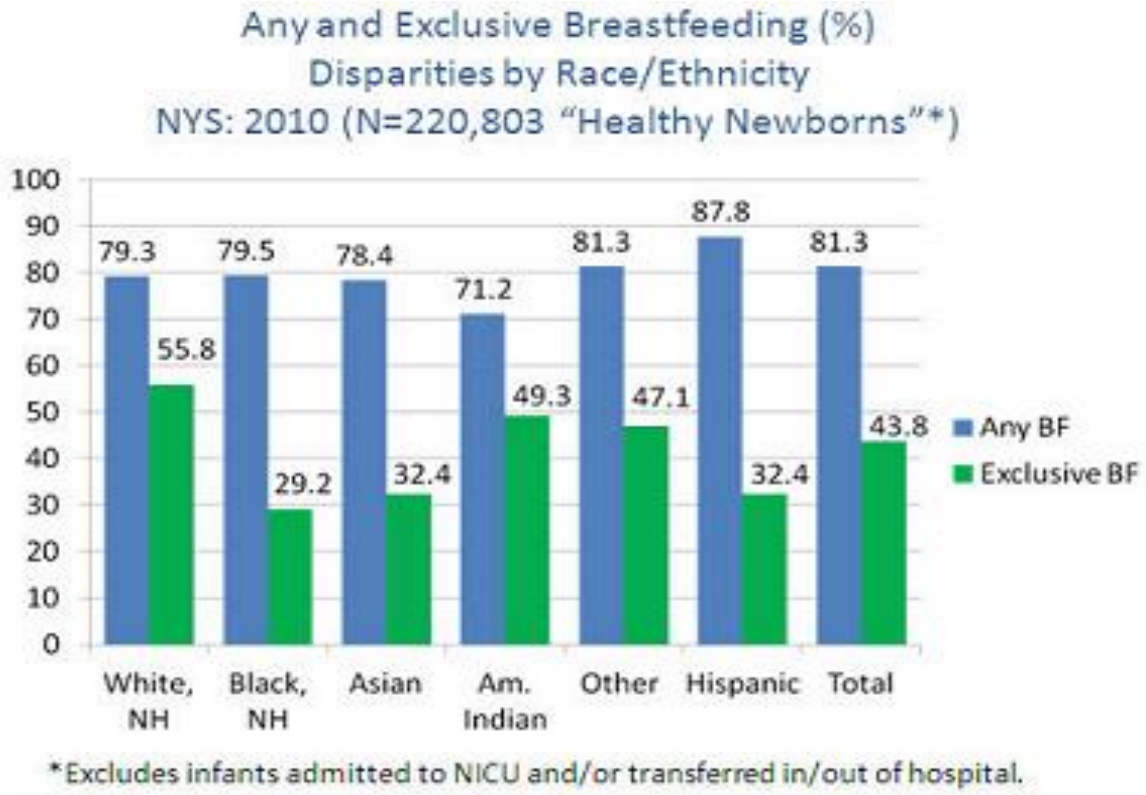
	Rate	
Year	**3-Year Average**	**NYS**
2009-11	16.1	38.3

Source:2009-2011 NYS Pediatric Nutrition Surveillance System Data as of September, 2013
http://www.health.ny.gov/statistics/chac/general/g62.htm



EBF: Exclusive Breastfeeding

The above chart shows that New York State comes quite a bit short of the HP2020 goals. The one below paints a visual picture of ethnic/racial/social disparities at the state level.



Maternal Deaths

Maternal deaths are a rare occurrence, but even one is one too many, since in most cases they can be prevented through regular prenatal care and close follow-up for all high-risk pregnant women. According to 2008-2010 data, maternal mortality was twice as high for Oneida County than for New York State. Racial/ethnic disparities ratios show Black women to be at higher risk. The Oneida County rate is unstable, being based upon 4 maternal deaths for 2628 live births between 2008 and 2010, according to Feb. 2012 Vital Statistics data.

