

APPENDIX A - REPORT CARDS

ACCESS TO QUALITY HEALTH CARE

Highlighted Factors:

- Closure of A. L. Lee Memorial Hospital in Fulton
- Urgent Care is available in Fulton
- Efforts to recruit more physicians to Oswego County, particularly in some specialty areas
- Looming closure of Lifetime Primary Care Center in Central Square (20,000 patients)
- Highest unemployment rates in CNY region
- Lack of transportation services in most rural areas of the county
- Harsh winter weather
- School-based clinics available in Pulaski, Sandy Creek, and Altmar-Parish-Williamson
- Central Square and Pulaski have been identified as acute shortage areas for Primary Care.

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Percent of adults with health care coverage		100%	85.5% (2006)	86.5% (2006)	87.3% (2003)	N
Percent of adults with regular health care provider		96.0%	80.0% (2006)	85.0% (2006)	81.0%	N
Percent of adults who have seen a dentist in the past year		83.0%	70.3% (2006)	71.8% (2006)	75.2% (2003)	S
Early stage cancer diagnosis	Breast	80.0%	63.0%	63.0%	68.0%	N
	Cervical	65.0%	53.0%	51.0%	68.0%	N
	Colorectal	50.0%	40.0% (1996-2003)	41.0% (2001-2005)	52.0% (2001-2005)	N

S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

CHRONIC DISEASE

Highlighted Factors:

- Oswego County has only one certified diabetes educator
- Oswego health Community Action Plan cites the development of a healthy Partnership with the Oswego County Health Department
- 13,400 uninsured individuals in the county (11% of the population)
- Few specialists in the county. Most specialties require referral out of county.
- Highest unemployment rate in the region

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Diabetes prevalence in adults		5.7%	7.5% (2006)	7.6% (2006)	6.6% (2003)	N
Diabetes short term complication hospitalization rate (per 10,000) Age 6-17 years		2.3	2.9	3.0	2.7	N
Age 18+ years		3.9	5.5 (2004)	5.3 (2004-2006)	6.0 (2004-2006)	N
Coronary heart disease hospitalization (per 10,000)		48.0		61.2 (2004-2006)	73.2 (2004-2006)	N
Congestive heart failure rate of hospitalization ages 18+ (per 10,000)		33.0	48.9 (2004)	46.3 (2004-2006)	50.1 (2004-2006)	N
Cerebrovascular (stroke) disease mortality (per 100,000)		24.0	46.6 (2005)	30.5 (2004-2006)	44.5 (2004-2006)	N
Reduce cancer mortality (per 100,000)	Breast (female)	21.3	24.4	25.5	22.6	N
	Cervical	2.0	2.4	2.6	4.7	N
	Colorectal	13.7	18.0 (2004)	19.1 (2001-2005)	22.2 (2001-2005)	N



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COMMUNITY PREPAREDNESS

Oswego County has a very well respected Emergency Management Department that oversees most of the emergency planning activities for the county. Because Oswego County is home to three nuclear power plants, emergency planning has been a high priority for the past 35 years.

Oswego County has developed a Comprehensive Emergency Management Plan. The annexes to this plan include:

- Public Health Preparedness (Health Department)
- Local Human Needs Plan
- Hazardous Materials Incident Response Plan
- Mass Casualty Incident Plan
- Comprehensive Emergency Management Plan
- Radiological Emergency Plan
- Strategic National Stockpile Plan
- Chempack Plan
- Pandemic Flu Plan
- Smallpox Preparedness Plan
- Mass Fatality Plan

The county operates several drills and exercises each year on the various plans and updates them on a regular basis.

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HEALTHY ENVIRONMENT

Data indicates that all national air quality standards are met in Oswego County for carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone, particulate matter, and lead.

Indicators	2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Incidence of children <72 months with confirmed blood lead level > = 10µg/dl (per 100 children tested)	0.0		1.3 (2003-2005) (excluding NYC)	0.5	S
Asthma related hospitalizations (per 10,000) Total/Age 16+ yrs	16.7/17.3	16.6/22.6 (2003)	21.0/31.5 (2004-2006)	9.3/14.1 (2004-2006)	S
Work related hospitalizations per 10,000 employed persons age 16+ years	11.5		16.0 (2004-2006)	19.8 (2004-2006)	N
Elevated blood lead levels (> 25µg/dl) per 100,000 employed persons age 16+ years	0.0		6.0 (2004-2006)		

Standards for elevated blood lead levels in persons 16+ years are newly established and will be monitored.

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HEALTHY MOTHERS/BABIES/CHILDREN

Highlighted Factors:

- Only one OB provider practice located in Oswego County
- Oswego Hospital is the sole delivery site in the county
- 50% of births occur outside of Oswego County
- 17.5% of children live below the poverty level
- Decreasing teen pregnancy rates 1980-2004
- Low rate of breastfeeding
- High number of Medicaid mothers
- 28.4% of mothers smoked during pregnancy, the highest rate in the region
- 75% of PCAP moms smoke

Indicators	2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Percent early prenatal care (first trimester)	90%	83.9 (2005)	74.9% (2004-2006)	77.4% (2004-2006)	N
Percent low birth weights (<2500 grams)	5.0%	8.2% (2005)	8.3% (2004,2006)	8.0% (2004-2006)	N
Infant mortality (per 100,000 live births)	4.5%	6.9% (2005)	5.8% (2004-2006)	7.1% (2004-2006)	N
Increase % of 2-year old children receiving recommended vaccines (4 DtaP, 3 polio, 1 MMR, 3 Hib, 3 HepB)	90%	80.5% (2006)	82.4% (2006)		N
Percent of children with at least one lead screening by age 36 months	96%		82.8% NYS excl. NYC (2004 birth cohort)	67.0% (2004 birth cohort)	N
Prevalence of tooth decay in third grade children	42%	53.0% (2004)	54.1% (2004)	63.4% (2004)	N
Pregnancy rates	28.0	44.0 (2002)	36.7 (2004-2006)	22.3 (2004-2006)	S *

* Note: Teen pregnancy rates are on the rise 2006-2008 per Oswego County Adolescent Pregnancy Prevention Program data.

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APPENDIX A - REPORT CARDS

INFECTIOUS DISEASE

Highlighted Factors:

- No major outbreaks of communicable disease in several years
- Increase in Lyme disease investigations
- University brings diverse population
- Port of Oswego: international travelers
- Seasonal migrant farmworker population

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Newly diagnosed HIV case rate (per 100,000)		23.0	18.5 (2006)	24 (2004-2006)	2.7 (2004-2006)	S
Gonorrhea case rate (per 100,000)		19.0	120.9	93.4	12.2	S
Tuberculosis case rate (per 100,000)		1.0	4.4 (2007)	6.8 (2004-2006)	0.3 (2004-2006)	S
Percent of adults 65+ years with flu shot past year		90%	69.6%	64.7%	61.0%	N
Percent of adults 65+ years who have ever received a pneumonia immunization		90%	66.9% (2006)	61.0% (2006)	66.8% (2003)	N
Infectious diseases reported/expected	E. coli				5/4	S
	Salmonella				35/81	S
	Shigella				2/41	S

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APPENDIX A - REPORT CARDS

MENTAL HEALTH & SUBSTANCE ABUSE

Highlighted Factors:

- In 2008, Oswego County Behavioral Services Division Inpatient Acute Care had 1260 admissions and 661 care days, with an average stay of 5.4 days.
- Hutchings State Psychiatric Center had 18 children's inpatient admissions, with 701 care days. Adult admissions totaled 13, with 920 days of care provided.
- In 2007, Oswego County's suicide rate per 100,000 was 8.8 (12). The Central NY rate was 8.9 (142) and the New York State rate was 7.6 (1295).
- An average rate of 14.1 per 1000,000 youth ages 15-19 were hospitalized self-inflicted injuries from 2004-2006, compared to 9.8 in Central NY and 9.2 in New York State.
- For ages 18-64 in 2005, the rate of inpatient psychiatric unit readmissions within 30 days of discharge was 32.6% . The Central NY rate was 21% and the New York State rate was 22.5%.
- There is no detox unit in Oswego County.

Indicators	2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Suicide mortality rate (per 100,000)	2.8	10.9 (2005)	6.4 (2004-2006)	9.0 (2004-2006)	N
Percent of adults reporting 14 or more days poor mental health in last month	7.8%	10.1% (2002-2006)	10.4% (2003-2005)	10.2% (2003)	N
Percent of adults binge drinking (5+ drinks in a row)	13.4%	15.4% (2006)	15.8% (2006)	17.1% (2003)	N
Drug related hospitalizations (per 100,000)	26.0		34.0 (2004-2006)	7.8 (2004-2006)	S

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PHYSICAL ACTIVITY & NUTRITION

Highlighted Factors:

- Through Healthy Heart Program funding, Parks and Trails New York worked with the Town of Richland and Village of Pulaski in Oswego County on developing a three-mile trail along the banks of the Salmon River, connecting the town and village on National Grid land that will soon be transferred to New York State.
- The Village of Pulaski and the Town of Richland were awarded \$25,000 in waterfront revitalization funds from the Department of State Division of Coastal Water Resources to plan a trail along the river, connect village businesses to the river, surface a trail at the local community park, and make Pulaski a more “walkable” community.
- The Community Diabetes Regional Outreach Program, led by Faxton-St. Luke Hospital in Utica, NY, is one of the 15 regional diabetes coalitions funded by the Diabetes Prevention and Control Program. Partners include Rural Health Network of Oswego County, Oswego County Public Health, and Oswego Health. This coalition focuses diabetes prevention activities on uninsured and underinsured residents, as well as rural populations in Oswego County. This coalition partnered with worksites in the county to develop policies promoting physical activity breaks during meetings, develop sample worksite wellness policies, and adopt the New York State Healthy Meeting Guidelines.
- WIC has implemented a number of obesity prevention initiatives including breastfeeding support, Fit WIC physical activity training for parents, patient-centered nutrition education, low-fat milk promotion, and the new WIC food package which includes vegetables and fruits, whole grains, and non-fat and low-fat milk.
- Per BRFSS, 28.4% of respondents had been advised to lose weight.

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Percent of obese children by grade level (BMI for age >95th percentile)	2-4 yrs (WIC, preschool)	11.6%	14.8% (2004)	15.2% (2004-2006)	15.7% (2004-2006)	N
	K	5%				
	2	5%				
	4	5%				
	7	5%				
	10	5%				
Percent of adults who are obese (BMI >30)		15%	25.1% (2006)	22.9% (2006)	25.7% (2003)	N
Percent of adults engaged in some type of leisure time physical activity		80%	77.4% (2006)	74.0% (2006)	77.3% (2003)	N
Percent of adults eating 5 or more fruits or vegetables per day		33%	23.2% (2005)	27.4% (2007)	23.8% (2003)	N
Percent of WIC mothers breastfeeding at 6 months		50%	24.3% (2005)	38.6% (2004-2006)	17.6% (2004-2006)	N



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TOBACCO USE

Highlighted Factors:

- Isolated rural areas
- Active Tobacco Free Network
- Active Reality Check(will be going under regional control in the near future).
- Adolescent Tobacco Use Prevention Act (ATUPA) and Clean Indoor Air Act (CIAA) programs (35 complaints in 2008; 4 violations) monitor the adherence to the non-smoking laws in the county
- In 2006, 25.5% of adults smoked (similar to region)
- 28.4% of women smoked during pregnancy (highest rate in the region in 2008).
- 75% of women participating in PCAP smoke.

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Percent cigarette smoking in adolescents (past month)		12%	23% (2005)	16.3% (2006)		
Percent cigarette smoking in adults		12%	20.1% (2006)	18.2% (2006)	27.9% (2003)	N
COPD hospitalizations among adults 18+ years (per 100,000)		31.0	23.0 (2004)	39.7 (2004-2006)	49.1 (2004-2006)	N
Lung cancer incidence (per 100,000)	Male	62.0	85.3	80.8	117.6	N
	Female	41.0	54.2 (2004)	53.8 (2001-2005)	82.2 (2001-2005)	N



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UNINTENTIONAL INJURIES

Unique Factors:

Motor Vehicle Accidents

- 2,138 motor vehicle accidents involving 3,378 persons were reported in 2008 (this does not include data from the New York State Police). Of these 2,138 accidents:
 - 12 resulted in fatal injuries
 - 83 involved alcohol
 - 287 were animal related (240 deer)
 - 194 were speed related
 - 25 were sleep related
- There were 25 pedestrian related accidents resulting in 21 injuries and no fatalities.
- 17 bicycle accidents resulted in 13 injuries and no fatalities.
- Alcohol related motor vehicle injuries and deaths were 7.4 per 10,000 (275 from 2004-2006).

Other Injuries

- 7.0 per 10,000 persons hospitalized for self-inflicted injury (258 from 2004-2006)
- Hospitalizations for traumatic brain injury were 10.3 per 10,000 (383 from 2004-2006)

Indicators	2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Unintentional injury mortality (per 100,000)	17.1	39.1 (2005)	21.0 (2004-2006)	34.4 (2004-2006)	N
Unintentional injury hospitalizations (per 10,000)	44.5		64.7 (2004-2006)	68.7 (2004-2006)	N
Motor vehicle related mortality (per 100,000)	5.8	15.2 (2005)	7.7 (2004-2006)	14.2 (2004-2006)	N
Pedestrian injury hospitalizations (per 10,000)	1.5		1.9 (2004-2006)	0.8 (2004-2006)	S
Fall related hospitalizations age 65+ years (per 10,000)	155.0		196.0 (2004-2006)	206.1 (2004-2006)	N

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2010-2013 Oswego County Community Health Assessment



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SECTION I. POPULATIONS AT RISK

A. DEMOGRAPHIC AND HEALTH STATUS INFORMATION

1. Geography

Oswego County is a predominantly rural community with a population of 121,395. Oswego County's geographic area is approximately 953 square miles with two small cities (Fulton and Oswego) located in the western half of the county. The majority (68%) of the county's population resides in and around these two population centers with the remainder residing in the more rural villages (10) and towns (22). Lake Ontario borders the western segment of the county. The Oswego River divides both the cities of Fulton and Oswego and runs into Lake Ontario. The closest major city, Syracuse (50 miles away), can be accessed by Route I-81, Route I-481 and State Route 48. Due to the proximity of Lake Ontario, the area is subject to heavy lake-effect snowfall, which can range above 180 inches in a season, particularly in the northern half of the area. (During the winter of 2007, 10 feet of snow fell in many parts of the county in a 12 day period.)

The northern and eastern portions of the county are sparsely populated and rural in nature. According to the 2005 census, Oswego has 129 persons per square mile. Comparable counties with a population size of 107,972 to 231,578 have a population density of 138 to 551 persons per square mile.

High levels of poverty and geographic isolation also characterize the northern half of Oswego County and Southern Jefferson County. The median household income based on 2007 statistics was \$44,854, almost 16% less than the \$53,448 median household income for the rest of the state. In 2007, 16,725 persons were living below the poverty level. This is 13.8% of the population, which was comparable to the rest of the state at the time. In 2009, this data most likely has changed and will show an even wider discrepancy as the current recession has hit the county extremely hard.

2. Population

In 2000, Oswego County's total population was 122,377. In 2005 the population increased to 123,373, however, in 2008 it decreased 1.6% to 121,395 (61,304 females and 60,091 males).

In 2007, 6,555 (5.4%) of the total population was less than 5 years of age; 26,707 (22.6%) were under 18 years of age; and 14,325 (11.8%) were 65 years of age and older.

According to the 2007 US Census, 97.2 % of Oswego County's population is white, 0.7% is African-American, 1.6% is of Hispanic or Latino origin, 0.4% is Asian, and 0.5% is American Indian or Alaska Native.

SECTION I. POPULATIONS AT RISK

3. Educational Characteristics

a. School Enrollment

Subject	Total	Margin of Error +/-	Percent of enrolled population			
			In public school	Margin of Error+/-	In private school	Margin of Error+/-
Population 3 years and over enrolled in school	34,806	1,975	91.0%	2.7	9.0%	2.7
Nursery school, preschool	1,279	455	49.9%	16.9	50.1%	16.9
Kindergarten	819	318	100.0%	18.9	0.0%	18.9
Elementary: grades 1 to 4	6,507	1,049	99.3%	1.1	0.7%	1.1
Elementary: grades 5 to 8	6,961	1,021	96.3%	3.6	3.7%	3.6
High school: grades 9 to 12	6,181	487	91.3%	6.5	8.7%	6.5
College, undergraduate	12,060	1,842	87.6%	5.3	12.4%	5.3
Graduate, professional school	999	441	83.4%	15.9	16.6%	15.9
Percent of age group enrolled in school						
3 and 4 years	30.8%	11.8	41.4%	18.6	58.6%	18.6
5 to 9 years	100.0%	2.4	98.5%	1.7	1.5%	1.7
10 to 14 years	98.7%	1.6	96.6%	3.3	3.4%	3.3
15 to 17 years	99.3%	0.9	89.2%	7.0	10.8%	7.0
18 and 19 years	86.0%	7.3	89.8%	6.3	10.2%	6.3
20 to 24 years	53.5%	10.6	90.1%	8.2	9.9%	8.2
25 to 34 years	11.8%	4.8	76.5%	17.4	23.5%	17.4
35 years and over	2.4%	1.0	89.7%	9.3	10.3%	9.3
Population 18 years and over	94,064	336	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	13.5%	2.0	88.3%	5.2	11.7%	5.2
Males 18 years and over	46,046	482	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	13.1%	3.4	90.0%	6.7	10.0%	6.7
Females 18 years and over	48,018	502	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	13.8%	2.3	86.7%	7.1	13.3%	7.1
Population 18 to 24 years	15,800	429	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	60.6%	8.0	90.4%	5.7	9.6%	5.7
Males 18 to 24 years	7,906	368	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	60.2%	15.2	90.4%	7.2	9.6%	7.2
Females 18 to 24 years	7,894	418	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	61.1%	8.5	90.3%	7.8	9.7%	7.8

SECTION I. POPULATIONS AT RISK

b. Graduation Rates

High School graduation rates are mixed among the nine school districts. For students entering the ninth grade in 2004, the 2008 graduation rates are as follows:

Altmar-Parish-Williamstown	70%	Oswego	68%
Central Square	74%	Phoenix	81%
Fulton	63%	Pulaski	70%
Hannibal	72%	Sandy Creek	75%
Mexico	72%		

4. Employment

In 2008 the number of employed residents was 55,400 and the number unemployed was 5,888. The unemployment rate in June 2008 was 6.6%. In June 2009 it was 10.2%

Unemployment levels in Oswego County have traditionally been the highest in the state, with the worst month in 20 years being February 2009 when the level rose to 11.6%. Most industry and employment centers are located in the cities of Oswego and Fulton; extending from the port at Oswego on Lake Ontario, along the Oswego River to the connection with the NYS Barge Canal. Major employment, while it has declined in the past two years, is in health care, education and government services. Other areas of employment that are substantial are retail trade and services. Recreational fishing continues to lure thousands of visitors a year to the county but with the recession this industry has also suffered.

