

# Community Health Assessment 2019-2024

## Community Health Improvement Plan 2019-2021

**Tompkins County Health Department**  
**Cayuga Medical Center**  
Ithaca, New York  
December 27, 2019

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## Executive Summary

Tompkins County is located at the southern tip of Cayuga Lake in the Finger Lakes region of New York State. It is part of the Southern Tier Economic Development Region, and is grouped by the New York State Department of Health (DOH) in the five-county Southern Tier region, along with Broome, Chenango, Delaware, and Tioga Counties. Tompkins jurisdictions include nine towns, seven villages, and one city, Ithaca. About 30% of the county’s 104,000 population resides in the City of Ithaca.

There are three large post-secondary institutions within the county, Cornell University, Ithaca College, and Tompkins Cortland Community College. Total enrollment in college or grad school is 29,300, 28% of the county population. As a result, the county population is young, well educated, transient, and includes a significant foreign-born population. Nearly half of all households are non-family, and nearly half of all housing units are renter-occupied. The poverty rate among individuals living in non-family households is twice that of those in family households.

The Prevention Agenda (PA), New York State’s blueprint for “the healthiest state,” includes five Priorities: Prevent Chronic Disease, Promote a Healthy and Safe Environment, Promote Healthy Women, Infants, and Children, Promote Well-Being and Prevent Mental and Substance Use Disorders, and Prevent Communicable Disease. Each priority is divided into two or more Focus Areas.

Tompkins County selected two Focus Areas in the Prevent Chronic Disease priority, one in Promote Healthy Women, Infants, and Children, and two in Promote Well-Being and Prevent Mental and Substance Use Disorders. Objectives address food security and healthy eating, gaps in cancer screening, equity of care for women and infants, and opportunities to build and strengthen well-being.

Disparities are primarily across wealth and race. Inequity is also evident in housing and access to healthcare, with the latter often due to lack of transportation options. Focus groups conducted for the Community Health Assessment (CHA) indicates that healthcare is less accessible for people of color, and secondary data shows an income gap between races.

Secondary data for the CHA were primarily sourced from the U.S. Census and the NYSDOH. The DOH pulls data from a variety of sources and compiles key indicators in the PA dashboard and the NYS Community Health Indicator Reports (CHIRS). These same sources have been the references for all editions of the Tompkins CHA.

Collecting primary data directly from the community was new with the 2019-2024 CHA. Key among these was a community wide survey in which respondents were asked to rate their own health, identify choices and challenges, and weigh in on what makes a healthy community. Thirteen hundred surveys were initiated, and the median response rate across all questions was close to 1,100.

The results clearly demonstrate the influence that social determinants of health have on an individual's perception of their health.

To further support the survey results and add personal stories to the analysis, in depth interviews were held with 29 key stakeholders, and 32 community members participated in four focus groups, representing four constituencies: mothers, African Americans, college students, and rural residents.

A Steering Committee was convened to review and coalesce all data, and to propose what PA priorities and Focus Areas were in the best interest of the Tompkins County community. The committee included representatives from County Public Health, Mental Health, and Office for the Aging, Cayuga Health Systems, Health Planning Council, consultant Horn Research, Ithaca College, Cornell University, and Cornell Cooperative Extension of Tompkins County (CCE-TC).

The array of programs active in Tompkins County to address social determinants of health drive strategies that are evidence-based, promising/pilot programs, and/or programs planning an expansion to serve new constituencies. These activities are aligned with CHIP goals and objectives identified by the steering committee. The Fresh Snack Program, Farm to School, and Universal Breakfast are evidence-based programs that target food security among school children. Health care providers are implementing the Fruit & Vegetable Prescription program to adults with a chronic disease. Structural barriers to cancer screening will be met by improving how patients are reminded to act, and by adding clinics, using mobile clinics, and increasing clinic hours.

Well-being relates to an individual's physical, mental, and social sense of health and satisfaction, along with the influence that social determinants have on experiences and quality of life. The CHIP outlines strategies to strengthen well-being, including in the home to support parents and young children in families at risk, in a clinical setting to teach individuals with persistent mental illness ways to build skills, and bring together those living with a chronic disease to learn and practice techniques to better manage their disease in a safe, social setting. These programs are SafeCare, PROS, and Harmonicas for Health, respectively.

It takes a supportive community to build well-being, and the CHIP specifies that Mental Health First Aid (MHFA) courses be taught to an ever widening audience throughout the county, including at workplaces in all sectors. While MHFA builds personal awareness and understanding of mental illness, the social environment must match and reinforce a culture of support without stigma. The CHIP intervention to "use thoughtful messaging..." will be implemented through social media, an anti-bullying taskforce, and County Youth Services' Action Plan.

Evaluating the impact of the goals, objectives, and interventions presented in this CHIP will take place through 2021. A steering committee will monitor short term process measures that track activities such as numbers of children served, schools involved, courses taught, and availability of certified practitioners. Community partners will have access to a reporting matrix that will be updated quarterly.

## Community Health Assessment, 2019-2024

### *Description of Community*

#### **The demographics of the population served**

TOMPKINS COUNTY, New York covers 476 square miles at the southern end of Cayuga Lake, the longest of New York’s Finger Lakes. Tompkins County is on Cayuga Tribal land, part of the Iroquois Confederation.

Positioned in the center of the county at the lake’s southern tip is Ithaca, the county seat and only city. Ithaca is 60 miles southwest of Syracuse and 25 miles west of Cortland. It forms a hub for five state highways, though the closest Interstate connection is forty minutes away in Cortland. (Figure 1)

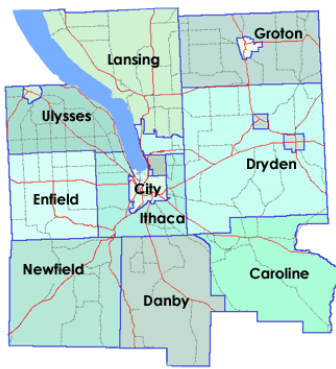


Figure 1

B02001: RACE 2012-2016 American Community Survey 5-Year Estimates	Population	White Alone	Black or African Am. Alone	Asian Alone	Hispanic or Latino
Tompkins County	104,268	80.7%	4.0%	10.2%	4.7%
Caroline town	3,387	91.9%	4.3%	0.7%	1.8%
Danby town	3,486	95.0%	1.7%	0.6%	0.6%
Dryden town	14,888	93.0%	2.5%	1.3%	2.5%
Enfield town	3,616	92.4%	0.6%	0.0%	2.8%
Groton town	6,085	94.4%	1.2%	2.4%	4.9%
Ithaca city	30,625	69.7%	7.2%	16.1%	7.1%
Ithaca town	20,398	71.8%	5.0%	16.8%	4.9%
Lansing town	11,427	79.8%	1.8%	15.0%	4.7%
Newfield town	5,309	93.7%	1.6%	1.8%	3.7%
Ulysses town	5,047	94.4%	0.3%	1.5%	3.0%

Figure 2

### Population

While the U.S. Census Bureau’s 2018 estimate population for Tompkins County is 102,793, all data in the following demographic profile is based on the Bureau’s 2012-2016 5-year estimates, which marks the county population at 104,268.

The City of Ithaca and the surrounding Town of Ithaca account for nearly half (49%) of the county population. The Towns of Dryden and Lansing combined are another quarter of the population total, with the six remaining towns, all with population under 6,100, making up the final 26%. (Figure 2)

## Profile

Tompkins County is home to three institutions of higher education, Cornell University, Ithaca College, and Tompkins Cortland Community College (TC3). Cornell's main campus is on East Hill in the City of Ithaca, and many of its facilities are in the Towns of Ithaca and Dryden. Ithaca College is on South Hill, within the Town of Ithaca. TC3 is in the Town of Dryden. Together, these schools enroll a total of 29,300 undergraduate, graduate, and professional students, 28% of the county population. (Figure 3)

S1401: SCHOOL ENROLLMENT (2012-2016 ACS 5-Yr Estimates)	Total	Pct of Enrolled pop	Pct total County pop
<b>Total population</b>	104,268		
Population age 3+ yrs. enrolled in school	41,980	(X)	40.3%
Kindergarten to 12th grade	11,528	27.5%	11.1%
High school: grade 9 to grade 12	3,631	8.6%	3.5%
College, undergraduate	22,905	54.6%	22.0%
Graduate, professional school	6,394	15.2%	6.1%
Pop enrolled in college or grad school	29,299	69.8%	28.1%
Population 18 to 24 years	28,624	(X)	27.5%
Enrolled in college or grad school	24,246	84.7%	23.3%

Figure 3

Much of the county's demographic profile reflects the college sector. The median age of Tompkins County residents is 30.3 years—the lowest in the state—with 28% of residents age 18–24 years. About 1-in-8 Tompkins County residents is age 65 or older (12%). [ACS S0101]

Tompkins County's population is well educated: 19 out of 20 (95%) residents age 25-plus are high school graduates, 52% have a Bachelor's degree, and 29% a graduate or professional degree. One-in-six (17%) work in education, training, and library occupations, 10% in computer, engineering, and science, and 7% in healthcare practitioner, technical, and support occupations. [ACS S1501, S2401]

Transience is another characteristic of Tompkins County's student-heavy population. This lack of population consistency challenges efforts to establish a broad awareness of public services for health, housing, and transportation. Nearly one-in-seven (13%) residents lived outside the county the previous year. For both the City and Town of Ithaca, one-in-seven moved in from out of state within the past year (14% and 15%, of the respective populations). [ACS B07001]

S0501: SELECTED CHARACTERISTICS OF THE NATIVE AND FOREIGN-BORN POPULATIONS 2012-2016 ACS 5-Year Estimates	County Total	Native	Foreign born	Foreign born; Naturalized citizen	Foreign born; Not a U.S. citizen
Total population	104,268	90,935	13,333	4,329	9,004
Percent of total population	(X)	87%	13%	4%	9%
Median age (years)	30.3	30.6	28.8	46.9	25.7
Population age 3+ years enrolled in school	41,980	35,521	6,459	1,190	5,269
College or graduate school	70%	66%	89%	84%	91%
Population 25 years and over	59,666	51,900	7,766	3,071	4,695
Graduate or professional degree	29%	26%	55%	50%	59%
Population 5 years and over	99,857	86,690	13,167	4,317	8,850
Language other than English	14%	5%	69%	63%	71%
Speak English less than "very well"	3%	1%	21%	12%	26%

Figure 4

Thirteen percent of county residents are foreign born; about one-third of those are now naturalized citizens. Among the foreign born population age 5 and up,

69% speak a language other than English, and about one-in-five of that group are identified as speaking English “less than very well.” That represents about 1,900 residents, not all of whom are post-secondary students. For example, the Ithaca Housing Authority provides its leasing materials in a dozen languages. All public health and public health preparedness service providers must be ready to accommodate these individuals. (Figure 4)

## Households

Close to half (47%) of Tompkins County households are non-family households. Just in City of Ithaca nearly three-quarters (72%) of households are non-family. Consistent with rates of non-family households and transience, the number of renter-occupied housing approaches half (45%) of all units. In Ithaca, nearly three out of four (74%) occupied units are rentals. (Figure 5)



Figure 5

Among all households, owner-, renter-, and family-occupied, a clear majority of the housing stock is old; county-wide, 62.4% of structures were built before 1980. Within City of Ithaca only one-in-five occupied structures were built after lead paint was banned (21% built 1980 or after). Across the county, 8% of occupied units are a mobile home or other type of housing. However, in the towns of Newfield and Enfield on the western side of the county, mobile homes or other housing account for nearly one third of residents’ housing (30% and 29%, respectively). [ACS S2504]

Median household income is student influenced. In Ithaca city for example, the median for all households is \$30,291, while for family households it is \$72,321; family households are just 28% of all households in Ithaca city. In Tompkins County as a whole, half (53%) of all households are families, and the median family income is \$76,278. The county median across all households, family and non, is \$54,133. (Figure 6)

S1903: MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2016 INFLATION-ADJUSTED DOLLARS)		
2012-2016 American Community Survey 5-Year Est.		
Tompkins County	Total	Median income
Households	38,269	\$ 54,133
One race--		
White	83%	\$ 58,936
Black or African American	3%	\$ 30,826
Asian	11%	\$ 29,959
Two or more races	2%	\$ 28,829
Families	20,126	\$ 76,278
With own children of householder under 18 years	41%	\$ 67,957
With no own children of householder under 18 years	59%	\$ 80,224
Married-couple families	78%	\$ 90,940

Figure 6

## Poverty

In a college town, the student population that works part time or not at all can skew the poverty rate for non-family households downward.

The overall poverty rate in Tompkins County is 20%. For county residents who identify as Black or African American alone,<sup>1</sup> the poverty rate is 36%; white alone is 16%. Among all residents under age 5, 21% are below the poverty level. [ACS S1701, S1903] (*Figure 7*)<sup>2</sup>

Ithaca city has the highest poverty rate in the county, 45% among all residents. The rate for city residents who identify as Black alone is 56%; for white alone, 36%; for all individuals under age 5, 38%. The Town of Caroline has the lowest overall poverty rate, at 7.4%. [ACS S1701] (*Figure 8*)

Among all households in Tompkins County, 53% are family households, 9% of which are below the poverty level. This is less than half the poverty rate across all households. Narrowing the population to families with a female householder, no husband present, and related children under age 5, the rate jumps to 51%. In Ithaca city, 19% of family households are below the poverty level, while 80% of families with female holder, no husband, and related kids under age 5 are below poverty. [ACS S1702] (*Figure 9*)

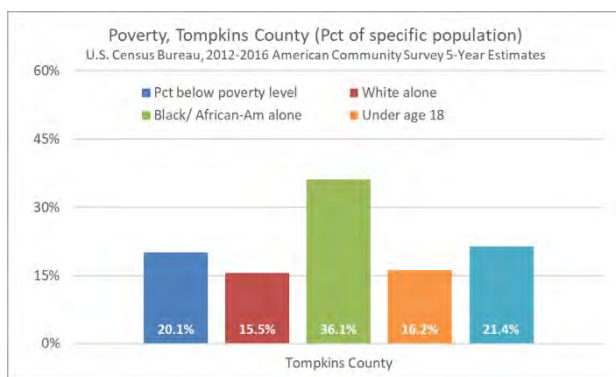


Figure 7

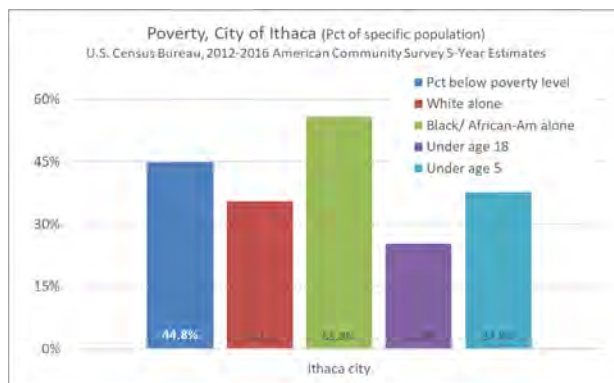


Figure 8

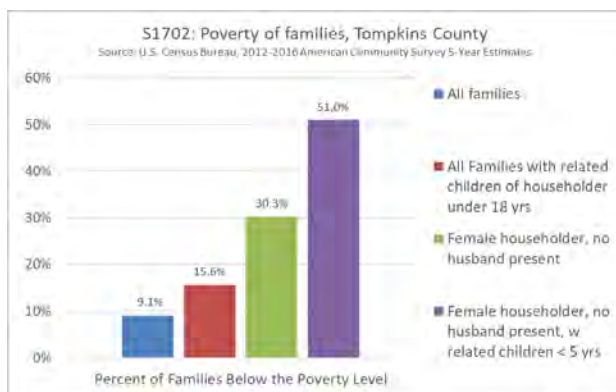


Figure 9

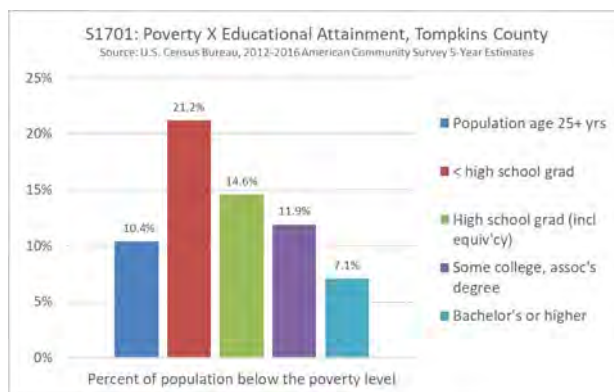


Figure 10

<sup>1</sup> Classifications of race are those identified by the U.S. Census. Refer to "Race" in the Census glossary, [factfinder.census.gov/help/en/index.htm](https://factfinder.census.gov/help/en/index.htm).

