

2010-13 Community Health Assessment

COVER PAGE

Local Health Department Address: Cayuga County Health Department
160 Genesee St
Auburn, NY 13021

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GENERAL COUNTY INFORMATION

Health Department Type (please check one):

Full Service Less than Full Service

Organization Type (please check one):

Single Agency Multiple Agency,
(Health Only) please list: Health and Human Services

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CHA – Prevention Agenda Description and Priority Areas

This form provides a summary of the Prevention Agenda activities and priorities, which are described in more detail within the CHA document.

1. With whom did you partner to establish the 2-3 prevention Agenda priority areas? Please check all that apply and where lines are provided, list partners:

Hospitals: Auburn Memorial Hospital

CBOs: Confidential Help for Alcohol and Drugs (CHAD), Cayuga Counseling, and Cayuga County Community Health Network Board members. See Section 4, Number 3 (Summary of the process) for listing.

Other local government agencies: Cayuga County Mental Health, Cayuga County Office for the Aging, and Cayuga County Long Term Care Access Office

Not for Profits: Human Services Coalition

___ other LHDs, please list: _____

Primary/medical care providers

Schools

Faith organizations

___ HMOs

Businesses

Rural Health Networks

___ others : See Section 4 Number 3 for listing

2. What are the 2-3 priority areas your collaborative has selected, please check:

___ Access to Quality Health Care

___ Mental Health/Substance Abuse

Tobacco Use

Health Mothers/Babies/Children

Physical Activity/Nutrition

___ Unintentional Injury

___ Healthy Environment

___ Chronic Disease

___ Infectious Disease

___ Community Preparedness

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3. Did your collaborative use the services of a contractor to assist you in the process you used to arrive at your priority areas? YES

Please provide their contact information: Optimum Partners
14 Ridgewood Dr
Wyantskill, NY 12198
Phone: 518-810-4337

4. What was your collaborative process? Check all that apply:

- In-person meetings
- Phone calls
- Conference calls
- Other

Please briefly describe your process:

See Section 4, Number 3 (Summary of the process)

5. Please indicate the individuals from your agency who were involved in the process. Check all that apply.

- Local Public Health Director/Commissioner
- Nurses
 - Supervising
 - Line/program
- Sanitarians/environmental engineers
- Physicians/PAs
- Community Planners
- Health Educators

Others, please provide title: _____

6. Were any of the following individuals involved in the process?

- | | | |
|-------------------------------------|---------------------------------------|----------------------------|
| Board of Health member(s) | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| Member(s) of the county legislature | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| County executive/Administrator | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |

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CHA CHECKLIST/ INDEX

This checklist/index identifies the elements of a comprehensive CHA as described in the Guidance and Format Document. The checklist should be used as a companion to the Guidance and Format Document, which provides greater detail than does the checklist. The checklist has many uses: it will show the portions of the CHA that have been included, identifying the page locations for the material submitted; it provides a reference for all the activities undertaken to support community health assessment; it provides a quick reference for responding to inquiries and making updates; it will also assist us in identifying potential technical assistance and training needs.

Please use the following conventions for the lines preceding the sections and sub - sections:

- X - to denote information provided
- N/A - to denote information that is not available
- N/S - to denote information that is not submitted

Please use the index to identify the placement of the information within the CHA document, whether you follow the order of the checklist or use another format. If you have any questions please contact Lucy Mazzaferro at (518) 473 - 4223.

Reminder

Please note that data for all service areas defined by Article 6 must be reflected in the CHA. Data related to all optional or optional other program areas must also be included in the CHA. This means that data for the five Basic Service areas and the program areas within those categories must be included in the CHA. The CHA forms the justification for the activities conducted in the MPHSP and any activities undertaken by the LHD, for which reimbursement is sought, must be justified by the data analysis in the CHA. A listing of the Service and Program Areas has been included for your use.

CHA Checklist/INDEX	<u>INDEX</u> (page no.)
<u>X</u> Section One - Populations at Risk	<u>1</u>
<u>X</u> <u>A. Demographic and Health Status Information –</u> narrative and statistical description of the county.....	<u>1</u>
<u>X</u> 1. overall size.....	<u>1</u>
<u>X</u> 2. breakdowns by	
a) <u>X</u> age	<u>1</u>
b) <u>X</u> sex	<u>4</u>
c) <u>X</u> race.....	<u>2-3</u>
d) <u>X</u> income levels (esp.percent at poverty level) ...	<u>5-6</u>
e) <u>X</u> percent employed	<u>5</u>

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f) <u> </u> educational attainment.....	<u> </u> N/S
g) <u> X </u> housing	<u> </u> 7
h) <u> </u> other relevant characteristics.....	<u> </u>
<u> X </u> 3. natality.....	<u> </u> 17-20
<u> X </u> 4. morbidity.....	<u> </u> 8
<u> X </u> 5. mortality	<u> </u> 9
<u> X </u> 6. other relevant demographic data compiled and analyzed, using small areas, such as minor civil divisions, zip codes or census tracts within counties, wherever possible and meaningful.	<u> </u> 10-50
<u> X </u> 7. particular emphasis placed on interpreting demographic trends for the relationship to poor health and needs for public health services.....	<u> </u> 70-77

For your convenience, a listing of service areas and programs has been included. Please note, that the CHA does not require data for environmental health programs. If the LHD is performing environmental health programs that are not described in 10NYCRR40-2 or 3 please include the data in support of those programs.

