

COVER PAGE

Local Health Department Address: Tompkins County Health Department
401 Harris B. Dates Drive
Ithaca, NY 14850

Alice Cole, RN, MSE, Public Health Director

Telephone: 607-274-6714 Fax: 607-274-6695

Submitted by: Theresa Lyczko E-MAIL: tlyczko@tompkins-co.org

Prepared by: Theresa Lyczko, Ted Schiele, Susan Dunlop

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: _____

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: Cayuga Medical Center (CMC)

CBOs: Health Planning Council (HPC) – A program of the Human Services Coalition of Tompkins County and HPC advisory board members who represent a variety of community based organizations, health care providers, community at-large.

Other local government agencies: _____

Not for Profits: _____

____ Other LHDs, please list: _____

____ Primary/medical care providers Schools

Faith organizations Health insurer

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

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: _____

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

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

Please briefly describe your process:

TCHD collaborated with the Health Planning Council (HPC), a program of the Tompkins County Human Services Coalition. The Public Health Director and the Director of the Health Promotion Program are advisory board members of the HPC. A sub-committee was established to determine the data necessary to describe the health status of the community as well as to assess its health care needs and resources. The sub-committee was comprised of representatives from HPC, TCHD, CMC, Tompkins County Office for the Aging, Gannett Health Center at Cornell University. The sub-committee also developed a questionnaire that was sent to HPC board members asking them to identify health priorities for Tompkins County. The survey was then sent to key stakeholders in business, government, faith community and health providers and community agencies in the community. Based on a total of 137 responses, the sub-committee and HPC staff identified the 3 priorities listed below. The HPC board discussed survey results and identified health priorities based on these results.

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: Director of Patient Services

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

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

CHA CHECKLIST/ INDEX

CHA Checklist/INDEX	Pg. #
Section I - Populations at Risk	10
A. Demographic and Health Status Information – narrative and statistical description of the county	10
1. overall size	10
2. breakdowns by	
a. age	11
b. sex	
c. race	12
d. income levels (esp. percent at poverty level)	14, 16
e. percent employed	
f. educational attainment	18
g. housing	19
h. other relevant characteristics	18
3. natality	
4. morbidity	
5. mortality	
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.	10
7. particular emphasis placed on interpreting demographic trends for the relationship to poor health and needs for public health services	16

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.

CHA Checklist/INDEX	Pg. #
Basic Service Area: Family Health	
Programs:	
• <u>Dental Health Education</u>	21
• Primary and Preventive Health Care Services	25
• Lead Poisoning	26
• Prenatal Care and Infant Mortality	28
• Family Planning	35
• Nutrition	42
• Injury Prevention	47
Basic Service Area: Disease Control	56
Programs:	
• Sexually Transmitted Diseases	56

CHA Checklist/INDEX	Pg. #
• Tuberculosis	62
• Communicable Diseases	62
• Immunization	63
• Chronic Diseases	69
• Human Immunodeficiency Virus (HIV)	93
Optional Service Areas	93
• Dental Health Services	
• Home Health Services	
Optional Other Service Areas/Programs	
• Medical Examiner	93
• Emergency Medical Services	93
• Laboratories	94
Please add any other programs not listed and provide the page number:	

CHA Checklist/INDEX	Pg. #
B. Access to Care – general discussion of health resources	94
1. Description of the availability of	94
a. hospitals	
b. clinics	
c. private providers	
d. information about access to health care providers	
2. Discussion of primary care and preventive health services utilization (Possible date source: The Behavioral Risk Factor Survey)	94
3. Discussion of commonly-identified barriers and affected sub-groups	
a. Financial barriers — inadequate resources to pay for health care, inadequate insurance, Medicaid eligibility vs. Medicaid enrollment vs. access to providers	
b. Structural barriers — insufficient primary care providers, service sites, or service patterns	
c. Personal barriers — the cultural, linguistic, educational, or other special factors that impede access to care	
C. The Local Health Care Environment	94
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:	94
a. physical	94
b. legal	
c. social	
d. economic	
2. Other components of the health-related environment include:	
a. institutions (e.g., schools, work sites, health care providers)	94
b. geography (e.g., air, water quality)	
c. media messages (e.g., TV, radio, newspapers)	96
d. laws and regulations (smoking policies)	97

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.

CHA Checklist/INDEX	Pg. #
SECTION II - LOCAL HEALTH UNIT CAPACITY PROFILE	98
Profile of staff and program resources available for public health activity in the county. (Suggested Resource: <i>APEXPH</i>)	
1. Profile of the local agency's infrastructure, includes:	
a. organization	98
b. staffing and skill level	
c. adequacy and deployment of resources	
d. expertise and technical capacity to perform a community health assessment	

CHA Checklist/INDEX	Pg. #
SECTION III - PROBLEMS AND ISSUES IN THE COMMUNITY	102
A. Profile of Community Resources	102
Community resources available to help meet the health-related needs of the county	
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.	
2. Collaborative efforts on	
a. development of hospital community service plans (CSP)	
b. assessments	
c. collaborative planning processes	
3. Assessment of services for:	
a. availability	
b. accessibility	
c. affordability	
d. acceptability	
e. quality	
f. service utilization issues such as:	
i. hours of operation	
ii. transportation	
iii. sliding fee scales	
iv. other	
4. Discussion of significant outreach or public health education efforts and whether they are targeted to the general population or identified high-risk populations.	
5. A summary of the available clinic facilities and private provider resources for Medicaid recipients should also be discussed. (Suggested resource: The PATCH model.)	

CHA Checklist/INDEX	Pg. #
B. Behavioral Risk Factors	103
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	
2. Local circumstances/barriers related to priority health concerns and/or disparities have been considered	
C. Profile of Unmet Need for Services	107
1. Identification and discussion of additions to and changes in services that will improve the health of the identified at-risk groups	
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)	
3. Identification of gaps in services and their location (e.g., township, city or census tract)	
4. Discussion of problems that might be encountered in providing these services	
5. Disease control program sections specifically assess needed changes to public health law and codes	

CHA Checklist/INDEX	Pg. #
SECTION IV - LOCAL HEALTH PRIORITIES	112
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	
1. List and description of 2-3 priorities under the Prevention Agenda	
2. Listing and description of additional priorities	
3. Summary of the process for public health priority(ies) identification:	
a. how recent	
b. who was involved	
c. how were priorities determined	
4. Discussion of noteworthy accomplishment for both the LHD and other community public health partners	

CHA Checklist/INDEX	Pg. #
SECTION V - OPPORTUNITIES FOR ACTION	113
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.	
1. Opportunities include the contribution/role played by:	
a. community-based organizations	
b. businesses	

	CHA Checklist/INDEX	Pg. #
	c. labor and work sites	
	d. schools	
	e. colleges and universities	
	f. government	
	g. health care providers	
	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).)

	CHA Checklist/INDEX	Pg. #
	APPENDIX A – Community Report Card	113
NA	1. Report card attached	
	2. Explanation of document distribution	113

SECTION I - POPULATIONS AT RISK

Demographic and Health Status Information

Tompkins County's varied terrain covers 476 square miles at the southern end of Cayuga Lake, the longest of New York's Finger Lakes (Figure 1). Ithaca, the county's seat and only city, is approximately 35 miles southwest of the city of Cortland, and 60 miles south-southwest of Syracuse. The closest interstate highway access is Interstate 81 in Cortland, making the county relatively isolated for purposes of commerce and industry.

The landscape includes steep slopes that lead to the lake plain, a feature that supports half-a-dozen major waterfalls. City of Ithaca neighborhoods occupy both the flat, lake plain area, and the slopes that surround in on three sides.

Tompkins County is subdivided into 9 towns and 6 villages. It shares borders with six other counties. The 2000 U.S. Census classifies just over 58 percent of the Tompkins County population as urban and 42 percent as rural. In the period since the 2000 census, the Census Bureau established the Ithaca NY Metropolitan Statistical Area.

Three institutions of higher education call Tompkins County home: Cornell University, Ithaca College (IC) and Tompkins Cortland Community College (TC3). Cornell and IC campuses are within or just outside the City, and TC3's campus borders the Village of Dryden. The schools have a combined population of just over 27,000 students, about 28% of the county's 2000 population.¹ The City of Ithaca's 2000 population was 58% students. Much of the county's demographic profile reflects the weight of this sector.

Data Source

The data presented in this section of the Community Health Assessment (CHA) was compiled from the U.S. Census Bureau's 2005-2007 American Community (ACS) Survey 3-Year Estimates, accessed in August 2009, at <http://factfinder.census.gov/>.

Throughout other sections of the CHA, data for Tompkins County is compared with compatible data from Upstate New York as a single region, and among the 56 other Upstate counties as a group for lowest, highest and median data. These comparisons were based on the data made available by the New York State Department of Health (NYSDOH) in its CHA Clearinghouse.

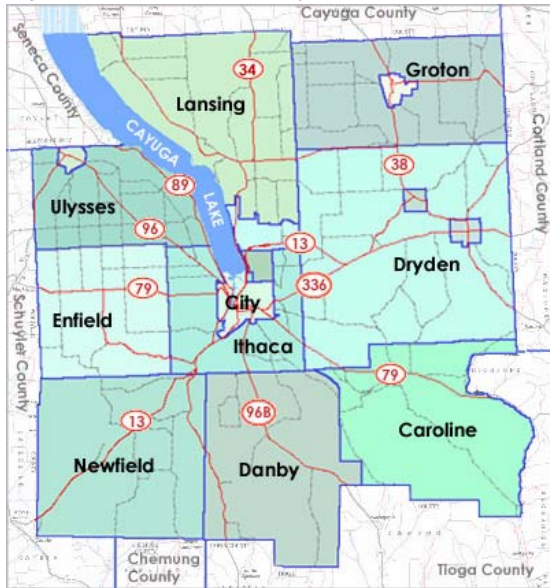
In this section, the comparisons used are different due to a difference in the available data. While data for all of New York State is provided in the ACS, data for the 57 Upstate counties is not provided as a unique region or population. (And compiling data for all 57 counties for group comparisons is not feasible for this project). Since a comparative population without the overwhelming influence of the five New York City counties is preferred, it was decided to use New York's 24th Congressional District as a "control" population. The U.S. Census ACS tabulates data characteristics for all Congressional (U.S. House of Representatives) Districts, and the 24th includes a mixture of urban and rural, a diversity of industry, and a portion of Tompkins County, though none of the City of Ithaca (see description, below). In addition, because the demographic characteristics of the City of Ithaca are extreme in many cases, and the data is available in the ACS, Ithaca is included as a third comparative population.

¹ The Tompkins County Labor Market Region Study. Prepared for Tompkins County Area Development by Chmura Economics & Analytics, LLC. April 2008. Page 32.

<u>Geographic Areas:</u>	<u>Total Population</u>
Tompkins County.....	100,590
Ithaca city, Ithaca NY Metropolitan Statistical Area.....	31,180
Congressional District 24, New York (110th Congress)	649,431

New York's 24th Congressional District encompasses all, or part of, eleven counties in Upstate New York, including: Broome, Cayuga, Chenango, Cortland, Herkimer, Oneida, Ontario, Otsego, Seneca, Tioga, and Tompkins. The district also includes the cities of Utica, Rome, Auburn, Geneva, Norwich, Little Falls, Oneonta, and Cortland, and borders along Binghamton and Ithaca.

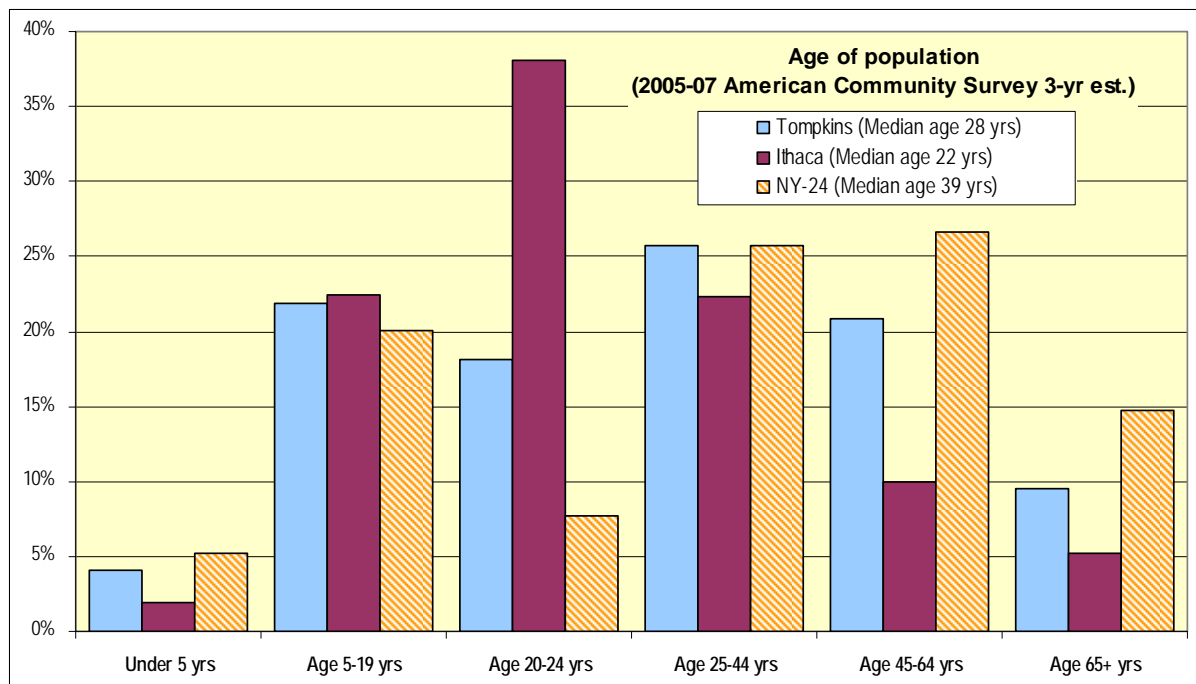
Figure 1 — Tompkins County map



Age

Tompkins County has the lowest median age of all counties in the state, and the City of Ithaca is the center of that younger population. The median age of Tompkins County residents is 28 years. The median age for NY-24 is 39 years, where fewer than one-in-twelve (7.7%) residents is age 20–24 years, less than half the Tompkins County rate (18.1%) for that age group.

Figure 2 — Age



Households

Almost half (48%) of Tompkins County households are non-family households, compared to about one-third (35%) non-family households across New York’s 24th Congressional District (NY-24). In Ithaca, the rate is close to three-quarters (73%) non-family households. See Figure 3.

The population of Tompkins County is transient. The U.S. Census Bureau demonstrates transience by reporting data on “Residence one year ago”, for the population of residents at least one year of age. Characteristics include same house or different house in the U.S., same or different county, or state, or living abroad one year ago. Data for Tompkins, Ithaca and NY-24 are shown in Figure 4. Tompkins’ transience is close to twice or more than for NY-24 in all categories measured: different house (29% & 15%, respectively), different county (11% & 6%), different state (5.5% & 1.7%), and living abroad (1.8% & 0.3%). These numbers are easily attributable to the student population living in Ithaca—49% of Ithacans lived in a different house the previous year, 30% of Tompkins County householders in the 2005–07 survey had moved into their housing unit in 2005 or later (Figure 4 and Figure 5). The impact of such transience is a lack population consistency when providing public services.

Another Census characteristic, current residents’ place of birth, shows a similar pattern (Figure 6). Thirty percent of Tompkins County population was born in a U.S. state other than New York, and 13% were born outside the U.S. entirely. The comparative rates for NY-24 are 14% and 4%, respectively. Of interest is the Asia-born portion of Tompkins County’s population: 7%. This data coincides with data showing 11% of the county population—17% in Ithaca city—is Asian (Figure 7). In Tompkins County, 17% of the age 5-plus population speaks a language other than English at home. For NY-24, that number is 7%. Data is not available for Ithaca.

Figure 3 — Nonfamily households

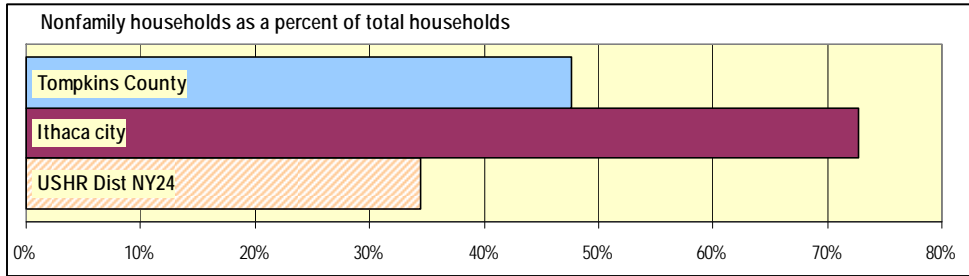


Figure 4 — Year-ago residence

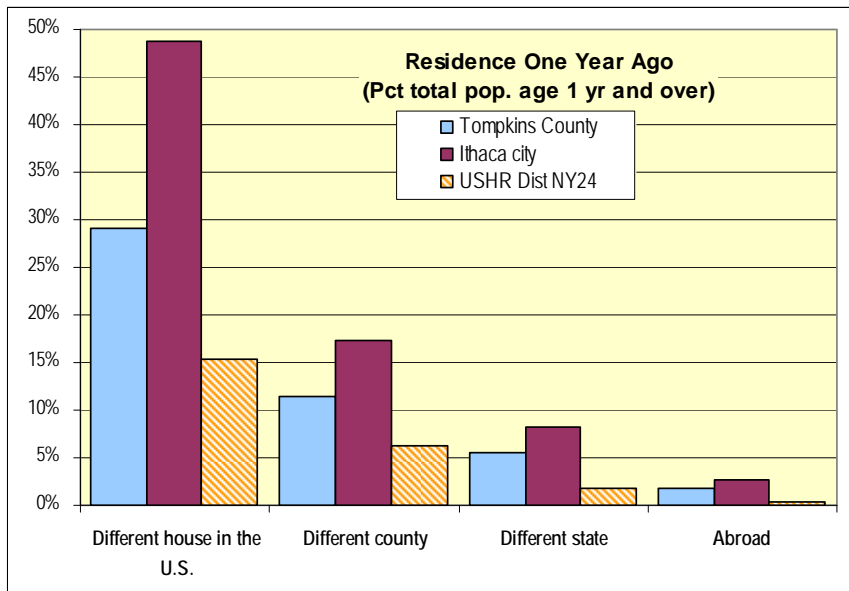


Figure 5 — Moved into residence

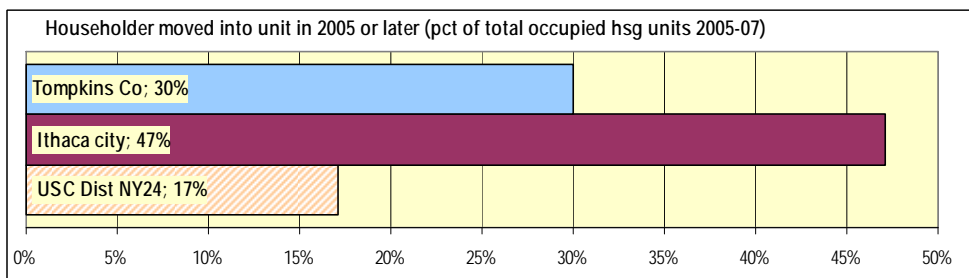


Figure 6 — Place of Birth

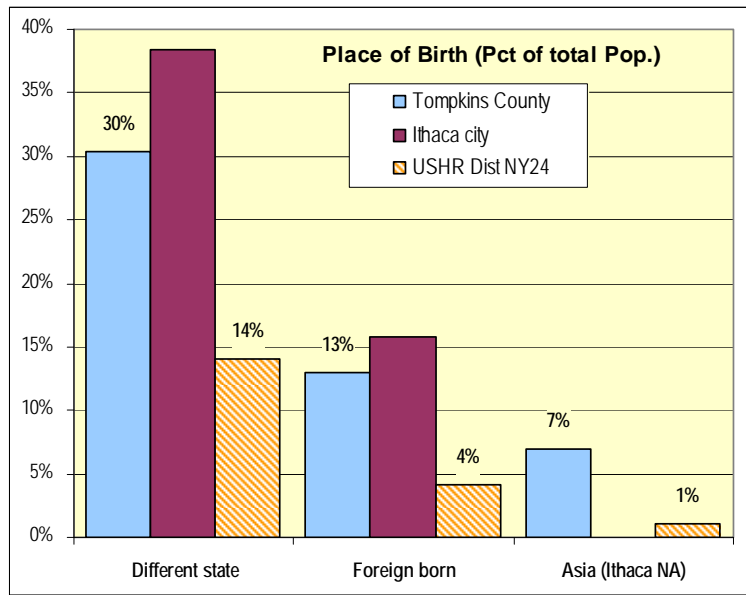
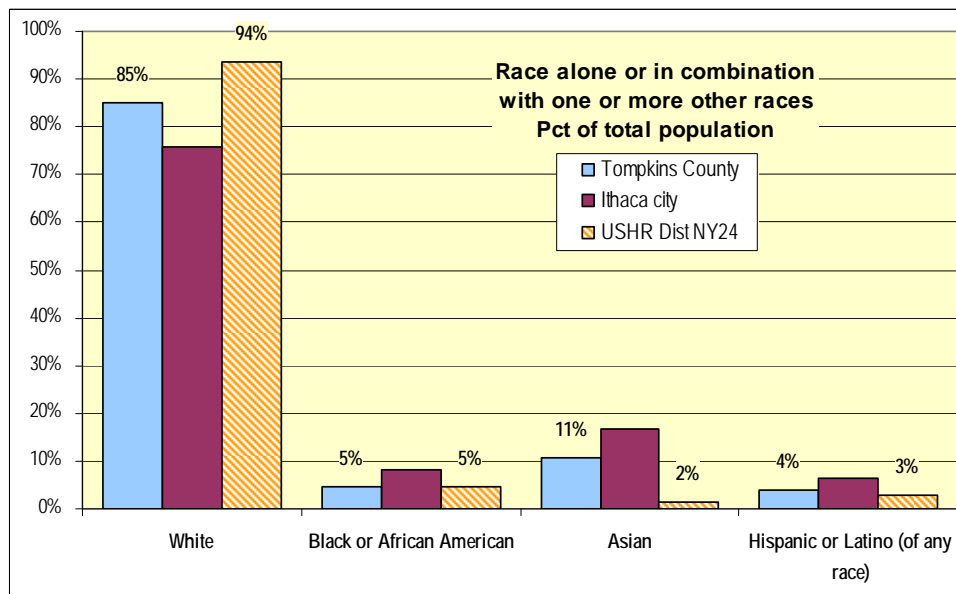


Figure 7 — Race



Income

The U.S. Census provides the following definitions: “A **household** includes all the people who occupy a housing unit.” “A **family** consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.”² The difference is important when assessing the economic status of Ithaca city and

² http://www.census.gov/acs/www/Downloads/2007/usedata/Subject_Definitions.pdf
 Access via <http://www.census.gov/acs/www/UseData/Def.htm>. Accessed 9/8/09.

Tompkins County residents because, in general, the college student population is woven into “households”, and “families” include a relatively negligible number of college students.

Since full-time college students typically work either part-time, work-study, or not at all, they will report low earned incomes, and the population’s household income is depressed. Anecdotally, this results in wide gaps between the median incomes reported for households and families, and between the median earnings for all workers and those for full-time workers (Table 1).

This is not to say that non-family households are all occupied by full-time college students, or that all families are high income, but rather that the reader should keep these qualifiers in mind. Additional details regarding household and family incomes across the three comparative populations is shown in Figure 8 and Figure 9.

Table 1 — Income

Selected Economic Characteristics	Tompkins	Ithaca city	NY-24
Median household income (\$)	46,225	30,061	44,298
Median family income (\$)	68,796	65,000	54,022
Median earnings for workers (\$)	19,421	6,930	24,647
Median earnings for male full-time, year-round workers (\$)	45,246	48,128	38,934
Median earnings for female full-time, year-round workers (\$)	35,978	31,761	30,804

*Data Set: 2005-2007 American Community Survey 3-Year Estimates

Figure 8 — Household Income

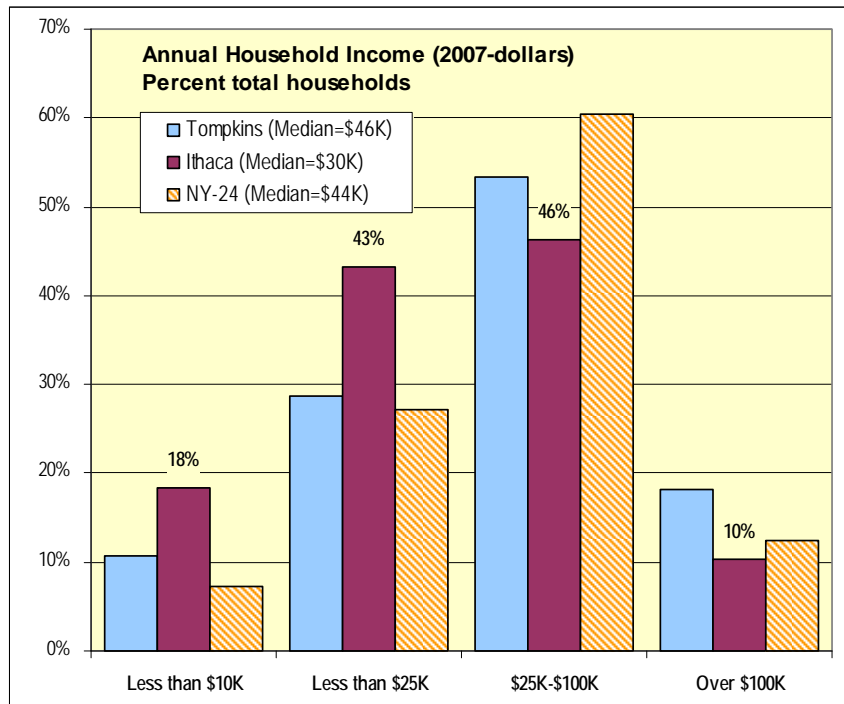
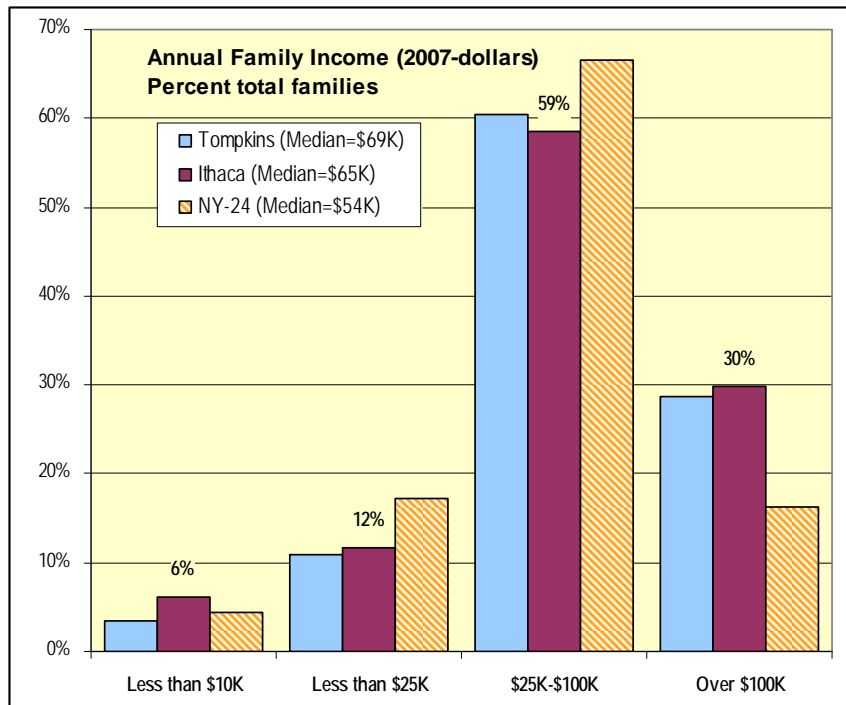


Figure 9 — Family Income



Poverty

The U.S. Census, American Community Survey 3-year estimates reports poverty based on 12-month income. As such, the discussion about income (above, page 14) should be considered when assessing poverty rates for the populations included in this report—Tompkins County, Ithaca city, and New York’s 24th Congressional District (NY-24). Consistent with the income data, the poverty rate for all people in Ithaca towers over that for the other two populations (see Figure 10). The same is true for the age 18–64 year-old group, where the poverty rate in Ithaca nears half of the population. While these numbers should not be dismissed, reference to the income discussion above suggests the heavy influence that full-time students may have on these data.

Setting aside the unconventional, middle-age populations in Ithaca and Tompkins County, attention is directed to the more vulnerable populations—those under age 18 years, those age 65 and over, and families. Poverty rates for children and seniors in all households is shown in Figure 10. Poverty rates for families is shown in Figure 11. The poverty rate for Tompkins County families (6%) is lower than for either Ithaca city or the broader population of NY-24 (9% each).

Of greatest concern for all populations are families with children under age 5 years. In Tompkins County, one-in-six families whose children are under age 5, have incomes below the poverty level. In Ithaca and NY-24, the rate is one-in-five. In the case of single-mom householders whose children are under age 5, the poverty rate is extreme: 87% for Ithaca, 65% for Tompkins County, 55% for NY-24 (Figure 12). It is critical that these groups not be overlooked in Tompkins County.

Figure 10 — People whose income is below poverty

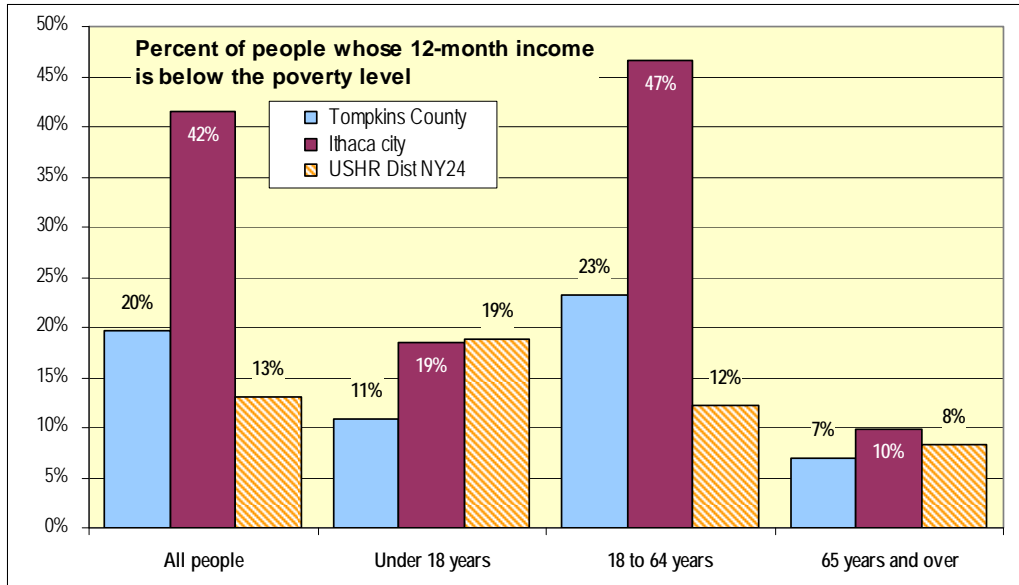


Figure 11 — Families whose income is below poverty

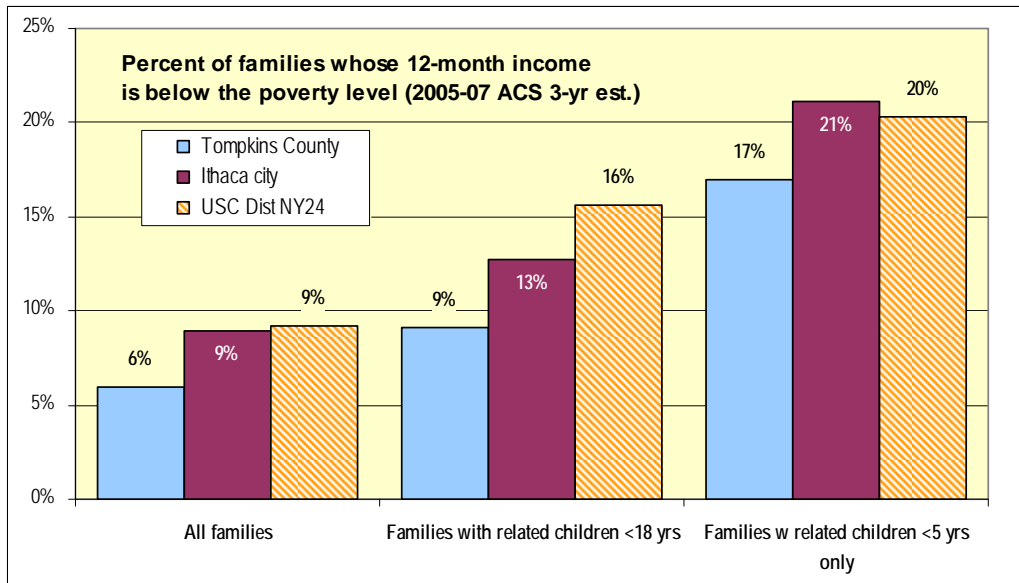
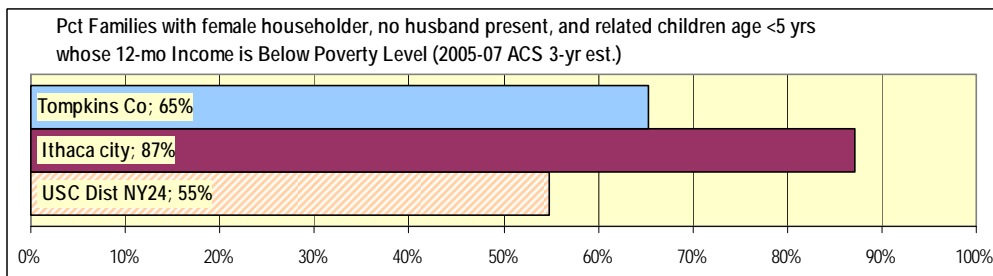


Figure 12 — Single-mom families whose income is below poverty



Workforce

Tompkins County’s population is extremely well educated. Over half of residents age 25 years and over have earned a Bachelor’s degree or higher, and over a quarter have a graduate or professional degree. Data for Ithaca city alone shows that nearly two-thirds (64%) of that 25-plus population has a Bachelor’s (Figure 13). By comparison, just over 20 percent of the NY-24 population over age 25 has a Bachelor’s or higher.

Of interest, at the other end of the educational spectrum, Ithaca city and NY-24 have statistically equivalent proportions of their 25-plus population who started high school, but did not get a high school diploma (9th to 12th grade, no diploma, Ithaca: 8.0% ±2.2; NY-24: 10.4%, ±0.4). It is important that this population not be lost in the shadow of Ithaca’s and Tompkins County’s more often cited well-educated residents.

The rate of Tompkins County’s employable population—those age 16 and over—who are in the workforce is consistent with that seen for NY-24, at 61.5 and 61.6 percent, respectively. However, in terms of industry, Tompkins County once again is lopsided by comparison, with close to half of its employed workforce in education, healthcare and social services. For Ithaca, the rate is well over half. By contrast, under 6 percent of Tompkins County workers are employed in manufacturing (Figure 14, Figure 15, Figure 16).

Figure 13 — Education

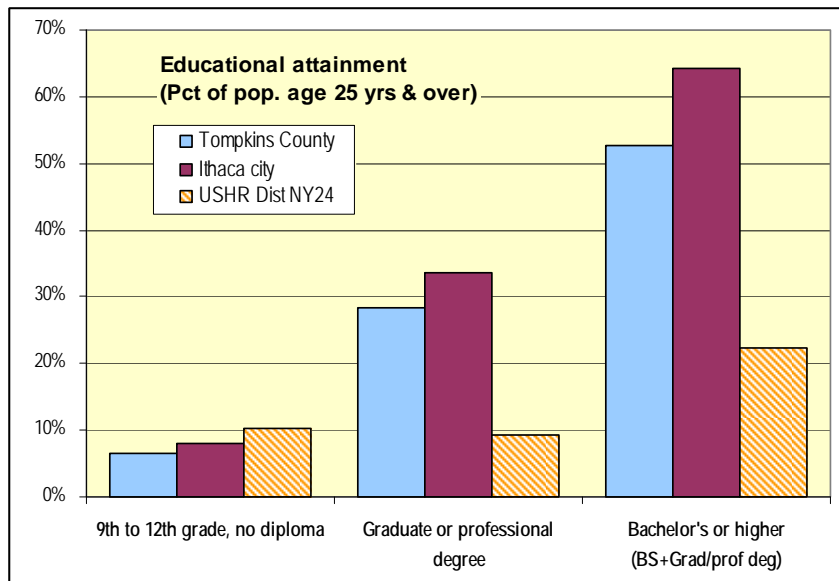


Figure 14 — Population in the labor force

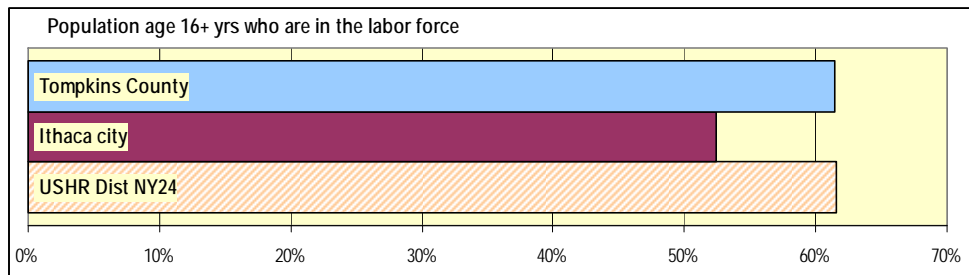


Figure 15 — Workforce in manufacturing

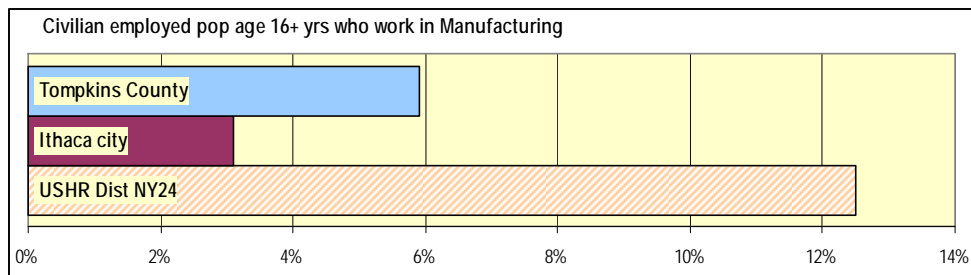
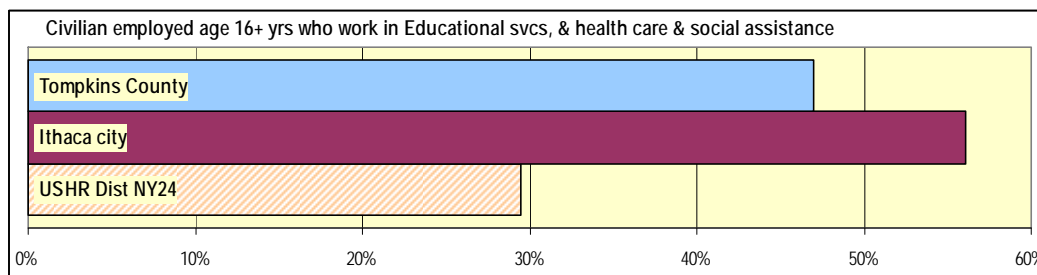


Figure 16 — Workforce in education, health care, social assistance



Housing

Consistent with other data presented in this report—rates of non-family households (Figure 3), and duration of residence (Figure 4 and Figure 5), for example—a high proportion of housing in Tompkins County is renter-occupied. County wide, 47% of occupied housing is renter-occupied. In Ithaca, the rate is 74% (Figure 17). By comparison, in New York’s 24th Congressional District (NY-24) the rate of renter-occupied housing is 30%, for all New York State the rate is 44%, and for the New York Metro area the rate is 59% renter-occupied housing.³

A minority (47%) of housing units in Tompkins County are single-family (one-unit, detached) structures; in Ithaca only one-quarter of all units fit that description (Figure 18). Housing stock in Ithaca is also relatively old, with 60% built pre-1940 (Figure 19). About half (51%) of the city’s renter-occupied housing is pre-1940, while close to three-quarters (73%) of owner occupied housing was built in 1939 or earlier.⁴ The housing profile of the Ithaca city population, like the households, presents a challenge to community building and addressing long-term public health and healthy community goals.

