



Genesee County
Orleans County
Wyoming County

Community Health Assessment 2022-2024



ROCHESTER
REGIONAL HEALTH
United Memorial
Medical Center



 **ORLEANS**
Community Health



WCCHS
Wyoming County Community Health System

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GOW Counties
Community Health Assessment (CHA), Community Health Improvement Plan (CHIP)
and Community Service Plan (CSP)

Counties Covered

Genesee County
Orleans County
Wyoming County

Participating Health Departments

Genesee County Health Department

3837 West Main Street Road

Batavia, NY 14020

585.344.2580 x5555

www.GOHealthNY.org

Orleans County Health Department

14016 State Route 31, Suite 101

Albion, NY 14411

585.589.3278

www.GOHealthNY.org

Wyoming County Health Department

143 N Main Street

Warsaw, NY 14569

585.786.8890

www.wyomingco.net/203/Health-Department

Participating Hospitals

United Memorial Medical Center- Rochester Regional Health

127 North Street

Batavia, NY 14020

585.343.6030

www.rochesterregional.org/locations/united-memorial-medical-center

Orleans Community Health

200 Ohio Street

Medina, NY 14103

585.798.2000

www.ortanscommunityhealth.org

Wyoming County Community Health System

400 N Main Street
Warsaw, NY 14569
585.786.2233
www.wcchs.net

Acknowledgements

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Jennifer Rowan, Master of Public Health (MPH)
Epidemiologist, Genesee County Health Department

Gabrielle Marcello, MPH
Epidemiologist, Orleans County Health Department

Jessica Donath
Intern, Nazareth College Public Health Program
Orleans County Health Department

Andee Wik
Intern, University at Buffalo Master of Public Health Program
Genesee County Health Department

Dana VanValkenburg
Intern, Cornell University Master of Public Health with a concentration in Infectious Disease Epidemiology Program
Genesee County Health Department

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Executive Summary

The 2022-2024 Genesee, Orleans, and Wyoming (GOW) Counties Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and Community Service Plan (CSP) is a collaborative process used to examine the current health status of GOW residents while also identifying a comprehensive plan for addressing health challenges.

Local hospitals including Rochester Regional Health at United Memorial Medical Center (UMMC), Orleans County Health (OCH), and Wyoming County Community Health System (WCCHS) along with the Genesee, Orleans and Wyoming (GOW) County Health Departments are committed to working collaboratively with the residents and institutions of the GOW Counties to improve the health of our community. In the GOW region, the CHA Steering Committee brings together leaders from hospitals, health departments and community agencies to prioritize community health needs and develop a Community Health Improvement Plan.

Data Analysis for the Community Health Assessment

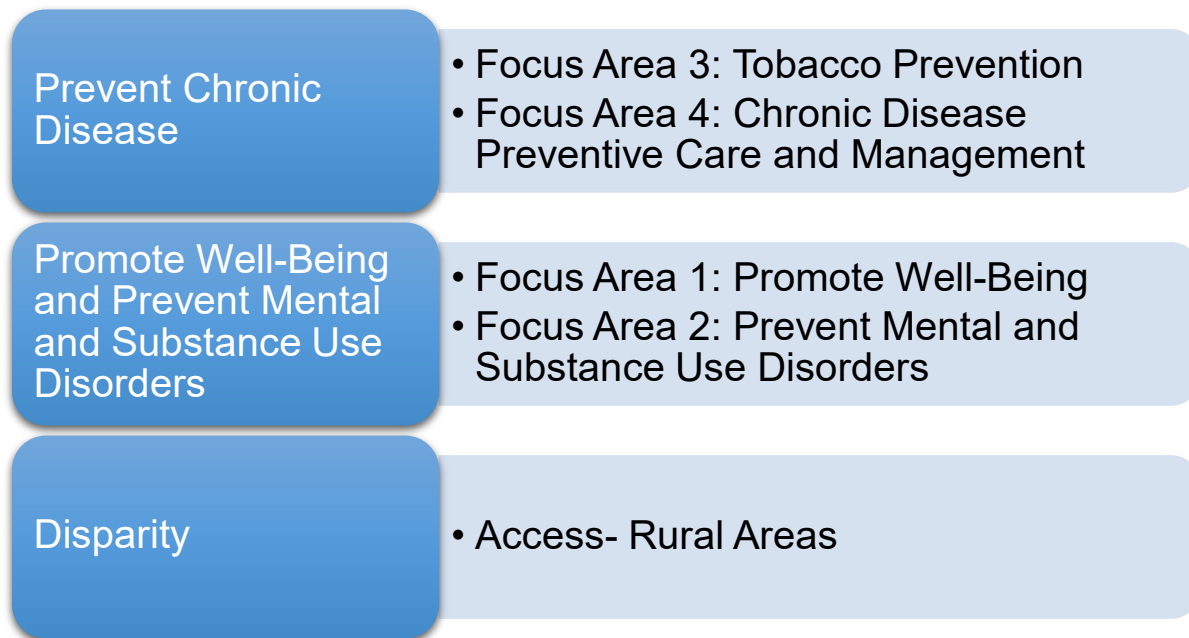
For the GOW 2022-2024 Community Health Assessment, county, regional, and state data were analyzed to review trends and compare each county's health indicators to national goals, state goals, and local averages. To reach this conclusion, the CHA Steering Committee and Community Workgroup facilitated and completed the following activities throughout the Genesee, Orleans and Wyoming County

- Primary Data Analysis
 - GOW Community Health Assessment Survey
 - GOW Community Conversations
- A review of health indicators and secondary data analysis including, but not limited to:
 - New York State Department of Health Prevention Agenda Dashboard
 - Community Health Indicator Reports
 - Division of Criminal Justice Services
 - NYS Expanded Behavioral Risk Factor Survey
 - American Community Survey
 - County Health Rankings & Roadmaps
- A Priority Area Focus Meeting with the CHA Steering Committee and Community Workgroup

The needs were then prioritized based on established criteria that included need among vulnerable populations: ability to have a measureable impact; ability to intervene at the prevention level; community capacity and willingness to act; and the importance of the problem to community residents and stakeholders.

Community Health Priorities

Following a comprehensive review of the health indicator data and feedback from both community members and stakeholders, the GOW Steering Community and Community Workgroup selected the two following priority areas to address as a community over the next three years.



Community Partners and Resources

The CHA Steering Committee is comprised of representatives from the three hospitals in the GOW region (UMMC, OCH, and WCCHS) and the local health departments in the GOW counties. Local community and government groups represented on the CHA Steering Committee include Lake Plains Community Care Network, Independent Living of the Genesee Region, and Oak Orchard Health. The CHA Community Workgroup is comprised of representatives from the following agencies and organizations throughout the GOW region: Medina Central School District, Genesee County CASA for Children, Community Action for Wyoming County, Veterans Association Western New York Healthcare System, Community Action of Genesee and Orleans, Wyoming County Sheriff's Office, Orleans-Recovery Hope Begins Here, City of Batavia, Family Life Church, Department of Social Services- Orleans County, Community Schools City of Batavia School District, Roswell Park Cancer Institute, Genesee Valley BOCES, YWCA of Genesee County, Mental Health Department – Wyoming County, United Memorial Medical Center, Planned Parenthood of Western New York, Inc, Women, Infants, and Children (WIC), GLOW YMCA, Officer for the Aging- Orleans County, Genesee County Highway Department, University of Rochester Medical Center, Wyoming County Chamber of Commerce, and Genesee/Orleans Council on Alcoholism and Substance Abuse (GCASA).

Prevention Agenda Priority Areas & Evidence-Based Interventions/Strategies/Activities

The evidence-based interventions, strategies and activities selected to address the social determinants of health align with the CHIP goals and objectives identified by the Steering Committee and Community Workgroup include the Diabetes Self-Management or Chronic Disease Self-Management program, National Diabetes Prevention Program (NDPP), Reality Check Program, evidence based home visiting programs, and Naloxone trainings.

Tracking Evaluation and Sustainability

The Community Health Assessment Steering Committee and Community Workgroup will meet quarterly during the implementation period of 2022-2024 to gather partners and content experts around the selected focus areas. The Steering Committee will monitor the short-term process measures that track activities such as number of people served, number of referrals, number of trainings implemented, etc. Community Workgroup members will have access to the reporting matrix that will be updated quarterly.

Record of Change

[illegible]

Genesee County Community Profile

Demographic Summary:

Population

According to the 2021 Census, Genesee County's population estimate is 57,853 (1). The City of Batavia has an estimated population of 15,482 and is the only city located in the tri-county region (1). In addition to the City of Batavia, which is the county seat, Genesee County includes 13 towns and six villages spanning across 493 square miles with a population density of 118.4 persons per square mile (1, 2).

Age

It is critical to have an understanding of a community's age-specific health needs because it may affect things such as economic growth, patterns of work and retirement, the ability of communities to provide adequate resources, and the prevalence of chronic disease and disability.

In Genesee County, 5.0% of the population is under five years old, 20.3% of the population is under 18 and 19.6% of the population over the age of 65 (1). In the City of Batavia, 5.6% of the population is under five years old, 19.5% of the population is under 18 and 18.3% of the population is over the age of 65 (1). The median age in Genesee County 43.0 years old. With nearly 20% of Genesee County residents are age 65 or older, it is important to understand that this population may face unique health challenges over the next several years that will need to be addressed.