<sup>2</sup> Individuals for Whom Poverty Status is Determined – Poverty status was determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old. These groups were excluded from the numerator and denominator when calculating poverty rates.



Participation in the Supplemental Nutrition Assistance Program (SNAP) and medical assistance (Medicaid) programs are also key poverty indicators. One-in-ten Tompkins County households (9.5%) receive SNAP benefits, totaling just over 3,600 households. One thousand of those households include one or more people age 60+. [ACS S2201] (*Figure 11, Figure 12*)

Free and reduced lunch utilization is another often-used indicator of poverty. Across all districts, 40% of students grades K–12 were eligible to receive free or reduced price lunch during the 2017-2018 school year. This is an increase from 36% in 2009. [Child Well-being Report, KWIC 2019] (*Figure 13*)

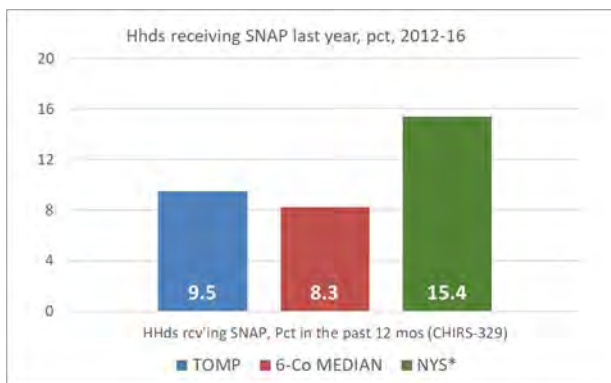


Figure 11

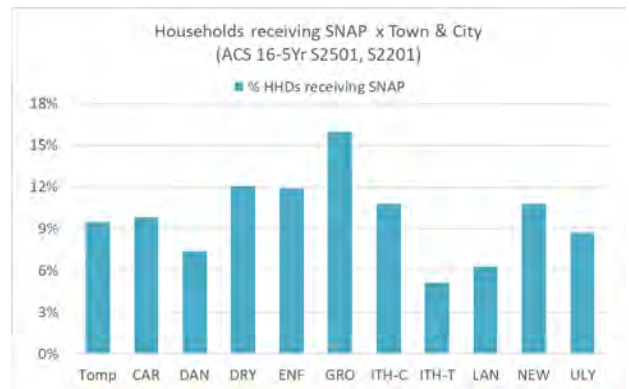


Figure 12

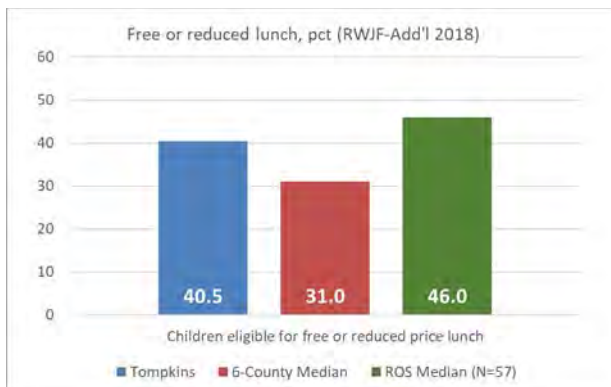


Figure 13

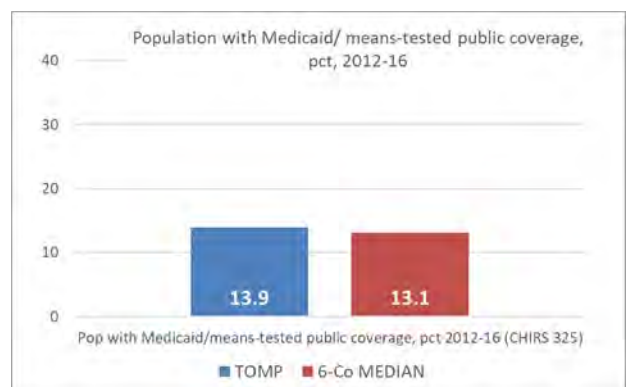


Figure 14

## *Health status of the population and distribution of health issues*

### Aggregated Data

A significant amount of data for health indicators is available in databases curated by the New York State Department of Health (NYSDOH). These include the Community Health Indicator Reports (CHIRS) and the Prevention Agenda (PA). Because these are core indicators that are pulled from many data sources and tracked consistently over years and across the state, they are the predominant source for data cited in this report.

The Prevention Agenda (PA) is New York State’s blueprint to be “the healthiest state.” It is categorized by the five PA priorities: Prevent Chronic Disease, Promote a Healthy and Safe Environment, Promote Healthy Women, Infants, and Children, Promote Well-Being and Prevent Mental and Substance Use Disorders, and Prevent Communicable Disease. Within each Prevention Agenda priority, the structure is: Priority > Focus Areas > Goals > Objectives > Interventions. County status and progress on PA priorities are tracked through 44 indicators in the PA dashboard.

The CHIRS is close to 350 data points organized into 15 categories, including cancer, cardiovascular disease, child and adolescent health, injury, occupational health, health status, and tobacco, alcohol, and other substance abuse. Much of the CHIRS data available for this CHA is for years 2014 through 2016.

Comparing data with peer counties, or state and national averages is a common practice for understanding health status and setting realistic health goals. Frequently, these peer comparisons would be made among contiguous counties and a statewide number. In NYS, statewide data are typically provided for “Entire State” and /or for NYS “Except NYC.” The latter is also referred to as the “Rest of State” or ROS.

There is often a wide gap between Tompkins County health indicators and those of the contiguous counties, and little is gained by assessing our status and goals this way. So, in this document peer counties are selected using the *County Health Rankings*. The Robert Wood Johnson Foundation (RWJF) works with the University of



Figure 15

Wisconsin to publish annual County Health Rankings, a comparison of proprietary indicators across every U.S. county. These indicators are then weighted and combined into an overall score for Health Outcomes, and another for Health Factors. Counties are then ranked statewide by these two scores. In the 2018 rankings, among 62 counties statewide, Tompkins County was #8 in Health Outcomes, and #5 in Health Factors.

The “peers” referenced here are the top six counties in the 2018 Health Factors rankings for NYS. They are Nassau (1), Putnam (4), Rockland (6), Saratoga (2), Tompkins (5), and Westchester (3). In nearly all cases, the median value for all 6 peer counties is reported, rather than the indicator values for each of the six counties individually. The Rest of State (ROS) value is also reported for many indicators. (*Figure 15*)

### Community Survey

A Community Health Survey of Tompkins County residents was conducted via Survey Monkey, Feb. 25-Apr. 15, 2019. A total of 1,317 responses were initiated. There were 1,210 eligible respondents; those who identified as age 18 or over and living in Tompkins County were eligible. The average number of responses across 32 multiple choice questions was 1,088. Analysis of the results was by Lisa Horn of Horn Research, Slaterville Springs, N.Y.



Figure 16

Of the total respondents, the largest cohorts were from those age 35-44 (22%) and age 55-54 (22%). Respondents by race was: White (89%), Black (3%), Asian (3%), Latino (3%).

Residents from every municipality participated, with the City of Ithaca drawing the most responses (26%). Consistent with the county’s population distribution, the next highest representation was Town of Ithaca (18%), Dryden (12%), and Lansing (11%). Nearly all respondents identified either as female (77%) or male (21%). Three-in-five respondents were employed full-time (61%), followed by part-time (12%), retired (15%), and full-time student (7%). A majority of respondents reported that they have private health insurance (72%).

The foundation of the Community Survey analysis are the crosstabs for the question at the start of the survey, “How do you rate your health in the following categories?” Categories of health were Physical, Dental, Mental, and Overall. Ratings were: 1-Excellent, 2-Very Good, 3-Good, 4-Fair, 5-Poor. For that question, N=1,131

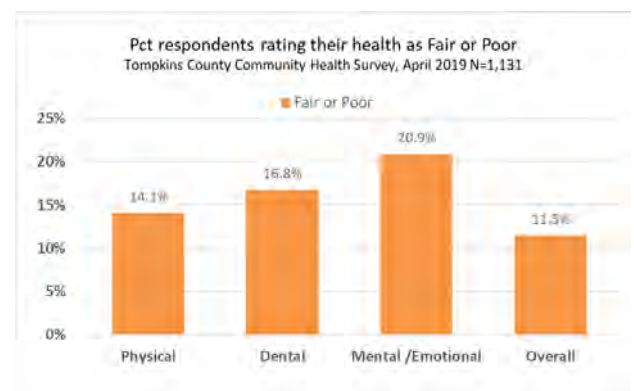


Figure 17

Across all respondents the mean rating was just under the midpoint of 2.5. The exception was how individuals rated their mental health, the mean for which was higher (less favorable) than for the other dimensions. Physical Health 2.47, Dental Health 2.45, Mental Health 2.59, Overall Health 2.47. Twenty-one percent of respondents rated their mental health either fair or poor, while only 12% ranked their overall health at one of those two unfavorable levels. Dental health was ranked fair or poor by 17% of respondents. (*Figure 17*)

### Key Stakeholder Interviews:

In March 2019, 29 key informant/ stakeholder interviews were conducted by Horn Research. The stakeholders included community leaders, and non-profit organization and agency directors.

### Focus Groups

Four focus groups were held with Tompkins County residents during the month of July 2019, with a total of 32 residents participating. Each participant received a \$30 VISA gift card in appreciation for their assistance. The groups were targeted to include:

- Low-to-moderate income mothers
- African-American residents
- Low-income college students
- Low-income rural residents

The focus groups were conducted using a focus group guide intended to generate feedback on challenges related to, and ideas to address the following topic areas:

- healthy eating
- physical activity
- disease screening
- prenatal care
- mental health
- school-based health options

### Priorities, Focus Areas, and Goals

The Senior Leadership teams from both the Health Department and Cayuga Medical Center (CMC) reviewed the PA Priority Areas and Focus Areas (each PA Priority includes multiple Focus Areas) and provided high-level recommendations about which areas should be investigated further during the CHA process and review of data. These recommendations were used to structure the CHA and to determine what data from secondary sources would be reviewed and highlighted in the narrative for this *Health Status* section of the CHA. The focus groups and stakeholder interviews were also aligned with the Focus Areas identified by Senior Leadership and other review processes.

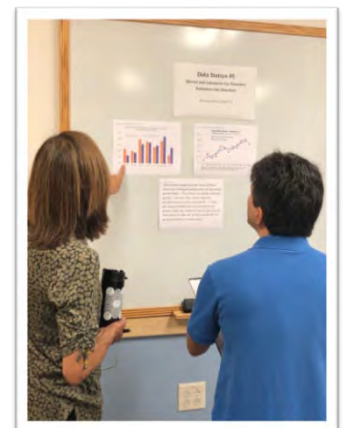


Figure 18

## Prevention Agenda Priority: Prevent Chronic Disease

### Focus Area 1: Healthy Eating and Food Security

Goal 1.1: Increase access to healthy and affordable foods and beverages

Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices

Goal 1.3: Increase food security

Healthy eating has a major impact on preventing chronic disease, a Prevention Agenda priority. High rates of obesity (BMI 30+) and overweight (BMI 25+) among adults and children has been widely recognized over the last three decades, and ready access to healthy foods such as fresh fruits and vegetables is commonly tracked as a related intervention.

The obesity rate for Tompkins County adults (24%) is modestly higher than the 6 peer county median (22%), but clearly lower than for the ROS (27%). The statewide PA objective for obesity is to achieve 23% of the adult population. The comparison is similar for overweight adults and for diabetes indicators. Among Tompkins adults, 55% are overweight, which is about the same as the peer median, and about 3 points below the ROS. Physician diagnosed diabetes includes 6% of Tompkins adults; the peer median is 7% and ROS 8.5%. (Figure 19)

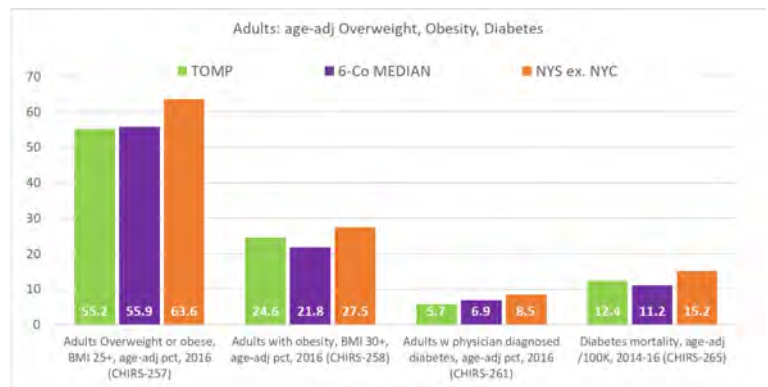


Figure 19

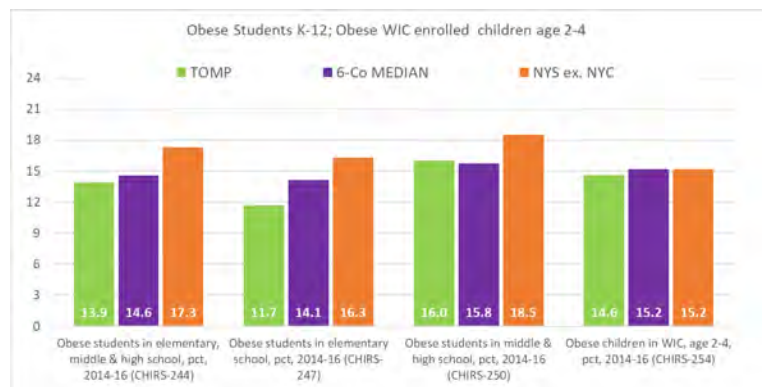


Figure 20

Youth obesity indicators are reported by schools, therefore available by grade level (elementary and combined middle and high school) and by district. Overall, fewer Tompkins elementary students are obese (12%) than among the peer counties (6-county median 14%). Tompkins catches up at the middle-school level, with both Tompkins and the 6-county median registering 16% of students as obese. ROS is a bit over 2 points higher for both indicators. The obesity rate among WIC children ages 2-4 years is about the same across all sample populations, 15%. (Figure 20)



Prevention Agenda sub-county data for student obesity rates is compared among school districts according to quartile distribution; their relative standing as compared with all ROS districts. Quartiles are similar to a median value—the midpoint in a group of data where half the values are higher than the median, and half are lower—but divided four ways. The fourth quartile represents values higher than three-quarters of all values, and the third is the range between half the values (median) and the fourth quartile.

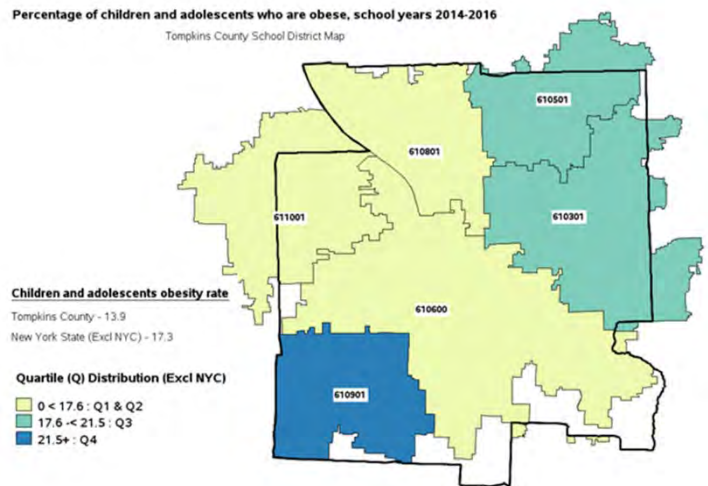


Figure 21

Among the Tompkins County school districts, student obesity rates in Ithaca, Trumansburg, and Lansing are in the first and second quartiles, or better than half of all ROS districts in the sample. Student obesity rates in the Dryden and Groton districts fall in the third quartile, while Newfield is in the fourth quartile for student obesity. (*Figure 21*)

Everyday access to sufficient food of any sort, or Food Security, is reported in a variety of ways. Among these is population proximity to supermarkets that carry a full range of fresh foods. A Prevention Agenda indicator reports the percent of the low-income population with low access to—living 2-plus miles from—a supermarket or large grocery store. In Tompkins County, 5.2% of the low income population qualifies as having low access to healthy foods. By comparison, the 6-county median is 3.5%, and the ROS value is 3.9%. The NYS CHIRS reports an indicator for the percent of the population with “no access to a reliable source of food last year.”<sup>3</sup> By this measure, Tompkins again has food security numbers that are less favorable than the comparison data. The “no access to a reliable source of food...” rates are 14.0% of the Tompkins county population, 8.5% for the 6-county median, and 12.6 for the ROS. (*Figure 22, Figure 23*)

The RWJF County Rankings include three food security indicators, calculated from the USDA Food Environment Atlas and “Map the Meal Gap” from Feeding America. Their Food Environment Index gives a rating from 0-least secure, to 10-most secure. Tompkins gets a 7.7 on the index, which is less food secure than the 6-county’s 9.0 and the ROS 8.2. (*Figure 24*)

<sup>3</sup> The FDA states that food security means access by all people at all times to enough food for an active, healthy life. Food insecurity suggests a lack of access. It is measured in a survey and the numerator is made up of respondents that report reduced quality, variety, or desirability of diet, as well as reports of multiple indications of disrupted eating patterns and reduced food intake.

