



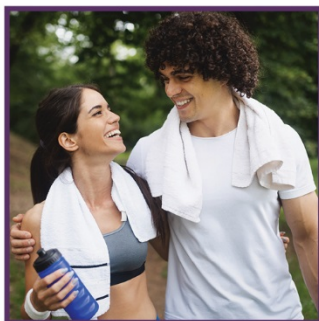
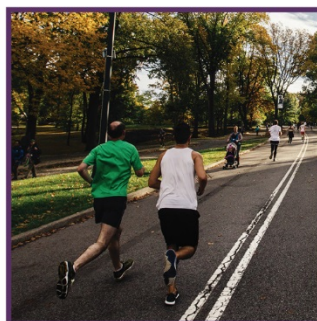
AUBURN COMMUNITY HOSPITAL

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COMMUNITY HEALTH NEEDS ASSESSMENT

2019–2021



PREPARED FOR:

Auburn Community Hospital
17 Lansing Street
Auburn, NY 13021

PREPARED BY:

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Dear Community Members and Partners,

It is with pleasure that we share Auburn Community Hospital's 2019-2021 Community Health Needs Assessment. The Community Health Needs Assessment demonstrates Auburn Community Hospital's current and future commitment, both clinically and financially, to improve the community's health status by fulfilling its mission to provide compassionate, quality care and improving the health of our community. ACH understands the significance of identifying and prioritizing health needs in driving impactful and positive change in health risk factors of the community. Findings within the CHNA allow ACH to understand and anticipate services which are most desired and effective as it relates to global healthcare delivery, patient-centered care and positive health outcomes.

The report provides a roadmap for improving the health of our County and was developed through the collaborative input of Auburn Community Hospital and Cayuga County Health Department. We also received valuable input from a wide variety of dedicated stakeholder organizations and involved citizens throughout Cayuga County. Through this strategic process, Auburn Community Hospital and Cayuga County Health Department have identified areas where we will collaborate with the goal of improving health outcomes.

Additionally, this report provides information meant to guide public and private activities and initiatives, with the aim of improving the health status of our community members. Our community partnerships are critical and enhance the quality and scope of work accomplished. We are grateful to have strong working relationships with many community-based organizations and continue to welcome engagement with new partners with unique perspectives which serve to expand our reach and bring forward innovative ideas.

We are fully committed to working with our colleagues to successfully implement and evaluate programs, policies and services in our community. Together, we will move forward toward improved health and well-being for all.



A handwritten signature in dark ink, appearing to read "Scott A. Berlucchi".

Scott A. Berlucchi, NHA, FACHE
President and CEO, Auburn Community Hospital

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Appendix I

Appendix II

Section 1:

Executive Summary

This comprehensive Community Health Needs Assessment (CHNA) covering three years reflects the collaborative partnership process between Auburn Community Hospital (ACH), Cayuga County Health Department (CCHD), key community stakeholders and residents of Cayuga County.

The CHNA demonstrates ACH's current and future commitment, both clinically and financially, to improve the community's health status by fulfilling its mission to provide compassionate, quality care and improve the health of the community.

The health of the community is defined by the mental, physical, social, and spiritual well-being of its residents. Understanding how different determinants affect health and finding ways to improve upon them is crucial in promoting and sustaining health within a community. The CHNA, which is guided by community input, serves as a systematic tool in the approach to retrieving, examining, and using data to identify the key health priorities within the community. This CHNA report serves as the foundation for improving health, wellness and the quality of life for residents in Cayuga County.

ACH understands the significance of identifying and prioritizing health needs in driving impactful and positive change in health risk factors of the community. Findings within the CHNA allow ACH to understand and anticipate services which are most desired and effective as it relates to global healthcare delivery, patient-centered care and positive health outcomes. New York State Prevention Agenda Objectives and New York State Community Health Indicator Reports (CHIRS) for Cayuga County were referenced during a review of secondary research, along with primary research conducted by RMS Healthcare, a division of Research & Marketing Strategies, Inc. (RMS Healthcare). The quantitative research included the collection and analysis of on-line survey data from the various stakeholder groups. The qualitative work included: in-depth interviews (IDI's) with key community stakeholders residing in Cayuga County. The combination of primary and secondary research findings was used as a key reference guide for the 2019-2021 CHNA development.

Over time, the priorities of ACH have changed to reflect the growing healthcare needs and changing demographics of Cayuga County residents. The issues brought to light in this Report represent the culmination of community collaboration to improve the social environment in which residents reside and where services are provided. ACH remains committed in transitioning its care model to support managing populations of patients,

with specific attention to social determinants of health, recognizing that health and well-being are shaped not only by behavior choices of individuals, but also by complex factors that influence individual choices.

The CDC Social Ecological Model



Social Ecological Model. Centers for Disease Control and Prevention web site.
<https://www.ahrq.gov/sites/default/files/publications/files/ccrmatlas.pdf>. Accessed August 27, 2019.

The Social-Ecological Model (SEM) is a public health framework that will provide ACH with a context to understand the various factors and behaviors that affect health and wellness. The behavior(s) of an individual can often be difficult to change and can be somewhat impossible to understand without first recognizing the uniqueness of the environment in which he/she lives. To improve behavior that aligns with health and wellness, the behavior of an individual and the different variables that influence his/her choices must be a focal point in the promotion of optimal health. The SEM plays a vital role in identifying variables that influence the behavior of an individual by considering interpersonal relationships, social influence, policy, and community factors. The SEM identifies trends and changes between the four factors of influence that impact the health and wellness of an individual. In the long run, the SEM is likely to have a deep impact on meaningful, impactful and sustainable interventions; thus, making a positive and long-lasting impression on health and wellness for residents of Cayuga County, with specific focus on individuals residing in rural communities. Significant influence was also placed on discussing social determinants of health.

The following excerpt, obtained from the ACH website, provides a description of the Mission, Vision, and Core Values of the organization, as well as demonstrating key quality and performance values. Auburn Community Hospital (ACH) is a not-for-profit, 99-bed acute care facility located in Auburn, New York. As the sole provider of acute and general hospital services in Cayuga County and the surrounding areas, the hospital serves a population of approximately 80,000 throughout the Finger Lakes region. More than 95% of the physicians on staff are board certified in at least one specialty.¹ The Mission, Vision, and Core Values are embodied in the hospital's culture. These core tenants are foundational to the work aimed to transform health care and express identified priorities when providing care and services, particularly to those most in need.

ACH's Mission

Our mission is to provide compassionate, quality care. We achieve this mission by:

- Emphasizing patient-centered healthcare, whether acute, outpatient or preventive care,
- Continuously improving the delivery and quality of care,
- Enhancing the health status of the community, and
- Optimally applying physical, financial and human resources, creating necessary alliances and partnerships

ACH's Vision

Our vision is to be the trusted, first choice provider of high-quality healthcare for our community, working together with our employees, medical staff and regional partners.

ACH's Core Values

Collaboration. We work with the people we serve, each other and our external partners to improve the health and well-being of our community.

Accountability. We each take personal responsibility for our performance and the performance of ACH in meeting the healthcare needs of our patients and community.

Respect. We treat customers, family members, co-workers, and community partners with dignity, sensitivity and consideration.

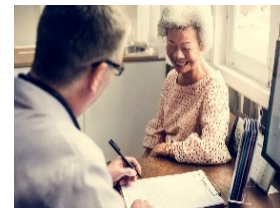
Excellence. We aspire to achieve the highest standards for clinical and service quality and commit to continually improving our knowledge and skills.

¹ Source: <https://auburnhospital.org/about-us/>

ACH's Continuous Improvement | Our Quality and Performance Values

Our definition of continuous quality improvement is: The process of continually assessing and improving the quality of services for our customers. We define quality as meeting or exceeding customer expectations at a cost that represents value to the customer.

- **Promotion of Wellness through Education.** We will partner with our community to provide patients, community members and employees with programs and services that increase their control over factors that improve personal wellness.
- **Quality Planning.** Using customer feedback, we will design, adjust and continuously improve our service. By planning, we will focus our energy and resources on those improvements that will help Auburn Community Hospital achieve and sustain quality leadership.
- **Education.** We will each strive to continuously learn about quality and service excellence, the tools we need to achieve both, and how we can incorporate quality and performance excellence into our daily life.
- **Excellence of Service.** We will strive to meet or exceed customers' expectations and will respond to customer needs quickly, efficiently and graciously.
- **Use of Quality and Performance Management Tools.** We will use measures to plot our performance and progress to discover where we are, deciding where we want to be and determining how to get there.
- **Effective Communication and Teamwork.** We will engender a climate of respect, empowering staff to make decisions and giving them the tools and resources, they need to get the job done. We will work as a team to efficiently complete our tasks and to eliminate barriers between departments.
- **Patient Care.** Improving patient care will be foremost in our minds. Working together, we will monitor and improve resource utilization, clinical outcomes and patient satisfaction.
- **Utilization Management.** Increased customer satisfaction and improved efficiency and clinical outcomes are our goals. We will strive continuously to discover better ways to do our jobs. By doing so, we will reduce waste, lower costs and improve service.



ACH remains committed to addressing community health needs by focusing on strategic priorities that demonstrate commitment to further the development of an integrated healthcare delivery system, increasing access to programs and services that support

health improvement in high-need populations including chronic disease management, child and adolescent health, and promoting a healthy and safe environment. ACH recognizes that to achieve its' vision to serve as the foundation for improving health, wellness and quality of life for residents in Cayuga County that collaboration and engagement with community partners are paramount to influence behavioral change. The application of the SEM model facilitates close examination of the physical, social, and environmental conditions that contribute to poor health requiring engagement of a cross-sector partnership to address social determinants of health and adopt community and policy level interventions.

ACH continues to be an active participant in transforming the Medicaid healthcare delivery system by working with more than 100 partnering organizations. ACH is one of the four founding members of CNYCC (Central New York Care Collaborative) Performing Provider System (PPS). This not-for-profit organization was brought into existence via the NYS DOH DSRIP program that is funded by CMS (Centers for Medicaid and Medicare Services). It has as its mission, the transformation of the health care delivery systems for the Medicaid, under insured, and uninsured population of our 6-county region. As the healthcare landscape continues to evolve in the Central New York and Cayuga County area, ACH remains committed to transitioning the care model in support of managing populations of patients.

ACH, in partnership with CCHD has identified the following the two Priorities Area Needs Themes as the key points of focus in the CHNA/CHIP:

Priority 1: Chronic Disease Treatment and Prevention w/ goals: Increase access to affordable healthy foods/healthy eating opportunities (availability of fruits and vegetables, and increase opportunities for physical activities to reduce obesity)

Priority 2: Improved Oral Health w/ goal: Increase healthcare services for low income populations

Section 2:

CHNA Development Process

The Community Health Needs Assessment (CHNA) is required by the Internal Revenue Service (IRS) in response to regulations set forth in the Patient Protection & Affordable Care Act (PPACA) so that a hospital's not-for-profit status can be maintained. Enacted on March 23, 2010, the PPACA requires not-for-profit hospital organizations to conduct a CHNA once every three years. The CHNA is required to solicit input from the community served by the hospital facility. The final CHNA document is available to the public via the ACH website or upon request. ACH worked collaboratively with CCHD to fulfill the requirements of the CHNA as well as New York State mandated needs assessment work to optimize resources.

ACH and CCHD engaged with RMS Healthcare to assist with the development of its CHNA. RMS Healthcare works with delivery systems to conduct community health needs assessments, facilitate clinical integration, assist with payer contracting, establish patient registries, data warehouses, and metric dashboards to help systems advance improvements in community population health, and measure satisfaction of the various stakeholder groups.

The RMS Healthcare team followed a thorough, rigorous, and comprehensive process, assisting ACH and CCHD with conducting the CHNA. Additionally, the RMS Healthcare team worked with ACH and CCHD to review and incorporate data from existing community healthcare focused initiatives already underway through collaborations with the county health department, community-based organizations, and area healthcare systems. The CHNA process included the following components:

- Demographic, Sociographic, and Health Status Profile of the Community;
- Inventory of Health-related Resources in the Community;
- In-Depth Interviews with Key Stakeholders;
- Review of Community Feedback from Consulting Work Associated with CCHN;
- Gap Analysis and Identification of Community Health Needs;
- Community Health Needs Prioritization; and
- Community Health Improvement Plan (IP) development.

The CHNA and implementation plan are dynamic operative and iterative documents to be used throughout the multi-year community engagement process and drive informed decision-making with the goal of measurably improving community health outcomes. RMS Healthcare worked closely with members of the community and the ACH and CCHD strategic team to conduct and compare findings of the assessment. This CHNA is comprised of primary and secondary research (which included quantitative and qualitative analysis) conducted by RMS Healthcare to serve as a guide for the ACH CHNA for 2019-2021.

The 2019-2024 New York State Department of Health Prevention Agenda (Prevention Agenda) was also a key guide in the development of priorities and in selecting evidence-based strategies to ensure chosen priorities will be implemented with a targeted focus to improve health outcomes. The Prevention Agenda provides a blueprint to improve the health and well-being and to promote health equity across populations who experience disparity. The prioritization of five priority areas are as follows:²

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants, and Children
- Promote Well-being and Prevent Mental and Substance Use Disorders

² Source: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

- Prevent Communicable Diseases

The objectives of the CHNA process are:

- To profile the community in terms of demographic, sociographic, and traditional health-related measures to obtain a clear understanding of the health status of the populations served by ACH;
- To ensure that members of the community are represented in the needs assessment process, including traditionally under-represented and/or vulnerable populations such as the medically underserved, low income, minority populations, as well as populations with chronic disease needs; and
- To use information gathered in the CHNA to identify the health needs of the community and develop a prioritized implementation action plan to address these needs.

In order to obtain the desired information and meet the objectives of the CHNA, two essential secondary research components were conducted: (1) a demographic profile of the ACH primary service area using the most current census and healthcare data available and (2) an inventory of current services available within the service area to meet the healthcare and wellness needs of residents. Additional detail regarding the primary and secondary resources used in the development of the 2019-2021 CHNA can be found below.