Figure 1: Map of Genesee County, NY

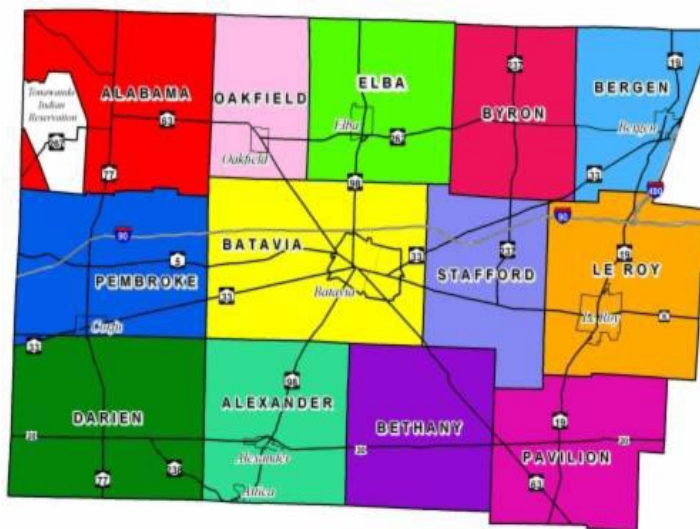


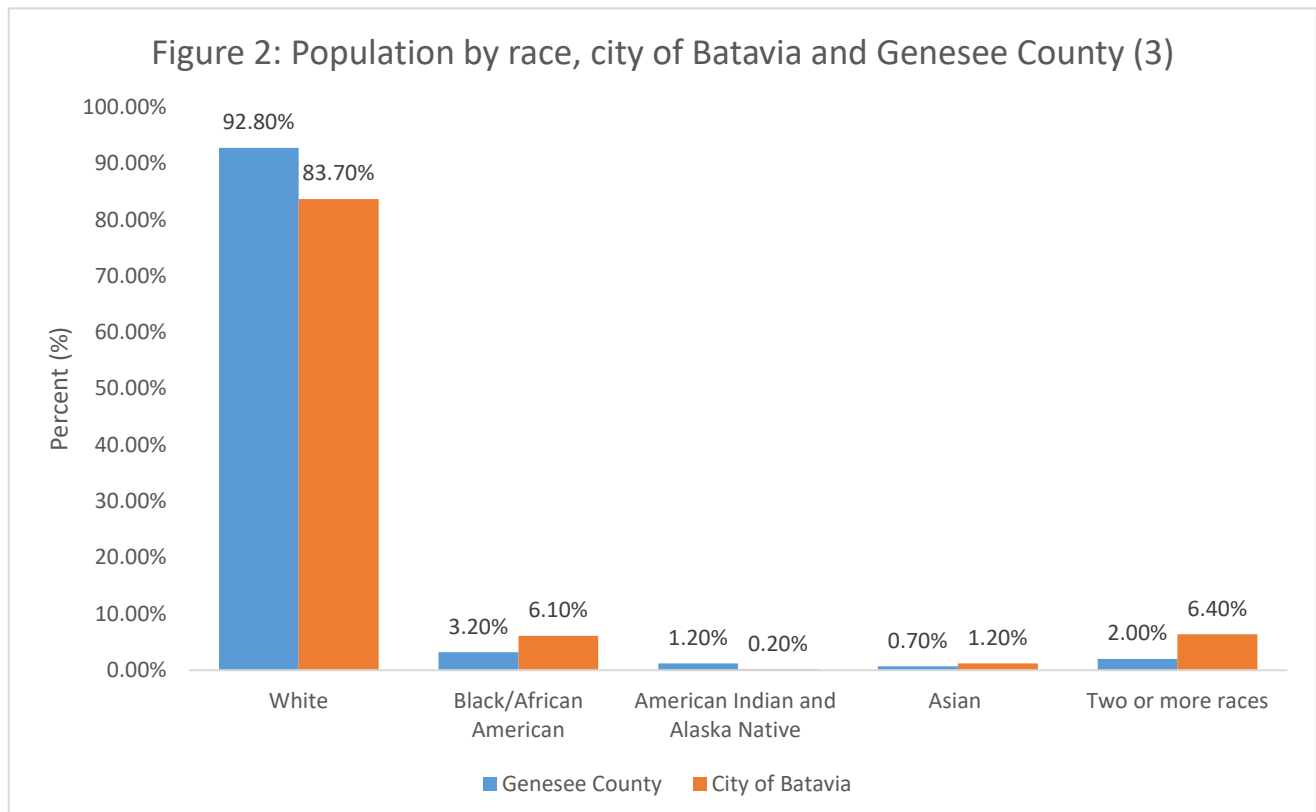
Table 1: Population Distribution, City of Batavia and Genesee County, July 1, 2021 (1)		
	City of Batavia	Genesee County
Population under 5 years	5.6%	5.0%
Population under 18 years	19.5%	20.3%
Population 65 years and over	18.3%	19.6%

Gender

In Genesee County, gender is relatively split evenly with 49.7% female in Genesee County and 49.0% female in the City of Batavia (1).

Race and Ethnicity

As seen in figure 2, Genesee County's population is limited in its ethnic and racial diversity. 92.8% of residents are white, followed by 3.2% Black/African American, 1.2% American Indian and Alaska Native, 0.7% Asian and 2.0% two or more races (3). 3.5% of residents are Hispanic or Latino while 90.2% are White (3). In contrast, the City of Batavia is 83.7% White, 6.1% Black or African American, 0.2% American Indian and Alaska Native, 1.2% Asian, 6.4% two or more races (3). 5.5% of city residents are Hispanic or Latina while 82.2% are White (3).



Veterans

In Genesee County, 8.1% (3,696) of county residents are Veterans. In the City of Batavia, 8.6% (1,002) of city residents are Veterans (3). The majority of Genesee County residents were veterans of the Vietnam War (33.2%), Gulf War '90-01 (16.5%), Gulf War '01 or later (14.5%), Korean War (6.5%) and World War II (5.1%). Most veterans are white (96.0%), male (94.5%) and age 55 or older (71.7%) (3). Compared to non-veterans, they are less likely to be below poverty level (7.4% vs. 10.3%) and more likely to have a disability (31.9% vs. 16.0%) (3).

Spoken Languages

English language proficiency can impact access to care, educational attainment, employment opportunities, and the ability to communicate effectively with healthcare providers. Having limited English language proficiency can be a barrier to accessing health care services and understanding health information (4). In Genesee County, 3.6% of households speak a language other than English at home, compared to 5.6% of households in the City of Batavia (3).

After English, the second most commonly spoken language at home is Spanish (2.2%) in Genesee County. Other Indo-European languages are spoken at home by 1.0% of County residents, and 0.3% of the county speaks Asian and Pacific Island languages (3). In the City of Batavia, the second most the second most commonly spoken language at home is Spanish (4.0%) Other Indo-European languages are spoken at home by 0.7% of city residents, and 0.8% of city residents speak Asian and Pacific Island languages (3).

Disability Status

Studies have found that people with disabilities are more likely than people without disabilities to report poorer overall health, having less access to adequate health care and engaging in risky health behaviors. As a result, people with disabilities are often more susceptible to preventable health problems that decrease their overall health and quality of life, which can lead to secondary health conditions such as pain, fatigue, obesity and poor mental health (5).

In Genesee County, 14.7% of the population has a disability compared to 18.6% of the population in the City of Batavia (3). As seen in Table 2, the City of Batavia has higher rates of several disabilities including vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty and independent living difficulty compared to Genesee County.

Table 2. Disability Status, City of Batavia and Genesee County (3)		
	City of Batavia	Genesee County
Population with a hearing difficulty	3.1%	3.7%
Population with a vision difficulty	3.4%	2.7%
Population with a cognitive difficulty	10.2%	6.1%
Population with an ambulatory difficulty	9.6%	8.0%
Population with a self-care difficulty	3.5%	3.0%
Population with an independent living difficulty	10.3%	7.2%

Social and Physical Determinates of Health

Education

Education can influence several factors in an individual's life from access to healthcare, economic opportunities, quality housing, a healthy lifestyle and the ability to understand health information. Within Genesee County, there are eight public school districts, with a total enrollment in K-12 public schools of 7,675 students in the 2020-2021 school year (6). 92% of high school students (541) graduated in 2021 compared to 86% in New York State. The dropout rate in Genesee County was 3.0% compared to 4.0% in New York State. The county is home to one higher education institutions, Genesee Community College (GCC), which is associated with the state university system (SUNY). In 2020-2021, there were a total of 1,740 full-time students and 2,995 part-time students (6).

Table 3 illustrates the educational outcomes among adults aged 25 years and older. Overall, 92.2% of Genesee County residents have a high school education or higher, and 21.9% have a bachelor's degree or higher (3). In general, educational attainment is lower in the City of Batavia than in Genesee County, with 88.3% having a high school education and 20.5% having a bachelor's degree or higher (3).

Table 3: Highest level of education obtained among adults aged 25 years (3)			
	City of Batavia	Genesee County	New York
Less than High school education	11.7%	7.8%	13.1%
High school graduate or higher	88.3%	92.2%	86.8%
Bachelor's degree or higher	20.5%	21.9%	36.6%

Figure 3 provides a breakdown by race of the population with a high school education or higher in both the City of Batavia and Genesee County. Within both the City of Batavia and Genesee County, disparities in education attainment vary by race and ethnicity. In both the City of Batavia and Genesee County, White residents had the highest percentage of the population with a high school education or higher. When looking at ethnicity, 69.4% of Hispanic residents of Genesee County have a high school degree or higher compared to 71.0% of Hispanic residents in the City of Batavia (3).