When school is in session, school lunches and breakfast programs can provide a reliable meal for children in households with inadequate food availability or nutritional value. In Tompkins County, 40% of K-12 children are eligible to receive free or reduced price lunch. The 6-county median is 32%, and 41% throughout the ROS. (Figure 25)

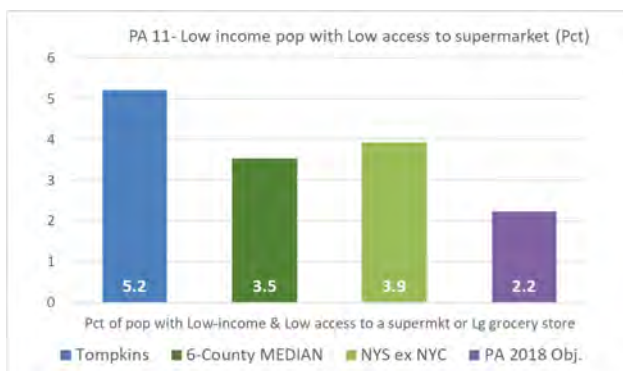


Figure 22

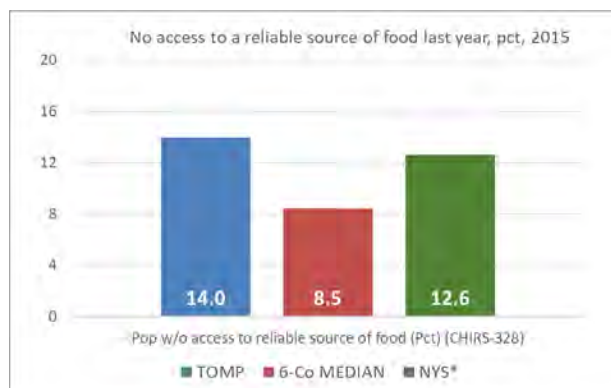


Figure 23

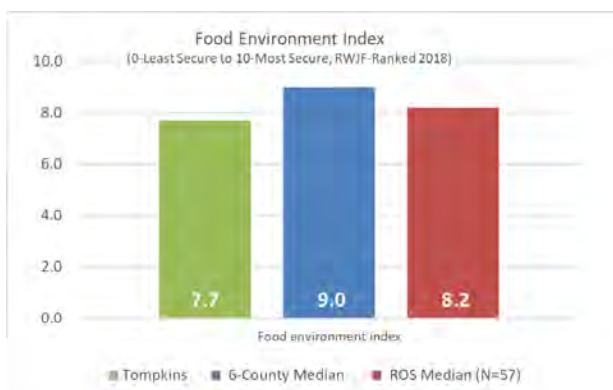


Figure 24

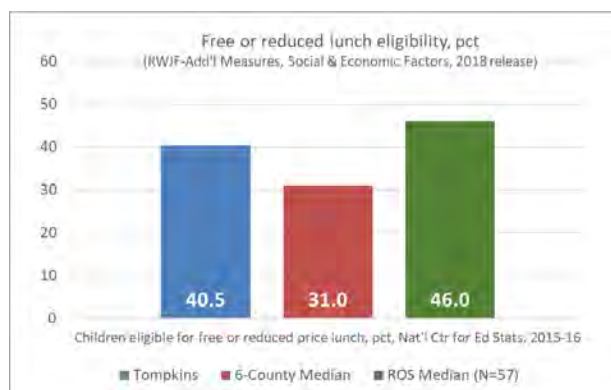


Figure 25

### Community Survey

Residents whose responses indicated a level of food insecurity (11.7% of all respondents<sup>4</sup>) consider themselves in poorer health than those who are not food insecure. The mean score for each category among those not insecure was lower (more favorable) than the average of all respondents noted under “Community Survey” in the previous section, while scores for food insecure respondents was significantly higher (less favorable). For example, for Overall Health, the mean of the total was 2.47, among those not insecure 2.39, and among the food insecure 3.09. (Figure 26)

When asked to identify the barriers to eating healthy food as often as they would like, a quarter of respondents cited “Time,” and one third cited “Cost” (25% and 33%, respectively.)

<sup>4</sup> Q22. How often do you not have enough food for your family? Sometimes 6.7%, Often 1.3%, Usually 1.1%, Always 2.6%

39% said they have no barriers. Respondents who said cost was a barrier were more likely to be employed, have lower educational attainment, have kids, and have lower income. None of the other options offered as healthy eating barriers were selected by more than 5% of the respondents (for example, “can’t find foods they want,” “transportation,” “no storage/cooking facilities.”)

When asked to pick “the three most important factors that create a ‘healthy community,’” 18% included “Parks and green space” and 13% checked “Easy to walk and bike.”

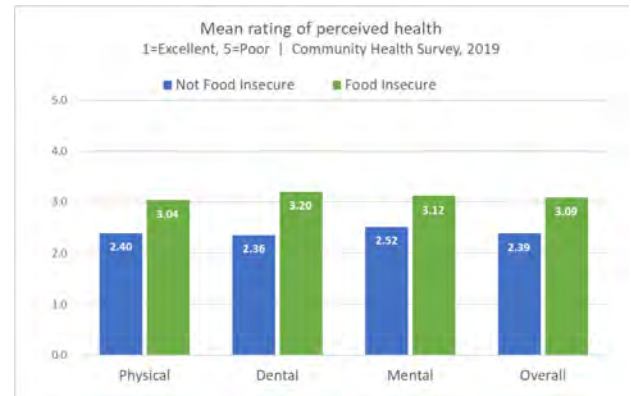


Figure 26

In that same “important factors” question, 28% selected “Safe neighborhoods.” A separate series of questions in the survey asked respondents to rate their home neighborhood in terms of safety, a place for children to play outdoors, and a place for adults to walk and be physically active. While 70% rated safety at the top, (Very safe), the top mark (Great) was only given by 40% for their neighborhood as a place for children to play outdoors, and 39% for a place for adults to walk and be active.

Those living in subsidized housing gave the worst rating for neighborhood safety, and next to the worst rating as a place for adult walkability and activity, only somewhat better than those who identified as being homeless.

### Key Stakeholders

Key stakeholders noted that food insecurity is complicated by transportation challenges.

*“And if you live in any of the outlying areas, Enfield, Caroline, Groton, the outskirts of Dryden, Candor, Newfield, getting to a place that sells healthy food isn’t easy. [...] The places where people can buy fresh produce, non-highly processed foods, [...] It’s a complicated process.”*

Stakeholders remarked on the prevalence of nutrition-related disease among older adults, low income residents, and in the African-American community.

*“What we’ve heard from our nutritionists at pantries, there are a significant number of clients who are suffering from nutrition related disease. There is a lot of diabetes, obesity, high blood pressure. Agencies are saying the same thing.”*

*“African Americans suffer more than other ethnicities with cardiovascular disease and diabetes [...] It is a long standing issue in the community and continues to be.”*



### ***Focus Groups***

In each focus group, participants were asked to describe challenges to healthy eating and ideas to support healthy eating. When asked to describe what kinds of challenges people face in accessing healthier foods, the most commonly noted challenge was transportation.

*“One nice thing about Trumansburg, there are sidewalks. Even to the grocery store, which is a little out of town [...] but when you start looking [...] other towns around here [...] access to grocery stores by walking is very tough.”*

Participants also noted that the high cost of food made it difficult to eat healthier foods.

*“I got a salad at Wegmans and it was almost seven dollars. I was like, I could get five sandwiches at McDonald’s for that.”*

*“We go through a lot of ramen. With 6-7 people in a household, you do what you have to do.”*

Other challenges to healthy eating included a lack of knowledge and a lack of cooking and storage facilities.

*“[...] at the pantry [...] so many folks who do not have the means to store or cook the food. [...] I keep can openers on hand for people who don’t have a way to open their own cans. In certain residences in town you may have only access to a room, not even a kitchen or microwave, so they can only take food that is simple.”*

When asked what ideas they had for supporting healthy eating in their community, opportunities for people to gain more knowledge and skills was mentioned most frequently, particularly when being offered unfamiliar healthy foods. A need for a grocery store in their community, opportunities for more communication, and ideas for carpooling to stores were also noted.

*“If there was an Aldi’s right here in Dryden, that would be nice. I like getting groceries from there. It’s cost efficient there.”*

## Focus Area 4: Preventive Care Management

### Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer

In 2016, cancer rose above heart disease to be the number one cause of death in Tompkins County; 164 deaths or 23% of the year total, a rate of 154 per 100,000. The cancer mortality rate in 2015 was 158/100K, and in 2014 it was 130/100K. (Figure 27)

Tompkins County	2014		2015		2016	
Total deaths	686		680		708	
Cancer deaths	139	20%	153	23%	164	23%
Heart disease	152	22%	161	24%	151	21%
Unintentional injury	41	6%	37	5%	45	6%
CLRD	35	5%	25	4%	38	5%
Stroke	32	5%	28	4%	33	5%
Pneumonia & Influenza	22	3%	34	5%		0%
Diabetes		0%		0%	15	2%
Alzheimers	29	4%	13	2%	15	2%

NYS Vital Statistics

Figure 27

Increasing screening rates is well recognized as a preventive measure for reducing cancer mortality, and is a Prevention Agenda (PA) goal. The PA goal targets breast, cervical, and colorectal cancers.

Tompkins County residents are not being screened at consistent rates across these cancers, with cancers primarily affecting women (cervical and breast) being screened at lower rates than colorectal, which impacts both male and female.

Among adults age 50-75, 84% are getting screened for colorectal cancer, a number considerably higher than the 6-county median (71%) or ROS (70%). However, only 75% of Tompkins women age 21-65 are receiving cervical cancer screening (6-county median 81%, ROS 87%) and 77% of Tompkins women age 50-74 are receiving breast cancer screening (6-county median 79%, ROS 80%). Just 56% of Tompkins women age 50-74 had a mammogram in the 2-plus year period between October 2014 and the end of the year 2016. That compares with the 6-county median of 63%, and 66% across the ROS. (Figure 28, Figure 29, Figure 30, Figure 31)

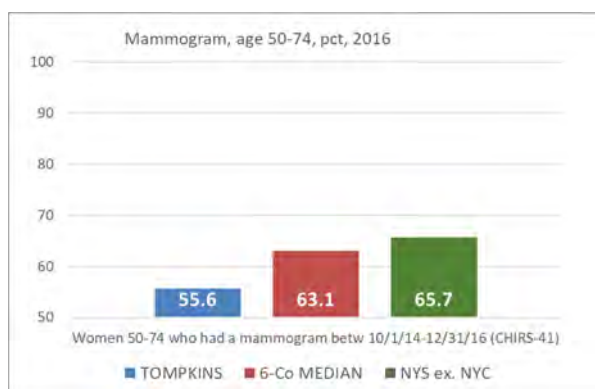


Figure 28

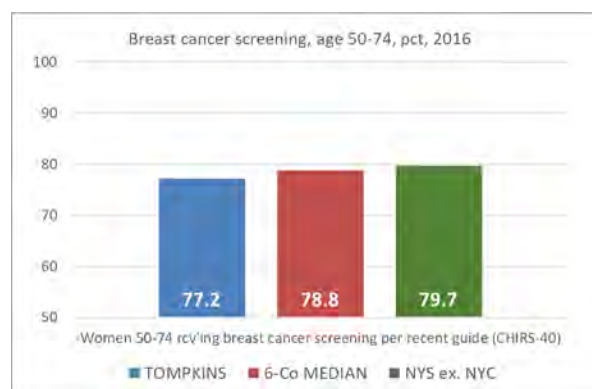


Figure 29

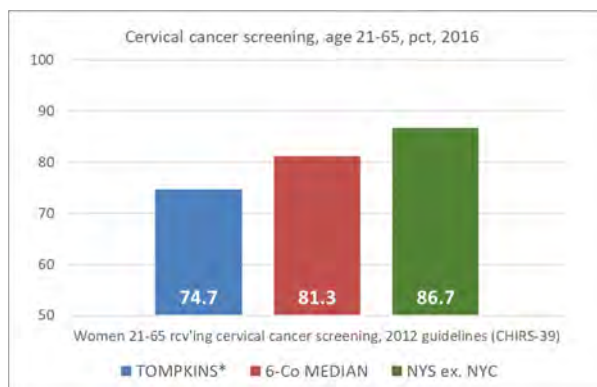


Figure 30

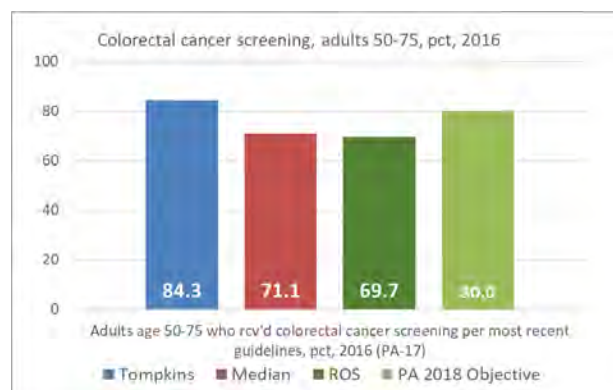


Figure 31

### Focus Groups

Participants were asked to describe challenges for cancer screening, and ideas for increasing screening. They considered why county residents might not choose to be screened for diseases such as breast and cervical cancer; cost and lack of insurance coverage were noted as the main barriers to accessing screening.

*“My mammogram, thank the lord, is free, but when you go to see the doctor to get the results of it, that’s \$35.”*

*“A lot of people can’t even get a physical every year. I personally haven’t met my primary care doctor in two years. I’ve only gone to the OB/GYN because I had a daughter a year and a half ago. I’ve had physical therapy, but never met my PCP. Also, their office doesn’t take Medicaid anyways.”*

Issues with providers that prevented them from accessing screening and preventive care services were also noted. Some participants said services were unavailable locally, while others commented on the quality of communication between providers and a lack of diversity in the provider network.

*“I think and feel the lack of women of color and men of color who are health care providers [is an issue]. Particularly around mental health issues, but I think everything else too. I feel and believe I’d get a different response from a woman of color.”*

Fear was also cited as a big deterrent to accessing screenings.

*“I think fear contributes a lot. I was just talking to a woman a few days ago whose husband is having a lot of bad symptoms but he’s too afraid to go. Sometimes fear plays a huge piece of it.”*

For African-Americans, systemic racism is a significant barrier to accessing adequate disease screening.

*“[...] when we do go to the doctors, instead of giving us 20 or 30 pills, take a few extra minutes and talk to us about lifestyle. That makes all the difference. That’s a big part of it. The extra time to talk to people. When we do show up, educate us. And not in a demeaning way.”*

When asked to describe ideas for increasing disease screening, participants said they thought mobile opportunities for screening would be useful, but it is important to ensure information is available to residents in advance.

*“I think if it was advertised ahead of time, I think people would come.”*

### ***Additional Chronic Disease Prevention Agenda Indicators***

While the Prevention Agenda (PA) tracks a total of 70 chronic disease indicators, the previous sections only include those most related to the PA goals that were selected by the Steering Committee who oversaw the production of this CHA.

Following is a selection of PA chronic disease indicators that are of interest to the community, even though they do not directly relate to the selected goals. As with previous discussions, the peer counties are Nassau, Putnam, Rockland, Saratoga, Tompkins, and Westchester, and ROS refers to the value for all New York State, excluding the five NYC counties. Much of the data is from 2016; some are an average of years from 2012 to 2016. Each PA indicator has a reference number, from 1.0 to 44.0.