³ NY-NJ Metro Division of the NY-Northern NJ-LI, NY-NJ-PA Metropolitan Statistical Area, 2007 American Community Survey, U.S. Census.

⁴ Data table S2504: Physical Housing Characteristics for Occupied Housing Units; Data Set: 2005-2007 American Community Survey 3-Year Estimates.

Figure 17 — Renter-Occupied Housing

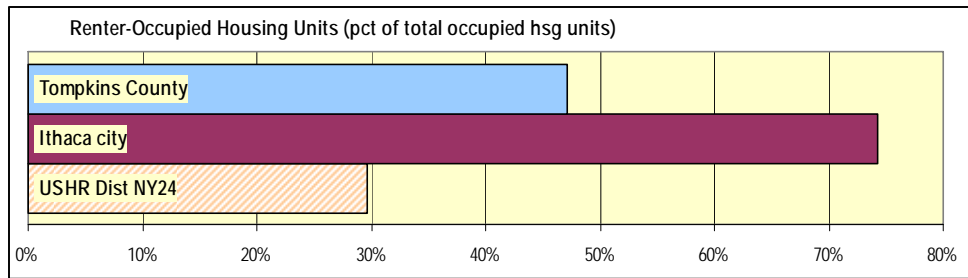


Figure 18 — Single household homes

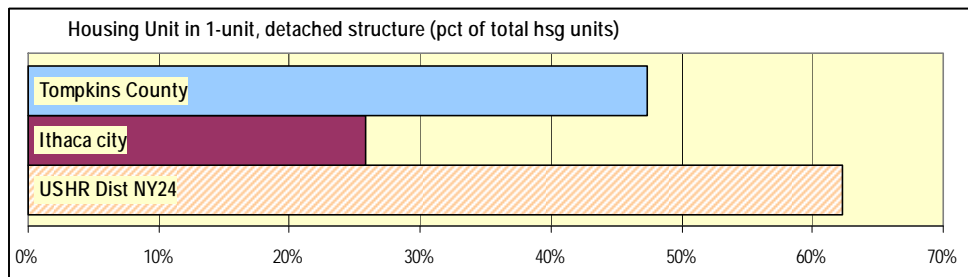
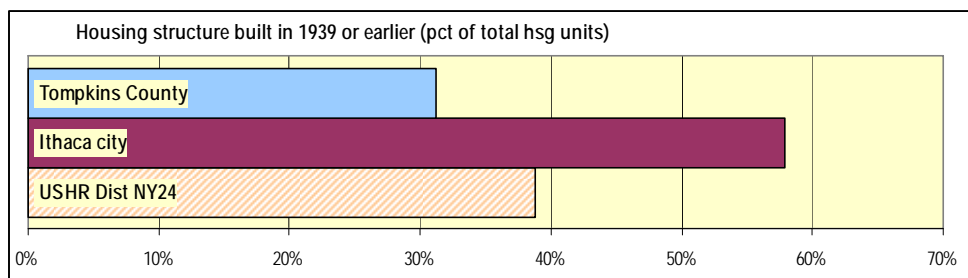


Figure 19 — Housing structure age



Source

ACS Selected Characteristics: 2005-2007

Data Set: 2005-2007 American Community Survey 3-Year Estimates

Survey: American Community Survey

Geographic Areas:

Geographic Area	Total Population
Tompkins County	100,590
Ithaca city, Ithaca NY Metropolitan Statistical Area	31,180
Congressional District 24, New York (110th Congress)	649,431

New York's 24th Congressional District encompasses all, or part of, eleven counties in Upstate New York, including: Broome, Cayuga, Chenango, Cortland, Herkimer, Oneida, Ontario, Otsego, Seneca, Tioga, and Tompkins. The district also includes the cities of Utica, Rome, Auburn, Geneva, Norwich, Little Falls, Oneonta, and Cortland, and borders along Binghamton and Ithaca.

Basic Service Area: Family Health

Programs:

Dental Health – Education and Services

Introduction

The New York State Department of Health (NYSDOH) reports that dental caries is the most common chronic childhood disease. It impacts children's functions including eating, growth, speaking, and learning. Oral diseases in adults negatively impact their employability and systemic health. Although dental caries is preventable, almost 80% of children will have experienced tooth decay by the time they finish high school.

Community Concern

In Tompkins County, dental health and insufficient access to dental health care has long been a community concern. (The 1998 Community Health Assessment listed dental care as a concern based on community input.) School nurses, teachers, principals continually report that certain children in their schools are in need of dental care. Community health nurses at TCHD have identified clients similarly. And various community health and human service agencies respond to regular inquiries from people in need of emergency dental care. In most cases the callers have not been able to afford preventative care and are compelled to seek care when the condition is acute. Callers often request information on the availability of dental insurance in the hope that insurance will cover the costs of care in these acute situations. They often equate the benefits, costs and availability of dental insurance with that of health insurance. People unfamiliar with the services that TCHD provides call the health department in the hope or expectation of a no-cost public dental clinic.

In 2001, the Tompkins County Department of Social Services (DSS) convened a task force of interested and concerned community members, dental health providers and health and human service agency and school representatives to address the problem. After seven months of study and discussion the task force agreed on several recommendations that were presented to the Tompkins County Legislature for decision and action. Assessment of dental care access for children and adults is ongoing through the work of the Acute/Primary Care Committee of the Health Planning Council (HPC). Since the completion of the work of the task force several resources and programs have been developed to address dental care needs:

- Dental Case Management Program - A NYSDOH grant was awarded to TCHD; the case manager is based at Department of Social Services (DSS). The program is designed to enhance access to dental care for people who qualify for Medicaid. The current Preventive Dental Services Grant (dental case management) covers Medicaid eligible pregnant women, Medicaid eligible children and children with special care needs.
- American Mobile Dental – A private mobile dental practice visits Tompkins County (Ithaca downtown locations) every other Monday and one Thursday per month. It serves Medicaid, private insurance and uninsured patients. Fees are based on Medicaid reimbursement rates. The Ithaca City School District identified the availability of the van and worked with partner community agencies and the mobile dental practice to establish locations and the schedule. The service began in 2008.

- Guide to Finding Dental Coverage – May 2009 - The HPC compiled a resource guide to dental health resources in Tompkins County in response to continual inquiries on the availability of dental care for people with limited economic resources. The guide includes an explanation of dental insurance, eligibility requirements and sources for dental health coverage. The guide also discusses dental discount plans and lists local lower-cost dental resources in Tompkins County and the region including Broome and Onondaga Counties. The guide has been distributed to local agencies to guide their clients, to the community members upon request and on the Human Service Coalition (HSC) website: www.hsctc.org. The guide suggests calling 2-1-1 (Information & Referral, a program of the HSC.)

Data Analysis

NYSDOH /CDC Survey

The NYSDOH collaborated with the Centers for Disease Control and Prevention (CDC) to establish a surveillance system for monitoring oral health status, risk factors, workforce and the use of dental services.

To collect data on tooth decay or dental caries in children, NYSDOH conducted surveys in 2003 of 3rd grade children in counties in New York State. (This is the most recent data on available.) A sample of schools was selected in each county; parental permission was required for participation. The 3rd graders were categorized into two socioeconomic strata based on participation in the free or reduced cost school lunch program. A dental hygienist or dentist conducted the oral screening.

Limitations in the survey

There are several limitations in the NYSDOH surveys.

- First, the screenings were conducted without the benefit of radiographs. Therefore the findings may differ from those observed by clinicians.
- Second, the possibility of bias from selective participation should be considered in applying the results to all children.
- Third, direct comparisons with other areas should be avoided because of the differences in the underlying samples and populations and data collection methods.
- Finally, smaller numbers of schools and children in some areas may have resulted in unstable rates and invalid standard areas.

Survey results

Results of the oral health survey of grade 3 students in Tompkins County are shown in Figure 20. The indicators are defined as follows:

- *Caries experience (history of tooth decay)* reflects the presence of a cavity or a filling, or a history of extraction of a permanent tooth. It indicates that opportunities for primary prevention may have been missed.
- *Untreated caries* reflects the presence of a cavity. It indicates that treatment has not been obtained in a timely manner.
- *Dental Sealants* is reflection of use of preventive services.
- The data suggests that access to dental care in Tompkins County does vary based on the economic status of the child.

State Oral Health Indicator Data

State data for oral health indicators covering 2002-2004 was released in April 2009. A summary is displayed in Table 2.

While Tompkins County rates of 3rd graders with caries is not significantly different than rates for Upstate, a majority of the indicators for low SES children rank in a lower statewide quartile. Also, these data show that most indicators for low SES Tompkins children are less favorable than for high SES children in our county.

Tompkins County children (all and low SES) are in the highest statewide quartile for having at least one dental visit the previous year.

HP 2010

Additional data also shows the spread between the oral health of Tompkins County children and the Healthy People 2010 (HP2010) targets for caries and sealants. The caries experience data for Tompkins County is about 34 percent above the HP2010 target, untreated caries is 60 percent higher than the HP2010 target, and use of sealants about 29 percent below the target rate for children. (See Figure 21).

TCHD Programs and Activities

TCHD participates with HPC, community stakeholders and local school districts to assess the dental care access needs in the County and work towards implementing solutions. The Department integrates oral health education through pre- and post natal home visits, WIC, Children with Special Care Needs, and through the distribution of dental health education materials through these programs and through the Health Promotion Program upon request.

Table 2 — Oral Health Indicators, Tompkins County, 2002-2004

Oral Health Indicators (2002-04)	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	HP2010 Met	Prev'tn Agenda 2013 Goal
% of 3rd GRADE CHILDREN...					
With caries experience (all)	54.6	No	2nd	No	
High SES*	49.2	No	2nd	No	
Low SES	75.9	No	4th	No	
With untreated caries (all)	32.8	No	3rd	No	
High SES	25.7	No	2nd	No	
Low SES	56.8	No	4th	No	
With dental sealants (all)	34.6	No	3rd	No	
High SES	38.5	No	3rd	No	
Low SES	27.1	No	3rd	No	
With dental insurance (all)	61.7	No	4th	N/A	
High SES	62.9	No	4th	N/A	
Low SES	63.6	No	4th	N/A	
With at least one dental visit in last year (all)	84.3	No	1st	N/A	
High SES	89.0	No	2nd	N/A	
Low SES	66.7	No	1st	Yes	
Reported taking fluoride tablets on a regular basis (all)	35.1	No	2nd	N/A	
High SES	40.4	No	2nd	N/A	
Low SES	21.0	No	3rd	N/A	
Caries Outpatient Visit Rate /10K Age 3-5 Yrs (2005-07)	84.5	No	3rd	N/A	
*SES = Socio-economic status Source: NYSDOH data for 2005-2007. Revised 4/09. *95% C.I.					

Figure 20 — Oral health status of 3rd grade students, Tompkins County

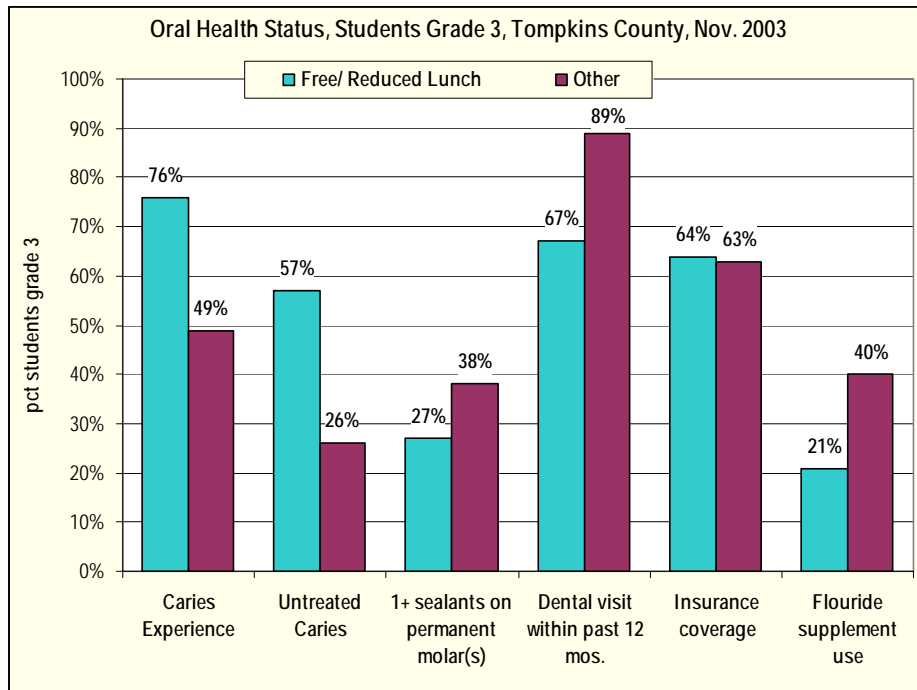
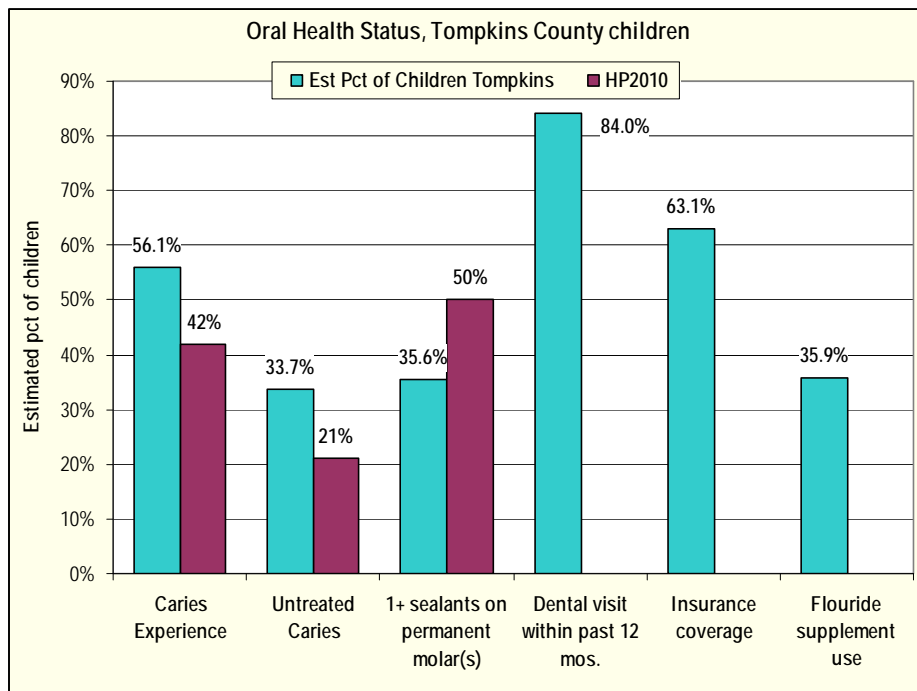


Figure 21 — Oral health status, Tompkins County children and HP 2010



Primary and Preventive Health Care Services

Tompkins County continually assesses the need for new services and access to services. HPC has regularly issued the report, *Tracking the Impact of Health Care Reform in*

Tompkins County. The first report was issued in 1997. The report tracks the impact that legislative reform has had on health care services to Tompkins County. An updated report is expected in 2010. The report includes information from 1997 to date on the number of people on Medicaid, access to care for Medicaid and other subsidy plans to primary care, children enrolled in Child Health Plus, MOMS enrollees, WIC, uncompensated care at CMC, self-pay visits at CMC, home care visits, skilled nursing capacity and occupancy. Information and data are obtained from several local sources including the Department of Social Services, TCHD, CMC and other local agencies.

For additional information, see **Profile of Unmet Need for Services**, page 107.

Lead Poisoning Prevention Program

Introduction

Lead is a toxin (poison) that can harm young children. Children 6 years old and under are most at risk. Lead poisoning can cause long-term problems with a child's growth, behavior, and ability to learn. It may also cause brain and kidney damage.

Lead is a heavy metal. It was used in many materials and products before the risk to young children was known. Certain products such as [paints](#) used in older houses before 1978, [lead solder](#) used in plumbing, and leaded gasoline were used before their harmful health effects were recognized. Although laws now prevent lead from being used in many products, there can still be lead hazards in and around many homes. Lead can get into the air, [water, food, soil](#), and even [dust](#) and then can be breathed or swallowed leading to serious health problems.

Lead enters the body when someone breathes lead [dust](#) or lead fumes, or swallows something that contains lead. The main way most young children are exposed to harmful levels of lead is through contact with lead contaminated [paint and dust](#). In nearly all cases, lead dust is either breathed in, or taken in as dust licked off surfaces or in swallowed [paint chips](#) that contain lead. Other sources of lead include some cosmetics, imported foods and spices and lead-glazed ceramic dishes. In the past few years, lead paint has been identified in toys that are imported to the United States. TCHD maintains a reference book of recently recalled consumer items due to lead content. NYSDOH also maintains a website of current recalled products and list of unusual sources of lead: <http://www.nyhealth.gov/environmental/lead/recalls>

TCHD receives funding from the NYSDOH to:

- Educate day care providers, families and landlords about lead disclosure laws, lead hazards, exterior paint removal guidelines and control measures;
- Inform health care providers about lead and the importance of testing;
- Promote lead testing for children and pregnant women, to ensure lead poisoning is found as early as possible and to increase the number of children tested at ages one and two;
- Help children with lead poisoning by making sure children get the testing, education, and treatment they need;
- Find and reduce the sources of lead.
- Educate prospective parents and parents of young children about lead hazards and control measures.

The Department convenes the Lead Poisoning Prevention Network (LPPN) which meets quarterly. It includes representatives from TCHD Environmental Health Division and Health Promotion Program, Cornell Cooperative Extension of Tompkins County, Section 8 Housing inspectors from Tompkins Community Action and Ithaca Housing Authority, Red Cross Emergency Shelter housing inspector, Ithaca Neighborhood Housing Service, and HeadStart. Participants collaborate to achieve the objectives outlined in the grant workplan.

Blood Lead Levels

A community health nurse follows up with any child tested for lead who has confirmed blood lead level (BLL) of ≥ 10 mcg/dL. The follow-up includes at minimum a detailed lead exposure assessment, a nutritional assessment and a developmental screening. Staff from Environmental Health assesses the living environment in and outside the home for possible sources of the lead exposure.

Since 1995 an average of 1,115 children one and two years of age have been tested for lead through their primary care provider. During that time, the number of children with BLL ranging from 10 to 19mcg/dL (micrograms per deciliter of blood) has ranged from 1 to 14 in any given year. And the number of children with $BLL \geq 20$ during that time ranged from 0 to 5 (See Table 3).

Housing Stock

In 1978 lead-based paint was banned in the United States because the lead in paint was determined to be the primary source of lead exposure for children. Housing stock built before 1978 often contains lead-based paint on exterior and interior surfaces. Home renovators and contractors must take special cautions when removing old paint to reduce lead dust exposure.

In Tompkins County there are several communities where nearly 50% or more of the structures were built in 1939 or earlier (see Figure 23.) TCHD has identified at least two communities to work with that have a greater percentage of housing built during that time and where there may have been a number of children with higher blood lead levels. These include the Fall Creek neighborhood in the City of Ithaca and the Village of Groton.

Table 3 — Lead testing of Tompkins County children, 2005-2007

Lead Exposure Indicators (2005-07)	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	Prev'tn Agenda 2013 Goal
% children born in 2003 or '04 screened for lead by age 2	1,547	81.8	No	2nd	96%**
Incidence rate amg children age <72 mos with confirmed blood lead levels (BLL) $\geq 10\mu\text{g}/\text{dl}$ (2003-2005)	18	0.4*	Yes	1st	0.0
*: Fewer than 20 events in the numerator; therefore the rate is unstable **: % children with at least 1 lead screening by age 36 months Source: NYSDOH data for 2005-2007. Revised 4/09. *95% C.I.					

Figure 22 — Children with Blood Lead Level (BLL) >10 mcg/dL

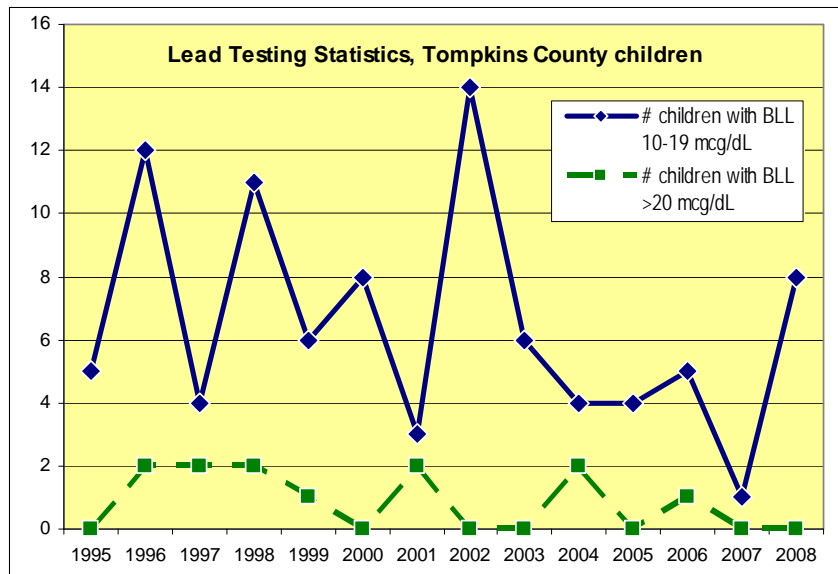
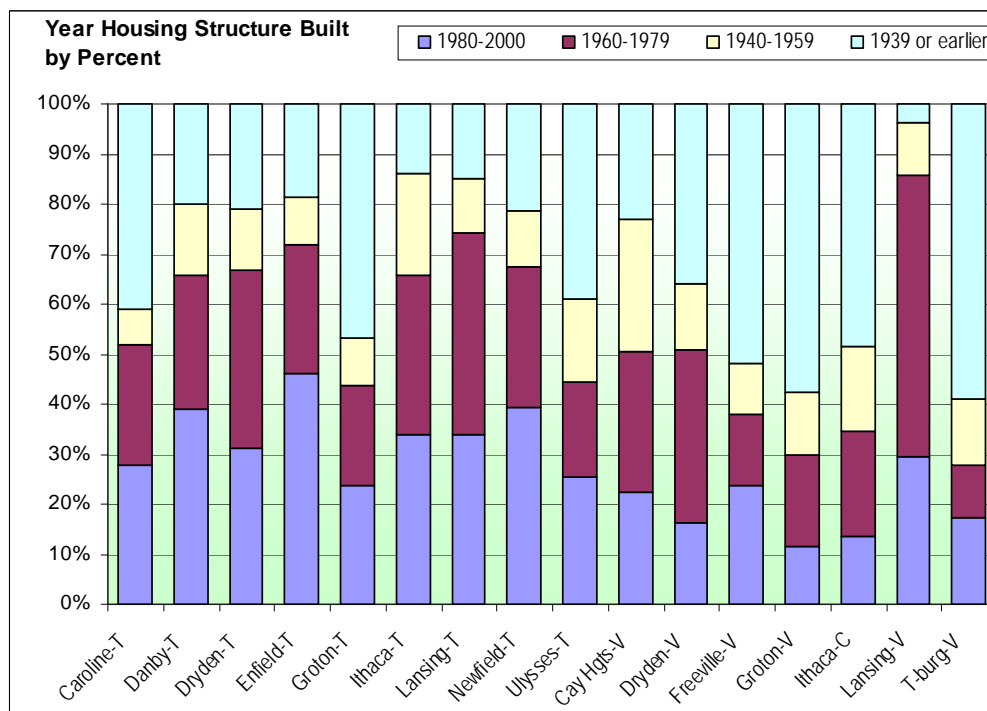


Figure 23 — Age of housing stock by municipality (Source: U.S. Census, 2000)



Prenatal Care and Infant Mortality

Infant Mortality Indicators

Mortality rates are relatively low in Tompkins County for infants (under age 1 year), neonatal (the first 28 days), and postneonatal (age 28 days to under one year) individuals (Table 4 and Figure 24). In all cases the reported local rate is in the first quartile statewide and

within the national Healthy People 2010 goal. The rate for spontaneous fetal deaths (gestation of 20+ weeks) is in the 2nd quartile statewide, and just below the Upstate median. All reported rates for Tompkins County are based on fewer than 20 events over the 3-year reporting period (2005-07) and are therefore considered statistically unstable.

While the maternal mortality rate for Tompkins County is disturbingly high, it must be noted that this rate is based on the occurrence of one maternal death out of 2,656 births during the 2005-07 reporting period.

Prenatal Care Indicators

Incidences of low and very low birthweight, and short gestation are relatively low in Tompkins County, landing within the first quartile statewide (Table 4 and Figure 25). Over the reporting period, local rates for these complications had not yet achieved the goals set by Healthy People 2010.

Table 5 shows various means of rating prenatal care for during pregnancies. Overall, more than 4-of-5 Tompkins County births had early prenatal care, placing Tompkins in the top quartile statewide, though still short of the Healthy People 2010 goal. Fewer than 3% of local births had late or no prenatal care. The Kotelchuk Index referenced for “% adequate prenatal care” in Table 5 is a measure of births to women who began care in the first trimester and have completed at least 80% of the expected prenatal visits. Tompkins County scores around the median statewide, though is significantly better than the overall rate for Upstate counties.

The showing is not as strong for the indicator of low SES women with early prenatal care (Table 5), where even with a rate of 78% Tompkins County is in the lowest quartile statewide. On the other hand, low SES women in Tompkins County are among the most likely statewide to breastfeed their infants at least up to age 6 months. Additional information related to low SES individuals is provided in Table 6.

Table 4 — Infant, natal and fetal mortality rates, Tompkins County, 2005-2007

Infant Mortality Rates /1,000 births, Tompkins (Avg. 2005-07)	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	HP 2010 Goal
Infant (<1 year)	9.0	3.4*	No	1st	4.5
Neonatal (<28 days)	6.0	2.3*	No	1st	2.9
Postneonatal (1 month to 1 year)	3.0	1.1*	No	1st	1.5
Fetal death (>20 weeks gest)	14.0	5.2*	No	2nd	4.1
Perinatal (20wks gest - 28days life)	20.0	7.5	No	2nd	N/A
Perinatal (28wks gest - 7days life)	8.0	3.0*	No	1st	4.5
Maternal mortality rate /100K births	s	37.7*	No	4th	3.3
% low birthweight (<2.5 Kg)	176.0	6.6	Yes	1st	5.0
% very low birthweight (<1.5 Kg)	27.0	1.0	No	1st	0.9

s: Total suppressed for confidentiality
 *: Fewer than 20 events in the numerator; therefore the rate is unstable
 Source: NYSDOH data for 2005-2007. Revised 6/09. *95% C.I.

Figure 24 — Infant, natal and fetal mortality rates, Tompkins County and Upstate, 2005-2007

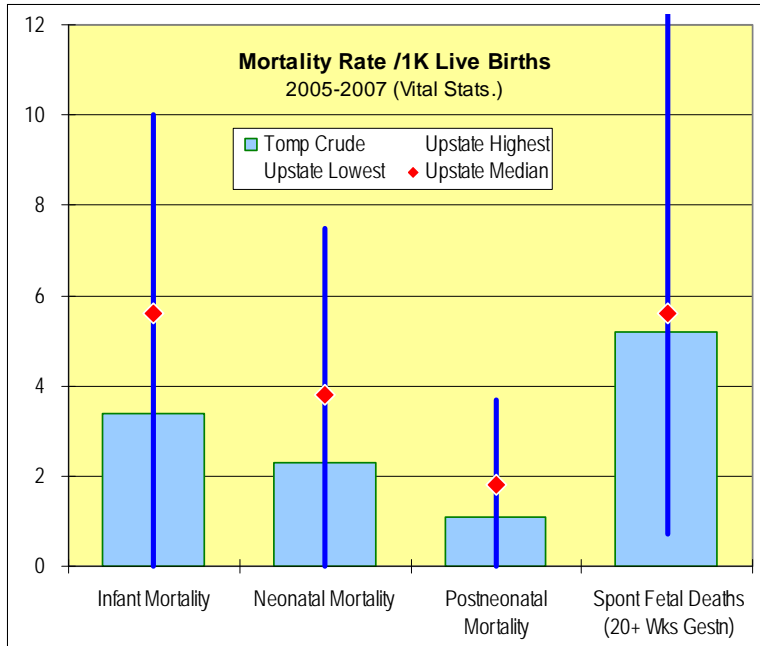


Figure 25— Maternity complications as percent of live births, Tompkins County and Upstate, 2005-2007

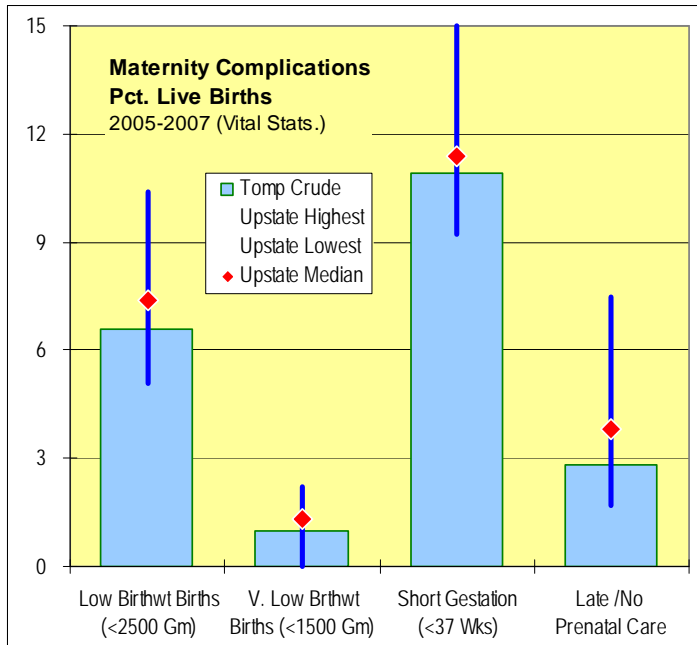


Table 5 — Pre- and postnatal care, Tompkins County, 2005-2007

Prenatal and Postnatal Care, Tompkins County (Avg. 2005-07)	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	HP 2010 Goal
% of births that were multiple births	103	3.9	No	3rd	N/A
% births w/early prenatal care (1)	2,050	82.0	Yes	1st	90.0
% births w/late or no prenatal care	70	2.8	Yes	1st	N/A
% adequate prenatal care (Kotelchuck) (1)	1,828	73.7	Yes	2nd	90.0
% Pregnant Women in WIC with Early (1st Trimester) Prenatal Care, Low SES (1)	802	78.3	Yes	4th	N/A
% Infants in WIC Who Were Breast- feeding at 6 Mos, Low SES (1)	315	42.2	N/A	1st	N/A
% Cesarean section	805	30.3	Yes	2nd	N/A
(1) higher rates are better					
Source: NYSDOH data for 2005-2007. Revised 6/09. *95% C.I.					

Table 6 — Low SES women, infants & children health risks, Tompkins County, 2005-2007

Low SES Individuals Health Risks & Behaviors Tompkins County (Avg. 2005-07)	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile
% Pregnant Women in WIC with Anemia	57	9.6	No	2nd
% Pregnant Women in WIC Who Were Prepregnancy Underweight (BMI Under 19.8)	141	13.7	Yes	4th
% Pregnant Women in WIC Who Were Prepregnancy Overweight (BMI 26 - 29)	132	12.8	Yes	1st
% Pregnant Women in WIC Who Were Prepregnancy Very Overweight (BMI Over 29)	296	28.7	No	1st
% of Infants in WIC Who Were Breastfeeding at 6 Months (1)	315	42.2	N/A	1st
% Underweight Children in WIC, age 0-4 years	168	3.8	No	3rd
% Overweight Children in WIC, age 2-4 years	241	11.4	Yes	1st
% Anemic Children in WIC, age 6mo-4 years	392	11.9	No	3rd
% of Children in WIC Viewing TV <=2 Hours per Day 0-4 years (1)	1,768	81.2	Yes	2nd
(1) higher rates are better				
Source: NYSDOH data for 2005-2007. Revised 5/09. *95% C.I.				

Figure 26 — Gastroenteritis hospital discharge rate trends per 10K age 0–4 Yrs, 2002-2007, Tompkins and Upstate

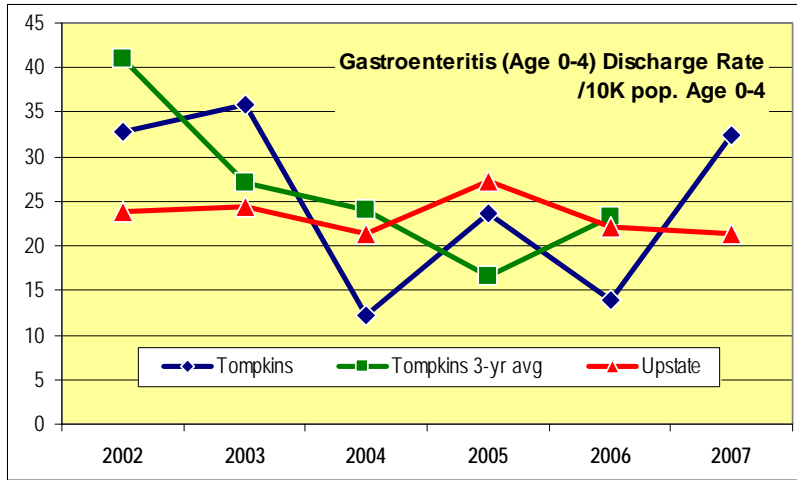


Figure 27 — Otitis Media hospital discharge rate trends per 10K age 0–4 Yrs, 2002-2007, Tompkins and Upstate

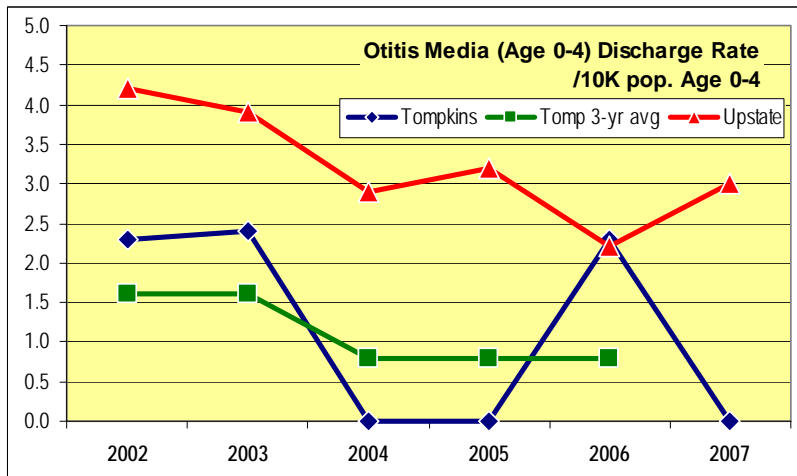


Figure 28 — Pneumonia hospital discharge rate trends per 10K age 0–4 Yrs, 2002-2007, Tompkins and Upstate

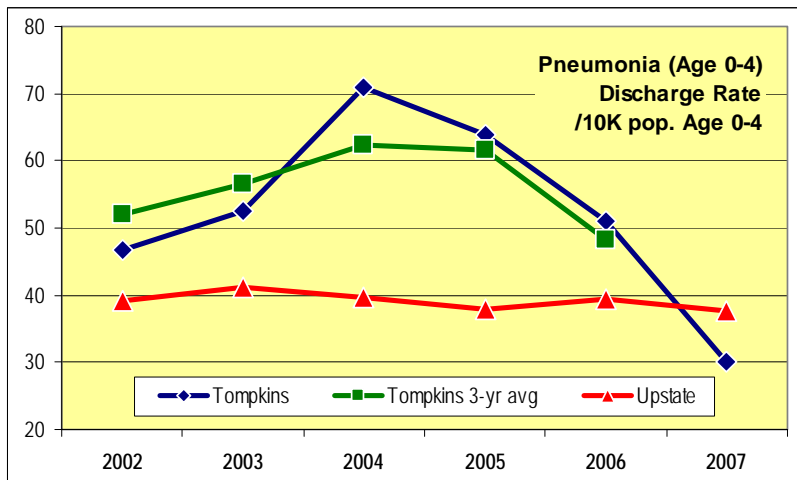


Figure 29 — Childhood death rates, Tompkins County and Upstate, 2005-2007.