Primary Research Resources

- Findings from (12) in-depth telephone interviews with key community stakeholders in Cayuga County. Input was also obtained from the Cayuga Care Transition Coalition membership to augment the findings from the in-depth telephone interviews
- Findings from a survey distributed to community residents in Cayuga County. A total of 869 responses (collected both on-line and in-person) were included in the survey analysis

Secondary Research Resources

- eSite Analytics (previously Alteryx, Inc.)
- American Community Survey data provided by the U.S. Census
- Cayuga County Department of Health Data
- New York State Prevention Agenda 2013-2018 data sets
- New York State Prevention Agenda 2019-2024 plan
- New York State Community Health Indicator Reports
- Healthy People 2020

- CCHD/ACH Community Health Improvement Plan & Community Service Plan 2016-2018

“ It is my strong belief that not one agency in our great county can serve our community alone. It is imperative that we build a strong collaboration amongst all social service providers in order to create a safety net for those we serve and who need our help the most. Creating a comprehensive Community Service Plan via this needs assessment has allowed us the service providers to identify the gaps in service so that those gaps can be closed and a seamless system of care can be implemented. Some of our most vulnerable residents depend on us so it is imperative that we understand where our shortcomings are and that we work together to provide the best care available.”

— Shawn Butler | Auburn Police Department, Chief of Police

Section 3:

Community Description: Demographics & Service Area

Auburn Community Hospital
Primary Service Area: Cayuga County



Primary Service Area

ACH is located within Cayuga County, in the City of Auburn, New York.

ACH's primary service area (PSA) encompasses the entirety of Cayuga County, and includes ZIP codes within Cayuga, Onondaga, Seneca, and Wayne counties. The PSA encompasses most of Cayuga County.

For the purpose of the CHNA, the hospital's focus is on Cayuga County. Cayuga County has a population of 78,494 (2018) individuals.

Method Used to Determine the PSA

The PSA definition used by ACH is consistent with physician needs assessment methodologies based on qualitative standards established by the Internal Revenue Service (IRS). These standards are referenced in a variety of General Counsel Memorandums and reinforced by the IRS' private letter ruling with Hermann Hospital, and by its Final Revenue Ruling on Physician Recruitment (Revenue Rule 97-21).

Communities Served

Cayuga County includes the city of Auburn, as well as the 23 townships of Aurelius, Brutus, Cato, Conquest, Fleming, Genoa, Ira, Ledyard, Locke, Mentz, Montezuma, Moravia, Niles, Owasco, Sennett, Scipio, Sempronius, Springport, Sterling, Summerhill, Throop, Venice, and Victory. There are nine villages within Cayuga County, including Aurora, Cato, Cayuga, Fair Haven, Meridian, Moravia, Port Byron, Union Springs, and Weedsport.

Population Attribute

The socioeconomic and demographic characteristics of a population are directly related to the utilization of healthcare services, healthcare access, and health behaviors. In turn, these factors will play a vital role on the population as it relates to health. Additional detailed population information follows.

Disability – Cayuga County (2016)

According to the NYS Department of Health, just over a quarter of the Cayuga County population (25.5%) is living with a disability. Specifically, just over 12% (12.4%) of Cayuga County residents have a mobility disability, while 10.9% are living with a cognitive disability. Fewer residents live with an independent living disability (8%), vision disability (2.8%), or self-care disability (2.6%).

Reference Chart: 3.1

Demographic Characteristics

Population and Gender Trend – Cayuga County (2000-2023)

According to the U.S Census Bureau, Cayuga County has experienced a decline (about 4%) in population from 2000-2018. The County's population is expected to continue to see a very small decline of 65 individuals through 2023. The County's gender distribution is nearly equal, with slightly more males than females.

Reference Chart: 3.2

Population by Age – Cayuga County (2000-2023)

Within Cayuga County, the largest population of residents are individuals between the ages of 55-64, and those who are 85 years of age or older encompass the smallest age group. There is nearly equal distribution in the population across age groups for those between 25 and 74 years of age.

Reference Chart: 3.3

Population by Race/Ethnicity – Cayuga County (2000-2023)

The most common racial population in Cayuga County is White (90.8%); followed by those who identify as Black or African American (4.3%). Population distribution by race is expected to remain relatively unchanged through 2023.

Reference Chart: 3.4

Socio-economic Characteristics

Per Capita Income – Cayuga County (2000-2023)

The per capita income for Cayuga County has been steadily lower than that of New York State. This trend is expected to continue through 2023. However, the 14.3% increase in per capita income for Cayuga County is on par with the 14.7% increase in per capita income for New York State projected from 2018-2023.

Reference Chart 3.5

Population Living Below Federal Poverty Level – Cayuga County (2013-2017)

Currently, 8.4% of Cayuga County families are living below the poverty line. Only 2.9% of married couple families are living below the poverty line, while 26.5% of families with a female householder, no husband present are living below the poverty line. Within this group, those with related children under 5 years old are the most impoverished in Cayuga County (51.6%).

Reference Chart: 3.6

Employment Rate – Cayuga County, New York State, United States (2013-2017)

The majority of Cayuga County's population is employed (58%; 37,196), with only 4% (2,340) unemployed. The remaining 38% (25,043) of the population is not active in the workforce. This is comparable to New York State, with 59% (9,467,631) of the population employed, 4% (685,368) unemployed, and 37% (5,904,779) inactive in the workforce.

Reference Chart: 3.7

Industries of Employment – Cayuga County (2013-2017)

The most common industry of employment for Cayuga County is “educational services, and healthcare and social assistance” (26.6%), followed by “manufacturing” (14.4%), and “retail trade” (11.2%).

Reference Chart: 3.8

Health Insurance Coverage – Cayuga County, New York State (2013-2017)

In Cayuga County, approximately 94% of all individuals have health insurance coverage.

The uninsured rate for Cayuga County is higher than the overall New York State for those under 19 years old, but lower than the NEW YORK STATE rate for those 19 years or older.

Reference Chart: 3.9

Educational Attainment – Cayuga County (2000-2018)

Cayuga County has experienced an increase in the educational attainment rate over the past 10 years, with 86.9% of its population having earned at least a high school diploma in 2018 (up from 79.1% in 2000). The educational statistics for the County are expected to remain relatively unchanged through the year 2023.

Reference Chart: 3.10

Vehicles Per Household – Cayuga County (2013-2017)

In Cayuga County, 4.2% of residents do not have access to a home vehicle, while 20.9% have access to one vehicle and 74.6% have access to 2 or more vehicles.

Reference Chart 3.11

Chart 3.1 Disability

New York State Department of Health - Cayuga County		
Indicator	Percentage	95% CI
Percentage of adults with an independent living disability	8	[5.1-10.9]
Percentage of adults with a mobility disability	12.4	[8.9-15.8]
Percentage of adults with a self-care disability	2.6	[1.2-4.0]
Percentage of adults with a vision disability	2.8	[1.4-4.3]
Percentage of adults with a hearing disability	6.1	[3.6-8.6]
Percentage of adults with cognitive disability	10.9	[7.6-14.1]
Percentage of adults with a disability	25.5	[20.9-30.1]

*Data collected from NYSDOH-Division of Chronic Disease Prevention: Information for Action Reports-Disability and Health

Chart 3.2 Population and Gender Trend (2000-2023)

Population Trends - Cayuga County									
	2018A Estimate				2023 Projection		2018A to 2023 Variance		
Total	81,964		80,027		78,494		78,429		-0.1%
Male	41,411	50.5%	40,834	51.3%	40,240	51.4%	40,291	51.4%	0.1%
Female	40,553	49.5%	39,193	48.7%	38,254	48.6%	38,138	48.6%	-0.3%

*Data collected from eSite Analytics

Chart 3.3 Population by Age (2000-2023)

Population Age - Cayuga County									
Age	2000 Census		2010 Census		2018A Estimate		2023 Projection		2018A to 2023 Variance
0 to 4	4,779	5.8%	4,262	5.3%	3,955	5.0%	3,863	4.9%	-2.3%
5 to 14	11,820	14.4%	9,687	12.1%	8,845	11.3%	8,594	11.0%	-2.8%
15 to 19	6,180	7.5%	5,543	6.9%	4,856	6.2%	4,585	5.8%	-5.6%
20 to 24	4,545	5.5%	4,778	6.0%	4,977	6.3%	5,079	6.5%	2.0%
25 to 34	10,410	12.7%	9,424	11.8%	9,897	12.6%	9,854	12.6%	-0.4%
35 to 44	13,834	16.9%	10,328	12.9%	8,885	11.3%	8,998	11.5%	1.3%
45 to 54	11,392	13.9%	13,132	16.4%	11,234	14.3%	10,030	12.8%	-10.7%
55 to 64	7,162	8.7%	10,637	13.3%	11,930	15.2%	11,552	14.7%	-3.2%
65 to 74	5,843	7.1%	6,192	7.7%	7,966	10.1%	9,080	11.6%	14.0%
75 to 84	4,463	5.4%	3,969	5.0%	3,920	5.0%	4,682	6.0%	19.4%
85+	1,535	1.9%	2,074	2.6%	2,028	2.6%	2,111	2.7%	4.1%

*Data collected from eSite Analytics

Chart 3.4 Population by Race/Ethnicity (2000-2023)

Race/Ethnicity - Cayuga County									
	2000 Census		2010 Census		2018A Estimate		2023 Projection		2018A to 2023 Variance
White	76,449	93.3%	74,043	92.5%	71,766	91.4%	71,191	90.8%	-0.8%
Black or African American	3,004	3.7%	3,195	4.0%	3,315	4.2%	3,386	4.3%	2.1%
American Indian and Alaska Native	279	0.3%	283	0.4%	336	0.4%	347	0.4%	3.3%
Asian/Native Hawaiian/Other Pacific Islander	400	0.5%	421	0.5%	522	0.7%	568	0.7%	8.8%
Some Other Race	764	0.9%	654	0.8%	801	1.0%	911	1.2%	13.7%
Two or More Races	1,068	1.3%	1,431	1.8%	1,754	2.2%	2,026	2.6%	15.5%

*Data collected from eSite Analytics

Chart 3.5 Per Capita Income (2000-2023)

Per Capita Income		
Year	Cayuga County	New York State
2000	\$17,115	\$23,014
2010	\$24,201	\$31,527
2018A	\$27,437	\$36,570
2023	\$31,362	\$41,928
Percent Change (2018A – 2023)	14.3%	14.7%

*Data collected from eSite Analytics

Chart 3.6 Individuals Living Below Federal Poverty Level (2013-2017)

Population Living Below the Poverty Level - Cayuga County	
Population	Percent Below Poverty Level
All Families	8.40%
With related children under 18 years	15.20%
With related children under 5 years only	18.20%
Married couple families	2.90%
With related children under 18 years	4.90%
With related children under 5 years only	4.90%
Families with female householder, no husband present	26.50%
With related children under 18 years	33.10%
With related children under 5 years only	51.60%
All People	11.6%
Under 18 Years	17.20%
Related children under 18 years	16.70%
Related children under 5 years	19.5%
Related children 5 to 17 years	15.7%
18 years and over	10.2%
18 to 64 years	11.1%
65 years and over	7.00%

*Data collected from 2013-2017 American Community Survey

Chart 3.7 Employment/Unemployment Rate (2013-2017)

Employment Rates			
Employment	Cayuga County	New York	United States
In Labor Force	39,549	10,176,202	162,184,325
Employed	37,196	9,467,631	150,559,165
Unemployed	2,340	685,368	10,560,305
Not in Labor Force	25,043	5,904,779	93,613,367

*Data collected from 2013-2017 American Community Survey

Chart 3.8 Industries of Employment (2013-2017)

Industries of Employment - Cayuga County	
Employment Industry Category	2013-2017 ACS 5 Year Estimate*
Agriculture, forestry, fishing and hunting, and mining	3.70%
Construction	6.40%
Manufacturing	14.40%
Wholesale trade	2.40%
Retail trade	11.20%
Transportation and warehousing, and utilities	4.90%
Information	1.20%
Finance and insurance, and real estate and rental and leasing	3.30%
Professional, scientific, and management, and administrative and waste management services	6.10%
Educational services, and health care and social assistance	26.60%
Arts, entertainment, and recreation, and accommodation and food services	8.30%
Other services, except public administration	5.10%
Public administration	6.50%

*Data from 2013-2017 ACS 5 Year Estimate

Chart 3.9 Health Insurance Coverage (2013-2017)

Health Insurance Coverage (2013-2017 ACS 5 Year Estimate)		
Health Insurance	Cayuga County	NY State
% of non-institutionalized civilian population without health insurance coverage	6.50%	7.60%
Uninsured by Age Group		
Under 19	5.20%	3.10%
Age 19 to 64	8.80%	10.80%
Age 65+	0.10%	0.90%

*Data collected from 2013-2017 American Community Survey

Chart 3.10 Education Attainment (2000-2018)

Educational Attainment (age unspecified) - Cayuga County								
Education	2000 Census		2010 Census		2018A Estimate		2023 Projection	2018A to 2023 Variance
Grade K - 8	2,457	4.5%	1,399	2.5%	1,248	2.2%	1,238	-0.8%
Grade 9 - 11	8,627	15.8%	5,362	9.6%	5,466	9.8%	5,488	0.4%
High School Graduate	19,645	35.9%	20,141	36.1%	19,073	34.1%	19,075	0.0%
Some College, No Degree	9,504	17.4%	9,888	17.7%	10,406	18.6%	10,543	1.3%
Associates Degree	5,569	10.2%	7,944	14.3%	7,811	14.0%	7,862	0.7%
Bachelor's Degree	5,078	9.3%	5,822	10.4%	6,599	11.8%	6,755	2.4%
Graduate Degree	3,415	6.3%	4,399	7.9%	4,655	8.3%	4,756	2.2%
No Schooling Completed	363	0.7%	801	1.4%	602	1.1%	590	-2.0%
Age 25+ Population	54,658		55,756		55,860		56,307	0.8%

*Data collected from eSite Analytics

Chart 3.11 Transportation

Vehicles Per Household - Cayuga County		
	Estimate	Percent
Number of Vehicles Available		
0 Vehicles Available	1,521	4.2%
1 Vehicle Available	7,505	20.9%
2 Vehicles Available	15,649	43.7%
3+ Vehicles Available	11,078	30.9%
Commuting to Work		
Car, truck or van — drove alone	29,759	83%
Car, truck or van — carpooled	2,631	7.35%
Public transportation	338	0.95%
Walked	1,408	3.90%
Other Means	498	1.39%
Worked at Home	1,119	3.13%

*Data collected from 2013-2017 American Community Survey

Section 4:

Community Resources Available to Address Community Health Needs

In order to obtain the desired information and meet the objectives of the CHNA, RMS Healthcare conducted an inventory of the current services available within the ACH service area to meet the healthcare and wellness needs of residents.