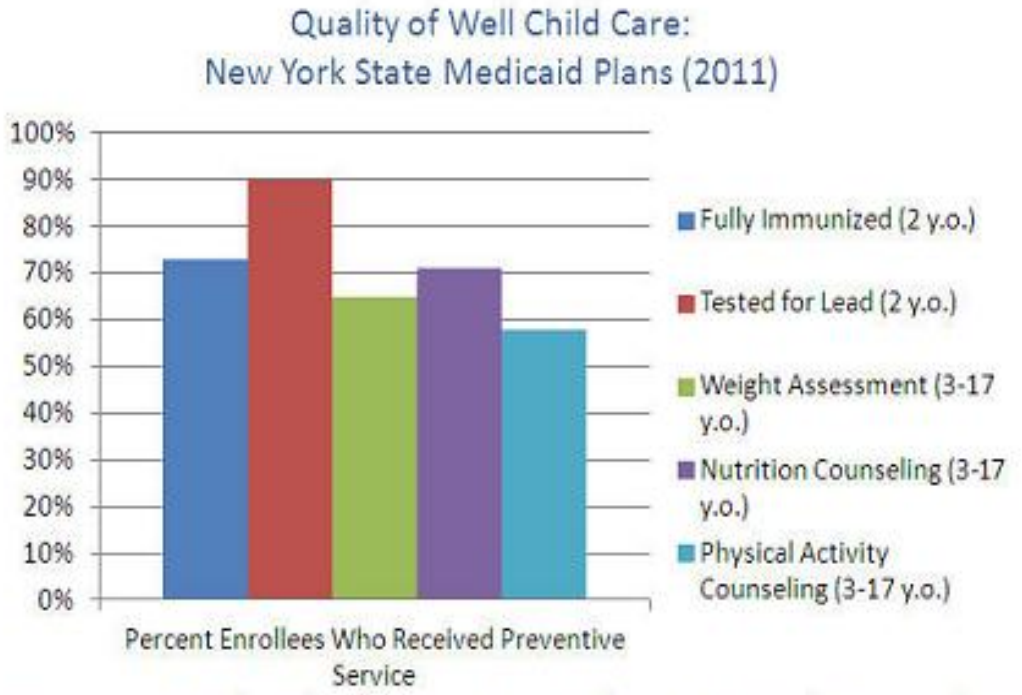
INDICATOR	Base-line Years	NYS Base-line	Prev. Agenda Objective 2013-17	US (if avail)	US Data Years	HP 2020	ONEIDA
Maternal mortality rate per 100,000 births **	2008-2010	23.3	21.0	15.1	2006-2007	11.4	50.7*
Ratio of Black non-Hispanics to White non-Hispanics		5.29	4.76	3.2	2006-2007		

* Fewer than 10 events in the numerator, therefore the percentage is unstable
** The maternal mortality rate per 100,000 live births for 2009-2011 Vital Statistics is 12.6* for Oneida County (22.4, NYS).
SOURCE: *Indicators for Tracking Public Health Priority Areas from the NYSDOH* (7/13/ 13): http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/nys.htm
AND County Tracking Indicators for the Priority Areas from the NYSDOH Website: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm

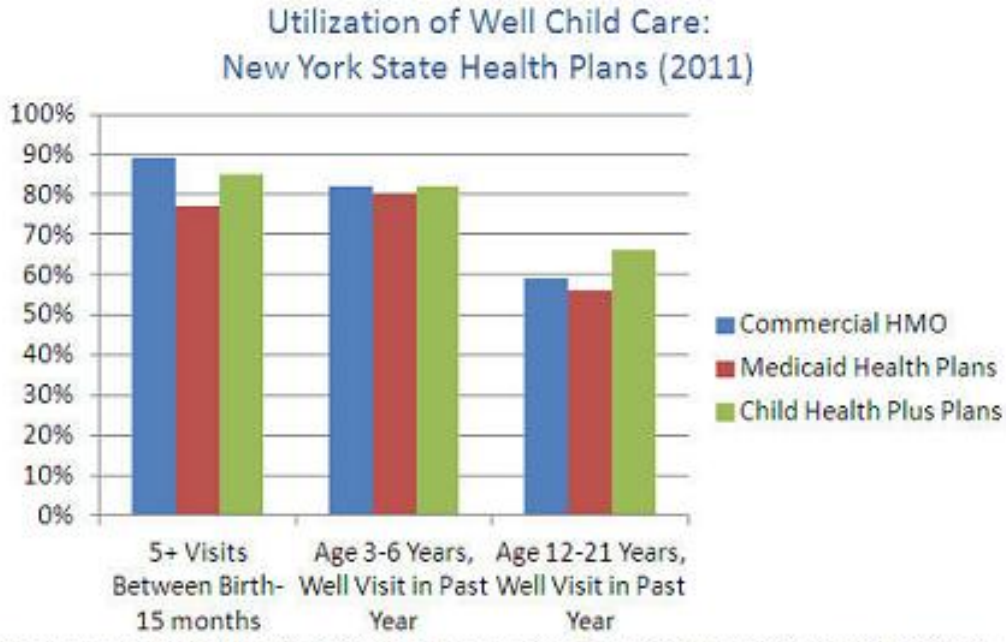
Children Accessing care and insurance

INDICATOR	Base-line Years	NYS Base-line	Prev. Agenda Objective 2013-17	US (if avail)	US Data Years	ONEIDA
Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs	2011	69.9	76.9	NA		67.7
Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs		82.8	91.3	NA		90
Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs		82.8	91.3	MA: 72 CHP: NA	2011	80.5
Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs		61.0	67.1	MA: 50 CHP: NA	2011	56.8
Percentage of children with any kind of health insurance - Ages 0-19 years	2010	94.9	100	90.2	2010	95.1 (CI 94.0-96.2)
Percentage of third-grade children with evidence of untreated tooth decay	2009-2011	24	21.6	22.9	1999-2004	29
Ratio of low-income children to non-low income children		2.46	2.21	NA		

MA = Medicaid, CHP: Child Health Plus, SOURCE: *Indicators for Tracking Public Health Priority Areas from the NYSDOH* (7/13/ 13): http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/nys.htm, AND County Tracking Indicators for the Priority Areas from the NYSDOH Website: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm



Source: 2011 NYS Managed Care Plan Performance: A Report on Quality, Access to Care and Consumer Satisfaction



Source: 2011 NYS Managed Care Plan Performance: A Report on Quality, Access to Care and Consumer Satisfaction

*All age ranges are not represented in the above chart because graph was intended to show larger time trends across age groups, specifically decline in well care utilization between early and late childhood.

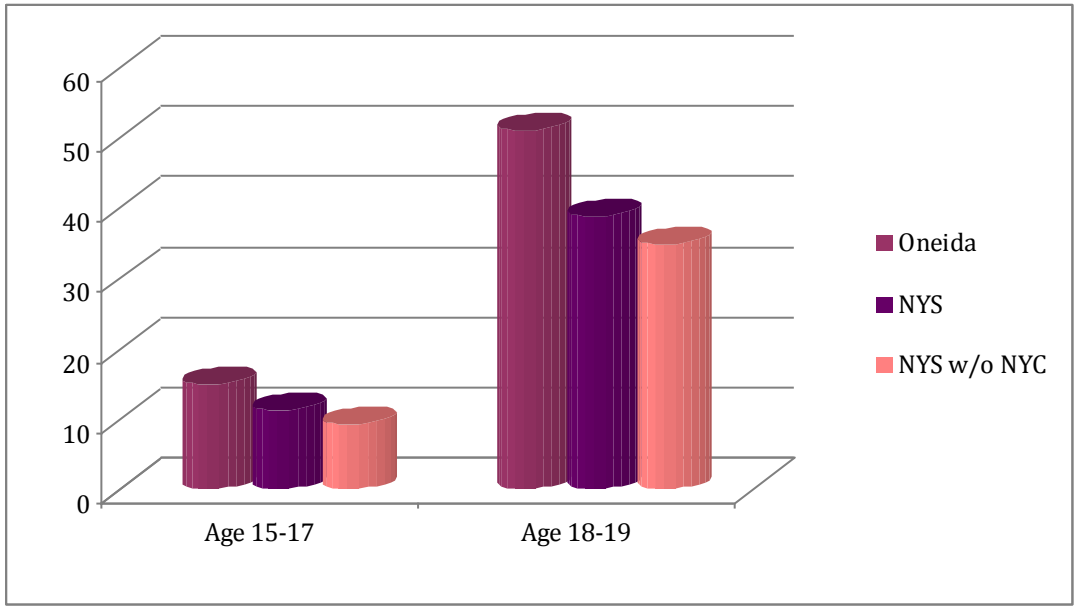
Dental Health in early childhood

The importance of Dental Health in early childhood and the impact of untreated tooth decay have come to the fore as an important aspect of child wellbeing, correlated with many other health status measures (short and long-term), as well as school attendance and performance. Low-income children are more likely to suffer untreated tooth decay, in part due to a shortage of dentists who accept Medicaid. In Oneida County, 29% of third grade children have signs of untreated tooth decay, compared to NYS 24% and the prevention agenda objective of 21.6% (NYSDOH Indicators, 2009-2011). Source: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/oneida.htm.