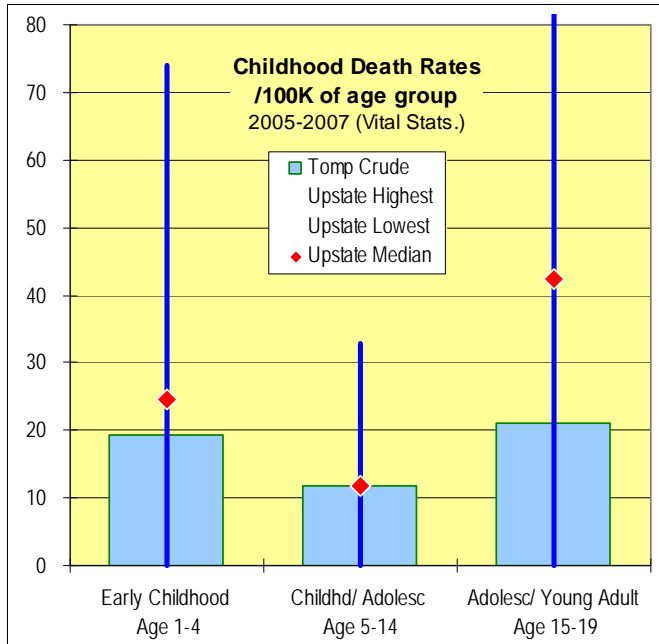


Figure 30 — Early childhood mortality trends by age group, 3-Yr averages 1998–2007, Tompkins County

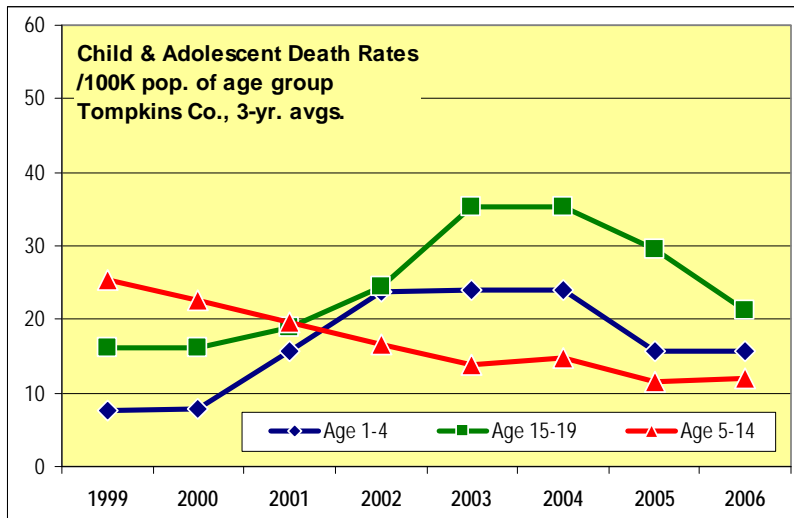


Figure 31 — Early childhood mortality trends by age group, 3-Yr averages 1998–2007, Upstate NY

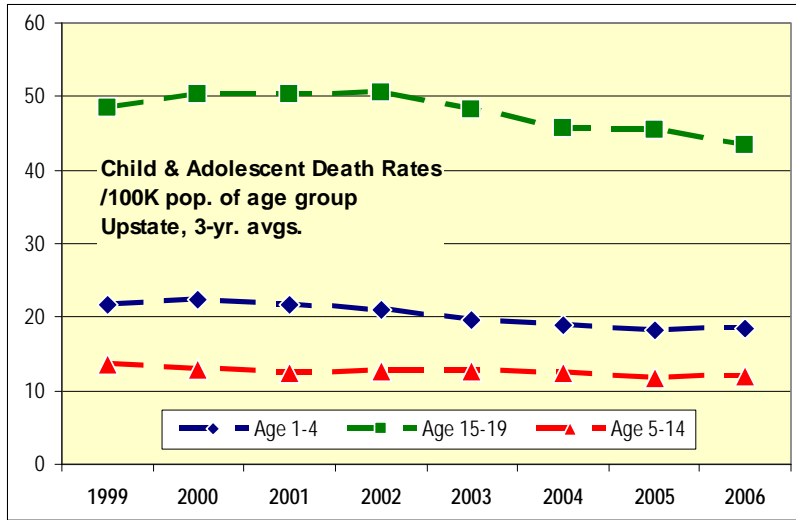


Figure 32 — Childhood disease discharge rates, Tompkins County and Upstate, 2005-2007.

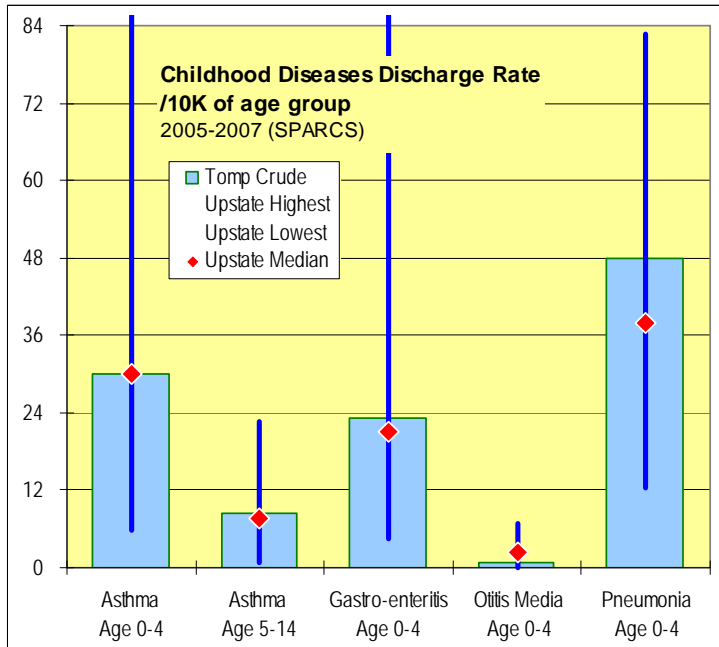
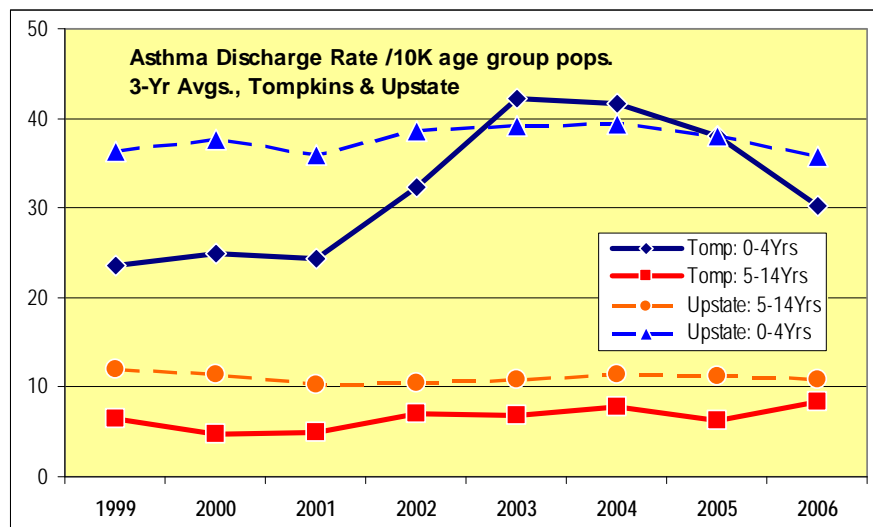


Figure 33 — Childhood Asthma hospital discharge rate trends by age group, 3-Yr averages, 1998-2007, Tompkins and Upstate



Family Planning

Family Planning Indicators

Pregnancy & Birth Rates

Tompkins County has the lowest pregnancy rate and the lowest birth rate among all 62 counties, including Upstate and New York City (Figure 34). The overall rates for pregnancies and births are based on the population of females between the ages of 15 and 44 years and in Tompkins County more than half of this “childbearing” population is estimated to be in the 15–24 year-old age group.⁵ Also, as discussed in earlier sections more than one-quarter of the county population is students enrolled in one of the three locally based institutions of higher education, and almost half live in non-family households. Together, this information provides at least an anecdotal explanation for Tompkins County’s low pregnancy and birth rates. As with the overall rates for the Upstate region, these rates have changed little over the last seven years (Figure 35, Figure 36).

Out-of-Wedlock births & Abortion Rate

Out-of-wedlock births are tracked as a percentage of all births. In Tompkins County, out-of-wedlock births are relatively low, landing in the first quartile in comparison with the other Upstate counties (Table 7 and Figure 34). Since 2001 this rate has showed some upward trends, though not as steeply and consistently as the rate for the Upstate region as a whole (Figure 37).

Out-of-wedlock births are noted in family planning data because of public health concerns regarding impacts on family structure and economic security of children. Births to unmarried women are at higher risk of adverse birth outcomes such as low birth weight, preterm birth and

⁵ Estimated as 54.6% based on American Community Survey 2005-2007 data set using population age 15-24, population age 15-44, percent of total population that is female (49.75%).

infant mortality than are children born to married women. And unmarried women tend to have limited social and financial resources. At one time references to unmarried or out-of-wedlock births and births to teenagers were considered one and the same according to the National Center of Health Statistics (NCHS) and the Centers for Disease Control and Prevention (CDC). In a May 2009 report the NCHS noted that most births (86%) to teenagers in the United States were non-marital. However, 60% of births to women aged 20 – 24 and nearly 33% of births to women aged 25 – 29 were non-marital. Teenagers accounted for just 25% of all non marital or out-of-wedlock births in 2007 down considerably from 50% in 1970. The increase in out-of-wedlock births can be attributed to many factors. Substantial delays in marriage, changes in sexual activity patterns, contraception use and effectiveness, and births to cohabitating couples are among them. Societal acceptance of non – marital births has steadily increased over time; unmarried pregnant women face less disapproval than in the past.

In contrast, the abortion rate in Tompkins County is relatively high among Upstate counties: ranked in the fourth quartile, and 49th of the 57 counties (Table 7 and Figure 34). While the trend in abortion rates since 1997 has been essentially flat for the Upstate region, Tompkins County experienced a steep drop from 1997–2003, with a renewed upward trend since then (Figure 38). Since the abortion rate—the number of abortions per 100 live births—is tied to the birth rate, a drop in the latter can impact the former. However, the local birth rate has remained flat over the same period of time (Figure 36).

Teen Pregnancy & Birth Rates

The teen pregnancy rate among Tompkins County females age 15-19 years is significantly lower than the rate for Upstate New York, and well below the median rate of all Upstate counties (Table 7 and Figure 39). When that age range is split into two groups—age 15-17 and age 18-19—the influence of the college student population is clearly suggested (Figure 39). Specifically, the pregnancy rate for the age 15-17 group—likely to be predominantly full-time residents living in a family household situation—is just above the median for Upstate counties. Conversely, the pregnancy rate for the age 18–19 group—likely to be predominantly college students—is the lowest among all Upstate counties, and nearly one-fifth of the median rate. The ten-year trend for average rates in Tompkins County for most teen pregnancy age groups was downward from 1998–2004, with a plateau or slight up tick showing more recently (Figure 40). The rate for pregnancies among females age 10-14 years has remained flat, with just one or two per year per 1,000 individuals in that population group. The total population of 10-to-14 year-olds is 4,866.

The rate patterns and trends for teen pregnancies in Tompkins County when compared with the rest of Upstate are largely duplicated in the rates for teen births in Tompkins County: relatively low and trending downward (Figure 41, Figure 42). Births to females age 15-17 as a percent of all live births has shown a continuing downward trend in Tompkins County, while the rate for all Upstate as a group has remained flat.

Table 7 — Family Planning Indicators, Tompkins County with comparisons to Upstate and NYS

Family Planning Indicators (2005-07)	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile
Pregnancy Rate per 1,000 (all pregnancies /female population age 15-44 years)	3,643	43.1	Yes	1st
Teen Pregnancy Rate per 1,000				
age 10-14 years	3	0.5*	No	2nd
age 15-17 years	95	22.2	No	3rd
age 15-19 years	331	18.0	Yes	1st
Fertility rate per 1,000 (all births/female pop. age 15-44)	2,656	31.4	Yes	1st
% of births to women age 35+ years	566	21.3	No	4th
Teen fertility rate per 1,000 (births to mothers age 10-17 /female pop. age 10-17)	31	2.9	Yes	1st
Out-Of-Wedlock births (% live births)	757	28.7	-----	1st
Abortion Ratio (induced abortions per 100 live births)				
All ages	953	35.9	Yes	4th
age 15-19 years	191	139.4	Yes	4th
Pct. of births within 24 months of previous pregnancy	442	16.6	No	2nd

*: Fewer than 20 events in the numerator; therefore the rate is unstable
 Source: NYSDOH data for 2005-2007. Revised 5/09. *95% C.I. compared with Upstate mean.

Figure 34 — Pregnancy, birth and abortion rates per 1,000 females age 15-44, Tompkins and Upstate

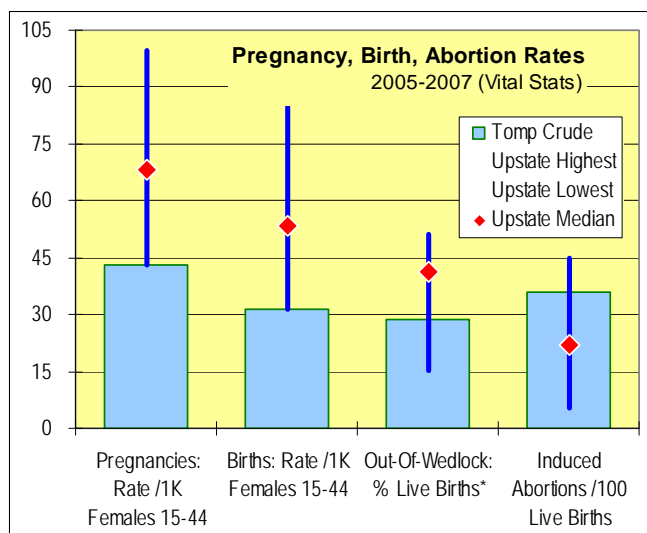


Figure 35 — Pregnancy rate trends per 1,000 females age 15-44, 2001-2007, Tompkins and Upstate

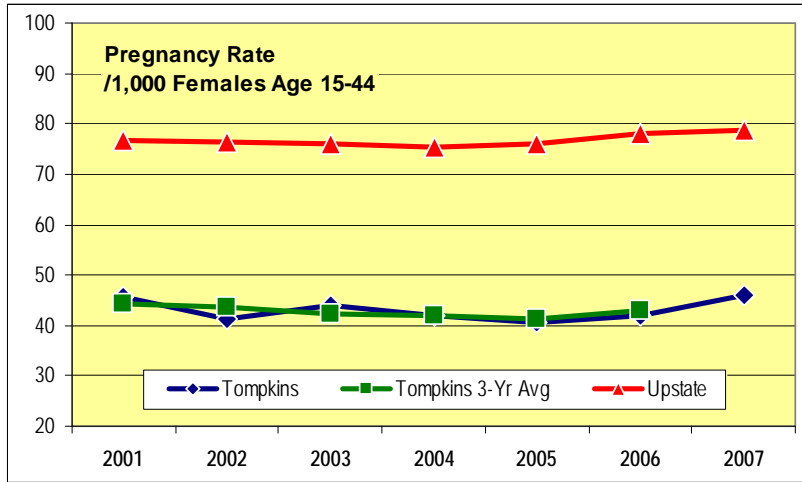


Figure 36 — Birth rate trends per 1,000 females age 15-44, 2001-2007, Tompkins and Upstate

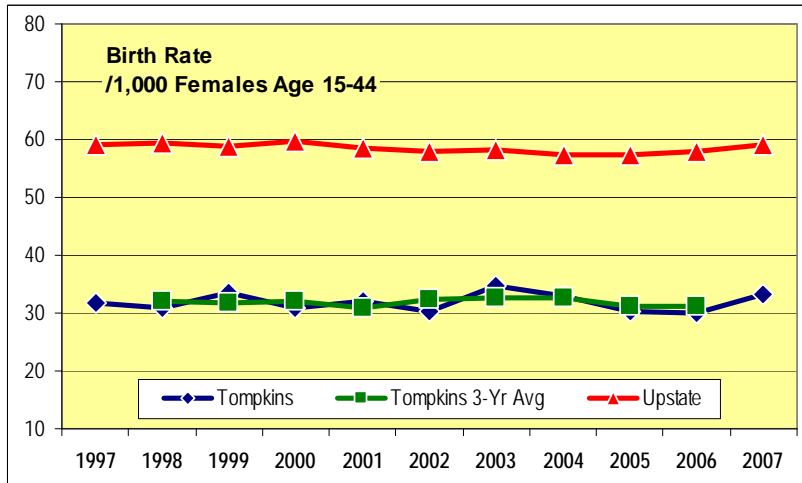


Figure 37 — Out-of-Wedlock birth rate trends, percent of live births, 2001-2007, Tompkins and Upstate

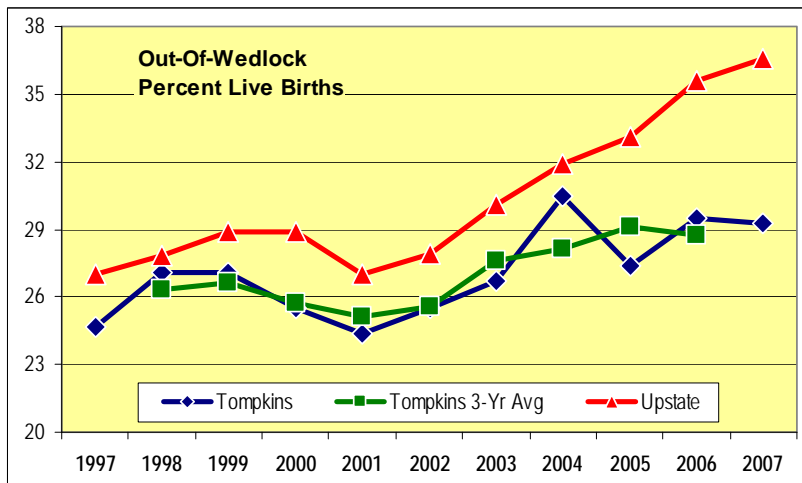


Figure 38 — Abortion rate trends per 100 live births, 1997-2007, Tompkins and Upstate

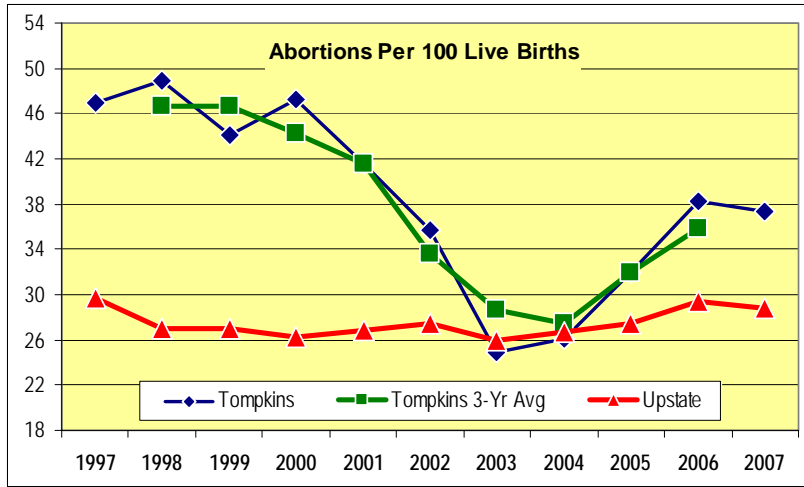


Figure 39 — Teen pregnancy rates per 1,000 females in different age groups, 2005-07, Tompkins and Upstate

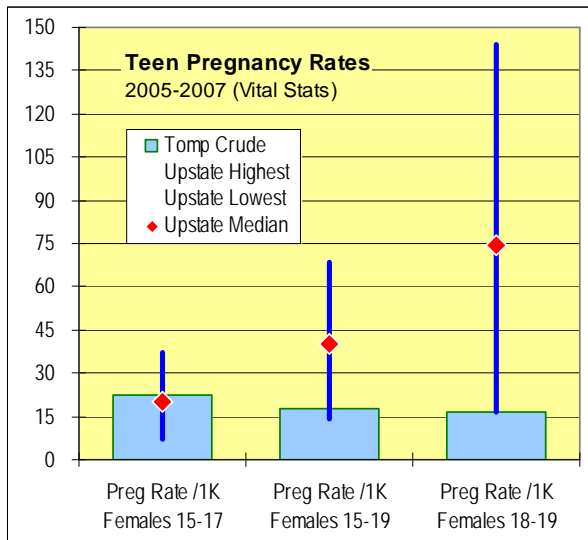


Figure 40 — Teen pregnancy rate trends per 1,000 females in different age groups, 3-Yr avgs., 1997-2007, Tompkins County

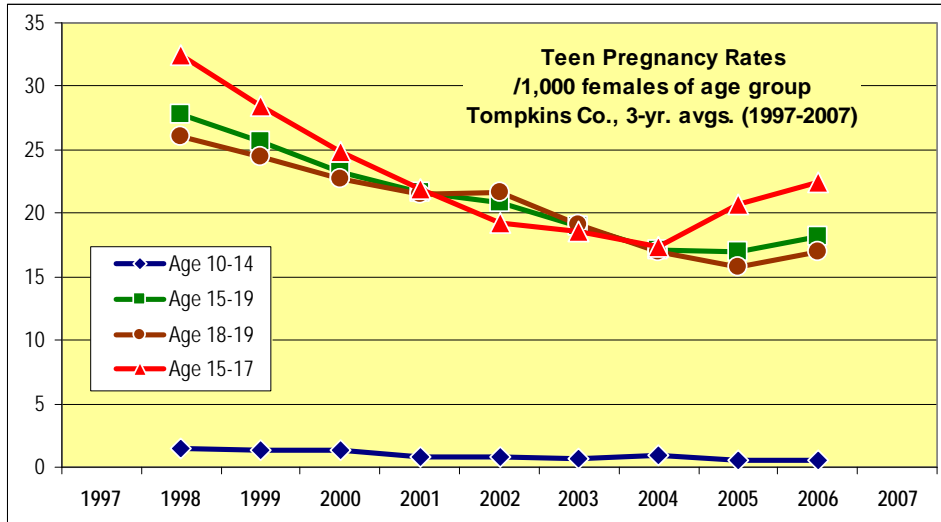


Figure 41 — Teen birth rates per 1,000 females in different age groups, 2005-07, Tompkins and Upstate

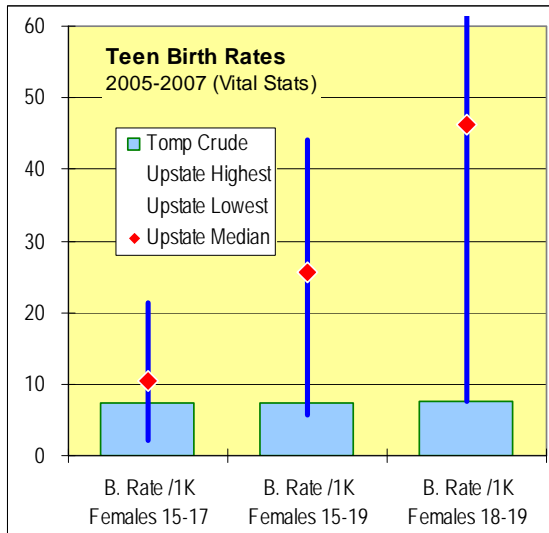


Figure 42 — Teen birth rate trends per 1,000 females in different age groups, 3-Yr avgs., 1997-2007, Tompkins County

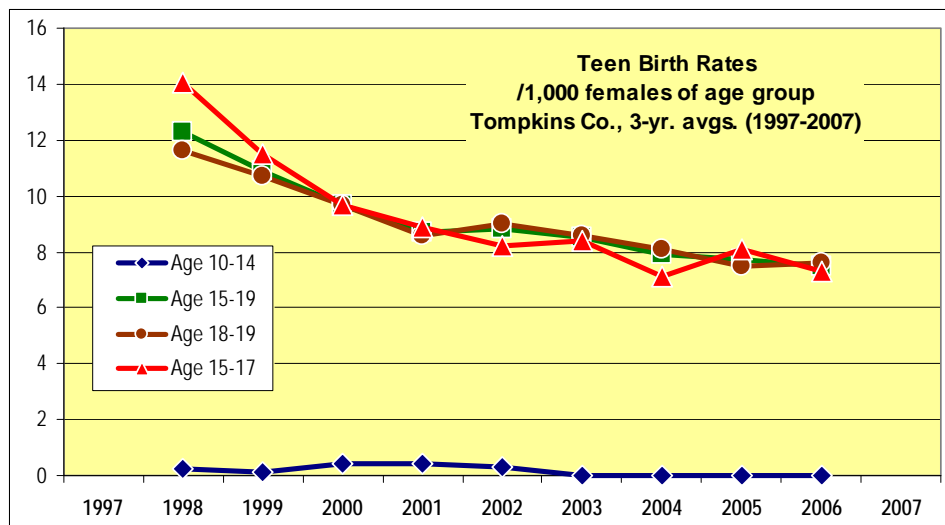
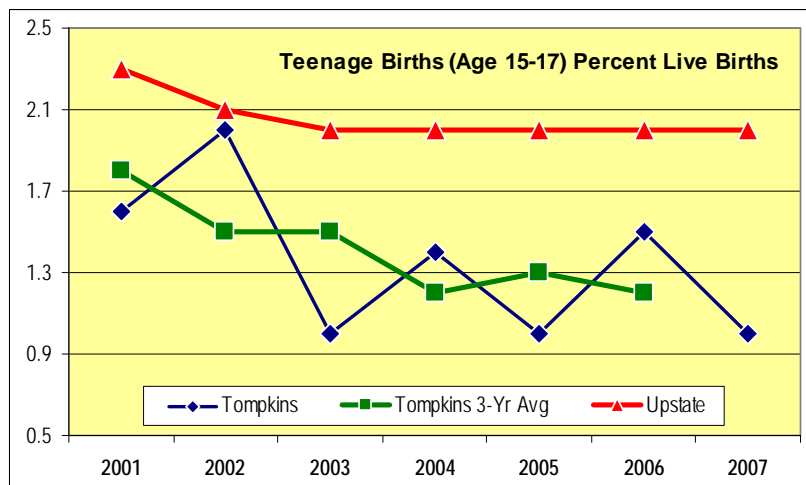


Figure 43 — Trends in rate of teenage (age 15-17) births, percent of live births, 2001-2007, Tompkins and Upstate



TCHD and Community Resources

Tompkins County Health Department community health nurses educate Medicaid Obstetrics and Maternal Services (MOMS) clients, participants in childbirth education classes and post-natal clients on family planning options and they also provide lactation counseling. Clients are referred to other community agencies and services as needed.

Planned Parenthood of the Southern Finger Lakes (PPSFL) provides sexuality education programs for the community and in-service training for professionals. Programs may be arranged for schools, community groups, faith communities, youth service agencies, families and parents.

Mothers and Babies Perinatal Network of the Southern Tier is another provider of these services. It also coordinates a phone support smoking cessation program for mothers, fathers and other caregivers.

The Teen Pregnancy/Parenting Program (TP3) is a voluntary program of the Child Development Council. It provides case management to pregnant and/or parenting teens or

young adults under the age of 21 in Tompkins County. TP3 helps teens obtain resources and learn skills to meet the challenges of parenthood. It provides case management for teens and their children, pre-natal and childbirth education, one-to-one support, discussions on child development and pregnancy prevention. It provides community education to raise awareness on issues related to teen pregnancy.

Health Care Services

Most pregnant women in Tompkins County obtain obstetrical care in Tompkins County at **Cayuga Medical Center at Ithaca (CMC)**. There are six obstetric-gynecologists and four certified nurse-midwives in private practice affiliated with CMC. Approximately 900 infants are born at CMC annually from Tompkins County and the Center's catchment area according to the CMC website. The TCHD 2008 Annual Report indicates that 734 Tompkins County residents gave birth in the County, including 33 home births. Non-resident births numbered 132.

September Hill Midwifery and Schuyler Hospital in neighboring Schuyler County and Cortland Regional Medical Center in Cortland County provide additional choices for Tompkins County residents.

Nutrition

Introduction

Poor nutrition and physical inactivity can contribute to the development of chronic disease and other disabilities in children and adults. A decrease in quality of life for individuals and an increase in health care costs are common results. Being overweight or obese increases the likelihood of heart disease and diabetes that may result in premature death. These are the reasons that the New York State Department of Health (NYSDOH) has included nutrition and physical activity as one of ten priorities in its *Prevention Agenda toward the Healthiest State*. Tompkins County has chosen Nutrition and Physical Activity as one of its three priorities as a focus towards a healthier community. The NYSDOH uses data from the Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Behavioral Risk Factor Surveillance System (BRFSS) to assess the nutritional status of counties in New York State and to measure their progress towards lowering rates of obesity and increasing rates of physical activity. The BRFSS data presented here are interim 2008 – 2009 data.

Nutrition Indicators

Low SES Pregnant Women

Two NYSDOH data systems in the Division of Nutrition provide nutrition related information on low-income pregnant women and low-income infants and children enrolled in the Supplemental Nutrition Program for Women, Infants and Children (WIC). These are the Pregnancy Nutrition Surveillance System (PNSS) and the Pediatric Nutrition Surveillance System (PedNSS). Indicators include underweight, overweight and anemia rates for pregnant women and for children. Tompkins County averages for the 2005-07 reporting period are shown in Table 8.

Notable among the data is Tompkins County's 4th quartile ranking (high, unfavorable percentage rate) for pregnancy underweight, and 1st quartile ranking (low, favorable number) for pregnancy overweight. The county is also within the 1st quartile (favorable) for pregnancy very overweight, although the county rate is not statistically different from the overall upstate rate. Tompkins County WIC members rank highly — within the 1st quartile — for breastfeeding as well. The first quartile of a population represents the most favorable 25% of the ranked group, and the 4th quartile represents the 25% of members at the least favorable end of a ranking.

Low SES Children

Similar to the outcomes for pregnancies, when compared with other New York counties young children in Tompkins County are more likely to be underweight (3rd quartile for WIC-enrolled children age 0-4 years) and less likely to be overweight (1st quartile for WIC-enrolled children age 2-4 years). The latter (overweight) rate is statistically lower than the Upstate rate. See

Table 8 and Figure 44.

TV viewing habits among WIC-enrolled children are also tabulated as part of the Pediatric Nutrition Surveillance, with the rate of children age 0-4 years viewing 2-or-fewer hours of TV per day as the metric. Tompkins County shows well for this indicator, with a rate (81%) that is statistically higher than the overall Upstate rate and in the 2nd quartile statewide.

Adults

Many standard adult nutrition indicators are measured using the Expanded Behavior Risk Factor Surveillance System (BRFSS). This telephone survey of adults age 18 years and over collects self-reported data covering a wide variety of health behaviors and point-in-time health status. Examples of behaviors are regular consumption of fruits and vegetables, tendency to be physically active during leisure activities, and whether or not the respondent smokes. Examples of health status include currently over or underweight, currently high blood pressure, currently diagnosed with diabetes, and whether or not the respondent has received particular communications from a health professional.

Newly completed (2009) BRFSS surveys have for the first time collected data for Tompkins County as a unique population. Previously, Tompkins sampling was combined with Cortland County, so that all indicators were representing the two counties as one population. Because the demographic characteristics of the two counties are broadly different, the data offered at best a foggy picture of each population. Use of the new data is far more appropriate.

A series of bar graphs (Figure 45 through Figure 50) shows survey results that are relevant to a nutrition assessment of adults in Tompkins County. Note that all except the last of this series (Figure 50, daily consumption of fruits and vegetables) reference the respondent's weight. While nutrition and eating habits are commonly recognized as strong influences of body weight, other factors such as engagement in physical activity and chronic disease status are also factors that may influence body weight.

Overweight among adults in Tompkins County is statistically not different from the statewide prevalence, with about one-third of the adults overweight in each population. Obesity among adults is less prevalent in Tompkins County than it is statewide; about 1-in-7 local adults are obese while across the state the figure is approaching 1-in-4. While about 46% of Tompkins adults report they are overweight or obese, only about 17% of adults reported that they had received advice about weight from a health professional (Figure 47 and Figure

48). That is a lower proportion than have reported receiving such advice statewide. Among local adults who did report being advised about their weight, about 4-in-5 were advised to lose weight (Figure 49).

Eating at least five servings of fruits and vegetables a day is associated with a variety of health benefits including the maintenance of a healthy weight. However, the proportion of adults who eat the recommended “5-A-Day”⁶ is still well below the majority. Approximately one-third of Tompkins County adults report that they consume at least 5 servings of fruits and vegetables per day (Figure 50). This rate is not statistically different from the behavior of adults statewide.

Table 8 — Nutrition Indicators for Tompkins County, 2005-2007

Low SES Individuals Health Risks & Behaviors Tompkins County (Avg. 2005-07)	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile
% Pregnant Women in WIC Who Were				
with Anemia	57	9.6	No	2nd
Prepregnancy Underweight (BMI <19.8)	141	13.7	Yes	4th
Prepregnancy Overweight (BMI 26 - 29)	132	12.8	Yes	1st
Prepregnancy Very Overweight (BMI Over 29)	296	28.7	No	1st
% of Infants in WIC Who Were Breastfeeding at 6 Months (1)	315	42.2	N/A	1st
% Children in WIC Who Were				
Underweight, age 0-4 yrs	168	3.8	No	3rd
Overweight, age 2-4 yrs	241	11.4	Yes	1st
Anemic, age 6 mo-4 yrs	392	11.9	No	3rd
Viewing TV <=2 Hrs/Day 0-4	1,768	81.2	Yes	2nd
(1) higher rates are better				
Source: NYSDOH data for 2005-2007. Revised 5/09. *95% C.I.				

⁶ Recommendations have changed to emphasize the need for abundance rather than the specific 5 servings.

Figure 44 — WIC Nutrition Indicators, Tompkins County and Upstate, 2005-2007

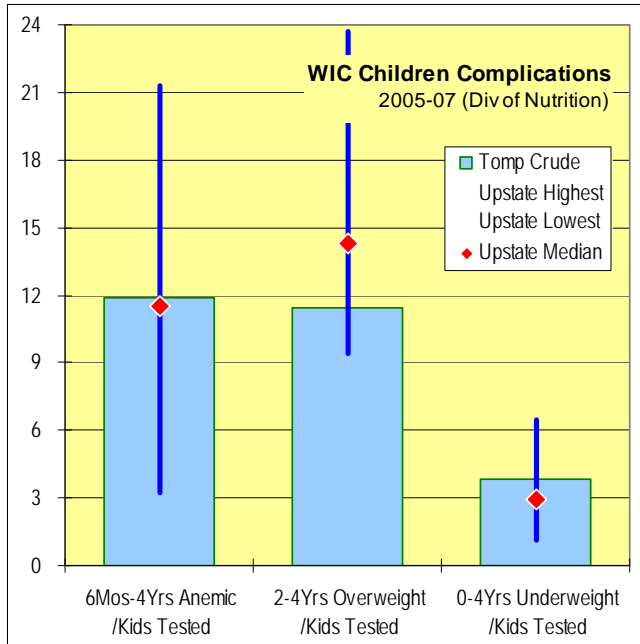


Figure 45 — Overweight, Tompkins County & NYS adults, Interim BRFSS 2009

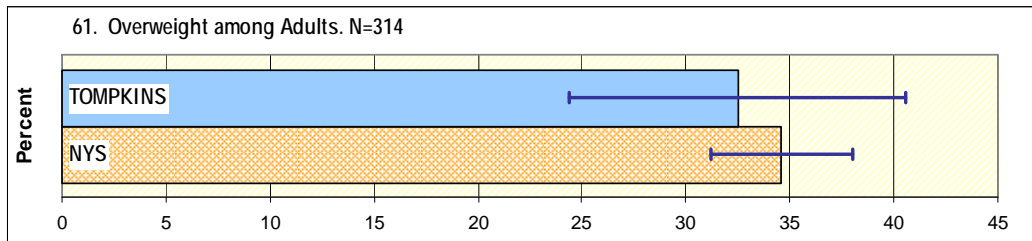


Figure 46 — Obesity, Tompkins County & NYS adults, Interim BRFSS 2009

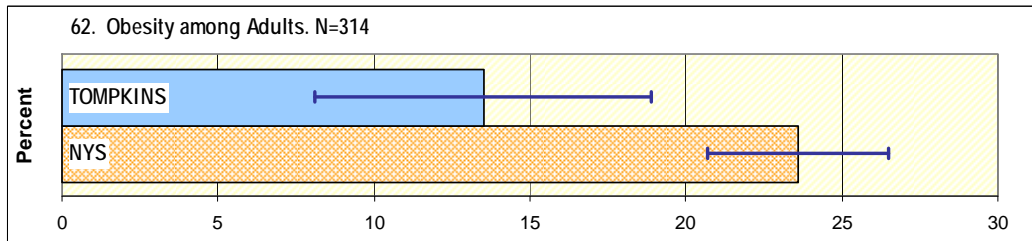


Figure 47 — Overweight or Obesity, Tompkins County & NYS adults, Interim BRFSS 2009

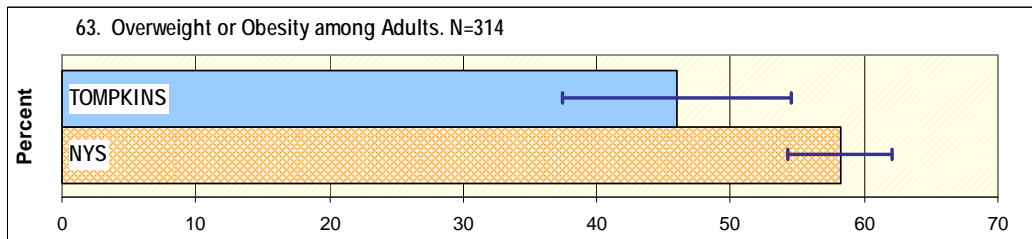


Figure 48 — Received advice about weight by a health professional, Tompkins County & NYS adults, Interim BRFSS 2009

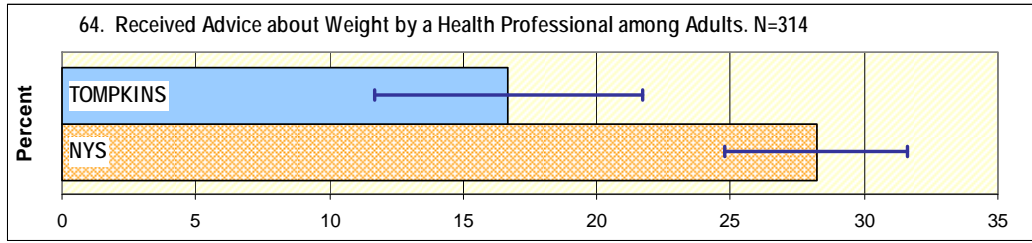


Figure 49 — Those who received advice about weight who were advised to lose weight by a health professional, Tompkins County & NYS adults, Interim BRFSS 2009

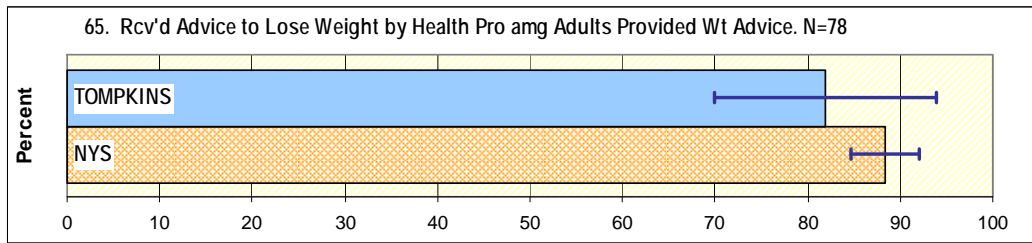
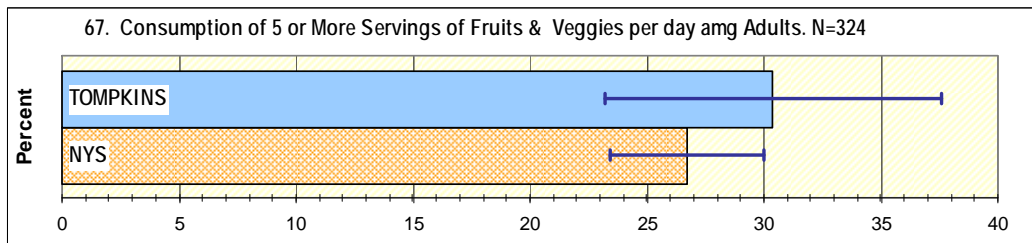


Figure 50 — Consumption of 5+ servings of fruits and vegetables per day, Tompkins & NYS adults, Interim BRFSS 2009



TCHD and Community Resources

WIC is based at and sponsored by the Tompkins County Health Department. WIC staff work closely with community health nurses in the Medicaid Obstetric and Maternal Services (**MOMS**) program to ensure appropriate referrals to WIC. Community health nurses also provide nutrition education to clients during pre- and post natal visits. Community health nurses and WIC staff promote and support breastfeeding. Community health nurses in the Children with Special Health Care Needs Program provide nutrition education as appropriate during home visits.