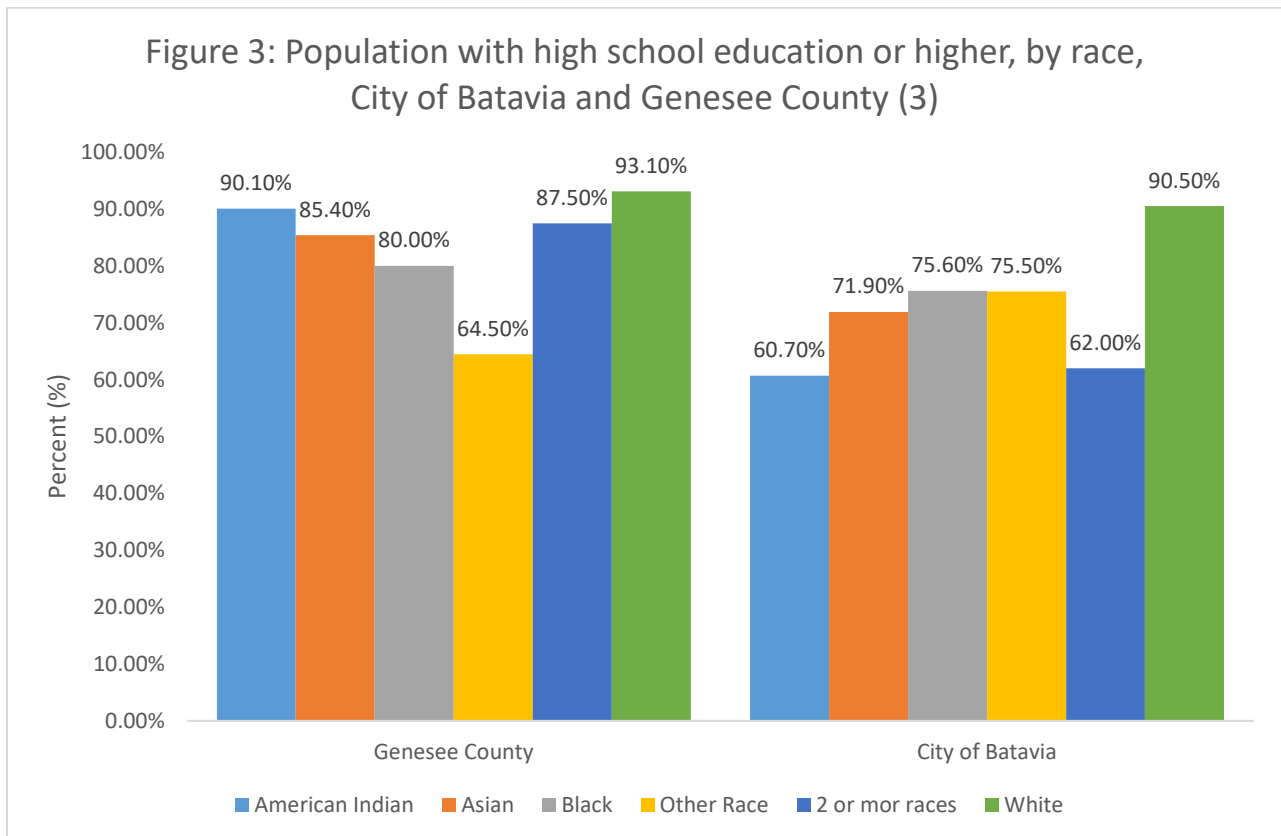
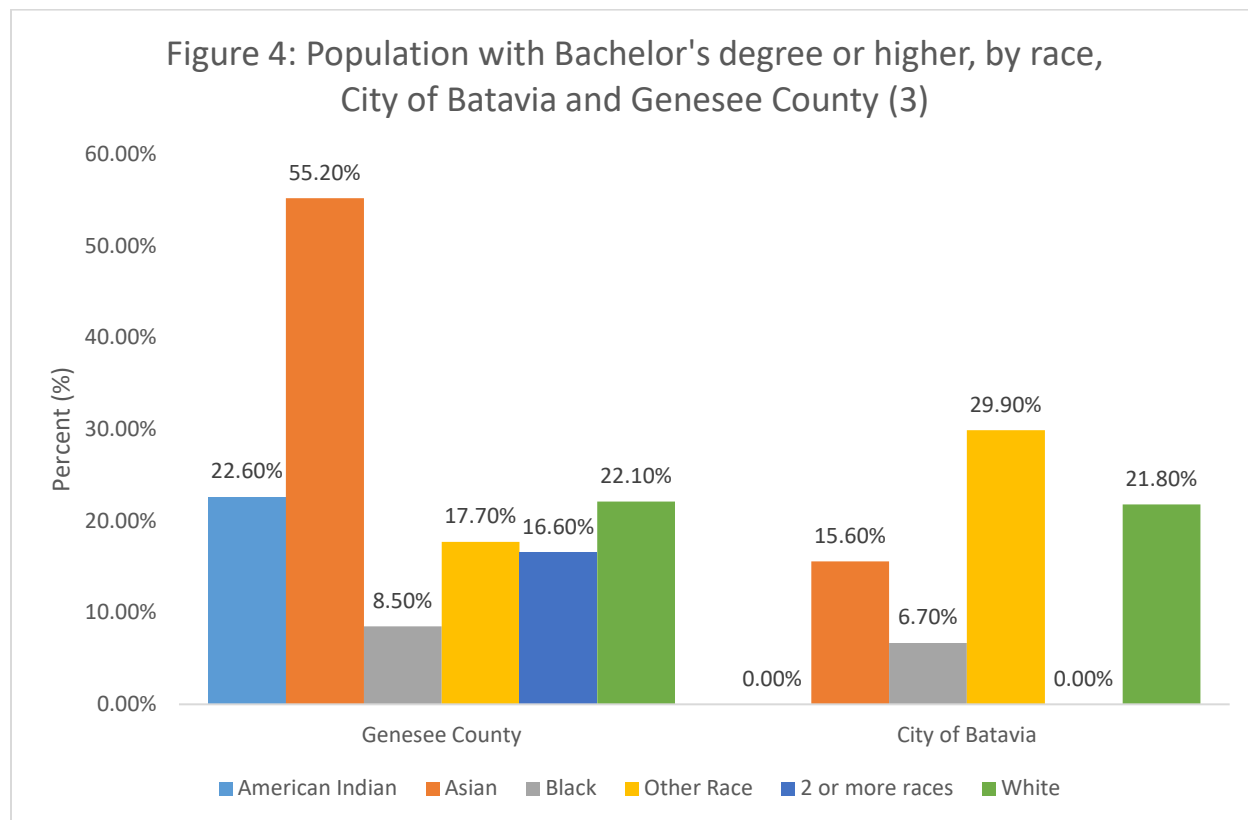


Figure 4 provides a breakdown by race of the population with a bachelor's degree or higher in both the City of Batavia and Genesee County. Within both the City of Batavia and Genesee County, disparities in education attainment vary by race and ethnicity. In

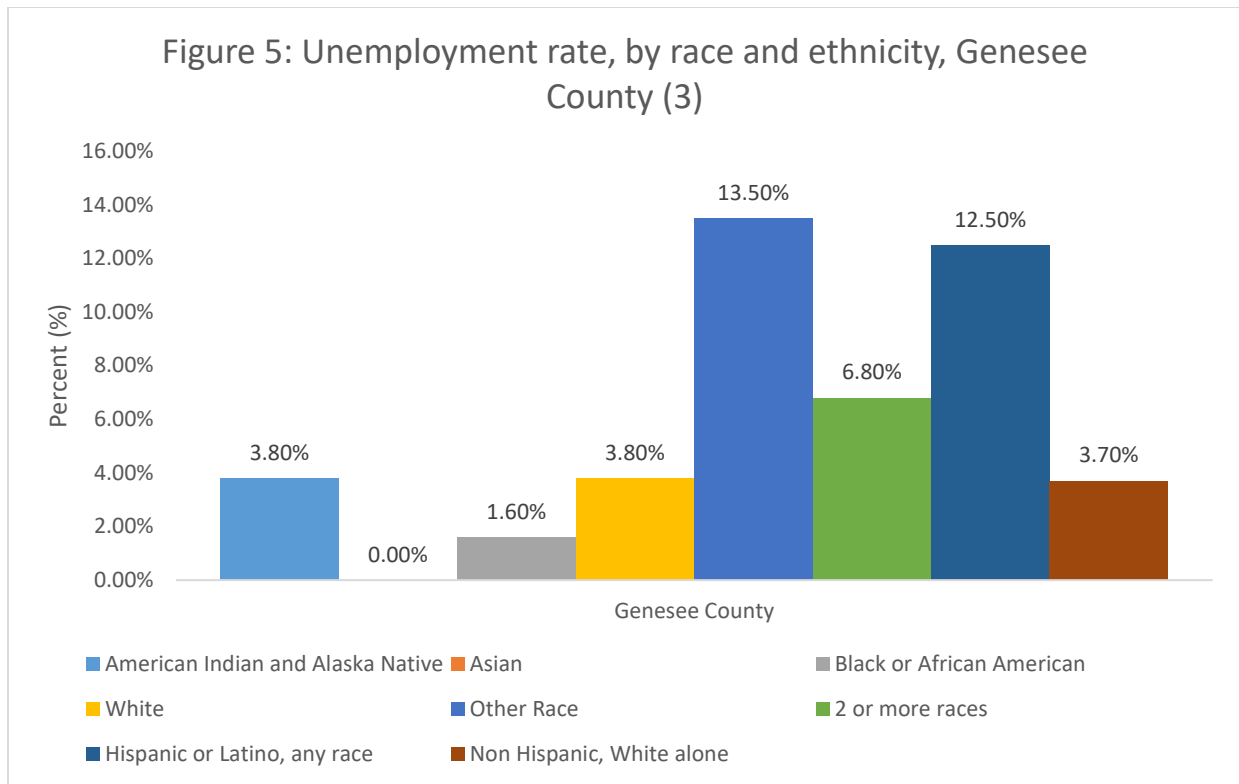
Genesee County, Asian residents had the highest percentage of the population with a bachelor's degree or higher. When looking at ethnicity, 13.9% of Hispanic residents of Genesee County have a bachelor's degree or higher compared to 18.7% of Hispanic residents in the City of Batavia (3).



Employment

Employment and income are important factors that may impact economic opportunity, poverty and affect health. Unemployed individuals have reported feelings of depression, worry, low self-esteem and, physical pain and tend to suffer more from stress-related illnesses such as arthritis, stroke, heart attack, high blood pressure, and heart disease (7).

The May 2022 Unemployment Rate was 2.6% compared to 4.1% in May 2021, lower than the state rate of 4.1% (8). There are significant disparities in unemployment by race and ethnicity in Genesee County [see Figure 5].



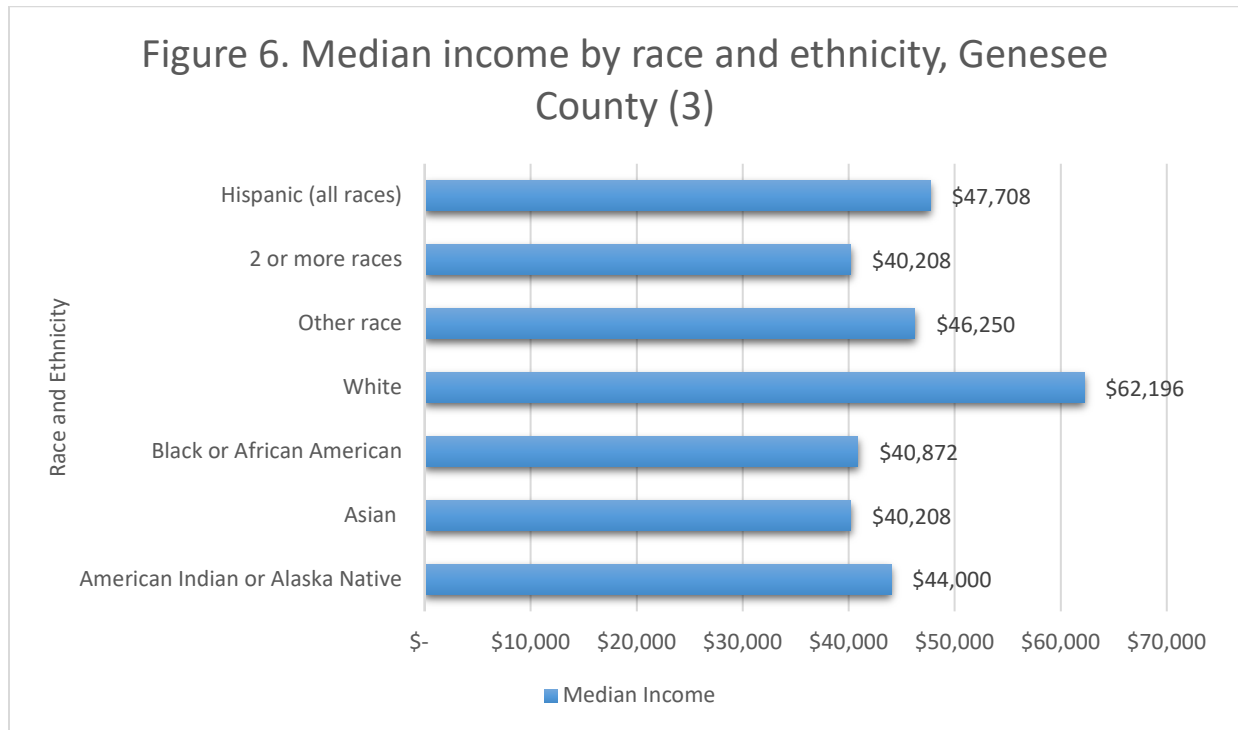
There are also disparities in unemployment by educational attainment in the City of Batavia and Genesee County [see Table 4] (3).