Individuals who have asthma are tracked in the PA by the rate of emergency department (ED) visits per 10,000 (/10K) of the specified population. In Tompkins, the overall asthma ED visit rate is 24 per 10K, which is lower than both the peer county median (31/10K) and the ROS (49/10K). Narrowing down to just the population of individuals age 0-4 years, the asthma ED visit rate in Tompkins is 79/10K, the peer median 74/10K, and ROS 117/10K individuals age 0-4 years. (Figure 32)

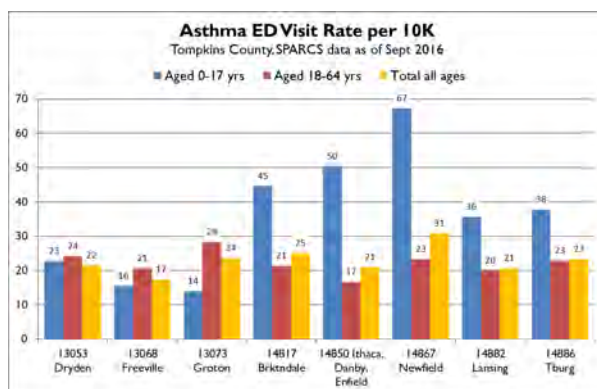


Figure 32

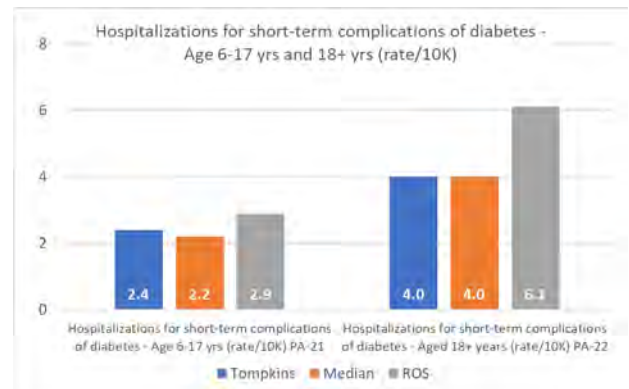


Figure 33

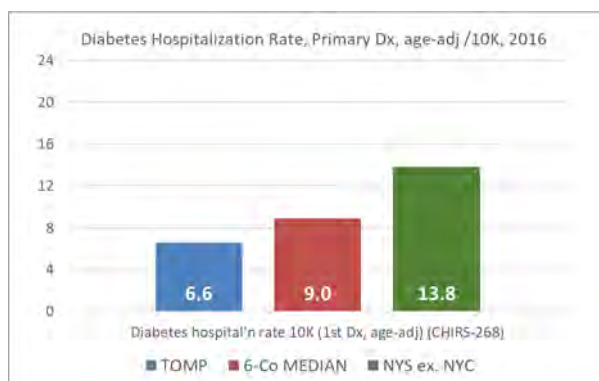


Figure 34

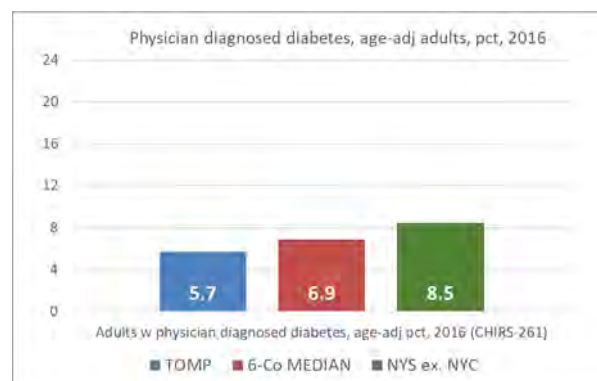


Figure 35

Hospitalization for heart attack in Tompkins, the peer median, and ROS are in a relatively narrow range. Age adjusted rates per 10,000 are 13.6, 13.5, and 14.8, respectively.

The same is true for hospitalization rates related to short-term complications of diabetes among the population ages 6-17 years. the rate for Tompkins was 2.4/10,000, the peer median 2.2/10K, and ROS 2.9/10K. Note that for Tompkins, the rate for ages 6-17 was tagged “unstable” because there were fewer than ten incidences. (Figure 33, Figure 34, Figure 35)

### Physical Activity

Leisure time physical activity is generally recognized as an important part of a healthy lifestyle, yet the PA does not include an indicator to track it. The CHIRS lists a total of 349 indicators (all PA indicators are included), just one of which relates to physical activity: the percentage of adults who participated in leisure time physical activity in the past 30 days.

In Tompkins County the rate is 83% of adults, topping the peer median (76%) and ROS (75%). These are age-adjusted data from 2016. (Figure 36)

The Community Health Survey conducted in April 2019 included the question, “what are the barriers to getting as much physical activity as you would like?” “Time” was a common barrier to getting physical activity, with 45% of respondents selecting it from a list of options. Next on the list was “Local weather,” which was

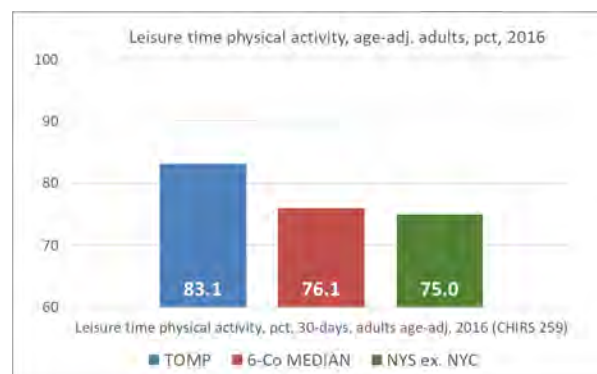


Figure 36

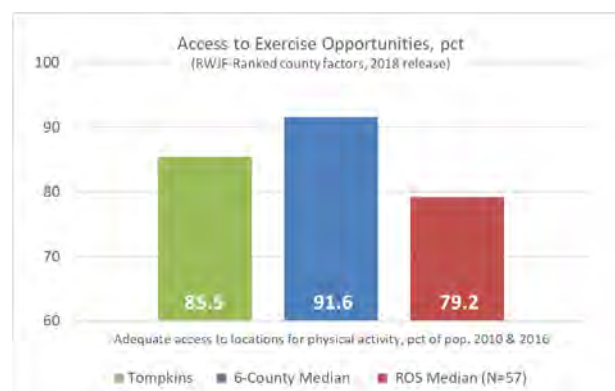


Figure 37

checked by 39% of respondents. “Physical limitations” was cited by 16.3%, and 16.2% picked “No barriers.”

### Tobacco Use

While cigarette smoking among Tompkins County adults (17%) matches the ROS rate, it is higher than the peer county median of 13%. Smoking rates among adults with a disability is considerably higher, with statewide rates as much as twice that of adults without a disability.<sup>5</sup> In Tompkins County, smoking among adults with a disability is 40% higher than the general population. Statewide rates also show that adults with mental illness, and those with a lower income and /or lower education attainment smoke and use tobacco at a higher rate than those with higher income and a higher level of education. Data for the smoking rate among individuals with mental illness is not available for Tompkins County, however the rate for low income individuals is twice that of the general population. (Figure 39)

Cigarette use among high school students statewide has been on a steady decline since 2000, until 2018 when it ticked up slightly. In Tompkins County (all districts), average 30-day use of cigarettes (considered, “currently using”) across grades 7-12, is 3.2% (2018). However, a review of each grade shows 30-day use among 12th graders at 7.7%, a steep increase from 3.2% for 10th graders, and 4.0% for students in grade 11. (Figure 40)

Youth use of electronic cigarettes (e-cigs) and other vaping devices has skyrocketed over the past 5 years, nationally and statewide. In Tompkins, 2018 was the first year that a question about vaping was asked on the biennial Communities That Care survey, administered to all students in grades 7 to 12 in all school districts. The average across all grades and all districts was 16% of students reported having used a vaping product at least once in the last 30 days. Tenth grade alone was 21%, 11th 20%, and among 12th graders, 26% were current vape users per the 30-day definition. (Figure 41)

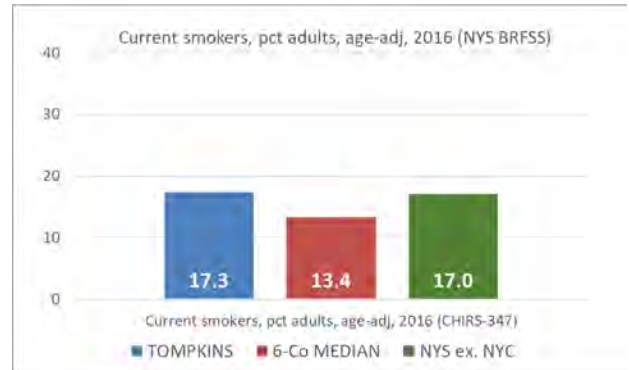


Figure 38

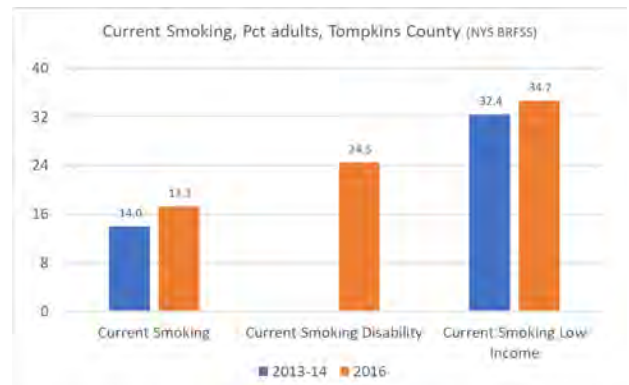


Figure 39

<sup>5</sup> [https://www.health.ny.gov/prevention/tobacco\\_control/reports/statshots/volume11/n3\\_ny\\_smoking\\_adults\\_w\\_disability.pdf](https://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume11/n3_ny_smoking_adults_w_disability.pdf)



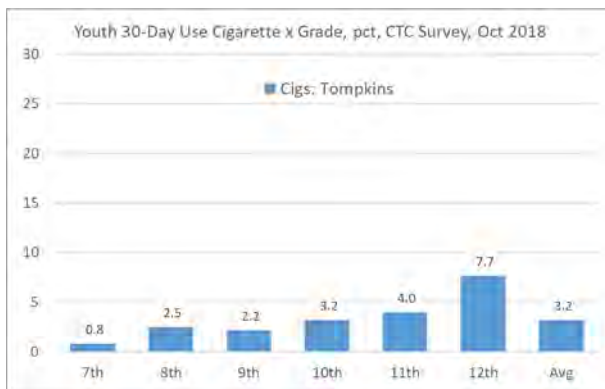


Figure 40

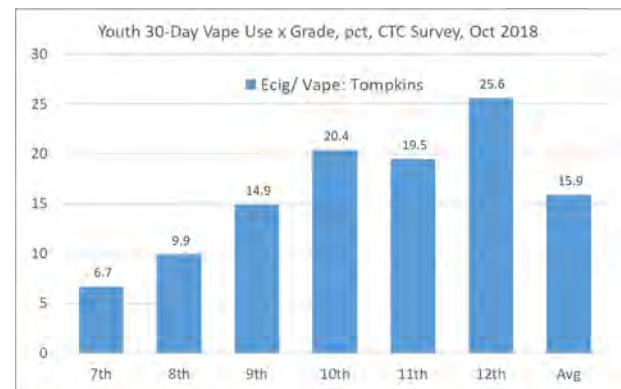


Figure 41

## Prevention Agenda Priority: Promote Healthy Women, Infants, and Children

### Focus Area 3: Child and Adolescent Health

Goal 3.1: Support and enhance children and adolescents’ social-emotional development and relationships

Assigning a qualitative indicator to assess social and emotional development is a difficult task. This is especially true for children and adolescents, where real time social and emotional inputs are a constantly moving target influencing future outcomes.

The New York State Council on Children and Families publishes the Kids’ Well-being Indicators Clearinghouse (KWIC), “to advance the use of children’s health, education, and well-being indicators as a tool for policy development, planning, and accountability.” KWIC indicators are organized by seven “Life Areas,” including economic security, family, community, and behavioral health. Most of the KWIC data used in this report is from 2017, accessed at [nyskwic.org](http://nyskwic.org) in May 2019.

The Tompkins County Youth Services Department’s Community Action Plan and Achieving Youth Results (AYR), references KWIC indicators in all Life Areas. Their reporting should also be consulted at [tompkinscountyny.gov/youth](http://tompkinscountyny.gov/youth).

In Tompkins County, 15.0% of children age birth to 17 live below the poverty level. The median for the 6 peer counties is just 9.3%, while 15.7% of children across the ROS are living below poverty. Among Tompkins children age 0-17, 3.5% receive public assistance. The peer county median is 1.4%, and ROS is 4.1%. (*Figure 42, Figure 43*)

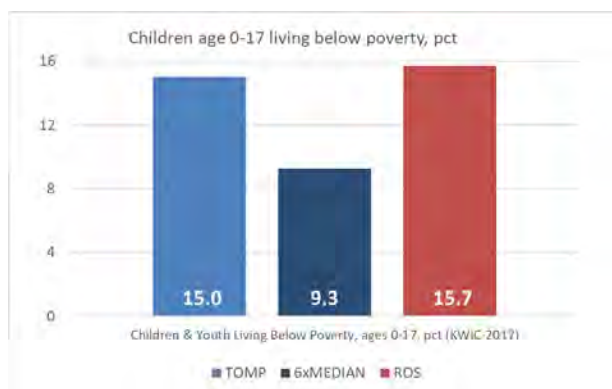


Figure 42

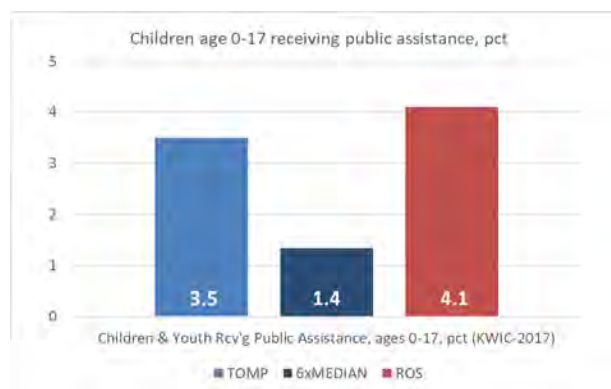


Figure 43

KWIC education indicators look at academic performance; percent of students scoring at or above proficiency in third and fourth grade English Language Arts (ELA), and eighth grade



math. Fewer than half (46%) of Tompkins third graders meet the mark for ELA (peer county median 56%, ROS 49%). For math, 21% of eighth graders meet the learning standard (peer county median 27%, ROS 25%). (*Figure 44, Figure 45*)

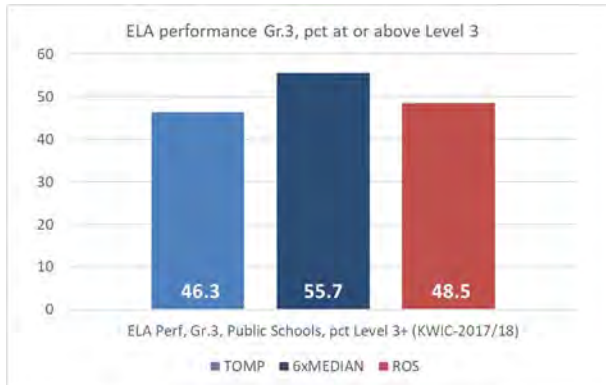


Figure 44

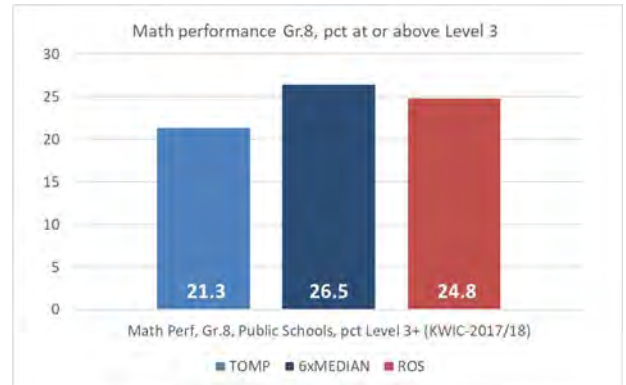


Figure 45

The “Civic Engagement” life area indicators in KWIC focus on juvenile and young adult arrests. The 2017 rate of property crime arrests of juveniles under age 16 in Tompkins is 15.8 per 10,000 youth of that age, down from 37.5 in 2010. The 2017 rate for the peer county median is 8.9/10K, and for the ROS is 17.1/10K youth under age 16. (*Figure 46*)

