



# 2022 COMMUNITY HEALTH ASSESSMENT & COMMUNITY SERVICE PLAN



## Community Health Improvement Plan 2022–2024

### PREPARED FOR:

Cayuga County Health Department  
8 Dill Street, Auburn, New York 13021

Auburn Community Hospital  
17 Lansing Street, Auburn, New York 13021

### PREPARED BY:

Research & Marketing Strategies, Inc.  
15 East Genesee Street, Suite 210  
Baldwinsville, NY 13027



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## Acknowledgment

Auburn Community Hospital (ACH) and the Cayuga County Health Department (CCHD) would like to thank our public and private community partners throughout the County for their ongoing support and involvement in the 2022-2024 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). With their support and efforts in distributing the CHA, we were able to obtain over 1,300 completed surveys from the community, which provided invaluable feedback from our constituents on key health issues in our County. We would also like to recognize and thank our key community stakeholders (listed below) for their time, guidance, and input about their perspective of the current state of health and well-being of Cayuga County. With this primary survey data and key stakeholder and community feedback, ACH and CCHD collaboratively developed a comprehensive, purposeful 2022-2024 CHIP with the overall goal of improving the health and well-being of our community.

Respectfully,

Scott A Berlucchi FACHE, NHA  
President & CEO  
Auburn Community Hospital

Kathleen Cuddy, MPH  
Public Health Director  
Cayuga County Health Department

Joanne Burcroff- RN, DON, Director of Nursing -  
Finger Lakes Center for Living at Auburn Community  
Hospital

Stephanie Hutchinson, Executive Director, Auburn  
Housing Authority

Matthew Chadderdon, VP Marketing & Government  
Relations, Auburn Community Hospital

Jason Lesch, CFO, Auburn Community Hospital

Laura Clary, Health and Wellness Director, Auburn  
YMCA

Amy MacDonald, MD, Auburn Obstetrics &  
Gynecology & Women's Health

Russ D'Amico, Elder Care, Finger Lakes Center for  
Living at Auburn Community Hospital

Linda Mizro, Disabled Services, Mozaic

Sara Douglass, Disabled Services, ARISE, Inc.

Christine Moulton, Manager Fund Development &  
Grants Coordinator, Auburn Community Hospital

Kimberley Dunn, Director of Programming, Chapel  
House

Rev. Paris Price, Harriet Tubman Memorial AME Zion  
Church

Chris Ehlers, Seneca Programs & Food Security  
Director, CAP

Parth Patel, DO, Elder Care, Auburn Community  
Hospital

Michelle Graney, LCSW, Auburn Psychiatry

Heather Petrus, Executive Director, Cayuga  
Counseling

Liz Festa, Home Care Rochester Regional

Laurie Piccolo, Executive Director, CAP

Amy Fuller, Executive Director, Cayuga County  
Chamber of Commerce

Brian Schenck, Sheriff, Cayuga County Sheriff's  
Office

Rev. Patrick Heery, Westminster Presbyterian Church

Christina Sherman, RN & Director of Auburn  
Community Hospital Cancer Center

Ashley Short, Executive Director, Nick's Ride for Friends

Kezia Sullivan, Director of Operations, Auburn Ambulance

Kevin Swab, Veterans Director, Cayuga County Veterans Office

Nancy Tehan, Executive Director, Play Space

Brenda Weiman, Director Cayuga, County Office for the Aging

Shari Weiss, Executive Director, Cayuga Community Health Network

Michael Wilson, MD, CMO, Orthopedics, Auburn Community Hospital

## Executive Summary

The Community Health Assessment (CHA) is a collaborative process in which Auburn Community Hospital (ACH) and the Cayuga County Health Department (CCHD) work together to identify health priorities and needs of our community. Our thorough evaluative process included an analysis of the 2019-2022 Community Health Improvement Plan (CHIP), recognizing achievements as well as areas of continued gaps. The assessment process took nine months to complete and involved a systematic approach of data retrieval and analysis, as well as community engagement, with a unified mission to identify and address local community health priorities. The detailed analysis included comparison of Cayuga County aggregate New York State (NYS) data from a variety of different sources. In addition to review of the data sources, the Steering Committee (made up of staff from CCHD and ACH) solicited input from twenty-four key community stakeholders as well as input from community members through the dissemination of a survey available in English and Spanish. This survey was available as an on-line/in-person survey. We reached nearly 1,300 community members.

Cayuga County is centrally located in New York State, measuring nearly sixty-five miles long with an area of 700 square miles, and stretches from the shore of Lake Ontario to the heart of the Finger Lakes Region. Surrounding counties in the area include Cortland, Onondaga, Oswego, Seneca, Tompkins, and Wayne counties. Cayuga County is a predominantly rural county that is rich in history, natural resources (parks, trails, waterbodies), and agriculture. Cayuga County includes the City of Auburn (centrally located), as well as 23 townships.

