

Cayuga County, New York

Consolidated Community Data : A Comprehensive Assessment and Planning Tool

Collection of information from local, state, regional and national sources:
Consolidating multi-organizational survey and needs assessment results,
data, trends and service priorities.

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INTRODUCTION **1**

BACKGROUND **1**
INTENT OF THE CONSOLIDATED ASSESSMENT TOOL **1**
HOW IT WAS DEVELOPED AND WHAT WAS INCLUDED **2**
“HARD DATA” AND PERCEPTION INDICATORS **2**
WEB-BASED DATA SOURCES DEFINED **3**
HOW TO USE IT **4**
MAINTENANCE AND QUALITY ASSURANCE **5**
COMMUNITY-BASED DATA INTERPRETATION **ERROR! BOOKMARK NOT DEFINED.**
RELEVANCE OF UPDATED DATA **5**

DATA HIGHLIGHTS **6**

I. PUBLIC HEALTH **6**
DISABILITIES AND AGING **6**
ALZHEIMER’S DISEASE AND DEMENTIA **7**
SOCIAL ISOLATION – ELDERLY **8**
FLU IMMUNIZATIONS – ELDERLY **8**
UNINTENTIONAL INJURIES – ADULT HOSPITALIZATIONS AND MORTALITY **9**
UNINTENTIONAL INJURIES AND THE ELDERLY **9**
UNINTENTIONAL INJURIES AND YOUTH **10**
MORTALITY TEEN **10**
PRENATAL CARE & RISK FACTORS **11**
SMOKING DURING PREGNANCY **12**
LOW BIRTH WEIGHT **12**
NEWBORN DRUG RELATED DISCHARGES **12**
INFANT MORTALITY **13**
TEEN PREGNANCY **13**
PERTUSSIS (WHOOPING COUGH) **14**
RISK FACTORS - OVERWEIGHT AND OBESITY **14**
RISK FACTORS - OVERWEIGHT AND OBESITY, ADULTS **14**
RISK FACTORS - OVERWEIGHT AND OBESITY, CHILDREN **15**
DIABETES **16**
DIABETES - HOSPITALIZATIONS **16**
DIABETES - DEATHS **17**
DIABETES LOCAL ISSUES: **17**
SUICIDE (SEE IV. VIOLENCE) **18**
ALCOHOL AND SUBSTANCE ABUSE **18**
ALCOHOL AND MOTOR VEHICLE INJURY/DEATH **18**
INTOXICATED YOUTH AND ARRESTS **18**
ALCOHOL AND SUBSTANCE ABUSE TREATMENT USE **19**
MENTAL HEALTH **20**
SELF-INFLICTED INJURIES **20**
SELF-INFLICTED INJURIES BY YOUTH **20**
DENTAL HEALTH **21**

TOBACCO USE AND DISEASE	22
LUNG AND BRONCHUS CANCER	24
BREAST CANCER	24
HEART DISEASE	25
ASTHMA	25
II. ADULTS	26
ALZHEIMER DISEASE AND DEMENTIA (SEE ALSO I. PUBLIC HEALTH)	26
PARENTING GRANDPARENTS	26
UNINTENTIONAL INJURIES AND THE ELDERLY (SEE I. PUBLIC HEALTH)	27
ASTHMA (SEE I. PUBLIC HEALTH)	27
III. CHILDREN/YOUTH	27
CHILD CARE (SEE VI. SYSTEMS)	27
DENTAL HEALTH (SEE I. PUBLIC HEALTH)	27
TROUBLING BEHAVIOR OF YOUTH	27
TEEN PREGNANCY (SEE I. PUBLIC HEALTH)	28
IV. ECONOMIC	28
UNEMPLOYMENT	28
CHILDREN	29
INCOME	29
V. FAMILIES	29
PARENTING SKILLS	29
CHILD CARE (SEE VI. SYSTEMS)	30
ALZHEIMER DISEASE AND DEMENTIA (SEE II. ADULTS)	30
VI. SYSTEMS	30
HOMELESSNESS	30
SHELTERS	30
CHILD CARE	30
AIDE SHORTAGE	30
FOSTER CARE	31
TRANSPORTATION	31
VII. VIOLENCE	31
SUICIDE	31
SUICIDE – YOUTH	31
CHILD ABUSE AND MALTREATMENT	32
DATA ARRAY	102
PUBLIC HEALTH	102
ADULTS	102
CHILDREN/YOUTH	102
ECONOMIC	102
FAMILIES	102
CENSUS	102
SYSTEMS	102
VIOLENCE	102

Introduction

Background

Before 1997, there was a Health Department and a Department of Social Service in Cayuga County. The missions of the two departments were interrelated. The separate departments were focused on promoting the well being of, as well as protecting, individuals and families in the community. The opportunity to be efficient in the application of resources, through joint strategic planning, to address these areas of shared responsibility, was limited. It made sense to merge these agencies and form one, the Department of Health and Human Services, DHHS. Following the merger, a new organizational mission and visions for its two divisions were developed, they are:

DHHS Mission: “We promote and protect the health and well-being of the individuals, families and the community we serve.”

Human Services Vision: “Through teamwork and innovation, we are committed to promoting the personal and economic self-sufficiency of the individuals and families we serve and assuring the protection of vulnerable children and adults. We recognize the valuable contribution of our staff and will provide opportunities for their continuous personal and professional growth.”

Health Vision: “Our team of caring, committed professionals will improve health, prevent disease and provide essential health services with the community as our partner.”

It was not efficient for the merged department to conduct two completely separate planning processes (to fulfill NYS Health Department and Social Services Department plan document requirements). The leadership of the integrated department requires comprehensive data, data that shows trends in the community, in order to effectively apply the resources of the divisions. Additionally, the State has advocated that counties integrate health and human service planning. This work represented a major step forward in coordinated planning as well as in providing the County with a comprehensive view of the needs of its citizens and how its resources can be deployed to meet those needs.

Intent of the Consolidated Assessment Tool

The development of consolidated needs’ assessment tool, this document, is a critical step for the County to take in creating a coordinated planning process. The Consolidated Community Assessment Tool is a work in progress. New data and

information from community agencies, as well as from other sources, is continually added to the tool. Trend data will be enriched over time. This will strengthen the County's ability to monitor the community's needs, as well as assess the progress toward meeting those needs.

This planning data supports the health department's response to the state's requirement for a Community Health Assessment, CHA. Data and information from the tool is analyzed and presented to key stakeholders during the community input and planning process.

In addition to being an invaluable aid to County level planning, there are other significant uses for the consolidated need assessment tool.

- It represents a very valuable resource to the development of funding/grant proposals on behalf of the community.
- It provides a comprehensive view of the health and human service trends for the public to examine.
- It can assist other community-based agencies in their planning efforts.

How it was Developed and What was Included

During 1999, all plans that had been prepared by departments of county government, including mental health, probation, alcohol and substance abuse and youth, were collected by health and human services (DHHS). Plans and needs assessments, prepared by local community agencies covering the previous six years, were also collected. DHHS departmental staff input sessions were held, as part of the 2000 planning process, and their results were incorporated into the tool. In an effort to gain additional input from the provider community, a mailing was sent to all community agencies. The mailing included a survey asking for access to their needs assessment and performance data. It also requested their written impressions/reactions to specific goal statements for Children & Family and Adult Services. Data from New York State, other databases, grant proposals, web-sites, written reports and documents were reviewed and evaluated. Information on community need, from all the sources, was compiled into a single spreadsheet workbook and analyzed. The end result was the boilerplate for the consolidation and assessment of community-related data to be updated on a regular basis.

"Hard Data" and Perception Indicators

Both hard data, such as the census, and people's perceptions/judgments, are valuable to conducting a community assessment. The data/information array, Section 3, includes both types of indicators. There are database statistics and there are perceptions of local residents i.e. service professionals and the public. Each

indicator in the array is linked to a source(s). The source(s), a local annual services plan, key actor survey/interviews, NYS Department of Health database, etc. enables the user of this tool to understand what type of information is reported.

Web-based Data Sources Defined

Local, state and national web-sites were drawn upon for the creation of this tool. The majority of data was retrieved through New York State departmental web-sites, which, in turn, provide links to federal sites such as the Center for Disease Control (CDC).

Sources are identified for each of the indicators/data contained in this tool. Each has particular parameters, which are important for the user to be familiar with. For that reason the following list of web-based data sources are explained.

1. MAPS, Monitoring and Analysis Profiles – Created and maintained by the NYS Office of Family and Children Services. It provides the latest available data on the following social services programs: Child Protective, Preventive, Adoption and Foster Care. Annual, and trend data, is reported by county. Based on the census, three upstate groups were identified as "comparable" for MAPS. Counties were grouped by those who were most alike in their Child Welfare Programs. Cayuga County was contained within Group 3, a data group of 39 counties believed to be comparable. Beginning with MAPS 2002 changes were made in the group compositions as a result of a new methodology. Cayuga County remained within Group 3, however three counties were removed resulting in a group of 36 counties.

2. SPARCS, Statewide Planning and Research Cooperative System – Maintained by the Bureau of Biometrics, NYS Department of Health. This data is accessed via the HIN (see #5 below). The system collects discharge data for hospital stays within NY State for information. Based only on geography, eight groups of counties were created. Cayuga County is part of Region 3 (North Central New York), a group of 11 counties. These counties are Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, and Tompkins. (All 11 counties are also captured within the MAPS Group 3).

3. BRFSS, NYS Behavioral Risk Factor Surveillance System - Maintained by the Division of Chronic Disease Prevention and Adult Health, NYS Department of Health. This on-going telephone-based survey surveillance system is used to monitor the statewide prevalence of risk behaviors in the adult population and the utilization of preventive services related to leading causes of disease, injury and mortality. County level and cluster prevalence rates are reported. Seven clusters were created to group counties with similar demographic and socio-economic population characteristics. Cayuga County is part of a cluster of 24 counties (Cluster 1). This cluster does not overlap with MAPS or SPARCS. The NYS Department of Health conducted the Expanded BRFSS project from July 2002 through July 2003 in 38

localities (individual counties and county groupings) comprising the entire state. This new data became available in the fall of 2004. It is important to note that data for Cayuga County is grouped with two other counties and therefore not county specific.

4. Healthy People 2010 Measures: Peer Counties, USHHS, HRSA (Health Resources Services Administration), Community Health Status Indicators Project - Cayuga County has a Status Report and is part of a group of 32 peer counties/areas from across the country. Peers are counties and county-like geographic areas grouped based on frontier status, population size, poverty status and age structure. To acquire more information go to www.health.gov/healthypeople/LHI.

5. HIN, Health Information Network – Established and maintained by the NYS Department of Health. It is a collection NYS data sources and links to other state and federal sites. It provides access to NYS County Health Indicator Profiles (CHAI), the Community Health Data Set (CHDS), BRFSS, SPARCS, NYS Department of Education School Report Cards, etc. The HIN is directly accessible by local health department employees through personal identification numbers. However, the NYS Community Health Data Set Web Site, health statistics organized by county of residence, is a public site.

6. The New York State Kids Data Book – Maintained by the NYS Council on Children and Families. The Kids Well-being Indicator Clearinghouse is a set of common goals, objectives and health indicators/data. Data can be found at www.nyskwic.org.

How to Use It

The tool document contains information relevant for planning purposes. The data array, Section 3, is laid out by topic area. Within each topic area, the indicators/data have been assigned keywords to help locate special interest material. The electronic version of Section 3 was constructed using EXCEL. All keywords are in lowercase in order to facilitate fast and easy searching for data in that electronic format. For each data entry the source(s) of that indicator/data are provided.