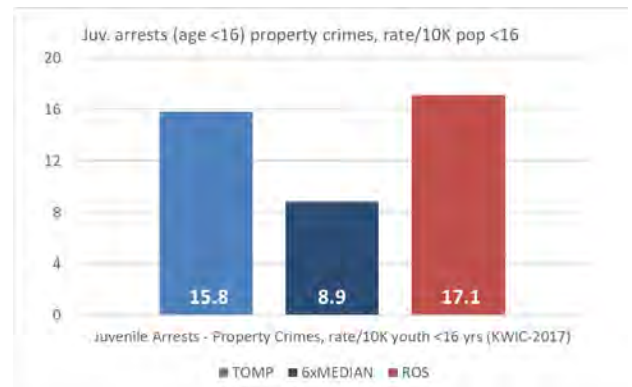


Figure 46

Child abuse/maltreatment and foster care admission indicators are reported in the “Family” life area as a rate per 1,000 (/1K) children age birth to 17. In Tompkins County, the 2017 rate for abuse/maltreatment reports is 18.6/1K youth, up from 8.5/1K in 2010. The Tompkins rate for children admitted to foster care has dropped, from 3.9/1K in 2010 to 1.8 /1K in 2017. Among individuals age birth to 21, 3.1/1K are in foster care. By comparison, 2017 rates for the peer county median and ROS are: child abuse/maltreatment, 8.6 and 16.8/1K individuals age 0-17; admitted to foster care, 0.5 and 1.5/1K age 0-17; children in foster care, 0.8 and 2.3/1K age 0-21. (*Figure 47, Figure 48, Figure 49*)

Self-inflicted injury hospitalizations among Tompkins County teens occur at a rate of 8.3 per 10,000 (/10K) residents age 15-19 (2016 data). The peer county median for ages 15-19 is 6.4/10K; 8.7/10K in the ROS. The suicide mortality rate for ages 10-19 is 4.0/100K in Tompkins, and 3.7/100K for both the peer median and the ROS (2012-2014 3-yr average). (*Figure 50*)

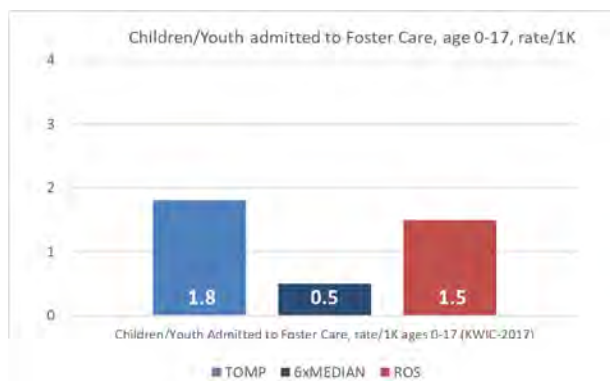


Figure 47

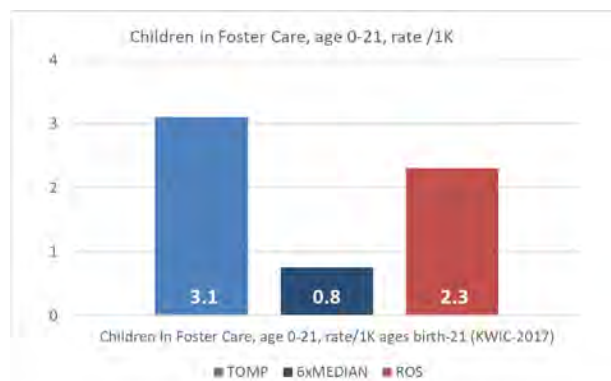


Figure 48

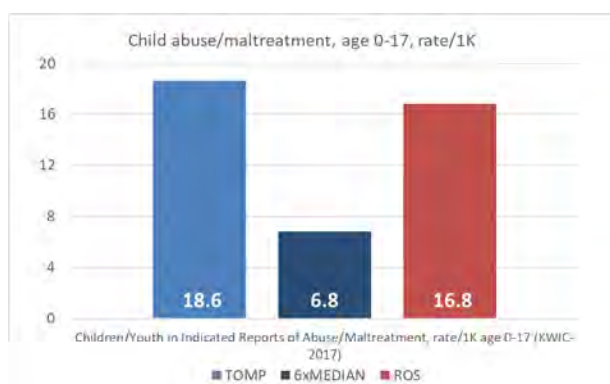


Figure 49

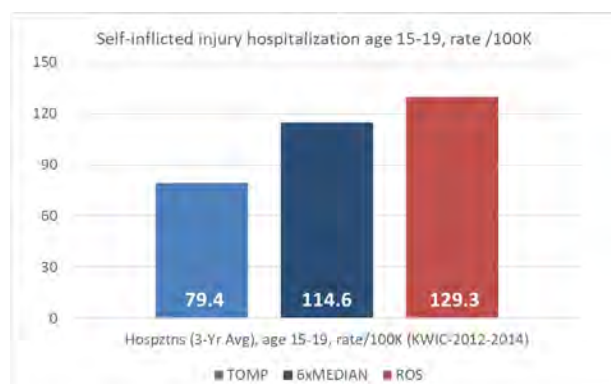


Figure 50

### Key Stakeholders

Several stakeholders noted the lack of mental health providers is an issue in the county and a primary driver of identifying mental health as an unmet need.

*“I know we need more child psychiatrists and psychologists. They’ve been recruiting people. Even getting prescribers, there aren’t enough in this county to get through all the kids. Your appts are five mins long if that. They read notes and then prescribe.”*

Stakeholders indicated that the prevalence, impact, stigma, and the connection to social determinants of health were the primary reasons they selected mental health as an important health issue in the county.

*[...] We’re experiencing an epidemic of mental health problems – both in the community and as well as at the universities. People are showing up as freshmen with mental health issues, and try as they can right now the system is overburdened. There is more need than there are counselors. That’s a concern.”*

A stakeholder remarked on family systems issues which affect mental health treatment.

*“A lot is going on to lessen the stigma, but there is still stigma attached to mental health. And there is a lack of support from extended families around mental health. For example, I have a mom who wants help, but the grandmother may be saying there’s nothing wrong with that child. There is lack of generational support around mental health. [...] So some of our kids go year after year of not receiving any out of school mental health support and it gets deeper and harder for them. They not only don’t have coping skills, but continue their negative habitual responses.”*

A number of stakeholders said that the mental, emotional and developmental health of children specifically is a top health issue in the county. Several stakeholders remarked on the prevalence of mental and emotional health problems among children.

*“[...] youth are seeing a rise in anxiety and depression. And having to navigate that as a school district is challenging. Because while we provide a significant amount of emotional support and do some emotional learning, that’s not our primary mission. [...]”*

#### Focus Area 4: Cross Cutting Healthy Women, Infants, & Children

Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health.

While Tompkins County is consistently in the top ten of healthiest counties, racial, economic, and geographic disparities are evident, and efforts to build health equity among all county residents must be in the foundation of health assessment and improvement.

A prenatal data profile by ZIP code—premature birth, low birth weight (LBW), late or no prenatal care, out of wedlock births, Medicaid or self-pay, and teen pregnancy rate—shows differences within the county, but for the most part there is no pattern within or across any specific ZIP. [NYS Vital Statistics as of June 2018]

For example, Groton (13073) is slightly below the middle for premature births—the rate for 13073 is 8.9%, compared with the median of 8 ZIP codes in Tompkins at 9.3%—and for low birth weight (5.8%, median 6.2%). Groton is slightly above the middle for late or no prenatal care (3.5%, median 2.7%). Meanwhile, in Lansing the premature rate of 11% tops Groton, while LBW (3.5%) and late/no prenatal care (1.8%) is considerably below Groton. Tracking Medicaid or self-pay births, Groton has among the highest (47.1%) while Lansing has among the lowest (38.6%, median 41.6%). (*Figure 51, Figure 52*)

There is inequity in prenatal care by race in Tompkins County, and it appears to be widening. In NYS Vital Statistics 2016 data for births, whites were 25% more likely to have had early prenatal care than Blacks (83.4% and 66.7%, respectively). The rate of births with late or no

prenatal care is more than three times higher for Blacks (7.4%) than for whites (2.2%). The categories of Hispanic and “Other” are equally high, at 7.8% and 8.3%, respectively. [NYS Vital Statistics, <health.data.ny.gov>] (Figure 53, Figure 54)

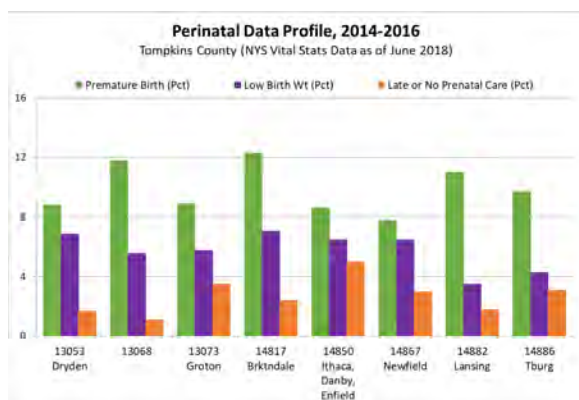


Figure 51

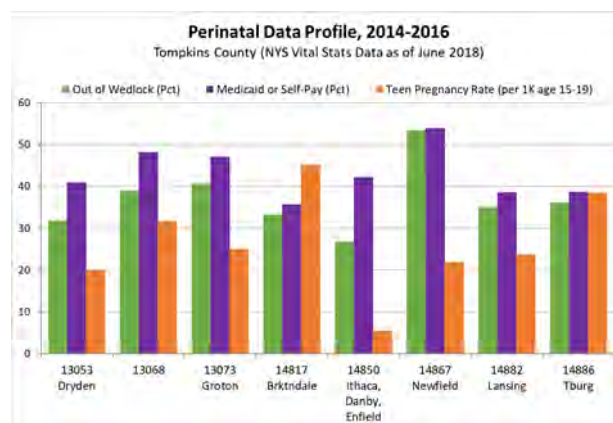


Figure 52

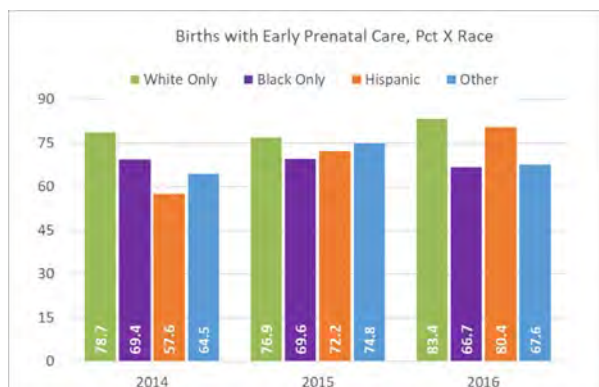


Figure 53

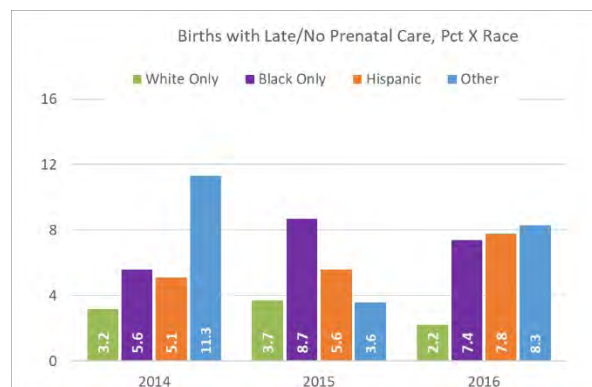


Figure 54

### Key Stakeholders

Some stakeholders noted that social determinants of health such as housing and income insufficiency are tied to child emotional health.

*“There are a lot of children that are in insecure housing in this area and I think that insecurity is manifesting itself in kids having challenges that they shouldn’t have at that young of an age.”*

Stakeholders noted health disparities primarily related to income and age.

*“[There is a] growing income disparity in the country and locally here in Ithaca, which is a unique place where you have rural, urban and suburban areas. It’s a lot less homogenous and you see those health disparities clearly manifest.”*

**Focus Group:**

Participants were asked to describe the main barriers to prenatal care, and the types of solutions that would be most effective in ensuring women receive early prenatal care. The most frequently noted issue was a lack of access to providers, both due to wait times for appointments because OB/GYN practices are full, and a need for transportation support.

*“Sometimes I think it’s just hard to access services. My sister is pregnant now and is trying to work, and she’s trying to not take time off so she can save her time off for when the baby comes. She was able to find a Saturday appointment but there aren’t a lot of options like that. [...] I think if they had [...] a clinic that came in once per month. If they offered some of that, women would come.”*

Participants said that some women may have a lack of knowledge about what to do, or a fear about dealing with a pregnancy.

*“Some of it has to do with education, especially when you deal with younger people, [or] their first child. I’m sure in school they still educate young people, but maybe they don’t. If you miss your period, there’s a possibility you could become a mom. I think education is a big piece of it. If you missed your period, you need to go to a doctor, and you can deal with the prenatal thing.”*

Focus groups were also asked what kinds of health services they thought could be located at schools. They expressed both positive and negative views related to school-based health services. While participants said that having health services at school could overcome some insurance barriers and create consistency, they had concerns about confidentiality and stigma. There was a general approval of a mobile health care option that home-schooled students and adults could also access.

*“[It] goes hand in hand with schools trying to push people toward healthier options. [They] give people healthy options to eat, but health [care], in general, is still not provided. I think that would help.”*

*“TCA Head Start has a dentist come a few times a year. My kids don’t have a dentist because they go there.”*

**Additional Women, Infants, and Children Prevention Agenda Indicators**

Breastfeeding is an important part of early postpartum care, and Tompkins County has a track record for a high rate of infants being breastfed. While there are a number of indicators for the prevalence of breastfeeding, the Prevention Agenda (PA) refers to just one, percentage of infants exclusively breastfed in the hospital. In Tompkins the number is 72%, well above the peer county median of 51%, and the ROS, also 51%. (Figure 55, Figure 56)

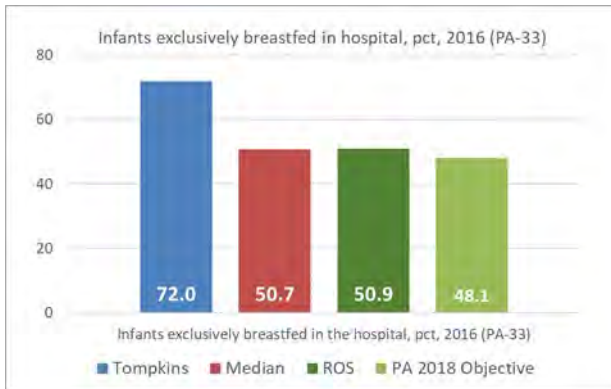


Figure 55

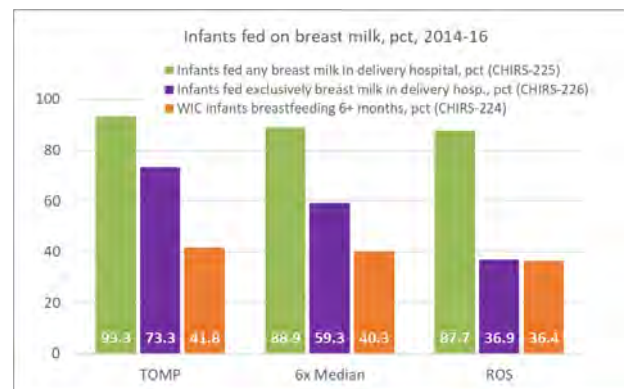


Figure 56

Importantly, the PA also breaks the “exclusively breastfed” indicator out by race and financial status, both of which are markers of health equity. For example, the ratio of Black non-Hispanics to White non-Hispanics is 0.8, meaning this Black population is 20% less likely to have exclusively breastfed their infant in the hospital. The peer county median for this ratio is 0.7, and the ROS is 0.6. The rate for full parity would be 1.0.

A ratio is also given for Medicaid births compared with non-Medicaid births. Here, the ratio for Tompkins is 0.7; mothers enrolled in Medicaid are 30% less likely to have exclusively breastfed, or, for every 10 non-Medicaid birth infants exclusively breastfed, only 7 Medicaid birth infants were exclusively breastfed. (3-year average 2014-2016, PA#33.1-33.3.)