Cayuga County's Primary Health System

- ACH, a not-for-profit, 99-bed acute care facility, located in Auburn, New York is the primary health system serving Cayuga County. As the sole provider of acute and general hospital services in Cayuga County and the surrounding areas, the hospital serves a population of approximately 80,000 throughout the Finger Lakes region. Services provided by the hospital include Behavioral Health, Cardiac Rehabilitation, Cardiovascular lab, Laboratory and Diagnostic Imaging, Emergency Medicine, Endoscopy, Bariatrics, Neurology and Stroke Care, Nutrition Counseling, Obstetrics and Gynecology, Orthopedics, and Rehabilitation. ACH has 129 employed physicians on staff, serving multiple specialties.
- In addition, Auburn Memorial Medical Services, P.C., affiliated with ACH is a multispecialty group practice established to bring quality healthcare providers to the Auburn and surrounding areas of Cayuga County. Established in 2007 with an Orthopedic practice, the hospital owned PC has eleven specialties including: Family Medicine, Diabetes and Endocrinology, ENT, Gastroenterology, General Surgery, Hematology Oncology, Internal Medicine, Neurology, OBGYN, Orthopedic and Podiatric Surgery, Primary Care, and Pulmonary, Psychiatry, Sleep Medicine and Urology. Offices are conveniently located within walking distance of Auburn Community Hospital. All ancillary services (radiology, laboratory, MRI, audiometry, pulmonary function testing) are easily accessible from all office locations. Additionally, all members of the medical staff maintain full hospital privileges at Auburn Community Hospital.³
- The hospital also has 3 urgent care centers located in Auburn and Skaneateles providing rapid quality care for non-emergent conditions. The goal of the urgent care centers is to provide convenient care for those times when a private doctor is not available. Service includes care for minor medical needs, lab and port draws and X-rays.⁴
- ACH is also affiliated with Finger Lakes Center for Living, a short-term rehabilitation and long-term residential care facility, which offers high-quality care in a compassionate manner. This is an 80-bed skilled nursing facility. The scope of

³ Source: <https://www.auburnmedicalsolutions.com/>

⁴ Source: <https://auburnhospital.org/programs-services/urgent-care-clinics/>

services for inpatient, outpatient and community services can be found on the hospital's website.⁵

“ The Town of Sterling welcomes input of our residents in formatting the Cayuga County Health Needs Assessment and the Community Services Plan. As the northernmost town in the county with no medical nor dental services available within the Town, it is important to recognize that all residents have to leave the Town, and most leave the County, for medical & dental services. With the Senior population in the Town of Sterling, it is important for the county to recognize the valuable services provided by programs such as Meals on Wheels and the SCAT Van for transportation. Provision of additional services such as vision, hearing & cognitive screenings along with medical & dental—perhaps through a mobile medical/dental unit—would be advantageous for all of Sterling residents. ”

— June Smith, Sterling Town Supervisor

Providers

In 2018, ACH, in collaboration with Stroudwater Associates, a leading national healthcare consulting firm, facilitated the development and execution of a three-year strategic plan. Physician integration was identified as an area of opportunity within the scope of the assessment. Specific attention was aimed to improve specialty care provider integration through collaboration with healthcare delivery systems to the east and west of the primary service area of ACH. The hospital has affiliation with physicians specializing in the following medical specialties, including allergy/immunology, anesthesiology, cardiology, critical care, dentistry, dermatology, emergency medicine, endocrinology, gastroenterology, hematology/oncology, infectious disease, nephrology, neurology, neurospine, obstetrics/gynecology, otolaryngology, pathology, pediatrics, podiatry, psychiatry, pulmonology, primary care, ophthalmology, orthopedics, surgery, and urology.

The strategic plan included four research components, including:

1. **Assessment of service** area medical market conditions,
2. **Determine the need for physician** services within the defined service area,
3. **Examine staff physician** and advanced provider services for key areas of focus, and
4. **Explore strategic opportunities** for expansion within service lines and the community.

RMS Healthcare also conducted a review of other healthcare services and resources available to Cayuga County residents that can help maintain and promote healthy living. ACH continues to be an active participant in transforming the healthcare delivery system across all payers by working with over 100 partnering organizations.

⁵ Source: <https://auburnhospital.org/programs-services/fingerlakes-center-for-living/>

These services can be viewed as additional tools available to support and contribute to the overall community health status. A robust list of community services offered in Cayuga County, and surrounding counties (Monroe, Livingston, Ontario, Wayne and Seneca) is published by the Finger Lakes Information and Referral Service. A complete listing of these agencies can be found on the website: <https://211lifeline.org/>

Additionally, the Human Services Coalition of Cayuga County publishes a Living in Cayuga County Community Directory. The 2017-2018 directory can be found on the website: <http://www.human-services.org/>. At the time of writing and publishing the 2019-2021 CHNA report, the 2019 directory is only available in hard copy and can be mailed upon request by submitting a request in writing to: admin@human-services.org.

“ This process has helped provide our agency with a reason to pause and review the comments and information we’ve gleaned from our clients in order to make sure we’re moving in the best direction to serve them. This, in turn, contributes to this county-wide effort for all organizations to continue to strengthen partnerships and collectively build momentum on the community priorities to ensure Cayuga County residents thrive. ”

— Jessica Soule, Executive Director of
Cayuga Community Health Network



Section 5:

Community Health Need Status

Cayuga County's health status continues to be a low performing county in several areas when compared to national, New York State and historical county specific measures. The information that follows identifies health need status concerns from varying secondary data sources.

Since 2014, ACH has been working as part of a consolidated health provider team, engaging in work aligned with the New York State Medicaid and uninsured Delivery System Reform Incentive Payment (DSRIP) program for the Central New York Area. Initially, ACH, Faxon St. Luke's Healthcare, St. Joseph's Hospital Health Center, and Upstate University Hospital led 4 separate Performing Provider Systems (PPSs) with overlapping networks, separate Project Advisory Committees (PACs), and independent projects. The four health systems eventually established a single PPS, Central New York Care Collaborative (CNY Cares)⁶. This collaboration demonstrates a common vision to make significant differences in the lives of the most vulnerable populations in Central New York. The co-leads developed a governance model for representative decision-making, network accountability effective performance, and sustainability. The bylaws assured balanced decision-making, a robust committee structure, inclusive communications and transparency, joint planning and strong oversight of network performance. CNY Cares focused its' mission on reducing the number of unnecessary emergency room visits, unnecessary admissions, and avoidable readmissions by looking for ways to address community health issues by providing greater access to existing services. CNY Cares' vision is to improve the health of the community by coordinating services and building partnerships throughout the healthcare system.

ACH and CCHD remain active partners with CNY Cares and fully embrace the guiding principles⁷:

- **Better Integrate Services** – Improve patient outcomes through a comprehensive approach to care delivery at all levels of the healthcare system
- **Lower the Cost of Healthcare** – Coordinate healthcare services between providers to deliver the highest quality of patient care
- **Collaborate on Patient Care** – Improve patient outcomes and the overall health of the communities we serve

⁶ Source: <https://cnycares.org>

⁷ Source: <https://cnycares.org/what-is-the-cnycc/>

- **Improve Healthcare Quality** – Reduce dependency on hospitalization, emergency care, an avoidable utilization of services through improved care coordination

ACH and CCHD, in partnership with key community stakeholders will remain actively engaged in embodying the mission, vision and principles of CNY Cares through collaborative priorities aimed to improve health outcomes associated with identified health need priorities over the next three years.

Cayuga County Health Status in Comparison with New York State Health Status

The Prevention Agenda aligns with the National Healthy People 2020 goals established by the Office of Disease Prevention and Health Promotion of the Federal government. The Prevention Agenda is managed and updated by the New York State Public Health and Health Planning Council at the request of the NYSDOH and is aimed to improve the health and well-being of NYS residents and to reduce disparities. There are six major Prevention Agenda categories defined by the NYSDOH. Those areas in which Cayuga County demonstrated no change and or worsened are detailed below by objective:⁸ Those areas that remained static are presented below with an asterisk (*), in comparison to those areas that have worsened are **bolded** for reference.

1. Improve Health Status and Reduce Health Disparities

- a. Percentage of premature deaths (before age 65 years)*
- b. **Premature deaths: Ratio of black non-Hispanics to White no-Hispanics**
- c. Age-adjusted preventable hospitalization rate per 10,000 – Aged 18+ years*
- d. Percentage of adults (aged 18-64) with health insurance*
- e. Age-adjusted percentage of adults who have a regular health care provider – Aged 18 + years*

2. Promote a Healthy and Safe Environment

- a. Rate of emergency department visits due to falls per 10,000 – Aged 1-4 years*
- b. Rate of occupational injuries treated in ED per 10,000 adolescents – Aged 15-19 years*
- c. **Percentage of employed civilian workers aged 16 and over who use alternate modes of transportation to work or work from home**
- d. Percentage of residents served by community water systems with optimally fluoridated water*

⁸ Source:
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=5&cobj=1&ccomp=2&ccomp=3

3. Prevent Chronic Diseases

- a. Percentage of adults who are obese*
- b. Percentage of cigarette smoking adults*
- c. Percentage of adults who received a colorectal cancer screening based on the most recent guidelines – Aged 50-75 years*
- d. Age-adjusted heart attack hospitalization rate per 10,000 population*
- e. **Rate of hospitalizations for short-term complications of diabetes per 10,000 18+ years**

4. Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections

- a. Percentage of children with 4:3:1:3:3:1:4 immunization series - Aged 19-35 months*
- b. Percentage of adolescent females that received 3 or more doses of HPV vaccine - Aged 13-17 years*
- c. **Percentage of adults with flu immunization – Aged 65+ years**

5. Promoting Healthy Women, Infants, and Children

- a. **Premature births: Ration of Hispanics to White non-Hispanics**
- b. **Premature births: Ratio of Medicaid Births to non-Medicaid births**
- c. Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs*
- d. Percentage of children (aged under 19 years) with health insurance*
- e. Percentage of children aged 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs*
- f. Percentage of children aged 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs*
- g. Percentage of unintended pregnancy among live births*
- h. Percentage of women (aged 18-64) with health insurance*
- h. **Unintended pregnancy: Ration of Medicaid births to non-Medicaid births***
- i. Percentage of live births that occur within 24 months of a previous pregnancy*

6. Promote Mental Health and Preventing Substance Abuse

- a. Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month*
- b. Age-adjusted percentage of adult's binge drinking during the past month*

The Prevention Agenda tracking tool available on the NYSDOH website provides baseline data from 2013-2018 for most indicators, which is used to compare Cayuga County to

other counties in NYS (in particular, the Central New York Region, which includes the following counties: Cayuga, Cortland, Madison, Oneida, Onondaga, Oswego) and the NYS 2018 Goals. The NYS Community Health Indicator Reports (CHIRS), HealtheCNY data and County Health Rankings for Cayuga County were also referenced during a review of secondary research. County Health Rankings identify the status of residents, known as health outcomes, and how healthy a county will be in the future, known as health factors. Health outcomes weigh on the length of life and quality of life equally, and health factors are comprised of health behaviors, clinical care, social and economic factors, and physical environment. Data from these sources better assisted ACH with understanding what influences the health of residents.

Prevent Chronic Disease – Cayuga County, New York State (2012-2016)

The rate of hospitalizations for short-term complications of diabetes among those 18+ years old was moderately higher than the Prevention Agenda objective. Similarly, the percentage of adults smoking cigarettes is significantly higher than the Prevention Agenda objective. The same is true for the percentage of children aged 2-4 years who are obese (CHIRS) and the percentage overweight or obese (85th percentile or higher) - Students (with weight status information in SWSCRS) in elementary, middle and high school. The areas where the County did not meet the Prevention Agenda or CHIRS objectives for chronic disease treatment and prevention and childhood obesity, are areas of opportunity in considering how to best meet the needs of residents within Cayuga County. Primary research also supports these findings. In-depth interview respondents, Cayuga Care Transition Coalition respondents, as well as online survey respondents noted the importance of chronic disease treatment and prevention.

The Cayuga County health indicator rates were in line with the Statewide CHIRS rates for several indicators, including: age-adjusted percentage of adults with obesity (BMI 30+), age-adjusted percentage of adults who participated in leisure time physical activity in the past 30 days, age-adjusted percentage of adults who reported consuming less than one fruit or vegetable daily (no fruits and vegetables), age-adjusted percentage of adults with physician diagnosed diabetes, and age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease, or stroke). Similarly, Cayuga County's rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6-17 years was slightly lower than the Prevention Agenda objective. These are areas where the County met or exceeded Statewide performance and expectations.

Reference Chart: 5.1; Appendix I - In-Depth Interview Findings; Appendix II - Online Survey Findings

Substance Abuse/Injury/Mental Health Indicators – Cayuga County, New York State (2012-2016)

Cayuga County fell below the Prevention Agenda objective for several substance abuse/injury/mental health indicators, including age-adjusted percentage of adults with

poor mental health for 14 or more days in the last month, age-adjusted percentage of adults binge drinking during the past month, and the age-adjusted suicide death rate per 100,000 population. The County fell just slightly below the Prevention Agenda objective for the rate of emergency department visits due to falls per 10,000 for those aged 1-4 years. Similarly, the Cayuga County rate is significantly worse than the Statewide rate for the following CHIRS indicators: age-adjusted suicide mortality rate per 100,000, age-adjusted self-inflicted injury hospitalization rate per 10,000, alcohol related motor vehicle injuries and deaths per 100,000, age-adjusted falls hospitalization rate per 10,000, motor vehicle mortality rate per 100,000, and age-adjusted non-motor vehicle mortality rate per 100,000. The areas where the County fell below the Statewide CHIRS rate and Prevention Agenda objectives related to mental health, behavioral health, substance abuse, and injury are areas of opportunity in considering how best to meet the needs of residents within Cayuga County. Primary research also supports these findings. In-depth interview respondents, Cayuga Care Transition Coalition respondents as well as online survey respondents noted the importance of increasing services for mental and behavioral health, as well as increasing services for substance abuse.