Here are the eight topic areas and, generally, how they are defined:

- 1) Public Health – Cancer rates, live births, etc.
- 2) Adults – Ages 20 and older
- 3) Children/Youth – Ages 0-20
- 4) Economic Health – Employment, poverty, etc.
- 5) Families – Parenting skills, single parents, childcare, etc.
- 6) Census – Relevant demographic data from the census

- 7) Systems – Access, supply and service delivery system issues, transportation, etc
- 8) Violence – Domestic and community

Most of the information/indicators are mutually exclusive by topic area, however there is some repetition of information/indicators when it has been important to do so. For example, problems with accessibility of childcare may be mentioned in Families as well as in Systems.

Maintenance and Quality Assurance

If this tool is to be a viable one for the county and the community, it is critical that all information added to the tool be accurate and reliable. A system must be in place that provides a central access point for new information/updates. The system must also be efficient and effective over time. To that end, DHHS has the responsibility of maintaining and updating the information in the Consolidated Community Assessment Tool. Simple protocols for individuals to provide data, reports, etc. are in place, as well as protocols for department to follow when adding information.

As updates are made available to the community, review of its contents is sought to insure accuracy. Feedback on inaccuracies is needed and is highly encouraged, at any time, for quality assurance.

Relevance of Updated Data – Causal Factors

As updated data collected it is compared to other counties, to the state or the nation and often looked at over time. It is not always clear if the information is positive or negative for the county. Not until those people who are closely involved with the issues review it will that be clear. Therefore some latest updates presented in this highlight section may require local interpretation in order to understand if the trends are indicating an issue to be concerned about, proud of or if different information is needed. Their goal is to determine a success or problem and if so why.

The following are examples of questions local professionals and experts might ask in the process to determine what newly updated data means: (If the answer cannot be determined, what new information do we need.)

Have there been any definition, eligibility or measurement changes to over this time frame which would explain a major change? Have any programs been discontinued or new programs implemented which impacted this issue and would help explain this trend we are seeing? Has there been a change in staffing or other resources (law enforcement, case workers, etc) allocated to addressing this issue?

Data Highlights

The following data highlights do not represent a summary of the entire data array presented in Section 3, nor do they act as “conclusions”. The highlights are excerpts taken from the data array. They are areas of information that stood out as well as areas where additional data would be helpful in order to express the magnitude of a community need. Any highlight of interest to the reader can be traced to its source, in Section 3, to establish its context.

Please note, many of the following issues are presented as how the county compares to others as well as a view over time. It is not always evident if the information is positive or negative for the county. It will become clear when those people who are closely involved with the issues review it. Therefore the latest updates presented in this highlight section require local interpretation in order to understand if the trends are indicating an issue to be concerned about, proud of or if different information is needed.

The following highlights are excerpts taken from the data array as of 10/2007.

I. PUBLIC HEALTH

Disabilities and Aging

According to the US census, there were 77,134 persons living in Cayuga County age 5 and older. Of these 14,336, or 18.6%, were non-institutionalized people age 5 and older with disabilities. Of the 14,336, 918 were ages 5-15 and 13,388 were age 16 and older. In Cayuga County, of those age 65 and over (11,284) 39.5%, or 4,453, were non-institutionalized disabled. This was higher than the upstate percent of 36.6. Of the 4,453, 1,645 (37%) identified a sensory disability; 2,962 (66.5%) identified a physical disability; 1,016 (23%) identified a mental disability; 885 (19.9%) identified a self-care disability (of these 71% were ages 75 and older).; and 2,058 (46%) identified a going outside of the home disability (of these 67% were ages 75 and older) .Notes: Disabilities are not mutually exclusive. Definitions *

* *Sensory: existence of long lasting blindness, deafness or a severe vision or hearing impairment. Physical: existence of long lasting condition which substantially limits one or more basic physical activity (walking, climbing stairs, reaching, lifting or carrying). A physical, mental or emotional condition lasting 6 months or more that made it difficult to perform the following 1. Learning, remembering or concentrating (mental disability); 2. Dressing, bathing*

or getting around the inside of the home (self-care disability); 3. Going outside the home alone to shop, or visit a Dr.'s office (going outside the home disability); 4. Working at a job or business (employment disability).

Compounding the issues of disabilities for those impaired can be living alone. The 2000 Census reported 10.4% of the county's total household population lived alone. In comparison, 29.5% of those age 60 plus and 42.5% of those age 75 plus lived alone in 2000. The likelihood of older residents having disabilities is high as well as the likelihood of their living alone.

The percentage of elders vs. non-elders will shift significantly by 2015 with nearly all of the New York State counties having 20% or more of their population comprised of people age 60 years or older. It is estimated that the number of people age 85+ will grow by 29% by 2015 in New York State. Applied to Cayuga County the census numbers and growth estimates are: 1040 age 85+ in 1990; 1,524 in 2000, 1914 in 2010 and 1975 in 2015. This represents an increase of 90%.

The impact in the percent of the population age 65+, with special emphasis on the 85+, living in Cayuga County has the potential to significantly change the complexion of the community: its economy, health care and social services systems, its family systems, its work force, etc. The health care system is currently well-used by our aging residents, for example hospitalizations for unintentional injuries, and chronic diseases. Data over the course of 1993 to 2003 reveals that approximately 40% of those hospitalized for diabetes related illness were those persons age 60 and older in Cayuga County. In addition, those age 65 and older are the patients whose hospital length of stay is likely to be the longest, 20 days or longer.

The county needs to join the rest of the state and the nation to prepare. It must study the demographics of the projected impaired, economics of the projected elders, size and capacity of its workforce, the changing demand and strain on the health care system, as well as the changing demand and strain on the informal caregivers, etc.

Alzheimer's Disease and Dementia

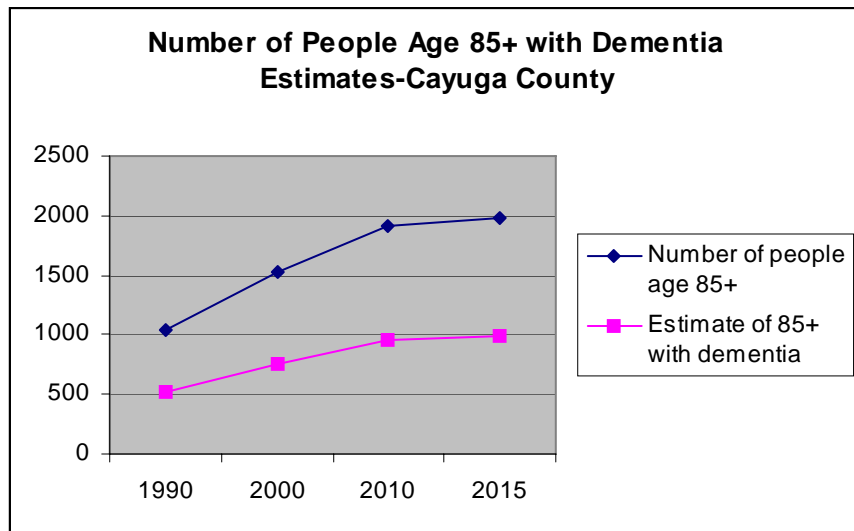
It is projected that there will be more people will live longer. The incidence of disease in Cayuga County will increase not only due to increases in the numbers of older people, but also because more people are living into their 90's and 100's. Increased longevity increases the prevalence of Alzheimer's Disease and other dementias.

Equally significant is the increase in the life span for a person living with the disease. Currently, the average life span for a person with Alzheimer's disease ranges from 8-20 years. As was seen in the area of HIV/AIDS health trends, new treatment drugs resulted in a significant increase in life span for those suffering from HIV/AIDS. The service system was required to evolve from supporting the dying to supporting the living. Similarly, it is projected that due to the drugs being developed for the

treatment of Alzheimer's disease, there will be more people living with the disease longer in the community. The service system will need to evolve in order to respond to the growing numbers of persons experiencing Alzheimer's disease and related dementia and their families.

The National Alzheimer's Association reported that 1 in 10 persons over 65 and nearly half of those over 85 have Alzheimer's disease. Using this formula it is estimated there were approximately 1,800 individuals living with Alzheimer's disease in Cayuga County and by 2015 there would be 2325, or an increase of 525 residents age 65+ with dementia. It is estimated that the 85+ cohort will grow 29% by 2015.

Applying the census numbers, the county's growth estimates are: 1040 age 85+ population in 1990, 1,524 in 2000, 1914 in 2010 and 1975 in 2015. This represents an increase of 90%. Based upon the statistic that nearly 50% of those age 85+ will have Alzheimer's disease or other form of dementia, a



conservative estimate of growth in Cayuga County suggests the following: an additional 207 persons 85+ afflicted with dementia by 2010 and an additional 238 persons 85+ afflicted with dementia by 2015. Alzheimer's is devastating to the individual and their family. There will likely be a 53% increase in the diagnoses by 2015 within the county. Those impacted will require significant support from their community.

Social Isolation – Elderly

A recurring theme by the work groups at the annual public hearing was the need to reduce isolation and increase opportunities for socialization. Reducing isolation could be a part of the solution to combat many of the issues, particularly Alzheimer's & dementia care, caregiver support, elder abuse/at-risk seniors, mental health concerns, and even improving health care outcomes

Flu Immunizations – Elderly

Influenza can be life threatening to older persons. The percentage of elders immunized statewide for influenza has not improved over time. In 1997, 64.5% of those age 65 and older were immunized for influenza statewide. In 2001, 62.5% and

in 2005, 61.8% were immunized for influenza. If the county rate mirrors the state trend there is room for improvement.

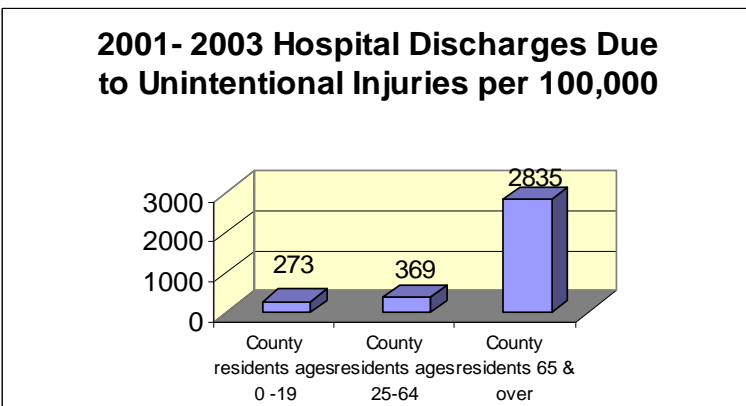
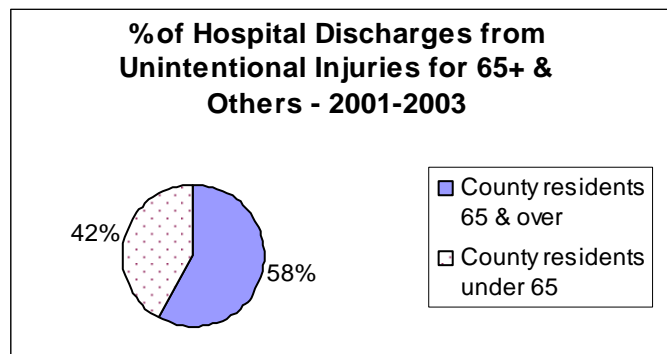
Unintentional Injuries – Adult Hospitalizations and Mortality

Comparing data between 1996 and 2003, the number of discharges due to unintentional injuries was fairly consistent in Cayuga County with rates higher than the region and the state. During the timeframe 2000-2002, the county remained third highest in Region 3 at 694.8 per 100,000 residents and was higher than both the regional rate of 620 per 100,000 and the state rate of 594 per 100,000. During 2001-2003 there were 1713 discharges in Cayuga County for a rate of 700.1. The county remained third highest in Region 3 and higher than the regional rate (623.5 per 100,000) and the state rate (601.9 per 100,000).