The Health Promotion Program (HPP) at TCHD conducts presentations on heart health and diabetes prevention emphasizing healthy eating, portion control and regular physical activity. Presentations are upon request. Staff also provides in-services to health professionals including TCHD staff and community agency staff on nutrition and portion control and strategies for educating their clients. The Diabetes Toolkit which includes teaching tools on portion control is provided to primary care office practices along with training on how to use the kit. HPP staff participates in community efforts to encourage healthy eating and regular physical activity.

Cornell Cooperative Extension of Tompkins County (CCETC) conducts cooking and nutrition classes for families with limited resources. CCETC promotes and sponsors the “Children’s Garden” located near the Cayuga Waterfront Trail and Cass Park. One feature of the garden is the edible garden with an annual changing theme. The Whole Community Project

is located at CCETC. It is involved in “Gardens for Humanity” a community organization that promotes economic, personal, and neighborhood improvement through urban gardening and local farm connections. CCETC provides programs for subsidized Community Supported Agriculture (CSA) shares and workshops on canning and freezing. It also conducts free workshop series on breastfeeding support for women eligible for WIC, Medicaid or food stamps.

The Ithaca Farmers Market opened in 1973 and has become an Ithaca tradition. Farmers and food and craft vendors within a 30 mile radius of Ithaca sell their produce and goods from April 1st through mid-December and at a winter market in January and February. Food stamps are accepted. WIC provides coupons for fresh fruits and vegetables to its participants for purchase at farmers’ markets. Other smaller farmers’ markets have been established in other areas of the county for the convenience of residents in towns and villages.

Cayuga Medical Center (CMC) offers classes on lifestyle behavior change through its Cayuga Center for Healthy Living. Healthy eating and regular physical activity are promoted through these classes. The KidFit program is targeted to children aged 8 – 14 at risk for obesity. The eight-week program emphasizes healthy eating and physical activity.

Injury Prevention

Introduction

The importance of this indicator of a community’s health is to determine underlying causes of injury. However, the only measures for injury incidence are hospitalization and death rates. Hospitalizations include only inpatients; patients treated in the emergency department and released are not included. And there is no way to determine the number or types of injuries that occur and whether treatment is sought or provided.

Mortality

Deaths classified for statistical records as injury-related include those which are considered intentional (homicides, suicides) or unintentional, those involving a motor vehicle, and those involving substance abuse (drugs, alcohol). Deaths are reported by NYS Vital Statistics as rates per 100,000 population.

Injury-related deaths associated with intentional violent behaviors or involving motor vehicles are typically infrequent in Tompkins County and below both the median rate for Upstate counties and the rate for Upstate as a region. Never-the-less, every such incident is a jolting occurrence for any community, and comparisons with other regions may seem meaningless since every event is one too many.

Ten-year trends for motor vehicle deaths (Figure 52), suicides (Figure 56), homicides (Figure 57), and adolescent suicides (Figure 59) in Tompkins County are generally erratic, so that one year of extremes—for example 5 homicides one year and zero the next, a 500% swing—can impact the 3-year average incidence rate per 100,000 population over a long period. For that reason, multiple-year trends, and how they may or may not compare with other regions, are often the most useful way to assess these indicators on a local level.

Still, past trends should not necessarily be considered predictive tools. For example, in 2007 unintentional injury deaths increased sharply in Tompkins County after a 7-year plateau (see Figure 53). The resulting upturn in the 3-year average rate gives a visual impression of a

return to 1998 levels for this indicator. However, if 2007 turns out to have been an anomaly then precautions or programs developed in anticipation of an ongoing rise in unintentional injury-related deaths may turn out to be (or have been) unwarranted.

Injury

Non-fatal injury rates are reported based on hospitalization discharge records as reported through the New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS). Average Tompkins County discharge rates for unintentional injuries, unintentional falls, traumatic brain injuries and poisonings are all significantly lower than the average rate for Upstate as a region and in the first quartile—the 25% lowest ranked—among Upstate counties (Table 9 and Figure 51). More detailed data on injuries by age group is also shown in Table 9.

The Behavioral Risk Factor Surveillance System (BRFSS) expanded survey polls county adults on health-related status, including the incidence of falls and fall-caused injuries. A comparison of data collected from Tompkins County residents with statewide results is shown in Figure 54 for recent falls and fall-related injuries. For both indicators although the calculated, age-adjusted percentages show Tompkins County rates are slightly higher than the state, within the margin of error there is no statistical difference. Locally, about 1-in-5 adults reported having recently experienced a fall, and about 1-in-14 adults had recently been injured as the result of a fall.

Adolescents and Young Adults

While suicide among the age 15–19 years population segment is not unknown to the Tompkins County community, the most current NYSDOH data available for comparative purposes (through 2007) shows an average rate of zero adolescent /young adult suicides for Tompkins County (Figure 58). The median average rate among Upstate counties was 4.6 incidents per 100,000 population of 15–19 year-olds. Once again, caution is necessary when making average rate comparisons among counties, many of which are primarily rural populations. For example, Seneca and Yates are rural counties each with around 2,200 individuals age 15–19. One suicide in 2006 gave Seneca an average rate of 14.5 incidents per 100,000 population. Two suicides that same year in Yates put that county's average rate at 31.5 incidents per 100,000.

A 10-year look at teen suicide rates in Tompkins County is shown in Figure 59. Note that in many cases discussed throughout this document a Tompkins County rate is essentially equal to the number of incidents since Tompkins' population has neared 100,000 over the past decade. The local population of 15–19 year-olds is about 12,500, allowing one incident to record a rate of 8 per 100,000.

Self-inflicted injuries among the age 15–19 population—expressed as average annual hospital discharges per 10,000 individuals in that age group—is shown in Figure 58, with the 10-year trends shown in Figure 60. Tompkins County ranks #12 among Upstate counties for the 2005-07 three-year average rate (Figure 58) and though it appears to go in waves over the years, has generally been below the Upstate regional rate (Figure 60).

Substance Abuse

Drug-related hospitalizations are generally low in Tompkins County when compared with other Upstate counties and with Upstate as a region (Figure 61 and Figure 62). Furthermore, the local rates have remained relatively consistent over the 10-year period shown. The average

rate for alcohol-related motor vehicle deaths is also shown in Figure 61. Tompkins County holds the very favorable #6 rank among Upstate counties for this indicator averaged over the 2005-07 period.

Table 9 — Injury mortality & morbidity indicators, Tompkins County, 2005-07

INJURY MORTALITY & MORBIDITY	3 Yr Total 2005-07	Tompkins Rate (Age-Adj)	Upstate Rate (Age-Adj)	Sig Dif Upstate*	State-wide Quartile
Mortality Rate /100,000					
Suicides /100K	17	5.6*	7.7	No	1st
Homicides /100K	s	1.1*	3.1	No	1st
Unintentional Injuries /100K	70	23.8	27.2	No	1st
Motor Vehicles /100K	28	7.8	9.5	No	1st
Non-Motor Vehicles /100K	42	16.0	17.6	No	2nd
Hospitalization Rate /10,000					
Self-Inflicted Injuries (All, age-adj)	176	5.5	5.6	No	2nd
15-19 years	27	7.1	9.9	No	1st
Assaults	36	1.0	2.7	Yes	1st
Unintentional Injuries (All, age-adj)	1,385	51.9	65.9	Yes	1st
<10 years	30	12.2	23.5	Yes	1st
10-14 years	21	15.4	22.3	No	1st
15-24 years	114	12.2	35.8	Yes	1st
25-64 years	473	33.7	45.8	Yes	1st
65+ years	747	255.8	276.0	Yes	2nd
Falls (All, age-adj)	848	32.2	36.8	Yes	1st
<10 years	11	4.5*	9.1	Yes	1st
10-14 years	4	2.9*	7.2	No	1st
15-24 years	38	4.1	6.4	Yes	1st
25-64 years	183	13.0	17.9	Yes	1st
65-74 years	100	71.9	79.7	No	2nd
75-84 years	243	229.1	243.4	No	2nd
85+ years	269	574.4	604.1	No	3rd
Poisonings	215	6.9	9.0	Yes	1st
Traumatic Brain Injuries	158	5.7	8.3	Yes	1st
Alcohol Related Motor Vehicle Injuries and Deaths /100K	146	4.8	5.6	Yes	1st
s: Total suppressed for confidentiality					
*: Fewer than 20 events in the numerator; therefore the rate is unstable					
Source: NYSDOH data for 2005-2007. Revised 5/09. *95% C.I.					

Figure 51 — Unintentional injury related death and discharge average rates, Tompkins County & Upstate, 2005-07 avg.

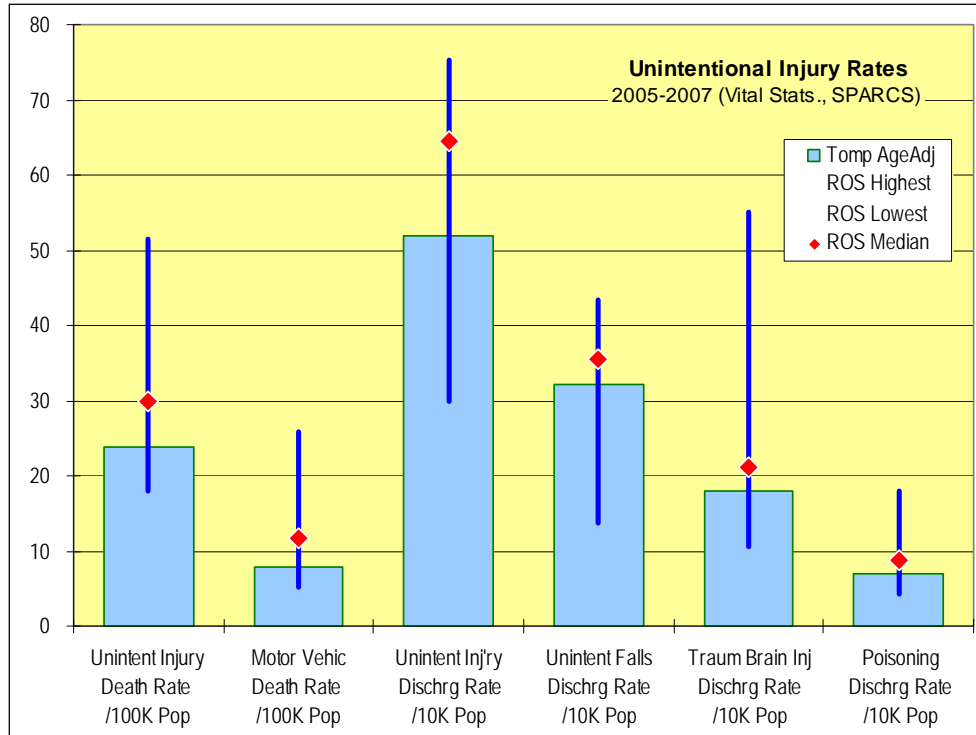


Figure 52 — Motor vehicle related death rate trends, Tompkins County & Upstate, 1998-2007

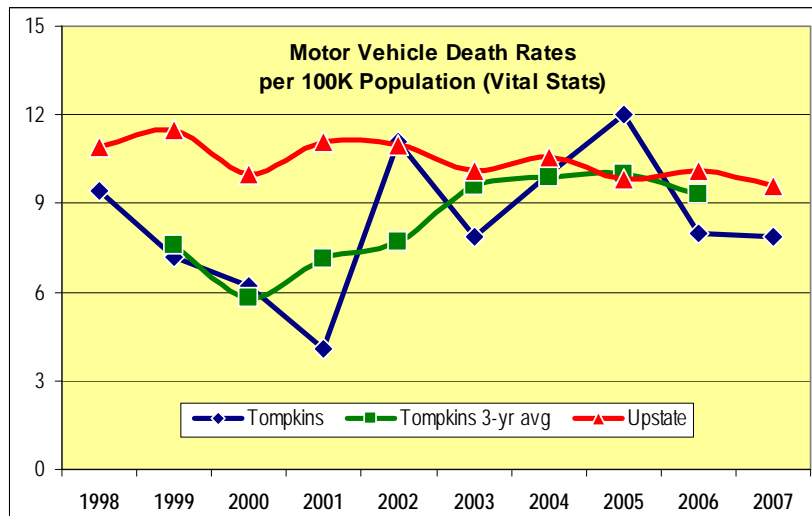


Figure 53 — Unintentional Injury related death rate trends, Tompkins County & Upstate, 1998-2007

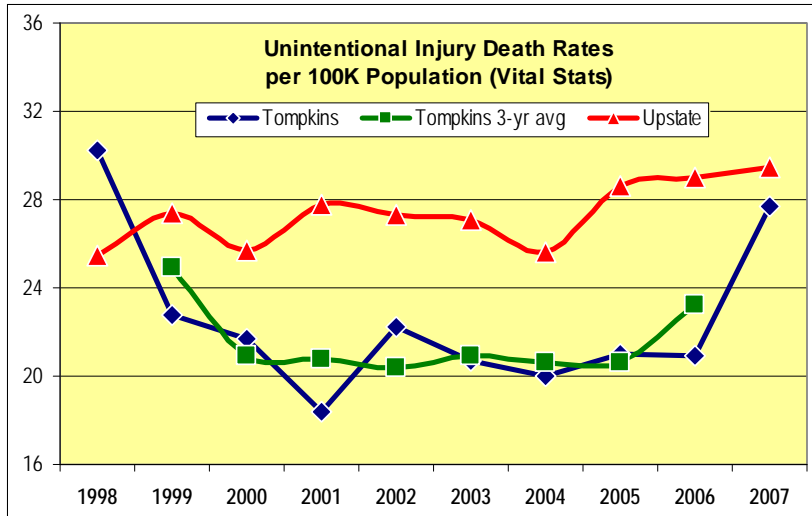


Figure 54 — Falls among adults, Tompkins County & NYS, BRFSS Final Report (July 2008-June 2009)

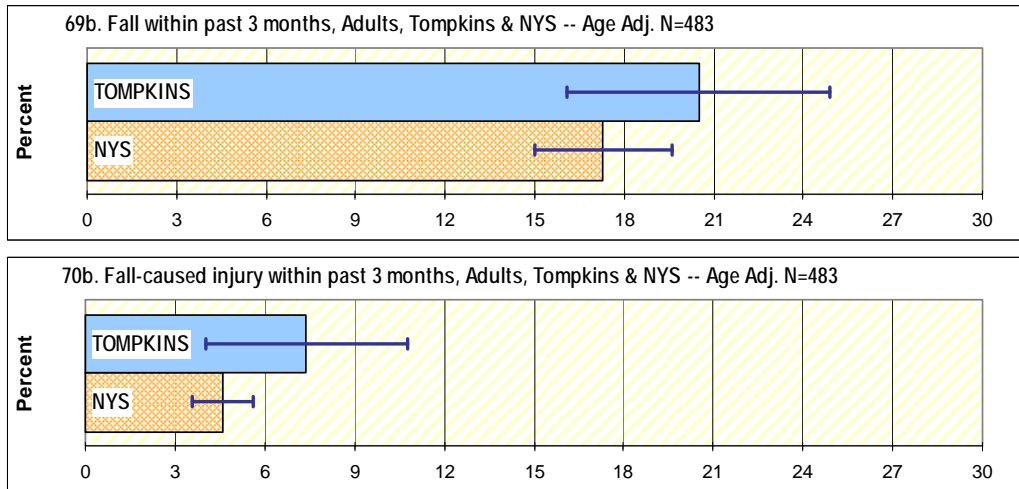


Figure 55 — Violent behavior related death and injury average rates, Tompkins County & Upstate, 2005-07 avg.

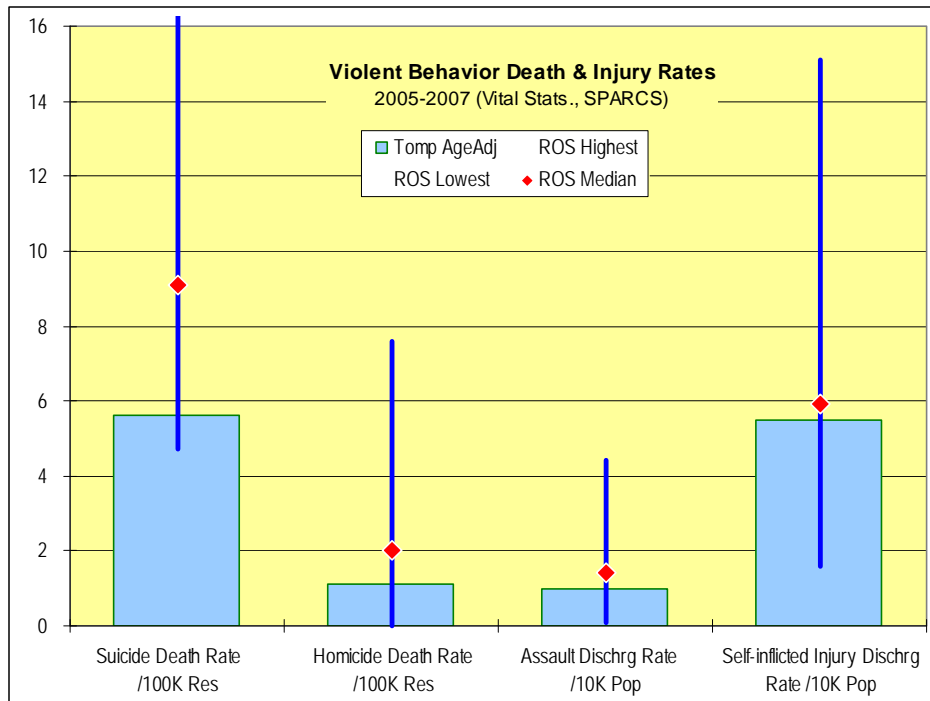


Figure 56 — Suicide death rate trends, Tompkins County & Upstate, 1998-2007

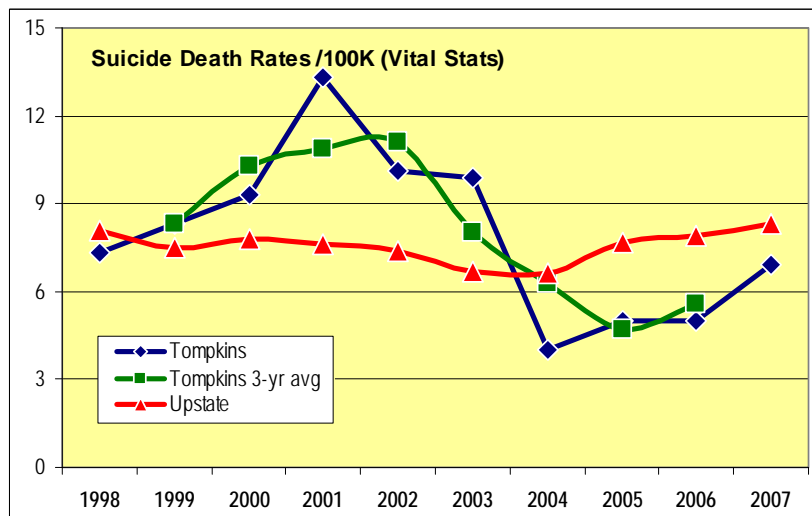


Figure 57 — Homicide death rate trends, Tompkins County & Upstate, 1998-2007

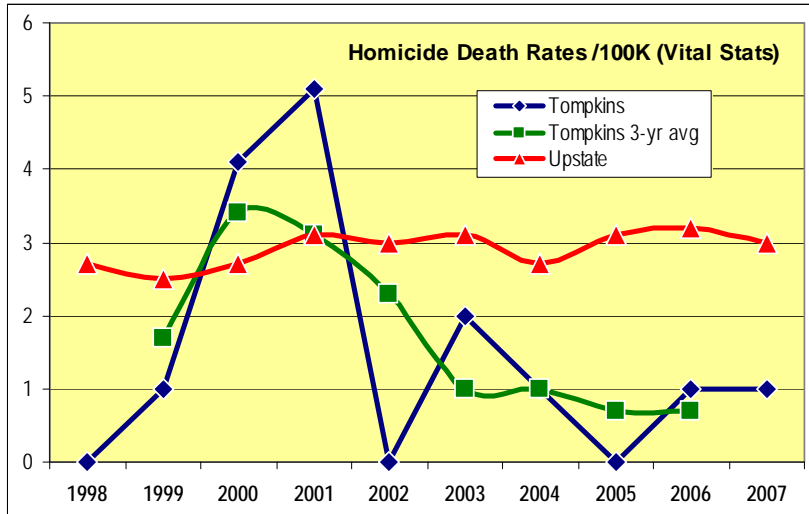


Figure 58 — Adolescent /young adult suicide and self-inflicted injury, average rate 2005-07

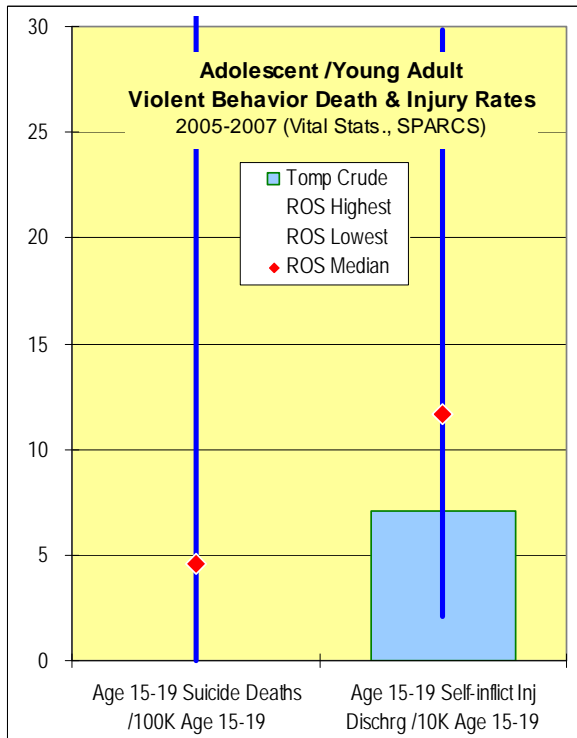


Figure 59 — Adolescent suicide death rate trends, Tompkins County & Upstate, 1998-2007

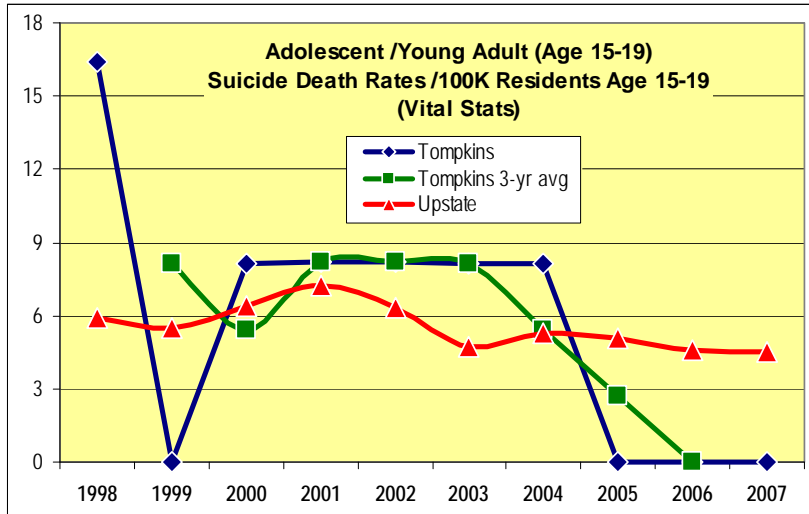


Figure 60 — Self-inflicted injury trends among age 15-19, Tompkins County & Upstate, 1998-2007

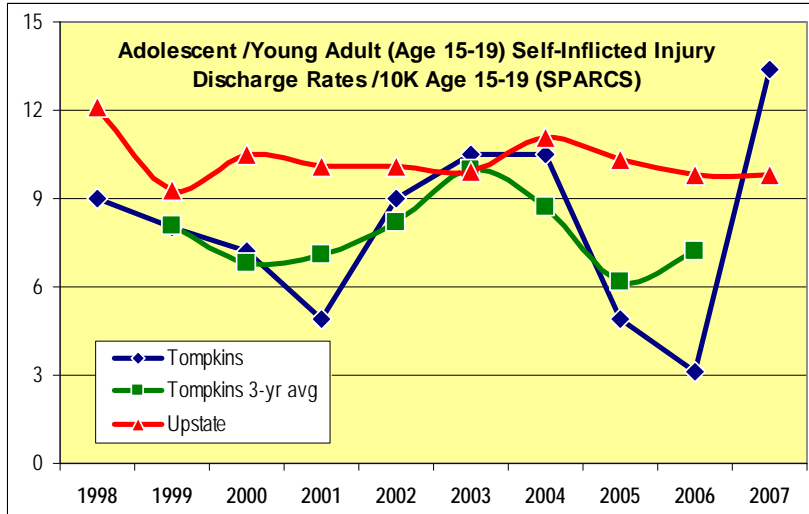


Figure 61 — Substance abuse rates, Tompkins County & Upstate, 2005-07 avg.

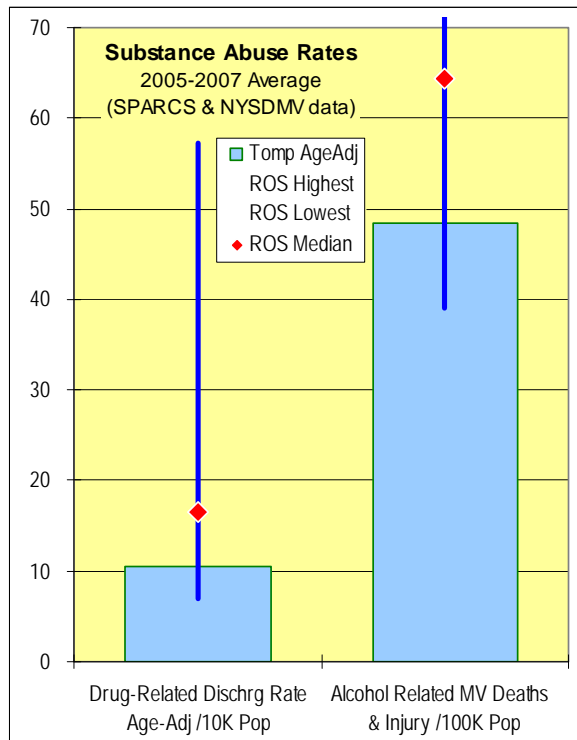
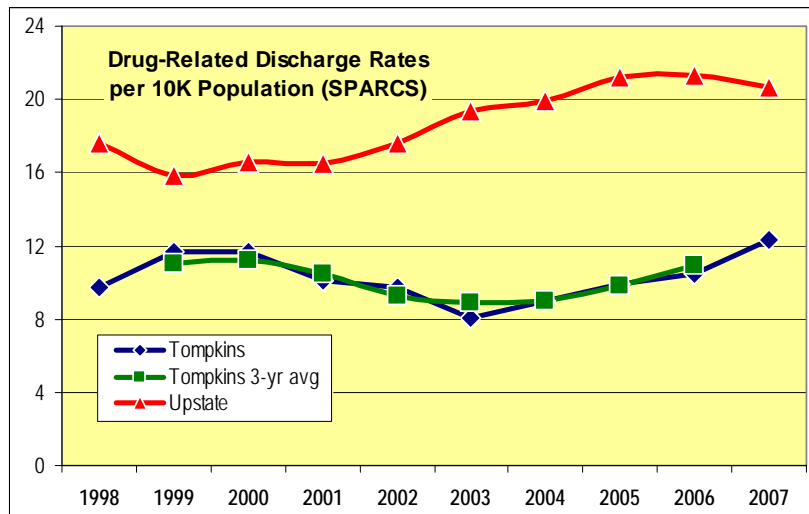


Figure 62 — Drug-related discharge rate trends, Tompkins County & Upstate, 1998-2007



TCHD and Community Resources

While injury from falls is comparable to other upstate counties, it is still a concern for area health care providers and community agencies. In 2009, **Tompkins County Emergency Medical Services (TCEMS)** reports that an emergency medical service (ambulance) was dispatched 1,107 times for fall related injuries. This amounted to 12.7% of all EMS calls; 9.2% of these calls were considered “significant for potential threat to life.” Traffic or transportation

accidents made up 8% of all calls for a total of 712 for the County in 2009. Age-related data was not available.

The Tompkins County **Health Planning Council (HPC)**, a program of the Human Services Coalition (HSC) is pursuing community interest in funding from a local foundation. The foundation will fund collaborative projects to implement and test best practices for reducing the risk of falls. The components would include professional behavior change, personal behavior change and home hazard identification and modification. The HPC will convene representatives from many different disciplines to work on this issue.

The City of Ithaca's **Bicycle and Pedestrian Advisory Council** identifies cooperative solutions for problems facing cyclists, pedestrians, and people with disabilities. The members are appointed by the mayor and meet monthly.

Basic Service Area: Disease Control

Programs:

Sexually Transmitted Disease and HIV

Introduction

Sexually transmitted disease (STD) also referred to as sexually transmitted infection (STI) refers to infectious organisms that are spread through sexual activity. These infections are easily spread by vaginal or anal intercourse and sometimes through oral sex. Some STDs can be spread through blood particularly among intravenous users who may be sharing drug equipment such as needles and syringes. Pregnant women with sexually transmitted infection may pass the infection to the fetus and to the infant during birth or through breastfeeding. Most people with STDs have no symptoms. However STDs can lead to major health problems such as infertility in women, brain damage, cancer or heart disease.

HIV-AIDS Indicators

Mortality

In the 10-year period of 1998-2007, there were four years with no deaths from AIDS in Tompkins County, one year with two deaths and the remaining years with one death. Over this period the average death per year was 0.7 with no real pattern by which a trend could be reported in the manner of the downward trend seen for all Upstate during the same period (Figure 64). Tompkins' most recent age-adjusted rate of AIDS mortality per 100,000 is fewer than one, in the second quartile and about half the median rate among Upstate counties (Table 10 and Figure 63).

Quartiles are county groupings defined when the counties are ranked for the indicator, and then divided into quarters by the ranking. The most favorable 25% of counties by ranking are in the first quartile, the next 25% in the second quartile, and so forth. The median rate for the indicator is the boundary between the second and third quartiles, where half of the counties are above the median, and half are below. The fourth quartile represents the 25% of counties with the least favorable showing for the specific indicator.

Prevalence

Table 10 shows that during the 3-year period 2005–2007, 15 AIDS cases were identified in Tompkins County, and 17 HIV cases were identified. The resulting annual rates per 100,000 residents are determined to be “unstable” since each is based on fewer than 20 total cases. As such, it would be largely speculative to predict future case numbers based on the respective published rates of 5 and 5.6 cases per 100,000 residents per year. A more meaningful understanding of these data is that Tompkins County’s rates for AIDS and HIV cases is about in the middle of the pack among all counties, and not different from the overall rate for Upstate (Table 10 and Figure 63).

Sexually Transmitted Disease (STD) Indicators**Syphilis and Gonorrhea**

The occurrence of primary and secondary syphilis is relatively uncommon outside of large urban population centers, that just a few cases in any one year cause a noticeable upswing in the indicator. (The CDC reports that half of all primary and secondary syphilis cases in 2006 in the United States were reported from 20 counties and 2 cities.) Such is the case for Tompkins County where 5 cases were recorded by the New York State Department of Health (NYSDOH) in 2007, and a total of 8 for the 2005–2007 reporting period (Table 10). This put Tompkins County in the fourth quartile — among the 25% of counties with the least favorable rate of early syphilis cases, although the graphic representation of this indicator (Figure 65) shows the narrow margins within which these rates are contained.

The Tompkins County Health Department (TCHD) publishes case counts for communicable disease in their annual report, and the 10-year trend for in syphilis cases is shown in Figure 67. The high mark 10 cases in 2008, dropped to only 1 in 2009. This assures that, regardless of the effectiveness of health promotion efforts triggered by the 2008 cases, the 3-year average rate published by the NYSDOH will remain high in the short term.

In contrast, cases of gonorrhea as reported by the TCHD (Figure 67) peaked in 2007 (as did Chlamydia, which is discussed below). The NYSDOH reports gonorrhea cases for all ages and separately for ages 15-19 years, and their data is shown in Table 10 and Figure 65. While the 3-year average rate of gonorrhea incidence for all ages is higher in Tompkins County than the median for all counties (more than half of the counties have lower rates), the local rate for teen incidence is significantly lower than for Upstate overall, and below the Upstate county median.

Chlamydia

The average rate of Chlamydia infections in Tompkins County is somewhat higher than the Upstate median among all males (ranks 45th out of 57) and just about at the Upstate median among all females (ranks 30th out of 57, see Figure 66). Local rates for teen males age 15–19 are at about the median of Upstate counties and below the median for males age 20–24 (rank 32nd and 17th out of 57, respectively, Figure 66). Of interest when reviewing the graph is the apparent extreme difference between the median and maximum rates for teen males among Upstate counties. This occurs because while in the majority of Upstate counties the average Chlamydia infection rates among teen males is below the median of about 230 per 100,000, a handful of extremely high rates are reported, particularly in the urban centers; the highest rates are 1,083 in Monroe County, 992 in Onondaga County, 872 in Erie County. A similar pattern is present for males age 20–24.

Also of note is the difference in rates for all males and those for the specific age groups. In these cases it is important for the reader to remember that the rate is calculated as number of cases per 100,000 population for the specific age group. In Tompkins County, out of 186 total cases in the period 2005-2007, 135 occurred in the combined 15–19 and 20–24 age groups (Table 10). That equates to 73% of the cases within only 32% of the total population of males.

The pattern of infection rates among young females (15–19 and 20–24 age groups) shows some similarities, although Tompkins County's rates are considerably lower relative to other Upstate counties than was seen among males (Figure 66). In fact, Tompkins County is second lowest statewide for the age 20–24 group, 10th lowest for the age 15–19 group. Considering the lopsided age of infections in females, 86% of female infections are in the combined age 15–24 group, ages which comprise 30% of the total female population in Tompkins County.

Over the 10 years from 2000-2009, Chlamydia incidence has increased nearly 4-fold in Tompkins County according to TCHD records (Figure 67). Chlamydia was not a reportable disease to New York State Department of Health until 2000.