Table 4: Unemployment rate, by educational attainment, City of Batavia and Genesee County (3)		
Educational Attainment (population 25-64 years)	City of Batavia	Genesee County
Less than high school graduate	4.2%	4.6%
High school graduate (includes equivalency)	5.9%	4.8%
Some college or associate's degree	6.6%	2.9%
Bachelor's degree or higher	0.4%	2.2%

The Genesee County workforce is made up of approximately 30,364 people (3). The leading industries of the Genesee County workforce include educational services, health care and social assistance at 23.5%; manufacturing at 15.3%; and retail trade at 10.3% (3)

Economics and Poverty

The median income (in 2020 inflation-adjusted dollars) for a household in Genesee County is \$60,635 compared to \$49,850 in the City of Batavia (1). As shown in Figure 6, there are significant disparities in median income by race and ethnicity in Genesee County.



As shown in Table 5, there are significant disparities in poverty rates by race, ethnicity and age within Genesee County and the City of Batavia (3). In Genesee County, the poverty rate is significantly higher in the City of Batavia. An estimated 16.9% of the total population in the City of Batavia live in poverty, while the percentage is 10.2% for Genesee County overall (1). Furthermore, the percentage of children in the city below 18 years old living under the poverty level is 22.9%, and the rate of those under 5 years old is 31.2%. (3) In comparison, children under 18 in Genesee County have a poverty rate of 13.5% and children under 5 have a rate of 19.0% below the poverty level. (3)

Social community challenges of Genesee County Residents surveyed:

- Lack of livable wage
- Affordable housing
- Lack of employment opportunities
- Bullying
- Child abuse



GOW Community Health Survey Analysis Report, 2022 (18)

Table 5: Poverty rates by race, age, City of Batavia and Genesee County (3)		
Living in Poverty	City of Batavia	Genesee County
American Indian or Alaska Native	40.7%	15.0%
Asian	22.3%	13.5%
Black or African American	27.9%	25.9%
White	14.2%	9.6%
Other race	36.7%	21.2%
Two or more races	33.4%	27.6%
Hispanic (all races)	31.4%	20.4%
Children under 5 living in poverty	31.2%	19.0%
Population under 18 living in poverty	22.9%	13.5%
Adults age 65 + living in poverty	12.9%	8.2%

Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems such as low birth weight or lead poisoning, and are more likely to have behavioral and emotional problems. As shown in Table 6, families that have a female head of household with no spouse present are even more likely to live at or below the poverty line.

Table 6: Poverty level for families with female householder, no spouse present (3)			
	City of Batavia	Genesee County	New York State
Families with female householder, no spouse present	28.0%	20.6%	23.5%
With related children under 18 years	41.8%	36.9%	33.7%
With related children under 5 years only	83.0%	70.6%	34.8%

Table 7: Family Income, City of Batavia and Genesee County (3)		
	City of Batavia	Genesee County
Number of Families	3,191	14,977
Median Family Income	\$66,955	\$76,818
Mean Family Income	\$77,085	\$88,759
Per Capita Income	\$28,300	\$30,846

Built Environment

The neighborhoods and built environment in which we live, learn, work, and play can have a major impact on health and well-being of residents in a community. For example, in a neighborhood with high crime rates, residents may be less likely to engage in outdoor physical activity. Additionally, if residents in a neighborhood do not have access to a grocery store and/or reliable transportation, they may be less likely to have access to fresh, affordable, healthy food.

Land use

According to the Genesee 2050 Comprehensive Plan, Genesee County seeks to “preserve and enhance the character and quality of the county, increase its economic competitiveness, protect its farmland, and increase its overall sustainability” (10). The county is currently in the resiliency-planning phase of the Green Genesee/Smart Genesee sustainable land use planning project, which supports communities to develop strong comprehensive plans and land use regulations (10). Genesee County will continue to encourage and assist communities with updated zoning regulations, remove barriers to the redevelopment of underutilized sites and buildings, pursue water agreements with all communities and will adopt and adapt Agriculture and Farmland Protection Plans (10).

Environmental community challenges of Genesee County

Residents surveyed:

- **Drinking water quality**
- **Agricultural runoff**
- **School safety**
- **Climate change**
- **Vector-borne diseases**



GOW Community Health Survey Analysis Report, 2022 (18)

Based on the Genesee 2050 survey, 66% of survey respondents indicated that they are satisfied or very satisfied with the parks and trails in Genesee County (10). However, only 41% of survey respondents indicated that they were satisfied or very satisfied with the walkability of their communities (10). Genesee 2050 has identified that recreational trails, multimodal transportation networks and walkable connected communities are community priorities. The county has been working on the design and implementation of trail networks throughout the County,

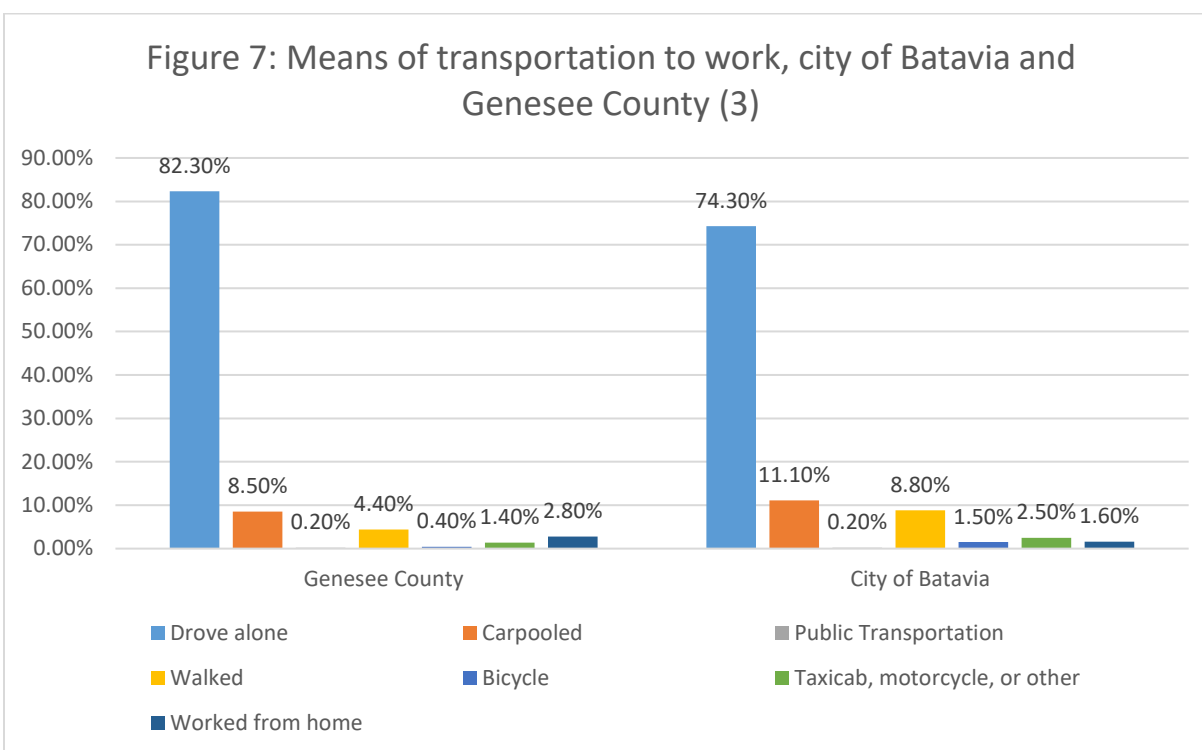
with a goal of creating more pedestrian-scale and walkable communities (10). Genesee County is also working towards installing pedestrian-scale design elements such as lighting, wider and accessible sidewalks as well as the creation of new parks and enhancing existing parks (10).

Transportation

Transportation can impact the health of the community in many ways. Inadequate transportation can result in missed or delayed health care appointments, increased

health expenditures, increased stress levels, longer work days and poor access to healthy foods. Research shows that individuals are less likely to access needed services when they face transportation difficulties. Active transportation can provide opportunities for residents to engage physical activity and promote wellness through biking and walking.

As seen in figure 7, Genesee County is highly vehicle dependent with 82.3% of residents commuting to work alone. Only 0.2% of Genesee County residents use public transportation and 4.4% of residents walk to work. In the City of Batavia, 85.4% of residents commute to work alone, while 0.2% use public transportation and 8.8% walk to work (3). The mean travel time to work is 23.3 minutes in Genesee County compared to 22.6 minutes for workers in the City of Batavia (3).



Housing

Access to safe, stable and affordable housing can play an important role in health. For example, poor housing quality and inadequate housing can contribute to health problems such as chronic diseases, injuries, asthma, and lead poisoning (11).

Genesee County has a very traditional housing stock comprised of about 75% of single-family homes occupied by homeowners (10). The median value of owner-occupied housing units is \$125,200.00 in Genesee County and \$99,400.00 in the City of Batavia. 72.4% of housing units are owner-occupied in Genesee County compared to 48.8% in

the City of Batavia. 27.6% are renter-occupied in Genesee County compared to 51.2% in the City of Batavia (3). Additionally, Genesee County has 10% of households that spend 50% or more of their household income on housing (9).

Housing quality “refers to the physical conditions of a person’s home as well as the quality of the social and physical environment in which the home is located” (4).

According to the *2022 County Health Rankings & Roadmaps*, the measure “severe housing problems” is defined as the percentage of households with one or more of the following housing problems: lack of complete kitchen facilities, lack of complete plumbing facilities, overcrowding or high housing costs (9). In Genesee County, 12% of households have at least 1 of the 4 housing problems. Households that experience a severe cost burden are often faced with difficult decisions in meeting basic needs. For example, if a majority of someone’s paycheck goes to paying the mortgage or maintenance of a home, it may make it harder for someone to purchase healthy foods, pay medical bills or have reliable transportation. These tradeoffs can impact health and lead to increased stress and emotional strains (9).

According to the Genesee 2050 Comprehensive Plan, housing prices and choices are very important to the residents of Genesee County, while the level of satisfaction of housing is lower (10). Genesee County is facing challenges when it comes to housing, specifically the housing supply, the age of existing housing stock and the conditions of rental housing for low-income residents. The county is considering solutions to these challenges while also addressing the needs of supportive housing for those with mental health issues, senior housing, and more accessible housing (10).

Food Access

Access to healthy, fresh and affordable food is important to maintain a healthy lifestyle. However, several factors can make accessing healthy foods difficult, such as the proximity to a grocery store, access to reliable transportation, income, and the affordability of healthy food. The United States Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy lifestyle (13). Children who face food insecurity are sick more often, struggle in school, can experience growth impairment, can experience developmental impairments and have more social and behavioral problems than children that are not food insecure

Social challenges within families of Genesee County Residents surveyed:

- **Lack of livable wage**
- **Opportunities for physical activity**
- **Access to healthy foods**
- **Affordable housing**
- **Street safety**



GOW Community Health Survey Analysis Report, 2022 (18)

What stops Genesee County Residents surveyed from consuming more fruits and vegetables?

