

2004 Community Needs Assessment
Planning Strategy and Outcomes Summary

Cayuga County Health Department

February 24, 2005

Planning Strategy

The Cayuga County Health Department began developing its approach to completing its 2005-2010 CHA during 2003. It had been cultivating a valuable, and mutually-rewarding, working relationship with the local United Way and its Human Services Coalition. The Human Services Coalition's membership includes over 75 local agencies plus many community/citizen members. In early 2003, the county presented its recently updated Consolidated Assessment Tool to the community. It was an important step to further convene community players to orient them to the tool and understand areas which needed further development, such as homelessness, the area of mental health services, etc. A meeting with the Coordinating Council of the Human Services Coalition of Cayuga County was dedicated to reviewing the gaps in data in the Assessment Tool, brainstorming sources of data, and identifying other community problem areas/concerns required supporting data or possibly community action. Through leadership from the Coalition and support from the county, the Coalition Task Groups pursued the gathering of local information and data to help begin filling in what gaps existed. The Task Groups involved were: Adult & Community, Children & Family, Elderly & Disabled, and Needs Assessment. As a result, the effort not only helped to provide sources of data to update the needs assessment tool, but helped the Coalition set its task group goals for 2004 in light of the data gaps and community needs.

By the close of 2003, the Health Department had chosen an assessment and planning strategy. The strategy, designed and implemented during 2004, incorporated activity which continued to be dedicated to community input.

I. Structure: The department identified key players important to the process. The majority of these professionals served as directors of the Cayuga Community Health Network Board. In an effort to avoid duplication of effort, as well as respect the existing demands on these stakeholders' time, agreement was reached by the Network Board of Directors to become the core of the department's Community Assessment Team. This group of primary stakeholders was supplemented by DHHS staff as well as the United Way staff who function as managers of the local Human Services Coalition.

In addition to those above, the core team represented the following organizations: Auburn Memorial Hospital, County Chamber of Commerce, NY Farm Network, East Hill Family Medical, McQuay International, County Nursing Home, Catholic Charities of the Finger Lakes, Cayuga Counseling Services, Phillip Gioia, MD, MPH, (Pediatrician), Auburn City Drug Court, and Family Ties Network, Inc.

II. Assessment Team Mission and Role: "Through team members' expertise, and input from other key informants, contribute to an assessment of the availability and accessibility of the community's health care and social service resources". The team would participate in a series of meetings to (1.) interpret and react to existing information on health-related and other human service areas, and (2.) offer professional opinions on accessibility, availability and acceptability of services as well as priority issues.

III. Process: Five Community Health Stakeholder Assessment Team meetings were held during the first half of 2004. The first meeting was an organizational meeting and work session with concrete outcomes. The team was presented with an overview of the work accomplished in the community during 2003 to address local priority areas such as Homelessness, Mental Health and Substance Abuse Services, Transportation, Impact of State & Federal Budget Cuts, etc. The team also received a presentation of key data resulting from the department's 2002/2003 data collection and analysis process.

[Information and Data presented to the team included: leading and actual causes of death; tobacco use; overweight and obesity facts and trends (adults and children); alcohol and substance abuse treatment; suicide; self-inflicted injuries; and aging and disabilities. The issues of maternal-child health, asthma, under and uninsured, dental health, school readiness and child care resources were presented as those issues of on-going concern in the community.] Finally, the team was charged with identifying, from their experience, the major factors impacting the health status of Cayuga County's residents.

A. Outcomes of Meeting One:

- Stakeholders contributed information on areas they were concerned about as well as informed the department on strides made in particular areas.
- A dynamic list of priority issue areas was created based on local data, their professional expertise and personal knowledge of the issues (see below).
- A decision was made to pursue particular priority issues by inviting key experts to provide detail to the discussion at subsequent team meetings.

Priority Issue Areas

1. Tobacco Use
2. Overweight & Obesity - Prevalence
3. Diabetes - Incidence
4. Aging & Disabilities – Future Implications
5. Alcohol & Substance Abuse – Incidence
6. Suicide Death Rates
7. Self-Inflicted Injuries – Hospitalizations, Incidence
8. OMRDD Population - Needs
9. Dental Health- Access
10. Out-Sourcing for Specialty Care
11. Transportation Adequacy -Disabled, Rural, etc.
12. Poor Housing Stock - Safe, Available, Affordable, Accessible, Supportive
13. Local Approaches to Health – Adequacy of Strategies for Prevention
14. Employment - Job Opportunities
15. Maternal-Child Health
16. Asthma- Incidence
17. Under and Uninsured - Access to Care
18. Health Insurance Limits (Medicare, Prescription Drugs) - Impact
19. Mental Health – Lack of Child Psychiatric Care
20. Substance Abuse Services - Adequacy
21. Child Caregiver Resources - Adequacy

22. Children - Poor Dental Health & Access
23. Child School Readiness Resources - Adequacy
24. Children with Special Needs
25. Youth/Adolescents – Risky Behaviors & “Poor Life & Health”
26. Funding Impacts on Local Services – “Form following Finance”
27. Local Economy - MA Increases & its Impact