According to the 2020 Census, Cayuga County is home to 76,248 residents, with the following demographics<sup>1</sup>:

- 70.9% of residents owning a home
- a median household income of \$57,985
- 20.6% of residents over the age of 65
- 11.6% of the population living in poverty
- nearly 9.8% of the population under age 65 living with a disability
- around 20% of the population having a bachelor's degree or higher

The majority of Cayuga County residents are white, and the minority population is made up predominately of those who identify as African American and/or Hispanic. As an aging, rural community that lacks county-wide public transportation, access to resources like healthcare providers, work opportunities, grocery stores, parks and playgrounds is much more limited outside the City of Auburn. In rural areas, access to broadband internet is also very

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<sup>1</sup> Source: <https://www.census.gov/quickfacts/fact/table/cayugacountynewyork/PST045221>

limited. **These factors are called social determinants of health (SDOH).** These factors include where people are born, live, learn, work, play, worship, and age that affect a wide range of health and quality-of-life outcomes and risks. SDOHs are an individual's personal circumstances that impact their health and well-being.

SDOHs such as income level, educational attainment, race/ethnicity, and health literacy all impact the ability of people to access health services and meet their basic needs, such as clean water and safe housing, which are essential to maintaining a healthy lifestyle. As a rural community, we know how much greater the impacts can be for rural residents and even more so for those rural residents living below the poverty level. The impact of these challenges rural residents face can be made even more complex by the barriers already present in rural areas, such as lack of county-wide public transportation, limited access to broadband internet/computers and smartphones, as well as fewer opportunities to acquire healthy, affordable food.

The goal of completing a CHA is to ensure that the development of a CHIP/CSP is comprehensive and inclusive with greater attention paid to the most vulnerable members of our community. CCHD and ACH will continuously evaluate activities aligned with the goals and strategies that have been selected. This ongoing evaluation will ensure that the strategies being used are addressing the barriers currently in place due to SDOHs and that the solutions are focused on achieving health equity for all. Continued focus will be on collaboration, education, advocacy, and promoting health and improved quality of life for individuals residing in Cayuga County. The collaborative team will remain actively engaged with diverse community organizations and representatives who are committed to improving the public's health and well-being. Goals and strategies may be revised at any point during the 2022-2024 timeframe to better attain participation and adherence to accomplishing the identified goals. Our efforts will regularly be monitored to ensure the goals of the CHIP/CSP are being met.

The health priorities identified within this report align with New York State's mission, which is *to be the healthiest state for people across all ages.*<sup>2</sup> CCHD and ACH community health planning partnership adopted the New York State (NYS) Prevention Agenda 2019-2024 priorities, which provides the blueprint to improve the health and well-being, promote health equity across populations who experience disparities, and guide the development of the plan. The six priority areas which are discussed at length in the report include the following:<sup>3</sup>

- Improve Health Status and Reduce Health Disparities,
- Prevent Chronic Diseases,
- Promote a Healthy and Safe Environment,
- Promote Healthy Women, Infants, and Children,
- Promote Well-Being and Prevent Mental and Substance Use Disorders, and

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<sup>2</sup> Source: [Health Across All Policies Initiative Launched to Support the Prevention Agenda Goal of Becoming the Healthiest State \(ny.gov\)](#)

<sup>3</sup> Source: New York State Department of Health (NYSDOH): [New York State Prevention Agenda Dashboard \(ny.gov\)](#)

- Prevent Communicable Diseases.

The combination of data collection and analysis, along with thoughtful review of what local community resources and programs are already in place, were used as key references for the development of the CCHD and ACH's 2022-2024 Community Health Improvement Plan (CHIP) and Community Services Plan (CSP).

The 2022-2024 CHIP/CSP will address the following prevention areas:

- 1) Prevent Chronic Diseases;
- 2) Promote a Healthy & Safe Environment;
- 3) Promote Well-Being and Prevent Mental & Substance Use Disorders; and
- 4) Promote Healthy Women, Infants, & Children.

**1. Prevent Chronic Diseases: Tobacco Prevention & Cessation and Chronic Disease Preventive Care & Management**

- For tobacco prevention, we will work to prevent initiation of smoking of both cigarettes and e-cigarettes amongst youth while also promoting tobacco cessation for all age groups.
- We will utilize our community partners to address this health priority, including the Tobacco-Free CNY Coalition which covers Cayuga, Onondaga, and Oswego counties.
- In addition, we will assess and evaluate existing local laws and policies that support and enhance efforts to prevent smoking initiation and promote cessation.
- To address chronic disease preventive care and management, our focus will be to increase cancer screening rates (specifically colon and breast cancer) by reducing barriers to screening/testing such as lack of health insurance and transportation.

**2. Promote a Healthy and Safe Environment:**

- We will focus on injury prevention and reduction of falls amongst vulnerable populations, including adults aged 65 and older, as well as those with Alzheimer's, dementia, and/or disabilities.
- This will involve a focus on making connections between healthcare providers, including the hospital and programs like the Healthy Neighborhoods Program and programs offered through the Office for the Aging and ARISE.
- Our community partners will work to link individuals to the correct resources that can help make their home environment safer.

**3. Promote Well-Being and Prevent Mental and Substance Use Disorders:**

- In Cayuga County, existing entities have made significant strides in our community, but the problem is so prevalent that the health department and hospital believe we can provide additional support to enhance the work that is underway.
- Education and outreach to the broader community, as well as more trainings for healthcare professionals and linkages to services and treatment, will be the main focuses for this priority.

**4. Promote Healthy Women, Infants, and Children:**

- We will work to decrease the rate of infants born with neonatal abstinence syndrome and/or affected by maternal use of drugs.
- The Cayuga County Prenatal, Maternal, and Child Health Program will work with ACH's obstetrics and gynecology (OB/GYN) practice to obtain referrals for all pregnant women.
- Services will be tailored to the specific needs of each individual and referrals to other community-based organizations will be made.
- Educational trainings for OB/GYN, pediatric, and family care providers will be offered to focus directly on these issues so that providers are better equipped to assist their patients, address the stigma pregnant women and mothers who are suffering from drug addiction face, and are more knowledgeable of community resources.