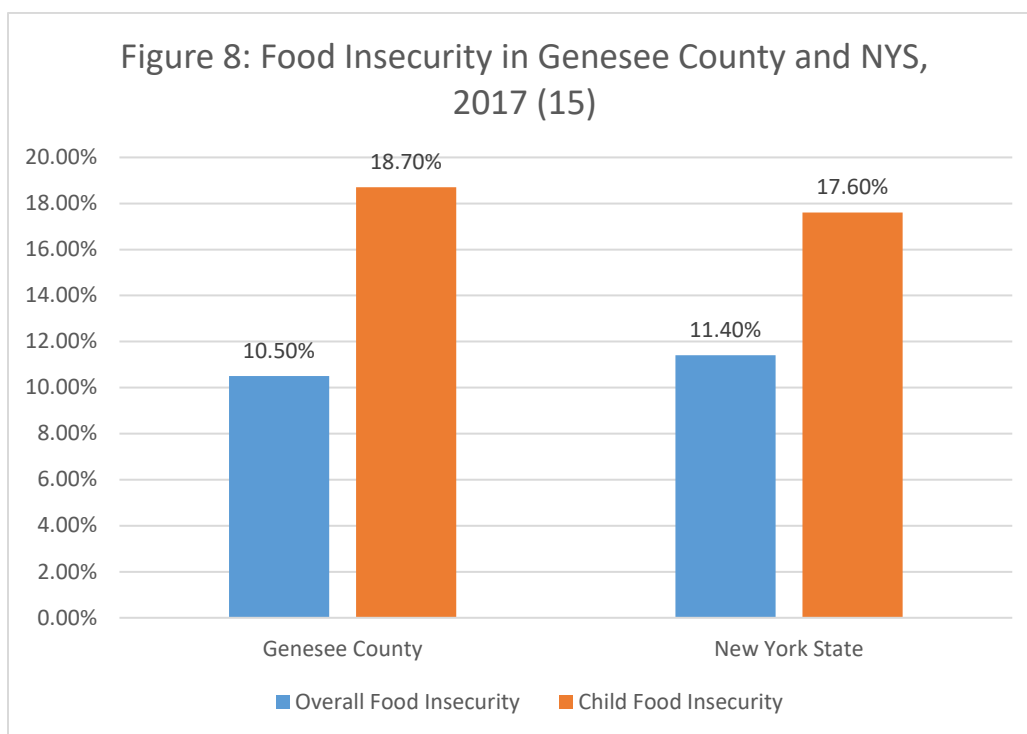
- Belief that they consume enough
- Cost
- Preparation time
- Lack of access in stores
- Preference for other foods



GOW Community Health Survey Analysis Report, 2022 (18)

(14). Other populations that are more vulnerable to food insecurity include the senior population, individuals living in rural communities, Black Populations, Latinos and those living in poverty (14).

As seen in figure 8, Genesee County had an overall food insecurity rate of 10.5% and a child food insecurity rate of 18.7% in 2017 (15). 12.7% of households in Genesee County receive food stamps/SNAP benefits, while 20.4% of households in the City of Batavia receive food stamps/SNAP benefits (3).



According to the *2022 County Health Rankings & Roadmaps*, 2% of the population in Genesee County has limited access to healthy foods meaning that they are low-income and do not live close to a grocery store (9). Food Environment Index is another measure from the *2022 County Health Rankings & Roadmaps* that accounts for access to healthy foods by considering the distance an individual lives from a grocery store/supermarket, locations for purchasing healthy food, and the inability to access healthy food because of cost (9). Genesee County's Food Environment Index value is 8.6 with the scale ranging from 0 (worst) to 10 (best) (9).

Crime and Violence

Crime and violence can significantly impact the health of a community and repeated exposure to crime and violence may be linked to an increase in negative health outcomes. Types of violence can include child abuse, neglect, verbal abuse, physical violence, firearm violence, sexual violence, intimate partner violence and elder abuse. Data shows that there is a connection between adverse childhood experiences (ACEs) such as violence or abuse during development/childhood and lifelong health outcomes including chronic disease and mental health. Children exposed to violence (e.g. bullying, cyberbullying, abuse, and witnessing violence) are more likely to experience stress, have difficulty in school, abuse drugs and alcohol, suffer from depression or other mental health issues and engage in violent behaviors as adults (4). In adulthood, exposure to violence can also lead to poor health outcomes.

In 2019, the index crime rate was 1,763.2 per 100,000 population in Genesee County (12). Index crime rate includes the violent crimes of murder, rape, robbery, aggravated assault and the property crimes of burglary, larceny and motor vehicle theft (17). The violent crime rate was 234.7 per 100,000 population in 2019, which includes the crimes of murder, rape, robbery, and aggravated assault (12). From 2017-2019, the age adjusted homicide mortality rate per 100,000 population was 3.2 in Genesee County, compared to 3.1 in New York State (12).

There are also disparities in which populations affected and exposed to crime and violence. For example, low-income neighborhoods are more likely than high-income neighborhoods to be affected by crime and property crime (10). Additionally, homicide rates are consistently higher for young, black adolescents compared to young, white adolescents (4).

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) and trauma can have a significant and lasting impact on health, behavior, mental health outcomes and life potential. ACEs are potentially traumatic events that occur in childhood (0-17 years). Examples include experiencing violence, abuse or neglect, witnessing violence in the home or community, having a family member attempt or die by suicide (16). According to the Centers for Disease Control and Prevention (CDC) Vital Signs Report, 1 in 6 adults experienced four or more types of ACEs and females and racial/ethnic minority groups were at an even greater risk of experiencing 4 or more ACEs (17). In this same report, the CDC indicates that preventing ACEs could reduce the number of adults with depression by as much as 44% (17).

Based on the Community Health Assessment survey results for Genesee County, of the respondents who were included in the ACEs analysis, those who reported at least one ACE were 2.95 times more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACE's (18). More specifically, those with 1-3 ACEs were 2.31 times more likely and those with 4 or more ACE's were 5.30 times

more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs (18).

Of the Community Health Assessment survey respondents for Genesee County, those who reported at least one ACE were 3.38 times more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs (18). More specifically, those with 1-3 ACEs were 2.53 times more likely and those with 4 or more ACEs were 6.47 times more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs (18).

The CDC identifies multiple strategies to help prevent ACEs such as strengthening economic supports to families, promoting social norms that protect against violence and adversity, connecting youth to caring adults and activities, ensuring a strong start for children through early childhood education programs and preschool enrichment programs (16).

Civic Participation

Civic Participation includes activities that are formal and informal such as voting, volunteering, membership in community/group associations, and community gardening. These examples of civic participation can affect the health of an individual by helping someone develop a sense of purpose, decrease their social isolation, expand their social networks, increase physical activity (through community gardening) and improve mental health (4). Participating in the electoral process can be a good indication of civic participation. As of February 2022, Genesee County has 2,609 residents who are considered as “inactive” voters (19).

Discrimination

Discrimination is a “socially structured action that is unfair or unjustified and harms individuals and groups” (4). There are two overarching types of discrimination including “structural discrimination (e.g. residential segregation, disparities in access to quality education, and disparities in incarceration) and individual discrimination (e.g. discrimination based on race, gender, sexuality, gender identity, disability and age)” (4).

Residential segregation is a form of structural discrimination in the housing market that remains prevalent and may impact the personal and community well-being of residents. Residential segregation is considered a fundamental cause of health disparities and has been linked to poorer health outcomes including higher levels of overall mortality, premature mortality and infant mortality as well as a variety of reproductive, infections, and chronic diseases (9). The *2022 County Health Rankings & Roadmaps* includes a measure for residential segregation- black/white, which uses the 2016-2020 *American Community Survey*. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can represent the percentage of either Black or white residents that would have to move to a different geographic area to produce a distribution that matches that of the larger area (9).

Genesee County has a residential segregation- black/white index score of 64. For residential segregation- non-white/white, Genesee County has an index score of 39 (9).

Land Use, Zoning and Policy

Genesee 2050 Comprehensive Plan

In 1997, Genesee County officially adopted a Comprehensive Plan that was prepared in coordination with community and local government stakeholders (20). The plan was recently updated to reach its 2050 goals and includes planning goals, objectives, policies and programs on the following priority areas (20):

- Land Use, Environment & Place Making
- Agriculture and Food Production
- Arts, Culture, Parks & Recreation
- Housing Opportunities
- Transportation & Mobility
- Technology & Utilities
- Community Wellness
- Economic & Workforce Development
- Safety, Security, and Justice
- Education and Government Administration

To assure that there is sustainable growth in Genesee County, the county developed the Smart Growth Plan, which is a “mitigating action of potential significant environmental impacts of the Genesee County Water Supply Project upon the viability of agriculture in Genesee County” (21). The plan is intended to encourage the revitalization of villages, hamlet areas and protect valuable agriculture resources. Phase 1 of the County Water Supply project has been completed and Phase 2 is ongoing. According to the *Genesee 2050 Comprehensive Plan Scenarios Overview*, there is the potential for thousands of new jobs to locate in the STAMP technology park in Genesee County (20). As a result, local land use policies could have a significant impact on the quality of life and economic wellbeing of county residents as well as business owners if Smart Growth Boundaries are utilized (20).

Green Genesee/Smart Genesee

Genesee County is in the resiliency planning phase of the Green Genesee/Smart Genesee sustainable land use planning project (22). The purpose of the plan is to increase the resiliency of Genesee County by preparing current and future generations, to recover, adjust and thrive in a changing world (22). The plan outlines current and future climate trends and impacts as well as identifies assets, risks, vulnerabilities and opportunities for Genesee County (22).

Genesee County Agriculture and Farmland Protection Plan

Genesee County is ranked 4th in total value of agriculture products sold in New York State (23). Since agriculture is such a critical component of the economy, the Genesee County Agriculture and Farmland Protection Plan provides a full assessment of the County's agriculture economy, identifies strategies to support agriculture and prioritizes the protection of agriculture farmland (23). Four goals for agriculture were established in the plan and they include (23):

- Retain prime farmlands for agriculture use
- Reinforce the economics of farming
- Provide the infrastructure for a successful agriculture economy
- Educate and engage the consumer

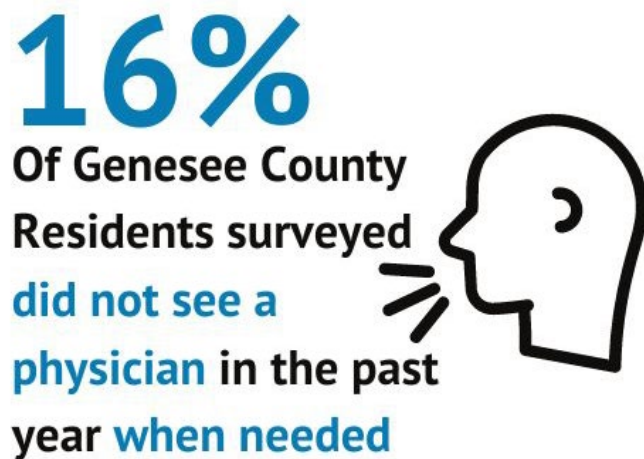
Access to Care

Access to healthcare services is essential and key to achieving better health outcomes, promoting good health and preventing disease. Access to health care is defined as “the timely use of personal health services to achieve the best possible health outcomes” (4). However, there are many gaps and barriers to accessing care including inadequate health

insurance coverage, lack of health insurance, having a primary care physician, access to transportation, limited health care resources, and language barriers.