Cayuga County exceeded the Prevention Agenda objective for some measures, including the rate of hospitalizations due to falls per 10,000 for those 65+ years, and assault-related hospitalization rate per 10,000 population. Similarly, Cayuga County was in line with CHIRS Statewide rates for the suicide mortality rate per 100,000, suicide mortality for those aged 15-19 years old, and the traumatic brain injury hospitalization rate. These are areas where the County met or exceeded Statewide performance and expectations. Reference Chart: 5.2; Appendix I - In-Depth Interview Findings; Appendix II - Online Survey Findings

Improve Health Status and Reduce Health Disparities – Cayuga County, New York State (2012-2016)

In terms of health status and disparities, Cayuga County fell below the Prevention Agenda objective for several indicators, including: premature deaths: ratio of Black non-Hispanics to White non-Hispanics, age-adjusted preventable hospitalization rate per 10,000 - aged 18+ years, percentage of adults (aged 18-64) with health insurance, and the age-adjusted percentage of adults who have a regular healthcare provider - aged 18+ years. Similarly, the County significantly underperformed compared to NYS (excluding NYC) for most CHIRS indicators related to oral health, spanning all ages and in particular among low-income populations. Data for NYS (overall) was not available for most oral health indicators. The areas where the County fell below the Statewide CHIRS rate and Prevention Agenda objectives for chronic disease treatment and prevention as well as oral health (with a focus on low income populations) are areas of opportunity in considering how best to meet the needs of residents within Cayuga County. Primary research also supports these findings. In-depth interview respondents, Cayuga Care Transition Coalition

respondents, as well as online survey respondents noted the importance of improving oral health and focusing on chronic disease treatment and prevention.

Cayuga County was in line with or exceeded Prevention Agenda objectives for several health status indicators, including: percentage of premature deaths (before age 65 years), premature deaths: ratio of Hispanics to White non-Hispanics, preventable hospitalizations: ratio of Black non-Hispanics to White non-Hispanics, and preventable hospitalizations: ratio of Hispanics to White non-Hispanics. Similarly, the County performance was comparable to NYS (excluding NYC) regarding the age-adjusted percentage of adults who had a dentist visit within the last year, and the percentage of 3rd grade children reported taking fluoride tablets regularly. These are areas where the County met or exceeded Statewide performance and expectations.

Reference Chart: 5.3; Appendix I - In-Depth Interview Findings; Appendix II - Online Survey Findings

Promote a Healthy and Safe Environment – Cayuga County New York State (2013-2017)

The County did not meet the Prevention Agenda objective for several indicators related to promoting a healthy and safe environment, including the percentage of population with low-income and low access to a supermarket or large grocery store, and the percentage of residents served by community water systems with optimally fluoridated water. Similarly, the Cayuga County CHIRS rate was significantly worse than the Statewide percentage of children born in 2013 with a lead screening for those aged 9-17 months, 18-35 months, and those who have had at least two lead screenings by 36 months. The areas where the County fell below the Statewide CHIRS rate and Prevention Agenda objectives for healthy eating opportunities, oral health, and routine childhood screenings are areas of opportunity in considering how best to meet the needs of residents within Cayuga County. Primary research also supports these findings. In-depth interview respondents, Cayuga Care Transition Coalition respondents, as well as online survey respondents noted the importance of improving oral health and providing healthy eating opportunities.

Cayuga County performed well for other CHIRS indicators, including the percentage of children born in 2013 with a lead screening aged 0-8 months, and as it relates to elevated blood levels for those 16+ years old. These are areas where the County met or exceeded Statewide performance and expectations.

Reference Chart: 5.4; Appendix I - In-Depth Interview Findings; Appendix II - Online Survey Findings

Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare - Associated Infections - Cayuga County, New York State (2014-2016)

As it relates to preventing HIV, sexually transmitted diseases, vaccine preventable diseases, and healthcare-associated infections, Cayuga County fell below the Prevention Agenda objective for some measures, including the percentage of adults aged 65+ with flu immunizations. The percentage of children who received the 4:3:1:3:3:1:4 immunization series - aged 19-35 months. Cayuga County is currently at a rate of 75.5% and the Prevention Agenda Goal is 80%. and the percentage of adolescent females that received 3 or more doses of HPV vaccine - aged 13-17 years fell just slightly below the Prevention Agenda rate. Cayuga County is currently at 46.3% and the Prevention Agenda goal is 50%. The areas where the County fell below the Prevention Agenda objectives as it relates to sexual wellness, vaccines and infections are areas of opportunity in considering how best to meet the needs of residents within Cayuga County.

Cayuga County's rate was more favorable than the Prevention Agenda objective for some Prevention Agenda indicators, including newly diagnosed HIV case rate per 100,000 population, and the chlamydia case rate per 100,000 women aged 15-44 years. Similarly, the County rate was significantly better than the NYS rate for newly diagnosed HIV case rate per 100,000, age-adjusted newly diagnosed HIV case rate per 100,000, AIDS case rate per 100,000, early syphilis case rate per 100,000, and the gonorrhea case rate per 100,000 for those 15-19 years old. These are areas where the County met or exceeded Statewide performance and expectations.

Reference Chart: 5.5

Promote Healthy Women, Infants, and Children – Cayuga County, New York State (2014-2016)

Cayuga County fell below some Prevention Agenda objectives related to promoting health women, infants, and children. For example, the percentage of unintended pregnancy among live births, and the percentage of women (aged 18-64) with health insurance. The areas where the County fell below the Prevention Agenda objectives for healthy women, infants, and children are areas of opportunity in considering how best to meet the needs of residents within Cayuga County.

The County was in line with or exceeded Prevention Agenda objectives for several indicators, including the percentage of infants exclusively breastfed in the hospital, exclusively breastfed: ratio of Black non-Hispanics to White non-Hispanics, and exclusively breastfed: Ratio of Hispanics to White non-Hispanics. Similarly, Cayuga County was in line with or performed better than the Statewide CHIRS rate as it relates to the mortality rate per 1,000 live births - Infant (<1 year), percentage of births with early (1st trimester) prenatal care, and the percentage of births with late (3rd trimester) or no prenatal care. ACH and CCHD are working to address the initiation and duration rates for breastfeeding. Short-term and long-term duration rates drop-off post hospital discharge.

Reference Chart: 5.6

Cancer Indicators – Cayuga County, New York State (2013-2016)

In terms of cancer indicators, Cayuga County fell below the CHIRS Statewide rate for some measures. For example, age-adjusted lung and bronchus cancer incidence rate per 100,000, age-adjusted prostate cancer incidence rate per 100,000, and the percentage of women (aged 50-74 years) who had a mammogram between October 1, 2014 and December 31, 2016, were below expectations. The areas where the County fell below the Statewide CHIRS rate for cancer prevalence and prevention measures are areas of opportunity in considering how best to meet the needs of residents within Cayuga County.

Cayuga County was in line with many Statewide CHIRS rates. For example, the age-adjusted lip, oral cavity and pharynx cancer mortality rate per 100,000, colon and rectum cancer mortality rate per 100,000, age-adjusted female breast cancer incidence rate per 100,000, age-adjusted cervix uteri cancer incidence rate per 100,000, age-adjusted ovarian cancer incidence rate per 100,000, and age-adjusted melanoma cancer mortality rate per 100,000.

Reference Chart: 5.7

County Health Rankings

Currently (2019), Cayuga County is ranked 46 out of 62 New York State counties for measures relating to health factors, and 19 out of 62 counties for factors that influence health outcomes in the County (table below). The County's rank for health outcomes has decreased (improved) from 23 in 2018 to 19 in 2019. However, in terms of health factors, Cayuga County experienced a setback in performance from 43 in 2018 to 46 in 2019.

Ranking Category: Out of 62 NY Counties	<u>Year</u> 2016	<u>Year</u> 2017	<u>Year</u> 2018	<u>Year</u> 2019	Trend
Health Outcomes: based on mortality and morbidity	Rank: 24	Rank:19	Rank:23	Rank:19	Improvement
Health Factors: based on behavioral, clinical, social, economic and environmental factors	Rank: 35	Rank:36	Rank:43	Rank: 46	Setback

Data source: County Health Rankings & Roadmaps; funded by the Robert Wood Johnson Foundation.

Cayuga County remained relatively consistent across most health outcome measures from 2018 to 2019, with an improvement in ranking for length of life. However, the number of premature deaths rose from 6,200 to 6,300. The ranking for quality of length remained consistent, as did its measures, with a slight improvement in low birthweight.

Cayuga County also remained relatively consistent across most health behaviors from 2018 to 2019, with an overall improvement in ranking from 55 to 46 in this timeframe. Areas where Cayuga County improved include physical inactivity, alcohol-impaired driving

deaths, and the teen birth rate. However, the percentage of adult obesity and sexually transmitted infections increased. Adult smoking and excessive drinking remained consistent during this timeframe.

Cayuga County saw a decline in ranking in clinical care measures, ranking 43rd in 2018, but dropping to 47th in 2019. Measures where Cayuga County has improved include the percentage who are uninsured, the ratio of primary care physicians to patients, number of dentists per patient, and mental health providers. Measures where Cayuga County has decreased performance include preventable hospital stays and mammography screening. Diabetic monitoring data was not reported in 2019. Primary research also supports the data, as many participants in the online survey, Cayuga Care Transition Coalition respondents, and in-depth interviews noted the urgent need for more resources related to mental health.

In terms of social and economic factors, Cayuga County's ranking worsened from 29 in 2018 to 36 in 2019. The Cayuga County high school graduate rate has improved. Cayuga County has decreased performance related to the unemployment rate, income inequality, social associations, the percentage of children in poverty, children in single-parent households, violent crime rate, and the number of injury deaths. Those who obtained some college education in Cayuga County remained consistent during this timeframe. Primary research also supports this finding, as it was noted in the online survey that affordable care is needed in order to improve community health. In-depth interview respondents and Cayuga Care Transition Coalition respondents also suggested that lower income residents are particularly vulnerable and in need of specific attention when it comes to healthcare service offerings.

Cayuga County's ranking for physical environment measures has improved from 47 in 2018 to 34 in 2019. All measures in this category remained relatively unchanged during this time period.



Chart 5.1 Prevent Chronic Disease – Cayuga County, New York State (2012-2016)

Prevention Agenda								
Indicator	Data Years	Cayuga		Central NY		NYS excluding NYC		PA 2018 Objective
		Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Rate/ Ratio/ Percentage
Percentage of cigarette smoking among adults ^b	2016	N/A	21	N/A	18.4	N/A	16.2	12.3
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6-17 years	2012-2014	10	2.9	183	4.00	1,474	2.9	3.06
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 18+ years	2012-2014	143	7.6	1,833	7.6	15,978	6.1	4.86
^b : A new target has been set for 2018.								

Source: Prevention Agenda; 2013-2018. **Bold** indicates opportunity: Cayuga County is not at the 2013-2018 Prevention Agenda Objective.

Chart 5.1 Prevent Chronic Disease – Cayuga County, New York State (2012-2016), continued

CHIRS Data							
Indicator	Data Years	Cayuga		NYS excluding NYC		New York State	
		Numerator	Percentage/ Rate/ Ratio	Percentage/ Rate/ Ratio	County Rate Significantly Different from NYS excluding NYC	Percentage/ Rate/ Ratio	County Rate Significantly Different from Statewide
Percentage overweight or obese (85th percentile or higher) - Students (with weight status information in SWSCRS) in elementary, middle and high school	2014-2016	1,223	36.5	33.8	N/A	N/A	N/A
Percentage obese (95th percentile or higher) children (aged 2-4 years) in WIC	2014-2016	271	16.1	15.2	No	13.9	Yes
Age-adjusted percentage of adults with obesity (BMI 30 or higher)	2016	N/A	31.10 (25.5-36.6)	27.5	No	25.5	No
Age-adjusted percentage of adults who participated in leisure time physical activity in the past 30 days	2016	N/A	77.30 (71.9-82.6)	75	No	74	No
Age-adjusted percentage of adults who report consuming less than one fruit or vegetable daily (no fruits and vegetables)	2016	N/A	25.80 (20.5-31.0)	29	No	31.5	No
Age-adjusted percentage of adults with physician diagnosed diabetes	2016	N/A	9.20 (6.4-11.9)	8.5	No	9.5	No
Age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease, or stroke)	2016	N/A	8.80 (6.2-11.5)	7.2	No	7	No

Source: CHIRS, 2014-2016. **Bold** indicates opportunity: Cayuga County is significantly worse than the NYS Excluding NYC or the Statewide CHIRS number.

Chart 5.2 Substance Abuse/Injury/Mental Health Indicators – Cayuga County, New York State (2012-2016)

Prevention Agenda								
Indicator	Data Years	Cayuga		Central NY		NYS excluding NYC		PA 2018 Objective
		Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Rate/ Ratio/ Percentage
Rate of hospitalizations due to falls per 10,000 - Aged 65+ years	2014	269	199.6	3,166	195.3	33,951.0	188.7	204.6
Rate of emergency department visits due to falls per 10,000 - Aged 1-4 years	2014	162	485.5	1,836	400.5	21,997	442.7	429.1
Assault-related hospitalization rate per 10,000 population	2012-2014	33	1.4	767	2.5	7,961.0	2.4	4.3
Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2016	N/A	11.4	N/A	10.7	N/A	11.2	10.1
Age-adjusted percentage of adults binge drinking during the past month	2016	N/A	28.7	N/A	21.2	N/A	19.1	18.4
Age-adjusted suicide death rate per 100,000 population	2014-2016	26	10.9	344	10.8	3,409	9.6	5.9

Source: Prevention Agenda, 2013-2018. **Bold** indicates opportunity: Cayuga County is not at the 2013-2018 Prevention Agenda Objective.

Chart 5.2 Substance Abuse/Injury/Mental Health Indicators – Cayuga County, New York State (2012-2016), continued

CHIRS Data							
Indicator	Data Years	Cayuga		NYS excluding NYC		New York State	
		Numerator	Percentage Rate/ Ratio	Percentage/ Rate/ Ratio	County Rate Significantly Different from NYS excluding NYC	Percentage/ Rate/ Ratio	County Rate Significantly Different from Statewide
Suicide mortality rate per 100,000	2014-2016	26	11.1	10.1	No	8.4	No
Age-adjusted suicide mortality rate per 100,000	2014-2016	26	10.9	9.6	Yes	8	Yes
Suicide mortality rate per 100,000 - Aged 15-19 years	2014-2016	1	6.8*	6.1	No	5	No
Age-adjusted self-inflicted injury hospitalization rate per 10,000	2016	63	8.6	4.2	Yes	3.5	Yes
Age-adjusted falls hospitalization rate per 10,000	2016	378	36.3	32.8	No	32.2	Yes
Motor vehicle mortality rate per 100,000	2014-2016	25	10.6	7.1	No	5.7	Yes
Age-adjusted non-motor vehicle mortality rate per 100,000	2014-2016	76	29.8	29.7	No	24.9	Yes
Traumatic brain injury hospitalization rate per 10,000	2016	65	8.3	8.6	No	8.3	No
Alcohol related motor vehicle injuries and deaths per 100,000	2014-2016	138	58.7	38.8	Yes	29.9	Yes
*: The rate/percentage is unstable or unreliable.							