Dental care is important, but not tracked in a comprehensive manner. The PA looks at evidence of untreated tooth decay among third grade children. The most recent data, a three-year average from 2009-2011, records Tompkins with 17% of third graders showing evidence of untreated tooth decay. This is more favorable than the peer median of 21%, or ROS with 24%. Stepping out of the PA, the CHIRS includes the percent of third graders who reported taking fluoride tablets regularly (also 2009-2011 average). In Tompkins, 88% reported participating in this prevention step, again bettering the peer county median (46%) and the ROS (42%). (PA#37, CHIRS #280.) (Figure 57, Figure 58)

Well child visits can be a valuable indicator of preventive care, and the PA includes the “percentage of children who have had the recommended number of well child visits in government sponsored insurance programs.” Tompkins, the peers, and the ROS show roughly the same level of participation, with 76%, 76%, and 73% of children, respectively. The similarity continues when the indicator is reported by age; in Tompkins, 86% of children age 0-15 months, and 86% age 3-6 years. The Tompkins rate drops to 68% for children age 12-21 years. (Data are 2016, PA#35-35.3.) (Figure 59)



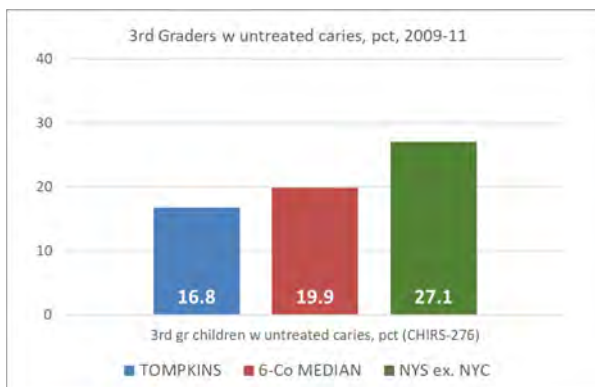


Figure 57

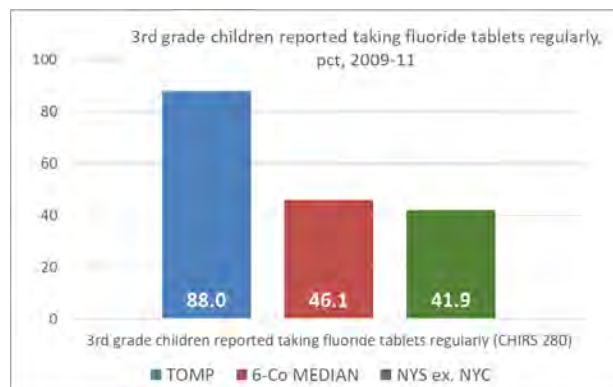


Figure 58

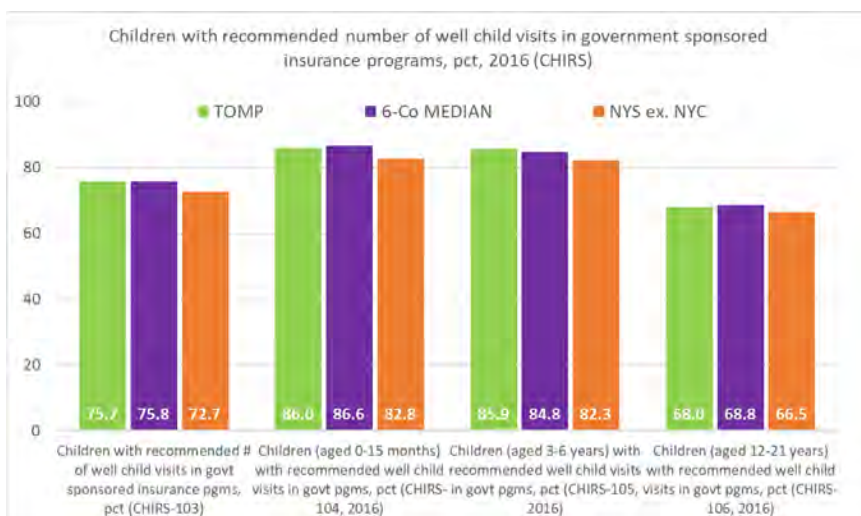


Figure 59

Health inequity is also evident when the rate of unintended pregnancies is reported as a ratio of Black non-Hispanics to White non-Hispanics, and Medicaid births to non-Medicaid births. The former ratio (Black to White) has been suppressed for Tompkins County, meaning that the data do not meet the reporting criteria.

For the latter, Tompkins has 2.6 Medicaid births from an unintended pregnancy to every one non-Medicaid birth from an unintended pregnancy, the third highest in the state, and part of the fourth quartile statewide (blue shaded counties in Figure 60) meaning 75% of counties are closer to parity. The gap is similar in the peer

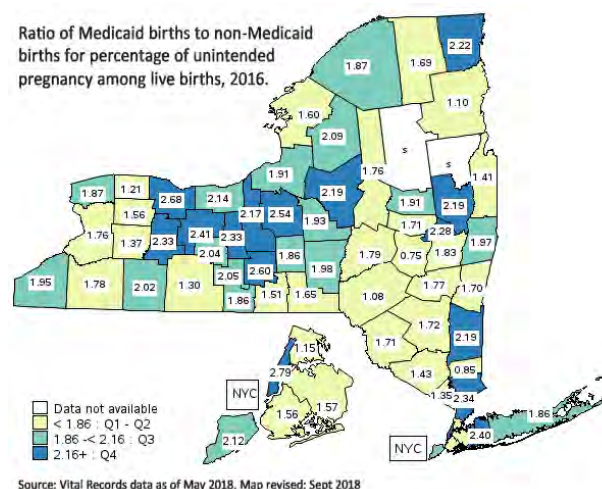


Figure 60

counties (median 2.3), and in the ROS (2.0). The PA 2018 objective was 1.54 The rate of unintended pregnancies among all live births for Tompkins is 22%, the peer median is 19%, and ROS is 25%. (2016, PA#39-39.3.)

In Tompkins County, 95% of women age 18-64, and 96% of children under age 19 had health insurance. The peer county median are 95% and 97%, respectively. (2016, PA#40 & #36.) (Figure 61, Figure 62)

Finally, an indicator not in the Prevention Agenda, but still noteworthy, is a measure of youth grades 7 to 12 who report feeling depressed. The Communities That Care (CTC) survey administered bi-annually in all Tompkins County school districts, asks the following question: “In the past year have you felt depressed or sad MOST days, even if you feel OK sometimes.” Response options are, “NO, no, yes, or YES.” In the 2018 survey, 36% of all students (all grades) answered “yes or YES, I have felt depressed or sad...” The number was pretty consistent across the grades individually, except 10th grade where 42% responded “Yes” to one degree or the other. (Figure 63)

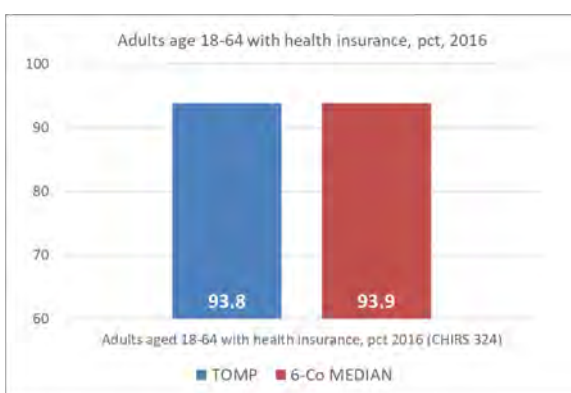


Figure 61

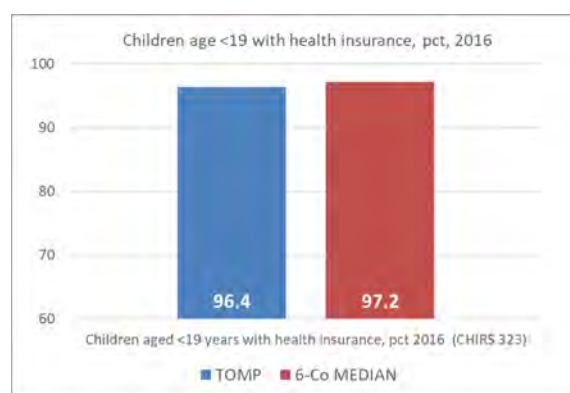


Figure 62

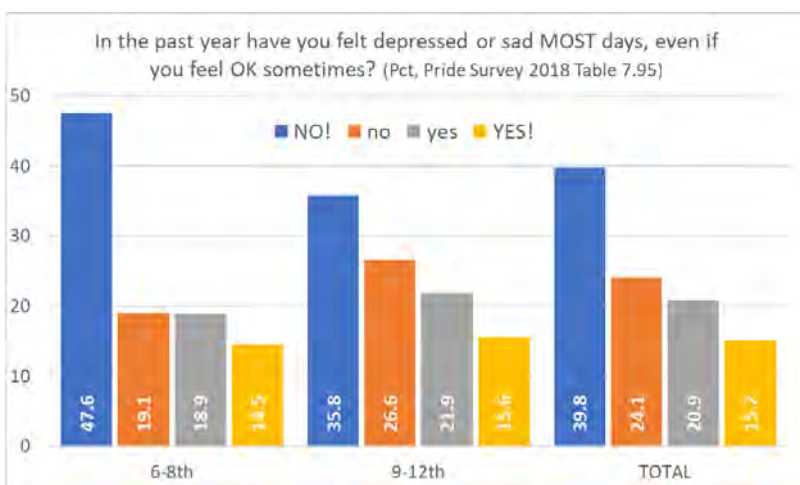


Figure 63



## Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders

### Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan.

Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages.

As with indicators that track eating and activity behaviors, most of the few widely used mental health indicators are self-reported. The most widely used tool is the Behavioral Risk Factor Surveillance System (BRFSS), a 104-question RDD telephone survey that is regularly conducted at the statewide, NYC, and ROS levels. The Expanded BRFSS provides data at the county level, but due to smaller sample size it lacks the demographic detail of the wider surveys. Sample size varies among counties; in Tompkins around 450 surveys were completed in the most recent survey, 2016. As such, the margins of error are high for all indicators, and smaller differences compared among counties or years are likely not statistically significant.

The mental health and substance use questions in the BRFSS include behaviors about depressive disorder, poor mental health days, and binge drinking. Among the 6 peer counties, Tompkins recorded the highest rate of adults who report poor mental health for 14 or more days in the last 30, 12.0% (2016). The peer median that year was 9.5%, and ROS 11.2%. Furthermore, comparing results from the 2013-14 survey with 2016 suggests an increase in the percent of Tompkins adults reporting poor mental health, from 6.8% to 12.0%. The rate in half the peer counties decreased, while the increase in the other two was not as sharp as Tompkins. The peer median was unchanged at 9.5%. (Figure 64)

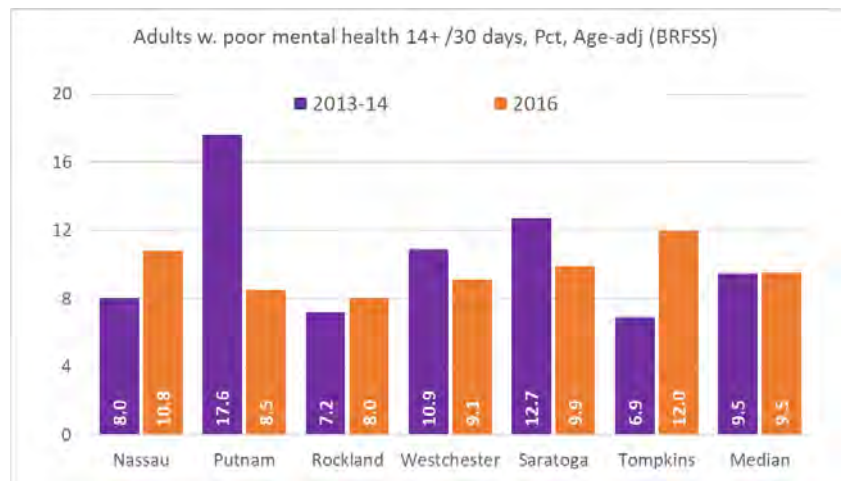


Figure 64

“Well-Being” is a new term within the Prevention Agenda mental health priority, and specifically Focus Area 1, “Promote Well-Being.” It is defined this way:

“Well-being is a relative and dynamic state where one maximizes his or her physical, mental, and social functioning in the context of supportive environments to live a full, satisfying, and productive life. Well-being is based on the relationship between social

determinants of health and person’s experiences with quality of life.” [Prevention Agenda 2019-2024, ver. 1.3, 4/25/2019, p.207]

The Prevention Agenda indicators for evaluating well-being are the BRFSS question asking adults about their poor mental health days, and the companion youth risk survey (YRBS) question asking youth grades 9-12 if they felt sad or hopeless. The interventions suggested in the PA for building well-being are primarily related to social determinants of health, such as improving housing, creating and sustaining healthy public spaces, and establishing caring and trusted social relationships.

### ***Key Stakeholders***

Stakeholders did not agree whether they believed the community is aware of the issues surrounding mental health in the county. Some stakeholders believe there is high awareness and a will to address the issues, while others said that there were only pockets of awareness and discussion is limited to service providers.

*“I do think there are a lot of conversations around mental health. I know the school district is keenly focused on it as well as other groups working to reduce barriers to access and reduce stigma. It’s not hard to convene a group of stakeholders around these topics, what is difficult is the best strategy or best resources.”*

*“I feel like it’s not talked about. It’s not normalized in my experience.”*

### ***Focus Groups***

Participants were asked to describe whether there has been an increase in emotional and mental health issues in their community, and if so, why. They were also asked to describe how both adults and children have been impacted by these issues, and potential solutions for addressing those challenges.

The lack of providers was most cited as a primary challenge to mental health care in the county. Some said a lack of culturally appropriate providers was of particular concern. Others noted that insurance often doesn’t cover mental health care, presenting a substantial barrier to care.

*“I’ve noticed there’s not a lot of available counselors or places you can go in this area. [...] I have to go all the way to Binghamton to get counseling because they’re booked or they don’t take my insurance and that’s just crazy.”*

*“What’s important is that mental health [care is available] in the school system. [There is a] need for properly trained and racially sensitive counselors.”*

Participants said there are issues with the quality of mental health support that’s available and poor referral to resources from providers.

*“It takes so much courage already to start calling and when you call and they don’t call you back. I reached out to my midwife when I was at a point that I have to get help and she sent me a list that basically said ‘here is everyone’s name’. You have to find out if they take your insurance, if they actually specialize in postpartum. I think I called a couple of people on the list, but never heard back from any of them. Eventually I talked to my physical therapist and she recommended someone and that’s who I’m seeing right now. It’s so hard to start the first step.”*

*“I don’t think the people who go to this school even know that there’s a place that they can go to talk to [somebody]. Last semester I was having some emotional issues and I wanted to talk to a psychiatrist so I asked my friends and coworkers if there was a psychiatrist on campus and no one knew... We have one, but people just don’t know.”*

Social media and challenges with parenting were noted as key issues related to child mental health.

*“Most parents who have kids [with] mental health issues probably have mental health issues themselves. If they’re not getting help themselves, they’re going to feel awkward taking their kids.”*

Participants offered several ideas for increasing awareness and offering information on resources in a variety of venues. They also suggested providing more emotional communication skills training to residents.