When comparing deaths due to unintentional injuries data from 1996-1998, 1998-2000, 2000-2002 and 2001-2003, there appears to be improvement and progress toward the Healthy People target of 21.7 per 100,000 residents. Over the course of 1998 -2000, there were 75 unintentional deaths in Cayuga County (29.1 per 100,000 residents) and a Region 3 rate of 30.3 per 100,000 residents. During 2000-2002, there were 66 unintentional deaths in Cayuga County (25.1 per 100,000 residents) and a Region 3 rate of 30.3 per 100,000 residents. The county was one of the lowest in Region 3. During 2001-2003, there were 65 unintentional deaths in Cayuga County (24.7 per 100,000 residents) and a Region 3 rate of 29.8 per 100,000 residents. The county remained one of the lowest in Region 3. New York State rate was 21.7. The Healthy People target is 21.7.

Unintentional Injuries and the Elderly

In Cayuga County, the 65+ age group constituted 54% (968) of all hospital discharges for unintentional injuries in during 1997 -1999. For the period 2000-2002, the percentage increased to 57% and to 58% for 2001-2003.



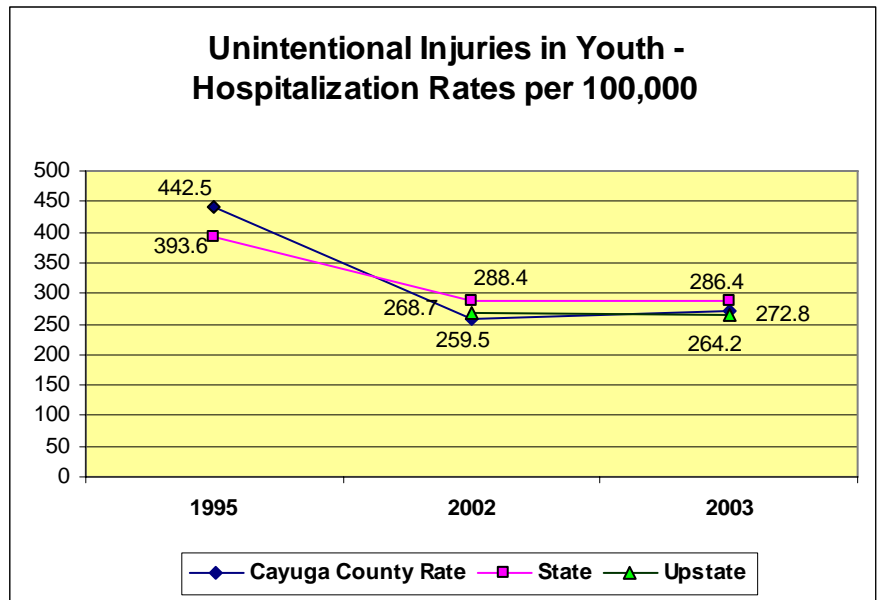
Cayuga County hospital discharges from unintentional injuries for the age group 25-64 was approximately 369 per 100,000. This compares

with 2,835 per 100,000 for the age group 65+.

Comparing data from 1996 to 2003, discharges of persons age 65+ due to unintentional injuries showed no improvement in Cayuga County, the region or the state. During 2001-2003, the county remained third highest in Region 3 at 2834.9 per 100,000 residents age 65+, was higher than the regional rate and was ninth highest in the state. The state rate was 2210.6. For the population age 65+ there were 970 hospital discharges over the course of 1998-2000, 968 from 2000-2002 and 1,001 from 2001-2003 in Cayuga County. Falls are, likely, the most common type of unintentional injury for those age 65+.

Unintentional Injuries and Youth

The number and rate of hospitalizations for unintentional injuries in children/youth 0-19 years in Cayuga County declined over time and then stabilized as of 2003. According to KWIC data, the number hospitalized during 2003 was 57, a rate of 272.8/100,000 children youth. The state rate for 2003 was 286.4/100,000 children and the upstate rate was 264.2/100,000.

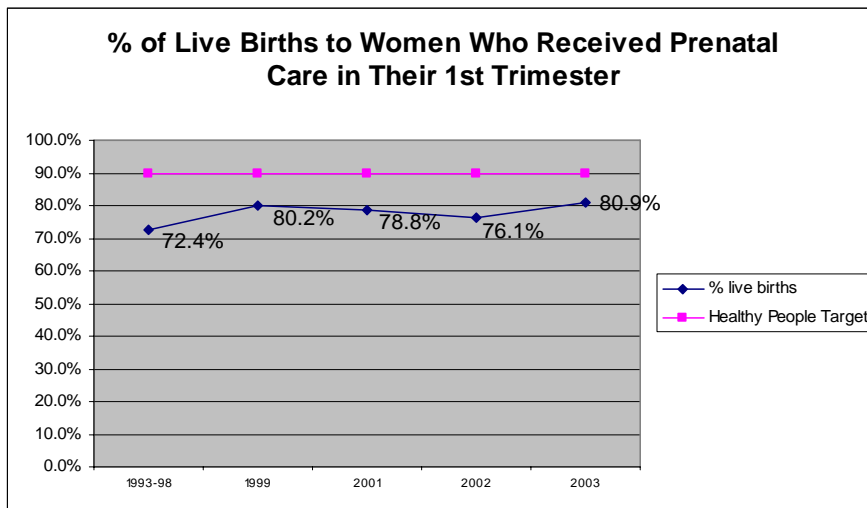


Mortality Teen

Comparison data from 1996 to 2003 shows some increase in the death rate over time of children ages 15-19 in Cayuga County with rates higher than the region and the state. Between 1996 -1998, there were 10 deaths, a rate of 61.3 per 100,000 population residents age 15-19. Between 1998-2000, 9 children died, a rate of 53.3

per 100,000. Region 3's death rate for children 15-19 was 54.6 nearly unchanged from the previous 3 years. New York State's rate during 1998- 2000 was 50.8. During 2001-2003, there were 16 deaths of children ages 15-19 in Cayuga County increasing the rate to 87.6 per 100,000. The county was above the regional rate of 53.9 and the state rate (which had dropped to 48.7).

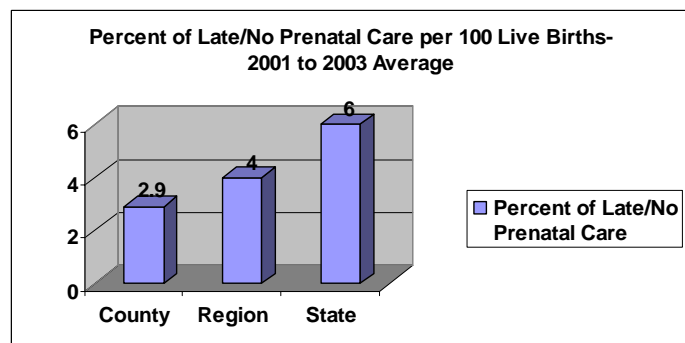
Prenatal Care & Risk Factors



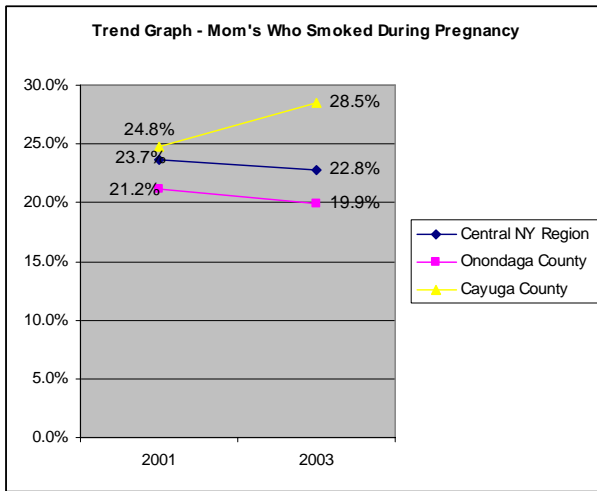
The efficacy of prenatal care in the 1st trimester is well understood. Statistics via the Kid's Well-being Indicators Clearinghouse (KWIC) show general improvement for the county over time.

From 1993-98, the average percent of births to women who received 1st trimester prenatal care was 72.4%. In 1999, the percent rose to 80.2%. In 2001 it was 78.8% and 2002 it dropped to 76.1%. It rose again in 2003 to 80.9%. The Healthy People 2010 target is 90%.

The percentage of late/no prenatal care per 100 live births has improved over time. The Cayuga County rate decreased and remained lower than the region and the state. Between 1990 –2000, the average percent was 3.3 in the county, 3.9 in the region and 6.8 in the state. Between 2001-2003 the average percent was 2.9 in the county, 4 in the region and 6 in the state. Cayuga was the second lowest in the region. However, there is considerable variance among the communities that make up Cayuga County (see data array; "live births, no/late prenatal care, county, zip code")



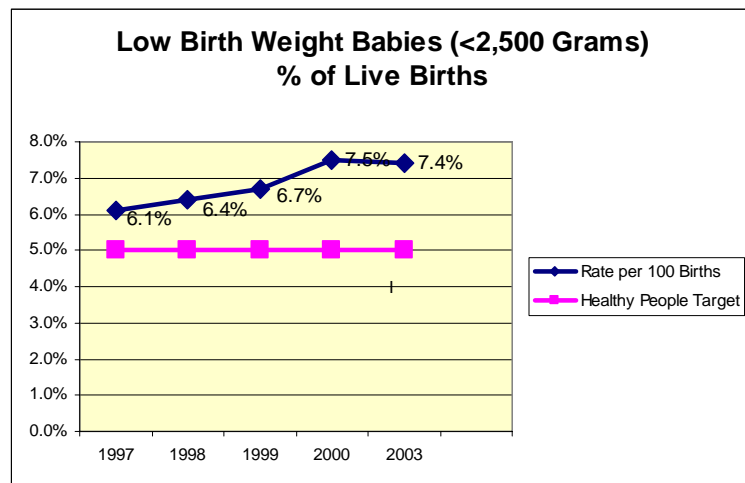
Smoking During Pregnancy



Smoking, during pregnancy, is a known risk factor. In 2001, according to the Central New York Regional Perinatal Data System, the percentage of mothers who gave birth in Cayuga County, and who smoked during pregnancy, was 24.8%. It was higher than Onondaga County (21.2%) and the region (23.7%). In 2003 the percentage of mothers who gave birth in Cayuga County, and who smoked during pregnancy, increased to 28.5%, a trend opposite of Onondaga County (19.9%) and the region (22.8%).

Low Birth Weight

According to data from KWIC, the percentage of low birth weight babies per live births has been increasing. The county rate was lower during 2002 than the state (8%) and upstate (7.6%). During 2003, the County percent was 7.4 and the state rate was 7.9. The Healthy People 2010 target is 5%. A factor which could possibly be affecting low birth weight data in the county is multiple births (twins) influenced by the use of fertility drugs.