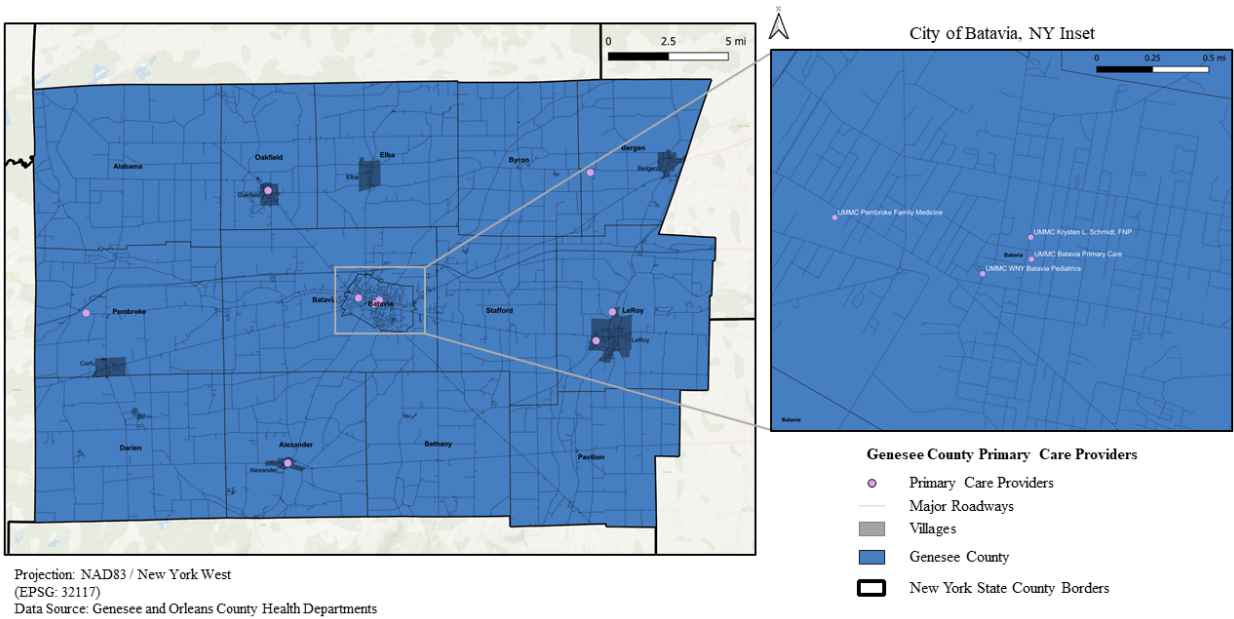
Gaps in Access to Care

In Genesee County, there are gaps in access, quality and affordable health care. Genesee County is a rural county with a shortage of healthcare workers and access to services. The ratio of the population to primary care physicians is 3,580:1, while the ratio of dentists is 2,850:1 and 610:1 for mental health providers (9).



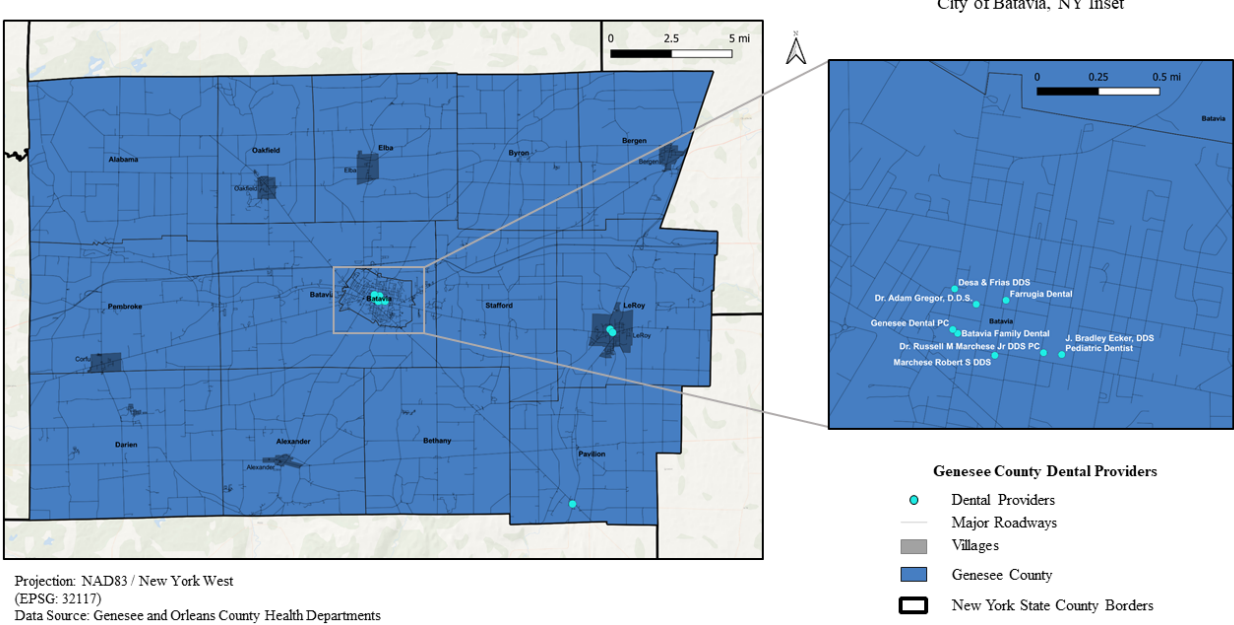
Genesee County Health Indicator Report, 2021 (12)

Figure 9. Primary Care Providers in Genesee County, NY



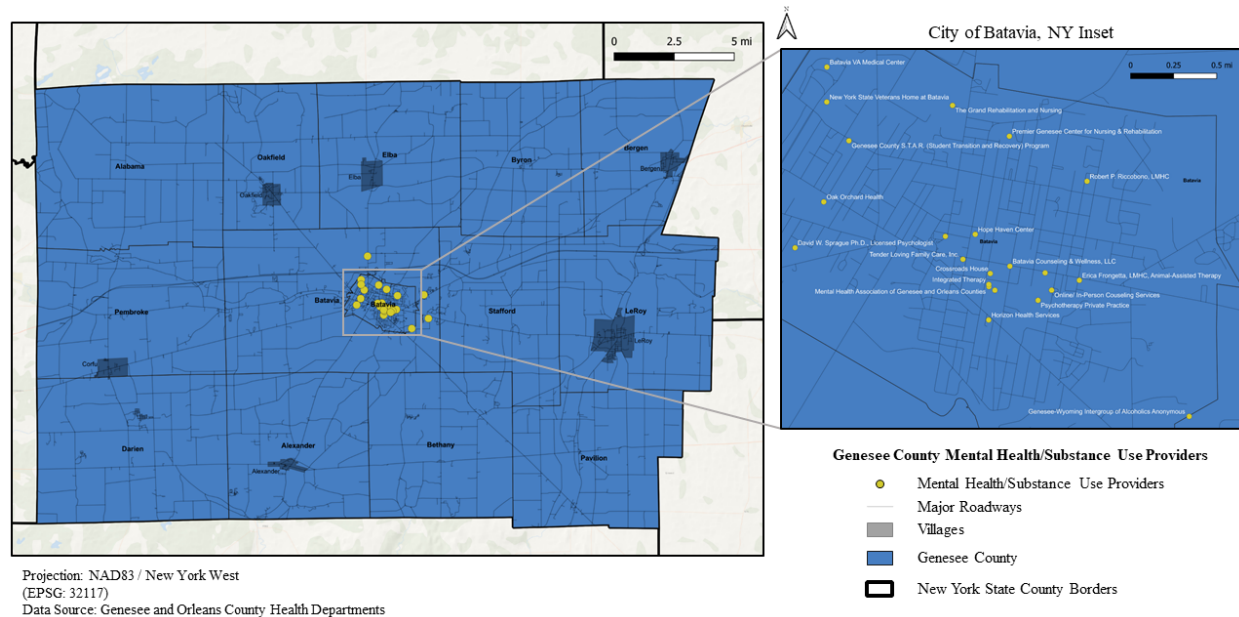
As demonstrated in Figure 9, lack of primary care providers and the geographical accessibility for primary care providers exists for some parts of the county. This is a deterrent to accessing health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel throughout the county or out of the county for doctor’s appointments.

Figure 10. Dental Providers in Genesee County, NY



As demonstrated in Figure 10 and 11, lack of geographical accessibility for dental providers, mental health and substance use providers exists in Genesee County, which is a deterrent to accessing health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel from the rural areas of Genesee County into the City of Batavia or out of the county for doctor's appointments.

Figure 11. Mental Health & Substance Use Providers in Genesee County, NY



Barriers to Access to Care

There are many barriers identified by residents of Genesee County for receiving health care services including lack of providers, insurance coverage, fear of judgement, transportation, cost, lack of awareness of services, and limited availability of services. Of Genesee County residents that completed the GOW Community Health Assessment Survey, approximately 83% of residents indicated that they did not seek medical care in the past year when they needed it (18). As seen in Table 8, of the residents that indicated that they did not seek medical care in the past year when they needed it, 29% indicated that cost was the main reason and even with insurance, it was too expensive. Twenty-seven percent of residents indicated that they could not get an appointment for a long time and 22% indicated that the office was not open when they could get there (2518).

Table 8: Five most common reasons why residents did not seek medical care when they needed it within the last year, Genesee County, 2022 (18)	
Cost- even with insurance, it was too expensive	29%
I could not get an appointment for a long time	27%
Hours – they were not open when I could get there	22%
Reasons related to COVID-19	18%
I could not get time off of work	18%

Additionally, the GOW Community Health Assessment Survey asked residents to indicate the reasons why they did not seek mental/behavioral health care in the past year. Approximately 34.5% of residents surveyed indicated that cost was a top reason, while 21.5% indicated that fear of judgement/stigma was a reason (18). Twenty-six percent of respondents indicated that they were unable to find a local provider, while 17% indicated that they could not get an appointment for a long time (18).

As seen in Appendix J, Community Conversations in Genesee County reached 108 residents through eight conversations that were facilitated at Office for the Aging,

**Top reasons Genesee County
Residents surveyed **did not seek**
mental health care in 2021**

COST: 34.5%

STIGMA: 21.5%

PHYSICIAN

SHORTAGE: 25.8%

GOW Community Health Survey Analysis Report, 2022 (18)



Genesee/Orleans Council on Alcoholism and Substance Abuse (GCASA), Batavia City School District, Genesee Valley BOCES, Arc GLOW, and United Memorial Medical Center. Common themes mentioned were access to own transportation; access to public transportation; limited numbers of local mental health providers, dentists and/or physicians; cost; some local doctors do not accept Medicaid; lack of access to physicians for migrant families; language barriers; and having to travel to Buffalo and/or Rochester for specialty care.