Basic Service Area: Family Health

Programs:

<u> X </u> Dental Health <u>E</u> ducation	<u> </u> 51
<u> X </u> Primary and Preventive Health Care Services.....	<u> </u> 52
<u> X </u> Lead Poisoning.....	<u> </u> 53
<u> X </u> Prenatal Care and Infant Mortality.....	<u> </u> 54
<u> X </u> Family Planning.....	<u> </u> 55
<u> X </u> Nutrition.....	<u> </u> 56
<u> X </u> Injury Prevention.....	<u> </u> 57

Basic Service Area: Disease Control

Programs:

<u> X </u> Sexually Transmitted Diseases.....	<u> </u> 58
<u> X </u> Tuberculosis.....	<u> </u> 59
<u> X </u> Communicable Diseases.....	<u> </u> 60
<u> X </u> Immunization.....	<u> </u> 61
<u> X </u> Chronic Diseases.....	<u> </u> 63
<u> X </u> Human Immunodeficiency Virus (HIV).....	<u> </u> 64

Optional Service Areas

<u> X </u> Dental Health <u>S</u> ervices.....	<u> </u> 65
<u> X </u> Home Health Services.....	<u> </u> 66

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Optional Other Service Areas/Programs

<u> X</u>	Medical Examiner.....	<u> 67</u>
<u> X</u>	Emergency Medical Services.....	<u> 68</u>
<u> X</u>	Laboratories.....	<u> 69</u>

Please add any other programs not listed and provide the page number:

1. Rabies	<u> 62</u>
2.	_____
3.	_____
4.	_____
5.	_____

<u> X</u>	B. Access to Care – general discussion of health resources.....	<u> 70</u>
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<u> X</u>	1. Description of the availability of	
	a) <u> X</u> hospitals	<u> 70</u>
	b) <u> X</u> clinics	<u> 70</u>
	c) <u> X</u> private providers.....	<u> 71</u>
	d) <u> X</u> information about access to health care providers	<u> 70-72</u>
	e)	

<u> X</u>	2. Discussion of primary care and preventive health services utilization (Possible data source: The Behavioral Risk Factor Survey).....	<u> 73</u>
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<u> X</u>	3. Discussion of commonly-identified barriers and affected sub-groups	<u> 74</u>
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<u> X</u>	a) Financial barriers — inadequate resources to pay for health care, inadequate insurance, Medicaid eligibility vs. Medicaid enrollment vs. access to providers.....	<u> 74-75</u>
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<u> X</u>	b) Structural barriers – insufficient primary care providers, service sites, or service patterns.....	<u> 75</u>
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<u> X</u>	c) Personal barriers — the cultural, linguistic, educational, or other special factors that impede access to care.....	<u> 76</u>
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X **C. The Local Health Care Environment** **77-80**

X 1. Identification and discussion of aspects of the environment that influence the attitudes, behaviors, and the risks of community residents for poor health within the following categories:

- a) X physical..... **77**
- b) X legal..... **77**
- c) X social..... **77**
- d) X economic..... **78**

X 2. Other components of the health-related environment include:

- a) X institutions (e.g., schools, work sites, health care providers)..... **79**
- b) X geography (e.g., air, water quality)..... **79**
- c) X media messages (e.g., TV, radio, newspapers)..... **79-80**
- d) X laws and regulations (smoking policies)..... **80**

There is no need for a community health assessment that relates to regulatory environmental programs defined by 10NYCRR40-2 and -3. However, the need for additional environmental health programs conducted by the LHD must be substantiated by data analysis within the CHA.