Newborn Drug Related Discharges

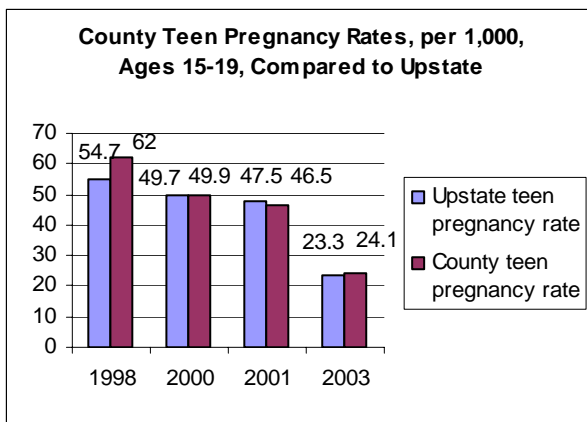
Although far below the state rate, when comparing two different three year periods, there was an increase in newborn drug related hospital discharges in Cayuga County. During 1998 -2000 there were two newborn drug related hospital discharges (a rate of 7.7 per 10,000 newborn discharges). The state rate was 70.4. During

2001-2003 there were four newborn drug related hospital discharges in Cayuga County at an increased rate of 15.7 per 10,000 newborn discharges. The state rate was 53.5.

Infant Mortality

Over time infant mortality has decreased in Cayuga County and progressing toward the Healthy People target rate. In the three years from 1995-1997 the infant mortality rate averaged 9.1/1,000 live births. 1999 data show considerable improvement, though the county's rate of 6.6/1,000 is still above the upstate and state rate (6.0 and 6.3 respectively). There were approximately 36 upstate counties with rates lower than Cayuga County. The infant mortality rate for Cayuga County during 1998-2000 was 6.5 per 1,000 live births (18 infant deaths). During this period of time the county was lower than the region (7.2) and slightly higher than the state (6.3). The infant mortality rate for Cayuga County during 2001 - 2003 was 4.7 per 1,000 live births (12 infant deaths). During this period of time the county was now lower than the region (7.6) and the state (5.9). The target rate for Health People 2010 is 4.5.

Teen Pregnancy



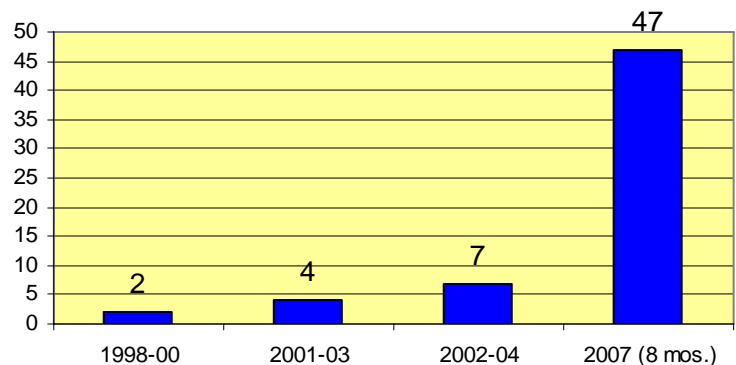
The teen (age 19 and under) pregnancy rate, within the county, decreased from 1998 to 2001. This trend was consistent with upstate NY. Over this period of time the county rate decreased from 62 per 1,000 teens age 15-19 to 46.5 per 1,000. During 2003, the county the rate was down to 24.1 per 1,000 and 23.3 per 1,000 upstate. This positive decline in teen pregnancy was true in all Cayuga County communities except for Union Springs and Scipio (see data array:

“pregnancy, teen – rate, county, zip code”).

Pertussis (Whooping Cough)

There has been a significant increase in the incidence of pertussis state wide. Pertussis is cyclic, though there has been a general increase in the U.S. since 1990. In the United States epidemics occur every 3-5 years. The most recent epidemic occurred in 1996. It is quite contagious and it can be a very serious disease. The County is experiencing an alarming increase in cases, going from single digits for two year periods to 47 cases in the first 8 months of 2007.

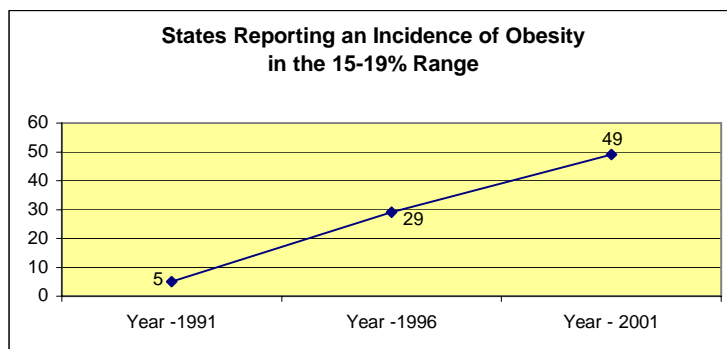
Cases of Pertussis in Cayuga County



Risk Factors -
Overweight and Obesity

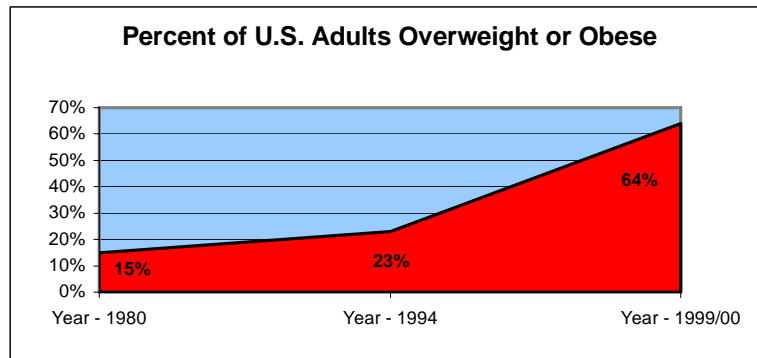
Overweight and obesity continue to place increasing numbers of persons at risk. It has been characterized by the Center for Disease Control (CDC) as an epidemic. Overweight and obesity are associated with heart disease, certain types of cancer, type 2 diabetes, stroke, arthritis, breathing problems and psychological disorders such as depression. There is a direct link between overweight/obesity and diabetes.

Statistics show the dramatic increase. In 1991, five states reported an incidence of obesity at 15-19% (the highest range at that time). By 1996, the number of states at that range rose to 29. By 2001, 49 states (a 900% increase) reported obesity at 15-19% of their populations. Additionally, the highest incidence range by 2001 increased from 15-19% to greater than 25%. (Obesity = BMI greater than or equal to 30, or ~ 30 lbs. overweight for a 5'4" woman.)

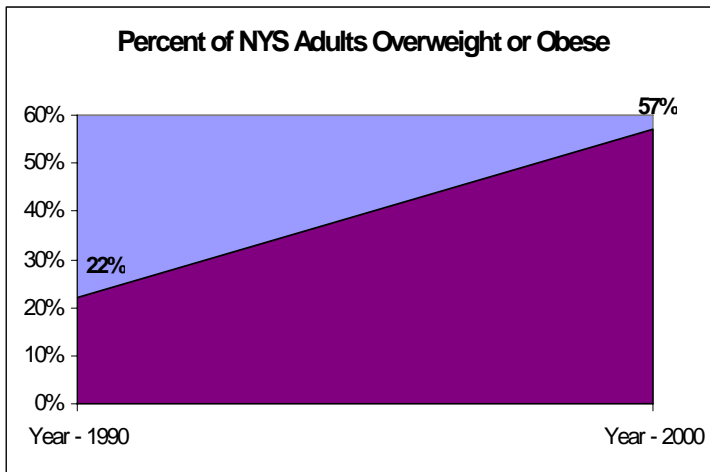


Risk Factors - Overweight and Obesity, Adults

In 1980, 15% of U.S. adults were overweight or obese. This climbed to 23% in 1994 and to 64% in 1999/2000 according to a 1999-2000 report by the National Health and Nutrition Examination Survey.



In 1990, the percent of adults in New York State who were overweight or obese was 22%. By 2000 it had increased to 57%. As of 2004, according to the NYSDOH, some 300,000 deaths each year in the state were associated with obesity.



Data from the 2003 Expanded Behavioral Risk Factor Surveillance Survey reflected consistent figures. The data reported only 40.8% of adults age 18 and older were at a healthy weight within the three county group Cayuga County was included within. The Healthy People 2010 Target is 60%. Thirty-six percent (36%) were overweight and 23% were obese.

Risk Factors - Overweight and Obesity, Children

Overweight, obesity, poor nutrition, lack of exercise and diabetes were cited as some of the most serious health care issues for local children in a Cayuga County 2004 survey completed by school nurses. In addition, rising blood pressure and cholesterol in children was cited as an emerging issue for children. According to the NYSDOH, approximately 33% of NYS Special Supplemental Nutrition Program for Women Infants and Children (WIC) participants ages 2-5 were overweight or at risk for overweight. The prevalence of overweight in New York children enrolled in WIC increased by 34% from 1989 to 2002.

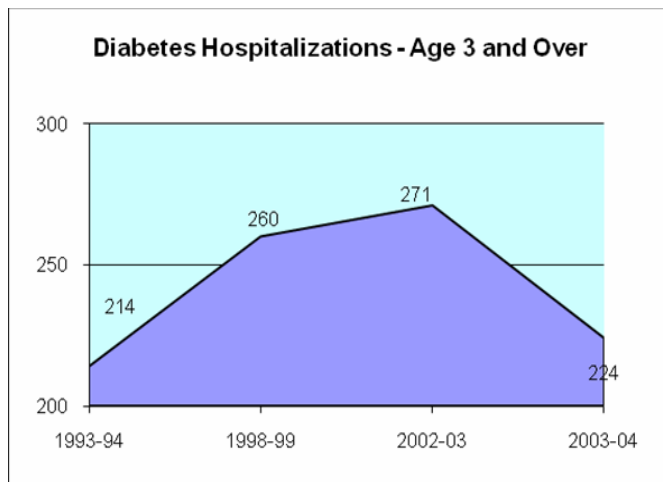
Over the course of 2002-2004, 17 per 100 children ages 2-4 tested, an average of 52 children/year enrolled in WIC, were deemed overweight in Cayuga County as compared to 13.2 per 100 in Region 3 and 16.6 per 100 for the state. Cayuga had the second highest percentage in the region.

Diabetes

Based on national rates, as of 2002, it was estimated there were approximately 10,250 cases of diabetes in Cayuga County (6,800 of these undiagnosed). Certain minority groups are at a higher risk of diabetes, therefore this estimate is likely somewhat high as the county's minority population is only approximately 7%.

According to BRFSS data, the prevalence of diabetes among adults age 18 and older in NYS (persons who have been told by a doctor that they have diabetes) was 3.6% in 1996, 6% in 1998, 7.2% in 2003 and 8.1% in 2005. In 2003, the rate for Cayuga, Wayne and Seneca counties was 7.4 %, and the upstate rate was 6.6%. The Healthy People 2010 target rate is 2.5%.

Diabetes - Hospitalizations



According to SPARCS data, the number of diabetes related hospitalizations in Cayuga County for ages 3 and older was 214 hospitalizations during 1993/94, 260 hospitalizations during 1998/99 and 271 hospitalizations during 2002/03. This is an increase of approximately 27% in that ten year period. In 2004 (the last year data is available for), the increasing incidence of hospitalization for diabetes stabilized. In 2004 there were 114 diabetes related

hospitalizations as compared to 111 in 2003. Data over the course of 1993 to 2004 reveals that approximately 40% of those hospitalized for diabetes related illness were persons age 60 and older. Residents 65 and older are the patients whose hospital length of stay is the longest, 20 days or longer.