Source: CHIRS, 2014-2016. **Bold** indicates opportunity: Cayuga County is significantly worse than the Statewide CHIRS number.

Chart 5.3 Improve Health Status and Reduce Health Disparities – Cayuga County, New York State (2012-2016)

Prevention Agenda								
Indicator	Data Years	Cayuga		Central NY		NYS excluding NYC		PA 2018 Objective
		Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Rate/ Ratio/ Percentage
Percentage of premature deaths (before age 65 years)	2016	166	21.8	2,308	23.5	22,348	22.4	21.8
Premature deaths: Ratio of Black non-Hispanics to White non-Hispanics	2014-2016	58.3	2.75	49.3	2.38	40.2	2.05	1.87
Premature deaths: Ratio of Hispanics to White non-Hispanics	2014-2016	36.4*	1.71+	56.6	2.73	42.5	2.16	1.86
Age-adjusted preventable hospitalization rate per 10,000 - Aged 18+ years ^b	2014	1,057	136	11,126	120.8	109,535	106.8	122
Preventable hospitalizations: Ratio of Black non-Hispanics to White non-Hispanics	2012-2014	203.9	1.45	242.1	2.02	200.6	2	1.85
Preventable hospitalizations: Ratio of Hispanics to White non-Hispanics	2012-2014	29.6*	0.21+	92.3	0.77	152.5	1.52	1.38
Percentage of adults (aged 18-64) with health insurance	2016	N/A	93.4	N/A	N/A	N/A	N/A	100
Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	2016	N/A	86.1	N/A	87.6	N/A	84.4	90.8
* Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. + Fewer than 10 events in at least one of the numerators of the rates/percentages, therefore the ratio is unstable. ^b : A new target has been set for 2018.								

Source: Prevention Agenda, 2013-2018. **Bold** indicates opportunity: Cayuga County is not at the 2013-2018 Prevention Agenda Objective.

Chart 5.3 Improve Health Status and Reduce Health Disparities – Cayuga County, New York State (2012-2016), continued

CHIRS Data							
Indicator	Data Years	Cayuga		NYS excluding NYC		New York State	
		Numerator	Percentage/ Rate/ Ratio	Percentage/ Rate/ Ratio	County Rate Significantly Different from NYS excluding NYC	Percentage/ Rate/ Ratio	County Rate Significantly Different from Statewide
Percentage of 3rd grade children with caries experience	2009-2011	N/A	61.4 (52.0-70.9)	45.4	Yes	N/A	N/A
Percentage of 3rd grade children with untreated caries	2009-2011	N/A	40.4 (30.7-50.0)	24	Yes	N/A	N/A
Percentage of 3rd grade children with dental sealants	2009-2011	N/A	63.0 (53.6-72.3)	41.9	Yes	N/A	N/A
Percentage of 3rd grade children with dental insurance	2009-2011	N/A	80.4 (72.5-88.3)	81.8	Yes	N/A	N/A
Percentage of 3rd grade children with at least one dental visit in last year	2009-2011	N/A	80.0 (71.8-88.1)	83.4	Yes	N/A	N/A
Percentage of 3rd grade children reported taking fluoride tablets regularly	2009-2011	N/A	77.5 (69.6-85.4)	41.9	Yes	N/A	N/A
Age-adjusted percentage of adults who had a dentist visit within the past year	2016	N/A	63.9 (58.2-69.7)	69.6	No	68.4	No
Percentage of Medicaid enrollees with at least one dental visit within the last year	2015-2017	20,112	31.9	32.7	Yes	32.4	Yes
Percentage of Medicaid enrollees with at least one preventive dental visit within the last year	2015-2017	16,737	26.5	28.2	Yes	28	Yes

Source: CHIRS, 2009-2017. **Bold** indicates opportunity: Cayuga County is significantly worse than the NYS Excluding NYC or Statewide CHIRS number.

Chart 5.4 Promote a Healthy and Safe Environment – Cayuga County New York State (2013-2017)

Prevention Agenda								
Indicator	Data Years	Cayuga		Central NY		NYS excluding NYC		PA 2018 Objective
		Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Rate/ Ratio/ Percentage
Percentage of population with low-income and low access to a supermarket or large grocery store	2015	1,350	1.72	35,683	3.5	441,899	3.93	2.24
Percentage of residents served by community water systems with optimally fluoridated water	2017	151	0.3	751,727	79.4	4,632,766	46.6	78.5

Source: Prevention Agenda, 2013-2018. **Bold** indicates opportunity: Cayuga County is not at the 2013-2018 Prevention Agenda Objective.

Chart 5.4 Promote a Healthy and Safe Environment – Cayuga County New York State (2013-2017), continued

CHIRS Data							
Indicator	Data Years	Cayuga		NYS excluding NYC		New York State	
		Numerator	Percentage/ Rate/ Ratio	Percentage/ Rate/ Ratio	County Rate Significantly Different from NYS excluding NYC	Percentage/ Rate/ Ratio	County Rate Significantly Different from Statewide
Percentage of children born in 2013 with a lead screening aged 0-8 months	2013	12	1.6	1.2	No	1.9	No
Percentage of children born in 2013 with a lead screening - aged 9-17 months	2013	453	61.1	71.7	Yes	74.8	Yes
Percentage of children born in 2013 with a lead screening - aged 18-35 months	2013	481	64.9	71.4	Yes	75.4	Yes
Percentage of children born in 2013 with at least two lead screenings by 36 months	2013	364	49.1	55.9	Yes	62.8	Yes
Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons aged 16 years and older	2014-2016	21	19.8	18.5	No	17.3	No

Source: CHIRS, 2013-2016. **Bold** indicates opportunity: Cayuga County is significantly worse than the Statewide CHIRS number.

Chart 5.5 Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare - Associated Infections – Cayuga County, New York State (2014-2016)

Prevention Agenda								
Indicator	Data Years	Cayuga		Central NY		NYS excluding NYC		PA 2018 Objective
		Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Rate/ Ratio/ Percentage
Newly diagnosed HIV case rate per 100,000 population ^c	2014-2016	10	4.3	196	6.4	2,323	6.9	16.1
Chlamydia case rate per 100,000 women - Aged 15-44 years	2016	134	1,023.8	2887	1,500.7	28,046	1,351.6	1,458
Percentage of adults with flu immunization - Aged 65+ years ^b	2016	N/A	45.6	N/A	62.3	N/A	59.6	70
Percentage of children with 4:3:1:3:3:1:4 immunization series - Aged 19-35 months	2016	786	75.5	11719	74.7	110171	64.0	80
Percentage of adolescent females that received 3 or more doses of HPV vaccine - Aged 13-17 years	2016	1067	46.3	16715	47.5	157758	41.7	50
^b : A new target has been set for 2018. ^c : Indicator baseline data, trend data, and 2018 objective were revised and updated.								

Source: Prevention Agenda, 2013-2018. **Bold** indicts opportunity: Cayuga County is not at the 2013-2018 Prevention Agenda Objective.

Chart 5.5 Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare - Associated Infections – Cayuga County, New York State (2014-2016), continued

CHIRS Data							
Indicator	Data Years	Cayuga		NYS excluding NYC		New York State	
		Numerator	Percentage/ Rate/ Ratio	Percentage/ Rate/ Ratio	County Rate Significantly Different from NYS excluding NYC	Percentage/ Rate/ Ratio	County Rate Significantly Different from Statewide
AIDS case rate per 100,000	2014-2016	3	1.3*	3.3	No	7.8	Yes
Early syphilis case rate per 100,000	2014-2016	2	0.9*	7.9	Yes	25.1	Yes
Gonorrhea case rate per 100,000 - Aged 15-19 years	2014-2016	7	47.7*	209.6	Yes	305.8	Yes
Newly diagnosed HIV case rate per 100,000	2014-2016	10	4.3	6.9	No	16	Yes
Age-adjusted Newly diagnosed HIV case rate per 100,000	2014-2016	10	4.3	7.2	No	16	Yes
* The rate/percentage is unstable or unreliable.							

Source: CHIRS, 2014-2016. **Bold** indicts opportunity: Cayuga County is significantly worse than the Statewide CHIRS number.

Chart 5.6 Promote Healthy Women, Infants, and Children – Cayuga County, New York State (2014-2016)

Prevention Agenda								
Indicator	Data Years	Cayuga		Central NY		NYS excluding NYC		PA 2018 Objective
		Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Count/ Rate/ Percentage	Rate/ Ratio/ Percentage	Rate/ Ratio/ Percentage
Percentage of unintended pregnancy among live births	2016	220	29.9	3,130	30.8	23,051	24.9	23.8
Percentage of infants exclusively breastfed in the hospital	2016	479	66.8	5,597	57.1	53,248	50.9	48.1
Exclusively breastfed: Ratio of Black non-Hispanics to White non-Hispanics	2014-2016	56.9	0.85	30.7	0.5	32.5	0.55	0.57
Exclusively breastfed: Ratio of Hispanics to White non-Hispanics	2014-2016	54.4	0.81	43.5	0.7	34.1	0.57	0.64
Percentage of women (aged 18-64) with health insurance	2016	N/A	95.10	N/A	N/A	N/A	N/A	100

Source: Prevention Agenda, 2013-2018. **Bold** indicates opportunity: Cayuga County is not at the 2013-2018 Prevention Agenda Objective.

Chart 5.6 Promote Healthy Women, Infants, and Children – Cayuga County, New York State (2014-2016), continued

CHIRS Data							
Indicator	Data Years	Cayuga		NYS excluding NYC		New York State	
		Numerator	Percentage/ Rate/ Ratio	Percentage/ Rate/ Ratio	County Rate Significantly Different from NYS excluding NYC	Percentage/ Rate/ Ratio	County Rate Significantly Different from Statewide
Mortality rate per 1,000 live births - Infant (<1 year)	2014-2016	13	5.7	5	No	4.5	No
Percentage of births with early (1st trimester) prenatal care	2014-2016	1,829	80.7	77	No	75.2	Yes
Percentage of births with late (3rd trimester) or no prenatal care	2014-2016	57	2.5	4.1	Yes	5.6	Yes

Source: CHIRS, 2014-2016. **Bold** indicates opportunity: Cayuga County is significantly worse than the Statewide CHIRS number.

Chart 5.7 Cancer Indicators – Cayuga County, New York State (2013-2016)

CHIRS Data							
Indicator	Data Years	Cayuga		NYS excluding NYC		New York State	
		Numerator	Percentage/ Rate / Ratio	Percentage/ Rate/ Ratio	County Rate Significantly Different from NYS excluding NYC	Percentage/ Rate/ Ratio	County Rate Significantly Different from Statewide
Age-adjusted lip, oral cavity and pharynx cancer mortality rate per 100,000	2013-2015	8	2.2*	2	No	2.1	No
Colon and rectum cancer mortality rate per 100,000	2013-2015	37	15.7	16.7	No	15.6	No
Age-adjusted lung and bronchus cancer incidence rate per 100,000	2013-2015	266	84.8	66.3	Yes	59.2	Yes
Age-adjusted female breast cancer incidence rate per 100,000	2013-2015	183	120.7	139.5	Yes	132.8	No
Age-adjusted cervix uteri cancer incidence rate per 100,000	2013-2015	10	5.9	7	No	7.8	No
Age-adjusted ovarian cancer incidence rate per 100,000	2013-2015	13	9.4	12.5	No	12.2	No
Age-adjusted prostate cancer incidence rate per 100,000	2013-2015	242	155.9	121.8	Yes	123.4	Yes
Age-adjusted melanoma cancer mortality rate per 100,000	2013-2015	8	2.6*	2.4	No	1.9	No
Percentage of women (aged 50-74 years) who had a mammogram between October 1, 2014 and December 31, 2016	2016	234	60.5	65	No	71.2	Yes
*: The rate/percentage is unstable or unreliable.							

Source: CHIRS, 2013-2016. **Bold** indicates opportunity: Cayuga County is significantly worse than the Statewide CHIRS number.

Section 6:

Community Needs Identification: Primary Research — Community Feedback

ACH recognizes that public participation is an important aspect of the CHNA. The CHNA is the result of community collaboration and serves as a basis for the Public Health Priorities framing ACH and CCHD's Community Service Plan.

Public Involvement in the Healthcare Needs Identification Process

Public and community engagement and input was obtained through:

- An online electronic and in-person paper survey administered to local community members,
- In-depth interviews with community stakeholders
- Additionally, members of the Cayuga Care Transition Coalition provided feedback through responses to an online/in-person questionnaire

In total, 12 community stakeholder interviews were conducted and more than 869 online/in-person survey responses were received and analyzed.

ACH and CCHD also focused on securing input from key community members, and as such, the online survey link was shared through various social media platforms. Hard copy paper surveys were administered in-person to expand the impact of this primary quantitative research. Broad survey distribution included: local employers in the community including Cayuga County Board of Health, Cayuga County Legislators, Cayuga County Employees, Employees at Cayuga Community College, Student nurses at Cayuga Community College, Employees at Johnston (Paper), Employees at Bass Pro Shops, Employees at Cayuga Milk Ingredients, Employees at the City of Auburn, Superintendents of Cayuga County schools (asked to email link to staff and post on social media), Cayuga County Drug Free Communities Coalition, Cayuga County Cancer Services Program Coalition, Cayuga County Breastfeeding Connection Coalition, Cayuga Community Health Network, East Hill Family Medical, Aurora Community Health Center, Lifetime Care, Town/Village clerks, Cayuga County Human Services Coalition, Cayuga County Chamber of Commerce, Girl Scouts, Childcare Solutions, Unity House, Auburn Housing Authority, Southern Cayuga Instant Aid, Lifespan Therapies, ARISE, Local Emergency Planning Council (NYSEG, NUCOR, Owens Illinois), Cayuga Community College Foundation, Auburn Housing Authority, Inns of Aurora, Cayuga Counseling, Cayuga Community Health Network Board Members, YMCA Board Members, Wells College, Grace House, Gavras Center, PB Community Health. In-person surveys were also administered in the following locations: Auburn YMCA (50), The PlaySpace (50), Booker T. Washington Community Center (BTW) (50), Cato Recreation Center (50), Boyle Center (50), Food Pantries (8 sites, 20 copies each) Veterans Office (5), Yacht Club (5), Stryker Homes (120), WIC Clinic in

Cato (50). This feedback was included in the total number of surveys completed and analyzed to provide community input regarding needs themes. Source: Appendix II - Online Survey Findings

ACH also utilizes various forums for communication to gain ongoing insight and gather input from the public, providers, and employees on an ongoing basis. These include:

1. Auburn Community Hospital Patient and Family Advisory Council:

The ACH Patient and Family Advisory Council was recently implemented in October 2019. The mission of this council is to provide former patients/families with a voice in certain hospital initiatives, including patient signage, educational tools, new service line areas, and other initiatives as identified. Activities of this group will provide insight in accomplishing specific strategies.