As is evident, yet not surprising, the list of issue areas identified by the assessment team to integrate into the department’s planning process was lengthy. (Note: The department regarded the list as quite comprehensive though not likely to be an exhaustive list of the issues impacting the community’s health and well-being. However, this team process would not, and could not, deal with the universe of issues. Nor would the team operate as the sole source of input to the department.) The list was reviewed and evaluated for use by the team during the time limited planning process. It was assessed for duplication of effort, whereby those issues being addressed by the community at large were set aside. The issues were then assessed by predicted success. In other words, they needed to be doable and realistic given the time constraints. Finally, those issues chosen would need to be consistent with the team’s (and local key informants’) interests, strengths and expertise. If so, they were most likely to be developed into a valuable product for the department’s priority setting.

Based on the evaluation, the remaining issues were broken down into two areas:

1. Access to Services; and
2. Life and Health /Chronic Disease Prevention

B. Three meetings were held to cover the issue areas. Key informants were invited to each to help put more precision to the topics at hand as well as provide constructive and realistic advice on strategies. Each guest was asked to speak to the challenges they perceived, share concerns and provide views on community action. The meetings covered the following:

Access to Services

The System:

- Out Sourcing for Specialty Care
- Under and Uninsured
- Health Insurance Limits

Our Youth:

- Children with Special Needs
- Children - Dental Health
- Psychiatric Care for Children
- Youth Alcohol & Substance Abuse

Life and Health /Chronic Disease Prevention (Part 1)

- Aging Residents – Local Implications, Service Capacity, Prevention Strategies
- The Physically & Mentally Disabled – Prevalence, Needs
- Asthma – Prevention & Disease Management
- Diabetes – Prevention & Disease Management

Life and Health /Chronic Disease Prevention (Part 2)

- Tobacco Use
- Overweight & Obesity
- Community-wide Dental Health
- Alcohol & Substance Abuse
- Suicide and Self-Inflicted Injuries - Hospitalizations

C. The final meeting provided the opportunity for the team, and invited key informants, to review the significant information gathered through the assessment initiative. It was vital to discuss and add clarification to the assessment results. Health Department staff also provided comment on the results, the process for integrating the information into their internal planning activities and plans to bring the Community Health Assessment Focus Area Strategies back to the community. A list of over thirty individuals who participated is available from the Health Department.

Assessment Outcomes

Several of the issue areas identified by the assessment team, and local key informants, were clearly priority areas requiring action yet beyond the mission and scope of the Health Department. They were the following: county-wide transportation, housing, employment and the local economy. It is important to include these issues as areas of concern for our community. They represent basic components of the county's infrastructure and well-being which have significant impact on the lives of its residents.

In addition there were priority areas which fell under the auspices of other community systems (having primary responsibility and oversight). Although not issues the Health Department was able to adopt for its action plan, the Department will support the work of local partners as they respond to these key areas, i.e. our local mental health, child care, aging and disabled, school readiness, and substance abuse providers.

A. Mental Health:

According to the Cayuga County Mental Health Clinic, approximately 400-450 children in the county suffer serious and persistent mental illness. A number of issues relating to their care surfaced through our needs assessment process. Local professionals reported seeing more severe mental illness at an earlier age. There are more local children (as young as 5 years of age) with severe mental health problems

who are reaching out to drugs and alcohol to cope. There are a number of areas where resources are lacking. There is no adolescent psychiatry unit in county. There is a lack of resources for emergency psychiatric care for children. It is possible for children and their families to wait in ER 24 to 36 hours for treatment/transfer. There is a lack, in the local community, of professional staff who provide psychiatric care for children. This problem is compounded by fewer mental health professionals being trained nationally and state-wide. Through the Children's Coordinated Services Initiative (CCSI), the home certified by NYSOMH has only one (up to 21 day) respite bed. There is a reported need for more than one bed, however, additional state funding is unlikely. The County Mental Health Clinic and the community will begin addressing these problem areas.

The value of early intervention with children and mental health was an important issue raised through the needs assessment process. Evidence-based practice has demonstrated that early intervention with young children can help prevent behavioral problems, mental illness, failure in school, etc. Routine screenings of children for depression, at or around puberty (age 12), are not done routinely. This is an early intervention activity recommended for the community. We are fortunate that the Primary Mental Health Project, through Partnership for Results, has run prevention screening of children (grades K-3) for emotional problems.

United Way took the lead in the discussion to bolster the community's early intervention efforts on behalf of children. Success by Six is an effective program for early intervention with children and a valuable asset to the community. In addition, Head Start is a program worthy of praise for their work in early intervention with families. Work will continue to raise awareness of the importance of early intervention activities as well as include efforts to enhance initiatives within the community to detect mental health, or other issues, early.