Diabetes - Deaths

During 1998-2000, there were 51 deaths due to diabetes, reported in Cayuga County, an incidence of 18.2 deaths per 100,000 residents. Region 3 had a rate of 19.8 deaths per 100,000 residents. NYS had a rate of 20 deaths per 100,000 residents. During 2001-2003, there were 71 deaths due to diabetes reported in Cayuga County. This was an incidence of 24.6 deaths per 100,000 residents. NYS had a rate of 19.9 deaths per 100,000 residents. Data over time shows an increase in diabetes related deaths for the county.

Diabetes Local Issues:

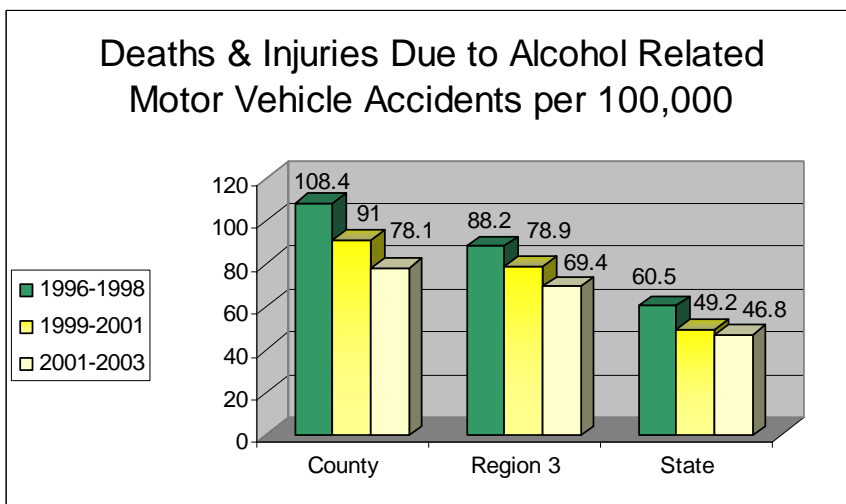
- The only way to manage diabetes is to attend to diet, exercise & medication. It is a very difficult disease for the diabetic and the health care professional to manage. It is a complicated and time consuming (therefore, costly) task for health care providers to monitor and treat diabetics. The average care visit requires hours of time. The county only has 2 endocrinologists. Even if the county had six endocrinologists, that would be insufficient to meet the demand for their services.
- Overweight/obesity, poor nutrition, lack of exercise and diabetes were cited as most serious child health care issues in a 2004 survey of local school nurses.
- Providers report seeing more type 2 diabetes in children.
- According to the local nursing home, approximately seventeen (17%) of its residents were diabetic.
- New medication regimens are becoming more complicated (i.e. multiple doses over the course of a day versus one dose). This makes drug management more difficult for some, especially the elderly.
- Depression is a significant issue for diabetics due to the difficulty of successfully managing their disease. Depression is commonly seen in diabetics living in the county. Screening of diabetics for depression, and referral to professional intervention as well as follow-up are necessary actions at the point contact with the physician.
- Prevention through education, routine screenings, begun at early ages, along with early intervention approaches are critical because:
The pre-diabetic state is now a major concern (insulin level less than 200). There has been a significant increase locally due to obesity. The vast majority of individuals, identified as pre-diabetic, are overweight. It is possible to reverse the pre-diabetic state through diet and exercise. Sixty five percent of diabetics have high blood pressure. Additionally, the effects diabetes may be at work for 6.5 years before more serious symptoms of the disease lead to a diagnosis.
- There are no local diabetes support groups. Support groups are only available by traveling to Syracuse.
- Concern has been expressed over the quality of food service at local congregate care settings – group homes, etc. Menus were high in fat and sugar making it impossible for an individual to manage their diabetes. When OMRDD homes are re-certified, nutrition is not high on the list of concerns. Additionally,

there were an increasing number of mental health clients with both diabetes and obesity. These tended to be lower income individuals who were eating more processed foods. It might prove helpful to identify creative approaches are needed to improve diet options within these settings i.e. training/education of staff in healthy menu planning and preparation.

Suicide (See IV. Violence)

Alcohol and Substance Abuse

Alcohol and Motor Vehicle Injury/Death

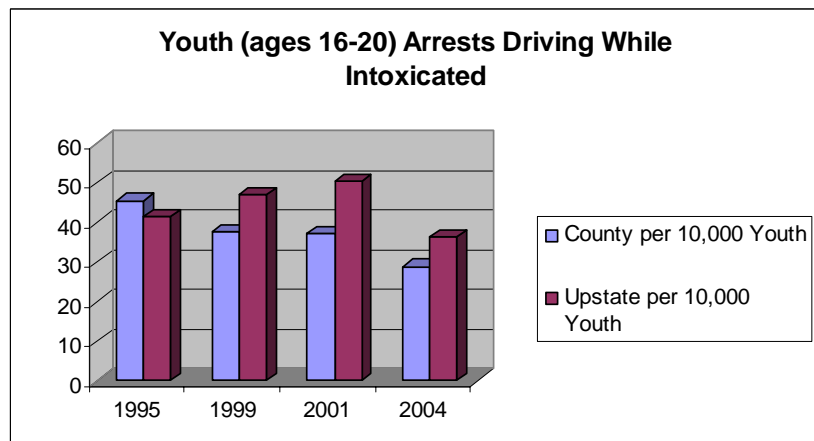


During 1996-2003 Cayuga County had a higher rate of deaths and injuries due to alcohol related motor vehicle accidents than its region and New York State as a whole. Although the rate decreased from 108.4 to 91 over the next three years of 1999-2001, the

county rate remained higher than both the region and state. During 2001-2003, the county rate decreased to 78.1. While this was a significant improvement, the county continued to remain higher than the region and state. The regional rate for 2001-2003 was 69.4 and the state rate was 46.8.

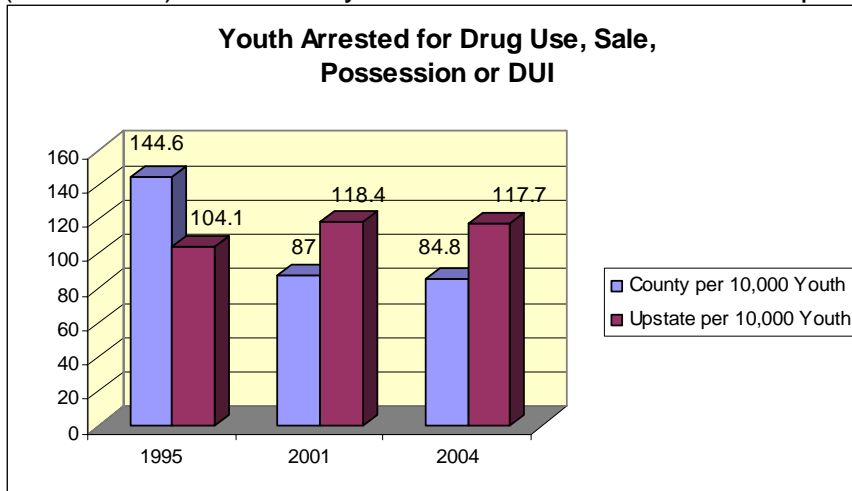
Intoxicated Youth and Arrests

DWI arrests involving youths ages 16-20 dropped during the years from 1995 to 1999. Arrests then rose slightly in 2001 according to KWIC. The rate per 10,000 youth ages 16-20 was



37.7 in 1999 and 37.4 in 2001. Both the County rate and the upstate rate showed considerable decline by 2004. In 2004 the county rate was 28.9/10,000 and the upstate rate was 36.3/10,000.

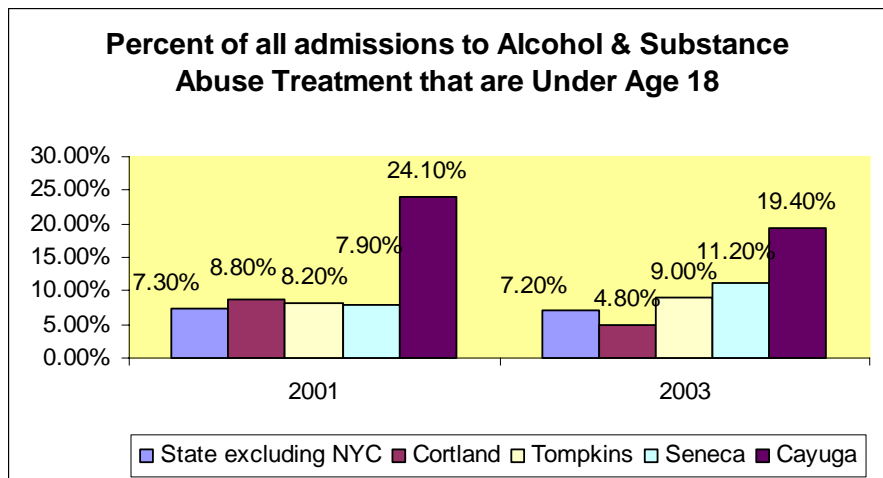
The data regarding youth arrests for drug use, sale, possession or DUI reveal a positive trend over time. According to KWIC, the number of youth arrests, and rates of arrests, decreased from 1995 to 2004. In 1995, the rate of arrests of youth was 144.6 per 10,000 youths ages 10-20 (177 arrests) and in 2001 it was 87 per 10,000 (117 arrests). The county rate was lower than the rest of upstate by 2001. The



upstate rate in 1995 was 104.1 per 10,000 and in 2001 it was 118.4 per 10,000. In 2004 the number arrested in the county was 114, a rate of 84.8/10,000. The upstate rate was 117.7.

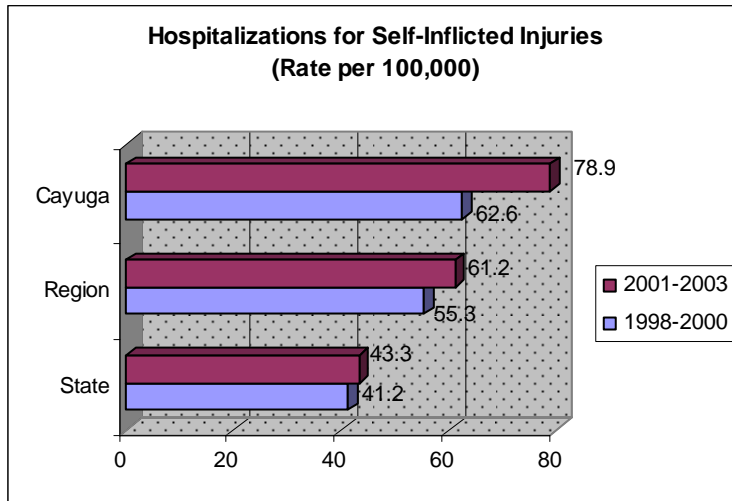
Alcohol and Substance Abuse Treatment Use

During 2001 there were 724 admissions of Cayuga County residents to alcoholism and substance abuse treatment services. Of these admissions, 21.4% were youth under age 18. During 2003 there were 890 total admissions and 19.4% were youth under age 18. Although the numbers are small (approx. 15-17 youths) these percentages have been higher than other counties and the state. Further investigation is necessary to determine if this reality is a result of Cayuga County teens having better access to treatment or they have higher use rates.