## Community Health Assessment

New York State Department of Health (NYSDOH) requires that local health departments and hospitals collaborate and conduct a periodic community health assessment. A community health assessment gives organizations comprehensive information about the community's current health status, needs, and issues, as well as opportunities for improvement for residents. NYSDOH provides the framework for the assessment as part of its Prevention Agenda so that counties and hospitals across the state are using the same data sets to compare and rank their community.

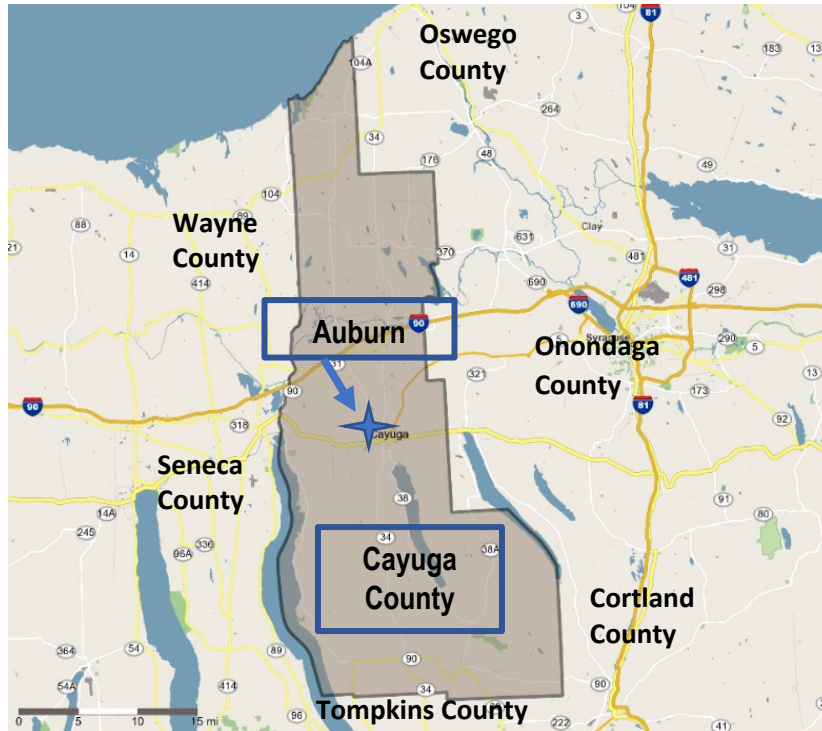
Auburn Community Hospital and Cayuga County Health Department contracted with Research and Marketing Strategies, Inc. (RMS) to assist with the community health assessment. The RMS Healthcare team followed a thorough, rigorous, and comprehensive process, assisting CCHD and ACH with conducting the CHA. Additionally, the RMS Healthcare team worked with CCHD and ACH 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 CHA process included the following components:

- Demographic, Sociographic, and Health Status Profile of the Community,
- Inventory of Health-related Resources in the Community,
- Review of Survey & Data Collection,
- Review of Community Feedback from Consulting Work Associated with CCHD and ACH, and
- Gap Analysis and Identification of Community Health Needs.

Multiple methods were used to gather community input, including conducting community focus groups, an online survey, and in-depth interviews of community members and leaders. The quantitative work included input from community stakeholders through the dissemination of an on-line/in-person survey available in English and Spanish, reaching nearly 1,300 community members. The qualitative work included twenty-four (24) in-depth interviews (IDI's), which represent insights from various key community stakeholder groups and healthcare professionals affiliated with Auburn Community Hospital and Cayuga County Health Department. The combination of data collection and analysis along with thoughtful review of what local community resources and programs are already in place, were used as key references for the development of the CCHD and ACH's 2022-2024 Community Health Improvement Plan (CHIP) and Community Services Plan (CSP). A summary of the process and results is outlined on the pages that follow. *The detailed report for all primary research can be found in Appendix B.*

## Description of Cayuga County

Cayuga County is centrally located in New York State, measuring nearly sixty-five miles long with an area of 700 square miles, and stretches from the shore of Lake Ontario to the heart of the Finger Lakes Region. Surrounding counties in the area include Cortland, Onondaga, Oswego, Seneca, Tompkins, and Wayne counties. Cayuga County is a predominantly rural county that is rich in history, natural resources (parks, trails, waterbodies), and agriculture. Cayuga County includes the City of Auburn (centrally located), as well as 23 townships.



There is quite a bit of focus being given to economic development both locally and regionally. In Cayuga County, major industries include manufacturing and agriculture. Cayuga County is a state leader in the production of dairy products, corn, and soybeans. Local farms rely on migrant farm workers with some coming to the County for seasonal work and others coming to work on farms in a longer-term capacity. These workers come from various countries and speak different languages including Spanish and Haitian Creole. The top three largest employers in Cayuga County include Auburn Community Hospital, Auburn Correctional Facility, and the County of Cayuga.