2. Employee and Provider Feedback:

As ACH continues on their journey towards becoming a high reliability organization, the hospital welcomes and encourages staff and providers to provide feedback, whether it be a concern, compliment or observation without fear of reprisal or retaliation. This also enhances transparency. The hospital employs various mechanisms for achieving feedback:

- **Electronic reporting system**-all reports come directly to the Quality Management Department for review and are fielded out to the appropriate unit manager/director for further review and follow-up. Further, staff are recognized for their feedback, sharing concerns and other insights provided.
- **Staff 'spot' recognition**- each unit has a 'shout out' board for staff to recognize their peers that did a good deed, helped out, etc. We also have a 'spot box' that staff or visitors can access in noting a job well done. Those staff members that are recognized with the 'spot box' are entered into a quarterly drawing to win a gift card to a local establishment.
- **Ongoing communication**- the hospital also offer debriefs to our staff when significant events occur for staff to provide feedback as to what went well, along with areas for improvement.

3. Open Forum for Ongoing Feedback: ACH receives formal and informal input on community health needs on an ongoing basis through participation in national, New York State, regional, county, local community coalitions and agencies and findings from patient satisfaction surveys. In addition, the hospital also solicits patient and family feedback. Comments and compliments are tracked and trended thru a variety of avenues including the local newspaper, patient surveys, letters to Administration, hospital website and patient rounding while in the hospital. Formal patient and family complaints and grievances are also tracked and monitored for

trends. Reports are generated on a quarterly basis and are presented to the Governing Board.

Gathering Quantitative feedback thru Consulting with Persons Representing the Community's Interests

Community input on the healthcare needs of the population was received through community input through an online/in-person paper survey.

Online/In-Person Survey

An online/in-person survey script was developed in cooperation and collaboration with the ACH/CCHD team. The survey was designed to take respondents approximately 5-7 minutes to complete and was offered both online and in-person via paper surveys at various community locations. Respondents were disqualified from completing the full survey if they indicated they were not 18 years of age or older, have not been a resident of the greater Cayuga County area for at least one year, were not familiar with Cayuga County area healthcare or hospitals, or did not reside in one of the pre-approved ZIP Codes within Cayuga County.

A total of 869 complete surveys were received and analyzed. Survey fieldwork was conducted between July 1st – August 9th, 2019. These findings provided ACH and CCHD with information needed to facilitate the health priority need themes selection process. The select, summarized findings are included in Appendix I of this report.

Gathering Qualitative Feedback through Consulting with Persons Representing the Community's Interests

Community input on the healthcare needs of the population was also obtained through in-depth interviews conducted with community stakeholders.

In-Depth Interviews (IDIs)

Steering committee members worked together to develop a comprehensive listing of community stakeholders. The listing was revisited, and stakeholders were agreed upon by all members. IDIs were conducted with twelve community stakeholders representing community leaders, health organization administrators, public health stakeholders, and social services personnel. In addition, members of the Cayuga County Care Transition Coalition also engaged in an exercise similar to the In-Depth Interviews. Findings from this exercise are also included.

Participants provided relevant information regarding the health needs of the community. Each interview was completed with professionally trained interviewing staff at RMS Healthcare.

RMS Healthcare completed a total of 12 IDIs with community stakeholders. Each interview lasted approximately 20 to 30 minutes. The fieldwork for the telephone IDIs was conducted in May 2019. Key stakeholders interviewed are identified below. These findings provided the ACH team with information needed during the need themes selection process. The information that follows represents a synthesis of the data, as well as some direct participant feedback. The select, summarized findings are included in Appendix I of this report. Source: Appendix I - In-Depth Interview Findings

Key Stakeholder Name	Title	Organization
Scott Berlucchi	President and CEO	Auburn Community Hospital
Shawn Butler	Chief of Police – City of Auburn	Auburn Police Department
Liz Festa	RN, MS	Lifetime Care (Home Care Agency)
Jack Hardy	Not available	Community Member
Kevin Hares	Director	CHAD (Confidential Help for Drugs & Alcohol Services)
Ellen Hey	Chief Quality Officer, FNP	Finger Lakes Community Health (Port Byron)
Debbie Patrick	Not available	Food Panty Representative
Laurie Piccolo	Executive Director	Community Action Programs Cayuga-Seneca
Caren Radell	Nursing Supervisor	Auburn Enlarged City School District
June Smith	Supervisor	Town of Sterling
Jessica Soule	Executive Director	Cayuga Community Health Network
Brenda Wiemann	Director	Cayuga County Office for the Aging

Themes Prioritization Process — Methodology

The ACH and CCHD Strategic team held a planning meeting to engage in discussion to prioritize the 8 needs themes identified through the primary data collected for the CHNA.

RMS Healthcare facilitated the discussion. The team was given a brief overview of the overall purpose and goal of the CHNA, followed with a review of the tools and processes used for both primary and secondary data collection/analysis as well as insight on the strategies executed to engage community partners and residents was reviewed. The team was also provided insight of how this exercise and group discussion will form the foundation of a new CHIP that will guide the hospital's development in collaboration with CCHD of strategies to improve health outcomes and mitigate barriers to care in our population, over the next three years.

Participation of the Strategic Leadership Team

Following the primary and secondary research gathering phase of the CHNA, the strategic planning team engaged in a discussion focusing on the interactive portion of the workshop. The needs themes that are identified represent a collaborative culmination of top-ranking findings from both forms of primary research, including the in-depth interviews and the on-line/in-person survey. Each of the 8 needs themes that emerged in the data collected during the CHNA was distributed and reviewed with all members of the group. The non-ranked needs themes are as follows:

Focus Area & Goal	Priority Area
Increase services for mental/behavioral health	MHSA
Increase services for substance use/Treatment for drug and alcohol abuse	MHSA
Protect waterbodies	PSE
Improved oral health	PHWIC
Increase access to affordable healthy foods/ healthy eating opportunities and availability of fruits and vegetables	PCD
Chronic disease treatment and prevention (i.e. heart disease, diabetes, etc.)	PCD
Opportunities for physical activities to reduce obesity	PCD
Focus on the poor and vulnerable/Healthcare services for low income populations	IHSRD

MHSA = Promote Mental Health and Prevent Substance Abuse

PCD = Prevent Chronic Disease

PSE = Promote a Healthy and Safe Environment

PHWIC = Promote Healthy Women Infants and Children

IHSRD = Improve Health Status and Reduce Health Disparities

Source: Community Health Assessment Steering Committee Ranking Tool, August 2019

The objective of the interactive discussion was to have partners review the eight identified themes and strategically determine the top two critical issues that 1) are most appropriate for the CCHD and ACH to address, and 2) the partnering organizations have the collective capacity to actively address, driving impactful and sustainable improvement in the identified health priorities.

Next, the team engaged in a targeted ranking exercise to rank and prioritize the most important and impactful needs themes. Participants were asked to rank each of the eight needs themes (on a scale from 1 to 5) based on the following eight performance indicators:

- 1) **The extent the health need theme issue is sensitive or political** – The extent in which there would be significant impact that the sensitivity or political influence of the priority need theme would have a negative impact in the overall influence of the theme.
- 2) **The estimated financial costs to making a positive impact** – Reflects the extent to which funding can be sought and secured and or have significant impact on achieving goals.
- 3) **There is attention or focus already underway to address by other organizations/ institutions** – The extent to which the need theme identified has

already been adopted by an organization/institution which could impact the overall success of achieving positive influence with the overall priority.

- 4) **The extent that the need theme will impact multiple stakeholder groups –** The extent to which the priority area impacts multiple stakeholders and which the stakeholders can establish a unified mission and vision to achieve positive change.
- 5) **Multiple hospital departments have vested interest in the outcome –** The extent to which strategies and goals (associated with priority) can be supported by engagement, collaboration and cooperation among various departments, and across organizations.
- 6) **Failure to act or address will exacerbate the issue significantly –** The extent to which the priority area demonstrates evidence that Cayuga County and ACH are underperforming and not acting on priority will have further negative impact on the identified health disparity.
- 7) **The community perceives the healthcare need to be significant –** The extent to which the priority selected is mutually agreed to be a priority.
- 8) **Addressing the healthcare need falls within the scope of the CCHD and ACH –** The extent to which the priority area selected is mutually identified and that selected goals and strategies align with the priorities of all partnering organizations.

The strategic team reviewed the top-ranking themes considering vital issues in the community that require immediate and sustainable solutions. The ultimate goals are to develop associated goals and strategies to be implemented which will have positive impact on driving change to improve NYS Prevention Priority rankings. This important step allowed the strategic team to exchange ideas, perspectives and opinions regarding some of the vital issues in the community that require immediate and sustainable solutions.

As an outcome of this ranking exercise, the team identified two significant priorities (themes) which have current significant influence in impacting the overall health of the community. The team also recognized that each of the priority themes are not mutually exclusive and agree that selected priorities were identified as goals that would support and align with the two selected priority theme areas. The team also identified that two of the ranked priorities, “Increase services for mental/behavioral health” and “Increase services for substance use/treatment for drug and alcohol abuse” would not be selected as health priorities for CCHD and ACH, as these two priorities have been identified as key priorities and being addressed by other partnering organizations. Collectively, the partners determined that the goal would be to focus on identified priorities that could demonstrate meaningful, impactful and sustainable impact in driving measurable improvement in improving the overall health of the community.

Finalizing the Needs Themes

The CHNA Steering Committee discussed each of the performance indicators discussed above. This process led ACH and CCHD to select the following two needs themes as the key focus in the upcoming CHIP:

Priority 1: Chronic Disease Treatment and Prevention with goals to: Increase access to affordable healthy foods/healthy eating opportunities (availability of fruits and vegetables, and increase opportunities for physical activities to reduce obesity)

Priority 2: Improved Oral Health with goal to: Increase healthcare services for low income populations

Community Health Priorities Over Time

ACH and CCHD's commitment to addressing community health needs will be evaluated and reported annually. Progress on addressing community health priorities will be readily available to the public on both CCHD's and ACH's websites and through various social media venues to educate and build awareness among the public.

Demonstrating a collaborative partnership, ACH and CCHD are committed to continue in transforming the public health and patient care models of care to support managing populations of community members with specific attention to social determinants of health, recognizing that health and well-being are shaped not only by behavioral choices of individuals, but also by additional complex factors that influence individual choices. ACH and CCHD remain fully engaged in the broader community to achieve and sustain measurable improvement of identified priorities. ACH and CCHD will leverage and deploy resources which align with community stakeholders to collaborate on county specific efforts to improve population health. As mentioned earlier in the body of this report, the overarching goal will be to ensure availability of resources to improve the quality of life for individuals, families and communities within Cayuga County.

The collaborative partnership of ACH and CCHD will forge well beyond the scope of the 2019-2021 CHIP priorities, with continued focus on NY 2019-2024 Prevention Agenda priorities where there is demonstrated opportunities to improve measures including prevent/reduce tobacco use/vaping, injury prevention, and to continue with a demonstrated commitment to improve access to services for women of reproductive age. The systematic approaches which was taken to develop the CHA/CSP and CHIP will continue beyond the identified priorities with a unified mission to improve the health and wellbeing, as well as to promote health equity across residents of Cayuga County. ACH and CCHD in their mission to improve health outcome, they both recognize that the health care needs in the region continue to change based upon the population demographics and various socio-economic factors.

ACHs' commitment to addressing community need is reflected in this CHNA document and the CSP report. Measurable outcomes have, are, and will be reported to the community annually on the CCHD website, regarding the CHIP through the annual CSP Report. Progress on addressing community health priorities will be readily available to the public on ACH and CCHD's website and through various social media venues to educate and build awareness among the public.

The entire report will be available on each partnering organization's websites, announced on various social medial platforms and will be shared with various committees and coalitions.

Section 7:

Financial Aid Program

ACH recognizes that there are times when patients in need of medically necessary care will have difficulty paying for the services provided. ACH's financial assistance program provides discounts to qualifying individuals based on income.

Financial Assistance is available for patients with limited incomes and/or no health insurance. Residents who live in New York State can get a discount on non-emergency, medically necessary services at ACH if they meet the income limits. Individuals cannot be denied medically necessary care because of need for financial assistance. ACH offers a payment plan to those patients that do not meet the income limits.

The hospital employs a Financial Counselor who services a vital role in working with patients to determine if they qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus. If patients do not qualify for low-cost insurance options, the counselors will facilitate application for discounts based upon income.

Changes Impacting Community Health/Provision of Charity Care/Access to Services

ACH, a Joint Commission accredited hospital, remains a fiscally strong organization with a commitment to operational excellence. The hospital has continued improvement in operating income. This report along with the 2018-2022 Strategic Plan clarifies the Hospital's continue commitment to the community in identifying key strategic priorities to improve quality, service partnership and continued state-of-the art technological enhancements. Recently ACH was named as one of America's "Most Wired" Hospitals by the American Hospital Association's (AHA) Health Forum. ACH was the recipient of the American Heart Association (AHA) and the American Stroke Association (ASA) "Gold Plus Stroke Award" for Stroke Care Excellence. Blue Cross and Blue Shield has awarded ACH's Department of Obstetrics and the Bariatric Center, its Blue Distinction Award for OB and Bariatric excellence. The Finger Lakes Center for Living, a long-term care and

short-term Rehabilitation facility was voted “Best in Region” by the People’s choice and was rated #1 in staffing ratios among Central New York facilities. As a Rural Safety Net Hospital, ACH remains committed to support health improvement in high-need chronic disease population and to improve collaborative agreements with strategic health care partners to enhance integration of in-patient and ambulatory care services, with attention on orthopedic, neurology, oncology and cardiology services.

Financial Statement

Auburn Community Hospitals financial data is available to the NYSDOH through the ICR, and through the annual CSP report which is available on ACH’s website:

<https://auburnhospital.org/patients-and-visitors/financial-assistance/>

Appendix I: The following section provides an analyzed overview of the IDI findings, aggregated across all 12 interviews conducted.