B. Suicide and Self-inflicted Injury:

In New York State, suicide is the third leading cause of death for youth ages 15-19. Self-inflicted injury hospitalizations is an important indicator of suicide "attempts" and mental health status. Data on self-inflicted injuries in Cayuga County are troublesome. Although the average rate of hospitalizations from self-inflicted injuries for youth ages 15-19 declined over the course of 1995-97 (277.2/100,000), 1999-01 (197.3/100,000) and 2000-02 (179.8/100,000), the rate was higher than that of the region (126.6/100,000) and the state (92.1/100,000). Cayuga had the third highest rate in its region during 2000-2002. The average rate of hospitalizations from self-inflicted injuries for younger adolescents ages 10-14 years also declined over the course of 1995-97 (63.1/100,000) and 1999-01 (42.4/100,000) yet once again the rate is much higher during 1999-01 when comparing to that of upstate New York (19.1/100,000) and the state (18.6/100,000). This issue will be a part of the mental health agenda in our community. We are hopeful that local efforts to educate the public about suicide will utilize the SPEAK program.

C. Alcohol and Substance Abuse:

Information gathered on alcohol and substance abuse raised concerns in our community. For example, rates for alcohol related vehicles deaths and injuries, youth alcohol related auto accidents and youth DWI remain higher than upstate rates. During 2001 there were 724 admissions of Cayuga County residents to alcoholism and substance abuse treatment services. Of these, 21.4% were under age 18 as compared to 7.3% outside of NYC and 9.8% state-wide. According to the BRFSS, binge drinking by adults in our county was 17%, more than twice the goal for Healthy People 2010 (6%). It was reported that there is an increasing number of children seen in protective services who are addicted to drugs. Also, there continues to be a lack of alcohol and substance abuse related services in the rural areas.

According to the Cayuga County RAP (Reduce Adolescent Pregnancy) Coalition, a significantly higher percentage of Cayuga County youth use alcohol and drugs (69.1%) than do youth throughout the United States (57.4%). The Auburn Drug-free Community Survey taken at Auburn High School in May 2003 and May 2004 revealed that use of alcohol by both 10th and 12th graders far exceeded the national goals for Healthy People 2010. These students' use of alcohol, within the 30 days prior to the survey, was more than three times the Healthy People goal for substance use. The well-documented connection between adolescent drug use and unintended pregnancy is potentially one reason that three teenagers become pregnant and two babies are born to teen parents in Cayuga County each week. The vast majority of these pregnancies are among 18 and 19 year olds.

Confidential Help with Alcohol and Drugs (CHAD) reported that their cases have become more complex and that there are many local youth with substance abuse problems who are untreated. The ages of users are dropping (evidence of alcohol, cigarette and pot use in 6th graders). In addition, they reported the following in relation to adolescents and substance abuse:

- There is need for a mechanism to bring all local adolescent programs together to create more of a system.
- They have not been successful in helping adolescents understand the health consequences of alcohol and substance abuse. Adolescents will choose jail time over treatment.
- Youth/adolescents do not stay with intervention programs. Sometimes this is due to parents who are not involved in helping their children keep appointments, etc.
- Insurance coverage limits the length of an inpatient stay resulting in too little time to treat the adolescent effectively.
- CHAD screens and advises their youth (clients) on the dangers of smoking yet there is little interest in the information, or in quitting. Tobacco use is up locally and is a gateway drug to other substances. Tobacco smoking is also used to cover the smell of pot.

D. Child Care & School Readiness:

Two long standing issues relating to our community's children and families have been the adequacy of child care and school readiness resources. These issues again rose to the surface during the 2004 assessment.

As a result of a decrease in the availability of resources, subsidized child care became less accessible to the county's working poor. From January, 2000 to December, 2004, there was a 50% reduction in the number of families receiving a subsidy from the DHHS, a decrease from 399 to 200. In 2000 a waiting list was created. Sixty (60) families were on that list in 12/04. During 2004, eligibility was reduced from 200% to 150% of poverty level. In addition, despite more than a three-fold increase in the number of subsidies provided by Childcare Council of the Finger Lakes between 2002 (11 families) and 2004 (37 families), a waiting list maintained by that agency now includes 37 families. Eligibility was reduced to families at 100% of the poverty level.

As previously mentioned under Mental Health, United Way took the lead in the discussion to bolster the community's early intervention efforts on behalf of children. Success by Six and Head Start are invaluable programs for school readiness and school achievement. It became evident that an investment needs to be made to raise awareness as well as to enhance these initiatives in Cayuga County. The LHD will support its partners in this effort.

E. Impact of Aged and the Impaired:

The role of the LHD re the impact of the aged & impaired translates into one of a participating partner (with special emphasis on the Project 2015 Coordinator, under the auspices of the County Office for the Aging). However, the magnitude of the issue warrants action on the part of the LHD in terms of immediate long term care and aging interventions. One example is addressing the high percentage of hospitalizations due to unintentional injuries of the age 65+ population through increased education on the prevention of falls.

In response to the data and input from the community, the LHD developed focus area strategies to address priority areas consistent with its mission. These strategies will be reported back to the community in 2005 in an effort to support coordinated, county-wide action planning.