As a rural community, we know how much greater the impacts can be for rural residents and even more so for those rural residents living below the poverty level. Factors that contribute include the lack of a county-wide public transportation system, fewer healthcare providers, fewer work opportunities, fewer grocery stores which limits access to healthy and affordable foods as well as limited access to broadband internet/computers and smartphones – these

all create challenges for rural residents. Those 55 and older are the fastest growing segment of the population. We also know that a greater percentage of the older population are living longer with more chronic health conditions than ever before.

## Community On-Line Survey

An on-line survey was conducted by RMS Healthcare on behalf of the CCHD and ACH to gather thoughts, opinions, perceptions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, clinical care, and perceptions on the impact of the COVID-19 pandemic relating to access and delivery of healthcare services. In total, 1,288 individuals participated in the on-line survey, held between August 2022 and October 2022. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The community perception survey included five screening questions, assuring that individuals qualified for the study. Those that qualified were presented with 24 questions asking about their experiences using the health system in Cayuga County. The survey ended with eight demographic questions. CCHD and ACH focused on securing input from various key community partners through a promotional flyer containing a QR code which allowed for easy access to open a direct link to complete the survey. The survey was available in English and Spanish, and was boosted, posted and delivered to various community partners to gather input from community members in urban, suburban and rural locations of the community, as detailed below.

- Email blasts were sent to various locations (92) including key community partners; daycares and preschools, emergency response providers, nursing homes/assisted living facilities (for staff and residents), all County school districts, senior apartment complexes, wellness centers, homeless shelters and businesses. Fax blasts were sent to various organizations (76) including dental offices and healthcare facilities/ physician offices, including specialty care practices.
- Phone calls were made to organizations (41) including community partners, senior apartment complexes, libraries, food pantries and local businesses.
- Flyers were posted in various locations (133) including local retail businesses, churches, recreational/entertainment facilities, restaurants, and gas stations.

*A full report detailing findings from the on-line survey can be found in Appendix B.*

*A full report detailing community partners (with the on-line survey promotion and distribution) can be found in Appendix C.*

# Community On-Line Surveys

## Key Summary Points

- The majority of individuals were between the ages of 45 to 74 and were mostly white and female.
- Many individuals shared they felt the quality of local healthcare services is either good (41.1%) or very good (22.7%). The mean score for the quality of local healthcare services is 3.0. Individuals were also asked about the availability of local healthcare services. Many individuals rated the availability of services as good (38.4%) or very good (21.4%), with a mean score of 3.0.
- Most individuals felt the healthcare system in Cayuga County has stayed the same in the past year (57.4%).
- Doctor or nurse was the top source of health-related information, followed by friends or family.
- Access to healthcare, clean environment, good economy, access to fresh/affordable foods, and good schools are the top 5 most important factors of a healthy community.
- Addiction to alcohol or drugs, mental health issues, cancer, obesity in adults, and infectious diseases were cited as the top 5 health-related problems in the County.
- Most individuals had access to air conditioning when heat advisories were issued.
- Ninety percent of individuals shared they are up to date on blood pressure screenings, 87% on blood sugar/glucose, 86.8% on glucose, and 88.3% on physical exam. Many individuals shared they are not current on bone density, hearing, prostate, or skin cancer exams.
- When asked to select the top five health behaviors or social factors that are the biggest problems for the County, illegal drug use was the top response, followed by drinking and driving, unhealthy eating, emotional or physical abuse and not enough physical activity.
- Individuals were asked to share how concerned they are about the waterway algal blooms in the County. On a scale of 1 to 5, with 1 being not at all concerned and 5 very concerned, many individuals (89.0%) expressed some level of concern, with the most (27.6%) selecting modestly concerned. The mean score was 3.2.
- Individuals were also asked what their top five health system issues are facing the community. The top five responses were high costs of healthcare, high cost of prescription medications, access to mental health services, access to substance use disorder treatment and lack of health insurance.
- Nearly half of respondents shared they experienced long waits for an appointment, and about a quarter expressed they felt like their provider was not listening, they had to travel long distances to access care, or felt like their provider was not spending enough time with them.
- Individuals felt the most widely available services were vaccinations for children, care for pregnant women, primary and pediatric services. The least available services were mental health services, treatment for drug and alcohol use, nutrition counseling, and wellness/healthy lifestyle services.

- 77.9% shared they travel outside the County for health care, many citing they believe better care is found elsewhere, or they cannot obtain the services they need within the County.
- Nearly all individuals shared they have a primary care doctor (95%).
- Nearly all individuals have seen their primary care doctor in the past year (93.5%).
- Many individuals' hospital of choice was Auburn Community Hospital (26.9%), followed by SUNY Upstate (22.7%).
- Respondents indicated that access to childcare, feelings of isolation, and their financial situation are significantly worse than pre-COVID.
- About 60% shared they are up to date on their COVID-19 vaccines.
- Most people were satisfied with the County's response to COVID-19, as over 60% shared the County's response was either good (43.7%) or excellent (15.2%).