Companies located in Syracuse—such as Magna Corporation, which is closing—employed many of Oswego County residents.

5. Income, Poverty, and Public Assistance

One of the risk factors documented for the county is extreme economic deprivation. According to the 2007 Census, 13.8% of Oswego County residents were living below the poverty level. Similarly, related children under 18 years of age living below poverty level rose from 5,443 in 2000 to 6,225 in 2005. The median income level for Oswego County was \$43,147 compared to New York State’s median income at \$52,944.

Approximately 38.6% of Oswego County families have incomes below \$35,000 compared to 33% for New York State. There were 21,143 Medicaid recipients in Oswego County as of July 2009 – a 32% increase in recipients over six years. In addition, there were 1322 TANF cases and 516 Safety Net Cases. Food stamp cases and all other subsistence cases increased over 20% according to a report to the County Legislature in July 2009. The unduplicated individual count was 33,151 (27%) of the county’s population.

SECTION I. POPULATIONS AT RISK

Forty-four percent of the students in the nine school districts receive free or reduced school lunches. The following chart breaks down the free lunch data.

Altmar-Parish-Williamstown	34%	Oswego	24%
Central Square	20%	Phoenix	25%
Fulton	33%	Pulaski	30%
Hannibal	36%	Sandy Creek	36%
Mexico	23%		

6. Family Planning/Natality Indicators

Oswego County Family Planning/Natality 2005-2007									
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate excl. NYC	Sig. Dif.	Ranking Quartile	HP2010 Goal	HP2010 Goal Met?
% of births within 24 months of previous pregnancy	712	17.3	14.6	Yes	15.8	Yes	2nd	6	No
% of births to teens (10-17 years)	133	3.2	2.2	Yes	2.1	Yes	4th	N/A	N/A
% of births to women 35+ years	445	10.8	20.0	Yes	20.5	Yes	1st	N/A	N/A
Fertility rate per 1,000 (all births/female population 15-44)	4,106	50.4	60.8	Yes	57.8	Yes	2nd	N/A	N/A
Teen fertility rate per 1,000 (births to mothers aged 10-17/female population 10-17)	133	6.2	5.4	No	4.4	Yes	4th	N/A	N/A
Pregnancy rate per 1,000 (all pregnancies/female population 15-44 years)	4,956	60.9	94.5	Yes	77.2	Yes	1st	N/A	N/A
Teen pregnancy rate per 1,000 10-14 years	10	0.8*	1.5	No	0.9	No	3rd	N/A	N/A
15-17 years	191	22.4	35.8	Yes	23.6	No	3rd	43	Yes
15-19 years	623	39.4	58.6	Yes	40.9	No	2nd	N/A	N/A
Abortion ratio (induced abortions per 100 live births) 15-19 years	142	30.4	122.7	Yes	84.2	Yes	1st	N/A	N/A
All ages	668	16.3	48.1	Yes	28.4	Yes	1st	N/A	N/A

The percent rate of births to teens 10-17 was significantly higher than the New York State rate, even though teen pregnancies decreased over the past five years. More recent data shows the trend is reversing and the statistics will show a significant increase for 2008-2009. The overall pregnancy rate, however, was significantly lower. The abortion ratio per 100 live births is extremely low. There is no abortion provider in the county.

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7. Maternal and Infant Health Indicators

Oswego County Maternal and Infant Health 2005-2007									
Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate excl NYC	Sig.Dif.	Ranking Quartile	HP2010 Goal	HP2010 Goal Met?
% of births to women 25+ years w/out H.S. education	22	0.9	7.8	Yes	3.8	Yes	2nd	N/A	N/A
% births to out of wedlock mothers	2,009	48.9	40.9	Yes	36.5	Yes	4th	N/A	N/A
% first births	1,648	40.1	43.1	Yes	40.9	No	2nd	N/A	N/A
% of births that were multiple births	157	3.8	3.8	No	4.1	No	3rd	N/A	N/A
% births w/early prenatal care	3,120	76.6	74.6	No	76.4	No	3rd	90	No
% births w/late or no prenatal care	176	4.3	5.0	Yes	4.0	No	3rd	N/A	N/A
% adequate prenatal care (Kotelchuck)	3,072	75.6	62.9	Yes	68.3	Yes	1st	90	No
% pregnant women in WIC with early (1st trimester) prenatal care, low SES (2005-07)	1,955	86.5	84.0	No	85.1	No	3rd	N/A	N/A
% of infants in WIC who were breastfeeding at 6 months, low SES (2005-07)	328	17.5	39.0	Yes	N/A	N/A	3rd	N/A	N/A
% Cesarean section	1,366	33.3	32.5	No	34.3	No	4th	N/A	N/A
Mortality rates (per 1,000 births)									
Infant (<1 year)	20	4.9	5.6	No	5.8	No	2nd	4.5	No
Neonatal (<28 days)	16	3.9*	3.8	No	4.0	No	3rd	2.9	No
Post neonatal (1 month to 1 year)	4	1.0*	1.8	No	1.7	No	1st	1.5	Yes
Fetal death (>20 weeks gest)	23	5.6	6.8	No	4.6	No	2nd	4.1	No
Perinatal (20 weeks gest - 28 days of life)	39	9.4	10.5	No	8.7	No	2nd	N/A	N/A
Perinatal (28 weeks gest - 7 days of life)	30	7.3	5.7	No	5.5	No	3rd	4.5	No
Maternal mortality rate per 100,000 births	0	0.0*	16.7	Yes	9.8	Yes	2nd	3.3	Yes

SECTION I. POPULATIONS AT RISK

Oswego County Maternal and Infant Health 2005-2007 (continued)									
Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate excl NYC	Sig.Dif.	Ranking Quartile	HP2010 Goal	HP2010 Goal Met?
% very low birthweight (<1.5 Kg)	54	1.3	1.5	No	1.4	No	2nd	0.9	No
% very low birthweight singleton births	39	0.9	1.1	No	1.0	No	2nd	N/A	N/A
% low birthweight (<2.5 Kg)	309	7.5	8.3	No	7.8	No	3rd	5	No
% low birthweight singleton births	228	5.6	6.1	No	5.5	No	3rd	N/A	N/A
% Premature Births									
<32 weeks gestation	86	2.1	2.1	No	1.9	No	3rd	1	No
32 - <37 weeks gestation	400	9.8	10.3	No	9.9	No	3rd	6.4	No
<37 weeks gestation	486	12.0	12.4	No	11.9	No	3rd	7.6	No
% births w/5 minute APGAR <6	31	0.8	0.5	No	0.6	No	3rd	N/A	N/A
Drug related discharge rate per 10,000 newborn discharges	27	65.2	58.1	No	60.8	No	4th	N/A	N/A

The data shows a number of significant factors that apply to Oswego County. Out-of-wedlock births are higher than the state average. The percent of women who received early prenatal care was very good but the number of infants on WIC that were still breastfeeding at 6 months was low.

8. Selected Housing Characteristics

Oswego County has 53,864 housing units. Of these, 83.9% are occupied. Of that number 75.3% are occupied by the homeowner. The majority (67%) of homes are single family homes. 14.8% are mobile homes.

The majority of homes in the county (43.6%) were built between 1960 and 1999. Twenty-nine percent of all the homes were built prior to 1939.

Most county homes (41%) are heated with gas purchased from a utility company. Other forms of heat include liquid propane gas (19.9%), fuel oil or kerosene (18.2%), electricity (10.4%), and wood (8.8%).

The median value of owner-occupied home in the county is \$85,000 (2007 data). There are no specific areas that have been identified as higher risk for lead exposure.

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9. Morbidity and Mortality

Oswego County Health Indicator Profiles (2003-2007)										
	2007		2006		2005		2004		2003	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
SOCIO-DEMOGRAPHIC(1)										
Population	121,454		123,077		123,373		123,776		123,495	
Unemployment	3,386	5.7	3,532	5.9	3,768	6.3	4,129	6.9	4,420	7.4
Percent in Poverty	16,066	13.8	19,863	16.8	18,776	15.9	16,210	13.6	15,586	13.0
Median Household Income (in dollars)	44,854		39,794		41,408		39,185		38,150	
PERINATAL HEALTH(2)										
Pregnancies (All ages)	1,657	62.5	1,669	61.5	1,630	59.8	1,631	59.4	1,677	61.0
- Age 10-14	4	1.0	3	0.7	3	0.7	4	0.9	0	0.0
- Age 15-19	235	44.8	195	37.0	193	37.3	191	36.2	201	39.2
Births	1,376	11.3	1,377	11.2	1,353	11.0	1,356	11.0	1,391	11.3
Low Birth weight (Less than 2500 grams)	90	6.5	112	8.1	107	7.9	108	8.0	116	8.3
Prenatal Care (1st Trimester)	1,020	74.9	1,035	75.8	1,065	79.2	1,040	77.2	1,077	78.0
Infant Deaths	7	5.1	5	3.6	8	5.9	16	11.8	11	7.9
Neonatal Deaths	5	3.6	4	2.9	7	5.2	15	11.1	10	7.2
Post-neonatal Deaths	2	1.5	1	0.7	1	0.7	1	0.7	1	0.7
Spontaneous Fetal Deaths (20+ wks)	5	3.6	11	7.9	7	5.1	15	10.9	11	7.8
MORTALITY (Rates per 100,000 Population)										
Total Deaths	1,022	841.5	1,072	871.0	1,015	822.7	1,041	841.0	1,068	864.8
Lung Cancer (Total)	108	88.9	92	74.7	74	60.0	85	68.7	79	64.0
Lung Cancer (Male)	51	84.8	57	93.7	42	68.7	51	83.5	41	67.2
Lung Cancer (Female)	57	93.0	35	56.3	32	51.4	34	54.2	38	60.8
Breast Cancer (Female)	9	14.7	10	16.1	14	22.5	10	15.9	20	32.0
Cervical Cancer	2	3.3	5	8.0	3	4.8	3	4.8	4	6.4
Cerebrovascular Disease	54	44.5	54	43.9	43	34.9	63	50.9	72	58.3
Diseases of the Heart	291	239.6	313	254.3	278	225.3	292	235.9	308	249.4
Homicides	1	0.8	3	2.4	2	1.6	1	0.8	4	3.2
Suicides	19	15.6	13	10.6	10	8.1	11	8.9	10	8.1
Unintentional Injury	47	38.7	48	39.0	41	33.2	39	31.5	41	33.2

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Oswego County Health Indicator Profiles (2003-2007) (continued)										
	2007		2006		2005		2004		2003	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Motor Vehicle	20	16.5	17	13.8	19	15.4	18	14.5	25	20.2
Non-Motor Vehicle	27	22.2	31	25.2	22	17.8	21	17.0	16	13.0
AIDS	0	0.0	0	0.0	2	1.6	0	0.0	3	2.4
Cirrhosis (Liver)	4	3.3	8	6.5	11	8.9	8	6.5	7	5.7
HOSPITALIZATIONS (Rates Per 10,000 Population)										
Pediatric (0-4)										
- Asthma	7	10.7	26	38.9	24	35.8	23	33.6	36	52.0
- Gastroenteritis	41	62.9	54	80.8	84	125.4	53	77.5	46	66.4
- Otitis Media	1	1.5	3	4.5	6	9.0	0	0.0	1	1.4
Drug Related	99	8.2	126	10.2	87	7.1	78	6.3	92	7.4
Head Injury (5)	64	5.3	88	7.1	80	6.5	76	6.1	68	5.5
DISEASE MORBIDITY (3)										
AIDS Cases (4)	0	0.0	3	2.4	8	6.5	4	3.2	1	0.8
Early Syphilis	0	0.0	0	0.0	1	0.8	0	0.0	0	0.0
Chlamydia Incidence	163	134.2	184	149.5	166	134.6	153	123.6	137	110.9
TB Incidence	2	1.6	1	0.8	0	0.0	0	0.0	1	0.8
Ecoli O157 Incidence	1	0.8	0	0.0	3	2.4	0	0.0	3	2.4
Meningococcal Incidence	3	2.5	0	0.0	1	0.8	0	0.0	0	0.0
Pertussis Incidence	1	0.8	7	5.7	1	0.8	28	22.6	2	1.6
Lyme Disease Incidence	4	3.3	1	0.8	0	0.0	3	2.4	4	3.2

N/A - Not Available.

(1) Census population estimates were used for all years. Unemployment data from U.S. Bureau of Labor and Statistics Unemployment Rate is per 100 persons in the labor force. Percent of population in poverty and median household income are estimates from the U.S. Census Bureau.

(2) Total Pregnancy Rate is per 1,000 women 15-44; 10-14 and 15-19 rates are per 1,000 women in these age groups. The Birth Rate is live births per 1,000 population. The Low Birthweight and Early Prenatal Care Rates are per 100 births. Infant, Neonatal and Postneonatal Death Rates are per 1,000 births.

(3) Rates in this section are per 100,000 population.

(4) AIDS Cases include ICD-9 diagnosis

(5) Head Injury Cases are presented by ICD-9 codes 800-801.9, 803-804.9, 850-854.1, 925.

Significant causes of mortality in Oswego County are cardiovascular disease, lung cancer, both in males and females, and stroke. (Please see Appendix A-2 and A-9.)

In 2004-2006, Oswego County deaths rates from unintentional injury (34.4 per 100,000) were higher compared to upstate New York State rates (20.9 per 100,000).

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The motor vehicle mortality rate was 14.2 compared with upstate New York at 7.7 per 100,000. Alcohol related motor vehicle injuries and deaths were significantly higher with a rate of 7.4 per 100,000 compared to 4.2 for upstate New York.

Oswego County's morbidity rates show a relatively high prevalence of preventable diseases compared to the rest of New York State. Cases of AIDS, pertussis, Lyme disease, syphilis, and tuberculosis remain significantly below the upstate New York rates.

10. Vulnerable Populations

Vulnerable populations may face health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management. 15,409 people aged 25 years and older have no high school education; 3,802 people are unemployed; 3,099 are severely work disabled; 6,096 have major depression; and within the last month, 7,862 have used drugs. (Data per CHSI for Oswego County for 2008.)

11. Basic Service Area: Family Health Programs

a. Dental Health Education:

Dental health education is provided for all clients receiving health guidance home visits. Appropriate tools are given to parents to encourage them to provide adequate dental care for their children and to receive care for themselves.

The Health Educator also provides dental health education materials to school districts in the county.

Dental health is also discussed at the annual Teen Health Conference put on by the City-County Youth Bureau.

b. Public Health Nursing Services: Public Health Nurses provide health guidance and supervision to individuals or families with no charge for this service. Health guidance is offered to children, ante partum and postpartum women, or people with communicable disease.

In 2008, the service received 607 referrals and provided 1017 visits to 330 admitted clients. Referrals have increased in 2009. Oswego Hospital now refers all women who receive PCAP and/or deliver their babies at Oswego Hospital.

c. Lead Poisoning: The Preventive Service Division and the Environmental Health Division monitor Lead Trac for elevated blood lead reports done for children in the county. In 2008, there were 9 open cases. The county does not operate a lead clinic but does monitor the providers in the county to assure that they are performing the tests as required.

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d. Prenatal Care and Infant Mortality: The Prenatal Care Assistance Program (PCAP) is operated by Oswego Health via contract with the sole Obstetrics group in the county. Less than half of the births to Oswego County women occur at Oswego Hospital. Most women deliver in facilities in surrounding counties. Data is reported in Sections 6, 7, and 9 and on Report Cards, Appendix A-5. Oswego County Health Department provides referrals to PCAP and prenatal and post-partum care via home visiting.

e. Family Planning: Family planning clinic services are provided by Oswego County Opportunities at their health centers. Family planning education is provided by the Health Department via Health Guidance Home visits and other encounters.

Free pregnancy tests are also done for the women in the Teen Pregnancy Prevention Program and others who may call or walk in looking for this service.

f. Nutrition
Nutrition education is an integral part of the health guidance home visit. The Oswego County Health Department has a Certified Nutritionist available for consultations, planning activities and education for staff. The nutritionist also assists with the submission of data and grant applications.

The Oswego County Health Department has received grant funding to address obesity in the county. This is a planning grant that will provide training for staff and others in an effort to establish a distinct program to decrease the overwhelming prevalence of obesity in the county.

g. Injury Prevention
The Oswego County Health Department participates in a number of initiatives that have been established to prevent injury.

- Low income families are provided with free infant and child car seats and are given instruction on their proper use and installation.
- Fall prevention education and home assessment is done for all clients receiving home visits.
- Cribs are available for distribution through the perinatal network and are delivered by Health Department staff.
- All Health Guidance clients are given stove guards,
- In collaboration with Oswego County Department of Social Services workers, the Health Department staff have distributed brochures and posters that address the dangers of co-sleeping with an infant.

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12. Basic Service Area: Disease Control Programs

- a. Sexually Transmitted Diseases (STDs): The Oswego County Health Department contracts with Oswego County Opportunities Family Planning to provide free screening and treatment for STDs. In 2008, there were 52 persons that received the service. The low number reflects the fact that many of the referred clients were eligible for other family planning services that were covered by their programs.
- b. Tuberculosis (TB) Control Program: TB testing is done Monday through Friday. The Preventive Nursing Division provides follow-up if the test is positive. In 2008 there were two persons diagnosed with active disease and early in the year there were 8 persons referred for treatment of latent TB infection. The Oswego County Health Department does not operate a TB clinic but works closely with county health care providers in the treatment and followup for TB.
- c. Communicable Diseases: All reportable diseases are followed up by trained, qualified Preventive Services team staff. In 2007 there were 362 communicable diseases reported; in 2008 there were 399.
- d. Lead Monitoring: In 2008, Lead Trac reports indicated 9 children, (2 new and 7 carryovers) with elevations over 20 mcg. Public Health Nursing Services staff performed follow-ups on all elevations. The Oswego County Health Department is now monitoring for elevations over 15 mcg. Education on evaluating for risk of lead poisoning is provided to other agencies in the county including Department of Social Services, Cooperative Extension and other providers who go into homes. Providers are evaluated for their compliance with lead testing guidelines during AFIX (Assessment, Feedback, Incentives, and Exchange) visits.
- e. Immunizations: The Oswego County Health Department held 71 immunization clinics in 2008. There were 2639 clinic visits and 3708 immunizations were given. This is a 13% decrease in immunizations from the previous year.
- f. Chronic Disease: There were 510 walk-in clients in 2008. Health education targeted to smoking cessation, better nutrition and increased physical activity is a core component of Health Guidance visits. Blood pressure measurements are done routinely for all clients, and when requested by walk-in clients.
- g. HIV: In 2008, 104 clients were tested for HIV at clinics held at the Oswego County Health Department and SUNY Oswego. Those testing positive are referred for care.