Health Insurance

Insurance coverage is one of the largest factors affecting health care access. As seen in Table 9 and the 2020 U.S. Census Bureau American Community Survey, 96.8% of Genesee County residents are insured, while 3.2% are uninsured (3). The largest age group that is uninsured is 19-64 year olds, with being 4.76% uninsured (3).

Table 9: Health Insurance Coverage, Genesee County, 2020 (3)				
Health Insurance Coverage	Percent of All County Residents (%)	Percent of residents under 19 Years Old (%)	Percent of Residents Years Old 19-64 (%)	Percent of Residents 65+ Years Old (%)
Insured	96.8 (± 0.6)	98.61%	95.24%	100.00%
Uninsured	3.2 (± 0.6)	1.39%	4.76%	0.00%

Health Care Utilization

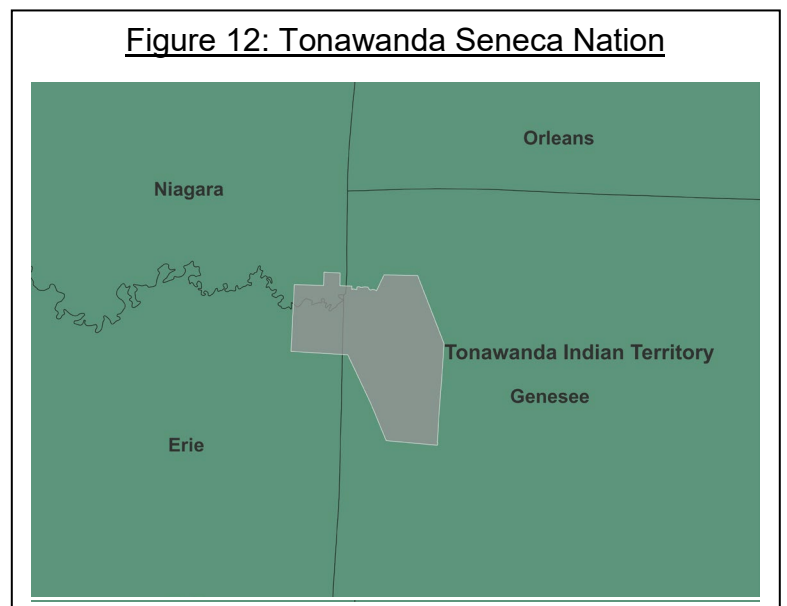
According to the GOW Community Health Assessment Survey Report, approximately 40% Genesee County residents who completed the survey see their primary care provider several times per year. Thirty-seven percent see their primary care for a yearly check-up while 19% see their primary care provider only when they are sick (18).

Emergency rooms and/or urgent care facilities are often utilized for non-emergency situations. This can result in unnecessary testing, treatment and can be very costly. According to the New York State Community Health Indicator Reports (CHIRS), Genesee County had an age-adjusted rate of total emergency departments visits of 4,062.2 per 10,000 population from 2017-2019, which is just below the New York State rate of 4,069.8 per 10,000 population (12).

Special Populations: Tonawanda Seneca Nation & Migrant and Seasonal Farmworkers

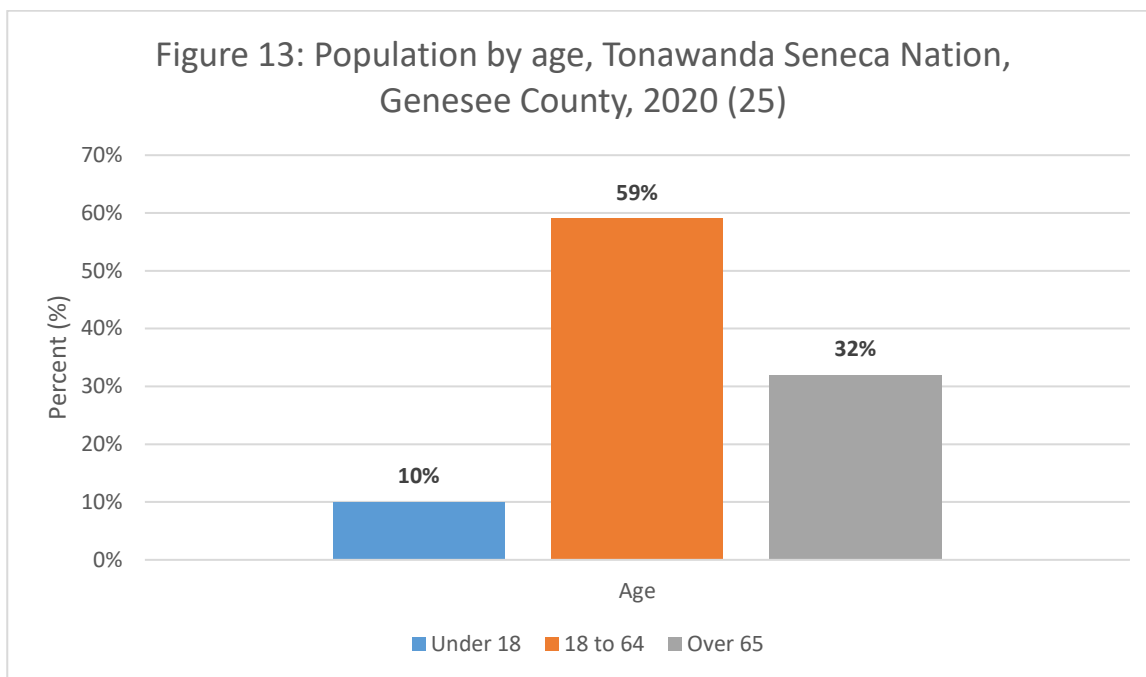
Tonawanda Seneca Nation

Genesee County sits on the land of the Seneca Nation, and the majority of the Tonawanda Seneca Nation lies within Genesee County, with small portions of the reservation located in Erie and Niagara counties (47). The Tonawanda Seneca Nation is federally recognized and inhabited by the Tonawanda Band of Senecas (24). Seneca or Onondowahgah means “People of the Great Hill” (24). The Senecas are also known as “Keeper of the Western Door” since they are the westernmost nation in the Haudenosaunee territory, who were traditionally responsible for defending the western boundaries of this territory



(24).

The reservation is comprised of 5,759 acres and the Tonawanda Creek flows through the reservation to the Niagara River (24). According to the 2020 Census, the population was 361 with a median age of 59 (25). Sixty one percent of the population is male. As seen in Figure 13, approximately 60% of the population is between the ages of 18-64, while 10% of the population is below the age of 18 and 32% is above 65 years of age (25).



The median household income on the Tonawanda Seneca Nation is \$35,521, which is about three-fifths of the amount for all of Genesee County at \$60,635 (25). Approximately 21.1% of the population falls below the poverty line, which is about double the rate in Genesee County (25). Approximately 91.6% of reservation residents have earned a high school degree or higher, which is around the same rate of Genesee County. Twelve percent have earned a bachelor's degree or higher, which is significantly lower than the Genesee County rate of 21.9% (25). Approximately 14% of the reservation population are Veterans, which is 1.5 times the amount of Veterans in all of Genesee County (25).

According to Indian Health Services, The Federal Health Program for American Indians and Alaska Natives, American Indians and Alaska Native population have long experienced lower health status when compared to other Americans (26). They experience lower life expectancy and have a higher disproportionate disease burden

than their fellow Americans (26). This is likely attributed to generational trauma, distrust in authority figure, inadequate education, poverty, the discrimination in health service delivery and cultural differences (26). The leading causes of death for American Indians and Alaska Natives are diseases of the heart, malignant neoplasms, unintentional injuries, and diabetes. The life expectancy of American Indians and Alaska Natives that are born today (73.0) is 5.5 years less than all other U.S. races (78.5). Additionally, American Indians and Alaska Natives die at a higher rate than other Americans from chronic liver disease and cirrhosis, unintentional injuries, assault/homicide, intentional self-harm/suicide, diabetes mellitus and chronic lower respiratory disease (26).

Migrant and Seasonal Farmworkers (MSW)

The soils in Genesee County are well suited for a wide variety of farm uses. According to the Genesee County Agriculture and Farmland Protection Plan, the most prominent type of land cover in Genesee County is agricultural (23). Cropland and/or pastures make up approximately 57% of the county and 88% of the acreage is classified as productive farmlands (23). The crops that make up the majority of the farmland by acreage in Genesee County are corn for grain and silage, soybeans, winter wheat and dry alfalfa hay (23).

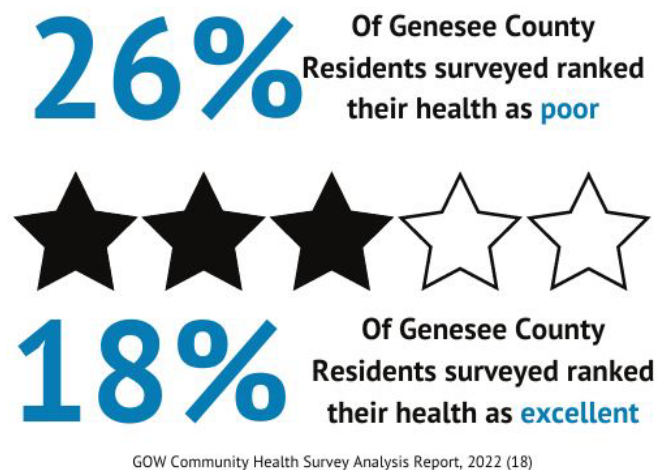
The MSW population is the main agricultural workforce, providing the necessary labor for planting, field maintenance and harvesting of seasonal crops. According to Oak Orchard Health, it was estimated that 1,403 MSW resided in Genesee County in 2017. Though this number is very difficult to confirm because the MSW population is very mobile, so it is hard to get a true estimate. Migrant and seasonal farm workers and their families face many unique health challenges, which result in significant health disparities such as hazardous work environment, inadequate or unsafe housing, fear of using healthcare due to immigration status, and lack of insurance (27). Historically, this population has received inadequate health care because of their transient nature, poverty, and other barriers to access such as language, culture, transportation and county borders. As a result of these disparities, MSW and their families experience series health problems including diabetes, malnutrition, depression, substance use, infectious diseases, and injuries from work-related machinery (27).

To help bridge this gap, continued funding is requested from the New York State Department of Health to enhance and maintain ongoing service coordination between the Genesee County Health Department, Orleans County Health Department, Oak Orchard Health (OOH), the Genesee & Orleans Council on Alcohol and Substance Abuse (GCASA) and other partnering agencies to provide the Genesee-Orleans (GO) Migrant and Seasonal Worker Program. The GO MSW Program and partners provide a variety of health services to MSW population.

Health Status: Distribution of Disease and Illness

The following sections provide a comprehensive overview of the current health status of residents in Genesee County. This section is broken down into the following topic areas, based on the New York State Prevention Agenda framework (28):

- Improve Health Status and Reduce Health Disparities
- 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
- Prevent Communicable Diseases



Improve Health Status and Reduce Health Disparities

This section explores the **overall health status** of Genesee County while highlighting **disparities in mortality and morbidity**. Healthy People 2030 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage” (4).

