

Cortland County Health Department Community Health Assessment 2013-2017



Public Health

Prevent. Promote. Protect.

Cortland County Health Department

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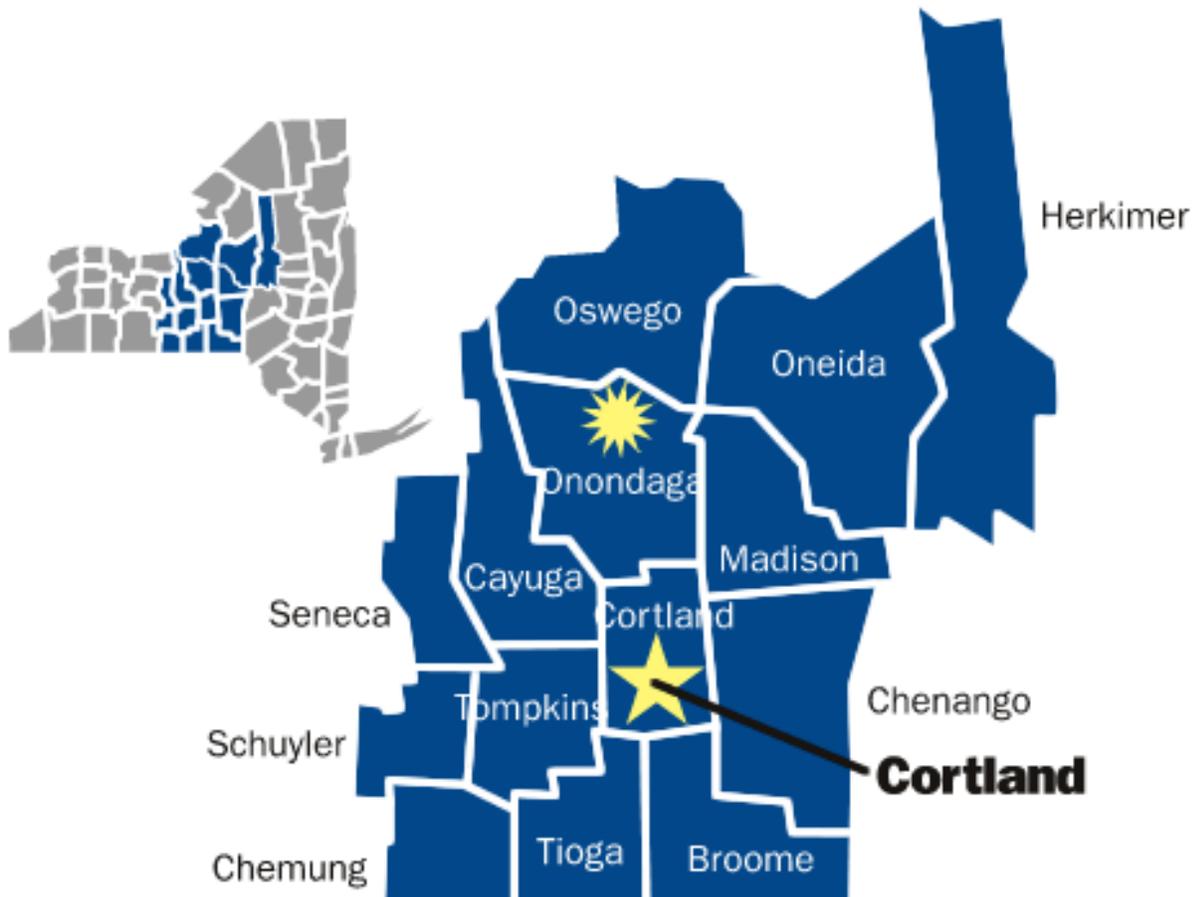
CCHD MISSION STATEMENT:

The mission of the Cortland County Health Department is to promote health, prevent disease, injury, and disability while enhancing the quality of the life within our community.