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13. Optional Service Areas

- a. Certified Home Health Agency (CHHA): Public Health Nurses and Registered Nurses make home visits throughout the county to provide skilled nursing to patients with physician referral. Home health aid, occupational and physical therapy services are provided in the home under the supervision of the nurse case manager with a physician referral. A fee is charged for this service when third party payment is unavailable.

In 2008 there were 815 referrals. The number of clients served was 706, with 14,816 visits made.

- b. Long Term Home Health Care Program (LTHHCP): This program provides a variety of health related services to clients in their homes, who otherwise would have to be placed in institutional care. This program helps families care for the client at a lesser cost than that of a nursing home or health-related facility. Referrals are accepted from hospitals, physicians, social workers and residential health care facilities and families.

In 2008, the Long Term Home Health Care Program had 56 referrals; the average census was 46; and 10,045 visits were made. The Personal Care Aide Program served 214 clients in 2008.

- c. Oswego County Hospice: Hospice offers an alternative to continued hospitalization at end of life. Hospice provides care and support to terminally ill patients and family members. Services include skilled nursing care; home health aide service; bereavement and pastoral care counseling; volunteer services; and other supportive programs that assist the patient and family. Respite and inpatient care are available in community facilities. The unduplicated monthly count for hospice clients was 183 in 2008, a 13% increase from 2007.

Hospice is reimbursed by Medicare, Medicaid, and many private insurance companies. Referrals are accepted from physicians, family members, clergy, and other agencies. A written physician's order is required to provide service subsequent to eligibility assessment. The Oswego County Hospice office is located at the Oswego County Health Department.

- d. Children's Programs:

- *Physically Handicapped Children's Program* – The objectives of the program are the early detection and care of physical disabilities, long-term conditions and diseases, and the provision of diagnostic treatment and rehabilitative services of the highest standards for the affected children.
- *Early Intervention Program* – Provides service coordination to infants and toddlers (birth through age two) with developmental delay or disabilities.

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The service coordinator helps the family obtain developmental evaluations and directs services to help ensure that children with delays or disabilities reach their full potential. The service coordinator helps the entire family receive services according to their needs and can help the family access other services such as parent support groups, funding assistance (PHCP, Medicaid, SSI, WIC and advocacy services).

In 2008, the Early Intervention Program provided services to 462 children. The Health Department serves as the single point of entry for this program.

- *Child Find* – The Child Find Program provides developmental tracking for children from birth through 2 years of age who are at risk for a developmental delay. 149 children were tracked in 2008.
- *3-5 Special Education Program* –The Health Department provides administrative oversight to the 3-5 preschool special education program. Each school district serves as the single point of entry for this program. The Health Department is responsible for contracting with a transportation company to transport children to center based programs. Children may also receive Special Education Itinerant Teacher services or related services in their typical preschool program. 646 children received services in 2008.

e. Environmental Health Division: Provides enforcement of State Sanitary Code and Public Health Law.

- *Food Service Establishments* – Public Health Sanitarians inspect all food operations, including restaurants, schools, taverns, vending machines, fairs, field days and senior nutrition sites to assure that standards of food handling and sanitation are met to prevent food-borne illness. Complaints of suspected food-borne illnesses are investigated.

In 2008, 918 food service establishments were inspected consisting of:

~ 48 High Risk	~ 20 State Education Department facilities
~ 303 Medium Risk	~ 33 Institutional Food facilities
~ 47 Low Risk	~ 46 Schools (K-12)
~ 11 Vending Machines - 11	~ 330 Temporary Food
~ 8 State Office for Aging facilities	~ 72 Mobile Food

- *Temporary Residences* – These programs include hotels, motels, and lodges. The inspections are made to ensure that fire safety and sanitation are met, thus affording the highest degree of protection possible to the occupants. 65 Temporary Residences were inspected in 2008. 11 fire safety plans were reviewed and approved.

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- *Individual Water Supply and Septic Systems* – The testing of individual household water supplies and septic systems are conducted by this division upon the request of the resident, to ascertain whether the water is of acceptable bacteriological quality and that the septic system is properly functioning.
- *Public Water Supplies* – The Environmental Division monitors the quality of all public water supplies in the county. The public water supplies provide water to establishments such as municipalities, campgrounds, children’s camps and mobile home parks.

Public water supplies inspected in 2008 consisted:

- ~ 81 Community
- ~ 15 Non-Transient Non-Community
- ~ 156 Non-Community
- ~ 13 Non-Public
- ~ 7 Bulk Water Trucks

In 2008, the Environmental Division’s Water Resources/ Waste Management/ Engineering Services section:

- ~ Issued 41 Boil Water Advisories
- ~ Responded to 42 positive monitoring samples (coliform bacteria)
- ~ Responded to 15 positive surveillance samples (coliform bacteria)

Water samples collected in 2008:

- ~ 8 Complaints
- ~ 424 Permitted Facilities
- ~ 160 Individual Water Supplies
- ~ 64 Real Estate Requests
- ~ 57 Service Requests

Engineering Plans reviewed in 2008:

- ~ 104 individual sewage system plans
- ~ 10 commercial septic plans
- ~ 1 Realty Subdivision plan
- ~ 16 public water system plans

- *Public Health Nuisances* – Calls are welcome in relation to rats, garbage, septic systems or other problems that could have a detrimental effect on the public’s health. In 2008, the Environmental Division investigated complaints as follows:
 - ~ 39 Food Service
 - ~ 14 Water
 - ~ 38 Garbage
 - ~ 68 Sewage
 - ~ 11 General
 - ~ 12 Food borne illness allegations

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- *Mobile Home Parks* – In 2008, 68 mobile home parks were inspected for water supplies, sewage disposal systems and refuse storage, disposal, etc. to assure health and safety of the occupants.
- *Pools and Beaches* – All public pools and beaches, including those at temporary residences, are inspected by public health sanitarians. Requirements concerning supervision, lifesaving equipment, water quality and the operation and maintenance of the pool or beach are reviewed. Reports of injuries or illnesses are investigated.

37 pools and 11 beaches were inspected in 2008.

~ Reviewed and approved safety plans for 29 pools

~ Investigated 6 injury reports at pools

~ Reviewed and approved 5 safety plans for beaches

- *Children's Camps* – Day camps and overnight camps are inspected. Camp operators are required to submit a safety plan for review and approval. Key emphasis is on supervision requirements.

In 2008 there were 21 children's camp inspections.

~ Reviewed and approved 50 complete or partial safety plans

~ Investigated 6 injury or illness incidents

- *Campgrounds* – Annual inspections are conducted of all campgrounds to assure the water and sewage disposal systems as well as the pools, beaches, toilet and lavatory facilities are in compliance with the code. In 2008, 56 campgrounds were inspected.
- *Agricultural Fairgrounds* – The annual Oswego County Fair is inspected by the Environmental Division. Code regulations include regulatory oversight of the requirements for permitting, construction, operation and maintenance of agricultural fairground infrastructure. A comprehensive site assessment of on-site sanitary facilities and a written report is required. The written report includes information on the water supply, on-site wastewater systems, solid and animal waste storage, handling and disposal practices and hand washing facilities. Food service establishments at the fair are also permitted and inspected.
- *Ambient Air and Radiation Monitoring* – Surveillance sampling is collected of both air and milk to determine ambient air quality and the possible detection of radiation.
- *Septic Systems* – Designs other than individual household are reviewed, approved and inspected on a regular basis.

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- *New York State Clean Indoor Air Act (CIAA)* – Environmental Division investigates complaints concerning smoking in in-door areas. In 2008, there were 35 CIAA complaints investigated and four enforcement actions taken.
- *Lead Poisoning Prevention Program* – Environmental inspections are performed to find sources of lead exposure for children who have been identified as having lead poisoning. Information is available to the public regarding environmental sources of lead poisoning and safe abatement of lead paint.

Lead Poisoning Prevention in 2008 consisted of 9 cases open in 2008 (2 new referrals, 7 existing). Of these 9 cases:

- ~ 5 Remediation completed and case closed in 2008
- ~ 1 Remediation completed and case closed in 2009
- ~ 3 Dormant (case still open however home is unoccupied)

- *Realty Subdivisions* – Responsibility for public water supply, individual water supply and sewage disposal is with the Environmental Division. Engineers review plans for all subdivisions, which includes site visits to evaluate soil conditions and drainage.
- *Migrant Farm Worker Housing* – Pre-occupancy, in-season and post-season inspections are conducted of all migrant farm worker housing (11 in 2008) to assure a healthy environment for migrant laborers.
- *Adolescent Tobacco-Use Prevention Act (ATUPA)* – The law restricts the location of tobacco vending machines, limits the ways in which free tobacco products may be distributed, and requires vendors to obtain positive proof of age from all persons attempting to purchase or receive tobacco products and who appear to be under 25 years old. Youth compliance checks are conducted at all retail and vending machine tobacco venues.

Tobacco Control statistics for 2008 are as follows:

- ~ 154 Youth compliance checks
- ~ 161 Adult compliance checks
- ~ 3 Enforcement Actions taken for tobacco sales to minors

- *Hazardous Waste Sites* – Working with state and federal agencies on the investigation, monitoring and remediation of hazardous waste sites.
- *Hazardous Material Incidents* – Response to petroleum and chemical spills/releases as part of a County Response Plan. In 2008, the Environmental Division responded to 7 hazardous materials incidents.

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- *Solid Waste* – Responsible for managing the field activities of the groundwater monitoring programs at the county’s two landfills. Solid waste quality inspections are also conducted at all the county’s solid waste facilities for the purpose of keeping hazardous wastes out of the Bristol Hill Landfill. In 2008, 74 samples were taken at Oswego Valley Landfill (Silk Road) and 136 samples at Bristol Hill Landfill.
- *Petroleum Bulk Storage* – Coordination of any investigative and remedial activities necessary at petroleum bulk storage facilities owned by the county.
- *Chemical Exposures* – Response to other inquiries concerning possible or potential chemical exposure concerns not associated with the other activities listed above. 55 chemical exposure inquiries (including mold calls) were handed in 2008.
- *Rabies Control Program* – Sponsor and coordinate several rabies vaccination clinics throughout the county. Receive reports on all animal bites occurring in county, provide follow up documentation on confinement and observation of rabies suspect biting animals, coordinate scientific testing for rabies virus in suspect biting animals. Coordinate pre-exposure and post-exposure rabies prophylaxes for humans exposed to or in danger of exposure to rabies virus. Provide 24-hour response to animal bite events through Environmental on-call system.

The 2008 activities in the Rabies Control Program include:

- ~ News releases and public education
- ~ Investigated 746 cases of possible exposure
- ~ Authorized human post exposure rabies treatment for 67 people
- ~ Submitted 95 animals for testing (12 animals were positive for rabies)
- ~ Vaccinated 3,155 animals at 8 rabies clinics in the county
- ~ Placed 43 calls to nuisance wildlife trappers – trapped 33 animals
- ~ Participated in the wildlife oral rabies vaccination program by distributing over 1,000 baits

- *EEE and WNV* – The Environmental Division conducts the mosquito and bird surveillance and control program for the protection of the residents of Oswego County. Oswego County has recorded more cases of equine EEE than any other county in New York State

2008 EEE activity consisted of:

- ~ News releases and public education
- ~ Work in conjunction with NYSDOH Arthropod-borne Disease Program collecting mosquitoes at OCHD lab in West Monroe
- ~ EEE was found to be active but did not warrant declaration of a public health threat
- ~ 17 isolations of EEE virus from 484 total mosquito pools: 345 *Culiseta Melanura* (CM) specie pools containing 17,245 total specimens (7,420 CM specie). The

SECTION I. POPULATIONS AT RISK

CM pools accounted for 70% of the CM pools collected in NYS and total accounted for 75% of the CM specimens tested statewide.

- ~ There were EEE positive isolations in 2 horses; 1 deer (first documented case of EEE in deer in the Northeastern US)

West Nile Virus activity for the Environmental Division in 2008 consisted of:

- ~ News releases and public education
- ~ Reported 51 dead birds calls (19 crows, 32 other)
- ~ Entered all dead bird reports on the HIN
- ~ 1 positive isolation of WNV from a mosquito pool

- f. Public Health Emergency Preparedness: In September of 2008, Emergency Preparedness Month, the Health Department staff was provided training on having their own emergency plan and the Pandemic Flu Plan. Emergency Plan training was also provided to seven in-home child care providers and 90 families at a local day-care center.

Thirty-five percent of the Oswego County Health Department staff was trained in psychological first aid. Staff also attended training and updated the Oswego County Mass Fatality Plan

Faith-based providers were given Pandemic Flu information to pass on to their parishioners.

A notification drill for special needs providers was done via the HIN.

A Point of Distribution (POD) Exercise was held in the Fall of 2008. 249 first responders and county employees were vaccinated for flu. The tests conducted were for just-in time training for clinic staff, through-put time for attendees and use of the CDMX registry.

The Public Health Emergency Preparedness Coordinator performs continuous updating of the various emergency plans, including the SNS Plan.

The Oswego County Health Department staff are front-line participants in all Oswego County emergency exercises. Being home to three nuclear power plants has required that staff be trained in a number of critical areas that relate to a potential nuclear power plant emergency.

The Health Department is also integral in the education and distribution of potassium iodide (KI) tablets to residents in the area surrounding the nuclear power plants.

SECTION I. POPULATIONS AT RISK
B. BEHAVIORAL RISK FACTORS

Indicator	Oswego County Rate	New York State Rate	Upstate NY Rate
% adults with diagnosis of heart attack, stroke or angina	8.2	6.9	7.6
%adults with cholesterol checked in the last 5 years	72.8	76.5	N/A
% of adults ever told they have high BP	26.7	25.3	N/A
% adults with current asthma	8.1	7.9	7.9
Diabetes prevalence rate per 100 adults	6.6	7.2	6.6
%adults overweight or obese (BMI 25 or greater)	61.7	56.7	57.6
%adults smoking cigarettes	27.9	20.3	22.1
% of adults that binge drink	17.1	14.1	15.2

This data clearly demonstrates the behavioral risk factors related to lifestyle habits/choices. Obesity, smoking and alcohol use are known to significantly contribute to the diseases found most prevalent in the morbidity and mortality data.

C. THE LOCAL HEALTH CARE ENVIRONMENT**1. Physical Aspects—Geography**

Oswego County is a large, mostly rural county with 68% of the population living in and around the two cities, Oswego and Fulton, in the western half of the county. The rest of the population lives in small hamlets and villages and in very sparsely populated areas. The county's proximity to Lake Ontario lends its most notable aspect—snowfall. The towns, villages and the county are known for their expertise in keeping the roadways clear but hazardous driving is common in the winter months. This makes access to care difficult for those in the isolated areas. The winter weather also impacts many peoples' ability to get outside and be active.

A major interstate highway, Rt. 81, does cut through the eastern half of the county which makes travel to the large tertiary care centers and specialists in Syracuse and Watertown much more accessible for those living south and east in the county.

Many townships in the county have developed municipal water systems that reach out to areas that have little and/or poor water access. This has been a major accomplishment in the county and further districts are planned.

SECTION I. POPULATIONS AT RISK

2. Legal Aspects—Laws and Regulations

The Oswego County Health Department enforces all New York State Sanitary Code Regulations and Public Health Laws. The county also has a local law regulating Mass Gatherings. Part 18 permits are issued in conjunction with the state health department. Clean Indoor Air Act regulations are enforced as well, using a formal complaint system and monitoring by environmental health staff.

Oswego Health enacted strict non-smoking policies in November 2008 prohibiting smoking on all OH properties, indoors and outdoors.

Smoking prevalence in the county is a major issue, especially the data that show the number of pregnant women who smoke. Data also shows smoking is common among the poorer residents.

All funding to support anti-smoking activity has been discontinued for Oswego County. There are several efforts being made to restore this funding via a new grant application. Other legal programs address the sale of cigarettes to minors (ATUPA) and alcohol consumption (Stop DWI).

3. Social Aspects

The social aspects of the environment in Oswego County are well defined in the demographics section of this report (Section I.A). High unemployment, increasing numbers of residents with little or no health insurance, lower educational attainment and multigenerational families receiving assistance are all clearly represented in the data. Over 20% of the population is receiving some form of assistance. Poor lifestyle choices, including poor diet, smoking, increasing teen and out-of-wedlock pregnancies, and poor health practices by the low socio-economic population have resulted in the higher morbidity and mortality rates, especially for cardiovascular disease, respiratory disease, diabetes and obesity related conditions.

The aging of the population will also impact service demand and the capacity to provide care and support to the elderly. Many young people have left the county to find work and lower taxes. This will result in many elderly parents without that support system.

Oswego County's youth have traditionally expressed a feeling of "non-connectedness" in surveys and focus groups. This is pervasive throughout the county. As evident in the comments from the United Way Focus Group (Appendix C), lack of coordinated recreational activities, especially in the rural areas, and lack of competent parenting leads to increased alcohol and drug use.

SECTION I. POPULATIONS AT RISK

4. Economic Aspects

The poor economic environment of Oswego County is well documented in other sections of this report. Unemployment, industry closure, small business and farming demise and the drop-off in tourism, have all contributed to an overall downturn in the local economy. The increased percentage of the population seeking assistance is directly related to this as well. The increasing number of uninsured and underinsured leads to delay of preventive and primary care, increased morbidity, lack of treatment compliance and in the end increased health care cost.

The increase in gas prices also hits the rural residents very hard and limits their access to care and services even more. The fishing industry, a major economic contributor has also been hurt by the increase in fuel prices.