Community Representation	Common Themes
<ul style="list-style-type: none"> <li>• The survey was taken by 1,288 individuals.</li> <li>• The survey was offered in both English and Spanish.</li> <li>• Cayuga County also offered paper versions of the service, but the primary method for survey administration was online.</li> </ul>	<ul style="list-style-type: none"> <li>• Specialty care is a concern for residents as they often need to leave the area for care. Cancer and cardiac care were key issues identified and considered areas of focus.</li> <li>• Mental health, substance use, and addiction were core themes, as many felt there is a need for more of these services in the County.</li> <li>• Access to care was due to a variety of factors. Some individuals felt that Auburn Hospital needs to hire more doctors and staff to meet the demands within the County so that residents do not have to travel elsewhere.</li> <li>• The high cost of healthcare was seen as an issue within the County.</li> </ul>

## Meaningful Quotes

- *“Providers that take public insurance, provide education, and appropriate services.”*
- *“Not only access to Healthcare, but better quality with accountability.”*
- *“Need more specialists in the community and/or better access to specialists in Syracuse (transportation assistance). Need more options for elder and end-of-life care, including such things as home health aides, home visits by doctors.”*
- *“Need more substance abuse, addiction and mental health services and facilities.”*
- *“Provide mental health mini sessions in schools. It’s desperately needed.”*

## Interviews with Key Community Stakeholders

In collaboration with various community partners, Cayuga County gathered input on the healthcare needs of the population through in-depth interviews conducted with 24 community stakeholders. These stakeholders represent community leaders, health organization administrators, public health stakeholders, and social services personnel. Participants provided relevant information regarding the health needs of the community. Findings from the key stakeholders provided valuable insights and information which was used during the needs prioritization process.

*A full report detailing findings from the Key Stakeholder Interviews can be found in Appendix B.*

<b>Key Stakeholder Interviews</b>
<b>Key Summary Points</b>
<ul style="list-style-type: none"><li>• Mental health and substance use services are lacking in the community.</li><li>• Cancer care and mental health were the recommended top priorities discussed by the community stakeholders.</li><li>• Many shared that access to care can be difficult in the County, and that many individuals often travel outside the County for care. This is due to long wait times and a lack of specialty care providers (particularly for cancer). Many individuals also commented on the lack of transportation services for residents.</li><li>• Individuals shared that there are many populations that are more vulnerable within the health system, including the elderly, minorities, and disabled. More outreach and partnerships would be helpful. They believe that Auburn Hospital has done well building partnerships, but more can be done by the County.</li><li>• Stakeholders felt that a major issue in the County is a lack of access to nutritious foods. Many shared that individuals in the County do not have many options, and with rising food prices, often resort to unhealthy options.</li><li>• Health literacy was an issue that many stakeholders have noticed in the County. They believe that some action should take place to improve the health literacy of individuals and share the benefits of a healthy lifestyle.</li><li>• On a scale of 1 to 10, with 1 indicating limited availability and 10 indicating high availability of healthcare services, stakeholders rated Cayuga County a 6.6.</li><li>• Stakeholders did not believe that COVID-19 was playing a significant role in the community. Many felt that the impact in delivery is due to a workforce shortage, which is leading to longer than anticipated wait times, particularly for specialty care services.</li></ul>



Key Community Stakeholders	Common Themes
<ul style="list-style-type: none"> <li>Cayuga County Health Department and Auburn Community Hospital provided a list of key stakeholders and individuals involved in the delivery of health services in the County.</li> </ul>	<ul style="list-style-type: none"> <li>Many community stakeholders believe that <u>residents must travel</u> to different counties to obtain healthcare services, due to a lack of services or long wait times. This was particularly true for cancer and specialty care.</li> <li><u>Cancer care services are lacking</u> in the community, and stakeholders felt this is an area where the County should focus on.</li> <li><u>Transportation services are lacking</u> in the County, and disproportionately affect vulnerable communities.</li> <li><u>Mental health services and substance use programs are lacking</u> in the community and should be a focus for the County.</li> <li><u>Access to nutritious foods is a major issue</u> within the County, efforts should be made to expand access. Stakeholder expressed the concern that food prices are increasing, which impacts already vulnerable communities even more.</li> <li>Stakeholders offered that <u>health literacy is an issue</u> within the County, they recommended efforts to improve residents' knowledge of the benefits of preventative screenings, eating healthy, diet and exercise, and wellness efforts.</li> </ul>
<h3>Meaningful Quotes</h3>	
<ul style="list-style-type: none"> <li><i>I would say that residents of Cayuga County have good access to the hospital, but when it comes to second opinions there is limited access unless they are willing to travel.</i></li> <li><i>Cancer services are not available. Services for these needs are not existent and residents leave the County for care.</i></li> <li><i>Addiction and drinking is problematic. Many of the issues are tied to lack of healthy eating and could be avoided with healthy eating. Suicide has become an even bigger issue specifically for the 19–26-year-olds. There is a huge push for education. There is a feeling of not being heard and there needs to be more efforts on talking about that suicide is not a way out but that solutions can be identified.</i></li> <li><i>See a lot of trauma, see people in broken homes or dealing with abuse and drug addiction. Issues are a result of not growing up and living in a stable environment. We need to address our health care concerns and to ensure children have a stable environment and have access to services to grow up healthy and mitigate health problems.</i></li> </ul>	

## Health Challenges Facing the Community

The issues brought to light in this assessment and plan represent the culmination of community collaboration to improve the environment in which residents reside and where services are provided. CCHD and ACH recognize that the healthcare needs in the region continue to change based upon the population demographics, socio-economic factors, and psychographic factors. However, some common need themes remain consistent from our previous CHA and reflect the need for continued focus on specific health needs.