Introduction

Since 2001, the Cortland community has collaborated to conduct a county wide assessment of the health and well-being of county residents, every four years. [Cortland Counts](#) is a comprehensive analysis and presentation of facts and figures gathered through multiple sources - surveys, forums, polls and data banks - that identifies community strengths and priorities and facilitates program and policy development. All data is presented in numerical and graphic format in the main document. An annual report card is issued to update the data, as available, and track progress towards community established goals. Highlights of the report will be summarized in this document. Please refer to the report of further detail and citations. The data covers only Cortland County - the jurisdiction of the Cortland County Health Department.

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Summary

Demographics:

According to U.S. Census Bureau estimates, the population of Cortland County has increased slightly from 2000 to 2012, increasing by 875 people, with 55% of the total population residing in the City of Cortland. The majority are white (95%), followed by Hispanic or Latino origin at 2.5%. of the population replacing people who identify as Black or African American (1.8%) as the largest non-white residents. Cortland County has a land area of 499 square miles and a population density of 99 people per square mile. Age groups are rather evenly dispersed with roughly 20% of the population in each age group however 12% of the population is aged 20-24. The birth rate has dropped by over 16% since 2008. With a 51%-49% female to male split, 11% live with some type of disability. The percentage of residents over age 65 years is slowly but steadily increasing, with 2.5 % over age 85. 90% of Cortland's citizens have at least a high school diploma and 24% have a bachelor degrees or higher. Farming brings both a seasonal and year round migrant worker population of about 850 to Cortland County. The migrant population is supported through SUNY Cortland's Migrant Education and the Finger Lakes Migrant Health Programs. In 2012, 7,098 students attended school at the State University of New York at Cortland. A growing Amish population has established community life in the southern part of the county. As is common in the culture, they access few services outside their own community.

In 2011, the median household income in Cortland was \$44,397 – more than \$10,000 less than the NYS and national averages. Cortland County was hit hard by the recent recession, with unemployment rates peaking at 9.2% in 2009. Our rates have not yet returned to the pre-recession levels and remain at 8.8%. Employment is identified as the “highest community priority” in a recent community-wide survey. 17.7% of persons in Cortland are living below poverty level. While 22.3% of Cortland County children live below poverty, only 5.4% receive public assistance. 45% receive free or reduced-price school lunches. More than 40% of the housing units in Cortland County were built prior to 1939. The majority of housing units, 60% are single-family, detached homes; 10% are mobile homes. One-third of the housing units in Cortland County are renter-occupied units. In the city of Cortland, 56% of all units are renter-occupied. At \$106,000, the median value of owner-occupied homes in Cortland County is well below the NYS median value of \$294,400. Median home values in Cortland County increased 19% from 2005 to 2011. To meet the definition of affordability, housing costs should be less than 30% of annual household income (US Department of Housing and Urban Development). Housing costs represent 30% or more of household income for a quarter of all home owners and nearly half of all renters in Cortland County. Occupancy rates for subsidized housing for low income, elderly, and people with disabilities in Cortland County are 91% to 100%, with full occupancy at most sites. Waiting lists for apartments have increased over the last four years. Current lack of affordable housing has resulted in an increased number of homeless individuals and families living in motels. This has been fueled by a boom in college enrollment and subsequent conversion of family units to student housing. 43 people were identified as homeless in a point-in-time survey performed by Catholic Charities in January 2013. All but two had shelter in transitional housing. The majority had been homeless at least four times in the last three years. More than half were women and children. Cortland County has the highest average radon levels in the state. The average level in tested homes in the county is 14.8 pCi/l (picoCuries per liter), well above the

Environmental Protection Agency (EPA) action level of 4 pCi/l. An estimated 11.1% of county residents are uninsured. Meanwhile, the local hospital reports a 4% decrease in uninsured encounters since 2004. Of all live births in 2011, 55.5% were Medicaid funded, 40.3% private insurance and 1.7% self-pay, following a general shift to state funded insurance programs. Cortland County is designated as a Health Professional Shortage Area (HPSA) for primary care and mental health services for the low-income population. Also, Family Health Network, a Federally Qualified Health Center (FQHC), is designated as a primary care and mental health HPSA, and as a dental HPSA for its Groton Avenue Dental Clinic. The agency provides primary care for over 19,000 county residents. Mid-level practitioners provide most of the care.