Mental Health

Self-inflicted Injuries

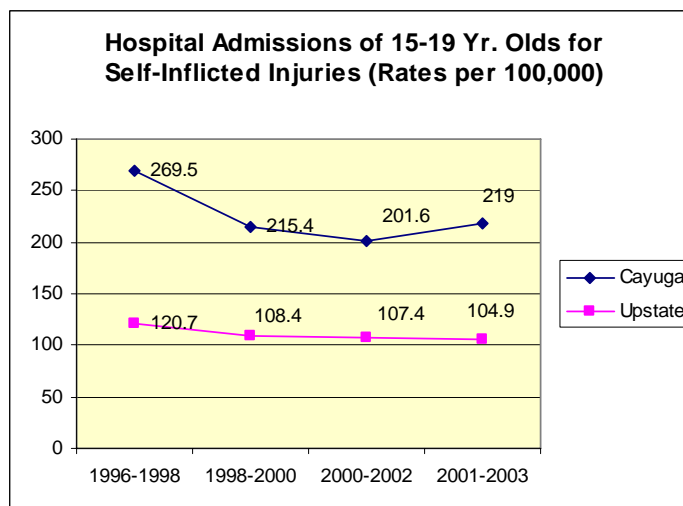


Self-inflicted injuries have increased over time. During 1998-2000, 161 residents were hospitalized due to self-inflicted injuries in Cayuga County. The county rate was 62.6, the third highest in the region. The regional rate was 55.3 and the state rate was 41.2. During 2000 -2003, the number and rate for the Cayuga County increased. For those three years, 193

residents were hospitalized due to self-inflicted injuries at a rate of 78.9, the highest discharge rate per 100,000 population for self-inflicted injury in the region. The regional rate was 61.2 and the state rate was 43.3.

Self-inflicted Injuries by Youth

Hospitalizations for intentional, self-inflicted injuries by youth are small in number (averaging 15/year), however, the county rate has been twice that of upstate, the state and one of the highest state-wide. According to Kids Count 2001-2003 Data, Cayuga remained higher at a rate of 219/100,000 of 15-19 year olds. The upstate rate was 104.9 and the state rate was 98.7.

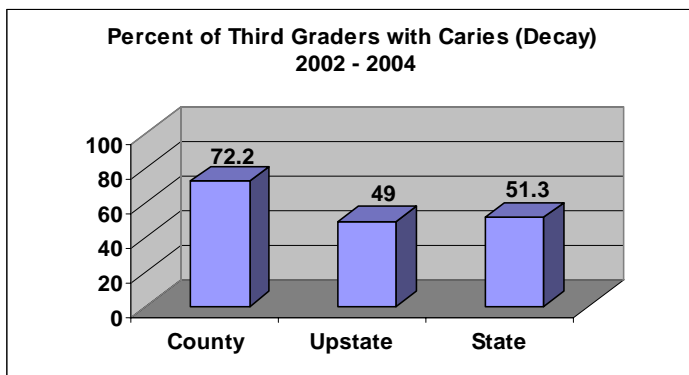


Hospitalization rates resulting from self-inflicted injuries for the age group 10-14 have gradually decreased yet remain higher than upstate and New York State rates.

Between 1995-1997, the rate of hospitalizations per 100,000 children age 10-14 averaged 63.1 in Cayuga County. The average rate for the three years 1999-2001 was 42.4 and for 2001-2003 it was 39.2. The upstate rate for 2001-2003 was 22.9 and the state rate was 21.3.

Dental Health

Oral health is essential to general health for all age groups. Despite improvements in oral health status, profound disparities remain in some population groups as classified by sex, income, age and race/ethnicity.



Poor dental health is the most common chronic disease in children. It can impact their overall health, growth, and oral function. Children in Cayuga County have a history of poor dental health. Cayuga County does not have fluorinated water which contributes to this history. The percentage of county 3rd grade children with

caries (decay) was 72.2% during 2002-2004. The state rate was 51.3 and the upstate rate 49%.

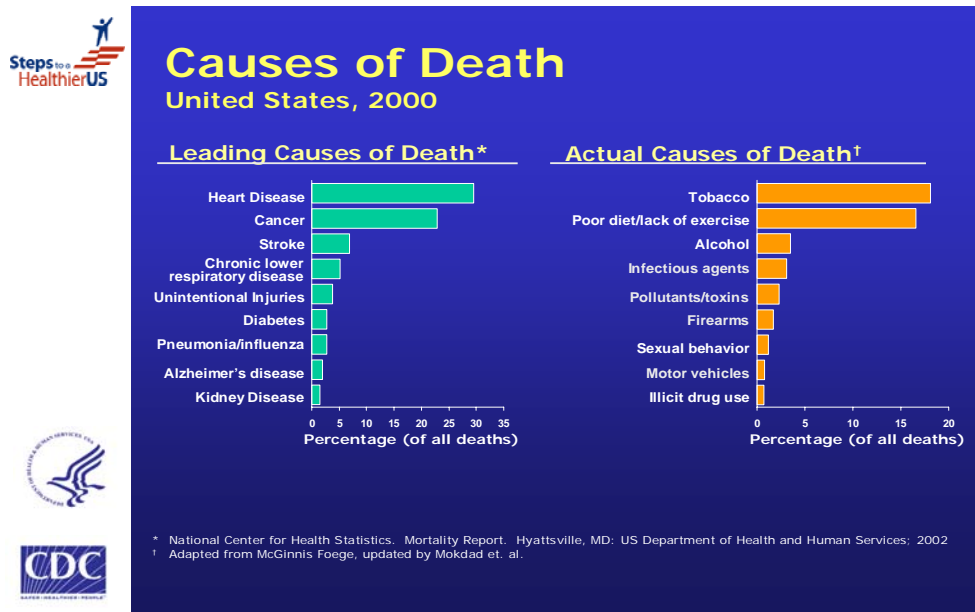
As the table below illustrates the percent of 3rd graders screened with untreated decay was well above the state rate of 33.5 and the Healthy People 2010 goal of 21%. (Changes in data reporting since the baseline prevented comparison over time.)

Indicator	Cayuga County Baseline Data 1998	Cayuga County Data 2002-04	Healthy People 2010 Goal
Percent of Children Screened with Untreated Decay	37%	60.2%	21%
	2 nd & 3 rd Graders	3 rd Graders	3 rd Graders

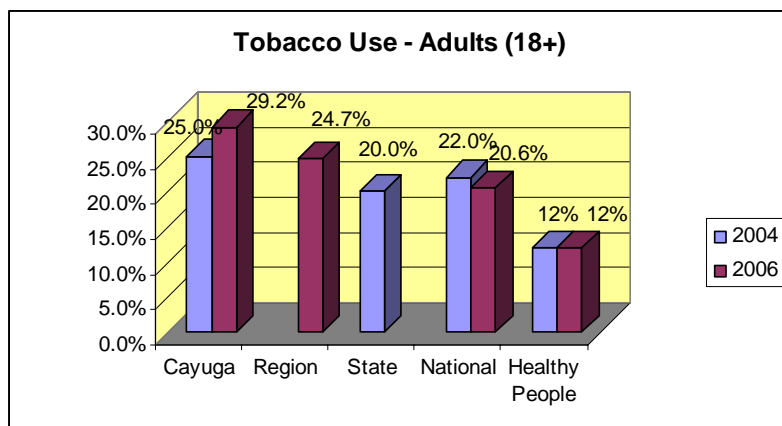
The application of dental sealants quite positive. The percent of screened county 3rd graders who had sealants was 67.6% during 2002-2004. The state percent was 29.9 and the Healthy People goal is 50%.

Tobacco Use and Disease

Tobacco use is the most frequent actual cause of death in the US and has a direct correlation to chronic disease and to the most common causes of death: heart disease, stroke, and cancer.



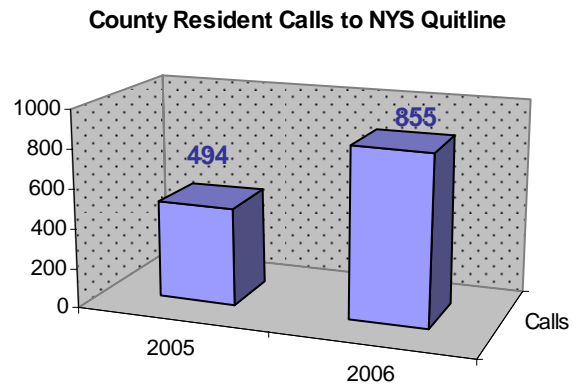
The Cayuga County Tobacco Free Coalition has conducted two randomized samples of county residents on tobacco use. These, and other county surveys, have helped to provide picture of tobacco use in Cayuga County. The results show a negative trend which has serious implications for public health.



The two Cayuga County Tobacco Free Coalition telephone surveys included more than 400 Cayuga County residents in each survey. Both surveys were conducted in the month of June, one in 2004 and the other in 2006. Both surveys revealed that Cayuga County's rate of cigarette smoking among

adults (ages 18+) was the highest among the comparison Central NY counties and is increasing (25% in 2004 and 29.2% in 2006). In 2006 the regional rate was 24.7%. In 2004 the state was 20% and in 2005 it was 20.5% (the 2006 state rate was not available at the time the report was published). The national rate in 2004 was 22% and in 2006 it was 20.6%. Our county's smoking rate is more than twice that of the Healthy People 2010 goal of 12%. The rate of smoking is strongly correlated with sex, age, and education level (males, the 25-54 age group, and with persons who did not attend college.)

Most recently, there has been a dramatic increase in the number of Cayuga County residents looking for assistance to stop smoking as is shown in the NYS Smoker's Quitline call activity. In 2005, 494 calls were received from County residents by the Quitline, while in 2006, 855 calls were received from County residents.



The 2003 NYS Expanded BRFSS reported that approximately 24.3% of adults aged 18 years and older smoke cigarettes every day in the county (data for Cayuga was grouped with Wayne and Seneca counties).

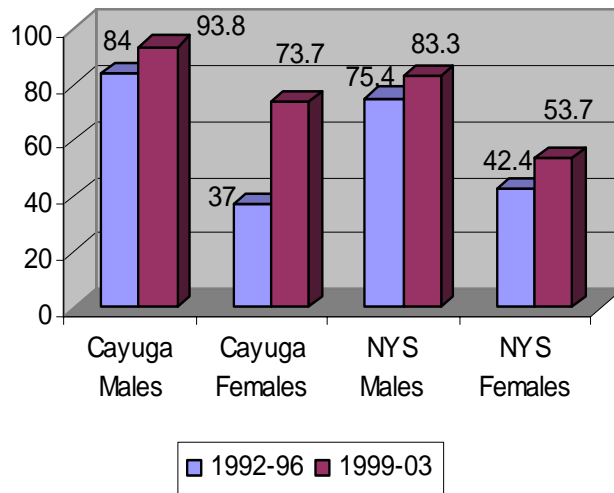
Early onset of smoking is a strong predictor of adult smoking. A Youth Tobacco Survey (2000 – 2002) of Auburn High School students was conducted in May 2003 and again in May 2004. The survey revealed an 11% increase in the number of 12th Graders who reported they “had used cigarettes within the past 30 days.” More than half of adult smokers became daily smokers before age 18. According to statistics, high school students nationally experienced a reduction in “ever use of cigarettes”, from 62.0% in 2000 to 56.9% in 2002. The data also revealed a positive reduction in current use from 27.4% in 2000 to 21.3% in 2002.

Other local indicators which raise concern include the following: According to the NYS Perinatal Data System, 2003, 28.5% of pregnant women smoked during pregnancy. The region's percent was 22.8. The county percentage increased from 24.8 in 2001. During 2004, Confidential Help Alcohol and Drugs reported that tobacco use by youth was up locally and was a gateway drug to other substances. Tobacco smoking was also being used to cover the smell of pot.