**In reviewing secondary data sources primarily derived from NYS Prevention Agenda 2019-2024, there was evidence of recurring trends and continued areas for improvement including:**

- percentage of children and adults that are overweight and obese
- lower rates of physical activity among adults
- prevalence of cigarette smoking
- infant mortality rates
- newborns born with neonatal withdrawal symptoms
- percentage of infants enrolled in WIC who are breastfed at six months
- suicide mortality rates in youth and the entire County population
- higher rates of opioid prescriptions
- higher rates of opioid overdose emergency room visits
- higher rates of indicated reports of maltreatment and abuse of children
- higher rates of potentially preventable hospitalizations amongst adults

## Cayuga County Behavioral and Environmental Risk Factors

A detailed analysis was conducted, which included comparison of Cayuga County's aggregate NYS data, excluding New York City (NYC), as well as the Prevention Agenda 2019-2024 objectives and dashboards<sup>4</sup>, the NYS Community Health Indicator Reports (CHIRS)<sup>5</sup>, and Behavioral Risk Factor Surveillance System (BRFSS)<sup>6</sup> data sets.

The tracking tool (Prevention Agenda 2019-2024 Dashboard) available on the NYSDOH website provides baseline data from 2019-2024 for most Prevention Agenda Dashboard performance 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 Prevention Agenda 2019-2024 Dashboard performance objectives.

The BRFSS, CHIRS data and County Health Rankings data for Cayuga County were also referenced during a review of secondary research. Data from these sources provided thorough insight for CCHD and ACH in understanding health, behavioral and various determinants which impact and influence the health of residents. The following details an analysis of behavioral risk factors for residents of Cayuga County. The narrative and relevant data indicates the areas where the County has met or exceeded State expectations, and the second paragraph details the areas of opportunity the County should consider when determining how to best meet the needs of residents. <sup>7</sup>

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<sup>4</sup> Source: [New York State Prevention Agenda Dashboard \(ny.gov\)](#)

<sup>5</sup> Source: [CHIRS Dashboard \(ny.gov\)](#)

<sup>6</sup> Source: [Behavioral Risk Factor Surveillance System \(BRFSS\) \(ny.gov\)](#)

<sup>7</sup> Sources: NYSDOH: 2019-2024 Prevention Agenda, CHIRS (dates vary), and County Health Rankings (2016-2019)

## Prevent Chronic Disease

### *Cayuga County, New York State (2019-2024)*

In terms of preventing chronic disease, Cayuga County fell below the Prevention Agenda 2019-2024 Dashboard for several indicators, including all indicators related to obesity (various age groups), as well as all indicators related to physical exercise. Data collected from the BRFSS health indicators aligns with the findings from the Prevention Agenda 2019-2024 Dashboard.

Cayuga County met Prevention Agenda indicators for a few areas, such as: percentage of adults with an annual household income less than \$25,000 with perceived food security, percentage of adults aged 50-64 years who receive a colorectal cancer screening based on the most recent guidelines, asthma emergency department visits, (rate per 10,000, aged 0-17 years), percentage of Medicaid managed care members aged 5-18 years who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period and percentage of adults with chronic conditions who have taken a course or class to learn how to manage their condition.

The Cayuga County health indicator rates were in line with the Statewide CHIRS rates for several indicators, including: percentage of overweight or obese students in elementary, middle, and high school, the percentage of adults who participated in leisure time physical activity in the past 30 days, diabetes hospitalization rate per 10,000, diabetes short-term complications hospitalization (rate per 10,000), as well as potentially preventable diabetes short-term complications hospitalization (rate per 10,000). Cayuga County also aligned with CHIRS rates for percentage of adults with physician diagnosed diabetes, and percentage of adults with cardiovascular disease. Comparing Cayuga County with NYS regarding Cardiovascular Disease and Stroke Indicators, the County rate was significantly higher in all areas according to Statewide CHIRS data.

*Refer to Appendix A: Chart 2.0*

## Promote Well-Being and Prevent Mental and Substance Use Disorders

### *Cayuga County, New York State (2019-2024)*

Cayuga County fell below the Prevention Agenda 2019-2024 Dashboard performance objective for several mental and substance use disorders indicators, such as frequent mental distress during the past month among adults, (age-adjusted percentages) binge drinking during the past month among adults (age-adjusted percentage), indicated reports of abuse/maltreatment, (rate per 1,000 children - aged 0-17 years), and analgesic prescription, age-adjusted rate per 1,000 population, and suicide mortality, age-adjusted rate (per 100,000 population). However, the Cayuga County rate is aligning with the Statewide rate for the following CHIRS indicators: suicide mortality rate – aged 15-19 years.

While Cayuga County fell below performance objectives for many measures, they **showed improvement in select measures tied to *Promote Well-Being and Prevent Mental and Substance Use Disorders***, including reduction of overdose deaths involving any opioids, age-adjusted rate (per 100,000 population), patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate (per 100,000 population), and percentage of adults who have experienced two or more adverse childhood experiences (ACEs).

*Refer to Appendix A: Chart 2.1*

### Improve Health Status and Reduce Health Disparities

#### *Cayuga County, New York State (2019-2024)*

Cayuga County fell below the Prevention Agenda 2019-2024 Dashboard performance objective for half of the indicators, including: premature deaths: percentage of Black non-Hispanics to White non-Hispanics (before age 65 years), potentially preventable hospitalizations among adults, age-adjusted rate per 10,000, percentage of adults (aged 18-64) with health insurance, and (age-adjusted percentage) of adults who have a regular health care provider.