Unintended and Adolescent Pregnancy

Adolescent and unintended pregnancies are highly patterned along social and economic variables such as age, race/ethnicity, and education. In 2011 Oneida County had higher teen fertility rates compared to New York State, and even higher than New York City.

TEEN FERTILITY RATES BY MOTHER'S AGE 2011



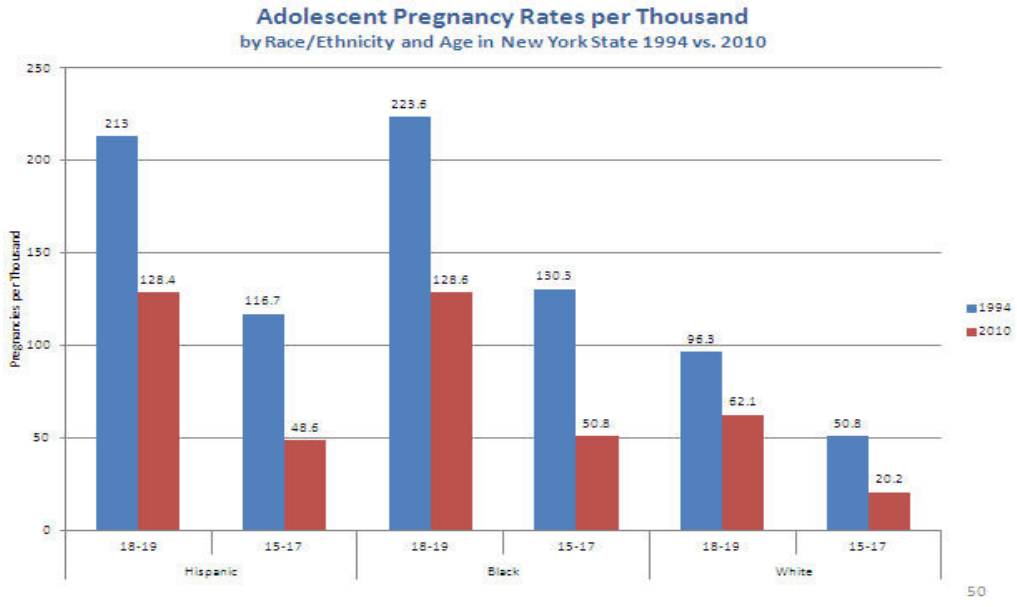
*fertility rates based on live births per 1,000 female population
SOURCE: http://www.health.ny.gov/statistics/chac/indicators/fp.htm

Oneida County has a higher percentage of births to teens 15-17 (2.7% of live births) than New York State (2%).
SOURCE: *2009-2011 Vital Statistics Data as of February, 2013,*
http://www.health.ny.gov/statistics/chac/birth/b2.htm

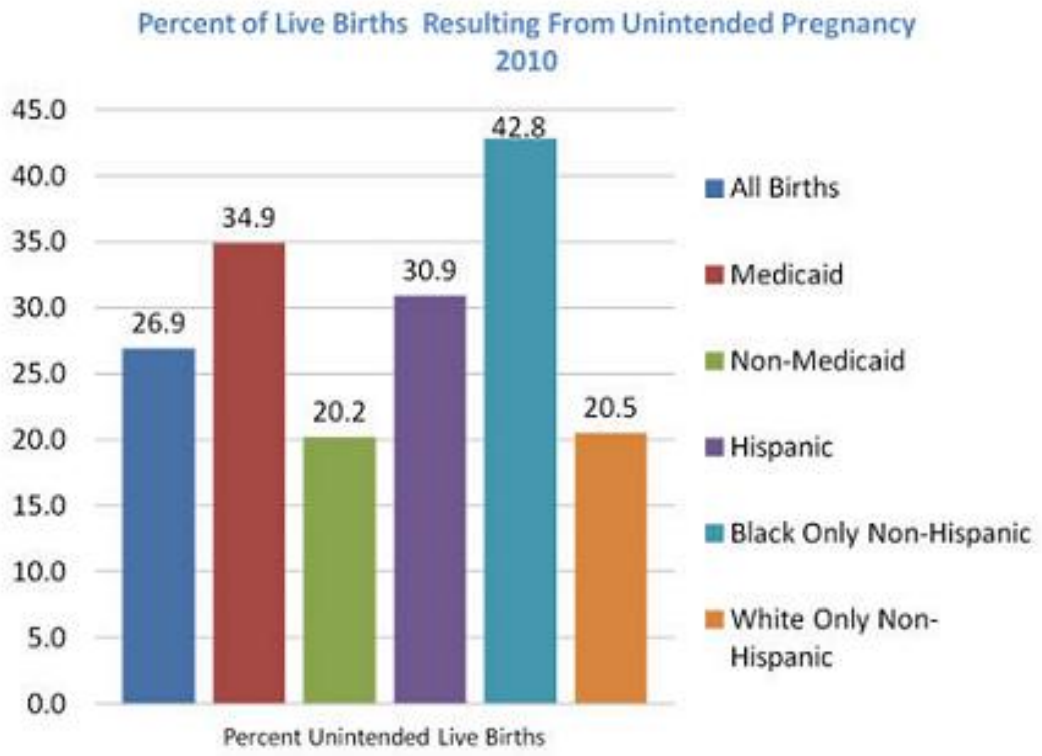
African American women had relatively high rates of unintended pregnancy (61.4%) and higher percentages of "no paternity acknowledged," as well as "not married" status at the time of a child's birth. The not-married-rate for Black women in the "hot" zip codes (13501 and 13502) was nearly 84%, a fair amount above Latina women and Medicaid recipients' rates, which were around 70%. These values were closely behind values listed for teens. The highest teen pregnancy rate was in zip code 13501, more than twice the teen pregnancy rate for Oneida County as a whole.