5. Other Components of the Health-Related Environment

a. Institutions

- *Northern Oswego County Health Services, Inc. (NOCHSI)* provides school-based clinics in three larger school districts in the rural eastern section of the county.
- *Novelis* is a major employer in Oswego County and has a comprehensive health care system that provides primary and preventive care to its employees, their families and retirees.
- *State University of New York (SUNY) at Oswego* has primary and preventive health care services for students (6,000).
- *Lifetime Health*, a health services center in the village of Central Square, owned by Excellus, has filed a closure plan but has not been able to find a buyer. Closure of the health center would leave 20,000 residents without a health care provider in the southern portion of the county.
- *Health Clubs* - There are two YMCAs and several health clubs in the county. This has definitely been a growth area. However, with the poor economy, memberships will drop off.

b. Media Messages

Health care information is disseminated via news releases, articles in local newspapers, a health care magazine and by the network and cable TV stations which are broadcast out of Syracuse, NY. This occasionally limits the information getting to those who need it when only Onondaga County health news is given and not news from the surrounding counties. The Oswego County Health Department, Oswego Health, Oswego County Opportunities, and other entities are continuously utilizing these media outlets to educate, inform and, in some instances, alert the population of important health care issues.

SECTION I. POPULATIONS AT RISK

Joint efforts are employed when a specific disease or topic is being focused on. Examples are heart disease (“Wear Red for Women”), diabetes information, (the Diabetes Coalition), and physical activity and nutrition. The YMCAs often have programs and information presented on these topics.

The Oswego County Health Department has two Health Educators who work with the County Public Information Officer to put together regular topical news releases.

6. Distribution of the Community Health Assessment to the Public

The Community Health Assessment (CHA) will be posted on the Oswego County web site (<http://www.oswegocounty.com>). It will also be distributed on CDs to local public and school libraries.

A news release indicating the availability of the CHA will go out to usual print media in Oswego County.

SECTION II. LOCAL HEALTH UNIT CAPACITY PROFILE

A. ORGANIZATION CHARTS

Please refer to Appendix B.

B. STAFFING AND SKILL LEVELS

Please refer to Appendix B.

C. ADEQUACY AND DEPLOYMENT OF RESOURCES

In 2004, the Oswego County Health Department was required to decrease staffing in all areas because of a county budget crisis. These decreases were done by attrition wherever possible but some key positions were eliminated, notably a Supervising Public Health Nurse (SPHN), a health educator, an environmental engineer, a bilingual case manager and several support positions. All part-time positions were cut. As a result of the cuts, the agency programs had to be prioritized as much as possible and caseloads and program areas had to be reallocated to assure that the department was maintaining effort in all core services.

Another difficulty is the inability to recruit and retain nursing staff for the various nursing programs. The turnover rate has been very high and several key retirements occurred over the past three years.

In 2009, the Director of Public health was able to restore the SPHN position and obtain approval for a sign-on bonus for nurses which will also be awarded for retention of current staff. The nursing supervisory staff is now well oriented and have vast years of experience in their selected areas.

A second health educator has been hired to fulfill the Public Health Emergency Planning Coordinator requirements. The environmental staff, while still functioning with one less engineer and a program coordinator, is at full staff for PH sanitarians and other positions and also has a tremendous amount of experience and expertise. A future issue will be the retirement of several staff, all with vast experience, within the next few years.

D. EXPERTISE AND TECHNICAL CAPACITY TO PERFORM A COMMUNITY HEALTH ASSESSMENT

The Oswego County Health Department has the latest technology and programming available to assist in the research and development of a comprehensive Community Health Assessment. Many of the staff have been directly involved in the process—some with experience from as early as 1986. Each division director is responsible for the review of current data and community issues as it relates to their programs.

The Oswego County Legislature also approved a contractual arrangement with two former (retired) administrators who had many years of experience in assessment and planning to assist with the collection of data, collaboration with community partners, and development of the CHA for submission.

SECTION III. PROBLEMS AND ISSUES IN THE COMMUNITY

A. PROFILE OF COMMUNITY RESOURCES

1. Rural Health Network of Oswego County

The Oswego County Rural Health Network was formed in the late 1990s to integrate previously separate and independent health care providers under one unified structure. The founding partners sought to support each other in their individual delivery of services thereby accomplishing additional activities that they could not achieve alone.

Over the years this group has secured grant funding for mental health services, tobacco control and prevention, nursing leadership programs, and community health fairs. The current partners represent a broad spectrum of health care providers throughout Oswego County.

The current membership of the Rural Health Network includes:

- Oswego County Health Department (OCHD)
- Oswego Health (comprised of Oswego Hospital, Fulton Urgent Care and other ancillary health services)
- Oswego County Opportunities
- Oswego County OB/GYN
- Oswego County Mental Health
- Oswego County Department of Social Services
- Oswego County Catholic Charities
- State University of New York at Oswego
- Cayuga County Community College
- Northern Oswego County Health Services
- Long Term Health Care Administrators
- Community Diabetic Regional Outreach Partnership
- Integrated Community Planning, Inc.
- Excellus Health

In 2008, through a collaborative effort, Oswego Health (OH), Rural Health Network (RHN), and Central New York Health Systems Agency (CNYHSA) compiled a comprehensive assessment of physician needs in the county. This document is the basis for the section on access to care as it relates to availability of resources and primary and preventive health services utilization.

2. Outreach and Public Health Education

OCHD Public Health Educators work with community partners on targeted outreach and education in the areas of diabetes (CDROP), cancer prevention (Oswego County Cancer Services Program), and traffic safety/injury prevention (Oswego County Traffic Safety Board). OCHD also provides targeted education on handwashing and germ avoidance with local school districts and Head Start.

SECTION III. PROBLEMS AND ISSUES IN THE COMMUNITY

3. Additional Community Resources

Additional formal and informal agencies/providers that address health care needs of specific populations in Oswego County include:

- Arise (services for the disabled)
- Cornell Cooperative Extension
- Rural Migrant Ministry (for the poor population in rural northeast part of the county)
- Schools
- Aurora (serves the blind/visually and hearing impaired)
- American Red Cross
- American Cancer Society
- American Heart Association
- Fire Departments and EMS providers
- Salvation Army
- Catholic Charities

The Greater Oswego County United Way sponsored a Community Needs Assessment survey and subsequent focus groups in 2009. The survey and the focus group results are attached in Appendix C. The Oswego County Health Department and Oswego Health have incorporated this information into this document and the Hospital Community Service Plan and utilized the survey and focus group input in the decision making process to determine the top three priorities selected.

Oswego Health has developed their Community Service Plan with input from Oswego County Health Department and the Rural Health Network.

Staff from Oswego Health and Oswego County Health Department attended focus groups and participated in the development of the United Way Survey.

B. ACCESS TO CARE

1. Hospitals

As a result of the 2009 closing of A. L. Lee Memorial Hospital located in Fulton, NY, Oswego County is left with one hospital located in the City of Oswego. This eliminated the availability of emergency room services to the residents of the city of Fulton. Oswego Health has established an Urgent Care Center in the former A. L. Lee Emergency Department.

The market share for Oswego Hospital inpatient care services in 2006 was 46.1%. Surgery services at Oswego Hospital accounted for only 13.9% of all inpatient surgical care received by Oswego County residents. The psychiatric inpatient care market share was the highest at 84.6% for Oswego County residents. This care was provided at the Oswego Mental Health Services Center.

SECTION III. PROBLEMS AND ISSUES IN THE COMMUNITY

2. Clinics

Oswego County can be divided into five primary service areas: Oswego City, Mexico, Fulton, Central Square and Pulaski.

- *Oswego City* – Oswego County Opportunities provides clinic services that include Primary and Preventive Care, Adult Medicine, Family Practice, Internal Medicine and Pediatrics. They provide service on a fee for service schedule, and accept Medicare, Medicaid, private insurance and a sliding fee scale. The State University at Oswego provides primary and preventive service for the student population.
- *Mexico* – Oswego Health provides primary and preventive service at a satellite clinic.
- *Fulton* – Oswego County Opportunities provides clinic services that include Primary and preventive Care, Adult Medicine, Family Practice, Internal Medicine and Pediatrics. They provide service on a fee for service schedule, and accept Medicare, Medicaid, private insurance and a sliding fee scale. The village of Phoenix has a primary and preventive satellite clinic provided by Oswego Health.
- *Central Square* – The status of the Central Square Health Center remains unknown (see Section V). Oswego Health provides primary and preventive health services at a nearby clinic in Parish.
- *Pulaski* – Northern Oswego County Health Services, Inc. (NOCHSI), a federally qualified health center, has seven primary care physicians as well as dental services. NOCHSI also provides comprehensive school-based clinics in Pulaski, Sandy Creek, and Altmar-Parish-Williamstown. They provide service on a fee for service schedule, and accept Medicare, Medicaid, private insurance and a sliding fee scale.

3. Private Providers

There are 144 physicians with offices in Oswego County.

- *Oswego City* – This area has 29 primary care physicians, with the majority practicing in the area surrounding Oswego Hospital. Currently there are seven practice groups and seven solo practitioners.
- *Fulton* – This area has 18 primary care physicians, with the majority practicing in the area surrounding the former A. L. Lee Hospital. The village of Hannibal has one private practice. The area has one gynecologist.
- *Pulaski* – This area has one primary care physician.

SECTION III. PROBLEMS AND ISSUES IN THE COMMUNITY

4. Access to Provider

According to a report completed by CNYHSA, in 2008 there are issues related to access in each of the primary service areas, both current and in the future.

- *Oswego* – The data suggests that the area has a mild shortage of primary care physicians and could support additional practices, especially in the areas of obstetrics (currently meeting 66.7% of need) and pediatrics (currently meeting 53.6% of need).

Currently the entire county has only one obstetrical practice group, based in the City of Oswego, which has satellite locations in Fulton and Pulaski. The need for OB capacity is driven by many factors including the close proximity to other resources that include Onondaga and Jefferson County. In 2008, there were 686 live births reported at Oswego Hospital. This was the equivalent of only 50% of the county residents live births.

- *Fulton* – The data suggests that the area has an moderate shortage of primary care physicians (2,562 people per physician) and could support additional practitioners, especially in the areas of family practice, pediatrics, and obstetrics. Current capacity is at 53% of the demand.
- *Central Square* – This area has an acute shortage of primary care physicians (3,799 people per physician) and could support additional practitioners in all specialty areas. Current capacity is estimated to be sufficient to meet the needs of 40% of the demand. This will change for the worse if the Lifetime Health Center closes (see Section V).

Given the magnitude of the shortage and the proximity and ready access to resources in Northern Onondaga County, it can be assumed that many of these residents have established relationships with providers outside of Oswego County.

- *Pulaski* – This area has a moderate shortage of primary care physicians (2,340 people per physician) and could support additional practitioners, especially in the areas of internal medicine, pediatrics, and obstetrics. Current capacity is estimated to meet 60% of the demand.

5. Primary and Preventive Care Utilization

Data collected in 2008 by the NYS Expanded Behavioral Risk Factor Surveillance System, shows Oswego County residents are taking advantage of both primary and preventive care at rates that in most cases meet or exceed the New York State rates.

SECTION III. PROBLEMS AND ISSUES IN THE COMMUNITY

Primary and Preventive Care Utilization

Service Area		Oswego County	New York State
Primary Care:	Adults with regular care providers	81.6%	82.8%
	Routine checkup within the last 2 years	77.8%	86.6%
	Visited a dentist in the past year	71.8%	70.5%
Preventive Care:	Had a digital rectal	85.5%	75.9%
	Had a PSA Test	61%	68.5%
	Had a pap test	98.2%	92.5%
	Had a mammogram	88.8%	89.8%
	Pneumococcal vaccine older adults	71.4%	64.2%
	Flu shot older adults	61.9%	74.4%

6. Barriers to Care

- a. *Financial* – In Oswego County, 87.3% residents have some form of health insurance. According to New York State Medicaid data for April 2009 there were 18,719 persons receiving some form of assistance out of the 23,889 that were Medicaid eligible. These numbers show that there are approximately 5,000 residents that are eligible for Medicaid insurance but have not applied. There are 13,440 uninsured individuals according to the census bureau. These numbers do not portray the numbers of underinsured individuals that do not seek care due to high deductibles and co-payments. Medicare and Managed Medicaid are accepted by the majority of primary care providers in the county. There is a barrier to care for these groups when they attempt to access specialty care or dental services.
- b. *Structural* – In community focus groups hosted by the Greater Oswego County United Way, the issue of lack of transportation was raised; specifically, the lack of an adequate county-wide public transportation system. In many parts of the county, there is no form of transportation. This leaves the young and elderly unable to access care even if there is not a financial barrier. The lack of transportation is a barrier to many Oswego County residents in seeking preventive and primary health care.

The closure of A. L. Lee Memorial Hospital in Fulton has left that community without a hospital or emergency department for the first time in almost 100 years. Oswego Health opened an Urgent Care Center in the former emergency department the day after the hospital closed. The Urgent Care Center has been well received by the community. During its first months of operation the center treated twice the number of patients they had anticipated. Oswego Hospital has begun an expansion program of its emergency department to accommodate the increased number of persons seeking care at the Oswego facility.

Access to dental health care has improved greatly over the past few years. There are at least six providers that accept Medicaid patients in the county and the three school based clinics also provide dental health care to the students in those districts.

SECTION III. PROBLEMS AND ISSUES IN THE COMMUNITY

- c. *Personal* – Other than financial and transportation barriers no unique personal barriers to care were identified.

C. PROFILE OF UNMET NEED FOR SERVICES

The Rural Health Network Medical Staff Development Plan (2008) studied the current physician staffing and made the following recommendations for addressing needs.

The county has a moderate shortage, the greatest being in obstetrics and pediatrics.

Service Area	Number of additional practitioners that Oswego County could support
Obstetrics	9-10
Pediatrics	3-4
General Surgery	8-11
Ophthalmology	6-8
Orthopedic Surgery	8-10
Otolaryngology	3-4
Urology	3-4
Mental Health and Related Specialists	12 psychiatrists and 4-5 neurologists

An expanded table listing Physician Needs Estimates can be found in Appendix D.

The aging of current providers will have a definite impact on the county over the next five to twelve years. As those physicians now in their late 50s to early 60s retire or curtail their practices, there will a need to replace 26 practitioners within the next 5 to 12 years.

One of the major changes in the health care system was the closure of A. L. Lee Memorial Hospital in April 2009. This created a potentially serious gap in service for a large percentage of the Fulton population. However, Oswego Health’s Urgent Care Center and other ancillary health care services have filled this gap and are actually seeing more people than expected as the residents seek urgent care instead of ER care after hours and on a walk-in basis.

The Urgent Care Center does not offer preventive/primary care but is another resource for referrals to primary care providers.

Further co-location of services such as Family Planning, WIC and primary care which includes a heavy emphasis on patient education should be a continued effort by the Rural Health Network. These are changes that would improve the health of the target group, which includes smokers, the obese, pregnant teens and women, diabetics, and those at risk for developing chronic disease (see Section IV). Oswego County Opportunities has already done this at one of their sites.

SECTION III. PROBLEMS AND ISSUES IN THE COMMUNITY

Also, expansion and addition to the school-based clinics in the county should be evaluated. These clinics would be very appropriate to meet comprehensive needs in the Hannibal School District where there are high rates of poverty and no health care services. The town has higher rates than New York State—some extremely so—for all prevention indicators. Nutrition education could be a key component.

As mentioned earlier, the looming closure of Lifetime Health in Central Square will require 20,000 residents to seek care elsewhere. This will have a negative impact on efforts to improve the health status of these residents. The community members are working to find a buyer that will prevent this from happening.

All PCAP clients who smoke need access to proven smoking cessation treatments and education. This will be more difficult if the county actually does lose funding for its tobacco programs.

Potential obstacles that could be encountered by all of these activities would be lack of funding and difficulty with recruitment of appropriate providers. Oswego County has only one Federally Qualified Community Health Center (FQCHC): Northern Oswego County Health Services, Inc. (NOCHSI) in Pulaski, New York. Having additional centers qualified would significantly alleviate the financial difficulties of other community based clinics, especially in their ability to recruit and retain physicians.

The county only has one endocrinologist, and one obstetrical group. There are few nutritionists and only one certified diabetes nurse educator.

Oswego County Opportunities has the equivalent of 1.5 full time Spanish speaking staff available to serve this growing segment of population in the county. OCO also provides the migrant health care programs in the county.

SECTION IV. LOCAL HEALTH PRIORITIES

A. PREVENTION AGENDA PRIORITIES

The Prevention Agenda identifies the following ten priorities for improving the health of all New Yorkers and asks communities to work together to address them.

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

A goal of the Prevention Agenda is to prevent health problems before they occur, or before they worsen. The things we do, the food we eat, the air, water around us, and the design of our communities contribute to the majority of deaths in New York and the nation. Health promotion and disease prevention can help us eat healthier foods, successfully quit smoking, and enjoy living in safe environments with clean air and water.

The local health priorities chosen for Oswego County are:

- Chronic Disease
- Physical Activity and Nutrition
- Tobacco Use

1. Chronic Disease

Chronic diseases such as asthma, cancer, diabetes, heart disease and stroke are the leading causes of disability and death in the United States. These diseases account for seven of every ten deaths and affect the quality of life of 90 million Americans. . In addition to causing major limitations in daily living and leading to high costs of health care, chronic diseases are also among the most preventable. Factors such as reducing or preventing tobacco use, poor diet, and physical inactivity, are known to protect and reduce the incidence of chronic disease.

Chronic disease prevention is rooted in the modification of risk factors (primary prevention), the detection of chronic diseases in their earliest stages (secondary prevention) and the treatment of chronic disease and attention to disease management and self-management by diagnosed individuals in order to prevent debilitating and costly complications (tertiary prevention).

Oswego County statistics (Appendix A, Community Report Cards) show that improvement is needed in the prevention of all the chronic disease prevention indicators, especially for cardiovascular disease and stroke.

SECTION IV. LOCAL HEALTH PRIORITIES

2. Physical Activity and Nutrition

Major causes of morbidity and mortality in the United States are related to poor diet and physical inactivity. By maintaining a healthy diet and being physically active, individuals can achieve a healthy weight and reduce their risk of chronic diseases such as diabetes, heart disease and some forms of cancer; strengthen bones and reduce the risk of osteoporosis. Cardiovascular diseases are the leading causes of death in New York State, killing almost 59,000 residents each year. Diabetes is the most rapidly growing chronic disease, affecting one out of every 12 adult New Yorkers.