Table 10 — Rates of HIV and sexually transmitted diseases, Tompkins County, 2005-2007

HIV / AIDS	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile
AIDS case rate /100K	15.0	5.0 *	No	3rd
HIV case rate /100K	17.0	5.6 *	No	3rd
AIDS mortality rate /100K	s	0.7 *	No	2nd
AIDS mortality rate age-adjusted	s	0.7*	No	2nd
SEXUALLY TRANSMITTED DISEASES				
Early Syphilis rate /100K	8.0	2.7 *	No	4th
Gonorrhea rate /100K				
All Ages	76.0	25.2	Yes	3rd
15-19 years	18.0	47.2 *	Yes	2nd
Chlamydia rate /100K				
Males				
All Ages	186.0	123.7	No	3rd
15-19 years	46.0	233.3	Yes	3rd
20-24 years	89.0	306.1	Yes	2nd
Females				
All Ages	381.0	252.6	Yes	2nd
15-19 years	156.0	846.6	Yes	1st
20-24 years	170.0	651.8	Yes	1st
Pelvic inflammatory disease (PID) hospitalization rate /10K women ages 15-44 years	15.0	1.8 *	Yes	1st
s: Total suppressed for confidentiality				
*: Fewer than 20 events in the numerator; therefore the rate is unstable				
Source: NYSDOH data for 2005-2007. Revised 5/09. *95% C.I.				

Figure 63 — HIV-AIDS mortality and incidence, Tompkins County and Upstate NY, 2005-2007

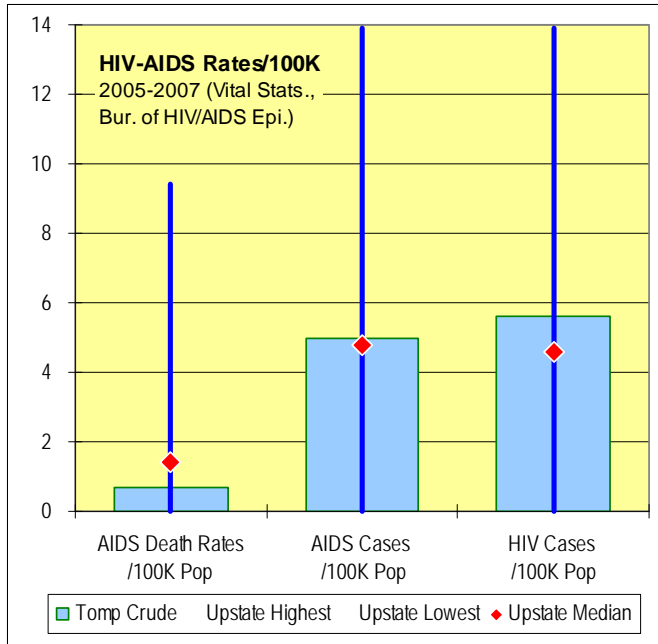


Figure 64 — Trend in AIDS Mortality Rate /100K population, Tompkins County & Upstate, 1998-2007

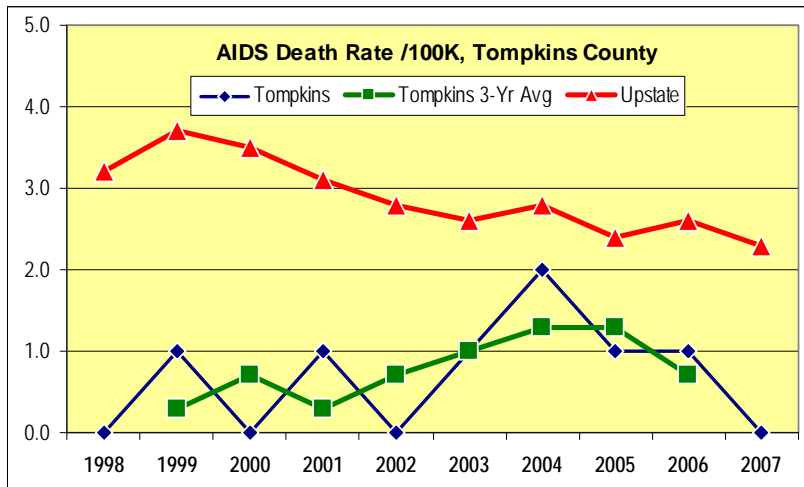


Figure 65 — Incidence of sexually transmitted diseases, Tompkins County and Upstate NY, 2005-2007

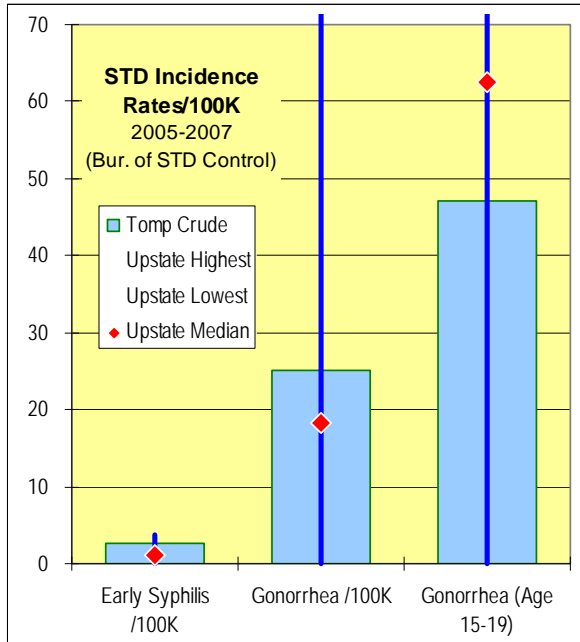


Figure 66 — Incidence of sexually transmitted diseases, Tompkins County and Upstate NY, 2005-2007

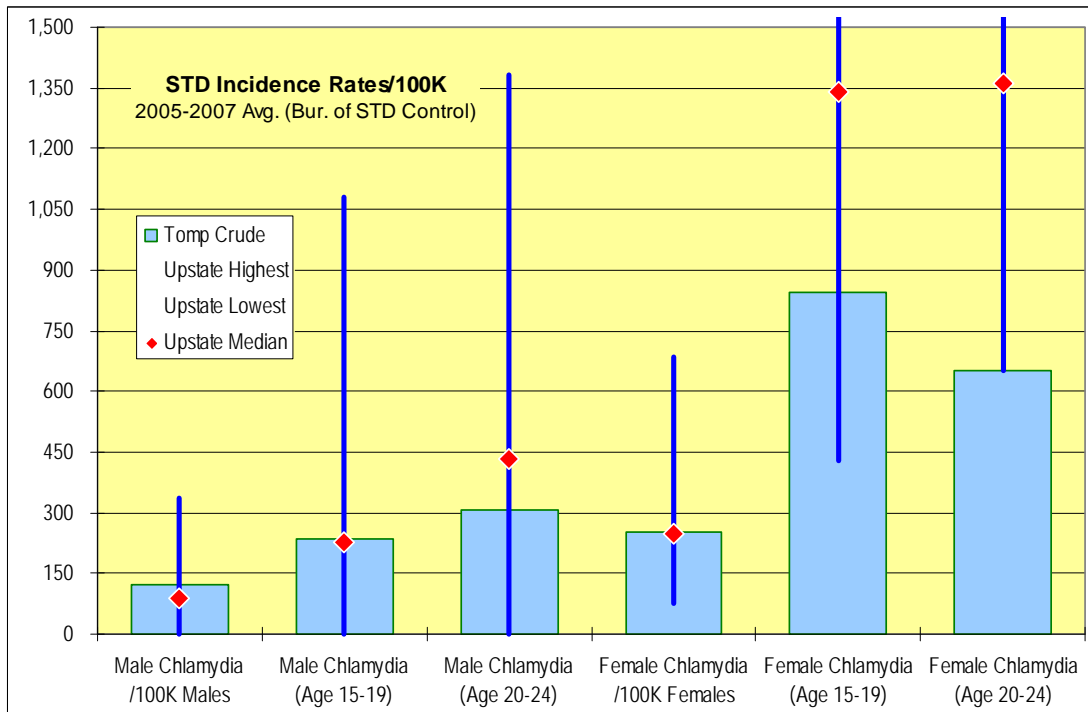
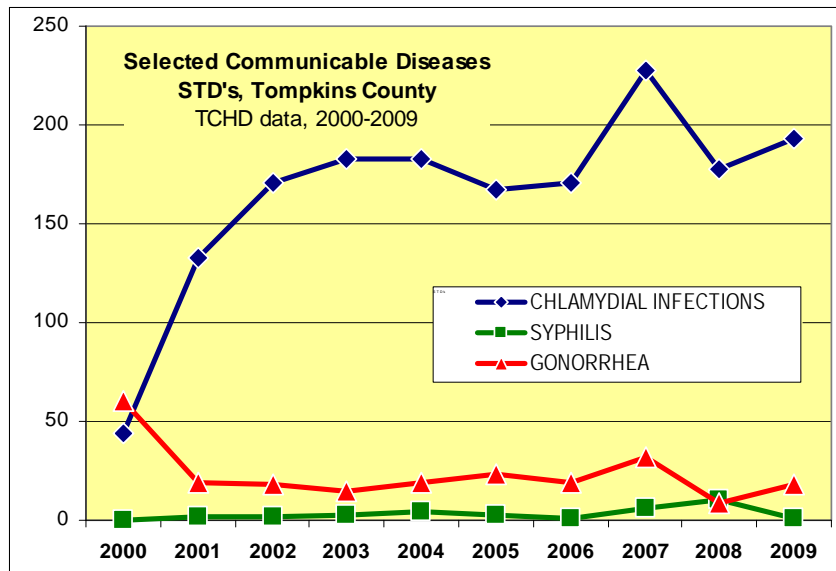


Figure 67 — Incidence of sexually transmitted diseases, Tompkins County, 2000-2009



TCHD and Community Resources

STD Testing: Planned Parenthood of the Southern Finger Lakes (PPSFL) provides STD testing and treatment for men and women. TCHD contracts with the agency to provide those services for its eligible clients and any Tompkins County resident. Gannett Health Services at Cornell University and Hammond Health Center at Ithaca College provide STD testing and treatment for their student populations.

HIV Testing: TCHD contracts with PPSFL to provide rapid, confidential HIV testing at no cost for eligible Tompkins County residents or for minimal to other clients. Gannett Health Services at Cornell University and Hammond Health Center at Ithaca College offer confidential HIV testing.

TCHD offers free, rapid, anonymous HIV testing on site and at several community locations including Southern Tier Aids Program (STAP), Loaves and Fishes – a congregational meal site, Tompkins Cortland Community College (TC3) and Lifelong (Senior Citizen Center). TCHD offers STD counseling and education. From 2004 to 2008 TCHD tested 1,292 adults for HIV. During that period, 8 individuals tested positive for HIV at TCHD.

Beginning in late 2007 and in the first half of 2008, there was a significant increase in **syphilis** cases in Tompkins County. Between December 2007 and September 2008 there were six infectious cases of syphilis. The cases were a result of risky sexual behavior facilitated by online connection and contact. As a result, TCHD facilitated a workgroup of key partners and health care facilities in an effort to educate the public and control the transmission of the disease. An added concern was the possible co-infection of HIV.

Partners included Tompkins County Health Department (TCHD), Hammond Health Center at Ithaca College, Cornell University's Gannett Health Services, Tompkins-Cortland Community College and Planned Parenthood of the Southern Finger Lakes. The group collaborated to provide information and outreach on prevention, testing, and treatment of syphilis and other sexually transmitted diseases (STD).

The collaboration of health care and community organizations was successful in encouraging many people who thought that they were at risk for syphilis to be screened and

treated. Local providers were informed of the increase in the number of cases and the signs and symptoms of the disease which can often be mistaken for other illnesses.

NYSDOH supported this educational and outreach effort and awarded the Tompkins County Health Department a \$15,000 grant to broaden the efforts of the community partnership. The outreach will target campus communities and the community in general through poster distribution, transit bus advertising, drink coasters in bars and other targeted outreach strategies. A new website was launched providing information on STD prevention, screening and treatment; www.tc-std.info. In 2009 there was one case of syphilis in Tompkins County. This reduction could be attributed at least in part to the outreach strategies implemented by community partners.

Communicable Diseases including Vaccine Preventable Diseases

Introduction

New York State relies on local health departments (LHD) including TCHD to control and mitigate disease. This is accomplished through vaccination program activities (for certain diseases) and surveillance, reporting and investigation activities. Vaccine preventable and over 57 other communicable diseases are considered reportable diseases as required by public health law. Physicians and health care facilities are required to report diagnosed or suspected cases of these reportable diseases to the LHD. Additionally, any disease outbreak, cluster or unusual/emerging disease of unknown etiology must also be reported to the LHD. Communicable disease staff at TCHD investigates and notifies NYSDOH.

Tuberculosis

While the number of Tuberculosis (TB) cases in Tompkins County varies year-to-year, over the past decade at least one case per year has been recorded (see Figure 70). Officially, the NYSDOH reports that Tompkins County's current average TB incidence rate is above the state median and ranks 41st among the 57 Upstate counties. However, this average rate is not statistically different from the overall rate for Upstate as a region (see Table 11 and Figure 68).

As indicated in Table 11, the rate given for TB incidence in Tompkins County qualifies as "unstable" since it is based on a low actual number of cases. This is consistent with the annual variability cited above and visible in Figure 70. The Tompkins County Health Department also tracks the number of latent TB infections (LTBI) identified annually within the county, and the number of cases that are treated. Treatment for LTBI is voluntary, while treatment for active TB is mandatory. LTBI cases are identified in collaboration with Cornell University in response to the University's large and transient international population.

International students make up 16.6% of Cornell's graduate and undergraduate enrollment. This necessitates the close collaboration between TCHD and Gannett Health Services at Cornell. Students with latent TB infection are educated on the benefits and risks of treatment and are monitored for medication side effects if they are treated. Ithaca College and TC3 have significantly fewer international students although TCHD works closely with both college health services on communicable disease as it does with other local health care providers. In 2009 there were 6 active pulmonary TB cases in the County. One of which was multi-drug

resistant, the County's first case. The person received the necessary medication during daily directly observed therapy (DOT) home visits.

Vaccine-Preventable Diseases

Pertussis

A spike in reported Pertussis cases in 2006 pushed the average rate recorded for Tompkins County to one of the highest in the state - 46th of the 57 Upstate counties and statistically higher than the rate for Upstate as a region. Table 11 shows the Tompkins and Upstate average rates, and Figure 69 shows the Tompkins average rate (top of the bar) compared with the Upstate average rate (diamond) and highest and lowest average rates among Upstate counties (ends of the solid line). In this graph the highest rate is off the chart, though only 6 counties have an average rate above 20 cases per 100,000 population.

As with many other communicable diseases, local Pertussis cases have varied widely year-to-year. Graphic representation of that trend over a 10-year period is shown in Figure 71. Wide swings of the nature seen there are not uncommon among Upstate counties, with 3- or 4-fold spikes occurring in just one year. In fact, for the 2005-2007 period shown in Figure 69, the highest average rate among Upstate counties — off the chart at 79.4 cases per 100,000 population — is the result of just one case in 2005, a whopping 112 cases in 2006 and settling back to 4 cases in 2007. This all occurred in Montgomery County, a small county along the Mohawk River with half the population of Tompkins County.

Hepatitis

The New York State Department of Health (NYSDOH) publishes average incidence rates by county for Hepatitis A virus (HAV) and Hepatitis B virus (HBV) (see Table 11). For both the average Tompkins County rate is qualified as unstable due to the low total case number for the 3-year reporting period, 2005-2007. Still, based on the numbers shown Tompkins County has the highest average HAV rate of all 57 Upstate counties (Figure 68), though it is not statistically different than the average rate for Upstate as a region (Table 11).

Note that the Upstate rate — which is based on the total number of cases and total population for all Upstate counties — is a different statistic than the median rate of Upstate counties — which represents the middle ranked rate among all single counties. All rates are calculated based on the average cases per year during the period 2005-2007, standardized per 100,000 of population.

Data for HBV indicates that Tompkins County is right at the median among Upstate counties — ranked 28th of 57 counties — and essentially equal to the Upstate region rate (Table 11 and Figure 68).

Along with Hepatitis A, the Tompkins County Health Department reports Hepatitis B and C separately for acute and chronic cases. Figure 70 and Figure 71 show case trends from 2000–2009 for Hepatitis A, B acute, C acute, B chronic and C chronic. Among the 5 data sets, only chronic Hep C shows a consistent trend — upward. The others are, on average, flat across the years.

Zoonotic Diseases

Lyme Disease

The highest incidence of Lyme Disease are in the Hudson Valley and Capital regions of New York State. One quarter of Upstate counties have an average rate above 22 cases per

100,000 population, and all are in these two regions plus Suffolk County, Long Island. Another quarter of Upstate counties have an average rate below 2 cases per 100,000, and all but one of these are in central or western regions of the state.

In Tompkins County, incidence of Lyme Disease is just above the Upstate median (Figure 68). Note that the Upstate rate shown in Table 11 is skewed by the extremely high rates in the eastern part of the state. Local incidence of Lyme Disease did show a sharp increase in 2008 with only a slight drop in 2009 (Figure 73), which will be reflected in the average data released by the NYSDOH. The state data release will provide insight as to whether similar increases occurred regionally or were isolated to Tompkins County.

Rabies Exposure

The state health department (NYSDOH) does not report rates of exposure to rabies, so comparisons of Tompkins County data with other counties are not available. However, TCHD counts show a steady increase in cases over the 10-year period, 2000-2009 (see Figure 73).

Prevention Behaviors

The Behavioral Risk Factor Surveillance System (BRFSS) expanded survey polls county residents on prevention-related activities, including whether or not they've gotten a flu shot or pneumonia vaccine in the past year. Figure 74 shows relevant data from the most recent survey for Tompkins County and the state as a whole. Within the margins of error, Tompkins County is comparable to the entire state for flu shots among adults age 65+ years, and for pneumonia vaccinations both among all adults and among the age 65+ group. However, among all Tompkins County adults, the proportion who reported having gotten a flu shot — just over 50% — was statistically higher than for all adults statewide — just over 40%.

Table 11 — Immunization & infectious disease indicators, Tompkins County, 2005-07

IMMUNIZATION & INFECTIOUS DISEASE	3 Yr Total 2005-07	Tompkins Rate	Upstate Rate	Sig Dif Upstate*	State-wide Quartile
Pneumonia /flu hospitalizations, adults 65+ yrs /10,000 (ICD9 480-487)	580.0	198.6	176.8	Yes	3rd
Case incidence per 100,000 population					
Pertussis	46.0	15.3	6.9	Yes	4th
H. Influenza	s	0.7*	1.4	No	1st
Hepatitis A	6.0	2.0*	0.9	No	4th
Hepatitis B	s	0.7*	0.8	No	2nd
Tuberculosis	6.0	2.0*	2.7	No	3rd
E. Coli	3.0	1.0*	1.2	No	2nd
Salmonella	42.0	13.9	13.0	No	3rd
Shigella	5.0	1.7*	2.4	No	3rd
Lyme disease	13.0	4.3*	40.6	Yes	3rd
s: Total suppressed for confidentiality					
*: Fewer than 20 events in the numerator; therefore the rate is unstable					
Source: NYSDOH data for 2005-2007. Revised 5/09. *95% C.I.					

Figure 68 — Infectious disease, Tompkins and Upstate, average rates per 100,000, 2005-07

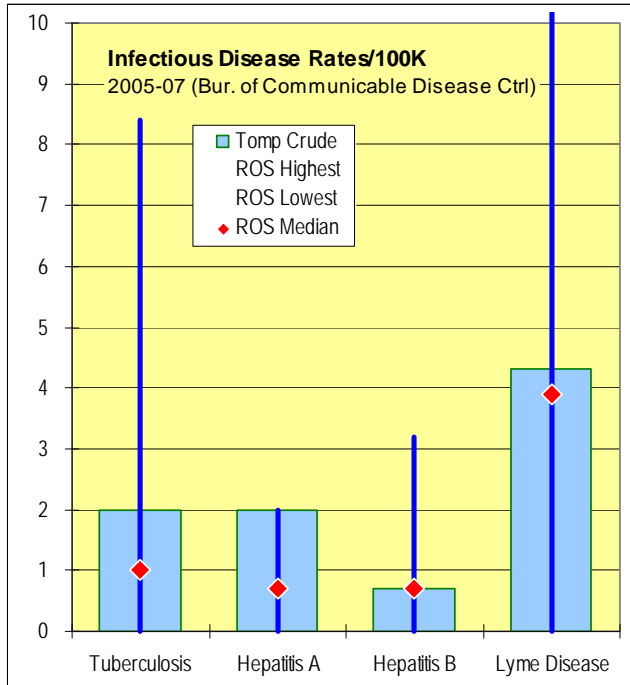


Figure 69 — Pertussis, Tompkins and Upstate, average rate per 100,000, 2005-07

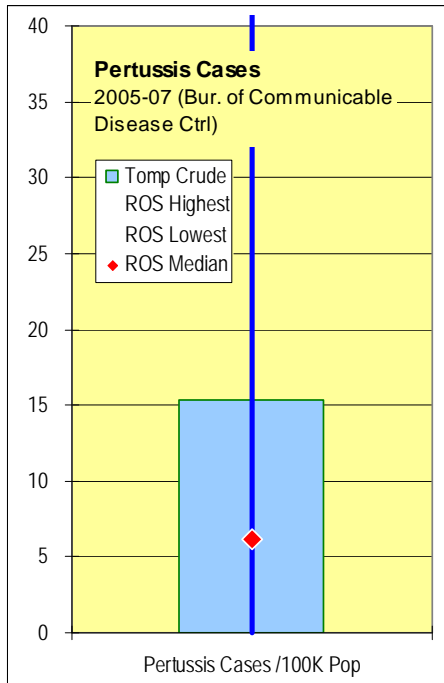


Figure 70 — Communicable disease case trends in Tompkins County, 2000-2009, TCHD Annual Report

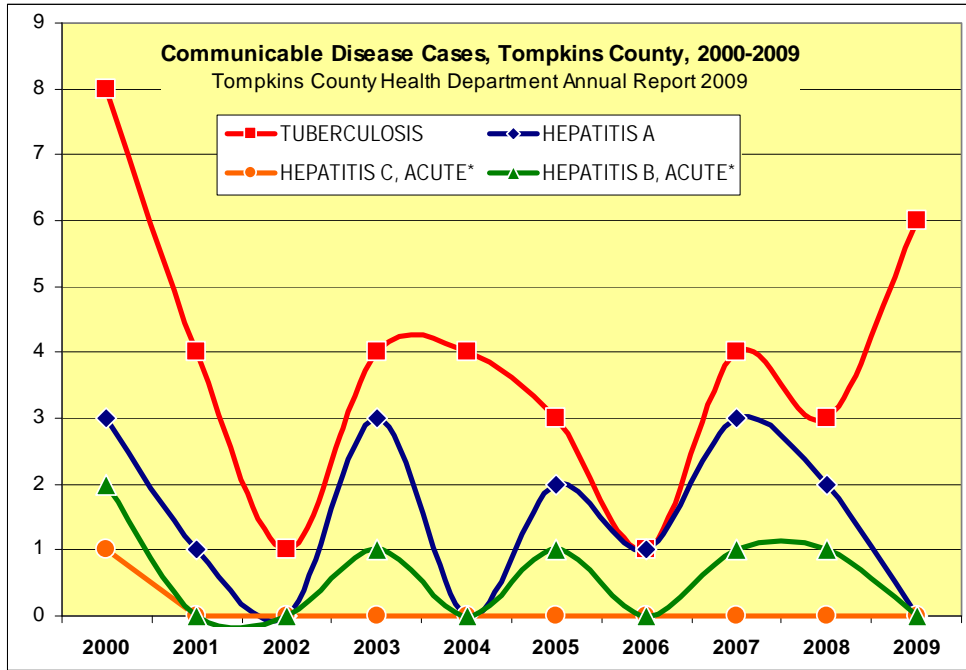


Figure 71 — Communicable disease case trends in Tompkins County, 2000-2009, TCHD Annual Report

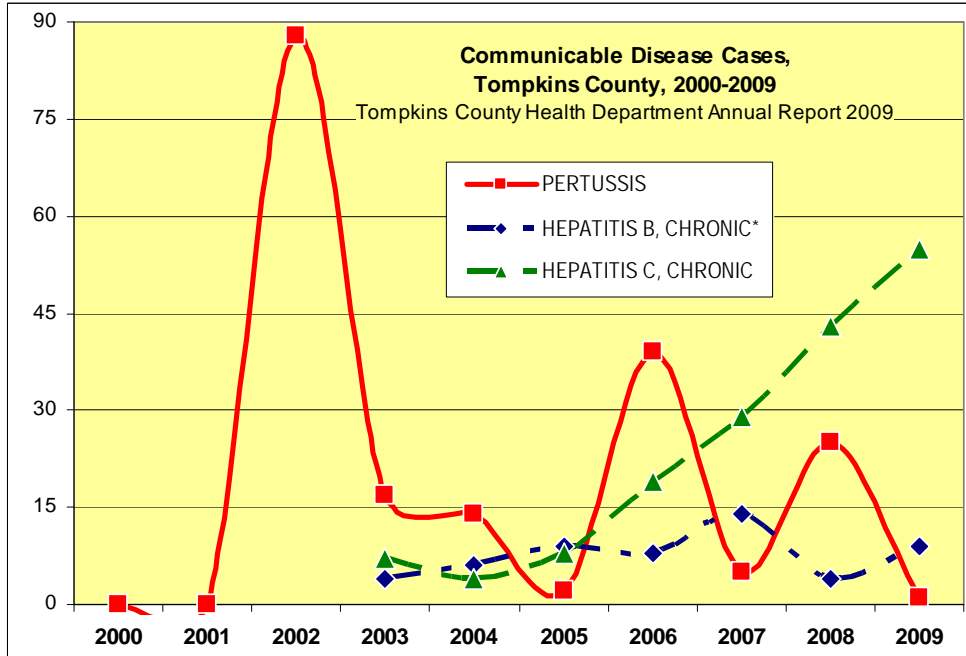
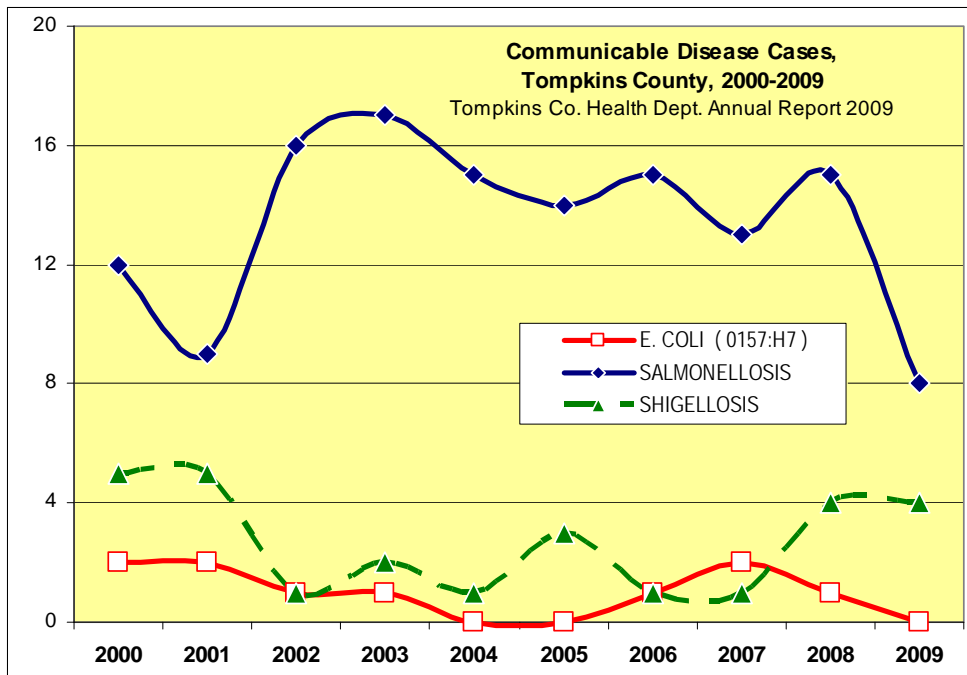


Figure 72 — Communicable disease case trends in Tompkins County, 2000-2009, TCHD Annual Report



E. Coli, Salomellosis, and Shigellosis are communicable diseases that affect the gastrointestinal system.

Figure 73 — Zoonotic disease case trends in Tompkins County, 2000-2009, TCHD Annual Report

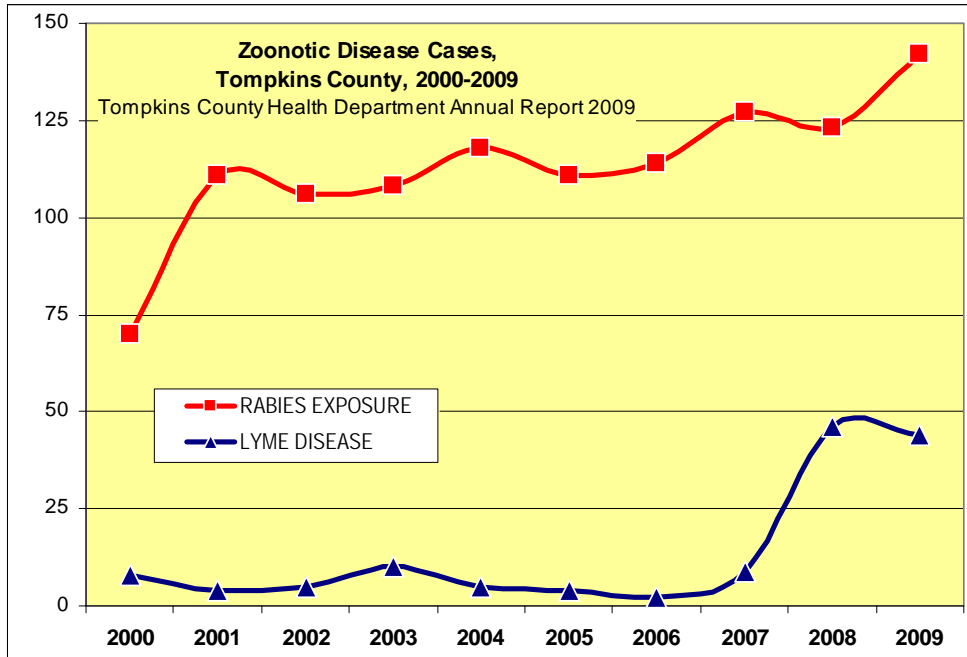
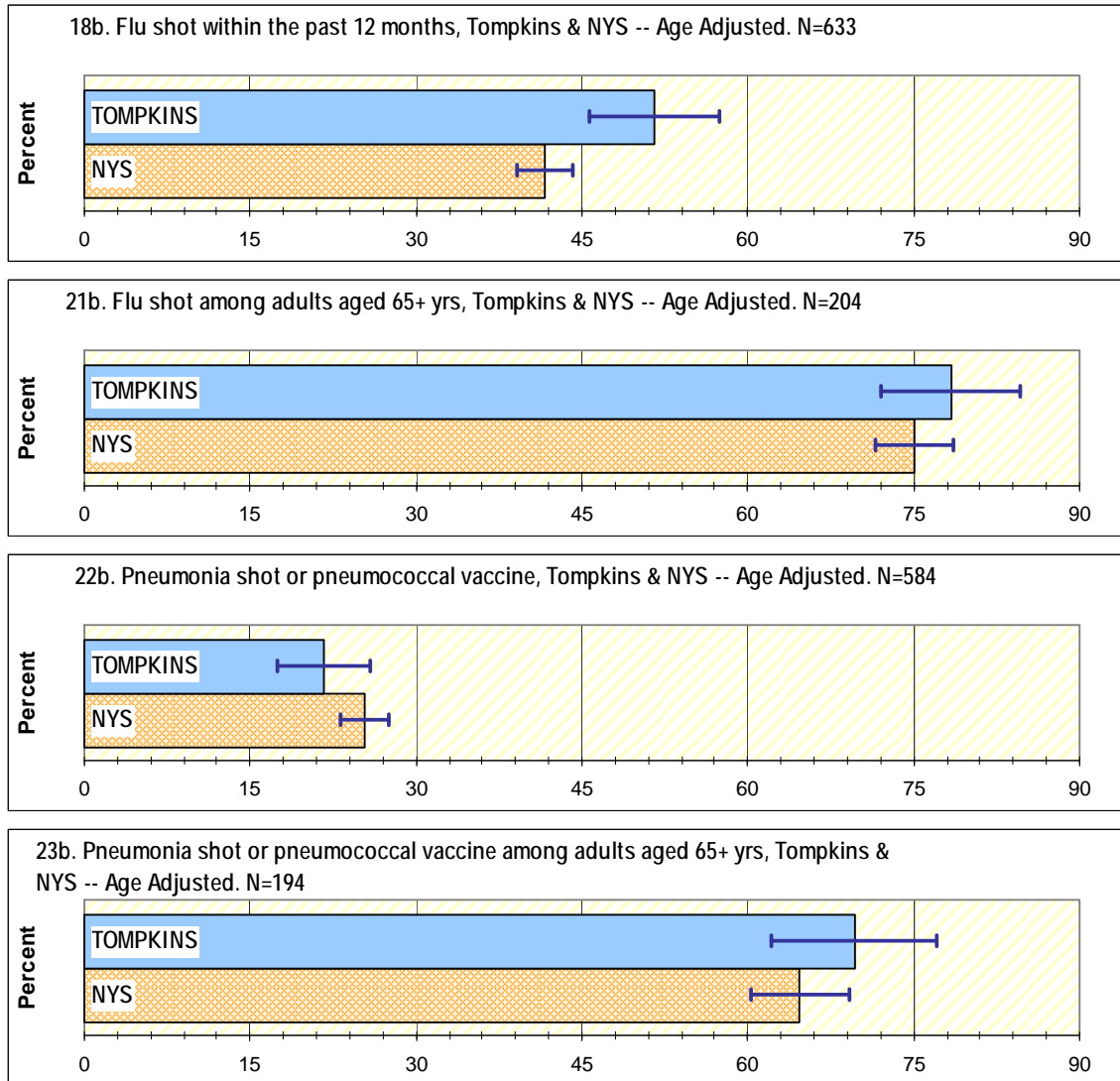


Figure 74 — Immunization among adults, Tompkins County & NYS, BRFSS Final Report (July 2008-June 2009)



TCHD and Community Resources

TCHD communicates regularly with Cayuga Medical Center and local providers including college health services on communicable disease concerns. Blast faxes are sent to providers on emerging issues, clinical guidelines for diagnosis and treatment, and processes for contacting TCHD. The *CD Report* is compiled a few times a year and sent to providers and informs them on local incidence of diseases such as TB and pertussis, for example. TCHD staff is in close contact with the 5 school districts in the County. And TCHD staff facilitates the Adult Immunization Coalition which meets four times a year. The coalition is made up of local providers, voluntary organizations such as Rotary, Ithaca City School District, pharmaceutical company representatives, college health representatives and others.

Chronic Disease

Chronic Disease - Cancer

Cancer is one of the most common chronic diseases in New York State and the country. In New York State cancer is the second leading cause of death, second only to heart disease. During the 5-year period 2002-2006, there were 402 average annual cases of invasive malignant tumors in Tompkins County and 140 average annual deaths from cancer during that same period. Cancer is a group of more than 100 different diseases caused by an abnormal growth of cells in the body. Morbidity and mortality data for the leading cancers in Tompkins County is presented below.

Cancer Indicators

Mortality

Over the 5-year period, 2002-2006, mortality rates for specific cancers in Tompkins County were not statistically different from those for all Upstate counties as a region (Table 12). This means that, when random variations that create sampling error are accounted for, the Tompkins County rates are consistent with those found for Upstate as a whole.

The bar chart showing cancer mortality rates (Figure 75) provides a different view of the data covering the years 2003-2007. The chart shows the Tompkins County rate (the light blue bar) compared to the lowest and highest rates among the 57 Upstate counties (the dark blue line), and the median rate for Upstate counties (the red diamond). The median represents the point where half the counties are lower, and half are higher.

Tompkins' deaths from **lung and bronchus cancers** are visibly lower than the Upstate median, and is among the most favorable for Upstate counties ranking number seven for age-adjusted mortality rates. Over the years from 2002–2007, Tompkins' lung cancer mortality rate has risen about 15 percent. Interestingly, over that period of time the rates for lung cancer among females dropped, and that for males rose to where the two rates matched in 2005 and 2007 (Figure 76).

Female breast cancer mortality rates (age adjusted) for Tompkins County are slightly higher than the Upstate median (Figure 75), with a rank of 37 of the 57 counties. Over the 6-year period from 2002–2007, this rate nearly doubled in Tompkins County from 16.0 to 29.7 deaths per 100,000 female residents. During the same period, the rate for all of Upstate dropped slightly (Figure 77).

Mortality rates for **cervical cancer** have remained low both in Tompkins County and for the Upstate region. The Tompkins rate is slightly above the median for Upstate counties, though because the numbers are small, the difference in rate per 100,000 females is negligible (Figure 75 & Figure 78).

Colorectal cancer deaths occur in Tompkins County at a rate slightly below the 57-county median. The county has seen an overall decrease in these deaths from 2002-2007, mirroring the decline for Upstate as a region (Figure 75 & Figure 79).

Incidence

While Tompkins' mortality rates for specific cancers are roughly in line with those for the Upstate region as a whole, incidence rates are more varied (Table 13). For example, combined data for the years 2002–2006 shows that the age adjusted rate for lung & bronchus cancer incidence in Tompkins County was significantly lower than the Upstate rate, while prostate

cancer incidence was significantly higher. Incidence rates for colorectal, female breast, cervical, ovarian and oral cancers were not statistically different between Tompkins and Upstate.

Interestingly, the percent of early stage detection for ovarian and prostate cancers is significantly better in Tompkins County than for the Upstate region (Table 14), though Tompkins has not yet reached the state goal of 95 percent detection.

A graphic representation of cancer incidence rates between 2002 and 2006 (Figure 80) shows how Tompkins County compared with the other Upstate counties. With respect to lung & bronchus cancer, Tompkins has the 2nd lowest incidence rate among all 57 Upstate counties. For the other types of cancer shown, Tompkins' incidence rate is close to the median rate for Upstate counties.

Table 12 — Cancer mortality indicators, Tompkins County, 2002-06

Cancer Indicators: Mortality (2002-06)	5 Yr Total 2002-06	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	Prev'tn Agenda 2013 Goal
AGE-ADJUSTED MORTALITY (per 100,000)					
Oral Cavity & Pharynx	10	2.5	No	3rd	
Colon & Rectum	78	18.7	No	2nd	13.7
Lung & Bronchus	188	47.0	No	1st	
Melanoma of the Skin	15	3.7	No	4th	
Female Breast	50	21.8	No	2nd	21.3
Cervix Uteri	6	2.5	No	3rd	2.0
Ovary	24	10.7	No	3rd	
Prostate	32	21.5	No	1st	

Source: NYSDOH data for 2002-2006. Revised 4/09. *95% C.I.