Cayuga County Department of Health / Auburn Community Hospital
Stakeholder In-Depth Interviews and Cayuga Care Transition Coalition Findings

1. Using a scale of 1-10, where 10 indicates “excellent availability” and 1 indicates “poor availability”, how would you rate the overall availability of healthcare services for residents of Cayuga County?

In-Depth Interviews

Weighted Average

1	2	3	4	5	6	7	8	9	10	
17%	17%	8%	33%	17%	-	8%				6.48

Cayuga Care Transition Coalition Respondents
Average

Weighted

1	2	3	4	5	6	7	8	9	10	
5%	-	6%	13%	13%	31%	13%	19%	-	-	5.69

2. Do you feel community organizations that provide care, services and/or programs (outside of a clinical setting, i.e. doctor office, healthcare facility) in the area do a good job at meeting the healthcare needs of the community?
 - a. Yes – 58%
 - b. No – 42%
3. (IF NO) What do you see as gaps in care or services in terms of community-based care or services?
 - We are too far away from Auburn. That is the first reason, I think. Because of my background, I have tried to get the Town Hall to offer more services here. We now have done 2 Blood Drives. I still haven't been able to book a car seat inspection. We did do a Child Blood Lead Testing once. I know that it is timing and staffing, a lot of times but we are away from Auburn. That is a commitment of staff from the Department of Health and Department of Social Services. We have a very active Seniors Group here. They even have trouble getting people to come up for their every 2-week dish to pass at the Fire Hall. That is a great way to share information. The President of that group has done a wonderful job getting people to come and talk to the seniors. I have even asked about getting a Medicare Rep. to come out at least once, just before the assignment season. So that people could come in and ask questions. I know it can take a little while to build up a response level. I have had a difficult time arranging for services.
 - I think it goes back to transportation. I think the assistance to navigate, especially with people with a lower intellectual level, to navigate the system

and know what their resources are. The ability to get a more collaborated care solicited from the outside area to the inside area.

- Probably some kind of Case Management, Peer Advocates. What we see is that folks are getting multiple services, have transportation issues, or other things going on and Case Managers tend to alleviate that. They can take you to appointments, they can remind you that you have appointments. I know some agencies have them; some agencies have Peer Advocates. But I would like to see more of those type of folks.
- Absolutely the largest gap is the lack of Healthcare Aides. In-Home Health Aides, In-Home Care Aides. I could talk about a lack of non-medical or insufficient non-medical services. We have a shortage of affordable transportation for people to get to their medical appointments and get to their medical care. Both inside and outside the county. We have some but it is not always sufficient. We have limited resources for Caregivers who are providing significant care for people in the community. Again, they are not Community based organizations, but there is a lack of a service to help caregivers do what they are doing, to provide respite for them. The other thing we know from our own perspective is; we are involved in the Home Delivery Meal Program, and we are unable to meet the need. So, people may need meals, but we don't have the capacity to meet the need out there. We don't have enough money to pay for the food.
- Drug Addiction. There is no detox or rehab or anything for Drug Addiction. In-Patient Mental Health has limited beds. Mental Health for children. Dental.

4. What types of healthcare services does the Cayuga County area have a wide availability (no problems with availability within the area)?

- Primary Care
- Urgent Care
- Community Resources
- Hospital
- Programs for people with limited resources or insurance
- Home Health Care
- Visiting Nurses
- Specialties (Orthopedics, Women's Health, OB-GYN, Women and Maternal Services, Endocrinology)
- General Surgeons
- Flu clinics
- WIC (Southern Cayuga County)
- Occupational and Physical Therapy in home
- Rural Health Networks
- low-income providers
- Dental
- Pharmacies
- VA Health Clinic

5. What types of healthcare services are limited in the Cayuga County area?

- Primary Care
- Dental
- Mental Health; Mental Health services for children
- Specialty Care - Speech Therapy, Cardiac and Neurology & neuro surgeries, Mental Health, Rheumatology, Pediatrics, Wound Management, Wound Care, OB/GYN, Dermatology
- Eye Care
- Medical Transportation
- Nurse Practitioners
- Addiction Medicine, Acute In-Patient Addiction, Partial Hospitalization. The medically sponsored Addiction medicine.
- A Half-Way House
- Internal Medicine
- Nutrition
- Diabetes Education
- Providers that accept Medicaid

6. What types of healthcare services are not available in the Cayuga County area that you think should be available? *Includes Cayuga Care Transition Coalition Respondents.*

- Counseling
- Addiction Services; Rehab, Detox, In-Patient
- Mental Health
- Specialties – Cardio, Respiratory, Neurology, Pediatric Specialties, Hospital sponsored Cancer Care, Radiation, Oncology, Vascular Surgery, Foot Doctors, Verrucose Veins Doctors, Audiology, Psychiatry
- Behavioral Health
- Dental
- Substance Abuse
- Doctors and Dentists that take Medicaid
- Home Health Aide services
- Transportation

7. (IF SERVICES WERE LISTED FOR LACKING or NON-EXISTENT) Among those services you mentioned are lacking or not available in the Cayuga County area, which one should be the highest priority to act upon in the short term (less than 5 years)?

- Mental Health (3)
- Addiction care (2)
- Dental (2)
- Cardio
- Medical Transportation
- Neurology

- Primary Care
- Perception, not lacking
- Home Health Aides

8. **What healthcare services do you believe Cayuga County area residents travel outside of the area/county for?** *Includes Cayuga Care Transition Coalition Respondents.*

- Specialty services: Cardiology, Respiratory, Neurology, Strokes, Dementia, Pediatric, Oncology, Trauma, Orthopedic, Radiation, Spine, Endocrinology, OB, Dialysis, Chemotherapy, Rheumatologist
- Dental
- Diabetes
- Surgical
- Urgent Care (Southern Cayuga County)
- Pain Management
- Oral Surgery
- Substance Abuse treatment
- Psychology / Psychiatry
- Mental Health
- Primary Care

9. **(IF ANY) Why do residents travel for these healthcare services?**

- They are not available here (8).
- Perception
 - A lot of people believe that our small community hospital in Auburn is not adequate for what they need.
 - Word of mouth. I think people hear that someone got really good care there, how they were treated. Television advertising. Talking about how people were treated from places and now they were treated so well there, they wish they could work there. That's focusing here in Tompkins County, clearly a different area but that is how College towns are. They draw some of the best so people who live in the surrounding area can just take advantage of that.
 - I hate to keep throwing the hospital under the bus but the reality of it is that is a perception-based thing. As a result, I think people, when the health issue is more complex, people get more serious about who is going to take care of them. People do believe what they are hearing on television, number 1. They are traveling because they figure once they get there, everything they need is going to be at that hospital.
- The level of expertise in Specialty Care is limited here.

10. **For the next question I would like you to compare the availability of healthcare service offerings in the Cayuga County area to other areas, to the best of your knowledge. Compared to other surrounding counties' healthcare service offerings, the local area's availability of healthcare service offerings is:**

- Better – 17% (67% of *Cayuga Care Transition Coalition Respondents*, n9)
- Or Worse – 50% (22% of *Cayuga Care Transition Coalition Respondents*, n2)
- The Same – 33%

11. For what healthcare services does the local area outperform other areas and regions with regards to availability of healthcare service offerings? Ex: Rochester, Syracuse, etc.

- We don't outperform any of them (6).
- Acute Care. I think we have an abundance of availability and that's and that's through those Triage-Urgent Care type settings. I believe there is a plethora of offerings there.
- Because of the size of our county we are very fortunate to have a Community Hospital.
- All of the areas that I said are our strengths. We are a Higher Quality / Lower Cost provider in all those areas. I have documentation that shows we are a Higher Quality / Lower Cost provider than all the other hospitals and all the other Health Systems in the Region.
- I think in Urgent care and immunization areas.
- Identify issues and try to troubleshoot them. Bring them to the table and see where the resources are.
- Primary Care. Outcome. I am involved in the community, so I know a lot of the players. They all seem to be very solid professional folks who are trying hard to provide the best possible service. I do know from a management standpoint, the one thing we all deal with is recruitment of quality staff. We have good programs but sometimes programs are only as good as the staff that you can allocate to do them. I know a lot of my peers have told me that getting people into this community is difficult. The hard part is a lot of us in a rural county do pay at the level that say Onondaga or Rochester might pay.

12. Do you think the availability of healthcare service offerings for local Cayuga County area residents has gotten better or worse over the past three years?

- Better – 75%
- Remained the same – 25%

18. Are there any specific groups of people in the Cayuga County area that may be particularly vulnerable and in need of specific attention when it comes to healthcare service offerings? (PROBE: Children; older adults; low income; special needs; racial/ethnic groups, rural communities)

- Yes – 100% (88% of *Cayuga Care Transition Coalition Respondents*, n14)

19. What groups? Includes *Cayuga Care Transition Coalition Respondents*

- Older adults (8)
- Lower income (7)
- Behavioral health patients/substance abusers (7)

- Children (6)
- Rural communities (5)
- The population that has mental health needs (5)
- Special needs (2)
- Minorities
- Immigrant farm workers
- Racial/ethnic groups

20. What are the major barriers (outside of transportation) to accessing healthcare services for these groups? (PROBE: limited hours of service; no evening or weekend availability; lack of insurance; lack of providers accepting your insurance; high deductible)

- Education of insurance, primary care services, hours, cost of services
- Cost
- None, only transportation
- Socio-economic status, lack of insurance, and social economic deterrents
- Language barrier and financial aspect
- Location – too far from services
- Not enough available doctors and appointments
- Services are not available in the area

Q21 – Q41. Includes Cayuga Care Transition Coalition Respondents

Service	Average Importance Rating on 1-5 Scale (5=highest)
Increase services for mental & behavioral health	4.6
Increase services for substance use	4.6
Protect waterbodies	4.5
Increase access to healthcare providers – expand hours, timely appointments, # of physicians	4.4
Increase access to affordable healthy foods	4.3
Obesity – Adult	4.3
Diabetes	4.3
Focus on the poor and vulnerable	4.3
Improved oral health	4.3
Obesity – Child	4.2
Decrease tobacco use [smoking, vaping, chewing]	4.2
Increase community environments that promote physical activity	4.2
Increase access to services	4.1
Increase eldercare/senior services	4.1
Increase specialty care services within the	4.1

area Ex: pediatrics, urology etc.	
Reduce falls among the vulnerable populations	4.1
Reduce Chronic diseases: Heart health	4.0
Increasing services or caregivers for patients with dementia	4.0
Cancer	4.0
Improve vaccination rates	4.0
Increase access to prenatal care	4.0
Decrease number of children with elevated lead levels	3.8
Community fluoridated water	3.5
Asthma	3.5

42. What is the biggest challenge the local community faces in improving the community's health?

- **Education**
 - I think not only Dental and Medical and Drug Abuse and some smoking and vaping with the kids. I think these are probably the major issues. Education through the schools. That gets it into the home as well. Kids bring it home to the parents. Integrate it into the coursework.
 - Educating people and that has so many things connected to it. So, how can we educate people if they have a lack of transportation and they can't come to an education meeting. If they have low literacy or low education levels, do we offer education at an understandable level to them as to how serious things are so we can eliminate the need for the tobacco area, immunizations. If people just understood the importance of it. How do we get that education to people, other than driving to someone's home. That's the answer. How do we educate people? Everybody doesn't have internet; everybody doesn't have transportation. So, we have people who are isolated and uneducated. Therefore, unhealthy.
 - Outreach, Education. It starts in the schools. It is important.
- **Behavioral Health/Addiction**
 - Access and care for addiction services. Selfishly, it is 2 things we deal with a lot in my profession; Addiction and Mental Health.
 - *(Cayuga Care Transition Coalition Respondent)* Mental health/substance abuse symptoms, availability.
- **Lack of a continuum of care**
 - On a community wide basis, even in this day and age when there can be electronic or sharing of records and HIPAA releases and that kind of thing, there still are deficits in continuity of care between a multitude of providers that might be involved with someone. The Home Health Care Organization may have very little information from

the Primary Physician. Primary may have very little from the Specialist if they are out of town. That system may not have any communication with the private pay aides or the aides and programs through our office. That overall continuity or continuum of care, communication to optimize outcomes. We can hit all the individual areas of need. But if there is no co-ordination of attempts to meet those needs for individuals, people fall through the cracks and they don't get the high level of care and assistance they need.

- *(Cayuga Care Transition Coalition Respondent)* Silo's.
- ***(Cayuga Care Transition Coalition Respondents)* Lack of Affordable Housing**
 - I don't know what I can say is the biggest challenge. I can say what the challenges are. Lack of affordable housing.
 - Lack of housing (2).
 - Not enough low-income housing for ex-cons or felons.
- ***(Cayuga Care Transition Coalition Respondents)* Lack of medical providers accepting Medicaid**
 - Lack of doctors who are willing to accept Medicaid patients.
 - Lack of medical providers accepting Medicaid.
 - More doctors and dentists who are willing to accept Medicaid.
 - Finding qualified professionals to provided needed services.
- ***(Cayuga Care Transition Coalition Respondents)* Transportation**
 - Lack of non-medical transportation for groups like AA/NA.
 - Transportation - barriers still exist for many; health literacy is a challenge.
 - Transportation (2).
- **Lack of medical staff/professionals**
 - Lack of qualified nursing staff.
 - Locating providers to work in a small community and mental health providers.
 - Staffing.
- Obesity, Diabetes, Heart Disease. Education. I think in order to reduce and improve health, you have to have educational programs that the people affected by it and their caregivers; it is not just the patient themselves. You have to involve the caregivers. It takes a community to get people to buy in to and overall health would be improved if those types of things were addressed and better managed. And along with that would be drug, alcohol and substance abuse. It is not just the person, but it is the people around that person as well and the supports around that person.
- Dentistry is a big challenge. They want private insurance. There is always a cap with their insurance that is covered 80%. If you issue that will exceed that cap.
- A common purpose and vision. Individual groups working collectively rather than individually.