Obesity, which may be addressed through proper nutrition and physical activity, is a major risk factor for many chronic diseases, and has reached epidemic proportions both in New York and across the nation. The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008 and, nationally, obesity among children and adolescents has tripled over the past three decades. In fact, obesity costs New York State more than \$6 billion annually in direct medical expenditures for treatment of related diseases, as well as indirect costs such as lost productivity. Physical inactivity, poor nutrition, consumption of sugar-sweetened beverages and television viewing can contribute to excess weight gain in children and adults.

Data collected for this assessment, including the attached report cards (Appendix A, Community Report Cards) clearly indicate that Oswego County residents are following the national trends for obesity and lack of physical activity. The self-reported data in the BRFSS also demonstrates these factors. Our winter weather, and high unemployment and persons receiving assistance certainly are some contributing factors. The preceding morbidity and mortality sections as well as the behavioral risk factors clarify this further

3. Tobacco Use

Preventing and reducing tobacco use are extremely important public health actions that can be taken to improve the health of New Yorkers. Tobacco use and dependence is the leading preventable cause of morbidity and mortality in New York State and in the U.S. Cigarette use alone results in an estimated 438,000 deaths each year in the U.S., including 25,500 deaths in New York State. Second-hand smoke kills another 2,500 New Yorkers every year. There are 389,000 children alive today who will die prematurely from smoking. More than half a million New Yorkers currently suffer from serious smoking caused diseases, at a cost of \$8.17 billion in health care expenditures annually. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death, including heart disease and stroke, many forms of cancer, and lung and vascular diseases.

In Oswego County 27.9% of adults smoke, compared to 20.1% in the state. 75% of the pregnant women enrolled in PCAP smoke. Lung cancer in both males and females is occurring at a higher rate than most of the state. This makes smoking a critical priority area for prevention in Oswego County.

SECTION IV. LOCAL HEALTH PRIORITIES

B. ADDITIONAL PRIORITIES

Other priorities that are currently being addressed, in addition to the three top ones and the seven other topics in the prevention agenda, are related to Public Health Emergency Preparedness and preparation for H1N1 flu.

C. SUMMARY OF PROCESS FOR IDENTIFYING LOCAL HEALTH PRIORITIES

The process began in January 2009 and continued until the submission of the assessment. There were many individuals involved, including the Public Health Director, health education staff, support and IT staff, OCHD retired administrators, Oswego Health (OH) staff, the Rural Health Network Director and other members of the RHN, United Way members and staff, and participants in the United Way focus groups. These attendees came from a vast array of agencies, providers, industry, consumers and municipalities. Meetings were held with RHN and OH staff. Reports and data were gathered from a variety of sources. The information on access to care was available in a report done for the Rural Health Network and Oswego Health by CNYHSA in late 2008. The internet was also used extensively to gather statistics and articles.

The United Way Community Needs survey and focus groups were used as a catalyst to get input from many in the county on what their perception of public health priorities should include. (Refer to Appendix C.)

After this information was obtained, Oswego County Health Department and Oswego Health determined the three areas that were appropriate and feasible to focus on over the next 2-3 years with some confidence in a positive outcome. Collaboration with community partners will be essential to the success of these endeavors.

D. NOTEWORTHY ACCOMPLISHMENTS

- The opening of the Oswego Health's Urgent Care Center the day after the closure of A. L. Lee Memorial Hospital was a major accomplishment of 2009.
- The Registered Professional Nurse Program provided by Cayuga Community College is another ongoing initiative. As a partner in the Rural Health Network, the college was able to obtain approval for this additional RN training to be provided in Oswego County with the cooperation and agreements with a number of local health care providers to assure availability of clinical sites.
- A Diabetes Education Day was held on March 24, 2009 at Oswego YMCA's Armory. The event was for those living with diabetes and was open to any community member looking for information on managing diabetes. Over 100 people attended. Highlighting this event was a presentation by the lone endocrinologist in the county.

SECTION IV. LOCAL HEALTH PRIORITIES

- Both the Oswego and the Fulton YMCAs hold numerous events to encourage residents to walk, run and bike.
- The members of the Community Diabetes Reach Out Program (CDROP) purchased Stepping Towards Control for distribution as a consistent diabetes teaching guide to be used by all providers in the county.
- The Ten Can Run and Wellness Event is held annually and is co-sponsored by Oswego Health and Novelis Corp.

SECTION V. OPPORTUNITIES FOR ACTION

The Oswego County Health Department will pursue additional funding for programs that provide education and support to residents who smoke and those who are fighting obesity. It is currently awaiting the funds to plan such activities and will start to train staff and other community partners.

The Oswego County Health Department will work with SUNY Oswego's Health Promotion and Wellness Program to explore ways to create opportunities for students in this program to have some field experience in the area of Public Health.

The Oswego County Health Department and community partners will also explore the opportunities to get their own Community Diabetes Reach Out Program grant when the new request for proposal comes out in early 2010. These funds could be used to hire an additional Public Health Educator and train a Registered Professional Nurse to become a certified Diabetes Educator.

Integrated Community Planning, Inc., with the support of community partners, is reapplying for the grant to fund the Oswego County Tobacco Free Network.

Oswego County school districts are currently included in the Onondaga County School Based Healthy Heart Grant. As Onondaga County's grant begins to wind down, Oswego County will continue this relationship with Oswego schools.

Oswego Health, Oswego County Opportunities, and Oswego County Health Department will form a Healthy Partnership to provide more individuals with advanced screenings specific for colon cancer and smoking cessation programs.

Oswego County Health Department and Oswego Health will look for additional opportunities to collaborate in addressing the three key items of the Prevention Agenda as described earlier in Section IV.

On September 4, 2009, an announcement was made that a collaboration of Oswego Health, Oswego County Opportunities, and Northern Oswego County Health Services, Inc. was to receive funding from the Health Care Efficiency and Affordability Law of New York State (HEAL NY) initiative in the amount of \$8.34 million. The money will be used to establish a Convenient Care Center in Central Square, New York. This will greatly offset the loss of the Lifetime Health Center.

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2010-13 Community Health Assessment

COVER PAGE

Local Health Department Address: Oswego County Health Department
70 Bunner Street
Oswego, New York 13126

Telephone: (315) 349-3540

Fax: (315) 349-3435

Submitted by: Dennis P. Norfleet, MD E-MAIL: dnorfleet@oswegocounty.com

Prepared by: Oswego County Health Department Staff and
Contract Staff (K. Smith, J. Watson)

GENERAL COUNTY INFORMATION

Health Department Type (please check one):

Full Service

Less than Full Service

Organization Type (please check one):

Single Agency
(Health Only)

Multiple Agency,
please list: _____

2010-13 Community Health Assessment

CHA – Prevention Agenda Description and Priority Areas

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

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

Hospitals: Oswego Hospital

CBOs: Oswego Health
Oswego County Opportunities
United Way of Oswego County

Other local government agencies:
Office for the Aging
Oswego City-County Youth Bureau

Not for Profits: Oswego County Opportunities
YMCA
American Red Cross
Arise

other LHDs, please list: _____

Primary/medical care providers Schools

Faith organizations HMOs

Businesses Rural Health Networks

others : _____

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

- Access to Quality Health Care
- Tobacco Use
- Health Mothers/Babies/Children
- Physical Activity/Nutrition
- Unintentional Injury
- Healthy Environment
- Chronic Disease
- Infectious Disease
- Community Preparedness
- Mental Health/Substance Abuse

2010-13 COMMUNITY HEALTH ASSESSMENT

County: OSWEGO

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

Please provide their contact information: Kathleen A. Smith
kathys46@yahoo.com

Judith Watson
jwats06@twcny.rr.com

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

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

Please briefly describe your process:

Members of the collaborative process attended meetings, faxed and emailed information and data, and assisted at United Way focus groups.

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

- Local Public Health Director/Commissioner
- Nurses
 - Supervising
 - Line/program
- Sanitarians/environmental engineers
- Physicians/PAs
- Community Planners
- Health Educators
- Others, please provide title: Senior Typist, IT Specialist

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

- Board of Health member(s) Y N
- Member(s) of the county legislature Y N
- County executive/Administrator Y N

2010-13 COMMUNITY HEALTH ASSESSMENT

County: OSWEGO

CHA CHECKLIST/ INDEX

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

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

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

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

Reminder

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

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

2010-13 COMMUNITY HEALTH ASSESSMENT

County: OSWEGO

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

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

Basic Service Area: Family Health

Programs:

<u>X</u> Dental Health Education	<u>9</u>
<u>X</u> Primary and Preventive Health Care Services.....	<u>9</u>
<u>X</u> Lead Poisoning.....	<u>9</u>
<u>X</u> Prenatal Care and Infant Mortality.....	<u>10</u>
<u>X</u> Family Planning.....	<u>10</u>
<u>X</u> Nutrition.....	<u>10</u>
<u>X</u> Injury Prevention.....	<u>10</u>

Basic Service Area: Disease Control

Programs:

<u>X</u> Sexually Transmitted Diseases.....	<u>11</u>
<u>X</u> Tuberculosis.....	<u>11</u>
<u>X</u> Communicable Diseases.....	<u>11</u>
<u>X</u> Immunization.....	<u>11</u>
<u>X</u> Chronic Diseases.....	<u>11</u>
<u>X</u> Human Immunodeficiency Virus (HIV).....	<u>11</u>

Optional Service Areas

<u>N/A</u> Dental Health Services.....	<u>N/A</u>
<u>X</u> Home Health Services.....	<u>12</u>

Optional Other Service Areas/Programs

<u>N/A</u> Medical Examiner.....	<u>N/A</u>
<u>N/A</u> Emergency Medical Services.....	<u>N/A</u>
<u>N/A</u> Laboratories.....	<u>N/A</u>

2010-13 COMMUNITY HEALTH ASSESSMENT

County: OSWEGO

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

1.	<u>Children With Special Health Care Needs</u>	<u>12</u>
2.	<u>Environmental Health</u>	<u>13</u>
3.	<u>Environmental Assessment & Response</u>	<u>17</u>
4.	_____	_____
5.	_____	_____

X B. Access to Care – general discussion of health resources..... 25

<u>X</u> 1. Description of the availability of	
a) <u>X</u> hospitals	<u>25</u>
b) <u>X</u> clinics	<u>26</u>
c) <u>X</u> private providers.....	<u>26</u>
d) <u>X</u> information about access to health care providers	<u>27</u>

<u>X</u> 2. Discussion of primary care and preventive health services utilization (Possible data source: The Behavioral Risk Factor Survey).....	<u>27</u>
--	-----------

<u>X</u> 3. Discussion of commonly-identified barriers and affected sub-groups	<u>28</u>
--	-----------

<u>X</u> a) Financial barriers — inadequate resources to pay for health care, inadequate insurance, Medicaid eligibility vs. Medicaid enrollment vs. access to providers.....	<u>28</u>
---	-----------

<u>X</u> b) Structural barriers – insufficient primary care providers, service sites, or service patterns.....	<u>28</u>
--	-----------

<u>X</u> c) Personal barriers — the cultural, linguistic, educational, or other special factors that impede access to care.....	<u>29</u>
---	-----------

X C. The Local Health Care Environment..... 19

<u>X</u> 1. Identification and discussion of aspects of the environment that influence the attitudes, behaviors, and the risks of community residents for poor health within the following categories:	
a) <u>X</u> physical.....	<u>19</u>
b) <u>X</u> legal.....	<u>20</u>
c) <u>X</u> social.....	<u>20</u>

2010-13 COMMUNITY HEALTH ASSESSMENT

County: OSWEGO

d) X economic..... 21

- X 2. Other components of the health-related environment include:
 - a) X institutions (e.g., schools, work sites, health care providers)..... 21
 - b) X geography (e.g., air, water quality)..... 19
 - c) X media messages (e.g., TV, radio, newspapers)..... 21
 - d) X laws and regulations (smoking policies)..... 20

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

X **Section Two - Local Health Unit Capacity Profile** - profile of staff and program resources available for public health activity in the county. (Suggested Resource: APEXPH)..... 23

- X 1. Profile of the local agency’s infrastructure, includes:
 - a) X organization App. B
 - b) X staffing and skill level..... App. B
 - c) X adequacy and deployment of resources..... 23
 - d) X expertise and technical capacity to perform a community health assessment..... 23

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

X **A. Profile of Community Resources** - community resources available to help meet the health-related needs of the county..... 24

X 1. Groups that may have the capacity and interest to work either individually or in collaboration with the local health unit to improve the health status of the community. 24

- X 2. Collaborative efforts on
 - a) X development of hospital community service plans (CSP) 25
 - b) X assessments 25
 - c) X collaborative planning processes..... 25

- X 3. Assessment of services for:
 - a) X availability 28
 - b) X accessibility 27
 - c) X affordability 28
 - d) X acceptability..... 29
 - e) N/A quality N/A

2010-13 COMMUNITY HEALTH ASSESSMENT

County: OSWEGO

f) <u> X </u> service utilization issues such as:	
(1) <u> N/A </u> hours of operation.....	<u> N/A </u>
(2) <u> X </u> transportation	<u> 28 </u>
(3) <u> X </u> sliding fee scales.....	<u> 26 </u>
(4) <u> N/A </u> other.....	<u> N/A </u>
<u> X </u> 4. Discussion of significant outreach or public health education efforts and whether they are targeted to the general population or identified high-risk populations.	<u> 24 </u>
<u> X </u> 5. A summary of the available clinic facilities and private provider resources for Medicaid recipients should also be discussed. (Suggested resource: The PATCH model.)	<u> 28 </u>
<u> X </u> <u> B. Behavioral Risk Factors</u>	
<u> X </u> 1. Statewide, community-specific and/or locally-developed estimates for the prevalence of health risk behaviors can be used to identify and discuss population subgroups that are at increased risk due to unhealthy behaviors.....	<u> 28 </u>
<u> X </u> 2. Local circumstances/barriers related to priority health concerns and/or disparities have been considered.....	<u> 28 </u>
<u> X </u> <u> C. Profile of Unmet Need for Services</u>	
<u> X </u> 1. Identification and discussion of additions to and changes in services that will improve the health of the identified at-risk groups.....	<u> 29 </u>
<u> X </u> 2. Discussion of types of changes to better serve the target group (e.g., lower/no cost, better hours, transportation assistance, increased sensitivity to populations in need, language, increased acceptance of Medicaid, and integration and/or co-location of services)...	<u> 29 </u>
<u> X </u> 3. Identification of gaps in services and their location (e.g., township, city or census tract).....	<u> 29 </u>
<u> X </u> 4. Discussion of problems that might be encountered in providing these services.....	<u> 30 </u>
<u> X </u> 5. Disease control program sections specifically assess needed changes to public health law and codes.....	<u> N/A </u>

2010-13 COMMUNITY HEALTH ASSESSMENT

County: OSWEGO

X **Section Four - Local Health Priorities** - describe new (or intractable) areas of public health which rank as high local priority identified by more recent Prevention Agenda or other collaborative efforts between the LHD, hospitals, and other community-based organizations, health care providers, consumers..... 31

X 1. List and description of 2-3 priorities under the Prevention Agenda..... 31

X 2. Listing and description of additional priorities .. 33

X 3. Summary of the process for public health priority(ies) identification:
 _____ how recent..... 33
 a) _____ who was involved..... 33
 b) _____ how were priorities determined..... 33

X 4. Discussion of noteworthy accomplishment for both the LHD and other community public health partners..... 33

X **Section Five - Opportunities for Action** - building on all of the above sections, opportunities that the local health unit/department, solely or in partnership, can pursue are identified to alleviate the priority public health problems. 35

X 1. Opportunities include the contribution/role played by:
 a) X community-based organizations..... 35
 b) X businesses..... 35
 c) _____ labor and work sites _____
 d) _____ schools..... _____
 e) X colleges and universities..... 35
 f) _____ government..... _____
 g) X health care providers..... 35
 h) _____ health care insurers..... _____
 i) _____ the food industry..... _____
 j) _____ the media..... _____

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

X **Appendix A – Community Report Card**

X A. Report card attached..... App. A

X B. Explanation of document distribution..... 22

APPENDIX A - REPORT CARDS

ACCESS TO QUALITY HEALTH CARE

Highlighted Factors:

- Closure of A. L. Lee Memorial Hospital in Fulton
- Urgent Care is available in Fulton
- Efforts to recruit more physicians to Oswego County, particularly in some specialty areas
- Looming closure of Lifetime Primary Care Center in Central Square (20,000 patients)
- Highest unemployment rates in CNY region
- Lack of transportation services in most rural areas of the county
- Harsh winter weather
- School-based clinics available in Pulaski, Sandy Creek, and Altmar-Parish-Williamson
- Central Square and Pulaski have been identified as acute shortage areas for Primary Care.

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Percent of adults with health care coverage		100%	85.5% (2006)	86.5% (2006)	87.3% (2003)	N
Percent of adults with regular health care provider		96.0%	80.0% (2006)	85.0% (2006)	81.0%	N
Percent of adults who have seen a dentist in the past year		83.0%	70.3% (2006)	71.8% (2006)	75.2% (2003)	S
Early stage cancer diagnosis	Breast	80.0%	63.0%	63.0%	68.0%	N
	Cervical	65.0%	53.0%	51.0%	68.0%	N
	Colorectal	50.0%	40.0% (1996-2003)	41.0% (2001-2005)	52.0% (2001-2005)	N

S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

CHRONIC DISEASE

Highlighted Factors:

- Oswego County has only one certified diabetes educator
- Oswego health Community Action Plan cites the development of a healthy Partnership with the Oswego County Health Department
- 13,400 uninsured individuals in the county (11% of the population)
- Few specialists in the county. Most specialties require referral out of county.
- Highest unemployment rate in the region

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Diabetes prevalence in adults		5.7%	7.5% (2006)	7.6% (2006)	6.6% (2003)	N
Diabetes short term complication hospitalization rate (per 10,000) Age 6-17 years		2.3	2.9	3.0	2.7	N
Age 18+ years		3.9	5.5 (2004)	5.3 (2004-2006)	6.0 (2004-2006)	N
Coronary heart disease hospitalization (per 10,000)		48.0		61.2 (2004-2006)	73.2 (2004-2006)	N
Congestive heart failure rate of hospitalization ages 18+ (per 10,000)		33.0	48.9 (2004)	46.3 (2004-2006)	50.1 (2004-2006)	N
Cerebrovascular (stroke) disease mortality (per 100,000)		24.0	46.6 (2005)	30.5 (2004-2006)	44.5 (2004-2006)	N
Reduce cancer mortality (per 100,000)	Breast (female)	21.3	24.4	25.5	22.6	N
	Cervical	2.0	2.4	2.6	4.7	N
	Colorectal	13.7	18.0 (2004)	19.1 (2001-2005)	22.2 (2001-2005)	N



S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

COMMUNITY PREPAREDNESS

Oswego County has a very well respected Emergency Management Department that oversees most of the emergency planning activities for the county. Because Oswego County is home to three nuclear power plants, emergency planning has been a high priority for the past 35 years.