Health status:

In 2013 Cortland County ranked 43 out of 62 counties in New York State on the [County Health Rankings](#), developed by the Robert Wood Johnson Foundation and the University of Wisconsin. This is down from a rank of 41 in 2012 but up from a rank of 53 in 2010. Poverty, mental health issues and substance abuse contribute greatly to the disparate health outcomes identified in the community. Women, children and the elderly are most vulnerable, especially those living outside the city of Cortland, where limited or no public transportation restricts access to services. The percentage of low birth weight babies (less than 2500 grams) in Cortland County has declined from 8.9% in 2007 to 6.2% in 2011. The rate of women who smoke while pregnant in Cortland County is 32.8%, one of the highest in the region. The rate for women who are pregnant and are enrolled in either the Medicaid Prenatal Care Provider or Medicaid Obstetrical and Maternal Services (MOMS) Program is even higher at 40.6%. At 10.8, Cortland County rates of elevated blood lead levels per 1000 children remain higher than Upstate rates. The Third Grade Oral Health Surveillance done by the NY State Bureau of Dental Health show increases in the percentages of third graders with regular dental visits and reductions in the total number of caries and untreated caries. However, over 28% of all adults over age 65 have had their permanent teeth extracted due to decay or gum disease. Only one community water system in the county is fluoridated. The percentage of children in Cortland County who are overweight or obese is 31.1%. The percentage of adults who are overweight or obese is 60.9%. Mental health issues continue to be prevalent with a shortage of services in the area - especially for substance abuse issues. With this, Cortland County continues to have higher rates of indicated reports of child abuse and maltreatment (38.5%) than NYS average (30.4%). Much is attributed to a growing drug abuse problem among persons under age 35 with children living in the home. The number of new cases of hepatitis C in Cortland County increased from 13 in 2009 to 57 in 2012. In 2011, suicide replaced stroke as one of five leading causes of premature death in Cortland County. The number of retailers selling tobacco products in Cortland County has increased and 22% of all adults smoke. The incidence rate of lung cancer for adult men in Cortland County is 108.5 per 100,000; this rate continues to be higher than Upstate and NY State rates. In compliance checks done in 2012, retailers illegally sold tobacco products to minors in 16% of cases. The number of youth, ages 16-21, arrested for driving while intoxicated has increased in Cortland County, from 58.5 to 78.9 per 10,000 from 2008 to 2011. The current rate is higher than the Upstate rate of 47.0 per 10,000.

Health Challenges:

Cancer, heart disease and chronic lower respiratory disease are the top three causes of premature death in Cortland County. Smoking is identified as a contributing cause of death on many death certificates. Obesity rates are high for both adults and children. More low income women smoke during pregnancy (40.6%). 8.4% of all births are low birth weight. Our MOMS program has seen an increase in late care seekers (third trimester) often presenting with a drug addiction. Chlamydia rates are steadily increasing, with poor uptake of expedited partner treatment.

A sharp rise in Hepatitis C infection in late 2011 resulted in a local survey conducted by the NYSDOH, in collaboration with the Southern Tier Aids Program and the Cortland County Health Department. The findings uncovered widespread IV drug use among persons under age 35. The investigation identified mostly males at that time. Few who tested positive on the rapid Hepatitis C test followed up with further testing or treatment. Since then, the numbers of arrests for possession and violent crime associated with drug use has risen. The local jail cannot accommodate the increasing numbers of young men and women incarcerated for drug related crimes. Our Local DSS has run out of foster care placements within the county to house children whose parents are incarcerated or in rehabilitation. Family placement is often not an option as the substance abuse proves to be generational.