INDICATOR	Base-line Years	NYS Base-line	Prev. Agenda Objective 2013-17	US (if avail)	US Data Years	HP 2020	ONEIDA
Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2010	28.5*	25.6	39.5	2008	36.2	28.4
Ratio of Black non-Hispanics to White non-Hispanics		5.47	4.90	3.4	2008		4.04
Ratio of Hispanics to White non-Hispanics		4.58	4.10	3.2	2008		3.72

*Whereas the 2010 NYS baseline is 28.5, the 2008-2010 NYS rate was 31.1 per 1,000 females.
SOURCE: *Indicators for Tracking Public Health Priority Areas from the NYSDOH* (7/13/ 13):
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/nys.htm
AND County Tracking Indicators for the Priority Areas from the NYSDOH Website:
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm

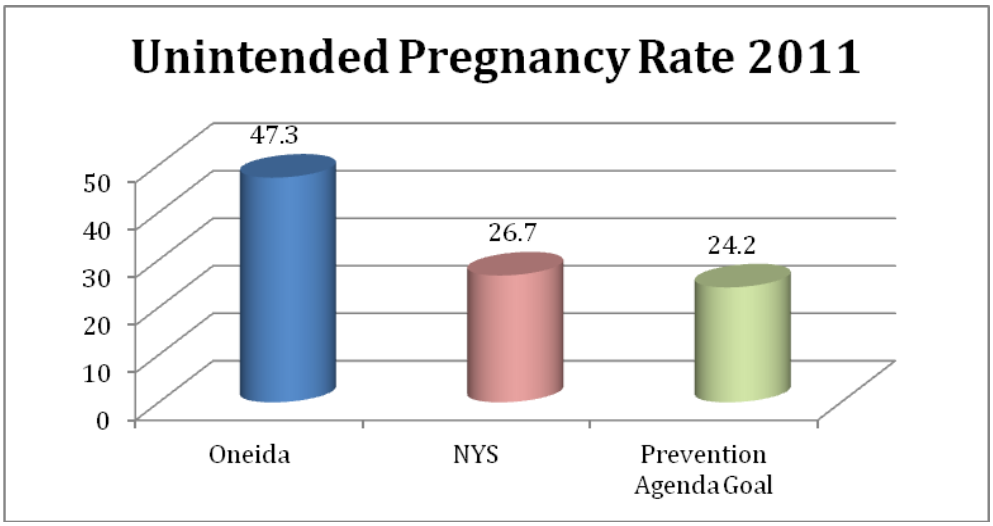


New York State teen pregnancy rates decreased between 1994 and 2010 (**above**).



SOURCE: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/focus_area_3.htm

With regards to adolescent and unintended pregnancy, local patterns of racial/ethnic disparities in Oneida County are overall similar to state and national patterns. State level disparities are represented in the above chart from the NYS prevention agenda website. According to 2011 data, Oneida women have had nearly twice the rate of unintended pregnancy (47.3%) compared to NYS (26.7%) and prevention agenda goal of 24.2%.