- I think it is the socio-economic status. That along with intelligence. Poverty and education level. Generational poverty and mental health.
- Healthcare insurance. Being Uninsured as well. One of the ways the Medicaid products are working is, they are giving you a lot of coverage, but they are hitting you with these high co-pays. Folks who don't have an income in most cases, that seems to be an oxymoron to me. That you would give them coverage to things, then turn around and tell them they have to pay \$20 per session for the service. If I try to not charge that, then I am going against what the insurance company says and I have to lower my rates because that means you can provide that service \$20 cheaper. I guarantee you that the thing that most people run into to get to the doctor in a positive timely way is their healthcare insurance.
- For me, I would say the biggest challenge is bureaucracy. All from Federal and State level, but also Local levels. Even if we can come up with some policies, we can't get the support to enact them. That's on one level. I would say the other one is; even if Federal or State proposals are leaning one way or the other, we don't have too much of a mechanism as a rural community to really advocate for what we need here.
- I would say buy-in on anything. So, all of the Diabetes Preventive Education they have out there or obesity. If somebody not willing to participate or identify themselves as being obese. The education may be there, but the awareness may not be. I also think with the community, a lot of times the services or the Providers are disconnected. So, people don't know where to go, or where to look. Maybe the service is being provided but the message just isn't being relayed.
- *(Cayuga Care Transition Coalition Respondent)* Food insecurities.
- *(Cayuga Care Transition Coalition Respondent)* No rehabilitation centers - not many things to do which don't involve alcohol in Auburn NY.
- *(Cayuga Care Transition Coalition Respondent)* Not enough services.
- *(Cayuga Care Transition Coalition Respondent)* Poor Health Management.

43. As the Cayuga County Health Department and Auburn Community Hospital looks to improve community health and well-being for residents, what key activity should be considered/undertaken? *Includes Cayuga Care Transition Coalition Respondents.*

- **Education**
 - I think education is huge and paramount. Figuring out how to connect our society to available services that we already have available to us in the county.
 - Educational programs for these vulnerable groups of people. You need an encounter, you need a one-on-one encounter whether it is through a Physician or a Clinic, a family member. Incentives, some sort of incentives. It should be part of when they are seen.
 - Community Education on High Blood Pressure, Diabetes, stroke and heart attack.

- **Participation in community events** are youth oriented or family-oriented events to serve to educate and show that they are partners with these organizations that do these family fun things.
- More of the **outreach into rural areas**, into individual communities. Where you try to reach a specific group of people and maybe have an existing event where people come for some reason. A Food Pantry is not a bad place, church is not a bad place. At least doing outreach. Then, if there is enough interest at those spots, maybe you can actually do an education event.
- **Prevention and Wellness Programs, Screenings**
 - I think a little bit **more with preventative**. The movement programs and healthy eating. What do I do with food if it is healthy; working with the Farmers Markets. We are an agricultural area and need to tap into that. I think that school could be a hub for that information. Schools, Primary Care, so we are speaking the same program, the same process. Collaboration in the community. We are all working this together.
 - I am a big proponent of the Health Department. I think that they do a really good job. I think they have identified emergent needs. They have put out there whatever they can to combat those emergent needs. Their **biggest thing is trying to get the community there and then do clinics and things they need to do to get these particular target areas addressed**. Hospital; I am not sure what there is for them to do, except look at the community they reside in and provide services in and look at what the flow of folks coming to them is and be good at that thing.
- **Partnerships and engagements to co-ordinate care**
 - We need to have a better focus on the non-medical determinants of well-being. so that if a person is not getting to medical care due to lack of transportation, if they are falling because they do not have a non-medical aide coming in the home, if they are losing weight because they can't cook and they are on a waiting list for meals, if they don't have somebody case-managing to make sure they understand and can work through the system to get the help they need; then a lot of the other interventions that are worked on, won't be effective because the medical is only one piece of it. All the other social determinants of health have to be part of the equation. It needs to be integrated. Perhaps exploring the healthcare system, the health insurance system to find ways to collaborate to improve how we meet these social determinants of well-being.
 - Improving the relationship with the Education System and secondly, improving relationships with the senior groups.
 - Collaboration among providers.
 - Work together.
- **Provider recruitment**

- I would like to see more of a recruitment of Providers on a regular basis. Just considering that in all aspects of the economic. How do we make our community an economic pole so that people actually want to move here. On top of, how do we make Businesses; how do we make people want to go to King Ferry and want to start a Physical Therapy Business for example. Making sure they are working with all of the stakeholders that consider health and every policy aspect and avenue.
- More providers for pediatric, cessation of vaping education.
- Attempts to recruit qualified professionals across the continuum of care to ensure providers of choice with or the county; ideally multiple providers of choice + outreach to patients regarding services available.
- Bring more doctors here who are willing to change and grow. Doctors here don't bother with holistic health, and don't bother to listen to their patients. They also are terrible role models with very poor health themselves. It's hard to take them seriously.
- More providers or more opportunities for everyone to participate in the care they need.
- **Expanded hours**
 - So, the County Health Department, I'm just thinking, and I understand some of it is grant funded and stuff, but even like WIC. The clients that come through our door that are eligible for WIC Services, won't go to WIC. A - because of where it is located and B - the stigma attached to it. Circling back, maybe if there were weekend hours or extended hours or even off-site hours. Whether it is for the vaccines or WIC. I know it's not the Health Department but, there's still that 9-5. People aren't just 9-5 anymore. If they expanded their hours and did clinics off-site and things like that. There would be more participation from community members. They don't like going there. It's in the Courthouse. It's on the first floor which is the same location that they bring the inmates through for Court. So that's a barrier for them to go in there.
- **Transportation**
 - Clients may have serious Behavioral Health issues no transportation.
 - Distances between places considered to be helpful/needed throughout the county.
 - Insurance acceptance, transportation.
 - Look into transportation methods.
 - Transportation.
- **Mental Health / Substance Abuse**
 - More leniency in discharge policies for those with mental health/non-compliance, especially specialty providers,
 - More services structured around mental health, substance use, and release from prison.

Appendix II: The following section provides an analyzed overview of the online survey findings, aggregated across all surveys collected.

S1: Which of the following ranges best fits your age? n869; Single Response		
Category	n	%
Under 18*	2	-
18 to 24	44	5%
25 to 34	117	14%
35 to 44	146	17%
45 to 54	168	19%
55 to 64	205	24%
65 to 74	122	14%
75 or older	65	7%

S7: To help us group responses, what is the ZIP Code where you live (within Cayuga County)? n830; Single Response		
Top 10	n	%
13021 (Auburn/Owasco)	548	66%
13140 (Port Byron)	42	5%
13160 (Union Springs)	35	4%
13166 (Weedsport)	33	4%
13118 (Moravia)	26	3%
13033 (Cato)	23	3%
13152 (Skaneateles)	16	2%
13034 (Cayuga)	15	2%
13026 (Village of Aurora/Town of Ledyard)	14	2%
Other*	18	2%

S8: What is your gender? n812; Single Response		
Category	n	%
Female	615	76%
Male	192	24%
Non-Binary/Third Gender	1	-

S9: Do you work for any of the following organizations? n812; Multiple Response		
Category	n	%
Neither	723	89%
Auburn Community Hospital	59	7%
Cayuga County Health Department	31	4%
Refused	4	-

Q1: Overall, how would you rate local healthcare services in your community? n812; Single Response					
Poor 1	Fair 2	Good 3	Very good 4	Excellent 5	Don't know
6%	22%	37%	24%	8%	3%

Q2: Overall, how would you rate preventive and/or healthy lifestyle services in the community (access)? Ex: colorectal/breast cancer screening, wellness visits with

Primary Care Providers, Vaccinations, etc. n812; Single Response					
Poor 1	Fair 2	Good 3	Very good 4	Excellent 5	Don't know
4%	16%	35%	30%	12%	3%

Q3: Over the past year, would you say the healthcare services in the Greater Cayuga County area has: n812; Single Response		
Category	n	%
Stayed about the same	503	62%
Gotten Better	176	22%
Gotten Worse	133	16%

Q6: What local media sources do you use most frequently? n812; Open-Ended; Coded		
Top 10	n	%
The Citizen / Auburn Pub	184	23%
NA / None	129	16%
Television	109	13%
The internet	69	8%
Local news	68	8%
Newspaper	64	8%
Facebook	63	8%
Radio	26	3%
Google	14	2%
Syracuse.com	10	1%

Q7: What is the biggest health issue facing the Cayuga County area today?
n812; Open-Ended; Coded

Top 10	n	%
Drug addiction/abuse	149	18%
N/A	78	10%
Lack of services/physicians/specialties	77	9%
Cost/Affordability	61	8%
Opioids	55	7%
Quality of care/ need better care	53	7%
Mental health	47	6%
Aging/senior care	38	5%
Don't know	35	4%
Addiction	27	3%

Q9: In terms of healthcare services in the Cayuga County area, which services come to mind that have strong availability for area residents?

n812; Open-Ended; Coded

Top 10 Responses	n	%
No Answer/Not Available	166	20%
Urgent Care/Clinics	148	18%
Primary Care	113	14%
Unsure	57	7%
None	35	4%
Emergency Room	31	4%
Woman's Services	29	4%
Hospital	23	3%
Auburn Community Hospital	17	2%
Dental	15	2%

Q10: Which healthcare services come to mind that are not easily available in the Cayuga County area?

n812; Open-Ended

Top 11 Responses	n	%
Mental Health Services	98	12%
Specialists	84	10%
Substance Abuse/Rehab	43	5%
Cancer Services	35	4%
Dental	33	4%
Neurology	19	2%
Home Health	13	2%
Primary Care	12	1%
Cardiac Services	11	1%
Pediatric Services	10	1%
No Answer/NA	156	19%

Using a scale of 1 to 3, where “3” means very available in the area and “1” means not at all available in the Cayuga County area, please give your opinion on the availability of the following health-related services.

n812; Select One for Each

Category	Not at all available 1	Sometimes Available 2	Always Available 3	Don't know
11. Vaccinations for children	1%	6%	74%	19%
12. Opportunities for physical activities to reduce obesity	7%	43%	34%	16%
13. Screenings and other preventive healthcare services	2%	36%	50%	12%
14. Care for pregnant women	1%	18%	58%	23%
15. Services for seniors	4%	42%	34%	20%
16. Healthcare services for low income populations	7%	40%	29%	24%
17. Treatment for drug and alcohol abuse	14%	43%	18%	25%
18. Programs to help people quit smoking	11%	34%	21%	34%
19. Healthy eating opportunities: availability of fruits and vegetables	9%	40%	36%	15%
20. Chronic disease treatment and prevention (i.e. heart disease, diabetes, etc.)	12%	40%	23%	25%
21. Heart disease treatment and prevention	6%	38%	29%	27%
22. Diabetes treatment and prevention	5%	38%	30%	27%
23. Primary care services	2%	29%	54%	15%
24. Specialty care services (i.e. pediatrics, urology, etc.)	9%	41%	35%	15%

(CONTINUED) Using a scale of 1 to 3, where “3” means very available in the area and “1” means not at all available in the Cayuga County area, please give your opinion on the availability of the following health-related services.

n812; Select One for Each

Category	Not at all available 1	Sometimes Available 2	Always Available 3	Don't know
25. Orthopedics & Sports Medicine	6%	35%	41%	18%
26. Pediatric Care/Child Wellness Services	2%	28%	51%	19%
27. End-of-life care	7%	34%	28%	31%
28. Mental Health/Behavioral Health Services	14%	43%	24%	19%
29. Dental care	8%	35%	46%	11%
30. Nutrition Counseling	13%	40%	23%	24%
31. Wellness/Healthy Lifestyle Services (i.e. community programs, services, support groups)	11%	43%	25%	21%

Q34: Which of the following statements best applies to your past experiences?

n812; Single Response

Category	n	%
I am always able to access healthcare services when needed	479	59%
I am sometimes able to access healthcare services when needed	293	36%
I am rarely able to access healthcare services when needed	34	4%
I am never able to access healthcare services when needed	6	1%

Q35: (IF SOMETIMES, RARELY, OR NEVER) Why aren't you always able to access healthcare services when needed?

n333; Multiple Response

Category	n	%
Too much time to wait before an appointment	153	46%
Could not get appointment(s)	100	30%
Services are not available	99	30%
Too expensive/Cannot afford	88	26%
Do not accept my insurance	68	20%
Doctor is too far away	46	14%
Lack of transportation	42	13%
I have no insurance	20	6%
Other	36	11%

Q36: Do you or anyone in your household travel outside of your local area or county to access healthcare services?

n812; Single Response

Category	n	%
Yes	539	66%
No	273	34%

Q37: (IF YES) For what type(s) of services?
n539; Open-Ended; Coded

Top 10 Responses	n	%
Primary Care	66	12%
Orthopedics	49	9%
Women's Healthcare (OBGYN, Breast, Gynecology)	33	6%
All Services	32	6%
Cardiology	31	6%
Specialty Services	31	6%
Cancer	26	5%
Eye care	24	4%
Pediatric Services	24	4%
Surgical Procedures	24	4%

Q38: (IF YES) Why do you travel outside of the area to access healthcare services?

n539; Open-Ended; Coded

Top 10 Responses	n	%
Better quality care	51	9%
Bad prior experience/Lack of quality care	37	7%
Better provider	36	7%
Needed specialty service	35	6%
Recommendation/Referral	34	6%
Established relationship/ Happy with provider	32	6%
Better services	27	5%
Better availability	21	4%
Convenience/Location	18	3%
Trust in the facility/provider	14	3%

Q39: (IF YES) Where do you travel to access healthcare services? n539; Open-Ended		
Top 10 Responses	n	%
Syracuse	339	63%
Rochester	93	17%
Onondaga County	28	5%
Skaneateles	26	5%
Camillus	26	5%
Ithaca	22	4%
Geneva	15	3%
Ithaca	13	2%
Cortland	8	1%
Liverpool	7	1%

Q40: If you could choose any hospital, which one area hospital would you personally prefer to use if you or a member of your household needed hospital care?

n812; Single Response

Category	n	%
Upstate University Hospital	223	27%
Auburn Community Hospital	143	18%
St. Joseph's Hospital	122	15%
Strong Memorial Hospital	96	12%
Crouse Hospital	78	10%
Golisano Children's Hospital	27	3%
Cayuga Medical Center	21	3%
Syracuse VA Medical Center	7	1%
Cortland Regional Medical Center	2	0%
Oswego Hospital	1	0%
Other	32	4%
No preference/Don't know	60	7%

Q41: On a scale from 1 to 5, with 1 being "not at all aware" and 5 being "very aware," how aware are you of Auburn Community Hospital?

n812; Single Response

Not at all aware 1	2	3	4	Very aware 5
2%	4%	16%	17%	61%

Q42: (IF 3 or higher) How would you rate the overall quality of Auburn Community Hospital?

n762; Single Response

Poor 1	Fair 2	Good 3	Very good 4	Excellent 5	Don't know
16%	28%	26%	20%	6%	4%