Cayuga County was in line with or exceeded Prevention Agenda 2019-2024 Dashboard performance objectives for several health status indicators, including percentage of premature deaths (before age 65 years), premature deaths: percentage of Hispanics to White non-Hispanics, potentially preventable hospitalizations: rate of Black non-Hispanics to White non-Hispanics, age-adjusted rate per 10,000, potentially preventable hospitalizations: rate of Hispanics to White non-Hispanics, and age-adjusted rate per 10,000.

*Refer to Appendix A: Chart 2.2*

### Promote a Healthy and Safe Environment

#### *Cayuga County, New York State (2019-2024)*

Cayuga County did not meet the Prevention Agenda 2019-2024 Dashboard performance objective for several indicators related to promoting a healthy and safe environment. Statewide CHIRS data indicates that the County is not significantly different regarding children with appropriate lead screenings prior to the age of 2, as well as the percentage of population who did not have access to a reliable source of food for the past year.

Statewide CHIRS data indicates that the County is not significantly different regarding children with appropriate lead screenings prior to the age of 2, as well as the percentage of population who did not have access to a reliable source of food for the past year.

*Refer to Appendix A: Chart 2.3*

## Communicable Diseases

### *Cayuga County, New York State (2019-2024)*

Cayuga County fell below the Prevention Agenda 2019-2024 Dashboard performance objective for one measure percentage of 13-year-old adolescents with a complete HPV vaccine series. Cayuga County's rate was more favorable than the Prevention Agenda 2019-2024 Dashboard performance objective for the other Prevention Agenda indicators, including percentage of children with 4:3:1:3:3:1:4 immunization series - aged 24-35 months, newly diagnosed HIV case rate (per 100,000 population), gonorrhea diagnoses, age-adjusted rate (per 100,000 population), chlamydia diagnoses, age-adjusted rate (per 100,000 population), and early syphilis diagnoses, age-adjusted rate (per 100,000 population). These are areas where the County met or exceeded Statewide performance expectations and also yielded improvement since the prior CHA/CSP/CHIP cycle.

Cayuga County's rate for early syphilis case rate (per 100,000 population), gonorrhea case rate (per 100,000) - aged 15-19 years, newly diagnosed HIV case rate (per 100,000) and age-adjusted newly diagnosed HIV case rate (per 100,000) was not significantly different from the Statewide CHIRS data.

*Refer to Appendix A: Chart 2.4*

## Promote Healthy Women, Infants, and Children

### *Cayuga County, New York State (2019-2024)*

Cayuga County fell below some Prevention Agenda 2019-2024 Dashboard performance objectives related to promoting healthy women, infants, and children. For example, infant mortality, rate per 1,000 live births, newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction, crude rate per 1,000 newborn discharges, percentage of births that are preterm. The areas where the County fell below the Prevention Agenda 2019-2024 Dashboard performance 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 2019-2024 Dashboard performance objectives for some indicators, including percentage of families participating in the Early Intervention Program who meet the state's standard for the NY Impact on Family Scale Percentage of infants exclusively breastfed in the hospital, as well as the percentage of infants supplemented with formula in the hospital among breastfed infants. Similarly, Cayuga County was in line with or performed better than the Statewide CHIRS rate as it relates to mortality rate per 1,000 live births - infant (<1 year), percentage of births with early (1st trimester) prenatal care, and percentage of births with late (3rd trimester) or no prenatal care.

*Refer to Appendix A: Chart 2.5*

## Cancer Indicators

### *Cayuga County, New York State (2016-2018)*

In terms of cancer indicators, Cayuga County fell below the CHIRS Statewide rate for some measures. For example, all cancer incidence rate (per 100,000 population), all cancer mortality rate (per 100,000 population), colon and rectum cancer mortality rate (per 100,000 population), age-adjusted lung and bronchus cancer, age-adjusted prostate cancer incidence rate (per 100,000 population), and age-adjusted breast cancer mortality rate (per 100,000 population). 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.

However, 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 population), colon and rectum cancer mortality rate (per 100,000 population), age-adjusted cervix uteri cancer incidence rate (per 100,000 population), age-adjusted ovarian cancer incidence rate (per 100,000 population), and age-adjusted melanoma cancer mortality rate (per 100,000 population), and percentage of women (aged 50-74 years) who had a mammogram between October 1, 2017, and December 31, 2019.

*Refer to Appendix A: Chart 2.6*

## Community Health Improvement Plan/Community Service Plan (CHIP/CSP)

This improvement plan includes a range of activities built upon evidence-based interventions that support collaborative health planning with key community partners which will aim to improve health outcomes and equity and enhance well-being for the community.

### Needs Themes Prioritization Process

The ACH and CCHD Strategic Team held a planning meeting to engage in discussion to identify the top health needs from the primary data collected through the CHA, including the on-line survey and key community stakeholder through the in-depth interviews. This discussion was the foundation for the development of the 2022-2024 CHIP/CSP. The team engaged in a targeted ranking exercise to rank and prioritize the most important and impactful need themes. Participants were asked to rank each need theme (on a scale from 1 to 5) based on the following performance indicators:

- 1) **The extent the health need theme issue is sensitive or political** – The extent to which there would be significant impact that the sensitivity or political influence of the priority need theme would have a negative impact on 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 CCHD 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.