Oswego County has developed a Comprehensive Emergency Management Plan. The annexes to this plan include:

- Public Health Preparedness (Health Department)
- Local Human Needs Plan
- Hazardous Materials Incident Response Plan
- Mass Casualty Incident Plan
- Comprehensive Emergency Management Plan
- Radiological Emergency Plan
- Strategic National Stockpile Plan
- Chempack Plan
- Pandemic Flu Plan
- Smallpox Preparedness Plan
- Mass Fatality Plan

The county operates several drills and exercises each year on the various plans and updates them on a regular basis.

S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

HEALTHY ENVIRONMENT

Data indicates that all national air quality standards are met in Oswego County for carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone, particulate matter, and lead.

Indicators	2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Incidence of children <72 months with confirmed blood lead level > = 10µg/dl (per 100 children tested)	0.0		1.3 (2003-2005) (excluding NYC)	0.5	S
Asthma related hospitalizations (per 10,000) Total/Age 16+ yrs	16.7/17.3	16.6/22.6 (2003)	21.0/31.5 (2004-2006)	9.3/14.1 (2004-2006)	S
Work related hospitalizations per 10,000 employed persons age 16+ years	11.5		16.0 (2004-2006)	19.8 (2004-2006)	N
Elevated blood lead levels (> 25µg/dl) per 100,000 employed persons age 16+ years	0.0		6.0 (2004-2006)		

Standards for elevated blood lead levels in persons 16+ years are newly established and will be monitored.

S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

HEALTHY MOTHERS/BABIES/CHILDREN

Highlighted Factors:

- Only one OB provider practice located in Oswego County
- Oswego Hospital is the sole delivery site in the county
- 50% of births occur outside of Oswego County
- 17.5% of children live below the poverty level
- Decreasing teen pregnancy rates 1980-2004
- Low rate of breastfeeding
- High number of Medicaid mothers
- 28.4% of mothers smoked during pregnancy, the highest rate in the region
- 75% of PCAP moms smoke

Indicators	2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Percent early prenatal care (first trimester)	90%	83.9 (2005)	74.9% (2004-2006)	77.4% (2004-2006)	N
Percent low birth weights (<2500 grams)	5.0%	8.2% (2005)	8.3% (2004,2006)	8.0% (2004-2006)	N
Infant mortality (per 100,000 live births)	4.5%	6.9% (2005)	5.8% (2004-2006)	7.1% (2004-2006)	N
Increase % of 2-year old children receiving recommended vaccines (4 DtaP, 3 polio, 1 MMR, 3 Hib, 3 HepB)	90%	80.5% (2006)	82.4% (2006)		N
Percent of children with at least one lead screening by age 36 months	96%		82.8% NYS excl. NYC (2004 birth cohort)	67.0% (2004 birth cohort)	N
Prevalence of tooth decay in third grade children	42%	53.0% (2004)	54.1% (2004)	63.4% (2004)	N
Pregnancy rates	28.0	44.0 (2002)	36.7 (2004-2006)	22.3 (2004-2006)	S *

* Note: Teen pregnancy rates are on the rise 2006-2008 per Oswego County Adolescent Pregnancy Prevention Program data.

S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

INFECTIOUS DISEASE

Highlighted Factors:

- No major outbreaks of communicable disease in several years
- Increase in Lyme disease investigations
- University brings diverse population
- Port of Oswego: international travelers
- Seasonal migrant farmworker population

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Newly diagnosed HIV case rate (per 100,000)		23.0	18.5 (2006)	24 (2004-2006)	2.7 (2004-2006)	S
Gonorrhea case rate (per 100,000)		19.0	120.9	93.4	12.2	S
Tuberculosis case rate (per 100,000)		1.0	4.4 (2007)	6.8 (2004-2006)	0.3 (2004-2006)	S
Percent of adults 65+ years with flu shot past year		90%	69.6%	64.7%	61.0%	N
Percent of adults 65+ years who have ever received a pneumonia immunization		90%	66.9% (2006)	61.0% (2006)	66.8% (2003)	N
Infectious diseases reported/ expected	E. coli				5/4	S
	Salmonella				35/81	S
	Shigella				2/41	S

S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

MENTAL HEALTH & SUBSTANCE ABUSE

Highlighted Factors:

- In 2008, Oswego County Behavioral Services Division Inpatient Acute Care had 1260 admissions and 661 care days, with an average stay of 5.4 days.
- Hutchings State Psychiatric Center had 18 children's inpatient admissions, with 701 care days. Adult admissions totaled 13, with 920 days of care provided.
- In 2007, Oswego County's suicide rate per 100,000 was 8.8 (12). The Central NY rate was 8.9 (142) and the New York State rate was 7.6 (1295).
- An average rate of 14.1 per 1000,000 youth ages 15-19 were hospitalized self-inflicted injuries from 2004-2006, compared to 9.8 in Central NY and 9.2 in New York State.
- For ages 18-64 in 2005, the rate of inpatient psychiatric unit readmissions within 30 days of discharge was 32.6% . The Central NY rate was 21% and the New York State rate was 22.5%.
- There is no detox unit in Oswego County.

Indicators	2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Suicide mortality rate (per 100,000)	2.8	10.9 (2005)	6.4 (2004-2006)	9.0 (2004-2006)	N
Percent of adults reporting 14 or more days poor mental health in last month	7.8%	10.1% (2002-2006)	10.4% (2003-2005)	10.2% (2003)	N
Percent of adults binge drinking (5+ drinks in a row)	13.4%	15.4% (2006)	15.8% (2006)	17.1% (2003)	N
Drug related hospitalizations (per 100,000)	26.0		34.0 (2004-2006)	7.8 (2004-2006)	S

S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

PHYSICAL ACTIVITY & NUTRITION

Highlighted Factors:

- Through Healthy Heart Program funding, Parks and Trails New York worked with the Town of Richland and Village of Pulaski in Oswego County on developing a three-mile trail along the banks of the Salmon River, connecting the town and village on National Grid land that will soon be transferred to New York State.
- The Village of Pulaski and the Town of Richland were awarded \$25,000 in waterfront revitalization funds from the Department of State Division of Coastal Water Resources to plan a trail along the river, connect village businesses to the river, surface a trail at the local community park, and make Pulaski a more “walkable” community.
- The Community Diabetes Regional Outreach Program, led by Faxton-St. Luke Hospital in Utica, NY, is one of the 15 regional diabetes coalitions funded by the Diabetes Prevention and Control Program. Partners include Rural Health Network of Oswego County, Oswego County Public Health, and Oswego Health. This coalition focuses diabetes prevention activities on uninsured and underinsured residents, as well as rural populations in Oswego County. This coalition partnered with worksites in the county to develop policies promoting physical activity breaks during meetings, develop sample worksite wellness policies, and adopt the New York State Healthy Meeting Guidelines.
- WIC has implemented a number of obesity prevention initiatives including breastfeeding support, Fit WIC physical activity training for parents, patient-centered nutrition education, low-fat milk promotion, and the new WIC food package which includes vegetables and fruits, whole grains, and non-fat and low-fat milk.
- Per BRFSS, 28.4% of respondents had been advised to lose weight.

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Percent of obese children by grade level (BMI for age >95th percentile)	2-4 yrs (WIC, preschool)	11.6%	14.8% (2004)	15.2% (2004-2006)	15.7% (2004-2006)	N
	K	5%				
	2	5%				
	4	5%				
	7	5%				
	10	5%				
Percent of adults who are obese (BMI >30)		15%	25.1% (2006)	22.9% (2006)	25.7% (2003)	N
Percent of adults engaged in some type of leisure time physical activity		80%	77.4% (2006)	74.0% (2006)	77.3% (2003)	N
Percent of adults eating 5 or more fruits or vegetables per day		33%	23.2% (2005)	27.4% (2007)	23.8% (2003)	N
Percent of WIC mothers breastfeeding at 6 months		50%	24.3% (2005)	38.6% (2004-2006)	17.6% (2004-2006)	N



S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

TOBACCO USE

Highlighted Factors:

- Isolated rural areas
- Active Tobacco Free Network
- Active Reality Check(will be going under regional control in the near future).
- Adolescent Tobacco Use Prevention Act (ATUPA) and Clean Indoor Air Act (CIAA) programs (35 complaints in 2008; 4 violations) monitor the adherence to the non-smoking laws in the county
- In 2006, 25.5% of adults smoked (similar to region)
- 28.4% of women smoked during pregnancy (highest rate in the region in 2008).
- 75% of women participating in PCAP smoke.

Indicators		2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Percent cigarette smoking in adolescents (past month)		12%	23% (2005)	16.3% (2006)		
Percent cigarette smoking in adults		12%	20.1% (2006)	18.2% (2006)	27.9% (2003)	N
COPD hospitalizations among adults 18+ years (per 100,000)		31.0	23.0 (2004)	39.7 (2004-2006)	49.1 (2004-2006)	N
Lung cancer incidence (per 100,000)	Male	62.0	85.3	80.8	117.6	N
	Female	41.0	54.2 (2004)	53.8 (2001-2005)	82.2 (2001-2005)	N



S= Satisfactory

N= Needs Improvement

APPENDIX A - REPORT CARDS

UNINTENTIONAL INJURIES

Unique Factors:

Motor Vehicle Accidents

- 2,138 motor vehicle accidents involving 3,378 persons were reported in 2008 (this does not include data from the New York State Police). Of these 2,138 accidents:
 - 12 resulted in fatal injuries
 - 83 involved alcohol
 - 287 were animal related (240 deer)
 - 194 were speed related
 - 25 were sleep related
- There were 25 pedestrian related accidents resulting in 21 injuries and no fatalities.
- 17 bicycle accidents resulted in 13 injuries and no fatalities.
- Alcohol related motor vehicle injuries and deaths were 7.4 per 10,000 (275 from 2004-2006).

Other Injuries

- 7.0 per 10,000 persons hospitalized for self-inflicted injury (258 from 2004-2006)
- Hospitalizations for traumatic brain injury were 10.3 per 10,000 (383 from 2004-2006)

Indicators	2013 Objectives	United States	New York State	Oswego County	Oswego County Status
Unintentional injury mortality (per 100,000)	17.1	39.1 (2005)	21.0 (2004-2006)	34.4 (2004-2006)	N
Unintentional injury hospitalizations (per 10,000)	44.5		64.7 (2004-2006)	68.7 (2004-2006)	N
Motor vehicle related mortality (per 100,000)	5.8	15.2 (2005)	7.7 (2004-2006)	14.2 (2004-2006)	N
Pedestrian injury hospitalizations (per 10,000)	1.5		1.9 (2004-2006)	0.8 (2004-2006)	S
Fall related hospitalizations age 65+ years (per 10,000)	155.0		196.0 (2004-2006)	206.1 (2004-2006)	N