Figure 75 — Cancer mortality rates, Tompkins County & Upstate, 2003-07 avg.

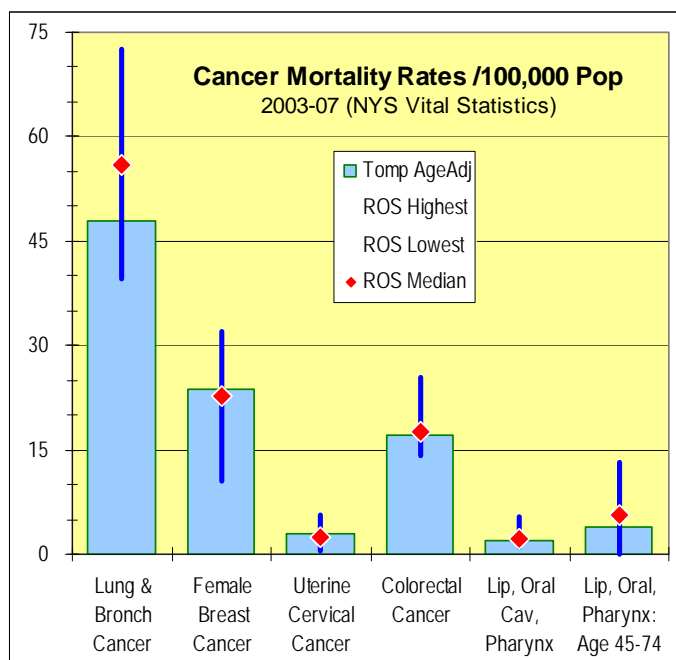


Figure 76 — Lung cancer mortality rate trends, Tompkins County & Upstate, 2002–2007

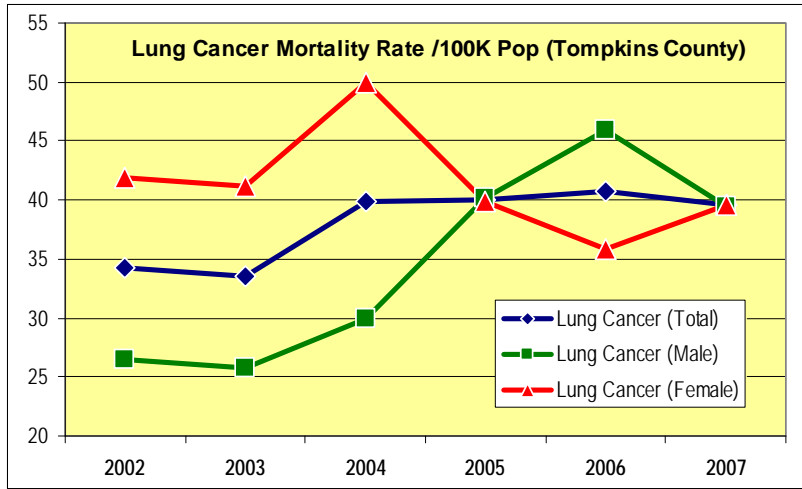


Figure 77 — Female breast cancer mortality rate trends, Tompkins County & Upstate, 2002–2007

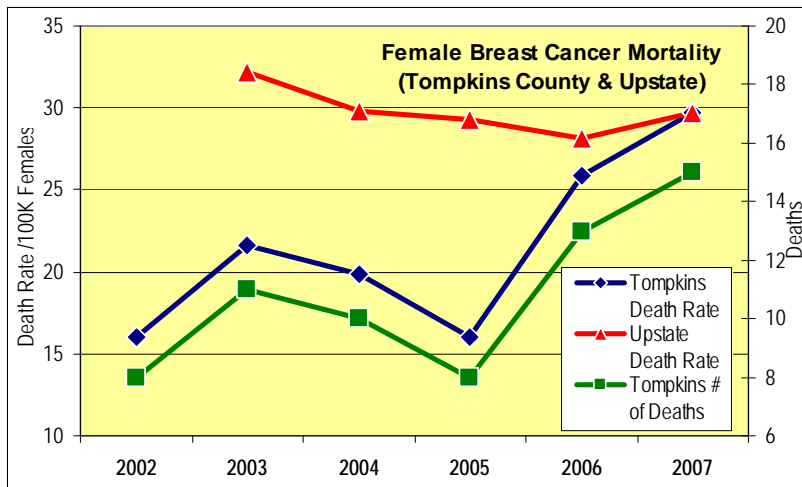


Figure 78 — Cervical cancer mortality rate trends, Tompkins County & Upstate, 2002–2007

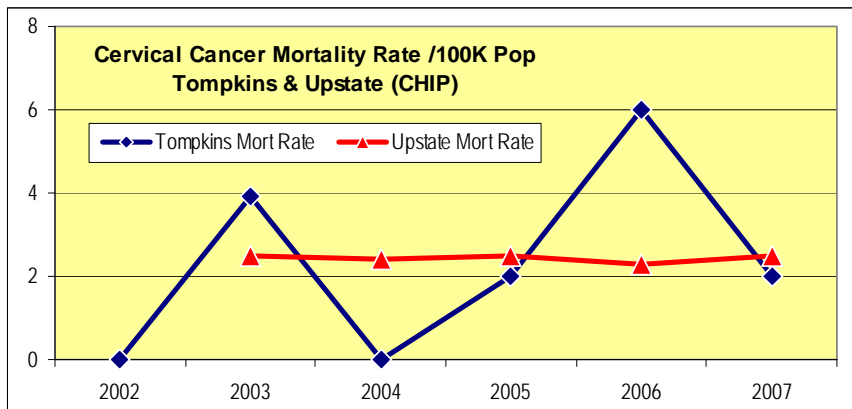


Figure 79 — Colorectal cancer mortality rate trends, Tompkins County & Upstate, 2002–2007

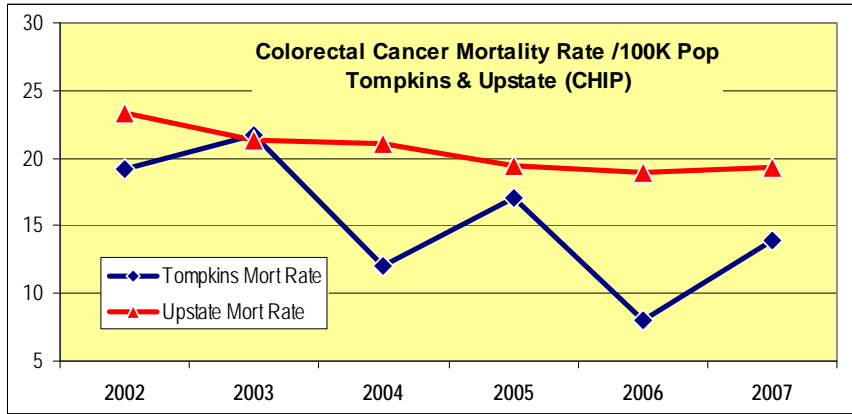


Figure 80 — Cancer incidence, Tompkins County & Upstate, 2002-06 avg.

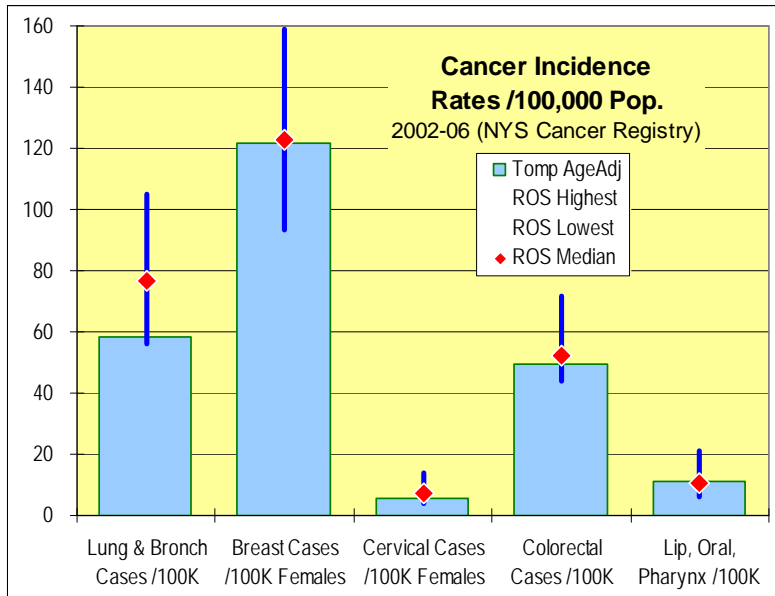


Table 13 — Cancer incidence indicators, Tompkins County, 2002-06

Cancer Indicators: Incidence (2002-06)	5 Yr Total 2002-06	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	Prev'tn Agenda 2013 Goal
AGE-ADJUSTED INCIDENCE (per 100,000)					
Oral Cavity & Pharynx	45	11.0	No	3rd	
Colon & Rectum	210	51.2	No	2nd	
Lung & Bronchus	241	60.4	Yes	1st	M: 62.0 F: 41.0
Female Breast	281	128.0	No	2nd	
Cervix Uteri	12	5.6	No	1st	
Ovary	21	9.2	No	1st	
Prostate	385	211.8	Yes	4th	

Source: NYSDOH data for 2002-2006. Revised 4/09. *95% C.I.

Table 14 — Cancer incidence indicators, Tompkins County, 2002-06

Cancer Indicators: Pct Early Stage (2002-06)	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	Prev'tn Agenda 2013 Goal
Oral Cavity & Pharynx	23%	No	4th	
Colon & Rectum	44%	No	2nd	50%
Lung & Bronchus	23%	No	2nd	
Melanoma of the Skin	84%	No	2nd	90%
Female Breast	64%	No	3rd	80%
Cervical	s	N/A		65%
Ovary	44%	Yes	1st	
Prostate	92%	Yes	1st	95%

s: Total suppressed for confidentiality
Source: NYSDOH data for 2002-2006. Revised 4/09. *95% C.I.

Tompkins County Health Department (TCHD) and Community Resources

Some cancers are preventable through changes in the environment and individual lifestyle behaviors. Screenings for colorectal, breast, and cervical cancers can detect cancer in its earliest stages when it can be successfully treated. The New York State Health Department highlights the importance of these types of prevention and control strategies in its “New York State Comprehensive Control Plan 2003 – 2010.”

http://www.nyhealth.gov/nysdoh/cancer/cancer_control/pdf/nys_cancer_plan.pdf

The Tompkins County Health Department (TCHD) educates the community about cancer risk and cancer prevention strategies through several programs. TCHD’s Health Promotion Program (HPP) is the lead agency for the New York State Tobacco Control Program’s Community Partnership Grant. The grant focuses on strengthening tobacco control policies to prevent and reduce tobacco use and to limit exposure to second-hand smoke. www.tompkins-co.org/wellness/tobaccofree It mobilizes community support through Tobacco Free Tompkins, a local partnership. HPP promotes healthy eating and regular physical activity to target groups and the community general as a means to reduce the risk of chronic disease, including cancer. It also makes referrals to the Cancer Services Program for cancer screening for people who are un- or underinsured.

The Community Health Services (CHS) promotes cervical and breast cancer screening when appropriate to women in its maternal/child programs. CHS also provides the HPV vaccine through for girls and women up to 19 years of age through New York State’s Immunization Vaccine for Children Program and stimulus funding will allow immunization for women over 19 years of age.

The Cancer Resource Center of the Finger Lakes (CRCFL) is a grass roots organization, dedicated to helping people with cancer (and their families) with support through and after cancer treatment. It is funded through local contributions and government and foundation grants. The organization was founded in 1994 by a group of women who found that there was no organization in the community that provided support to people with breast cancer. The organization was known as the Ithaca Breast Cancer Alliance (IBCA). In 2007 the organization expanded to help anyone with any type of cancer. The organization changed its name to the Cancer Resource Center of the Finger Lakes (CRCFL) to reflect its expanded mission. www.crcfl.net CRCFL helps clients by providing support companions for doctor

visits, answering insurance questions, and making referrals to local services among other types of support. CRCFL also helps clients to understand treatment options. CRCFL also works on site with Cayuga Medical Center and local oncologists in assisting people with cancer. CRCFL provides education on a variety of cancer related topics through community outreach, its website, and regular newspaper columns. HPP director at TCHD has been a CRCFL board member since 2004.

The Cancer Services Program for Tompkins County is located at the CRCFL. The lead agency for the grant that covers both Tompkins and Cortland Counties is the Cortland County Health Department. CRCFL provides the outreach and arranges breast, cervical, and colorectal screening for Tompkins County residents who are un-or underinsured. CRCFL arranged for the Lourdes Hospital (Binghamton) mobile van to visit rural areas in the County to expand the opportunities for breast and cervical screenings and pelvic examinations. The van serves Cancer Services Program clients and accepts commercial insurance.

Cayuga Medical Center (CMC) – Local residents may obtain cancer care and treatment at Cayuga Medical Center. This includes surgery, chemotherapy and radiation therapy. Since 2003 CMC has partnered with a leading cancer research and treatment center – Roswell Park Cancer Institute (RPCI) in Buffalo, NY. CMC’s Radiation Medicine and RPCI are linked through high-speed digital technology. Electronic teleconferencing brings together physician specialists from both institutions to review radiation therapy plans. This locally based cancer treatment allows cancer patients to stay at home instead of traveling to distant cities for comparable treatment. www.cayugamed.org.

Sources and Endnotes

- CHIP: County Health Indicator Profiles (2003–2007)
New York State Department of Health
<http://www.health.state.ny.us/statistics/chip/tompkins.htm>
Revised: June 2009
- CHAI: County Health Assessment Indicators
<http://www.health.state.ny.us/statistics/chac/chai/index.htm>
<http://www.health.state.ny.us/statistics/chac/chai/overview.htm>
Revised: April–July 2009
- CHDS: Community Health Data Set
<http://www.health.state.ny.us/statistics/chac/chds.htm>
Revised: June 2009
- **ROS** = Rest Of State = Upstate (57 counties)
New York State, excluding five New York City counties of New York, Bronx, Kings (Brooklyn), Queens, Richmond (Staten Is.).
- **QUARTILES** are a description of rank among all individuals compared in a grouping. When individuals are ranked from lowest to highest, then divided into 4 equal groups, the best 25% of individuals becomes the First Quartile, the next-best 25% is the 2nd quartile, the 3rd quarter is the third quartile, and the final group — the 25% of individuals that come at the end of the ranking — is the 4th quartile.

Chronic Disease – Diabetes

Diabetes is a disease in which the body does not produce or properly use insulin. There are multiple forms of this metabolic disorder characterized by high blood glucose levels. Type 1 and Type 2 are the most common forms. Type 1 accounts for 5 to 10% of the cases and 85 – 90% are Type 2. The rest are either gestational diabetes or diabetes secondary to other conditions. Complications that can result from poorly managed diabetes represent a significant cause of morbidity and mortality that include heart disease, stroke, blindness, kidney failure, let amputations, pregnancy complications and deaths related to flu and pneumonia.

Modest lifestyle changes can prevent or delay the onset of Type 2 diabetes in adults. As obesity rates continue to climb, Type 2 diabetes has been diagnosed increasingly in children and adolescents.

Indicators

The mortality rate for diabetes in Tompkins County is in the middle of all Upstate counties. However, over the 2005–07 reporting period, the hospitalization rate was among the lowest of the 57 Upstate counties, and statistically lower than Upstate as a region. Figure 81 shows the diabetes mortality rate in Tompkins in relation to the other Upstate counties.

Although diabetes mortality in Tompkins County shows wild annual swings over a 6-year stretch from 2002–2007 (Figure 82), the situation is exaggerated by the relatively low actual prevalence; a yearly high of 21 cases, to a low of 11. The 3-year average for Tompkins County (square points on the graph) shows that when the year-by-year variability's are smoothed out, the rate remains essentially flat over time, and below the rates for the Upstate region.

Table 15 — Diabetes indicators, Tompkins County, 2002-06

Diabetes Indicators Tompkins County(2005-07)	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	Prev'tn Agenda 2013 Goal
DIABETES					
Mortality rate, Age Adj /100K (ICD10 E10-E14)	49	19.5	No	2nd	
Hospitalization rate, Age Adj /10K (Primary dx ICD9 250)	145	5.6	Yes	1st	3.9**
Hospitalization rate, Age Adj /10K (Any dx ICD9 250)	3,240	131.8	Yes	1st	
**Short term complication hospitalization rate/10K, age 18+ Source: NYSDOH data for 2005-2007. Revised 4/09. *95% C.I.					

Figure 81 — Diabetes mortality rate, Tompkins County & Upstate, 2005-07 avg.

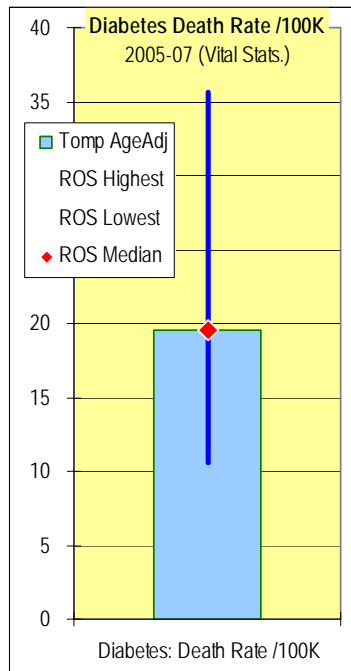
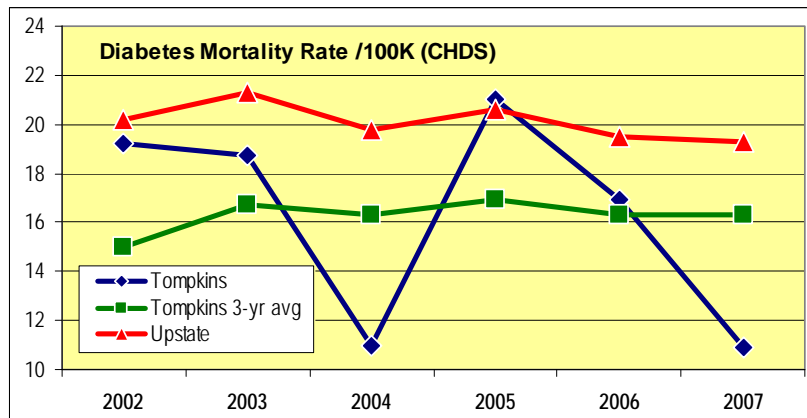


Figure 82 — Diabetes mortality rate trends, Tompkins County & Upstate, 2002-07



Tompkins County Health Department (TCHD) and Community Resources

Tompkins County chose the following as its three top priorities from New York State Department of Health’s Prevention Agenda:

http://www.nyhealth.gov/prevention/prevention_agenda/

1. Chronic Disease, (Chronic Disease includes heart disease and stroke, diabetes, cancer, and asthma in the Prevention Agenda)
2. Nutrition and Physical Activity, and
3. Access to Health Care

Tobacco use, lack of regular physical activity and poor nutrition are significant risk factors for the development of cardiovascular disease. These lifestyle behaviors also contribute to the incidence of diabetes and some cancers. Overweight, obesity, high blood cholesterol and

hypertension are also contributing factors to these conditions as well as reducing the quality of everyday life activity and overall well-being.

Chronic disease prevention is rooted in the modification of risk factors such as physical inactivity, poor nutrition, and the prevention of tobacco use. Policy change and changes in individual and community environments help to support healthy behavior (primary prevention). Secondary prevention focuses on the early detection of diseases and conditions to enable cures or better treatment outcomes.

The Tompkins County Health Department addresses lifestyle risk factors and environmental change in a variety of programs and educational initiatives:

The Health Promotion Program (HPP)

- Tompkins County's lead agency for New York State's Tobacco Control Program Community Partnership grant. Goal: decrease the social acceptability of tobacco use through community education and mobilization, reduction of tobacco advertising, and policies that promote and mandate smoke-free public spaces. www.tompkins-co.org/wellness/tobaccofree
- Promotes healthy eating routinely in its educational and outreach initiatives
- Provides presentations on the prevention of heart disease, recognition of heart attack and stroke symptoms, and diabetes prevention upon request. Physical activity and the importance of a diet rich in fruits, vegetables and whole grains is emphasized.
- Conducts one-on-one counseling with patients during blood pressure screenings. These screenings provide opportunities at worksites and community gatherings to educate individuals on lifestyle risk factors.
- Trains local health providers and health department staff on efficient strategies to educate overweight patients on portion control, and serving size as a first step to controlling weight and healthy eating.
- Assess a number of worksites for their capacity in developing wellness policies and implementing worksite wellness programs; to begin in 2010.
- Participate in the Healthy Communities Capacity Building Initiatives grant for the period from August 1, 2009 to March 31, 2010. This planning grant will allow HPP staff to recruit key stake holders to choose evidence-based strategies that result in environmental and policy change that support healthy eating and regular physical activity.
- Participate in the "Whole Community Project," a program addressing obesity in Tompkins County and led by Cornell Cooperative Extension of Tompkins County. This program promotes and encourages activities that feature healthy eating and physical activity opportunities.

Community Health Nurses educate pre- and post natal women during home visits about the importance of healthy eating for their health and the health of their infant. The WIC program is based at and sponsored by TCHD and meets the federal and state requirements for educating parents about good nutrition for themselves and their children. WIC and community health nurses encourage breastfeeding and provide support and guidance to women.

The Tompkins County Health Department (TCHD) has participated in the Central New York Diabetes Prevention and Control Partnership. The Partnership included Cayuga, Cortland, Madison, Onondaga, and Tompkins Counties. The Partnership was funded by the NYSDOH; Seven Valleys Health Network in Cortland County was the lead agency. Grant funding ends on September 30, 2009. A lag in funding for diabetes prevention and control is

anticipated and as of September 1st no request for proposal for continued funding has been released. HPP anticipates working with local providers and community agencies through the promotion and updating of the “Providers’ Diabetes Toolkit,” as resources permit.

Cayuga Medical Center offers (CMC) a series of 6 classes for people with diabetes. Classes focus on foot care, medication management, nutrition, exercise, and foot care. The cost is \$275. Medicaid and some commercial insurance carriers cover the cost. Through its Cayuga Center for Healthy Living, CMC offers classes on nutrition and medically supervised exercise for people with diabetes.

Sources and Endnotes

- CHIP: County Health Indicator Profiles (2003–2007)
New York State Department of Health
<http://www.health.state.ny.us/statistics/chip/tompkins.htm>
Revised: June 2009
- CHAI: County Health Assessment Indicators
<http://www.health.state.ny.us/statistics/chac/chai/index.htm>
<http://www.health.state.ny.us/statistics/chac/chai/overview.htm>
Revised: April–July 2009
- CHDS: Community Health Data Set
<http://www.health.state.ny.us/statistics/chac/chds.htm>
Revised: June 2009
- **ROS** = Rest Of State = Upstate (57 counties)
New York State, excluding five New York City counties of New York, Bronx, Kings (Brooklyn), Queens, Richmond (Staten Is.).
- **QUARTILES** are a description of rank among all individuals compared in a grouping. When individuals are ranked from lowest to highest, then divided into 4 equal groups, the best 25% of individuals becomes the First Quartile, the next-best 25% is the 2nd quartile, the 3rd quarter is the third quartile, and the final group — the 25% of individuals that come at the end of the ranking — is the 4th quartile.

Chronic Disease – Cardiovascular Disease

Cardiovascular disease (CVD), including heart disease and stroke, remains the leading cause of death in the United States despite improvements in prevention, detection, and treatment. CVD is no longer thought of as a disease that primarily affects men as they age. It is a killer of people in the prime of life, with more than half of all deaths occurring among women.

Cardiovascular diseases remain the leading cause of disability among working adults. Stroke alone accounts for the disability of more than a million Americans. The economic impact on the health system grows larger as the population ages. In 2001, the estimated cost of health care expenditures and lost productivity attributable to cardiovascular diseases was \$298 billion. (Source: New York State Department of Health)

Tobacco use, lack of regular physical activity and poor nutrition are significant risk factors for the development cardiovascular disease. These lifestyle behaviors also contribute to the incidence of diabetes and some cancers. Overweight, obesity, high blood cholesterol and hypertension are also contributing factors to these conditions as well as reducing the quality of everyday life activity and overall well-being.

Cardiovascular Disease (CVD) Indicators

Mortality rate trends from 2002–2007 are graphed in Figure 84 and Figure 85 for diseases of the heart and for stroke. For the former, mortality rates appear flat, with a sudden up-tick in 2007. Subsequent years may prove this to be a one-time aberration, similar to the 2002–2003–2004 trend seen for Tompkins' death rate from stroke (Figure 85), which in all years from 2005–2007 had settled below the 2002 rate. The graphs show a comparative track for the Upstate region; death rates for diseases of the heart remain relatively flat, while those for stroke have trended steadily downward. Figure 83 shows how Tompkins County's CVD mortality rate (2005–07) compares with the median rate for Upstate counties, and with the highest and lowest rates among Upstate counties. Tompkins' mortality rates for CVD and diseases of the heart are among the lowest of all Upstate counties.

Tompkins' age-adjusted hospitalization rates for all five heart and circulatory indicators are among the lowest compared with the other Upstate counties, and all are statistically lower than Upstate as a region (Table 16).

Table 16 — Heart disease and stroke indicators, Tompkins County, 2005-2007

Heart Disease & Stroke Indicators (2005-07)	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	Prev'tn Agenda 2013 Goal
CARDIOVASCULAR DISEASE					
Mortality rates /100K (ICD10 I00-I99)					
Age-adjusted	619	234.9	Yes	1st	
Premature death (ages 35-64)	81	88.9	No	1st	
Pretransport mortality	329	109.2	Yes	1st	
Hospitalization rate, Age Adj /10K (ICD9 390-459)	3,276	131.1	Yes	1st	
DISEASE OF THE HEART					
Mortality rates /100K (ICD10 I00-I09, I11, I13, I20-I51)					
Age-adjusted	457	173.8	Yes	1st	
Premature death (ages 35-64)	67	73.6	No	1st	
Pretransport mortality	250	83.0	Yes	1st	
Hospitalization rate, Age Adj /10K (ICD9 390-398, 402, 404-429)	2,397	96.2	Yes	1st	
CORONARY HEART DISEASE					
Mortality rates /100K (ICD10 I11, I20-I25)					
Age-adjusted	275	105.9	Yes	1st	
Premature death (ages 35-64)	46	50.5	No	1st	
Pretransport mortality	160	53.1	Yes	1st	
Hospitalization rates, Age Adj /10K (ICD9 402, 410-414, 429)	929	37.8	Yes	1st	48.0
CONGESTIVE HEART FAILURE					
Mortality rates /100K (ICD10 I50)					
Age-adjusted	47	17.1	No	3rd	
Premature death (ages 35-64)	s	1.1*	No	1st	
Pretransport mortality	27	9.0	No	2nd	
Hospitalization rates, Age Adj /10K (ICD9 428)	537	21.2	Yes	1st	33.0
CEREBROVASCULAR DISEASE (STROKE)					
Mortality rates per 100,000 (ICD10 I60-I69)					
Age-adjusted	101	38.1	No	3rd	24.0
Premature death (ages 35-64)	7	7.7*	No	1st	
Pretransport mortality	44	14.6	No	2nd	
Hospitalization rates, Age Adj /10K (ICD9 430-438)	482	19.2	Yes	1st	
s: Total suppressed for confidentiality					
*: Fewer than 20 events in the numerator; therefore the rate is unstable					
Source: NYSDOH data for 2002-2006. Revised 4/09. *95% C.I.					

Figure 83 — Heart & circulatory disease mortality rates, Tompkins & Upstate, average 2005-2007

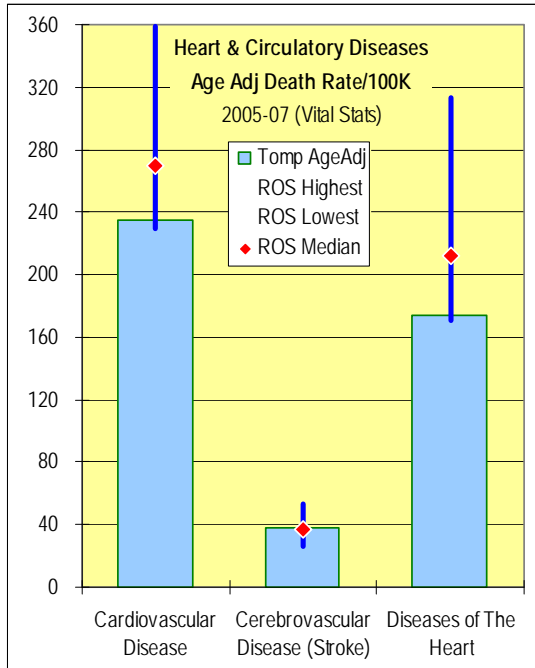


Figure 84 — Diseases of the heart mortality rate trends, Tompkins County & Upstate, 2002-2007

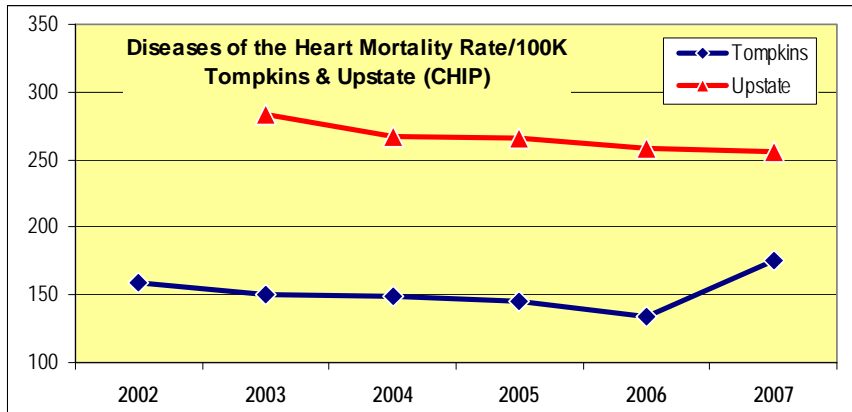
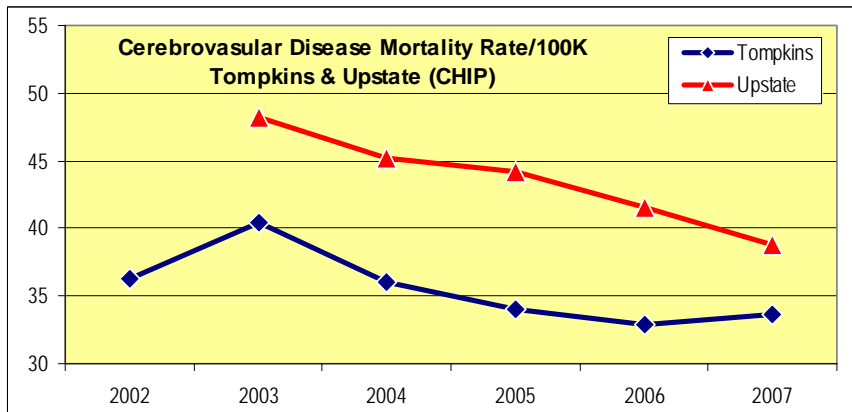


Figure 85 — Cerebrovascular disease mortality rate trends, Tompkins County & Upstate, 2002-2007



Tompkins County Health Department (TCHD) and Community Resources

Tompkins County chose the following as its three top priorities from New York State Department of Health's Prevention Agenda:

http://www.nyhealth.gov/prevention/prevention_agenda/

1. Chronic Disease, (Chronic Disease includes heart disease and stroke, diabetes, cancer, and asthma in the Prevention Agenda)
2. Nutrition and Physical Activity, and
3. Access to Health Care

Tobacco use, lack of regular physical activity and poor nutrition are significant risk factors for the development of cardiovascular disease. These lifestyle behaviors also contribute to the incidence of diabetes and some cancers. Overweight, obesity, high blood cholesterol and hypertension are also contributing factors to these conditions as well as reducing the quality of everyday life activity and overall well-being.

Chronic disease prevention is rooted in the modification of risk factors such as physical inactivity, poor nutrition, and the prevention of tobacco use. Policy change and changes in individual and community environments help to support healthy behaviors (primary prevention). Secondary prevention focuses on the early detection of diseases and conditions to enable cures or better treatment outcomes.

The Tompkins County Health Department addresses lifestyle risk factors and environmental change in a variety of programs and educational initiatives:

The Health Promotion Program (HPP)

- Tompkins County's lead agency for New York State's Tobacco Control Program Community Partnership grant. Goal: decrease the social acceptability of tobacco use through community education and mobilization, reduction of tobacco advertising, and policies that promote and mandate smoke-free public spaces. www.tompkins-co.org/wellness/tobaccofree
- Promotes healthy eating routinely in its educational and outreach initiatives
- Provides presentations on the prevention of heart disease, recognition of heart attack and stroke symptoms, and diabetes prevention upon request. Physical activity and the importance of a diet rich in fruits, vegetables and whole grains is emphasized.
- Conducts one-on-one counseling with patients during blood pressure screenings. These screenings provide opportunities at worksites and community gatherings to educate individuals on lifestyle risk factors.
- Trains local health providers and health department staff on efficient strategies to educate overweight patients on portion control, and serving size as a first step to controlling weight and healthy eating.
- Assess a number of worksites for their capacity in developing wellness policies and implementing worksite wellness programs; to begin in 2010.
- Participate in the Healthy Communities Capacity Building Initiatives grant for the period from August 1, 2009 to March 31, 2010. This planning grant will allow HPP staff to recruit key stake holders to choose evidence-based strategies that result in environmental and policy change that support healthy eating and regular physical activity.

- Participate in the “Whole Community Project,” a program addressing obesity in Tompkins County and led by Cornell Cooperative Extension of Tompkins County. This program promotes and encourages activities that feature healthy eating and physical activity opportunities.

Community Health Nurses educate pre- and post natal women during home visits about the importance of healthy eating for their health and the health of their infant. The WIC program is sponsored by and based at TCHD and meets the federal and state requirements for educating parents about good nutrition for themselves and their children. WIC and Community Health Nurses encourage breastfeeding and provide support and guidance to women.

HPP and maternal/child programs, Home Care and WIC promote the NYS Quitline, the Mothers and Babies Perinatal Network support line, United Health (Binghamton) nurse helpline and smoking cessation classes in the community to those interested and ready to quit smoking

Cayuga Center for Healthy Living at Cayuga Medical Center (CMC) www.cayugamed.org

The Cardiovascular Disease Prevention and Cardiac Rehabilitation is a lifestyle modification program of supervised exercise, dietary counseling, stress management, and education about cardiovascular disease and its medical management. The length of the program varies depending on an individual’s condition and insurance coverage. Exercise classes are structured to suit individual need. Education covers nutrition, medication, coronary artery disease, the benefits of exercise, reducing risk factors, managing cardiac emergencies, and psychosocial health.

Admission to this program requires a diagnosed medical condition of: heart attack, cardiac chest pain (angina), bypass surgery, balloon angioplasty, valve replacement or repair, heart or heart-lung transplantation. The diagnosis must have been determined within the previous 12 months. Medicare coverage is limited to the diagnoses listed above. Private insurance plans vary in coverage of this program

CMC also offers a Medically Supervised Exercise (MSE) program for people who have difficulty being active due to a chronic condition or disability, such as diabetes, obesity with back or joint pain, intermittent leg pain due to circulation problems (claudication), or irregular heart rhythm (atrial fibrillation). MSE classes are designed to meet individual need. Physician referral is required. The cost for eight sessions is \$70; insurance does not generally cover this program.

Sources and Endnotes

- CHIP: County Health Indicator Profiles (2003–2007)
New York State Department of Health
<http://www.health.state.ny.us/statistics/chip/tompkins.htm>
Revised: June 2009
- CHAI: County Health Assessment Indicators
<http://www.health.state.ny.us/statistics/chac/chai/index.htm>
<http://www.health.state.ny.us/statistics/chac/chai/overview.htm>
Revised: April–July 2009
- CHDS: Community Health Data Set
<http://www.health.state.ny.us/statistics/chac/chds.htm>
Revised: June 2009

- **ROS** = Rest Of State = Upstate (57 counties)
New York State, excluding five New York City counties of New York, Bronx, Kings (Brooklyn), Queens, Richmond (Staten Is.).
- **QUARTILES** are a description of rank among all individuals compared in a grouping. When individuals are ranked from lowest to highest, then divided into 4 equal groups, the best 25% of individuals becomes the First Quartile, the next-best 25% is the 2nd quartile, the 3rd quarter is the third quartile, and the final group — the 25% of individuals that come at the end of the ranking — is the 4th quartile.

Chronic Disease – Chronic Obstructive Pulmonary Disease and Asthma

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Lower Respiratory Disease (CLRD)

According to the CDC⁷, COPD “refers to a group of diseases that cause airflow blockage and breathing-related problems.” Emphysema and chronic bronchitis are in the COPD group. Asthma may also be included in some cases. Tobacco use is a leading cause of COPD. Other causes include exposure to indoor air pollutants, asthma, and respiratory infections. Both terms, COPD and CLRD, refer to the same group of diseases.

Although Tompkins County ranks just below the median among the 57 Upstate counties, the age-adjusted death rate from COPD (2005–07) was significantly higher than for the age-adjusted Upstate population tallied as a region (see Table 17 and Figure 86). The age-adjusted COPD death rate (2005–07) for the Upstate region was 39.5 per 100,000, while the median rate was 47.9 per 100,000. When the 57 counties are ranked from lowest to highest, half have a rate below the median, and half above. With COPD mortality during this period, downstate’s high population regions of the Hudson Valley and Long Island have relatively low age-adjusted rates, thereby depressing the rate when the Upstate population is calculated as a whole.

Over recent years (2002–2007), Tompkins County deaths attributed to COPD have trended upward when charted on 3-year averages (Figure 87), while the Upstate rate has been flat or trending down. Note that the trend chart uses crude rates, not the age-adjusted rates discussed in the previous paragraph. Tompkins County’s average age is the lowest in the state, so age-adjusted rates for causes of death that primarily impact the elderly are a better means of point-in-time comparison. However, the crude rates still provide an accurate reflection of trends across years.