Lung and Bronchus Cancer

The incidence of lung and bronchus cancer has been on the rise and consistently higher for men than for women. However, the incidence in Cayuga County has doubled for women. The NYS rate, between 1992 -1996, for incidence of lung and bronchus cancer was 75.4 cases per 100,000 men and 42.4 cases per 100,000 women. It was 84 cases per 100,000 men in Cayuga County and 37 cases per 100,000 women in Cayuga County. During 1999-2003, the NYS rate increased to 83.3 cases per 100,000 men and 53.7 cases per 100,000 women. The county rate also increased. It was 93.8 cases per 100,000 men in Cayuga County and doubled to 73.7 cases per 100,000 women in Cayuga County.

Incidence of Lung & Bronchus Cancer



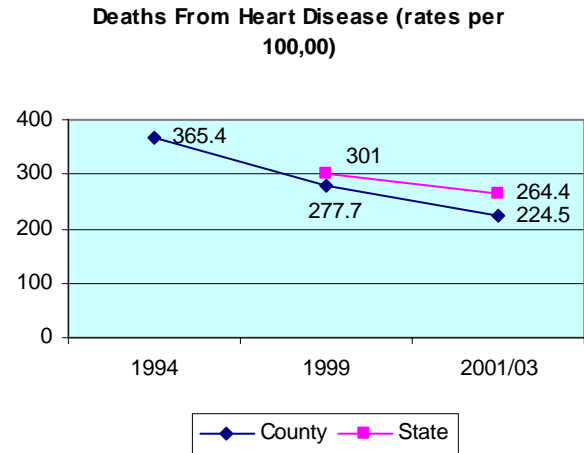
Breast Cancer

Over time the incidence of breast cancer in NYS rate rose then leveled off. Between 1992 -1996, the rate for breast cancer in the state was 101.6 cases per 100,000 women, between 1995 -1999, it was 131.4 , then dropped to 127.3 between 1999-2003. The Cayuga County rate between 1992 -1996 was 127.9 cases per 100,000 women and remained level at 127.3 between 1999-2003 (the same as the state rate).

During the years of 1993-1997 the female breast cancer mortality averaged 32.2 per 100,000 women in Cayuga County (vs. the 1997 US rate of 28.6) with a Healthy People 2010 target of 22.2. The county rate during 1999-2003 (of 17.5) improved so dramatically that it fell far below the upstate rate of 27.1 and the Healthy People target.

Heart Disease

Diseases of the heart, as a cause of death, have showed a decline within the county, changing from 365.4 per 100,000 population in 1994, to 277.7 in 1999, to 224.5 during 2001-2003. In 1999, Cayuga had a lower rate of death from diseases of the heart than did upstate NY (301/100,000) and upstate (315.6/100,000). During 2000 -2003, the county's death rate remained lower than the region 233.2 and the state 264.4.



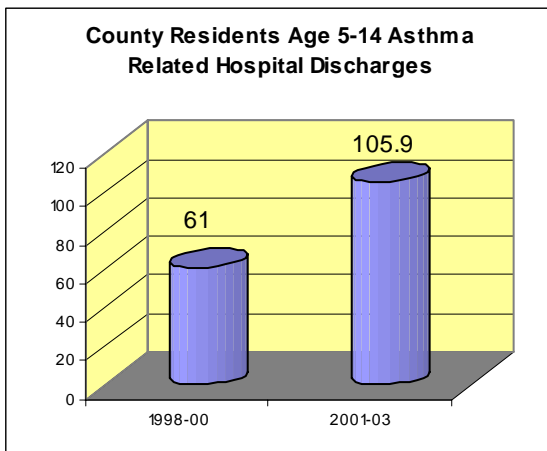
Asthma

For the 3 years from 1998-2000, the asthma related hospital discharge rate for children 0-4 in Cayuga County was 383.5 per 100,000, showing an increase from a rate of 251 during the 1994-1996 time period. The 1998-2000 county rate compared favorably against the state-wide rate of 715.6, however, the County's rate was slightly higher than the region's (Region 3's rate was 377). Between 2001-2003, the asthma related hospital discharge rate for children 0-4 in Cayuga County had risen to 461.6 per 100,000, (an 87% increase since 1994-1996). The County rate compared favorably against the state-wide rate of 685.7. However, the County's rate was higher than the region's (Region III's rate was 394.1). 2002-2004 data showed a decline in the county rate to 353.8 yet represented a 41% increase since 1994-1996.** The Healthy People 2010 rate is 170/100,000.

*** This decline was due to a low number of discharges during the single year 2004. Discharge data for 2005 and 2006 should be monitored.*

Asthma Related Hospital Discharge Rate for Children Ages 0- 4 per 100,000

	1994-1996	1998-2000	2001- 2003	2002-2004
County	251	383.5	461.6	353.8**
Region	N/A	377	394.1	378
Healthy People 2010	170			



For the 3 years from 2001-2003, the asthma related hospital discharge rate for children 5-14 in Cayuga County was 105.9 per 100,000 (61 per 100,000 ages 5-14 the previous three years). This represents a 43% increase. The county rate compares very favorably to the state-wide rate of 231.4. The Region 3 rate was lower at 96.2. Data from 2002-2004 was similar with a county rate of 113.8. The state rate increased to 245.4.

In examining asthma hospitalizations of those persons age 65+ between 1997-1999 and 2002-2004, Cayuga County's rates have decreased. However, Cayuga County's rates continued to be higher than the region. During 1997-99, the county's hospital discharge rate was of 377.5 per 100,000 population age 65+ related to asthma. The time period from 2002-2004 shows a decrease in discharge rates for the age 65+ for the county. The county rate was 277.2 per 100,000 population age 65+, the regional rate was 196.1 and the state rate was 279.1. Cayuga was third highest in the region. (Rates between 2001-2003 and 2002-2004 increased)

During the 2001-2002 grant year of DHHS Healthy Neighborhoods project in Mentz, Locke and Moravia, 121 homes were identified with a person diagnosed with asthma. Fifty-five percent of the homes with an asthmatic also had someone within the household who smoked. Only 39% of the asthmatics had a written asthma management plan from their physician and only 18% used a peak flow meter.

II. ADULTS

Alzheimer Disease and Dementia (See also I. Public Health)

Dementia disorders continue to place a heavy burden on the community's families. Approximately 1,800 county residents suffer from Alzheimer's or dementia, and the number will likely rise significantly. Additional diagnosis, treatment, services and support are needed.

Parenting Grandparents

According to the 2000 census, there were 1,066 grandparents living in a household with one or more grandchildren under the age of 18 in Cayuga County. Of those, 359

(or 33.7%) had responsibility for the grandchildren. Grandparents who are the primary caregiver for their grandchildren face a host of barriers to good parenting not encountered by traditional families. Most significantly, is their lack of legal standing. Grandparent headed families are high-risk families when viewed as a group.

Unintentional Injuries and the Elderly (See I. Public Health)

Asthma (See I. Public Health)

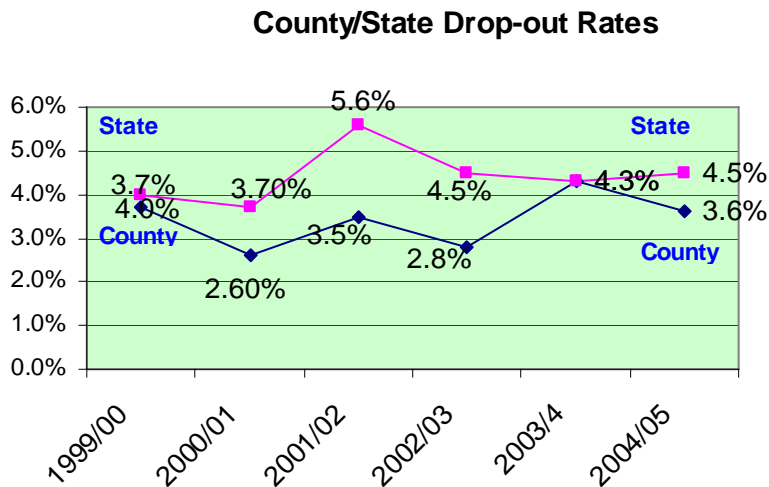
III. CHILDREN/YOUTH

Child Care (See VI. Systems)

Dental Health (See I. Public Health)

In 1998, the Partners for a Healthy Community initiative identified that children in the community had needs for dental care that were unmet. One survey revealed that school nurses, in Cayuga County, were spending approximately 25% of their time addressing problems associated with poor dental health in children. Since 1998, progress has been made in this area, yet continued work, to improve access for children needing dental screening and treatment, is vital. Untreated caries in the county's children continues to reveal a lack of proper dental health care.

Troubling Behavior of Youth

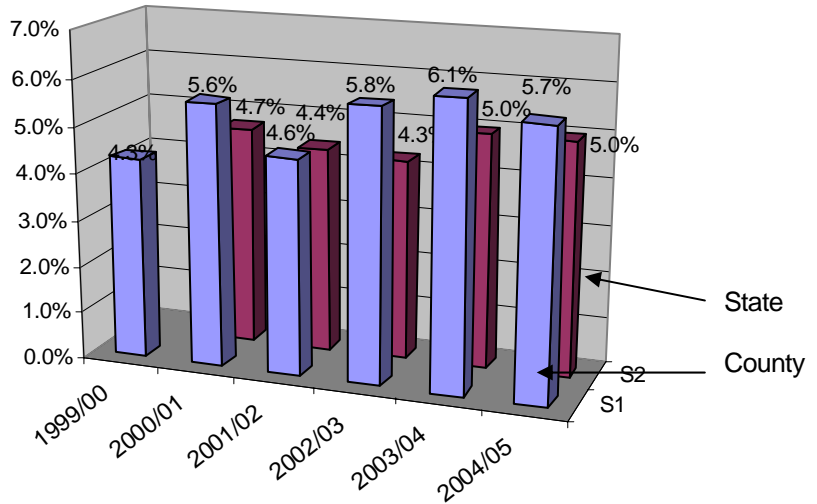


The dropout rate for the County increased to 4.3% in 2003/04 to match the drop out rate for the state. However, in the following year the County's rate returned to being significantly better than the

state rate. In 2004/05 Auburn and Port Byron Schools had drop out rates above the state rate of 4.5%. All other districts were below the state rate.

Unlike the positive performance in drop out rates as compared to the state, county schools did less well with suspension rates. For the five years from 2000/01 – 2004/05, suspension rates from county schools were consistently higher than the state rate.

County School Suspension Rates

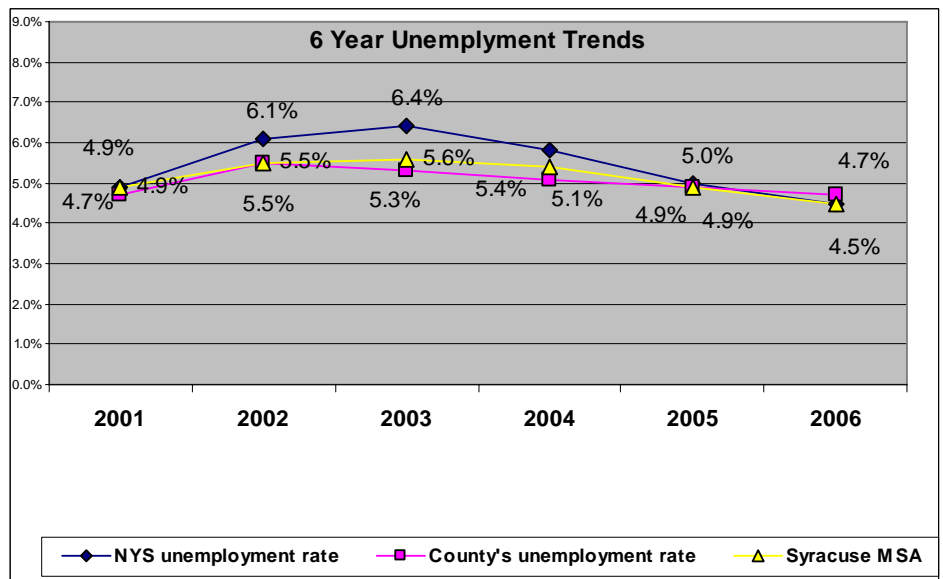


Teen Pregnancy (See I. Public Health)

IV. ECONOMIC

Unemployment

Over the six years from 2001 through 2006 the county has, generally, suffered less unemployment than the state and has approximated the unemployment rates for the Syracuse MSA. However, in 2006, for the first time in six years, the county unemployment rate of 4.7% topped both the state rate and the Syracuse MSA rate of 4.5%.