Source: "Oneida County Indicators for Tracking Public Health Priority Areas, 2013-2017" available at http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/oneida.htm

Utilization of preventive healthcare services and birth spacing

Oneida County measured up well regarding the percentage of women with health coverage, but much less favorably regarding birth spacing, with a quarter of all women becoming pregnant again within 2 years. This percentage is higher (28.9%) for Medicaid recipients, according to SPDS data reports for 2008-2010. Having a pregnancy within 24 months of a prior birth presents special challenges and risks for mother and her children/family, from physical and mental stress, to greater risk of poverty, dependency and maltreatment. The rates of spacing <24m exceed 30% for Latinas (Rome, 13440, at 38.6%) and African Americans (highest in Utica).

African Americans, recent refugees, and teens had higher rates of later/no prenatal care than Oneida County overall, at 12.1%, 14.9% and 12.4% respectively. The Oneida County rate was 4.7% in 2007, rising to 5.9% according to a MVPN/SPDS (2008-2010) report. Three quarters of WIC mothers received early prenatal care in Oneida County, falling short of the NYS rate of 85.6%.

INDICATOR	Base-line Years	NYS Base-line	Prev. Agenda Objective 2013-17	US (if avail)		ONEIDA
Percentage of women with health coverage - Ages 18-64 years	2010	86.1	100	80.8	2010	89.5 (88.0-91.0)
Percentage of live births that occur within 24 months of a previous pregnancy	2009-2011	18.9	17.0	NA		24.8

SOURCE: *Indicators for Tracking Public Health Priority Areas from the NYSDOH* (7/13/ 13):
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/nys.htm
http://www.health.ny.gov/statistics/chac/indicators/fp.htm

Utilization of Preventive Health Care Services

The 4 goals proposed by the CDC to improve preconception health:

1. Improve the knowledge and attitudes and behaviors of men and women related to preconception health.

2. Assure that all women of childbearing age in the US receive preconception care services (i.e., evidence-based risk screening, health promotion, and interventions) that will enable them to enter pregnancy in optimal health.

3. Reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period, which can prevent or minimize health problems for a mother and her future children.

4. Reduce the disparities in adverse pregnancy outcomes.

Johnson, K, Posner, SF, Biermann, J, Cordero, JF, Atrash, HK, Parker, CS, Boulet, S, Curtis, MG. (2006). Recommendations to Improve Preconception Health and Health Care - United States. MMWR, 55(RR06), 1-23.

FERTILITY/NATALITY INDICATORS, ONEIDA COUNTY (2009-2011)

Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group**
% of births within 24 months of previous pregnancy	(Table) (Trend) (Map)	1,976	24.8	18.9	Yes	21.1	Yes	3rd
Percentage of births to teens								
Aged 15-17 years	(Table) (Trend) (Map)	210	2.6	1.8	Yes	1.8	Yes	4th
Aged 15-19 years	(Table) (Trend) (Map)	739	9.3	6.2	Yes	6.5	Yes	4th
% of births to women aged 35 years and older	(Table) (Trend) (Map)	955	12.0	19.8	Yes	18.9	Yes	2nd
Fertility rate per 1,000 females								
Total (all births/females aged 15-44 years)	(Table) (Trend) (Map)	7,955	62.6	60.3	Yes	57.8	Yes	4th
Aged 10-14 years (births to mothers aged 10-14 years/females aged 10-14 years)	(Table) (Trend) (Map)	10	0.5	0.3	No	0.3	No	4th
Aged 15-17 years (births to mothers aged 15-17 years/females aged 15-17 years)	(Table) (Trend) (Map)	210	14.9	11.2	Yes	9.2	Yes	4th
Aged 15-19 years (births to mothers aged 15-19 years/females aged 15-19 years)	(Table) (Trend) (Map)	739	30.2	22.7	Yes	19.8	Yes	4th
Aged 18-19 years (births to mothers aged 18-19 years/females aged 18-19 years)	(Table) (Trend) (Map)	529	51.0	38.7	Yes	34.1	Yes	3rd
Pregnancy rate per 1,000 (all pregnancies/females aged 15-44 years) #	(Table) (Trend) (Map)	10,788	84.9	92.0	Yes	75.5	Yes	4th
Teen pregnancy rate per 1,000 #								
Aged 10-14 years	(Table) (Trend) (Map)	25	1.2	1.3	No	0.7	Yes	4th
Aged 15-17 years	(Table) (Trend) (Map)	396	28.1	28.5	No	18.3	Yes	4th
Aged 15-19 years	(Table) (Trend) (Map)	1,265	51.7	50.2	No	34.6	Yes	4th
Aged 18-19 years	(Table) (Trend) (Map)	869	83.8	80.3	No	56.8	Yes	3rd
Abortion ratio (induced abortions per 100 live births) #								
Aged 15-19 years	(Table) (Trend) (Map)	504	68.2	114.1	Yes	71.4	No	3rd
All ages	(Table) (Trend) (Map)	2,465	31.0	45.1	Yes	26.1	Yes	