X **Section Two - Local Health Unit Capacity Profile** - profile of staff and program resources available for public health activity in the county.
(Suggested Resource: APEXPH)..... **81-84**

X 1. Profile of the local agency's infrastructure, includes:

- a) X organization **81-84**
- b) X staffing and skill level..... **81-84**
- c) X adequacy and deployment of resources..... **81-84**
- d) X expertise and technical capacity to perform a community health assessment..... **81-84**

X **Section Three - Problems and Issues in the Community**

X **A. Profile of Community Resources** - community resources available to help meet the health-related needs of the county..... **85-87**

X 1. Groups that may have the capacity and interest to work either individually or in collaboration with the local health unit to improve the health status of the community. **85-87**

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<u> X</u>	2. Collaborative efforts on	
	a) <u> X</u> development of hospital community service plans (CSP)	<u> 87</u>
	b) <u> X</u> assessments	<u> 87</u>
	c) <u> X</u> collaborative planning processes.....	<u> 87</u>
<u> X</u>	3. Assessment of services for: <u>Listed in Section 1 Part B and Section 1 Part C</u>	
	a) <u> X</u> availability	<u> 70</u>
	b) <u> X</u> accessibility	<u> 70</u>
	c) <u> X</u> affordability	<u> 70</u>
	d) <u> X</u> acceptability.....	<u> 70-71</u>
	e) <u> X</u> quality	<u> 71</u>
	f) <u> X</u> service utilization issues such as:	
	(1) <u> X</u> hours of operation.....	<u> 70</u>
	(2) <u> X</u> transportation	<u> 77</u>
	(3) <u> X</u> sliding fee scales.....	<u> 70</u>
	(4) _____ other.....	_____
<u> X</u>	4. Discussion of significant outreach or public health education efforts and whether they are targeted to the general population or identified high-risk populations.	<u> 88</u>
<u> X</u>	5. A summary of the available clinic facilities and private provider resources for Medicaid recipients should also be discussed. <u>See Section 1 Part B- Access to Care</u> (Suggested resource: The PATCH model.)	<u> 70-71</u>
<u> X</u>	<u>B. Access to Care Behavior Risk Factors</u>	
	<u> X</u> 1. Statewide, community-specific and/or locally-developed estimates for the prevalence of health risk behaviors can be used to identify and discuss population subgroups that are at increased risk due to unhealthy behaviors.....	<u> 89-94</u>
	<u> X</u> 2. Local circumstances/barriers related to priority health concerns and/or disparities have been considered.....	<u> 77-78, 98</u>
	<u>See Section 1 Part C –Local Health Care Environment</u>	
	<u>C. Profile of Unmet Need for Services</u>	
	<u> X</u> 1. Identification and discussion of additions to and changes in services that will improve the health of the identified at-risk groups.....	<u> 96</u>

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<u> X</u>	2. Discussion of types of changes to better serve the target group (e.g., lower/no cost, better hours, transportation assistance, increased sensitivity to populations in need, language, increased acceptance of Medicaid, and integration and/or co-location of services)...	<u> 97</u>
<u> X</u>	3. Identification of gaps in services and their location (e.g., township, city or census tract).....	<u> 97</u>
<u> X</u>	4. Discussion of problems that might be encountered in providing these services.....	<u> 97</u>
<u> X</u>	5. Disease control program sections specifically assess needed changes to public health law and codes.....	<u> 97</u>
<u> X</u>	Section Four - Local Health Priorities - describe new (or intractable) areas of public health which rank as high local priority identified by more recent Prevention Agenda or other collaborative efforts between the LHD, hospitals, and other community-based organizations, health care providers, consumers.....	<u> 98-103</u>
<u> X</u>	1. List and description of 2-3 priorities under the Prevention Agenda.....	<u> 98</u>
<u> X</u>	2. Listing and description of additional priorities.....	<u> 98</u>
<u> X</u>	3. Summary of the process for public health priority(ies) identification:	
a) <u> X</u>	how recent.....	<u> 99-100</u>
b) <u> X</u>	who was involved.....	<u> 99-100</u>
c) <u> X</u>	how were priorities determined.....	<u> 100</u>
<u> X</u>	4. Discussion of noteworthy accomplishment for both the LHD and other community public health partners.....	<u> 103</u>
<u> X</u>	Section Five - Opportunities for Action - building on all of the above sections, opportunities that the local health unit/department, solely or in partnership, can pursue are identified to alleviate the priority public health problems.	<u> 103</u>
<u> X</u>	1. Opportunities include the contribution/role played by:	
a) <u> X</u>	community-based organizations.....	<u> 85-87</u>
b) <u> X</u>	businesses.....	<u> 85-87</u>
c) <u> X</u>	labor and work sites	<u> 85-87</u>

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- d) X schools..... **85-87**
- e) X colleges and universities..... **85-87**
- f) X government..... **85-87**
- g) X health care providers..... **85-87**
- h) X health care insurers..... **85-87**
- i) X the food industry..... **85-87**
- j) X the media..... **85-87**
- k)

(These actions would not have to be implemented by the LHD alone or at all. These actions are proposed so members or groups within the community might seize the opportunity to implement these activities or other activities that could reduce or eliminate the priority public health issue(s).)

N/A Appendix A – Community Report Card

- _____ A. Report card attached....._____
- _____ B. Explanation of document distribution....._____