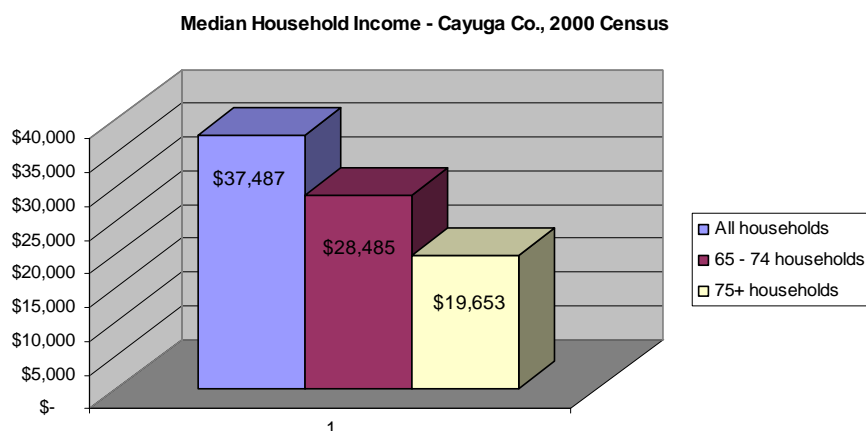
Children

Free school lunch program data, for children in Grades K-6th, from 1998/99 - 2003/2004, reveals an increase in those eligible for free school lunches in Cayuga County. Those eligible for free school lunches rose from over 27.4% of all enrolled children in 1998/99 to 34.5% in the 2002/2003 and the 2003/2004 school years.

In 1993, 19.8% (4,540) of Cayuga's children lived below the Federal Poverty level as opposed to 16.4% in upstate New York. In 2003, 16.4% (2,992) of Cayuga's children lived below the Federal Poverty level as opposed to 13.5% in upstate New York and 20.2% state wide.

Income

The median household income in Cayuga County, at the time of the 2000 Census was \$37,487. The median household income for NYS was \$43,393. As compared



to all Cayuga County households, those households headed by older adults had substantially lower incomes.

Households headed by persons between the ages of 65 and 74 were approximately 24% below all households in the county. Households

headed by persons over 75 had even less income, being 50% below the county's median income level.

V. FAMILIES

Parenting Skills

The lack of parenting skills, as well as the lack of education/training devoted to parenting skill development, has stood out in numerous need assessments and planning documents. The general perception has been that parents are poorly prepared for infant, toddler and child care. The community has believed that this lack of preparation contributed to ineffective parenting and in turn contributed to another area of local concern, the troubling behavior of youth.

Child Care (See VI. Systems)

Alzheimer Disease and Dementia (See II. Adults)

VI. SYSTEMS

Homelessness

Since 2003 the Auburn/Cayuga Homeless Task Force has met to address the gaps in service, prioritize the needs of the homeless and the “housing vulnerable”, as well as collect and analyze data to apply to the development of a Continuum of Care Plan for Cayuga County. A survey estimated that there were approximately 360 individuals who received services due to being homeless or at risk of being homeless in Cayuga County during 2006. In 2008, the county will have the ability to collect more precise data on the number of homeless, at-risk of homelessness/precariously housed, and the characteristics of these individuals (ages, sex, etc.) through the start-up of the Homeless Management Information System (HMIS) project. This information will guide the community on how to respond to needs of these members of the community, which includes homeless youth.

Shelters

As of 2000, there appeared to be a shortage of shelter options for Cayuga County residents. Homeless shelter resources were only available for victims of domestic violence, and there were barriers to their use. Shelter options continue to be a need as of 2007. Continued work and more information is needed to ascertain the resources available and community need. This is especially true for shelter needs for those individuals with mental health or other problems. This issue would be included within the Continuum of Care Plan for Cayuga County.

Child Care

The lack of adequate childcare options in Cayuga County has stood out in numerous need assessments and planning documents over the last decade and continues to challenge the community. The community-wide issues of affordability, accessibility and infant care have been most significant. The issues cut across all socio-economic groups and types of family units. There are sub-regions, within the county, where this problem has been particularly severe.

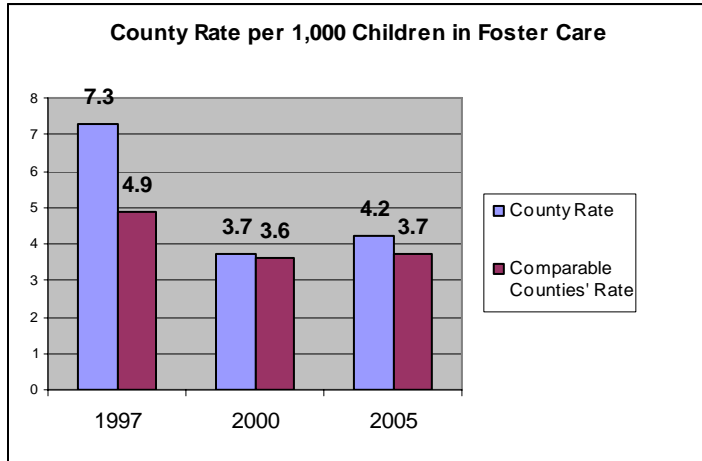
Aide Shortage

There continues to be a shortage of certified home health and personal care aides in the county, mirroring a nation-wide problem. Staffing is needed at all levels; home, assisted living, nursing home and adult care facilities. The County Department of

Health & Human Services has participated in efforts within the community to improve this situation.

Foster Care

The county's utilization of foster care has changed over time. The county rate of foster care placement per 1,000 children was 7.3 and comparable counties were 4.9 in 1997. By 2000, the rate dropped to 3.7, very much in line with comparable counties (3.6/1,000). It increased modestly by 2005 while comparable counties' utilization was flat.



Transportation

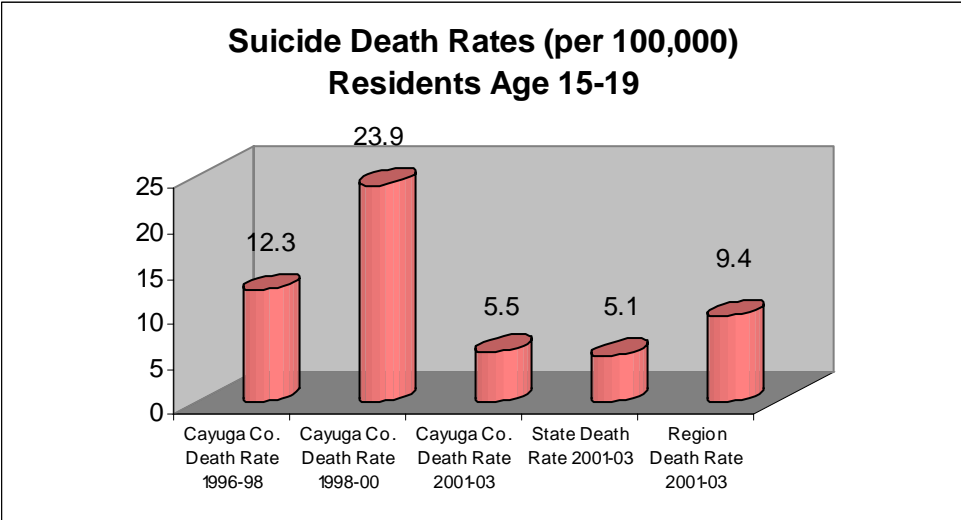
Problems with transportation in Cayuga County are pervasive, though not unique to this community. It is a system-wide issue affecting access for employees, patients, students, and consumers of services and products. It is especially significant for those living in rural areas, the youth, the infirm, the disabled and lower income citizens.

VII. VIOLENCE

Suicide

The number of suicides in Cayuga County over the course of 1996 -2003 reached a high in 1998 (13) and then fell. Between 2001 and 2003, there were 18 suicides in the county (an average of 6 per year) a rate of 6.9 per 100,000 residents. The regional rate during this period was 9.1 and the state rate was 6.4.

Suicide – Youth



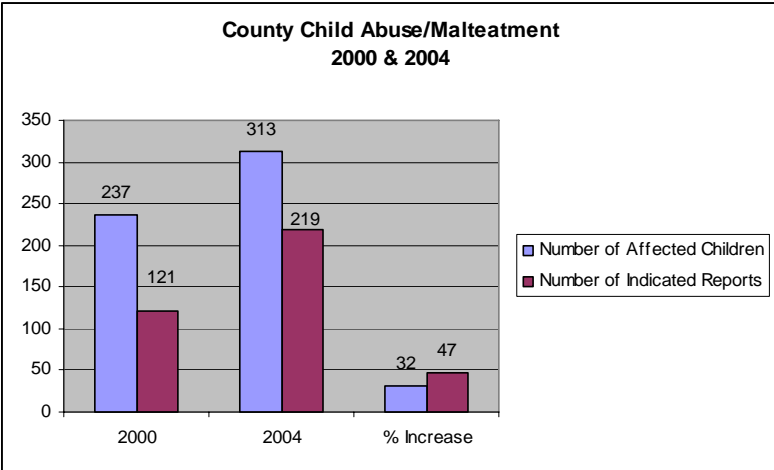
Comparison data indicates an erratic trend in suicide deaths and death rates per 100,000 residents age 15-19. During 1996-1998 there were two for a youth suicide death rate of 12.3. During 1998-2000 the number of suicide deaths increased to 4, a rate of 23.9. During the period of 2001-03 there was one suicide in this age group for a rate of 5.5 for the county. Although the numbers are small, the fluctuation makes it an issue worth monitoring.

Child Abuse and Maltreatment

The number of children affected by abuse or maltreatment has markedly increased in the county. In 2000, 237 children were affected for a rate of 11.5/1,000 children (below the upstate rate of 13.6 and the state rate of 13.4). By 2004, the number of children affected grew by 32% to 313, for a rate of 16.4/1,000 (greater than the upstate rate of 15.2 and the state rate of 13.6).

A report of an alleged incident of abuse and neglect becomes “indicated” when there is credible evidence that a child has experienced abuse or neglect. This indicator is an important measure of child abuse and neglect, however the rate of indicated reports is influenced by:

- (1) some cases are never reported;
- (2) increased public awareness over time may result in an increase in reporting;
- (3) the level of evidence required. During 1996 there were 126 indicated reports. In 2000 the number of founded reports dropped to 121. In 2004, the number of indicated reports spiked to 219, the highest



number in the last nine years, and, a 47% increase from 2000.

Section

3

Data Array

The following data array contains information from the 1990s and updates from 2003/04 and 2006-2007 on the following:

Public Health

Adults

Children/Youth

Economic

Families

Census

Systems

Violence