This important process 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 four significant priorities which have current significant influence in impacting the overall health of the community:

1. Prevent Chronic Diseases
2. Promote a Healthy & Safe Environment
3. Promote Well-Being and Prevent Mental & Substance-Use Disorders
4. Promote Healthy Women, Infants, and Children

## Addressing the Health Priorities

**In aiming to Prevent Chronic Diseases, we will address two focus areas: tobacco prevention and chronic disease preventive care and management.**

For tobacco prevention, we will work to prevent initiation of smoking of both cigarettes and e-cigarettes amongst youth while also promoting tobacco cessation for all age groups. We will utilize our community partners to address this health priority, including the Tobacco-Free CNY Coalition which covers Cayuga, Onondaga, and Oswego counties. In addition, we will assess and evaluate existing local laws and policies that support and enhance efforts to prevent smoking initiation and promote cessation. To address chronic disease preventive care and management, our focus will be to increase cancer screening rates (specifically colon and breast cancer) by reducing barriers to screening/testing such as lack of health insurance and transportation.

**In aiming to Promote a Healthy and Safe Environment, we will focus on injury prevention and reduction of falls amongst vulnerable populations including adults aged 65 and older as well as those with Alzheimer's, dementia, and/or disabilities.**

This will involve a focus on making connections between healthcare providers and local hospitals to programs provided by the Office for the Aging, ARISE, the Cayuga County Health Department (such as the Healthy Neighborhoods Program), and other organizations. Our community partners will work to link individuals to the correct resources that can help make their home environment safer.

**In aiming to Promote Well-Being and Prevent Mental and Substance Use Disorders,**

Attention will be given to preventing opioid and other substance misuse and deaths. In Cayuga County, existing entities have made significant strides in our community, but the problem is so prevalent that the health department and hospital believe we can provide additional support to enhance the work that is underway. Education and outreach to the broader community, as well as more trainings for healthcare professionals and linkages to services and treatment, will be the main focuses for this priority.

**In aiming to Promote Healthy Women, Infants, and Children, we will focus on reducing infant mortality and morbidity.**

As mentioned above, the mental health and substance abuse issues prevalent in our community directly impact the health and well-being of our entire community, but are significantly impacting the health of women, infants, and children. Specifically, we will work to decrease the rate of infants born with neonatal abstinence syndrome and/or affected by maternal use of drugs. The Cayuga County Prenatal, Maternal, and

Child Health Program will work with ACH's obstetrics and gynecology (OB/GYN) practice to obtain referrals for all pregnant women. Services will be tailored to the specific needs of each individual and referrals to other community-based organizations will be made. Educational trainings for OB/GYN, pediatric, and family care providers will be offered to focus directly on these issues so that providers are better equipped to assist their patients, address the stigma pregnant women and mothers who are suffering from drug addiction face, and are more knowledgeable of community resources.

The four priority areas will require collaboration with community-based organizations in order to accomplish the goals of the 2022-2024 CHIP/CSP. The overarching goal of addressing these health priorities will be to:

- 1) ensure availability and quality of resource(s),
- 2) connect the community members to the appropriate resource(s),
- 3) reduce barriers to accessing the appropriate resource(s), and to
- 4) improve the overall quality of health and well-being for individuals, families, and our community.

## Community Assets and Resources

CCHD and ACH remain committed to supporting population-based health strategies with specific attention to social determinants of health and focus on health equity for all. We recognize that health and well-being are shaped not only by behavior choices of individuals, but also by additional complex factors including environmental, social, and policy changes, which all influence individual choices. CCHD and ACH will fully engage the broader community to achieve measurable improvement of identified priorities and collaborate with partners to address additional identified needs. New and existing collaborative community partnerships, which are vital to improving health outcomes will include: local physician practices, Cayuga County Mental Health, Cayuga County Veterans Services, Cayuga County Office for the Aging, Cayuga County Sheriff's Department, City of Auburn Police and Fire Departments, Cayuga/Seneca – Community Action Programs, ARISE, Mozaic, Cayuga County Food Providers, Nick's Ride, HEALing Cayuga, Chapel House, Auburn Housing Authority, Play Space, Auburn YMCA, Cayuga Community Health Network, and other regional and local entities and individuals. The nine school districts and two colleges within the community will continue to be collaborators, along with various media partners including local papers, radio stations, and television stations (public access and cable). Digital media messaging occurs online via the County and Hospital's websites and their respective social media pages (Facebook, Instagram, YouTube).

The Cayuga County Assets and Resources guide can be found in *Appendix D* of this report.

In summary, the joint endeavor embarked upon every three to four years by CCHD and ACH sought to identify health issues and challenges as well as acknowledge gaps and trends in data. The next step in the process is to develop a community health improvement plan that will address the health needs, disparities, and challenges facing residents throughout Cayuga County with an overall goal of improving health outcomes and quality of life.

## Commitment to Address Community Health Priorities Over Time

Demonstrating a collaborative partnership, CCHD and ACH are committed to continuing to improve health outcomes our community 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. CCHD and ACH's commitment to addressing community health needs will be evaluated and reported to NYSDOH annually. The collaborative partnership of CCHD and ACH will forge well beyond the scope of the 2022-2024 CHIP/CSP priorities.

## APPENDICES

Appendix A – Secondary Health Data

Appendix B – Primary Research – Full Report

- On-Line/In Person Survey
- Key Stakeholder In-depth Interviews

Appendix C – On-Line Survey – Community Partner Outreach

Appendix D – Cayuga County Assets and Resources