SOURCE: New York State Department of Health, http://www.health.ny.gov/statistics/chac/chai/docs/fp_30.htm
The county ranking groups include four levels: 1 - most favorable to 4 - least favorable. These county ranking groups are categorized based on the quartile distribution of all county rates. **Note: for indicators where it is more desirable to have a higher rate (e.g., percentage of people with health insurance), the 1st category for the county ranking group includes counties with rates in the fourth quartile; while the 4th category for the county ranking group includes counties with rates in the first quartile.

ONEIDA COUNTY BIRTH-RELATED HEALTH INDICATORS BY RACE-ETHNICITY 2009-2011:

	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Birth-Related Indicators					
Number of Births per Year (3 Year Average)	2,050	217	121	187	2,652
Percent Births with Early (1st Trimester) Prenatal Care	76.5%	45.7%	45.6%	60.8%	70.9%
Percent Adequate Prenatal Care (Kotelchuck Index)	73.6%	39.8%	43.6%	57.0%	67.8%
Percent Premature Births (< 37 Weeks Gestation)	10.7%	19.3%	15.8%	13.0%	11.8%
Percent Low Birthweight Births (< 2.5 Kg)	6.7%	15.2%	8.3%	9.5%	7.7%
Teen (Age 15-17) Pregnancy Rate per 1,000	12.0	43.8	s	41.9	28.1
Total Pregnancy Rate per 1,000 Age 15-44 Females	62.1	91.1	90.1	96.9	84.9
Fertility Rate per 1,000 (All Births/Female Population 15-44)	57.0	79.6	86.3	86.6	62.6
Infant Mortality per 1,000 Live Births	5.4	10.7*	s	s	6.2

s Total suppressed for confidentiality

~ Fewer than 20 events in the numerator; therefore the rate is unstable

* Hispanics are not excluded from the Black and Asian/Pacific Islander categories. Pacific Islanders are not included in the Asian/Pacific Islander category

SOURCE: http://www.health.ny.gov/statistics/community/minority/county/oneida.htm

ADDITIONAL DATA AND NARRATIVE SOURCES:

Barringer, Erin; Elizabeth Jarpe-Ratner; Deborah Daro; Fred Wulczyn. (2009) "Improving Services or Pregnant Women and Children 0-1 in Central New York State. Environmental Scan and Recommendations," Prepared for the Community Health Foundation of Central New York. Chapin Hall at University of Chicago.

Feeding America – Map the Meal Gap (2013)
http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx

MVPN (2013): MCH Needs Assessments for Herkimer and Oneida Counties, documents of the Mohawk Valley Perinatal Network, Utica, NY (e-mailed to me). Contact: Diana Haldenwang, (315) 732-4657

Helmes, Benjamin D. (2013): "Food System Indicators for Oneida County, New York," A Thesis Presented to the Faculty of the Graduate School of Cornell University in Partial Fulfillment for the Degree of Master of Regional Planning.

SPDS: State Perinatal Data System at SUNY Upstate Medical University, also known as the CNY Regional Perinatal Data System. Contact : Pamela Parker, (315) 464-5706 –
http://www.upstate.edu/obgyn/outreach/cmatch/programs/statewide_data.php

NYSDOH brfss http://www.health.ny.gov/statistics/brfss/expanded/

NYSDOH indicators "Oneida County Indicators for Tracking Public Health Priority Areas"
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/oneida.htm

NYSDOH student http://www.health.ny.gov/prevention/obesity/statistics_and_impact/student_weight_status_data.htm

NYSKWIC.org http://www.nyskwic.org/get_data/indicator_narrative_details.cfm?numIndicatorID=31

US Census Bureau http://factfinder2.census.gov

USDA ERS http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atls.aspx