The community continues to struggle with high rates of mental health illness, with poor mental health days reported at 3.6 in the past 30 days by the RWJ County Health Rankings. 12% of Cortland's population report excessive drinking. 24% of all arrests in 2012 were drug or alcohol related. The rate of DWI arrests for 16-21 year olds was 78.9/10,000 in 2011 - over twice the state average!

On community survey, the top three health concerns identified were "access to quality health care", "increased physical activity and better nutrition" and "healthy mothers, babies and children". Comments received on access to care centered more on having to travel out of the county for specialty services than not having a primary care provider or insurance. This further defines the burden of chronic disease in our community.

Emerging health issues in Cortland County are climate change and the potential effects of hydraulic fracturing of natural gas - if and when that occurs. Both can significantly impact our sole source aquifer, which is the only source of potable water for half our county residents. In recent years we have experienced flooding as never before, requiring local response to well contamination and GI illness. Preparedness efforts have ramped up through web site design and education efforts. Summer time droughts have lowered water tables, stressing the drinking water recharge area for the City's water supply. Fracking has the potential of contaminating the aquifer, if allowed within certain distances. Many towns have proposed regulations to prohibit or limit the process.

Resources:

Health Department: The greatest resource available to us is our experienced, dedicated Public Health workforce. We draw on the expertise of our Public Health Nurses, Sanitarians and administrative staff who are very dedicated to what they do and to the community they live in. The recent changes we

experienced, closing the Certified Home Health Agency, integrating Health Education in all programming and facing an overall decrease in staffing and budget has resulted in tremendous team work and across program planning. Our collective knowledge of our community and changing health needs facilitates quick response to large and small scale events. Our staff represents the Health Department by serving on many community agency boards including Family Health Network, Cortland County Long Term Care Coalition, Seven Valleys Health Coalition, Traffic Safety Board, Coordinated Children's Services Initiative, RSVP Advisory Council, LGBT Advisory Board and the Community Services Board. Likewise, community agencies contribute significantly to our LEICC, Tobacco Free Cortland, Cancer Services Program of Cortland and Tompkins Counties. Our Board of Health is committed to the health of our community and supports the Department in our work. In recent years they have become active in policy change and will take on such controversial topics as smoke free places policy and the school lunch menus in relation to our childhood obesity rates.

Our range of services that include family planning, MOMS, Maternal child health home visiting, Early Intervention, CSHCN, Communicable Disease and Environmental Health allow us to reach our most vulnerable residents through the life span, providing opportunities for education and outreach. Legislative support to take over the administration of the County Youth Bureau two years ago has provided an opportunity to actively engage youth in policy development and program planning from tobacco control to obesity.

Legislative Committees: Political support and guidance is received through our Health and Human Services Committee and our Local Agricultural Protection Committee, who have been instrumental in passing smoke free policy and local policy related to farmer's markets. We are invited to bring a public health perspective to all county wide projects from the proposed wind farm to plans for industrial development in local towns.

Cortland Regional Medical Center: The local hospital is in the process of administrative restructuring and should be well positioned to take on a changing health care environment early next year.

Meanwhile, we collaborate in many areas: communicable disease investigation, rabies post exposure vaccination and maternal child health initiatives, including Healthy Beginnings.

<http://cortlandregional.org/>

Family Health Network: Our Federally Qualified Health Center provides medical and dental care to over 19,000 county residents, through five clinic sites and two school based health clinics. They also provide care to our growing Amish population. They are our safety net for uninsured and the difficult to serve. They respond to changing community needs and sit on many advisory boards for health planning.

http://www.familyhealthnetwork.org/health_centers/index.html

Seven Valleys Health Coalition: Our Rural Health Network facilitates community collaboration and integration through the Cortland Counts process. The organization provides valuable input on local decision making regarding health policy and programming. They are the lead agency for the Dental Steering Committee and work closely with FHN in their dental program. CCHD partners with Seven Valleys Health Coalition (SVHC) on A NYSDOH grant to implement sustainable policy, systems and

environmental changes over a 5-year time period in an effort to prevent chronic disease. The approach emphasizes supportive environments and population-wide efforts that accelerate improvements in individual health behaviors and health outcomes, with the prevention of Type 2 Diabetes and obesity as the primary targets. Local collaboration on health initiatives is accomplished through HealthyNOW, a coalition of agencies working on the following strategies:

- Establish and promote the use of neighborhood and community trails
- Enact transportation policies that ensure streets are safe & accessible for all users
- Create community gardens
- Implement innovative strategies to promote access to fruits and vegetables
- Enhance variety and visibility of fruits and vegetables in convenience stores/small stores

Achieving physical, mental, and emotional health allows individuals to fulfill their potential and reduces the burden and cost of disease for the community. Other efforts in the community to promote an increased consumption of fruits and vegetables include the option of using EBT cards at local farmers' markets. Community Supported Agriculture (CSA) shares for produce are available to families participating in CAPCO programs. Main Street Farms in Homer has recently established an urban farm on South Avenue in Cortland and is developing CSA, education, and mentoring programs for neighborhood kids and families. Seven Valleys Health Coalition takes a lead role in the publishing of Cortland Counts. <http://www.sevenvalleyshealth.org/>

Cortland Communities that Care: This coalition supports evidence based programs that promote positive youth development. They bring community leaders to the table, including schools and faith based organizations, to address local youth issues, focusing on community engagement. <http://www.cortlandareactc.org/>

Assessment process:

Cortland Counts is an integrated assessment, planning, and evaluation process. It clearly demonstrates the interdependence of all sectors of the community in influencing quality of life for local residents. It gives organizations and individuals in Cortland County a voice in determining local priorities and solutions.

The process is sensitive to local needs, changes in state and national health care policies, and evidence-based practice guidelines. The Community Assessment ongoing process entails annual events and publications. It looks at where Cortland County has been in the past, where we are now, and where we would like to be in the future. By obtaining a broad view of conditions in the local community, individual agencies and groups are better able to plan for and obtain adequate resources to meet newly identified, under-served, and/or emerging needs. This is a community assessment process, and all community

members are invited to attend the annual forum and track break-out sessions. Together we can chart a better future for Cortland County. The annual Community Forum, held each January, presents speakers with knowledge and expertise in each of five “track” areas: Health, Housing, Youth, Economic and Sustainability. Community members are invited to join key leaders in hearing the presentations. Over 115 key leaders and community members attended the 2013 Forum.

Health Track break-out sessions following the annual forum are used to update track goal sheets in response to changing needs. Follow-up meetings are held periodically during the year as needed for each track area. Community members are welcome to attend. The Annual Cortland Counts Report Card was published in July with objective data and statistics. Public opinion was obtained from numerous focus groups and surveys conducted in early 2013. In May 2013 Seven Valleys Health Coalition conducted two non-random sample surveys, one of business leaders, and the other of the general public, at the Business Showcase. Human service providers and key informants from the various fields of health, human service, business, and government were also surveyed by mail and email. The opinions put forth in the surveys and focus groups are reflected in the narrative areas of this report; summaries of the focus groups appear in the appendix. Sources of objective data, including the U.S. Census, NY State Department of Health, and others are referenced in the footnotes.

<http://www.countyhealthrankings.org/app/#/new-york/2013/cortland/county/outcomes/overall/snapshot/by-rank>

An initial meeting was held with key leaders of Health and Human Services program leaders to review the data and set priority areas for the Community Health Improvement Plan. Consideration was given to other community plans, including those of the Mental Health Department that includes mental health and substance abuse. In collaboration with our local hospital, Cortland Regional Medical Center, we chose the areas of Chronic Disease and Healthy Women, Infants and Children as the priorities on which to concentrate through 2017.

The assessment process, data analysis, choosing of priority areas and identification of community partners culminated in the development of a Community Health Improvement Plan. Spearheaded by Health Department teams (with representation from each program and job title), the plan clearly defines our path for health improvement over the next four years.

The process was enlightening, informative and fostered real collaboration amongst staff. They are vested in the plan and the positive health outcomes that will result.