*“Encouraging those in your life that are internalizing their pain to not [continue that behavior]. Be an example, I guess. Being there for them is really important.”*

## Focus Area 2: Prevent Mental and Substance Use Disorders

Goal 2.4: Reduce the prevalence of major depressive disorders

The BRFSS questionnaire asks a series of questions that begin, “Has a doctor, nurse, or other health professional EVER told you that you had...?” When asked this about depressive disorders, major or minor, 15% of Tompkins adults affirmed they had been told this (2016, question 6.10). The median value for the peer

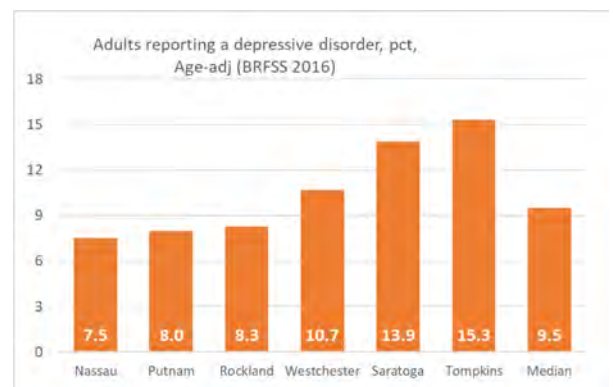


Figure 65

counties is 9.4%. This question about depressive disorders was not included in the 2013-14 survey. (Figure 65)

The most widely used hard data indicator for a population’s mental health status is suicide mortality rate per 100,000 residents. In Tompkins, the 3-year (2014-16) average rate is 8.9 suicide deaths /100K; the 6 peer county median was 6.7/100K. Both are below the ROS, 9.6/100K, but still exceed the Prevention Agenda 2018 objective of 5.9/100K population. (Figure 66)

Two additional PA indicators covering mental health and substance abuse are: adults reporting poor mental health during 14 of the last 30 days, and adults binge drinking the last month. Adults reporting poor mental health was cited for Goal 1.1 (Figure 64 above and Figure 67 below). In Tompkins, 17% of adults reported binge drinking in the last month; the peer county median is 20%, ROS 19%, and 2018 objective 18%. (Figure 69)

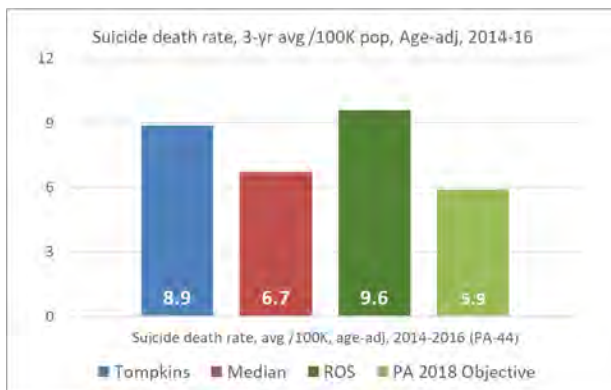


Figure 66

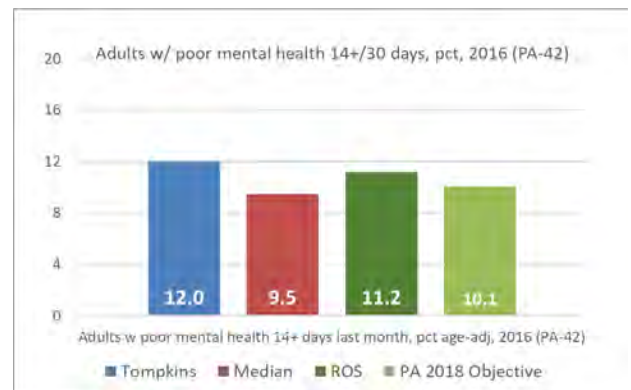


Figure 67

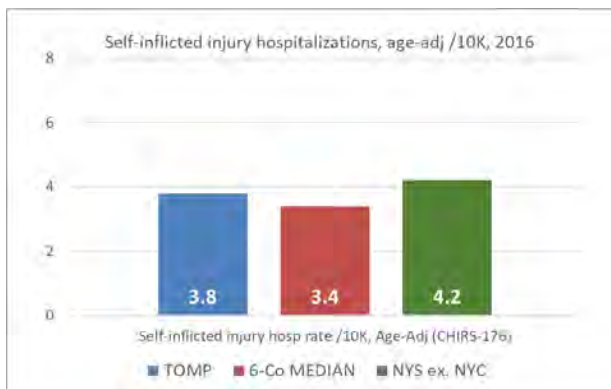


Figure 68

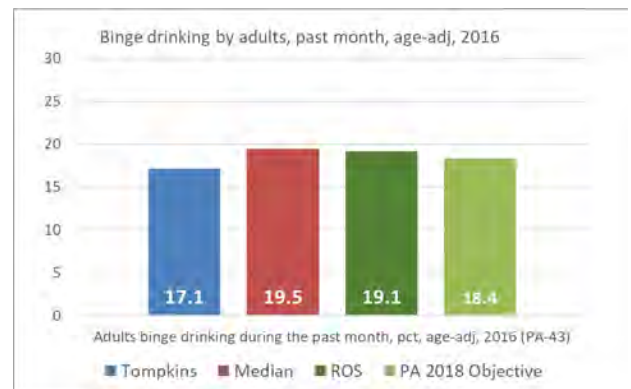


Figure 69

## Prevention Agenda Priority: Prevent Communicable Disease

### Focus Area 3: Sexually Transmitted Infections

Total annual cases of sexually transmitted infections (STI) reported in Tompkins County have risen in recent years, with Gonorrhea cases doubling from 55 cases in 2015 to 110 cases in 2018. The rate per 100,000 (/100K) among male residents age 15-44 (2014-16 avg.) was 171/100K, considerably higher than both the peer county median of 103/100K, or the ROS of 120/100K. Among Tompkins County females, the Gonorrhea rate is a more modest 56/100K, similar to the peer median, 56/100K, and ROS, 67/100K. (Figure 70, Figure 71)

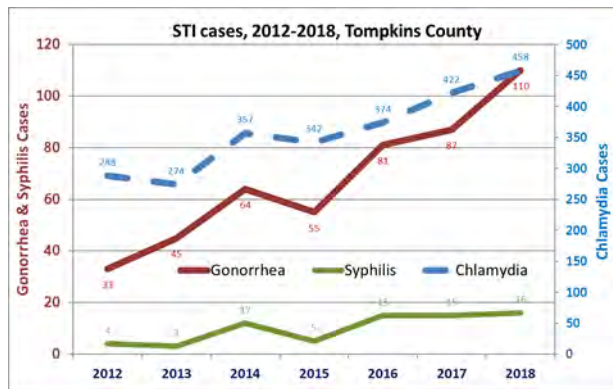


Figure 70

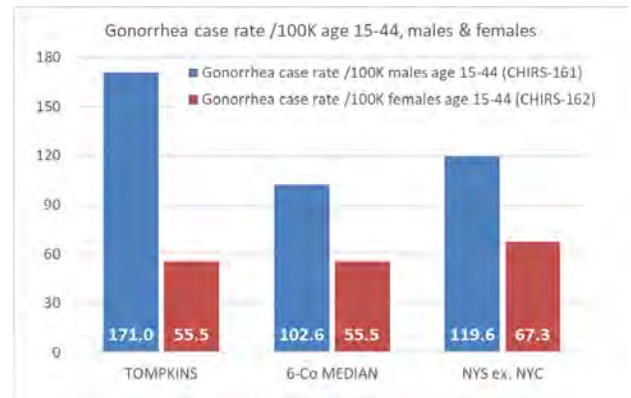


Figure 71

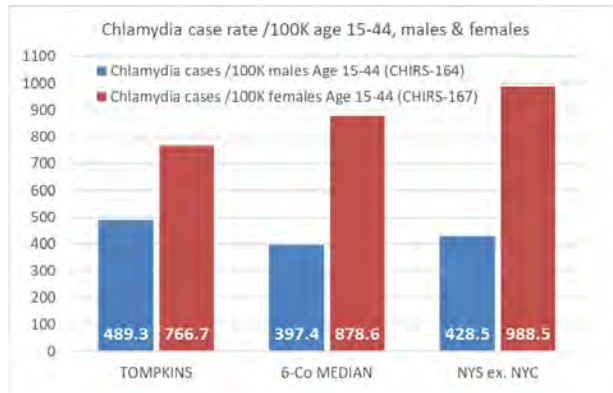


Figure 72

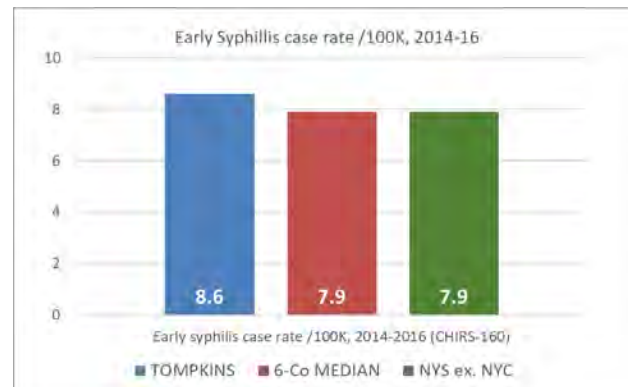


Figure 73

Chlamydia cases in Tompkins County residents age 15-44 rose less dramatically from 2015 to 2018, 342 cases to 458 cases, a 34% increase. Chlamydia is more prevalent in females than in males, though the gender difference in Tompkins is less than for the peer median or the ROS. The ratio of cases in females to cases in males is 1.6:1 in Tompkins, 2.2:1 in the peer counties, and 2.3:1 in the ROS (2014-16 avg., rate/100K). Female Chlamydia case rates per 100K were, Tompkins 767, peer county median 879, ROS 989 (2014-16 avg.)



The NYS Bureau of Sexual Health and Epidemiology reports Syphilis cases at three stages: Primary & Secondary, Early Latent, and Late & Late Latent. Because year-to-year variability can be so dramatic, the Tompkins County trend shown in *Figure 70* is a total of all cases; 3 cases to 12 from 2013 to 2014, and 5 to 15 from 2015 to 2016. The 16 cases in 2018 represents a rate of 15.3 /100K. (*Figure 70*)

The indicator reported in the CHIRS is for early syphilis cases as an average rate per 100,000 over 3 years (2016-2016). This helps smooth out the variability discussed above, to give a clearer picture across populations and geographies. For our comparison, Tompkins is 8.6 early syphilis cases /100K, the peer county median is 7.9/100K, and ROS also 7.9/100K population. (*Figure 73*)

### Additional Communicable Disease Prevention Agenda Indicators

While vaccination rates are an important part of the Prevention Agenda priority addressing communicable disease, the indicators lean heavily to incidence of sexually transmitted infections, of which only HIV was not included with the Goal, above. Historically, HIV rates have been among the most tightly held personal health information. Even now, as its protected status is more on par with other STIs, rates in relatively small populations such as Tompkins County are often labeled “unstable” due to the low number of incidents. That said, the “Newly diagnosed HIV case rate” for Tompkins is 5.1/100K. The peer county median is 6.1/100K, and the ROS is 6.9/100K. Data are 3-year average, 2014-2016.

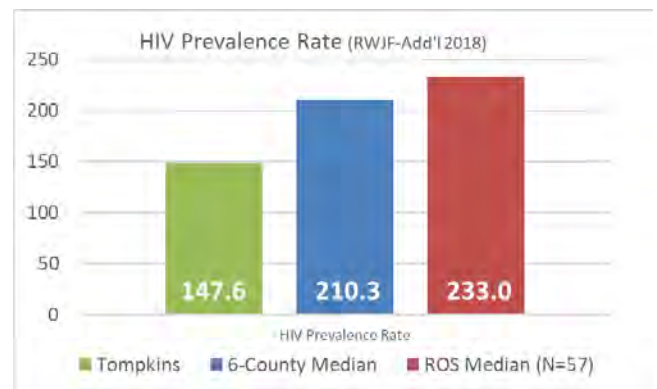


Figure 74

The PA reports three immunization/vaccine indicators, one for children under age 3, one for adolescent females, and one for adults age 65-plus. In Tompkins, 70% of children age 19-35 months have received the 4:3:1:3:3:1:4 immunization series, notably higher than the peer county median of 63%, or the ROS of 64%, however still below the Prevention Agenda 2018 objective of 80%.

Adolescent females age 13-17 are followed by whether or not they receive 3 or more doses of HPV vaccine, and here the comparison rates are more closely aligned, yet still below the state objective. In Tompkins, 43% of girls age 13-17 got 3-plus doses of HPV vaccine; the peer median is 38%, and the ROS 42%. The state PA objective is 50%. (*Figure 75, Figure 76*)

Finally, adults age 65-plus are the indicator for flu immunizations: among this population, in Tompkins 67% get a flu shot, the peer counties median is 63%, ROS 60%, and the PA 2018 objective is 70%.

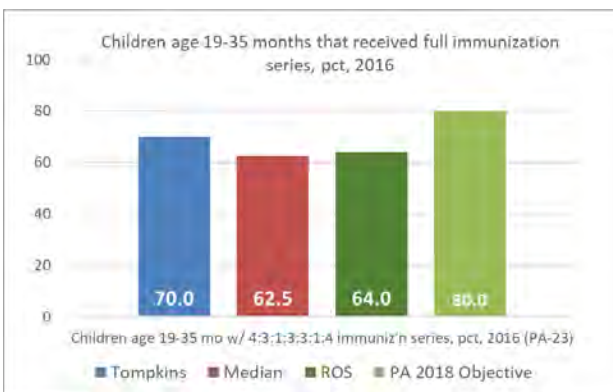


Figure 75

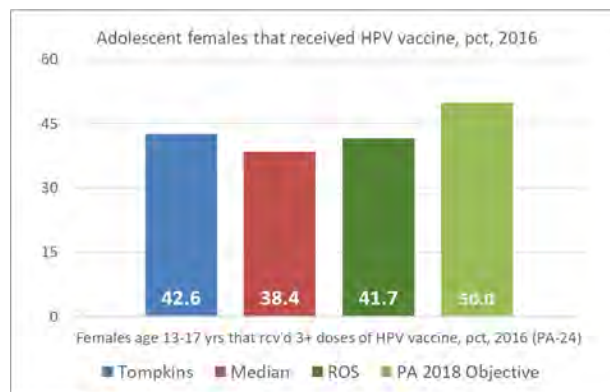


Figure 76

## Prevention Agenda Priority: Promote a Healthy and Safe Environment

### Focus Area 1: Injuries, Violence and Occupational Health

Falls are the number one reason for ambulance calls in Tompkins County. The Prevention Agenda (PA) indicator for these occurrences is the rate of hospitalizations for injury due to falls per 10,000 (/10K) adults age 65 and over. In Tompkins County, the rate is 164/10K age 65+. The peer county median is 177/10K, and the ROS is 189/10K (2014 data).

Emergency Department (ED) visits due to falls among children age 1-4 is also reported in the PA as a rate per 10,000 residents of that age. The rate for Tompkins is 406/10K, the peer county median is about the same at 413/10K, and the ROS is 443/10K children age 1-4.

Reducing the number of assault-related hospitalizations is a factor contributing to a healthy and safe environment, and is recorded in the PA as a rate per 10,000 residents. While this number is relatively low; 1.0, 1.2, and 2.4 for Tompkins, the peer county median, and the ROS, respectively, the ratio of occurrences among the black population compared to the white population is noteworthy. For Tompkins County, there are 9.3 assault-related hospitalizations among Black non-Hispanic residents for every one among White non-Hispanics. The peer county median ratio is 6.3-to-one, and the ROS is 7.7. The data is a 3-year average 2012-2014. The Tompkins data is noted as unstable due to being based on fewer than 10 events during one of the years in one of the populations.

The Healthy Neighborhoods Program (HNP) is a grant-funded service offered by local health departments across New York State. In it, household residents may request a free assessment of

the indoor environment in order to identify situations that trigger asthma (such as air pollutants or harsh cleaning chemicals), hazards that may cause falls, and the presence of working smoke alarms, carbon monoxide detectors, and fire extinguishers. The PA monitors the efficacy of the program by comparing the number of asthma triggers identified in the initial home visit to the number identified in a revisit, usually 6-12 months later. In Tompkins County, 41% of homes had fewer triggers at the second (revisit) assessment. The peer county median was 7% of homes showing fewer triggers at a revisit, and the ROS was 21%. The PA 2018 objective was to have one quarter of home revisits revealing fewer asthma triggers.

#### Focus Area 4: Water Quality

Currently, the Prevention Agenda includes just one indicator for water quality: the percent of residents served by community water systems with optimally fluoridated water, which in Tompkins County is zero. However, one of 12 Principles in the Tompkins County Comprehensive Plan (2015) is that “Tompkins County should be a place where water resources are clean, safe, and protected.” Furthermore, the five-year review of the 2015 Plan includes new action items to be initiated by 2023, including to “Establish a detailed countywide Harmful Algal Blooms (HABs) strategy.” [[Public meeting](#) on 5 year review 6/3/19: [Principles and Policies handout](#), [Proposed New Action Items handout](#).]

#### Additional Environmental Prevention Agenda Indicators

Traffic crashes involving pedestrians and bicycles is an ongoing concern in Tompkins County and across the state. The Ithaca-Tompkins County Transportation Council (ITCTC) publishes a Vehicular Crash Summary Report, which includes comprehensive data on pedestrian and bicycle crashes, and is available on the Tompkins County website.<sup>6</sup>

In the ten year period 2008-2017, there were 345 crashes involving pedestrians, three-quarters of which (78.6%) resulted in injuries. There were 15 pedestrian fatalities. Failure to yield right of way, driver inattention, and pedestrian’s error/ confusion were the most prevalent contributing factors in pedestrian crashes in Tompkins County. The City of Ithaca has adopted a Vision Zero Action Plan. Vision Zero<sup>7</sup> is a methodology to eliminate traffic fatalities and severe injuries occurring on the roadway network. Vision Zero is a non-traditional approach to safety that requires a shift in how communities approach decisions, actions, attitudes and safe mobility.