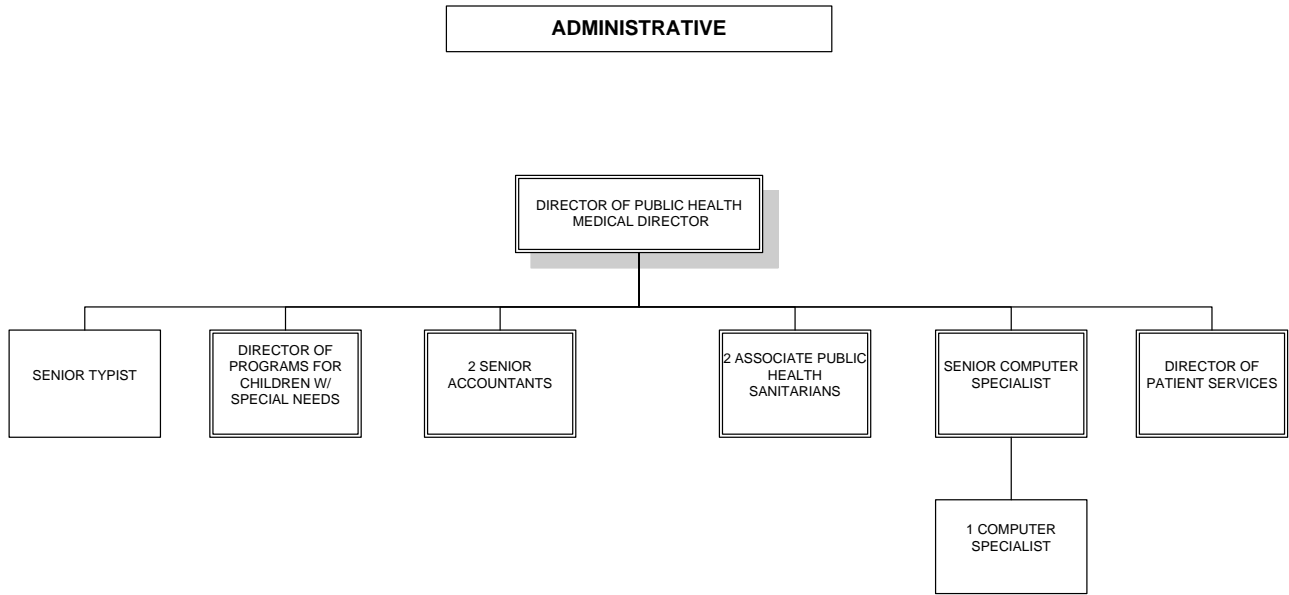
S= Satisfactory

N= Needs Improvement

OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT

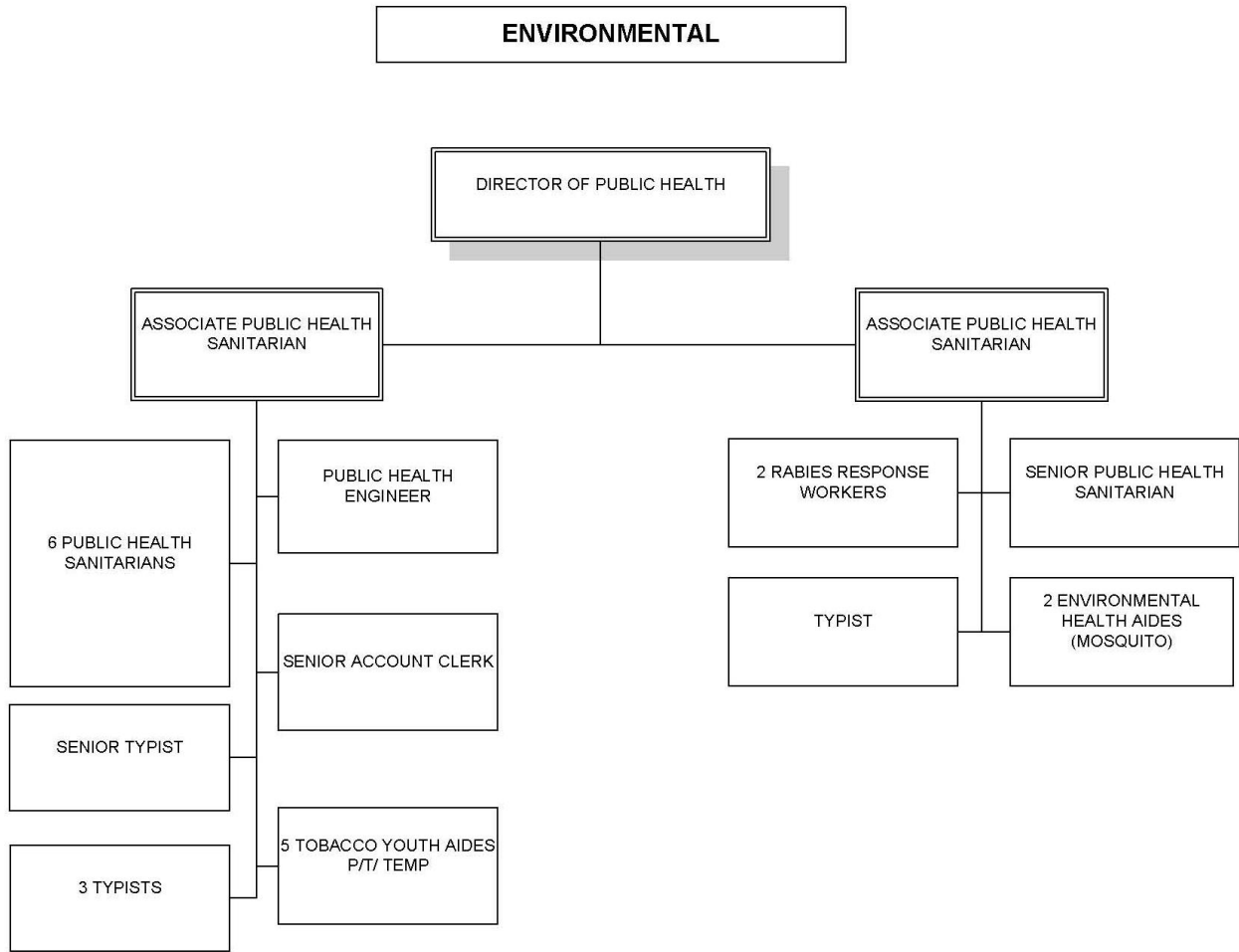
APPENDIX B – ORGANIZATION CHARTS

OSWEGO COUNTY HEALTH DEPARTMENT



APPENDIX B – ORGANIZATION CHARTS

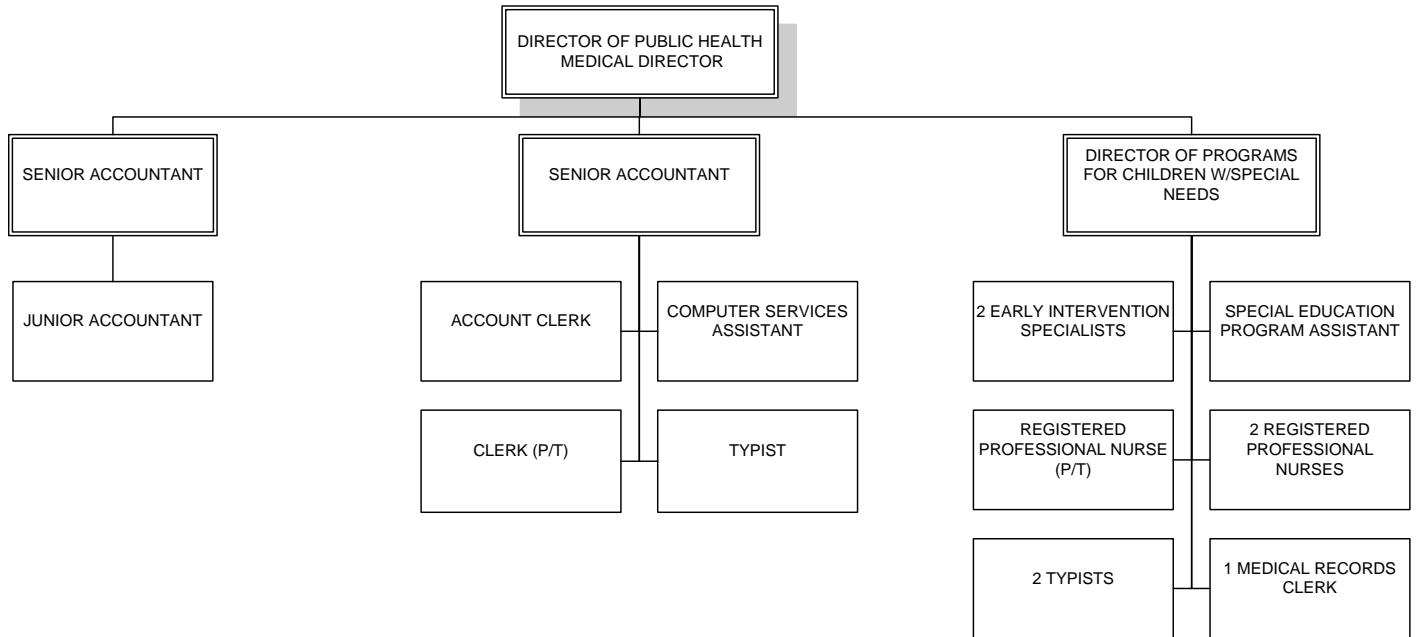
OSWEGO COUNTY HEALTH DEPARTMENT



APPENDIX B – ORGANIZATION CHARTS

OSWEGO COUNTY HEALTH DEPARTMENT

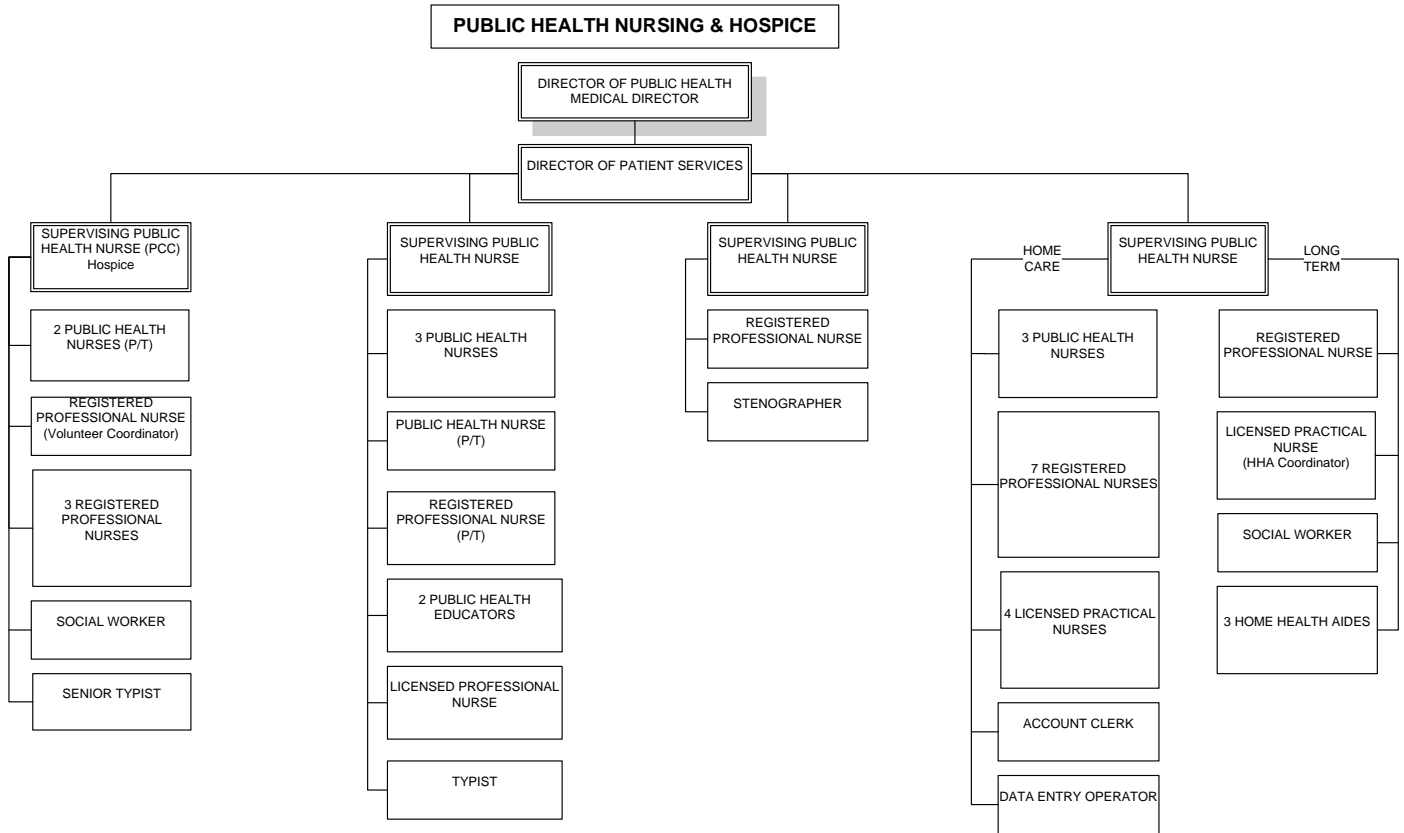
FINANCE & CHILDREN'S PROGRAMS



OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT

APPENDIX B – ORGANIZATION CHARTS

OSWEGO COUNTY HEALTH DEPARTMENT



OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT
APPENDIX C – UNITED WAY OSWEGO COUNTY NEEDS ASSESSMENT

United Way of Oswego County 2008-2009 Needs Assessment

Joshua Viscome and Alan French
SUNY Oswego
Research Methods
Dr. Michael Leblanc

About United Way

Religious leaders in Denver, Colorado who saw a need to work together to help solve their city's welfare problems founded the United Way in 1887. Initially referred to as the "Charity Organizations Society" the idea was to create a way to help raise money to support agencies that do good work in the community. They organized a fund raising campaign in 1888 that raised over twenty thousand dollars. This money was distributed for use by "local charities, as well as to coordinate relief services, counsel and refer clients to cooperating agencies, and make emergency assistance grants" (United Way). The initial campaign was a very successful one and out of that came the model, which we currently think of as the United Way. The United Way has grown markedly since its initial fund drive. The idea of a "Community Chest" was springing up all over the country. This term was coined in Rochester, NY in 1919 and grew from 39 that year to over 350 ten years later (United Way). In 1973 the United Way and the National Football League establish a partnership to help increase awareness of social problems affecting the country. A series of public service announcements are created to inform the general public of the need for additional funds to support community (United Way). The result of the NFL campaign was an exponential increase in funding; reaching over 1 billion dollars the next year. The current state of the United Way is that of continued growth and success. The charity raised over 4 billion dollars in 2007, the most ever raised by a single charity. The United Way continues to hold its status as the nation's largest charity.

Distribution of Funds

In Oswego County the United way distributes over half a million dollars to agencies that serve the community. The United Way's Allocation Committee, comprised of conscientious, well informed volunteers, carefully analyze the effectiveness of the United Way's member agency programs and sees to it that the programs which have the most impact on our community receive support from the United Way (Oswego United Way)."

There are five funding areas in which the United Way distributes money based on demonstrated need and availability of funds. The five areas and the percentage of United Way funding that they received are:

- Emergency Services (23.7%)
- Children and Family Services (29.5%)
- Health and Special Needs Services (16%)
- Youth Development (18.9%)
- Senior Services (12%)

In Oswego County the distribution of funds went primarily (52.2%) to two of the five areas: emergency services and child and family services. With this information alone, there is a strong indication of a perceived need for crisis services and children and family services.

OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT
APPENDIX C – UNITED WAY OSWEGO COUNTY NEEDS ASSESSMENT

Purpose of Assessment

The goal of this project is to look at this process and determine if the needs of the community are being met. There are 38 different agencies and programs that receive funding through United Way in Oswego County that provide a wide range of services to members of the community. Not all of the agencies that receive funding were included in this project. In fact, only about half of them provided planning documents for this project. The submitted documents were provided by The Workforce Investment Board, OCO Transportation, Office For the Aging, Children and Family services summary, Local Hygiene, OCO Strategic planning and the Oswego County Local Plan for Chemical Dependency service. The agency receiving the largest allocation, Catholic Charities, did not submit any information related to this project. The problem Oswego County faces is answering the questions, “What does the county need?” and “Where are these needs the greatest?” These questions are subject to a great amount of debate and it is one of the aims of this evaluation to discover what gaps, if any, exist in United Way’s efforts to serve its’ stakeholders.

Service Area

According to the Oswego County BOCES Adolescent Pregnancy and Prevention Services needs assessment from 2006 Oswego County’s latest reported population is 123,776 people living within a 953 square mile area of land, and of those 685 live within the cities of Fulton and Oswego. The median household income is almost 16% less in the Northern half of Oswego than it is in the rest of the state. The unemployment rate in Oswego County is reported to be 2.5% higher than in the rest of the state. This report goes on to indicate that teenage poverty rates and school drop-out rates were higher than other areas of the state. Additionally, 18% of the population has either a physical, mental, or emotional disability according to the Oswego County Mental Hygiene Division.

Identifying Needs

The Oswego County Office of the Aging provided demographic data gathered in a year 2000 census showing that there are roughly 18,380 persons aged 60 or older in its planning and service area. The Area Agency on Aging surveyed several members of this community and determined transportation, home maintenance, energy and utility costs, loneliness and depression, and caregiver issues, and the potential closing of the Fulton Hospital as areas of great concern. Affordable and understandable health insurance was also listed as one of the main priorities of the AAA. The Oswego County Local Plan for Mental Hygiene Services echoes some of these same concerns by indicating that gaps exist between the needs of the community and the availability of services being provided to them. Transportation is one of the primary concerns for the MRDD population, as well as a lack of insurance and ability to pay for services. One of the largest areas of concern is the overall lack of treatment services located directly in Oswego County, forcing many members of this population to go out of the county to acquire rehab, crisis, and residential treatments.

Oswego County’s BOCES Adolescent Pregnancy and Prevention Services identified several pressing issues for the youth in the county. According to their needs assessment, Oswego County leads the upstate area with twice as many school drop-outs (4.5% average compared to 2.4%). There is also an increased prevalence of property crimes compared to the rest of the state. Poverty is perhaps one of the most salient problems faced by Oswego County youth with almost 5,000 children receiving food stamp assistance, which is also a higher percentage than those of other counties in the rest of the state (16.5% compared to 10.4%)

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Oswego County Opportunities submitted their agency strategic planning report which surveyed employees and a focus group of community members to determine what was needed and what they do well. Many of the items were listed as both strengths and weaknesses, which makes it difficult to determine in what category they belong. Based on their consumer survey the most pressing areas affecting families and individuals are hunger, alcohol and drug abuse, and homelessness. The greatest issues facing the community at large are a high cost of living, lack of well paying jobs and a lack of affordable health and dental care. There is no indication of where the survey participants were from and what their ages are. The respondents were then asked to suggest solutions to these problems. In the areas related to families and individuals the suggested solutions were job training, assisting people with finding jobs and a homeless shelter. The solutions recommended by this group for the greater community problems were more bus routes including nights and weekends, more affordable, decent housing and the creation of more jobs.

The employees' views related to the perceived needs of individuals and families supplemented the areas that were determined by the consumer group survey. These areas included a lack of education among consumer and the skills needed for self sufficiency, lack of transportation, lack of adequate financial resources in order to be self sufficient, the gaps in services that certain individuals inevitably fall through, a lack of health and dental care and no access to emergency food, clothing, shelter and crisis support. These were the unmet needs in the community according to employees of OCO, Inc. The survey indicates that the ideas of the agency and the ideas of the community do not seem to differ significantly when it comes to recognizing what is necessary to meet the needs of the community. This survey was thorough and allowed those with ideas opportunity to voice them. This survey would be useful in developing a greater overall picture of where the needs of the county really are directly from those who live and work there and could potentially be adapted for us with consumers and employees of other local agencies.

There are three other groups who have produced their own strategic plans and needs assessments. They are Chemical Dependency Services, the Partnership and the Workforce Investment Board. The Chemical Dependency Services and Workforce Investment Board focused on the specific areas they serve. The Partnership has a broader focus and outlook on the county services to children and families. The Chemical Dependency Services local plan was up to date as of 2007 and provided a comprehensive look at the current services provided and the gap between those services and the ongoing need for chemical dependency treatment and prevention in Oswego County. The Workforce Investment Board submitted their strategic planning document which provides a detailed strategic plan. The planning document for the Partnership looks at youth and family services in the county and is an adequate needs assessment on its own. The Partnership has taken the specific areas of greatest perceived need to youth and families in the county and summarized it into a plan with action steps. This is a useful format that would be beneficial to duplicate while looking at other specific areas.

Recommendations

The information that was provided for this assessment was extremely varied and inconsistent. There is a great deal of work to be done regarding the reporting of information and outcomes from the funded agencies back to the United Way of Oswego County. Much of the information provided by participating agencies is disparate in terms of quantity and accessibility of information; the reports as presented now are often in a confusing format and not very useful to outside interpretation.

OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT
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One possible solution would be a standardized reporting form and procedures that are required of all the agencies who receive funding. When comparing the information presented on paper with that which was on the United Way website, there were less than half of the funded agencies reporting on paper their goals and outcomes for this project. A more in-depth analysis of agency and stakeholder needs relies upon a greater reporting rate. Some of the information that was provided was deemed irrelevant for the purposes of determining what was necessary to move forward in this process. A more streamlined approach to reporting would allow a clearer picture of where Oswego County's needs are the greatest.

Another suggestion would be to survey funded partners and the people they provide services to using United Way of Oswego County funds. A comprehensive survey that compiles information on how each funded agency provides services to their specific consumers would be useful. This could be done using an online form rather than paper distribution to ensure greater response rates. A paper form could be used for those who do not have access to the internet and entered by a service provider at the funded agency. This could also be made mandatory as a condition of funding for the agencies who participate. The funded agencies could provide a partner survey to their employees and a consumer survey to the people they serve.

Based upon the review of the information provided, several needs stand out for their consistent mention: transportation, mental and physical health care, and unemployment/poverty related issues. With the potential closing of the Fulton Hospital the concerns over transportation and health care will be exacerbated in areas outside of the city of Oswego so special attention may need to be directed towards agencies which will have to compensate for the change in coverage areas.

UNITED WAY FOCUS GROUP

1. Economic Security

- Elder care
- Number of underinsured persons
- Reason – 13,000 uninsured
 - number of children
 - number of adults
 - True unemployment
 - Job loss/insurance loss
 - Positions lost – not replaced
 - Benefits lost
 - number of small businesses who carry insurance
 - Job development – collaboration through agencies/county
- Look at disability and fixed income
- High technology looks for college educated – we have low college attendance
- Cost of energy
- Commuting costs rising
- Affordable child care
- Financial literacy – youth (credit cards, basic life skills)
- Secure and affordable housing
- Need a system to deal with people who are chronically homeless
- Look at the reasons for unemployment
- Understanding what the next industries are and prepare for them
- What are the future education requirements needed to qualify local residents
- Create connectedness to the community
- Promote the assets of the community (cost of living, friendly people, the weather)
- What are we doing to promote ourselves – packaging activities
- Increase career training
- Educate students to understand the connection between education and increased income
- Develop ways to increase graduation rates
- Develop methods of retaining youth in the community
- Mentoring programs at work
- Create a consistent message to businesses and industries about what Oswego County has to offer
- Use the colleges in the community as an asset more
- Lack of living wage jobs
- Generational poverty
- Access to internet in rural areas
- Lack of population numbers to generate attention of large programs (Say Yes)

**UNITED WAY FOCUS GROUP
(continued)**

2. Physical and Emotional Health

- Prevention priorities
 - Physical activity
 - Chronic disease
 - Tobacco use
- Health specialist relating to priorities
 - Number of communities affected by three priority areas compared to number of providers who care for three priority areas
- Physical activity
- Parenting issues
- Education on nutritional needs
- Not preparing students for the real world
- Teach kids communications skills early
- Trend has been not to prepare non-college bound students for life
- Big push for wellness, utilize the great outdoors Oswego co has to offer
- Telemedicine – something to look at
- Largest cohort of adults receiving public assistance are the disabled – need programs for issues like back problems; prevention
- Disabled – if they work they lose insurance.
- Lack of transportation to extracurricular activities in the winter when physical activity is needed.
- Transportation for seniors for healthcare and wellness activities
- Lack of Emergency emotional health for children
- Dental services in rural areas a high need
- Nutrition – can't afford nutritious food
- Healthcare and senior housing are priorities.
- Refocus how funding is spent to address healthcare for seniors and others
- Provide awareness about services and needs
- Need for increased mental health services
- A referral system with Oswego County Mental Health when they are at capacity
- Community based counseling
- Respond to the desire for people to age in place
- Address the issues of alcohol and other drugs in schools
- More intensive programs for smoking cessation.
- Provide different incentives to be healthy
- Create positive incentives to address health
- Improve physical education in schools
- Create community activities to address health in communities
- Provide services that allow people to age in place
- Provide affordable services (support, home care)
- Provide for the socialization needs of seniors