Considering age-adjusted hospitalization rates for COPD, the point-in-time picture changes from that described for deaths. Here, data shows Tompkins in the first quartile statewide, meaning that its rate is among the 15 lowest of all 62 counties. (Ranking of these data for Upstate counties only is not available from the sources used for this report.) Age-adjusted COPD hospitalizations (2005–07) were statistically lower for Tompkins County than for Upstate as a region, and below the state’s prevention agenda 2013 goal (Table 17).

Asthma

Asthma, like COPD, is a disease that affects the lungs. However, unlike COPD, the causes of asthma are most often unknown, and children are the most affected population. And,

⁷ U.S. Centers for Disease Control and Prevention. <http://www.cdc.gov/copd/>. Accessed 8/28/09.

although there is no known cure for asthma, the disease can be controlled by environmental and medical means.⁸

Deaths caused by asthma have occurred infrequently in Tompkins County, with none recorded in any year from 2002–2005, one in 2006 and two in 2007. Because the incidence is so low, a calculated age-adjusted rate for the county yields an unreliable tool for comparison to other populations. Keeping that in mind, perhaps the best analysis of the NYSDOH data available from the sources used to compile this report is that the age-adjusted mortality rate for Tompkins County is not statistically different from the Upstate region’s rate (Table 17). Figure 86 provides a graphic comparison of age-adjusted death rates among the 57 Upstate county populations.

The trend for asthma death rates across years (2002–07) is shown in Figure 88, though as described previously, a perspective of actual numbers must be maintained. Specifically, the appearance of a dramatic spike in the asthma death rate for Tompkins County represents no asthma deaths in any year from 2002 to 2005, one death in 2006 and 2 deaths in 2007. While no deaths are preferable, declaring Tompkins County as the site of an important trend in asthma mortality rates is certainly an exaggerated interpretation.

With the data utilized in this report, hospitalization rates provide a more meaningful reference for asthma in Tompkins County. Measured in terms of hospital discharges per 10,000 population, Tompkins registers below the middle line ranking (median) of the 57 Upstate counties for the county’s age-adjusted population as a whole, and for the age-specific groups older than age 14 shown in Figure 89. The trend for hospitalizations from 2002–2007 is shown in Figure 90 and Figure 91.

The data in Table 17 shows asthma discharge data broken out in slightly different age groupings, allowing a better focus on youth under age 18 years. The adjusted, all-ages rate is the third best among all Upstate counties, and the age 65+ category is sixth best Upstate. The rates for age groupings 0–4 years and 0–17 years are in the mid-range among Upstate counties. While not cause for alarm for Tompkins County residents, this difference does present a clear opportunity for action.

⁸ <http://www.cdc.gov/asthma/faqs.htm>. Accessed 8/28/09.

Table 17 — Respiratory disease indicators, Tompkins County, 2005-2007 (CHAI)

Respiratory Disease Indicators (2005-07)	3 Yr Total 2005-07	Tompkins Rate	Sig Dif Upstate*	State-wide Quartile	Prev'tn Agenda 2013 Goal
CLRD (COPD) mortality rate, Age Adj /100K	117	46.9	Yes	2nd	
COPD (CLRD) hospitalization rate, Age Adj /10K	515	21.5	Yes	1st	31.0
Asthma mortality rate, Age Adj /1M	3	10.9*	No	3rd	
Asthma Hospitalization rate /10K					
All ages, Age Adj /10K pop	139	6.0	Yes	1st	16.7
Age 0-4	39	30.1	No	2nd	
Age 0-17	61	12.7	No	2nd	
Age 5-64	72	2.8	Yes	1st	
Age 65+	28	9.6	Yes	1st	

*: Fewer than 20 events in the numerator; therefore the rate is unstable
 Source: NYSDOH data for 2005-2007. Revised 4/09. *95% C.I.

Figure 86 — Respiratory disease mortality rate, Tompkins County & Upstate, average 2005-2007 (CHDS)

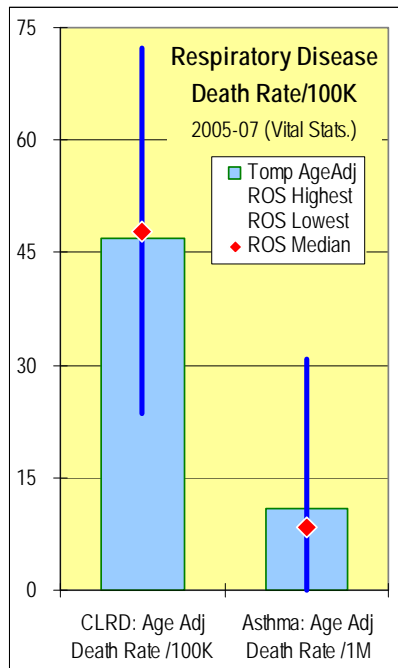


Figure 87 — Chronic lower respiratory disease mortality rate trends, Tompkins County & Upstate, 2002-2007

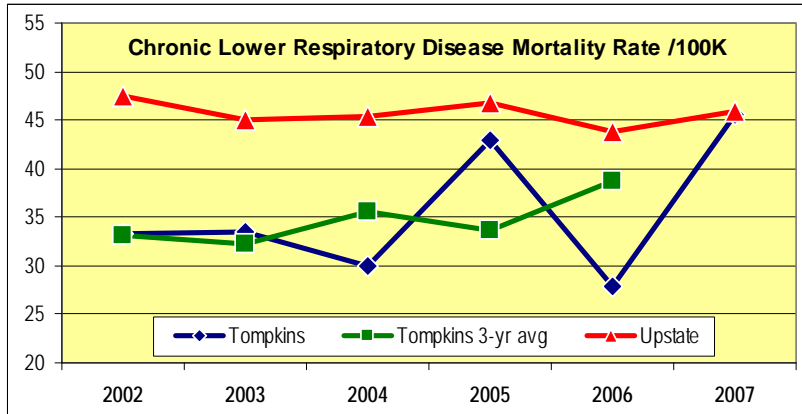


Figure 88 — Asthma mortality rate trends, Tompkins County & Upstate, 2002-2007 (CHDS)

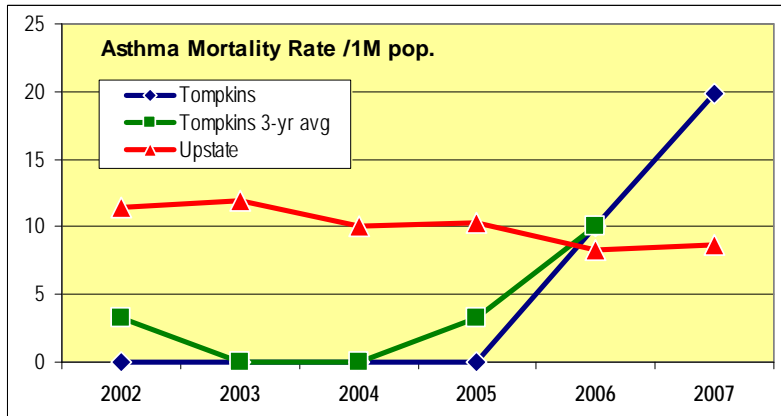


Figure 89 — Asthma prevalence discharge rate, Tompkins County & Upstate, average 2005-2007

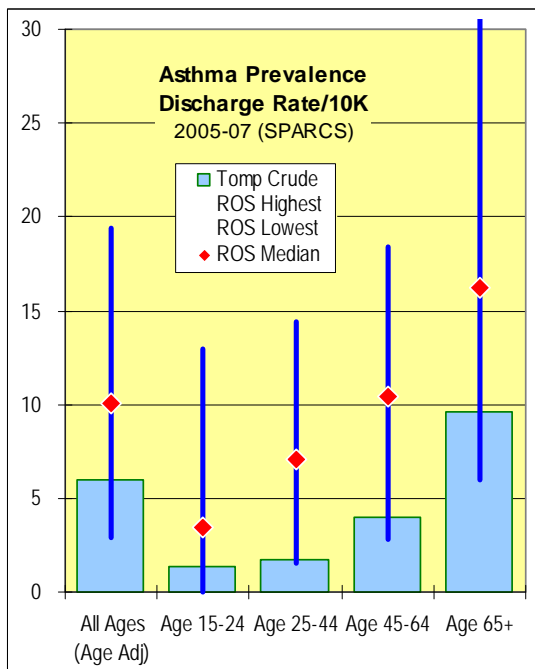


Figure 90 — Asthma discharge rate trends, all ages, Tompkins County & Upstate, 2002-2007

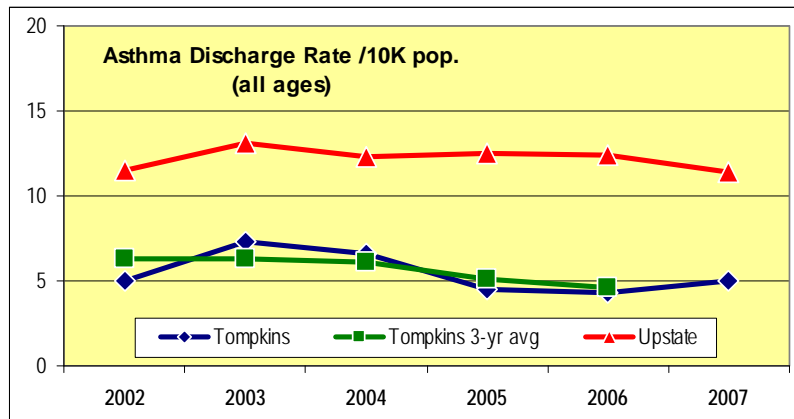
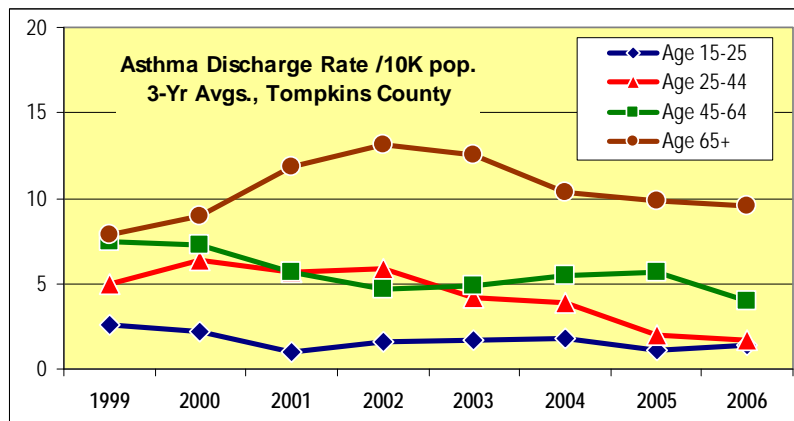


Figure 91 — Asthma discharge rate trends, by age group, Tompkins County & Upstate, 2002-2007



TCHD and Community Resources

Asthma is a chronic disease of the pulmonary system characterized by wheezing, coughing, chest tightness and/or difficulty breathing. Although there is no cure for asthma, with proper treatment and adherence, a good quality of life is possible. One explanation of the lower hospitalization rate in Tompkins County is that the disease is medically well managed here particularly with pediatric patients. However, it appears that the number of persons identified anecdotally as having asthma increased across all age groups throughout the past decade.

In 2006, the Tompkins County Health Department identified a need for educating elementary school age children with asthma and their caregivers about the disease in an effort to decrease school absenteeism. Although the hospitalization rate is low in Tompkins County, the data did not capture the problems of managing the disease on a day to day basis or during asthmatic episodes.

The secondary goal was to enable children who had been unable to participate in physical activity because of symptom exacerbation to learn how to treat their asthma to be able to benefit from regular physical activity. The Health Promotion Program (HPP) at TCHD partnered with the Health Planning Council (HPC), a program of the Human Services Coalition of Tompkins County to obtain local funding to address the problem.

In 2007 and 2008 HPC worked with four elementary schools in the Ithaca City School District (ICSD) to identify children with asthma and to develop a plan of care using the best practices model from the Academy of Allergy and Immunology. This pilot project measured improvement in asthma management in the school setting once education was completed. As a result, there was an improvement in communication among school nurses, parents and health care providers. Most importantly, a significant decline in school absentee rates due to asthma was noted when compared to previous years. HPP educated maternal/child Community Health Nurses at TCHD in best practices so that they would be able to provide clients with asthma assessment and education during home visits.

The HPP and the HPC developed a website as a local resource for parents, providers, people with asthma and the general public. The website provides information on identification of symptoms and asthma management. It is located on the TCHD website: www.tompkins-co.org/health/asthma

A local committee was formed to increase the awareness of asthma and asthma resources in the community. The committee consists of HPC and HPP staff, local physicians, Cayuga Medical Center staff, school nurses and others. The partnership developed a brochure to inform Tompkins County residents about asthma, where to obtain needed equipment, and how to access needed services. The committee will continue its work in the next several years to educate the community about asthma and asthma management. Continued funding to work in schools is doubtful. However, HPP intends to continue maintaining the asthma website and to educate the community about asthma as resources allow.

Sources and Endnotes

- CHIP: County Health Indicator Profiles (2003–2007)
New York State Department of Health
<http://www.health.state.ny.us/statistics/chip/tompkins.htm>
Revised: June 2009
- CHAI: County Health Assessment Indicators
<http://www.health.state.ny.us/statistics/chac/chai/index.htm>
<http://www.health.state.ny.us/statistics/chac/chai/overview.htm>
Revised: April–July 2009
- CHDS: Community Health Data Set
<http://www.health.state.ny.us/statistics/chac/chds.htm>
Revised: June 2009
- **ROS** = Rest Of State = Upstate (57 counties)
New York State, excluding five New York City counties of New York, Bronx, Kings (Brooklyn), Queens, Richmond (Staten Is.).
- **QUARTILES** are a description of rank among all individuals compared in a grouping. When individuals are ranked from lowest to highest, then divided into 4 equal groups, the best 25% of individuals becomes the First Quartile, the next-best 25% is the 2nd quartile, the 3rd quarter is the third quartile, and the final group — the 25% of individuals that come at the end of the ranking — is the 4th quartile.

Chronic Disease - Tobacco Use

Smoking prevalence among adults in Tompkins County appears to be declining, though accounting for sampling error, data from the 2004–2008 Tompkins County Community

Tobacco Survey (TCCTS) is not statistically different (Figure 92). The 2008 TCCTS results indicate that Tompkins County adults who do smoke follow a demographic profile often associated with smoking behavior: there is a statistical correlation with age, education level and income (Figure 93).

The interim report of the New York State Behavioral Risk Factor Surveillance System (BRFSS) released in April 2009 reports current smoking among adults in Tompkins County as 10.8 percent, (95% confidence interval: +/-5.4%), compared with 16.5% (+/-2.4%) for all NYS (Figure 94). Statewide, BRFSS results show that adult smokers have trended downward throughout the decade (Figure 95).

New York Tobacco Control Program (NYTCP) grant-funded programs have been active in Tompkins County since 2000. In 2005, the Community Partnership program took on the name, “Tobacco Free Tompkins”, and in 2006 the T-Free Zone program was launched to bring program strategies and environmental initiatives under one “brand”. Table 18 shows how community attitudes and behaviors changed over the period from 2004–2008, as measured by the TCCTS of 400 adult residents. As of the most recent survey (2008), more than 9-in-10 adults did not allow smoking anywhere in their home, nearly 7-in-8 maintained smoke-free family vehicles, and three-quarters had heard of the NYS Smokers’ Quitline, a free, telephone-based cessation service funded by the NYTCP. Data from the interim report of the NYS Expanded 2008 BRFSS similarly shows widespread practice of prohibiting smoking in the home (Figure 96). The trends shown by these data indicate support for and movement toward a community preference for a smoke-free norm.

Figure 92 — Smoking status among Tompkins County adults, 2004, 2006, 2008

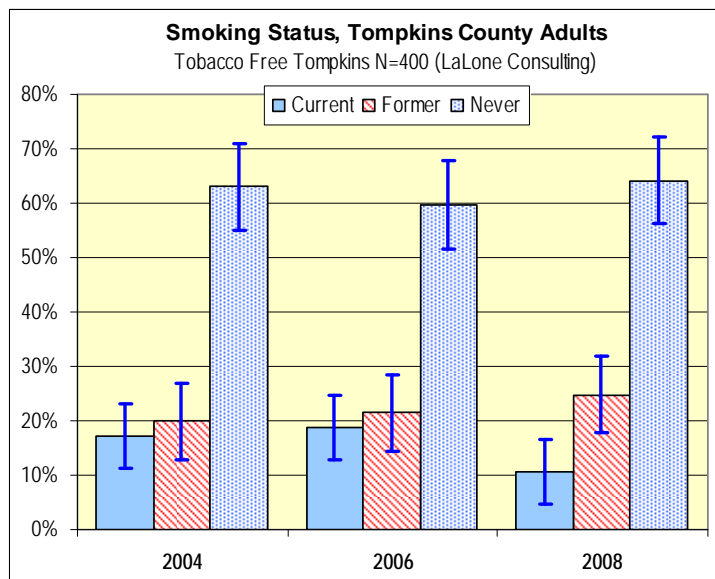


Figure 93 — Current smoker demographics, Tompkins County adults, 2006, 2008

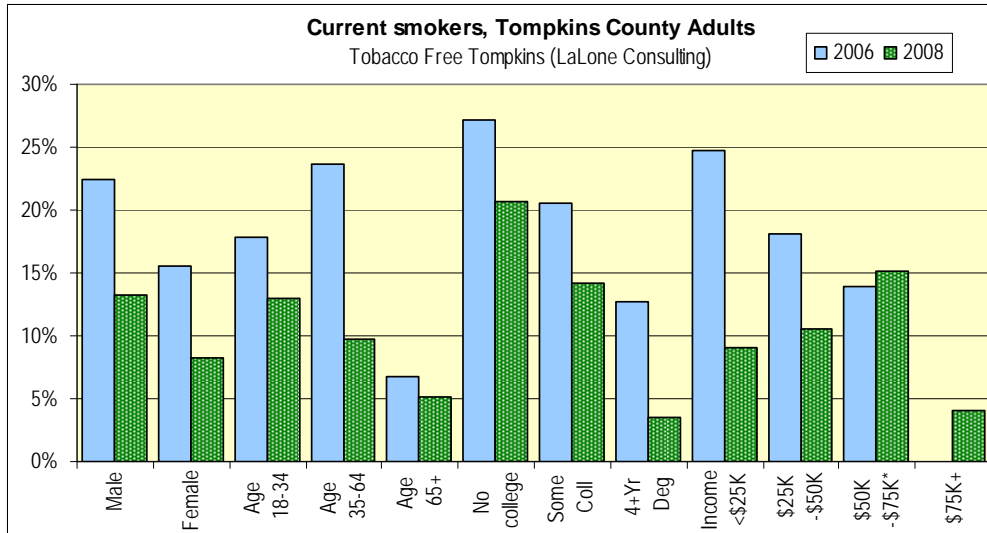


Figure 94 — Current smoking among adults, Tompkins County & NYS, NYS Expanded BRFSS 2008 Interim Report

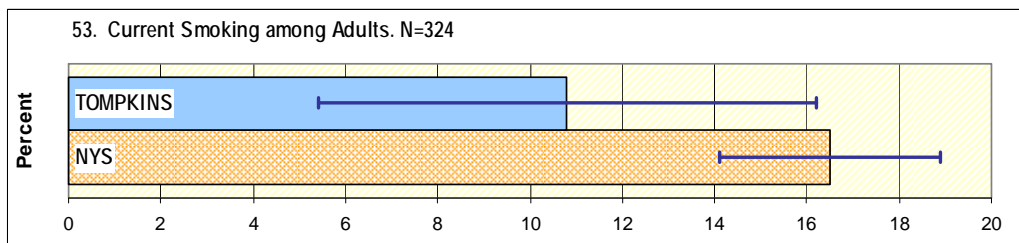


Figure 95 — Current smokers, trend among NYS adults, 2000-2008 (BRFSS)

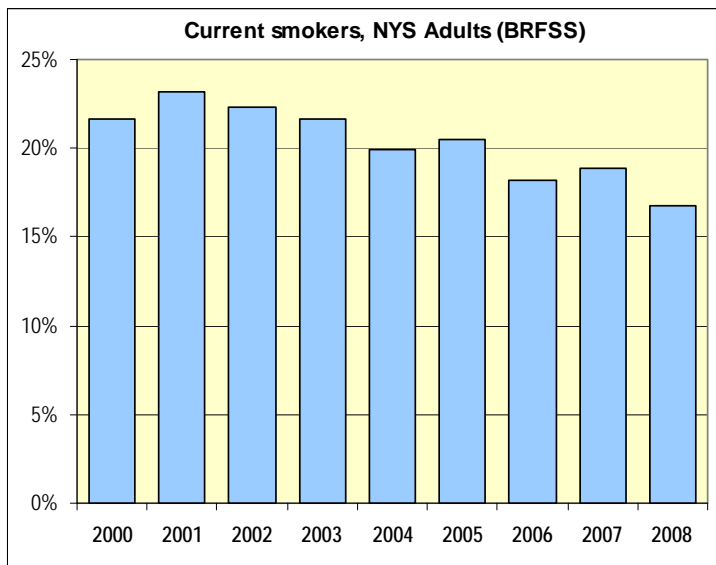
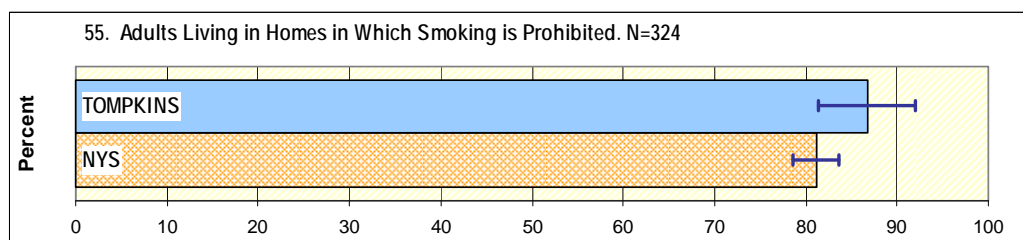


Table 18 — Attitudes toward smoking, Tompkins County adults, 2004, 2006, 2008

Community Tobacco Survey, Tompkins County Adults			
N=400	2004	2006	2008
Believe breathing SHS is very or somewhat harmful	94.2%	92.7%	97.2%
Smoking not allowed anywhere in home	77.0%	83.6%	92.0%
Smoking not allowed anytime in family vehicle	79.8%	78.3%	86.5%
Heard of NYS Smokers' Quitline	35.4%	51.9%	75.1%
Heard of Tobacco Free Tompkins	15.9%	40.5%	49.1%

Source: Tobacco Free Tompkins/ LaLone Consulting, Watertown

Figure 96 — Smoking in the home, Tompkins County & NYS, NYS Expanded BRFSS 2008 Interim Report



TCHD and Community Resources

The Health Promotion Program at TCHD is the County’s lead agency for New York State’s Tobacco Control Program Community Partnership Grant in Tompkins County. The grant period is 2009 – 2014. The goal is to decrease the social acceptability of tobacco use through community education and mobilization, reduction of tobacco advertising, and policies that promote and mandate smoke-free public places. www.tompkins-co.org/wellness/tobaccofree

The NYS Quitline is promoted at TCHD with maternal/child, WIC, home care clients and with Children with Special Care Needs (CSCN) families and in the community through the Health Promotion Program. TCHD’s Environmental Health Division enforces the Adolescent Tobacco Use Act (ATUPA).

Cayuga Medical Center conducts smoking cessation classes through its Cayuga Center for Healthy Living.

Sources and Endnotes

- CHIP: County Health Indicator Profiles (2003–2007)
 New York State Department of Health
<http://www.health.state.ny.us/statistics/chip/tompkins.htm>
 Revised: June 2009
- CHAI: County Health Assessment Indicators
<http://www.health.state.ny.us/statistics/chac/chai/index.htm>
<http://www.health.state.ny.us/statistics/chac/chai/overview.htm>
 Revised: April–July 2009

- **CHDS: Community Health Data Set**
<http://www.health.state.ny.us/statistics/chac/chds.htm>
Revised: June 2009
- **Community Tobacco Survey of Tompkins County Adults.** Four hundred (400) completed surveys of Tompkins County adult residents via telephone interviews. Calls were made randomly to selected telephone numbers. Calling period was June 9–12, 2009, 3:30–9:00 p.m. Results were age- and gender-adjusted using U.S. Census Bureau 2006 data. The survey was conducted by Joel LaLone Consulting, Watertown, NY. The survey instrument and methodology was reviewed by the NYTCP and approved by the NYSDOH Institutional Review Board.
- **ROS = Rest Of State = Upstate (57 counties)**
New York State, excluding five New York City counties of New York, Bronx, Kings (Brooklyn), Queens, Richmond (Staten Is.).
- **QUARTILES** are a description of rank among all individuals compared in a grouping. When individuals are ranked from lowest to highest, then divided into 4 equal groups, the best 25% of individuals becomes the First Quartile, the next-best 25% is the 2nd quartile, the 3rd quarter is the third quartile, and the final group — the 25% of individuals that come at the end of the ranking — is the 4th quartile.

Human Immunodeficiency Virus (HIV)

See **Sexually Transmitted Disease and HIV**, page 56, above.

Optional Service Areas

Dental Health Services

Dental Services not provided

Home Health Services

See Home Health Care on page 99

Optional Other Service Areas/Programs

Medical Examiner

See Medical Examiner on page 100

Emergency Medical Services

See EMS on page 100

Laboratories

TCHD covers costs of basic laboratory services.

Access to Care

Description of availability of services

See Local Health Care Environment, **Health Care Providers**, page 95.

Discussion of primary care and preventive health services utilization

See **Behavioral Risk Factors**, page 103.

Discussion of commonly-identified barriers and affected sub-groups

See **Profile of Unmet Need for Services**, page 107

The Local Health Care Environment

Environmental Influences

Physical

Tompkins County's varied terrain covers 476 square miles at the southern end of Cayuga Lake, the longest of New York's Finger Lakes (Figure 97). Ithaca, the county's seat and only city, is approximately 35 miles southwest of the city of Cortland, and 60 miles south-southwest of Syracuse. The closest interstate highway access is Interstate 81 in Cortland, making the county relatively isolated for purposes of commerce and industry.

The landscape includes steep slopes that lead to the lake plain, a feature that supports half-a-dozen major waterfalls. City of Ithaca neighborhoods occupy both the flat, lake plain area, and the slopes that surround in on three sides.

Tompkins County is subdivided into 9 towns and 6 villages. It shares borders with six other counties. The 2000 U.S. Census classifies just over 58 percent of the Tompkins County population as urban and 42 percent as rural. In the period since the 2000 census, the Census Bureau established the Ithaca NY Metropolitan Statistical Area.

Institutions

Three institutions of higher education call Tompkins County home: Cornell University, Ithaca College (IC) and Tompkins Cortland Community College (TC3). Cornell and IC campuses are within or just outside the City, and TC3's campus borders the Village of Dryden. The schools have a combined population of just over 27,000 students, about 28% of the

county's 2000 population.⁹ The City of Ithaca's 2000 population was 58% students. Much of the county's demographic profile reflects the weight of this sector.

Health Care Providers

Tompkins County Health Department is a full-service health department providing the full complement of services as required by public health law.

Cayuga Medical Center at Ithaca

Cayuga Medical Center at Ithaca (CMC), a 204-bed acute care facility serves Tompkins and surrounding counties. It is one of 9 rural referral sites in New York State and the only acute care facility in Tompkins County.

In 2008, there were 188,000 patients who utilized CMC's comprehensive acute and outpatient services. There are 243 medical and dental staff affiliated with CMC according to its 2008 annual report. In 2005, CMC through an affiliation with Roswell Park began offering radiation oncology services locally at the medical center's radiation medicine facility. It is also affiliated with the Rochester Heart Institute, which provides a transition of care for cardiac patients in need of heart surgery. www.cayugamed.org

For various types of specialized care, residents travel to Syracuse, Rochester, Elmira, Sayre, Pennsylvania and major metropolitan areas.

Other health care providers and facilities and agencies providing direct patient care and services:

- Five skilled nursing facilities. One facility will broaden its services to include assisted living and adult home beds and medical day care slots. A spring/summer 2010 opening is anticipated.
- Two Certified Home Health Agencies (One is located at TCHD)
- Hospicare and Palliative Care Services of Tompkins County (includes a residence)
- Ithaca College, Cornell University and TC3 health centers
- Planned Parenthood of the Southern Finger Lakes (PPSFL) – provides family planning services and STD testing and treatment and sexuality education and training. In 2009
- Cancer Resources Center of the Finger Lakes (formerly Ithaca Breast Cancer Alliance) provides support to people (and their families) with cancer after diagnosis and pre- and post treatment. In 2009 PPSFL launched its lesbian, gay, bisexual, and transgender (LGBT) project targeted to LGBT people, providers and the community.
- Variety of complementary or alternative care practitioners including Ithaca's Integrative Community Wellness Center
- Franziska Racker Centers for children and adults with special needs
- Finger Lakes Independent Center (FLIC)
- Ithaca Free Clinic

Health Planning Council

The Health Planning Council (HPC), a program of the Human Services Coalition of Tompkins County conducts comprehensive health planning and promotes the development of health services and resources. TCHD staff is represented on the Board and HPC's Executive, Acute Care and Long Term Care Committees. In 2004 it secured funds from New York State

⁹ The Tompkins County Labor Market Region Study. Prepared for Tompkins County Area Development by Chmura Economics & Analytics, LLC. April 2008. Page 32.

for implementation projects and launched the “Tompkins Health Network”, a rural health network and a program of HPC with funds from the New York State Office of Rural Health.

HPC implemented the Urgent RX program in 2006. This program was funded by foundation and United Way grants. It provides vouchers for free prescription drugs to people with no insurance who need medication upon their discharge from CMC’s emergency department, Convenient Care Center or the Ithaca Free Clinic. The number of vouchers issued in 2006 was 639; in 2008 there were 1,499 vouchers issued.

Ithaca Health Care Alliance

Tompkins County is home to the Ithaca Health Care Alliance. Members pay an annual fee and as a result have access to the Ithaca Health Fund. The Fund covers expenses of up to \$1,000 for such expenses as broken bones and emergency department visits. The Ithaca Health Fund makes payments to any practitioner in the world. However, Ithaca area residents may also benefit from discounts with 115 providers and the dental loan fund. www.ithacahealth.org

Under the auspices of the Ithaca Health Alliance, the Ithaca Free Clinic opened in 2006. It is run as a “charitable concern for the benefit of any resident who seeks care and has limited or no insurance.” (Presentation to the HPC advisory board, April 2009.) It is staffed by volunteer physicians, nurses, nutritionists and complementary medical practitioners.

Health care maintenance and disease prevention

Barriers to service access

Many factors affect access to health care maintenance and disease prevention. Factors such as transportation, underemployment, parents working multiple jobs, all affect the well being of some residents and contribute to causes that undermine health.

Transportation and location

Transportation and the rural nature of the county have been cited as a factor by other community agencies as a barrier to service access.

Many health care services, notably physicians’ offices are located in suburban Lansing and are difficult to reach without a personal vehicle. A few primary care and specialist offices remain in the City of Ithaca and others are located in rural areas. Bus and taxi services are available in the County. However, available bus routes and schedules do not always make this a convenient form of transportation as it might in a metropolitan area.

Mass Media

Mass media produced in Tompkins County includes:

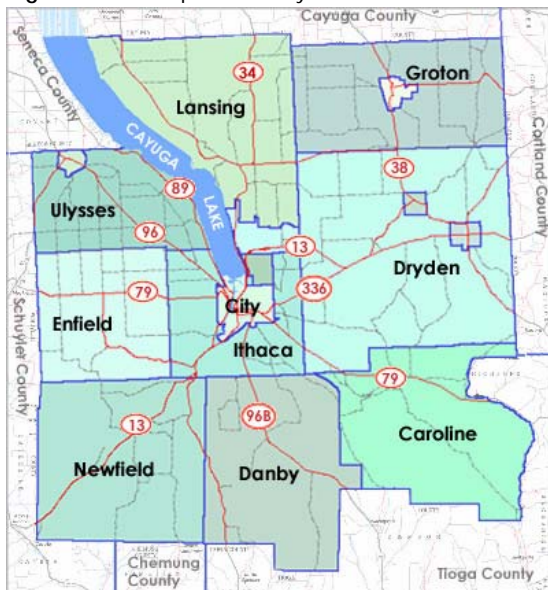
- Daily newspapers: Ithaca Journal (Gannett Company, published daily except Sunday), Cornell Daily Sun (published weekdays when Cornell classes are in session).
- Major weekly newspapers: Ithaca Times, Finger Lakes Community Newspapers (9 titles), Tompkins Weekly, The Ithacan (published when Ithaca College classes are in session).
- Radio: 9 commercial stations (7 are under one ownership), 1 non-commercial. 2 National Public Radio member stations claim service to the Ithaca market.

- TV: ICTV (cable only, when Ithaca College is in session), public access cable TV. Broadcast networks from Syracuse, Elmira and Binghamton provided via Time Warner Cable.
- Outdoor: Park Outdoor billboards, TCAT transit busses.

Laws and Regulations

- Pesticide Notification law (County)
- Outdoor burning ban (County)
- Smoke-free parks and playgrounds (Town of Newfield resolution, Village of Trumansburg resolution, Town of Lansing local law, City of Ithaca ordinance).

Figure 97 — Tompkins County Towns



SECTION II - LOCAL HEALTH UNIT CAPACITY PROFILE –

Tompkins County Health Department

Service Divisions and Programs

The mission of the Tompkins County Health Department (TCHD) is to promote, preserve and improve the health of the people of Tompkins County consistent with public health law. TCHD is a full service health department comprised of the Environmental Health, Community Health Services, and the Children with Special Health Care Needs Divisions. As of March 2005, there were 87 staff providing services and coordinating programs for the benefit of County residents.

Division for Community Health

CHS

Community Health Services (CHS) provides health care services for mothers, infants and children and through its communicable disease program, surveillance and care for all residents.

Mothers

- Pre- and post-natal care (MOMS)
- Breastfeeding support

Children

- Immunizations
- Lead poisoning prevention
- Newborn and child health assessments

All community residents

- Immunizations
- Influenza immunization
- Communicable disease surveillance and case management
- Tuberculosis (TB) surveillance, contact investigation and treatment
- Rabies post-exposure immunizations
- Anonymous HIV counseling and testing

WIC

The Supplemental Nutrition Program for Women, Infants and Children (WIC) improves the nutrition and health status of eligible women, infants and children (up to age 5 years.) WIC achieves this goal through the provision of checks to purchase nutritious foods, nutrition and health education, breastfeeding promotion and support and referrals and connections with local health and human service agencies.

HPP

The key role of the Health Promotion Program (HPP) is to educate the public, health care practitioners and policymakers about the importance of disease and injury prevention. HPP promotes healthy eating, physical activity and avoidance of tobacco to reduce the risk of

cardiovascular disease, diabetes and cancer. HPP works in partnership with businesses, local media, health providers, schools, health care providers, and human service and community agencies to achieve these objectives. HPP works closely with other CHS programs to market and promote their programs and is actively involved in bioterrorism preparedness. HPP is responsible for coordinating the Municipal Public Health Services Plan (MPHSP) and for developing and maintaining the Community Health Assessment.

The HPP Director serves as the Department's Public Information Officer (PIO).

HHC

Home Health Care (HHC) is a Certified Home Health Agency in accordance with the New York State Department of Health (NYSDOH) and Medicare's Conditions of Participation. It is an optional program (under Article 6 of public health law) of the TCHD. HHC's employed and contracted staff includes registered nurses; home health aides and physical, occupational and speech language pathology therapists. HHC provides medically ordered visits for clients in their homes. HHC also partners with local health care providers and agencies to provide other necessary services.

Children with Special Health Care Needs

The programs in this division serve children who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who require a broader variety of health and related services to reach their fullest potential.

The division has 4 programs:

- Children with Special Health Care Needs is a federal program that offers information and referral services concerning health and related issues to families with special needs up to the age of 21. The program guides and assists families with their social-emotional, financial, medical and transportation needs.
- Early Intervention Program (EIP) is a federally mandated program, regulated by NYSDOH. Children who have a disability or developmental delay are eligible for the program from birth to 36 months.
- Physically Handicapped Children's Program ensures access to quality health care for chronically ill and physically handicapped children. This is achieved through program standards requiring access to specialty centers and physician specialists for children enrolled in the program.
- Preschool Special Education Program is responsible for the administrative and fiscal oversight of special education services and programs provided to children three to five years of age who meet eligibility requirements in accordance with the New York State Education Department regulatory standards. Each child has his or her own educational plan. The spectrum of services include speech, physical, occupational and counseling therapies along with special education programs.

Environmental Health Division

This division is an educational and regulatory agency. It protects, preserves and improves the health of the County's residents through inspections and permits, responses to public health nuisances and education of facility operators and the public.

The programs include:

- Inspection of public and private water systems and individual sewage systems
- Food Protection: inspection of restaurants and temporary food establishments
- Rabies control
- Inspection of temporary residences: motels/hotels children's camps, camps and parks, pools and beaches, and mobile home parks
- Adolescent Tobacco Use Protection Act (ATUPA) and Clean Indoor Air Act enforcement
- West Nile Virus surveillance and prevention
- Neighborhood Notification Law for Pesticides enforcement
- Lead Poisoning Control: environmental sampling for case investigation
- Nuisance resolution and other programs

Technical staff spends two-thirds of their time in three programs: Public and private water systems, individual sewage and food service.

Additional Programs of TCHD

BT & Emergency Preparedness

Bioterrorism (BT) Preparedness focuses on the development and refinement of a comprehensive response plan for agents of bioterrorism. In 2004, TCHD hired a bioterrorism coordinator who is responsible for meeting NYSDOH grant requirements, planning drills and public education.

EMS

Emergency Medical Service (EMS) in Tompkins County receives assistance through a program administered by TCHD. The Tompkins County Department of Emergency Response coordinates EMS activities in the County. Five ambulance agencies provide advanced life support treatment and transport services in the County assisted by 13 first response fire department rescue squads.

Medical Examiner

TCHD employs one chief medical examiner and two deputy medical examiners to investigate and certify cause of unattended and suspicious deaths.