Over the same period, 2008-2017, there were 240 traffic crashes involving bicyclists in Tompkins County. There was just one fatality, which occurred in 2013. The most prevalent contributing factors in bicycle crashes were failure to yield right of way, driver inattention, and bicyclist’s error/ confusion. Pedestrian and bicycle data are from the [ITCTC Crash Summary Report](#) released in May 2018.

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<sup>6</sup> [tompkinscountyny.gov/files2/itctc/statistics/Final\\_CrashReport\\_052418.pdf](https://tompkinscountyny.gov/files2/itctc/statistics/Final_CrashReport_052418.pdf)

<sup>7</sup> <https://visionzeronetwork.org/>



## Equity and Disparities

Achieving greater levels of health equity and reducing health disparities is a cornerstone of community health improvement. One way NYSDOH tracks racial disparities is by comparing indicator rates for the Black non-Hispanic population with those for the White non-Hispanic population, and of Hispanic to White non-Hispanic populations. The Prevention Agenda (PA) reports these disparities for premature deaths and for preventable hospitalizations, among others cited elsewhere in this report.

In Tompkins County, premature death (death before age 65) is two and one-half more prevalent within the Black non-Hispanic population than it is within the White non-Hispanic population, and twice as prevalent for Hispanics compared to White non-Hispanics. The rate of preventable hospitalizations among Blacks is 1.5 times that for Whites. For the entire population, 23% of deaths are premature (peer county median is 21%, ROS is 22%), and the rate of preventable hospitalizations is 59 per 10,000 (age-adjusted, age 18+; peer median 82/10K, ROS 107/10K).

Two PA indicators tracking basic access to care are, adults with a regular health care provider, and adults with health insurance. In both cases, Tompkins and the peer county median are essentially the same.

Regarding a health care provider, 83% of Tompkins adults report they have a regular provider (BRFSS 2016). The corresponding peer median is 84%, and ROS comes in with 84%. For Tompkins this is a slight drop from the 87% reported in the 2013-2014 BRFSS. While this is still within the margin of error, the difference represents about 4,000 fewer adults having a regular provider.

The rate of adults age 18-64 with health insurance is 94% in Tompkins, and the peer county median is also 94% (2016). The rate for ROS is not available.

While not included in the PA, the CHIRS reports rates for the population with Medicaid or means-tested public coverage, and the rate of children under age 19 with health insurance. As with adults, Tompkins and the peers are close to being equal, and ROS data is not available. Among the population of children under age 19, in Tompkins 96% have insurance, and the peer county median is 97%. The rate of those in the general population with means-tested public coverage, including Medicaid, is 14% in Tompkins, and the peer county median is 13% (avg 2012-2016).

## Incarceration

An assessment of the Tompkins County Jail, commissioned by the Legislature, was presented in July 2017 by CRG, Inc., of Rochester, N.Y. According to the report, the racial breakdown of the jail population from 2012-2016 was 73% white and 22% Black. By contrast, only about 4%

of the county population identify as Black only. The report states the following (p. 37): “For both arrests and jail admissions, the rate for blacks is overwhelmingly disproportionate to the black proportion in the overall county adult population. Blacks comprise only 4 percent of the total county population age 16-plus, but about 14.5 percent of female jail admissions and 24 percent of all male admissions [are Black].”<sup>8</sup> Figure 77 shows an 18-month jail census.

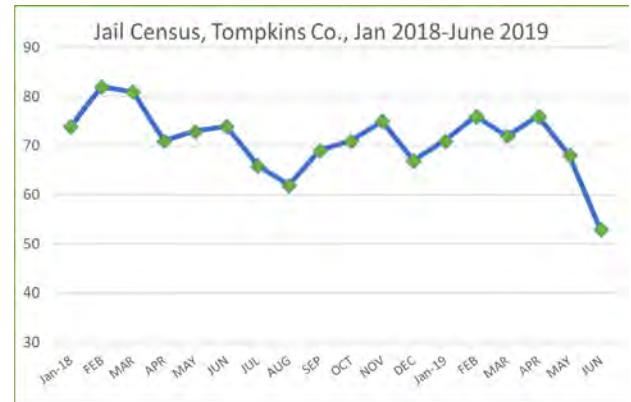


Figure 77

### Community Survey

Results from the Community Health Survey, described on *Page 11*, in the Health Status section demonstrated how disparities and inequity may appear to be predictive an individual’s perception of health.

Perception of personal health was accessed by how participants responded to the question, “How do you rate your health in the following categories?” Categories of health were Physical, Dental, Mental, and Overall. Ratings were 1 (excellent) to 5 (poor). N=1,131. Demographic questions allowed perceptions of personal health to be compared by race, health insurance status, employment status, gender, disability status, and location of current residence.

Unemployed respondents, people of color, and people reporting a long-term illness or disability rated their health worse on all four dimensions (categories). Gender differences were found for mental health, with females being less favorable about their mental health than did males. Mental health was also the only category that showed differences by age; those ages 18-44 scored their less favorably than those ages 45 and up. Additional survey outcomes related to social determinants and disparities is reviewed in the *Main Health Challenges* section, page 44.

### Key Stakeholders

A stakeholder said that social determinants of health can create additional burdens which make it difficult to access care. One stakeholder described challenges with patients being discharged from care providers.

*“Patients get kicked out of a practice due to non-compliance with attendance or non-payment of bills. [They might] get a barrage of notices to what’s listed as their residence. But this is assuming the patient got that, could read it, and fully understood what it meant [...] They often don’t realize they’ve been discharged until they try to make an appointment and then find out.”*

<sup>8</sup> Source: CRG Inc., An assessment of the future of the Tompkins County jail. Prepared for the Tompkins County Legislature, July 2017. [PDF](#) accessed Oct. 2019.

Stakeholders had varying views on the awareness and will to address health disparities in the county.

*“The community did not want to incarcerate our population and that’s a huge focus and especially incarcerating our behavioral health population. That was a huge disparity and not resiliency focused. The county literally gave [...] funding for a position. As far as I can find, no other community in the whole state is offering that.”*

Stakeholders noted that disease self-management is directly tied to health literacy especially among older adults, people with low incomes, and people with language barriers.

*“Especially with the low-income people, they have a very hard time understanding their disease and how to manage their disease. I think we all have to remember to do our teaching with health literacy in mind.”*

*“But if there’s a language barrier, then it’s even more difficult. There’s more access to home health without as many regulations, but Visiting Nurse Services said they couldn’t communicate and then just were done.”*

Dental and pediatric dental were ranked the second most important unmet need by stakeholders. The most significant issue related to dental care in the county is the lack of Medicaid providers and funding for dental.

*“We see those [...] issues very significantly with the older adult population. More people are requesting please don’t send apples because they can’t chew them [...] they don’t have teeth. I don’t know the level of challenge with kids. Cost and access to affordable dental care is probably the same for them. But it really impacts older adults and how it affects their nutrition.”*

## Main Health Challenges

### Social Determinants of Health

Everyone is born into and leads their lives within both social and physical environments. These Social Determinants of Health (SDoH) are the conditions in which we live, work, and play. They include community, government, and culture, and the institutions, systems, norms, and behaviors that shape our environment.

Social determinants explain in part why, in a given community, some people are healthier than others, and many are not as healthy as they could be. They are barriers to greater well-being, often not revealed by traditional health assessments, and not understood by those who are affected. The institutions and systems that create a condition may neither recognize nor take ownership of their impact on health. Yet all too often they are the root cause of poor health.

One goal of Healthy People 2020 (HP2020) is, “Create social and physical environments that promote good health for all.” The HP2020 framework includes five key areas of social determinants of health:

- Neighborhood and built environment (i.e., the housing, environmental conditions, and safety of a person’s neighborhood)
- Health and health care
- Social and community context (i.e., family structure, community civic participation, and perceptions of discrimination and equality)
- Education
- Economic stability



Figure 78

Within each of these broad areas, such as poverty, housing, social support, discrimination, quality of schools, health care access, and transportation, social determinants influence health-related disparities. This framework establishes a common language that will be referred to throughout this report.<sup>9</sup>

### Community Survey

The most important health challenge facing the community is the connection between a favorable perception of personal health and broad social determinants of health. Often in matters of health, self-perception is reality. In March 2019, the Health Department conducted a community survey to determine how residents would rate their own health in four dimensions:

<sup>9</sup> [Sources: [healthypeople.gov](https://www.healthypeople.gov/), [HP2020](https://www.hhs.gov/healthypeople/), [CDC](https://www.cdc.gov/)]

physical, dental, mental, and overall health. Generally speaking, respondents (N=1,124) rated their health about in the middle of a five-point scale, with 1=Excellent and 5=Poor.

However, significant differences were found linking how respondents rated their personal health with how they answered questions related to housing, food security, access to health care and transportation, and other recognized social determinants of health.

- Homeownership status was related to better perceptions of health while people who reported being homeless or living in subsidized housing had poorer perceptions of their health.
- People with transportation issues report significantly poorer perception of health on all four dimensions.
- Food insecure respondents report significantly poorer perception of health on all four dimensions.
- Positive ratings for neighborhood safety and opportunities for children to play and adults to be active outdoors is associated with respondents' positive perception of health on all four domains.
- Respondents' perception of their health was related to the type of insurance they had with people with Medicaid and those without reporting the worst health on all dimensions.
- Respondents who reported low doctor use gave a worse rating for dental, mental and overall health, though not for physical health.
- One in five (20.8%) survey respondents said they always feel stressed about paying for care in at least one of the following areas: medical, dental, mental health, substance use, and prescriptions. Those respondents report significantly poorer health on all four dimensions.

Socio-economic status and racial and ethnic minority status was also associated with respondents' perception of their health.

- On average, persons of color gave themselves a worse rating than did those who did not identify as a person of color for all categories; physical, dental, mental, and overall health.
- Respondents reporting a lower household income rated their health less favorably. Those whose household income (HHI) was under \$50,000 rated their overall health as worse than the mean of all respondents, and those HHI was over \$50K rated their overall health at, or better than the mean of all respondents.
- Those who identified as being unemployed rated their health worse on all four dimensions.
- Respondents whose age was between 18 and 44 scored their mental health less favorably than those ages 45 and up.
- Lower educational attainment was associated with poorer perception of health on all four dimensions
- Those who reported having a long-term illness or disability rated their health worse on all four dimensions.

- Where respondents live in the county was related to all four dimensions of health. Most notably, Groton residents, on average, reported the poorest physical health, dental health, and overall health, while Ithaca City residents reported the poorest mental health. At the other end, Cayuga Heights residents reported the best ratings in all four categories.

## Other County Departments

While the concept of social determinants has been well documented for years, it has now been fully integrated into Prevention Agenda with the 2019-2024 revision. And, the March 2019 survey is the first conducted by TCHD, which clearly shows that social determinants are a reality in Tompkins County.

For the most part, these results are not new or surprising to the County. The County Office for the Aging, and Departments of Planning & Sustainability and of Mental Health periodically develop service and comprehensive plans that address gaps they find in resource equity, and to utilize assets for the betterment and aspirations of the community and its residents.

### Planning & Sustainability

In mid-2019, the Tompkins County Department of Planning and Sustainability conducted a five-year review of their 2015 Comprehensive Plan. Among the principles and policies that the Department determined to be still appropriate were housing options for an aging population and for people requiring supportive services, transportation systems that consider the needs of populations that are challenged by transportation, and neighborhoods that encourage opportunities for daily activity, recreation, and social interactions.<sup>10</sup> [Source]

The Department further proposed action items to be added to the 2015 Plan in order to further the policies of the Plan. These include:

- Healthy Community Plans: Provide professional planning support to assist County departments working on healthy community plans.
- Housing Funding: Identify and pursue funding sources to support low income and workforce housing opportunities, including expansion of the Community Housing Development Fund Program.
- Track Housing Development: Track housing development (including supportive, senior, and student housing) and maintain a list of housing projects within the Development Focus Areas that have a strong potential to meet housing needs.

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<sup>10</sup> Source:

<http://tompkinscountyny.gov/files2/planning/ComprehensivePlan/Principles%20and%20Policies%20Review%205-20-19.pdf> Accessed Oct. 2019



### Office for the Aging

The AARP Network of Age-Friendly Communities (Network) is an affiliate of the World Health Organization’s Age-Friendly Cities and Communities Program, an international effort launched in 2006 to help cities prepare for rapid population aging. In 2014, the Tompkins County Office for the Aging (COFA) led efforts to apply to participate in the AARP Network.

Tompkins County and the City of Ithaca were accepted into AARP’s Network in May 2015. The Network helps participating communities become well-designed, livable communities that promote health and sustain economic growth, and make for happier, healthier residents—of all ages. In essence, the initiative is aimed at transforming the social and physical environment to support health and well-being for community members across the lifespan.

The Age Friendly Ithaca and Tompkins County Action Plan, published by COFA in December 2016, maps out Goals and Tasks across seven designated domains: outdoor spaces and buildings, transportation, housing, respect and social inclusion, civic participation and employment, community and health services, and communication and information. The document’s timeline runs through 2019.<sup>11</sup>

### Mental Health

At the County level, local mandates and programs from the NYS Offices of Mental Health (OMH), Alcoholism and Substance Abuse Services (OASAS), and for People with Developmental Disabilities (OPWDD) are all managed under one roof by the legislatively defined Local Government Unit (LGU). In Tompkins County, the LGU is the Mental Health (TCMH) Department.

All LGUs are required to submit to the State an annual Local Services Plan (Plan) for Mental Hygiene Services. These plans include an Overall Needs Assessment by Population, and Goals Based on Local Needs. In addition, the 2020 Plan for the first time includes a section defined as a “survey ... intended to promote alignment with the NYS Prevention Agenda (PA) for 2019-2024 as part of the local services plan development.” The survey only covers LGU plan alignment with the PA priority, “Promote Well-Being and Prevent Mental Health and Substance Use Disorders,” (WB-MHSUD) and its two Focus Areas, which are identified within the title of that priority.

In the overall needs assessment section of its Plan, TCMH identifies “safe and affordable housing of all levels,” and “reliable, accessible, and affordable transportation” as both unmet needs and to some degree, services that have worsened. Unmet needs cited by TCMH also include workforce recruitment and retention, and treatment and service opportunities.

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<sup>11</sup> Source: <http://tompkinscountyny.gov/files2/cofa/Age%20Friendly%20Plan%20Final%2012.23.16.pdf>. Accessed Oct. 2019.

In the Goals section of the TCMH Plan, both housing and transportation are checked as a priority goal. The goal statement for housing keys in on the need to increase the supply of new housing options that are licensed or supported by each of the three NYS Offices. Among this Goal’s Objectives is, “Address housing as a key determinant of health.”

The goal statement for transportation seeks to improve access to transportation to community social support services and treatment for the populations in need of these services. Objectives focus on access for rural and high need populations, and on collaboration with county and regional committees and networks to meet the demand. Other TCMH plan goals are for workforce recruitment and retention and SUD residential treatment services.

In the Plan’s Prevention Agenda alignment survey, interventions for goals within both Focus Areas for the WB-MHSUD priority are listed, and the LGU is asked to check-off those interventions that have begun or will begin. TCMH identifies two or more interventions under each of the eight goals. Many of these build on social determinants of health such as housing improvement, integrating social and emotional factors into support programs, using policy and environmental approaches in prevention, and thoughtful messaging.

With regard to LGU engagement with local partners during implementation of goals and interventions, the TCMH plan notes that Tompkins County has been “piloting integration of the mental health and health department leadership under one Commissioner with increasing collaboration between the departments.” However, the TCMH plan identifies “inconsistency in regulation, guidance, billing and licensures for OASAS, OMH, OPWDD & DOH programs and services” as an impediment to collaborative work on Prevention Agenda goals and interventions.

The TCMH 2020 Local Services Plan does not have a goal related to heroin and opioid programs and services, noting that, “This need is already included in crisis, housing, SUD residential, and other areas of this plan.” The plan further states, “Tompkins County is concerned about population health in the current opioid crisis and finding reduction in overdose. A full spectrum of supports and services are being explored to address this issue such as diversion and medication assisted treatment. Positive outcomes are reflective of increased training and availability of Naltrexone.”<sup>12</sup>

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<sup>12</sup> Source: [http://www.clmhd.org/img/pdfs/brochure\\_zldmzlg3ef.pdf](http://www.clmhd.org/img/pdfs/brochure_zldmzlg3ef.pdf) Accessed Oct. 2019