**UNITED WAY FOCUS GROUP
(continued)**

- Quality care givers for seniors
- Affordable and accessible senior housing
- Investigate the results of stressors in the community
- Lack of mental health services for children
- People “just over” the eligibility requirements for Family Health Plus
- Transportation issues to health care
- High percentage of smokers and cost of cigarettes create a healthcare economic issue
- Health preventive strategies hard to implement in rural areas – safe places to walk year round
- Trend to regionalize issues – losing local impact
- Health food is more expensive
- Knowing how to eat healthy is a challenge for people – nutrition education

3. Social Cohesion and Family Stability

- Educational impact on area
- Parenting after divorce
- Education during pre-natal
- Parent/aid program – can 65+ help in parenting/mentoring
- Mandated unfunded programs
- Core family is less of an influence, left to community systems
- People not involved in neighborhood/community
- Churches are important – programs for kids and families.
- Attitude shift – teen pregnancy is more acceptable to teens.
- Kids are relying too much on technology to communicate – need more one to one
- Students don't feel connected to school
- Multi-generational connections are important
- Pre-parenting classes
- Impact of technology on community degradation
- Impact of two parents working
- Lack of family skills – parenting, common sense
- Community volunteering activities to create community
- Shift the burden of parenting from schools back to parents
- Create positive image of the community to create pride
- Support schools character building programs
- Provide opportunities for alternate activities for youth
- Mentoring for parenting skills
- Create awareness of community programs
- Promote positive accomplishments of community members – youth and adults
- Social skills training
- Reduce stigmas about being in programs – not just for the poor, or at risk

**UNITED WAY FOCUS GROUP
(continued)**

- Dysfunctional families – no support to stay in school
- When do youth start to work to help support family?
- Schools have too much to do to support requirements and testing, when is there time to support the students
- Schools charge some agencies to use facilities
- What do work schedules look like in Oswego County, parents working second shifts, not at home with youth in evenings
- Contacts to SAF, domestic violence and shelter use increasing
- Need support for adolescents parenting

4. Safety Issues

- After school programs loss of funding
- Domestic violence and sexual abuse rising – including adolescent abuse
- Rural areas “feel” safe
- Create greater awareness about sex offenders in the community
- Address economic issues that create need for criminal activities
- Create an understanding of why alcohol and other drugs are abused by poor people and their relationship to DWI
- Look at what can be done to address the safety issues of vulnerable populations (youth, seniors, disabled)
- Address gang issues in schools – no matter minor they appear
- Promote neighborhood watch programs
- Create positive alternatives for youth
- What do youth do after school – economic issues
- Lack of accessible outlets for youth
- Transportation to programs outside of school
- Pride factor (people don’t want to ask for help)
- Ask kids what they need
- Look at how gangs form – they are a support group
- Senior citizens in rural areas – isolation issues
- People don’t feel quite as safe as they used to.
- Children of autism – safety issues

5. Education

Economic security

- High rate of student loans/financial aid
- Financial reasons for not enrolling in college
- College drop-out rate reasons
 - Personal/financial
 - 25+ - 29% 4 year degree – NYS
 - 25+ - 15% 4 year degree – Oswego/Cayuga County
- Education related back to parenting skills
- Too many functional illiterates
- Kids don’t know how to learn/succeed
- Education can help even with labor-type jobs

**UNITED WAY FOCUS GROUP
(continued)**

- Kids feel they can get a good job without education - Novelis, nuclear plants, etc.
- Jail populations are high – dropout rate
- Earlier career awareness 5th grade
- Promote the need for educational options (college, tech schools , apprenticeships)
- Awareness of access to resources for post high school education (financial aid)
- Community college
- Create pride in education
- Educational options awareness
- Create suitable educational environments, safety, pride, alternatives
- Educational advocacy
- Lifelong learning opportunities
- Create a connection between education and the community
- Financial literacy education for youth and adults
- Schools don't educate school-to-work skills
- Lack of life skills taught in schools (how to balance a check book)
- Schools don't teach skills for conflict resolution
- Intergenerational programs benefit adults and youth
- Get businesses involved in mentoring students

Other perspectives/issues

- Look at housing issues
- Transportation problems
- Support of food banks
- Coping skills
- Disadvantages of poverty
- Personal sustainability
- Forming people relationships to support the community
- De-value the value of money
- Creating community change
- Changing access to services
- Look at all youth, not just "at risk"
- Issues of violence, sexting

OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT
APPENDIX C – UNITED WAY OSWEGO COUNTY NEEDS ASSESSMENT

Oswego Counts - A Survey of Health and Human Needs

Please Rate on a scale of 1 to 4, with 1 being low priority and 4 being high priority, How much of a priority do you find these issues to be in Oswego County within each group affected. If you don't know enough about the topic to rate it use No Comment. You can rate multiple categories with the same rating on a line if you feel they hold the same priority.

Affecting Children						
Answer Options	1	2	3	4	No Comment	Response Count
Abuse/Neglect	26	43	119	531	30	749
Access to Health Care/Information	86	105	141	346	53	731
Access to Mental Health Services/Information	79	121	156	286	81	723
Access & Services to People with Disabilities	85	139	177	243	77	721
Access to social activities & recreation	112	186	204	176	42	720
Affordable Housing	132	120	116	234	103	705
Day Care/Care giver	59	98	196	289	71	713
Discrimination Issues (racism,ethnicity,sexual orientation)	235	133	90	120	117	695
Homelessness	136	133	85	257	97	708
Immediate Assistance (Food,Clothing,Heat)	56	86	150	371	45	708
Long Term Assistance (Food,Clothing,Heat)	72	132	166	272	64	706
Literacy Needs	103	138	137	265	63	706
Obesity	96	154	184	240	47	721
Substance Abuse	208	137	107	157	93	702
Pregnancy	283	83	67	104	159	696
Transportation Needs	183	150	106	153	110	702
Violence/Crime	144	130	124	238	73	709
Affecting Adolescents						
Answer Options	1	2	3	4	No Comment	Response Count
Abuse/Neglect	29	80	198	383	39	729
Access to Health Care/Information	54	133	167	303	55	712
Access to Mental Health Services/Information	45	98	192	311	71	717
Access & Services to People with Disabilities	71	155	188	218	76	708
Access to social activities & recreation	72	160	218	227	36	713
Affordable Housing	111	143	126	218	101	699
Day Care/Care giver	151	170	140	121	109	691
Discrimination Issues (racism,ethnicity,sexual orientation)	154	137	140	150	105	686
Homelessness	86	123	140	278	76	703
Immediate Assistance (Food,Clothing,Heat)	45	108	176	328	42	699
Long Term Assistance (Food,Clothing,Heat)	66	155	192	224	59	696
Literacy Needs	64	133	179	280	52	708
Obesity	70	145	208	242	47	712
Substance Abuse	29	87	194	357	44	711
Pregnancy	45	80	169	381	41	716

OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT
APPENDIX C – UNITED WAY OSWEGO COUNTY NEEDS ASSESSMENT

Transportation Needs	113	194	157	148	86	698
Violence/Crime	49	113	207	293	44	706
Affecting Adults						
Answer Options	1	2	3	4	No Comment	Response Count
Abuse/Neglect	116	198	138	179	84	715
Access to Health Care/Information	64	140	178	278	47	707
Access to Mental Health Services/Information	57	127	193	265	70	712
Access & Services to People with Disabilities	59	144	203	224	75	705
Access to social activities & recreation	182	232	155	85	50	704
Affordable Housing	68	123	188	286	48	713
Day Care/Care giver	162	135	130	138	120	685
Discrimination Issues (racism,ethnicity,sexual orientation)	168	166	121	120	109	684
Homelessness	96	146	165	221	72	700
Immediate Assistance (Food,Clothing,Heat)	53	122	196	294	36	701
Long Term Assistance (Food,Clothing,Heat)	77	171	205	195	51	699
Literacy Needs	75	153	211	214	51	704
Obesity	99	159	197	201	47	703
Substance Abuse	44	112	236	275	38	705
Pregnancy	131	171	166	158	68	694
Transportation Needs	87	162	190	200	66	705
Violence/Crime	59	151	202	241	45	698
Affecting Seniors						
Answer Options	1	2	3	4	No Comment	Response Count
Abuse/Neglect	57	141	174	278	76	726
Access to Health Care/Information	48	93	161	366	49	717
Access to Mental Health Services/Information	59	130	193	232	100	714
Access & Services to People with Disabilities	46	111	209	276	75	717
Access to social activities & recreation	114	198	192	157	52	713
Affordable Housing	65	105	182	318	49	719
Day Care/Care giver	125	119	152	184	110	690
Discrimination Issues (racism,ethnicity,sexual orientation)	207	137	116	98	125	683
Homelessness	109	136	131	232	93	701
Immediate Assistance (Food,Clothing,Heat)	43	76	159	383	44	705
Long Term Assistance (Food,Clothing,Heat)	51	112	191	302	52	708
Literacy Needs	178	187	131	120	83	699
Obesity	177	176	136	139	73	701
Substance Abuse	207	169	115	107	96	694
Pregnancy	341	53	34	44	210	682
Transportation Needs	69	95	179	315	54	712
Violence/Crime	96	134	167	219	80	696
Question Totals						
answered question						761
skipped question						39

OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT
APPENDIX C – UNITED WAY OSWEGO COUNTY NEEDS ASSESSMENT

ONLINE SURVEY TOOL



[Exit this survey](#)

Oswego Counts- A survey of Health and Human Needs

The information gathered in this survey will be used for assessment only and may be shared with service providers in order to enhance program services and to apply for grants. Your feedback is extremely valuable and we appreciate your time. Please complete the survey in it's entirety in one sitting, save and return is not an option. Thank you

1. Please Provide the following information

ZIP/Postal Code:

2. Please provide the following information

Sex Male Female

3. What is your age range?

- 14-17
- 18-25
- 26-40
- 41-55
- 56-70
- 71-85
- 86 or above

4. What is your Household Income?

- Under \$14,999
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$54,999
- \$55,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000+

5. Do you currently donate through the United Way?

Yes No

**OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT
APPENDIX C – UNITED WAY OSWEGO COUNTY NEEDS ASSESSMENT**

	Yes	No
I Donate Through United Way	☺	☺

6. Please Rate on a scale of 1 to 4, with 1 being low priority and 4 being high priority, How much of a priority do you find these issues to be in Oswego County within each group affected. If you don't know enough about the topic to rate it use No Comment. You can rate multiple categories with the same rating on a line if you feel they hold the same priority.

	Affecting Children	Affecting Adolescents	Affecting Adults	Affecting Seniors
Abuse/Neglect	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to Health Care/Information	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to Mental Health Services/Information	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access & Services to People with Disabilities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to social activities & recreation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Affordable Housing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day Care/Care giver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Discrimination Issues (racism,ethnicity,sexual orientation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homelessness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Immediate Assistance (Food,Clothing,Heat)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Assistance (Food,Clothing,Heat)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Literacy Needs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obesity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Substance Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pregnancy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation Needs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Violence/Crime	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Please provide us with feedback about this survey and your experience completing it.

OSWEGO COUNTY 2010-2013 COMMUNITY HEALTH ASSESSMENT

APPENDIX D – PHYSICIAN NEEDS ESTIMATES

Oswego Medical Staff Development Plan – 2008

Primary Care

Area	Supply (Ratio)	Shortage	Area Need	Replacement (Next 5 yrs)	Add (at least)
Oswego	24.8 FTE (1,740)	Mild	30	Possibly 9	2
Fulton	16.3 FTE (2,562)	Moderate	31	Possibly 8	3
Central Square	6.0 FTE (3,799)	Acute	16	Possibly 1	1
Pulaski	6.6 FTE (2,340)	Moderate	11	Possibly 1	if needed
OB/GYN [County (OH Area) Need]	4.4 FTE (27,972)	Acute	14 (10)	Possibly 2	2-3 (1 practice)

Surgical Specialists

Specialty	Current Resources	Shortage	Area (County) Need	Replacement (Next 5 yrs)	Add (at least)
General Surgery	3 (3.0 FTE)	Yes	6-8 (8-11)	Yes (2)	2-3
Ophthalmology	7 (4 FTE)	Possibly	4-6 (5-8)	Yes (5)	1-2
Orthopedics	3 (3.0 FTE)	Yes	5-7 (8-10)	Yes (2)	2
Otolaryngology (ENT)	1 (1FTE)	Yes	2-3 (3-4)	Possibly (1)	1
Urology	1 (1 FTE)	Yes	2-3 (3-4)	No	1

Medical Specialists

Specialty	Current Resources	Shortage	Area (County) Need	Replacement (Next 5 yrs)	Other Local Internists w/Subspecialty
Allergy/Immunology	0	Yes	1 (1.5)		
Cardiology	5 (1.75 FTE)	Yes	5-6 (7-9)	Yes (1)	Yes (2)
Gastroenterology	2 (2.0 FTE)	No	2-3 (3-4)	Yes (1)	
Hematology/Oncology	7 (2.0 FTE)	Possibly	3 (4-5)	Yes (1)	
Nephrology	7 (.42 FTE)	Possibly	1 (1)	Yes (3)	
Pulmonary Disease	1 (.5 FTE)	Yes	1-2 (2-3)	No	
Endocrinology	1 (1 FTE)	No	1 (1)	No	Yes (1)
Rheumatology	1 (.55 FTE)	No	1 (1)	No	Yes (1)
Infectious Disease	0	Yes	1 (1)		
Dermatology	1 (.5 FTE)	Yes	2 (3-3.5)	Yes (1)	

Mental Health Related Specialists

Specialty	Current Resources	Shortage	Area (County) Need	Replacement (Next 5 yrs)	Add (at least)
Neurology	1 (1)	Possibly	2-3 (4-5)	0	
Psychiatry	5 (4.5)	Yes	9 (12)	2	1

MPHSP 2010-2013
Part A - Clinic List

County: OSWEGO

Please complete the chart below to provide information on clinics provided or sponsored through contract by the LHD.

Please note: This listing of clinics is for information only. Approval of the MPHSP containing this list does not convey approval of the clinics listed or the clinical activities conducted.

Example:

Clinic	Brief statement of purpose	Full/Part time F/P	Conducted by LHD/Contractor, please identify	Location
Dental	Provide exams, cleaning, application of fluoride	P	X. Smith, DDS	County site

Please complete this chart – you may add rows as necessary.

Clinic	Brief statement of purpose	Full/Part time F/P	Conducted by LHD/Contractor, please identify	Location
Immunization	Provide vaccinations for children and adults	P	LHD	Oswego County Health Department 70 Bunner St. Oswego, NY 13126 Every Friday 12:30-3:30PM
Immunization	Provide vaccinations for children and adults	P	LHD	Oswego County Health Department 1 Bridge St. Pulaski, NY 13142 First and third Friday of every month 9:00-11:00AM

MPHSP 2010-2013

Part A – Prevention Agenda Description and Priority Areas County: OSWEGO

This form provides a summary of the Prevention Agenda priorities, which are described in more detail within the CHA document. Additional detail should be provided either as comments to the MPHSP questions related to the priority or as a Part B.

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

- Access to Quality Health Care
- Tobacco Use
- Health Mothers/Babies/Children
- Physical Activity/Nutrition
- Unintentional Injury
- Healthy Environment
- Chronic Disease
- Infectious Disease
- Community Preparedness
- Mental Health/Substance Abuse

2. What indicators have you selected for each of the 2 -3 priority areas?

Priority Area	Indicator
1. Tobacco Use	% smoking among PCAP participants, adults and adolescents. (Appendix A-9)
2. Physical Activity / Nutrition	School based BMI data; WIC breast feeding participant data.
3. Chronic Disease	Diabetes short term complication hospitalization rates; CHF hospitalization rates.

3. Please briefly describe the activities to be undertaken by the LHD, related to each priority area. Please include the population to be served, the staff who will be involved in providing the service or activity. Please also state whether the activities are described in the existing MPHSP questions or if a Part B is included in the MPHSP submission.

Priority Area 1: Tobacco Use

Activities: OCHD staff trained as Cessation Counselors; ATUPA & CIAA enforcement.

Population served: county at large; youth; pregnant women.

Staff involved: Public Health educators; Preventive division nurses; Environmental staff.

Are other partner organizations involved in this activity? Yes (X) No

Briefly list: Tobacco Free Network (if they are granted again) Oswego Health, Rural Health Network.

If this priority is associated with health education activities and is listed on the Health Education Grid of the MPHSP, please identify it below and provide its location (page number, item number, other applicable identifier, etc.) on the Health Education Grid: pp 1-2

Is the activity described by existing MPHSP Questions? (Yes) Yes

If yes, please cite the section where the activity is located, e.g., Family Health, Lead program Disease Control: Chronic Disease; Tobacco Use Control

No If no, Please complete and submit a Part B (see attached format)

Priority Area 2: Physical Activity / Nutrition

Activities: Development of Obesity Grant (activities yet TBD)

Population served Oswego County (To be determined with the grant)

Staff involved Health Educators, Preventive division nursing staff, others TBD.

Are other partner organizations involved in this activity? Yes (Yes) No

Briefly list: Rural Health Network, Oswego Health, Oswego County Opportunities, Northern Oswego County Health Services Inc.

If this priority is associated with health education activities and is listed on the Health Education Grid of the MPHSP, please identify it below and provide its location (page number, item number, other applicable identifier, etc.) on the Health Education Grid: pp 3 & 4

Is the activity described by existing MPHSP Questions? (Yes)

Yes If yes, please cite the section where the activity is located, e.g., Family Health, Lead program Family Health :Nutrition; Disease Control: Chronic Disease

Cardiovascular Disease Prevention; Diabetes Prevention & Control

No If no, Please complete and submit a Part B (see attached format)

Priority Area 3: Chronic Disease

Activities: Development of Obesity Grant (activities yet TBD)

Population served Oswego County (To be determined with the grant)

Staff involved: Health Educators, Preventive division nursing staff, others TBD.

Are other partner organizations involved in this activity? Yes (Yes) No

Briefly list: Rural Health Network, Oswego Health, Oswego County Opportunities, Northern Oswego County Health Services Inc.

If this priority is associated with health education activities and is listed on the Health Education Grid of the MPHSP, please identify it below and provide its location (page number, item number, other applicable identifier, etc.) on the Health Education Grid: pp. 1,2,3,4.

Is the activity described by existing MPHSP Questions? (Yes)

Yes If yes, please cite the section where the activity is located, e.g., Family Health, Lead program: Family Health :Nutrition; Disease Control: Chronic Disease

Cardiovascular Disease Prevention; Diabetes Prevention & Control

No If no, Please complete and submit a Part B (see attached format)