Vital Statistics

Vital Statistics is responsible for filing the records of all births and deaths that occur in Tompkins County with the Bureau of Vital Statistics at the NYSDOH. The Vital Statistics office maintains records from 1881 to the present.

Key Trends

Some of the trends that TCHD has identified that will affect the department's mission and service delivery in the next 5 years include:

- Emerging infectious diseases
- Aging of the population and associated need for increased services
- High-tech health care at home
- Need for ancillary providers of services

- Increasing requirements for emergency planning and response that impact the delivery of other programs.
- Regionalization of services. One example is grant funding for chronic disease programs such as heart health and diabetes that often do not address local need adequately.
- Need for contracted ancillary providers of health services: i.e. speech therapists, special education teachers.
- Increasing reliance on computers for information storage and retrieval.
- Increasing State reporting requirements.
- Reduction in State financial support.

SECTION III - PROBLEMS AND ISSUES IN THE COMMUNITY

Profile of Community Resources

TCHD collaborated with the Health Planning Council (HPC), a program of the Tompkins County Human Services Coalition to identify the health priorities for Tompkins County. The Public Health Director and the Director of the Health Promotion Program are advisory board members of the HPC. A sub-committee of the HPC advisory board was established to determine the data necessary to describe the health status of the community as to assess its health care needs and resources as well as to identify the health priorities for Tompkins County.

The sub-committee was comprised of representatives from HPC, TCHD, Cayuga Medical Center (CMC), Tompkins County Office for the Aging (COFA), and Gannett Health Center at Cornell University. The sub-committee developed a survey that was sent to HPC board members asking them to identify health priorities for Tompkins County. It also gathered data from local sources and from NYSDOH sources and categorized the data based on the ten priorities in the NYSDOH “Prevention Agenda Toward the Healthiest State 2008.”

The survey asked respondents to identify priorities based on their knowledge of the community and the needs of clients and patients they serve in their agencies. The survey was then sent to key stakeholders in business, government, faith community, health providers and community agencies in the community. There were 137 responses. Based on the survey results and data assessment, the HPC Advisory Board identified the top three priority areas:

1. Physical Activity and Nutrition
2. Chronic Disease
3. Access to Quality Health Care

In 2009 and 2010 the HPC Board will discuss how to promote existing efforts in the community that focus on these priority areas and to encourage others. The Board will promote the initiatives listed below. It will also publicize the selected priorities in order to encourage the community to participate in the effort to make Tompkins County a healthier community.

Physical Activity and Nutrition

- Whole Community Project – www.cornell.edu/ccetc
- Cayuga Waterfront Trail – www.cayugawaterfronttrail.com
- Worksite Wellness – www.tompkins-co.org/wellness/worksite
- Get Healthy Tompkins – www.gethealthytompkins.org
- Cayuga Center for Healthy Living – www.cayugamed.org
- Lifelong’s Enhance Fitness – www.tclifelong.org/enhance_fitness.htm
- Local farmers’ markets

Chronic Disease

- Chronic Disease Self-Management Program – Health Planning Council and Finger Lakes Independent Center (FLIC)
- Asthma Action Committee – HPC and TCHD and other partners
- Cancer Services Program (NYSDOH) and cancer support services – Cancer Resource Center of the Finger Lakes

Access to Quality Care

- Prescription Meds Access Program (PMAP) – HPC
- Urgent RX – HPC
- Get Covered Information Line – HPC
- Cancer Resource Center’s webpage on resources for un- and underinsured for people diagnosed with cancer
- Facilitated enrollers
- Ithaca Health Alliance and the Ithaca Free Clinic
- Tompkins Care Connection/NY Connects (COFA/DSS)
- Physician Referral Center – CMC
- Health Care Workforce – COFA

Behavioral Risk Factors

The New York State Department of Health (NYSDOH) conducts an expanded Behavioral Risk Factor Surveillance Survey (BRFSS) on a 5-year cycle. According to the NYSDOH, Health Commerce System Website,¹⁰ “the goal of Expanded BRFSS is to collect uniform, county-specific data on preventive health practices, risk behaviors, injuries and preventable infectious diseases.” The BRFSS only surveys adults age 18 years and over. Surveys are conducted by telephone interviews of randomly selected phone numbers.

The last fully completed survey in 2003, collected data from 38 county populations to provide a snapshot with greater local detail than available from a statewide survey. In the 2003 survey, as had been the case for the 1998 survey before that, Tompkins County and Cortland County were surveyed as one population. Due to the wide differences between the two counties in demographic and social characteristics, data from this survey was of limited usefulness to either county.

Now, that barrier to useful data has been removed with the 2008 Expanded BRFSS, as the NYSDOH has implemented a new methodology in which all 57 Upstate counties are surveyed individually, providing Tompkins County with data unique to its population. The survey period was from June 2008 to July 2009, with a goal of 650 completed surveys for each population area.

As of mid-September 2009, the NYSDOH had released 6 months of weighted data through the Health Commerce System secure Website, and selected portions of data from the Tompkins County surveys are provided here. For questions covering all adults, about 324 completed surveys were typical. Questions for subsets of all adults, such as adults age 18–64, women only, or men age 40 and over, there are fewer completed surveys. These limitations tend to result in very high margins of error, making comparisons between the survey results provided from Tompkins County and New York State often inconclusive. Release of the full year’s survey results later this year, with twice the completed surveys, will shrink the margins of error and open the opportunity for more thorough analysis of the data.

The Expanded BRFSS 2008 reports provide data broken out by gender, age, education level and income. However, because this creates even smaller subsamples, the confidence

¹⁰ https://commerce.health.state.ny.us/hpn/brfss/expanded_08/expanded_brfss_08.htm. Accessed September 14, 2009.

intervals become even wider. Therefore, the data shown here is that for all respondents to the specific question.

The Expanded BRFSS contains 69 tables of data, representing 69 different questions on the survey. The selection of questions presented here were determined to be most relevant to the Local Health Priorities established by the community and described here on page 112. Descriptive analyses of these data are in progress.

NOTE: The “N=x” number shown with each bar graph is the total number of respondents for Tompkins County surveys, only. Total respondents for NYS is not shown in this presentation of the data.

Figure 98 — General health condition among adults, Tompkins County & NYS, Expanded BRFSS 2008 interim report

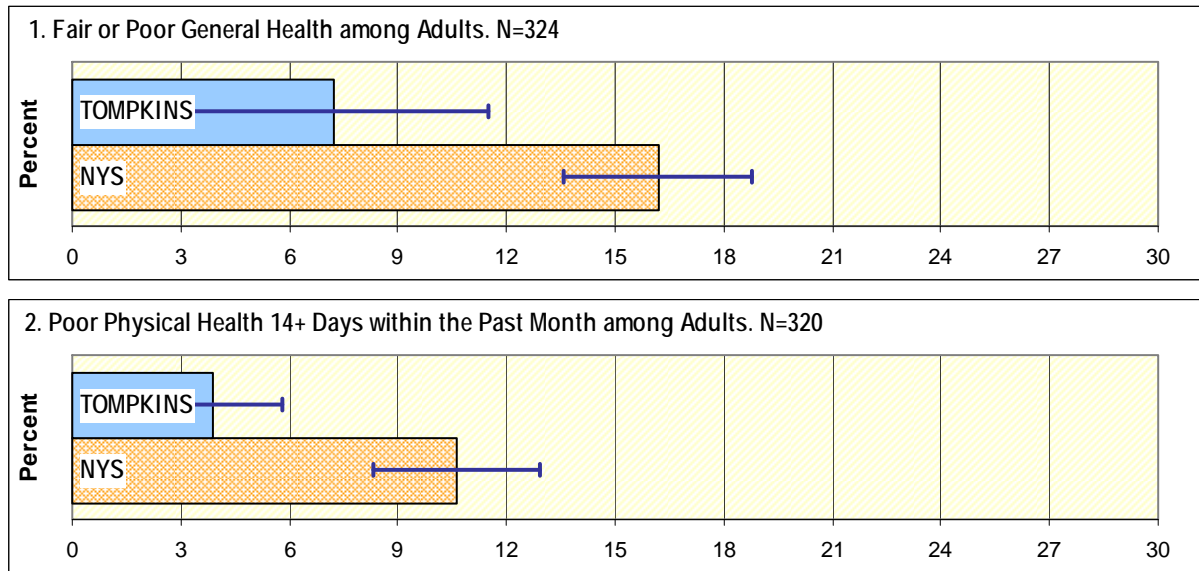


Figure 99 — Financial barriers to health care among adults, Tompkins County & NYS, Expanded BRFSS 2008 interim report

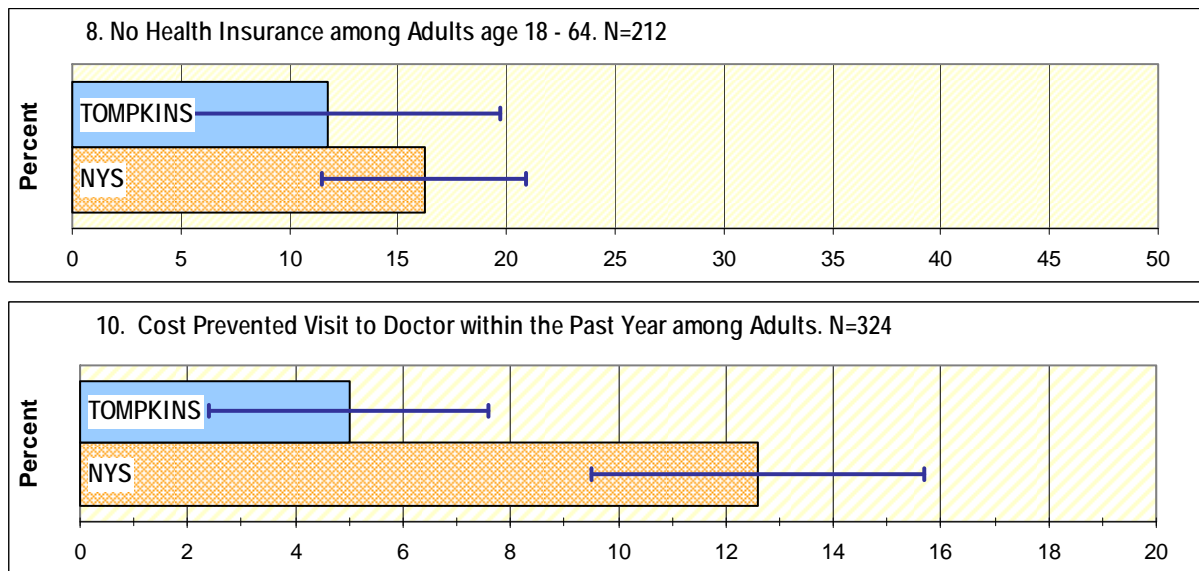


Figure 100 — Preventive health services utilization among adults, Tompkins & NYS, Expanded BRFSS 2008 interim report

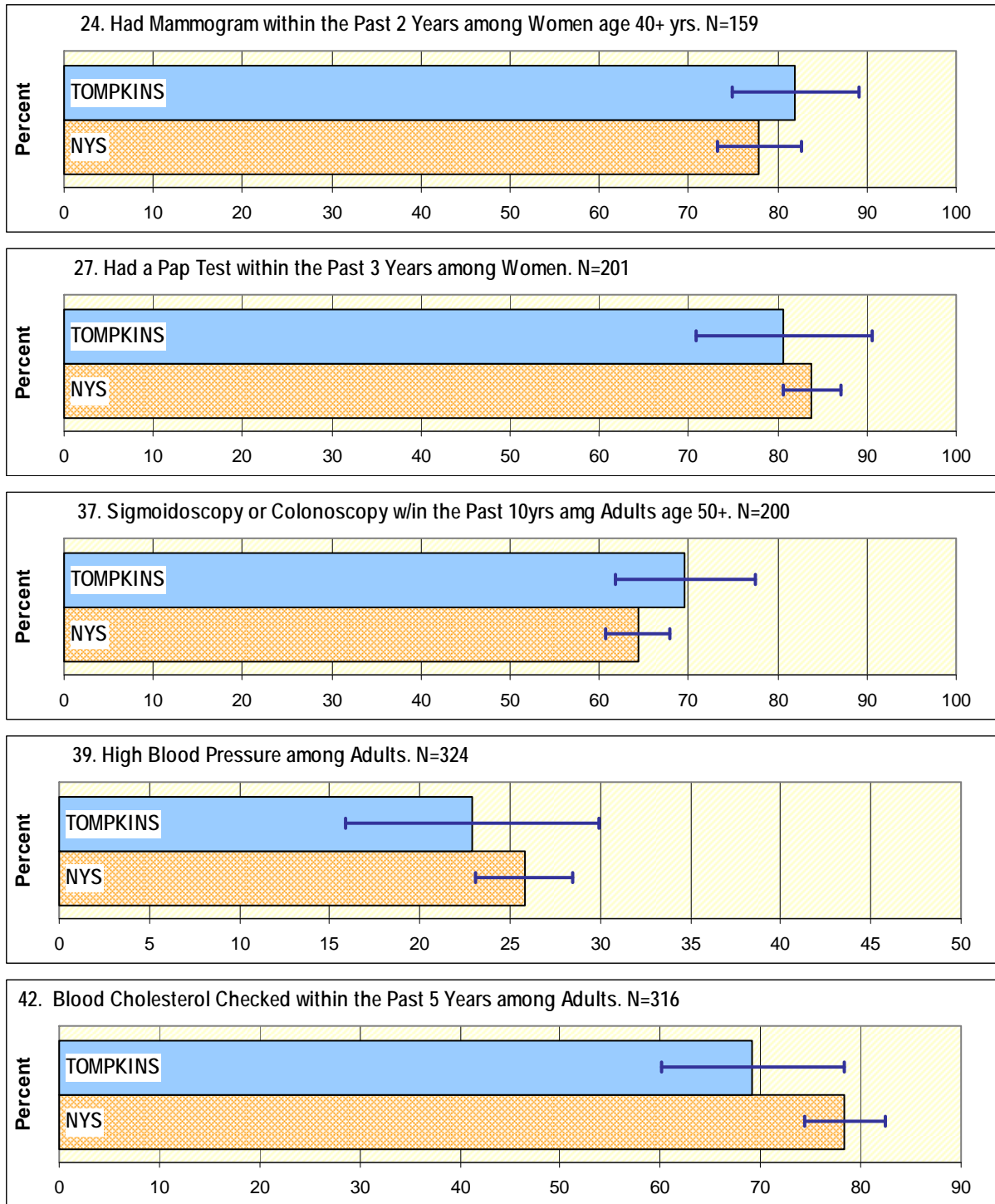


Figure 101 — Chronic disease diagnosis among adults, Tompkins & NYS, Expanded BRFSS 2008 interim report

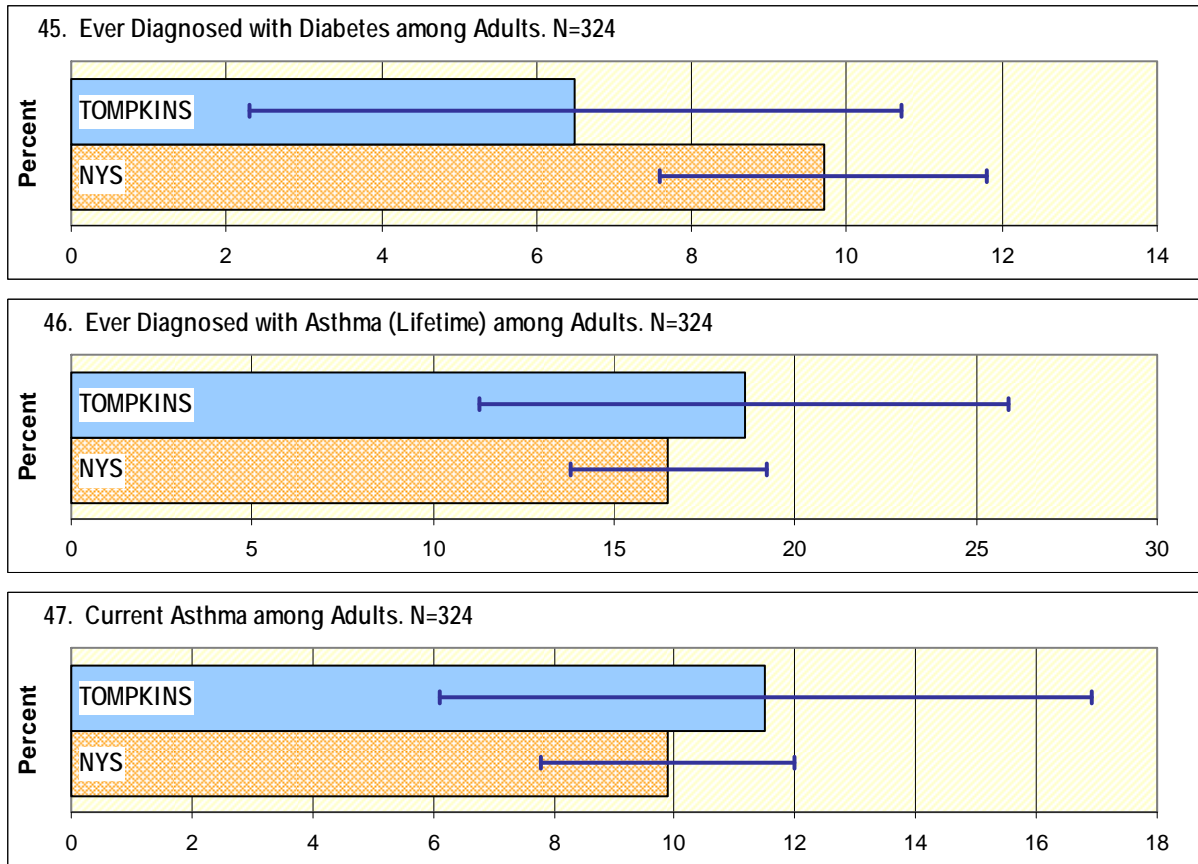
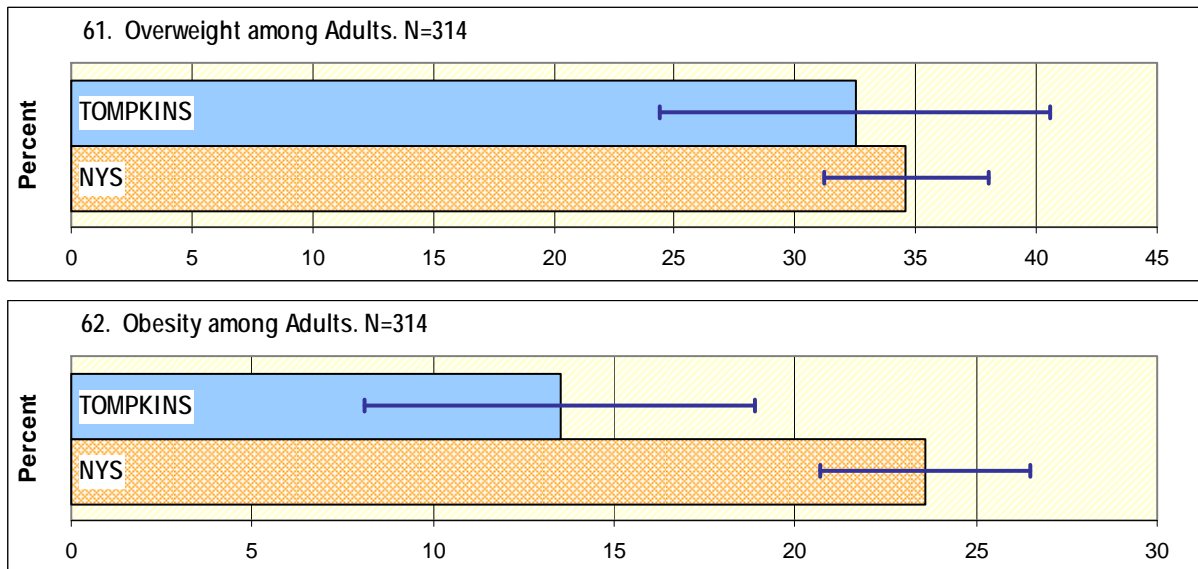
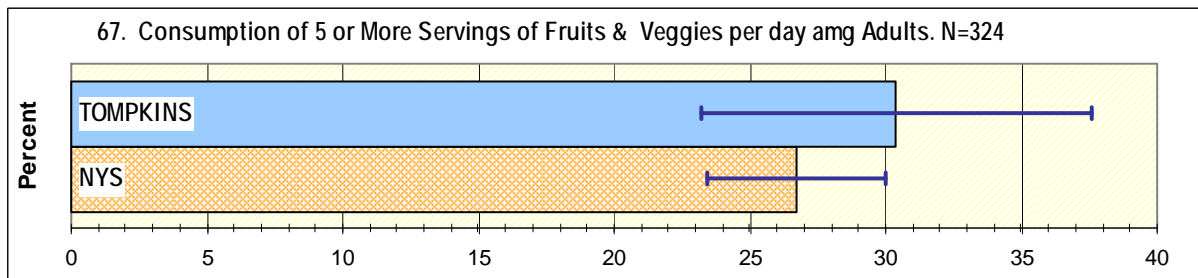
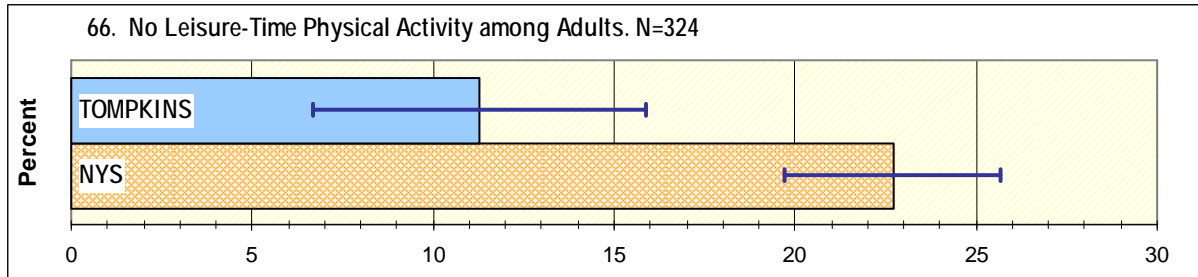
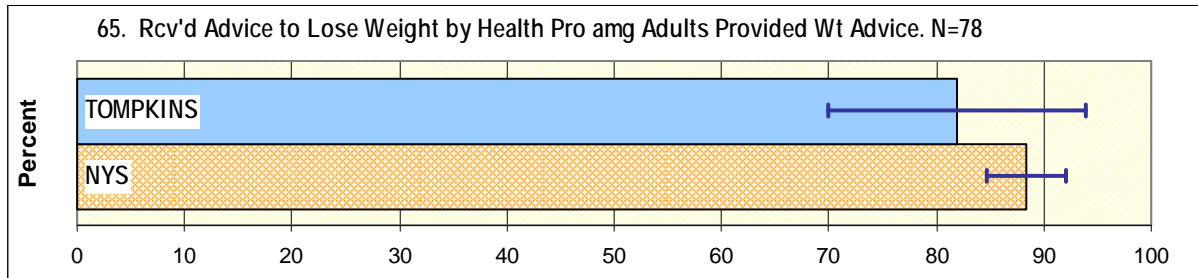
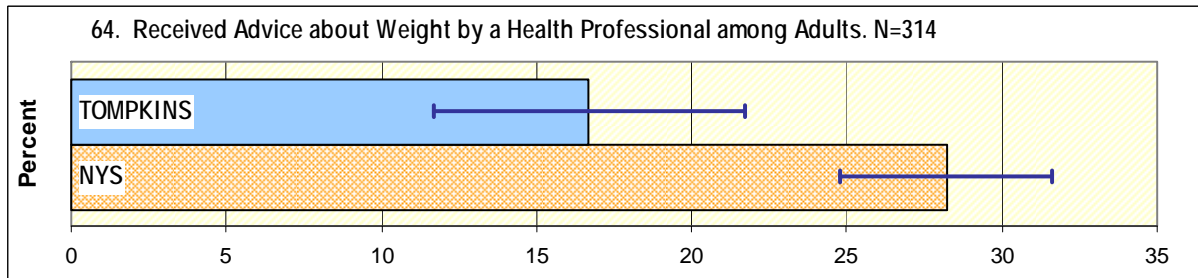
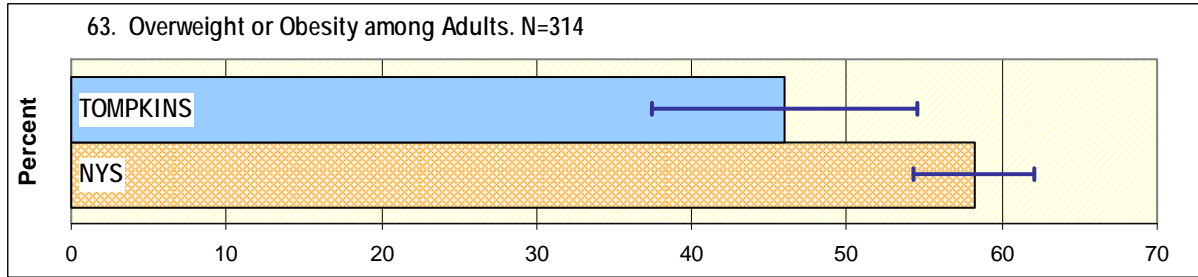


Figure 102 — Nutrition & physical activity indicators among adults, Tompkins & NYS, Expanded BRFSS 2008 interim report





Profile of Unmet Need for Services

Access to health care services is one of the three priorities Tompkins County chose as one focus area from the New York State Department of Health (NYSDOH) *Prevention Agenda Toward the Healthiest State*. Issues of concern related to access included lack of health insurance coverage, cost of coverage, and problems associated with inadequate health

insurance coverage. Lack of affordable primary health care and lack of affordable specialty health care in Tompkins County have also been identified as important issues. The Health Planning Council (HPC), a program of the Human Services Coalition (HSC) and the Tompkins County Health Department (TCHD) conducted the process of identifying the priority areas of the Prevention Agenda for the County.

In 2009 the HSC and the United Way of Tompkins County (UWTC) conducted a community asset and needs assessment of Tompkins County. **Compass II 2.0** is a follow-up to Compass II conducted in 2003. The report is structured around ten topic areas: Employment/Jobs, Education, Environment, Health Care, Housing, Quality of Life, Crime, Social Issues, Discrimination, and Transportation.

An interim summary of Compass II 2.0 was released in October 2009; a final report and analysis is expected in 2010. Surveys were completed by 989 community members and 150 key informants. Some notable highlights of the summary on health care access: Almost 67% identified lack of affordable primary health care and approximately 64% identified lack of affordable specialty care as community issues. Underinsurance was noted by approximately 72% and lack of affordable dental care by approximately 66%. Key informants (87.6%) identified underinsurance as a community issue and 80% of this group identified lack of affordable primary care, 70.5 % lack of affordable specialty care and 83% lack of affordable dental care as community issues.

The interim summary of this report did not draw conclusions from the data; rather it proposed questions that could inform the next steps in the process for the community. For example, the summary questioned if the number of physicians was sufficient for the county. It noted that the number of physicians in Tompkins County per 10,000 residents in 2007 was 22.4. In the Southern Tier there were 23.6 and in New York State 33.0 per 100,000 people. (Source: Annual New York Workforce Profile 2008). Dental care has consistently been seen as a problem in the County. The summary questioned whether this was because there is not enough care available free of charge, too few dentists, and/or not enough dentists accepting Medicaid or dental insurance.

Local agencies, health care providers and community members have addressed the problem of access related to health care coverage in a number of ways.

The **Ithaca Health Alliance (IHA)** is an organization whose mission is to “facilitate access to health care for all, focusing on the needs of the uninsured and underinsured.” It conducts two major projects: the **Ithaca Health Fund** and the **Ithaca Free Clinic**. Adults may purchase a \$100 annual membership in the Ithaca Health Alliance. Membership allows access to all programs including the medical assistance program that provides grants for certain medical services ranging from a quit smoking bonus of \$50 to \$3,000 for cost of care for broken bones.

The **Ithaca Free Clinic** opened in January 2006. It offers free integrative health and wellness services combining complementary and mainstream medicine according to IHA’s promotional materials. The clinic is open a total of eight hours a week on two different days and is staffed by volunteer physicians, nurses, herbalists, acupuncturists, chiropractors, nutritionists and others. Services are offered to uninsured or underinsured adults free of charge. In 2008, there were over 2,000 visits to the clinic, a 4% increase over 2007. Seventy-one per cent of the visits were to a prescribing physician, 23% to holistic practitioners and the remaining 7–9% to nurse only, dietitian, occupational therapist or others.

In January 2006, the Health Planning Council implemented **Urgent Rx**. It partners with Tompkins County United Way, Kinney Drugs, and Cayuga Medical Center (CMC) to offer vouchers at point of service for medications from a formulary routinely offered in emergency circumstances. Uninsured patients are the targeted population. The program helps to resolve immediate, urgent health issues and prevents the development of more serious medical conditions that could result from not taking prescribed medications. In 2009, 1,300 people received 3,170 vouchers for 2,500 medications at a value of \$80,000. There were 200 more people who received this assistance than in 2008.

Forty-five per cent of the people who received vouchers for emergency prescription medications through Urgent Rx in 2009 were 19–30 year olds; in 2008 it was 46 %. The next largest group is the 31–40 year old age cohort at 21%. In a profile of the New York State population that was uninsured in 2008, NYSDOH analyzed US Census Bureau data (2009 Annual Social and Economic Supplement to the Current Population Survey) and determined that half of the uninsured in New York State (49.8%) are aged 19 to 39, with 29.5% in the 19 to 29 age group. HPC staff follow-up with patients and provide them with information on health insurance plans and health care subsidy programs. Data from Urgent Rx usage give providers and health planners a snapshot of the uninsured adult population in Tompkins County.

In January 2005 Tompkins County implemented a drug discount card accepted at most pharmacies in the County. The **Tompkins Rx** card allows those people who do not have prescription drug coverage or whose coverage is inadequate to purchase medications at a discount price rather than at retail. Data from January 2005 to September 2008 (most recent data) indicate that there were 32,718 “utilizers” according to a report from the Health Planning Council and a total of 73,923 prescriptions filled. The price savings to consumers at an average discount of 22.8% totaled \$955,539 from January 2005 to September 2008.

The Prescription Medication Access Program (PMAPP) at the HPC helps with longer term prescription needs. HPC guides community residents through pharmaceutical company patient assistance programs and sources for free branded (non-generic) medicine.

There are three **New York State Subsidized Health Plans** offered in Tompkins County:

- Medicaid Managed Care: Total Care, Fidelis Care
- Child Health Plus: Excellus Blue Cross and Blue Shield, Total Care and Fidelis Care
- Family Health Plus: GHI, Total Care and Fidelis Care

There have been some problems with access to primary care physicians for those people enrolled in these subsidized plans. At any point in time the number of primary care physicians accepting any new patients or new Medicaid patients varies. Some office practices limit new Medicaid patients based on geographic areas or by percentage of total patients. Primary care includes family practice, internal medicine, pediatrics, and OB-GYN. Facilitators for Total Care help new subscribers with finding a physician. Cayuga Medical Center (CMC) has implemented a physician referral service within the last few years to help new residents and others find a physician.

Tompkins County continually assesses the need for new services and access to services. HPC has regularly issued the report, ***Tracking the Impact of Health Care Reform in Tompkins County***. The first report was issued in 1997. The report tracks the impact that legislative reform has had on health care services to Tompkins County. An updated report is expected in 2010. The report includes information from 1997 to date on the number of people on Medicaid, access to care for Medicaid and other subsidy plans to primary care, children

enrolled in Child Health Plus, MOMS enrollees, WIC, uncompensated care at CMC, self-pay visits at CMC, home care visits, skilled nursing capacity and occupancy. Information and data are obtained from several local sources including the Department of Social Services, TCHD, CMC and other local agencies.

The HSC launched **2-1-1 Information and Referral** in 2007. Tompkins County and contiguous county residents may call the 211 phone number or email 24 hours a day, 7 days a week for information on housing, transportation, food, health care, employment, recreation and other local services. In 2007 there were 2,565 inquiries to 211; in 2009 there were 7,497. In the first quarter of 2009 there were 2,442 inquiries and 3,755 inquiries were made in the first quarter of 2010.

Another significant barrier to access is **transportation**. This is typical in any rural county and Tompkins County is no different. Single vehicle or no vehicle households particularly those in rural areas have difficulty accessing health care and other services. The Tompkins County Area Transit (TCAT) system has improved over time. However it is not uncommon for some residents to have to travel an hour or more by bus to a destination in the County when travel by car would be significantly less. Circuitous routes, infrequent schedule stops, and connections to other bus routes contribute to the inconvenience and challenges of utilizing the public transit system.

Tompkins County residents and community and government agencies have tackled the problem of transportation barriers in a number of ways. **Gadabout** is a non-profit organization that provides rides at a minimal cost for residents with disabilities and people at least 60 years of age upon request. Gadabout operates Monday through Friday during business hours.

Since the last Community Health Assessment, several initiatives have begun to broaden transportation options in Tompkins County:

- **Ithaca Car Share** is a local non-profit car sharing organization similar to those in San Francisco, Philadelphia, Buffalo and other cities in this country and abroad. It began in June 2008. Membership allows eligible drivers to reserve a well-maintained and fuel efficient vehicle for only the time they need it. An hourly rate and mileage fee apply for round-trip reservations. Cars are located at various places downtown, Ithaca College, Cornell University and other locations. Ithaca Car Share is helpful when a vehicle is needed for short periods of time, when it's too expensive to take a taxi or when the bus doesn't go to necessary locations.
- **CityVan** provides low-cost transportation week day mornings through early evenings and runs up to five trips a day between pilot rural areas outside of TCAT's routes. Riders must call ahead for reservations. CityVan is best for travel between downtown Ithaca and Enfield or Newfield, the first two pilot project areas. The service began in 2010.
- **Way2Go** was created to help meet Tompkins County's goals of increasing transportation equity and sustainability. The project is funded through the Federal Transit Authority (FTA), Job Access and Reverse Commute (JARC) grant. The funds are administered by the Chief Transportation Planner at Department of Social Services. Tompkins County chose Cornell Cooperative Extension of Tompkins County (CCETC) to develop and administer the transportation education plan. CCETC maintains a website listing and linking many options for transportation including car pooling, biking, public transit, walking, transportation needs, location, and energy saving considerations.

Way 2Go was shaped by both formal research and input from across the community. A diverse community team of 17 people from 9 community organizations including Greater

Ithaca Activities Center (GIAC), Finger Lakes Independent Center (FLIC), Lifelong (Senior Center), Tompkins Community Action and National Leaders Initiative participated.

The Way2Go page on the CCETC website states that the program is designed to help fill a vital role in making the vision of clean, green, affordable and accessible transportation for all a reality: community education and empowerment. Way2Go exists to:

1. Provide information and spread awareness around current transportation options and resources
2. Encourage transportation choices that best support individual, community and environmental well-being
3. Help improve transportation systems and services through dialog among transportation users, providers, planners and advocates

SECTION IV - LOCAL HEALTH PRIORITIES

Local Health Priorities

TCHD collaborated with the Health Planning Council (HPC), a program of the Tompkins County Human Services Coalition to identify the health priorities for Tompkins County. The Public Health Director and the Director of the Health Promotion Program are advisory board members of the HPC. A sub-committee of the HPC advisory board was established to determine the data necessary to describe the health status of the community as to assess its health care needs and resources as well as to identify the health priorities for Tompkins County.

The sub-committee was comprised of representatives from HPC, TCHD, Cayuga Medical Center (CMC), Tompkins County Office for the Aging (COFA), and Gannett Health Center at Cornell University. The sub-committee developed a survey that was sent to HPC board members asking them to identify health priorities for Tompkins County. It also gathered data from local sources and from NYSDOH sources and categorized the data based on the ten priorities in the NYSDOH “Prevention Agenda Toward the Healthiest State 2008.”

The survey asked respondents to identify priorities based on their knowledge of the community and the needs of clients and patients they serve in their agencies. The survey was then sent to key stakeholders in business, government, faith community, health providers and community agencies in the community. There were 137 responses. Based on the survey results and data assessment, the HPC Advisory Board identified the top three priority areas:

1. Physical Activity and Nutrition
2. Chronic Disease
3. Access to Quality Health Care

In 2009 and 2010 the HPC Board will discuss how to promote existing efforts in the community that focus on these priority areas and to encourage others. The Board will promote the initiatives listed below. It will also publicize the selected priorities in order to encourage the community to participate in the effort to make Tompkins County a healthier community.

Physical Activity and Nutrition

- Whole Community Project – www.cornell.edu/ccetc
- Cayuga Waterfront Trail – www.cayugawaterfronttrail.com
- Worksite Wellness – www.tompkins-co.org/wellness/worksite
- Get Healthy Tompkins – www.gethealthytompkins.org
- Cayuga Center for Healthy Living – www.cayugamed.org
- Lifelong’s Enhance Fitness – www.tclifelong.org/enhance_fitness.htm
- Local farmers’ markets

Chronic Disease

- Chronic Disease Self-Management Program – Health Planning Council and Finger Lakes Independent Center (FLIC)
- Asthma Action Committee – HPC and TCHD and other partners
- Cancer Services Program (NYSDOH) and cancer support services – Cancer Resource Center of the Finger Lakes

Access to Quality Care

- Prescription Meds Access Program (PMAP) – HPC
- Urgent RX – HPC
- Get Covered Information Line – HPC
- Cancer Resource Center’s webpage on resources for un- and underinsured for people diagnosed with cancer
- Facilitated enrollers
- Ithaca Health Alliance and the Ithaca Free Clinic
- Tompkins Care Connection/NY Connects (COFA/DSS)
- Physician Referral Center – CMC
- Health Care Workforce – COFA

SECTION V - OPPORTUNITIES FOR ACTION –

See Section IV - Local Health Priorities on page 112.

APPENDIX A – COMMUNITY REPORT CARD

Report Card

Not included

Document Distribution

The CHA will be distributed to the Health Planning Council, health care providers, legislators, Tompkins County Public Library and upon request. It will also be available on the TCHD website: www.tompkins-co.org/health