Premature Mortality

A premature death is a death that occurs before the average age of death in a certain population. In Genesee County, 18.3% of deaths occur before the age of 65 years, which is slightly lower than the New York State percentage of 22.7% (29).

There are substantial disparities in premature death rates by race and ethnicity. The difference in premature death percentages between Black non-Hispanics and White non-Hispanics premature death rate is 7.4% (29). The difference in premature death percentages between Hispanics and White non-Hispanics is 57.4% compared to the

New York State percentage of 16.4 and the New York State Prevention Agenda 2024 objective of 16.2% (29). The disparity in these health indicators could be a result of inequalities in social determinants of health such as access to quality health care, income and wealth, education and employment.

Preventable Hospitalizations

The potentially preventable hospitalization rate among adults in Genesee County is 112.3 per 10,000, compared to 125.9 per 10,000 in New York State (29).

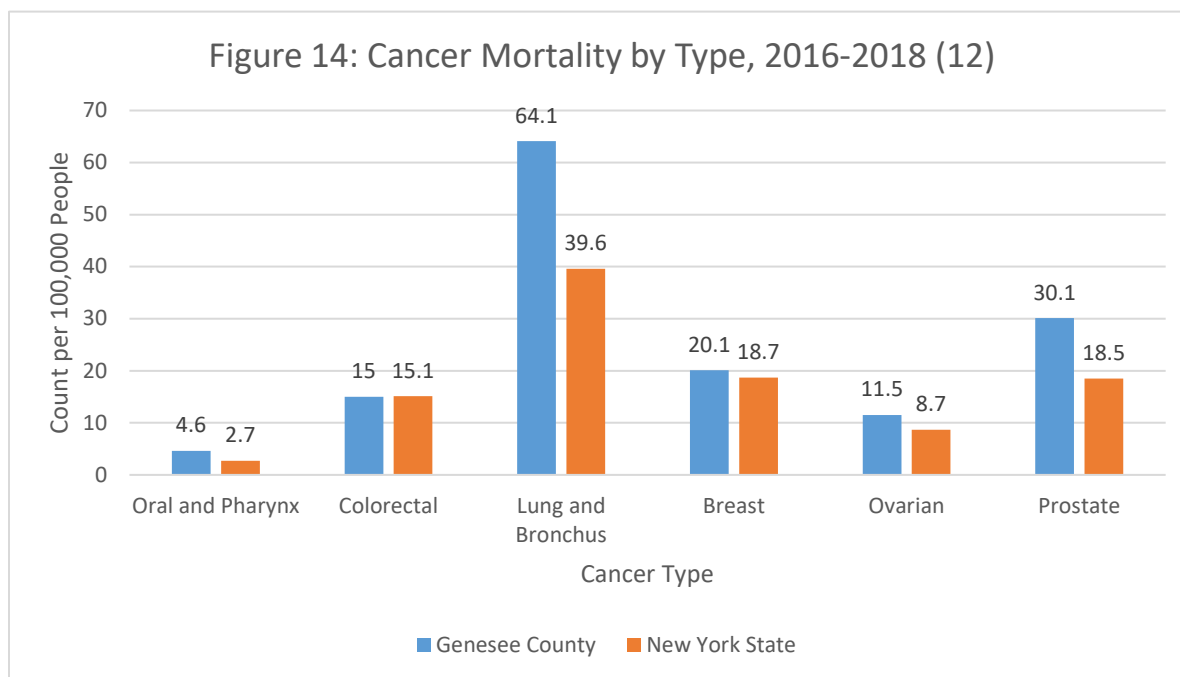
There are substantial disparities in potentially preventable hospitalizations by race and ethnicity. The difference in potentially preventable hospitalizations among adults between Black non-Hispanics and White non-Hispanics is 166.9 per 10,000 in Genesee County compared to 115.8 per 10,000 in New York State and the Prevention Agenda 2024 goal of 94.0 per 10,000 (29). The difference in potentially preventable hospitalizations among adults between Hispanics and White non-Hispanics is 22.3 per 10,000 in Genesee County compared to 34.6 per 10,000 in New York State and the Prevention Agenda goal of 23.9 per 10,000 (29). The disparity in these health indicators could be a result of inequalities in social determinants of health such as access to quality health care, income and wealth, education and employment.

Prevent Chronic Diseases

Chronic diseases are conditions that patients live with for longer than three months, and can take a large toll on the physical, mental, social, and financial health of individuals. Screening and regularly seeing a primary care provider are important ways to stay on top of your health and prevent chronic diseases. Examples of chronic diseases include **cancer, obesity, diabetes, cardiovascular disease**, and more. Each of these diseases impacts the daily functioning of community members, and preventing them improves the health of the population.

Cancer

Cancer is a prevalent condition categorized by uncontrolled cell growth within the body, and is one of the leading causes of death in both New York State, and the United States as a whole. In Genesee County, there was a cancer incidence of 699.4 cases per 100,000 people, which is higher than the incidence of cancer in New York State, with 587.7 cases per 100,000 people. Genesee County also experiences a higher rate of cancer mortality than New York State at 233.7 deaths per 100,000 people compared to 175.5 deaths per 100,000 people in the state (12).



Colon and rectum cancer in Genesee County have an incidence of 52.5 cases per 100,000 people, and New York State experiences the same cancer at an incidence of 45.7 cases per 100,000 people (12). Secondary treatment to prevent manifestation and development of colon cancer is available and recommended to adults aged 50-64 years. In Genesee County, 72.6% of this population maintains regular screening, faring better than New York State, with 65.4% of the population reporting routine screening (12). New York State aims to improve colorectal cancer screenings to 80% of adults within the ages of 50-75 years (28).

Genesee County reports a lung and bronchus cancer incidence of 103.9 cases per 100,000 people, and New York State reports an incidence of 72.6 cases per 100,000 people. The biggest risk factor for development of lung cancer is smoking (30), and

Community health concerns of Genesee County Residents surveyed:

- Overweight/obesity
- Substance use
- Access to mental health services
- Access to health care services
- Chronic Disease

20.5% of Genesee County residents and 12.8% of New York State residents report current cigarette smoking (12). The second leading cause of lung cancer among non-smokers is radon exposure. Radon is a naturally occurring, colorless, odorless, and tasteless radioactive gas that can be found in homes (31). In Genesee County, there is an average of 7.56 Pico curies/liter (pCi/L) of radon in basements and 4.19 Pico curies/liter (pCi/L) of radon measured on the first floor

of homes (33). High amounts of radon are indicated by more than 4pCi/L, though no level of radon is safe to health (33).

Female residents of Genesee County experience a breast cancer rate of 194.1 per 100,000 people and an ovarian cancer rate of 13.8 per 100,000 people, while New York State reports a breast cancer rate of 164.6 and an ovarian cancer rate of 14.2 (12). Male residents of Genesee County experience a prostate cancer rate of 169.3, and New York State reports an incidence rate of 158.7 (12).

Diseases of the Heart

Cardiovascular disease (CVD) and other diseases of the heart are the leading cause of death in the United States. CVD is an umbrella term describing all diseases of the heart. Common diseases of the heart include coronary heart disease (CHD), characterized by a buildup of fatty material such as cholesterol blocking arteries, congestive heart failure (CHF), which occurs when the heart cannot pump as effectively as it should (34), and hypertension, characterized by an average blood pressure above 140/99 mmHg (35). A primary care physician can screen for all of these conditions.

Important ways to prevent onset of heart disease is to maintain a healthy diet, partake in regular physical activity, and routinely check cholesterol levels. Cholesterol can build up on the walls of arteries, making it more difficult to pump blood to the body (36). 82.7% of Genesee County Residents report routinely checking cholesterol, compared to New York State's level of 83.4% of residents opting into cholesterol screening (12). Genesee County experiences a cardiovascular disease mortality rate of 332.1 per 100,000 people, while New York State experiences CVD mortality at a lower rate of 278.3 deaths per 100,000 people (12). In 2018, a total of 11.1% of adults in Genesee County and 7% of adults in New York State have been diagnosed with CVD (12). Coronary heart disease (CHD) is also a major contributor to deaths due to diseases of the heart. There were 173.0 deaths due to chronic heart disease in Genesee County, and New York State similarly reports 173.4. Congestive heart failure (CHF) in Genesee County is also higher than that of New York State, at a rate of 35.3 deaths per 100,000 people compared to 15.1 deaths per 100,000 people in the state as a whole (12).

In Genesee County, mortality related to other diseases of the heart has a rate of 262.1 per 100,000 people compared to New York State, reporting 224.0 deaths per 100,000 people (12). 81% of adults in Genesee County are receiving tertiary care, or taking medications, to manage their hypertension, while 76.9% of adults in New York State report the same (29).

Genesee County also experiences a heart attack mortality rate of 55.0 deaths per 100,000 people compared to New York State's rate at 30.0 deaths per 100,000 people. Stroke mortality rate in Genesee County is 30.3 deaths per 100,000 people, and New York State experiences a rate of 24.1 deaths due to stroke per 100,000 people (12).

Obesity and Diabetes

12.7% of Genesee County residents have been diagnosed with diabetes, while 10% of New York State residents report the same (12). In Genesee County, 54% of adults aged 45 years old or older report having a diabetes test by a medical professional within the last three years, faring worse than New York State, who reports 63.8% (29). Regular diabetes testing is important to catch disease and begin treatments early to improve health outcomes.

A common risk factor for the development of diabetes mellitus is obesity. Obesity is a chronic condition characterized by having a body mass index (BMI) of greater than 30 (37). 19% of students in elementary, middle, or high school in Genesee County have obesity, compared to 17.3% of students in the same age group in New York State. 29.1% of adults in Genesee County and 27.9% of adults in New York State also report having obesity (12).

Liver and Kidney Disease

Conditions of the liver and kidney also affect the lives of many residents of Genesee County and New York State. Genesee County reports a chronic kidney disease (CKD) hospitalization rate of 194.5 per 10,000 people, and New York State reports 153.6 hospitalizations due to CKD per 10,000 people (12).

Cirrhosis is a chronic liver disease classified by scaring and inflammation, typically due to excessive drinking or hepatitis (38). Genesee County reports 9.3 deaths per 100,000 population (12).

Lung Disease

Genesee County reports 71.2 deaths per 100,000 people due to chronic lower respiratory infections, and New York State reports a lower rate of 36.7 deaths per 100,000 people (12). Chronic lower respiratory infections include bronchitis, asthma, and emphysema (39). There are currently 15.8% of adults in Genesee County and 10.1% of adults in New York State living with asthma, and in Genesee County, there were 3.5 hospitalizations per 10,000 people due to asthma. This rate is much lower than that of New York State, who reported 10.3 hospitalizations per 10,000 people due to asthma (12).

Promote a Healthy and Safe Environment

Living in a safe and healthy environment is essential for community members to have the best health and well-being possible. Promoting this environment means reducing the amount of **particulate matter** and **toxins** in the air, monitoring **blood lead levels**, promoting **safety** and **proper medical care for injury**, and providing a **safe work environment** for all.

Blood Lead Levels

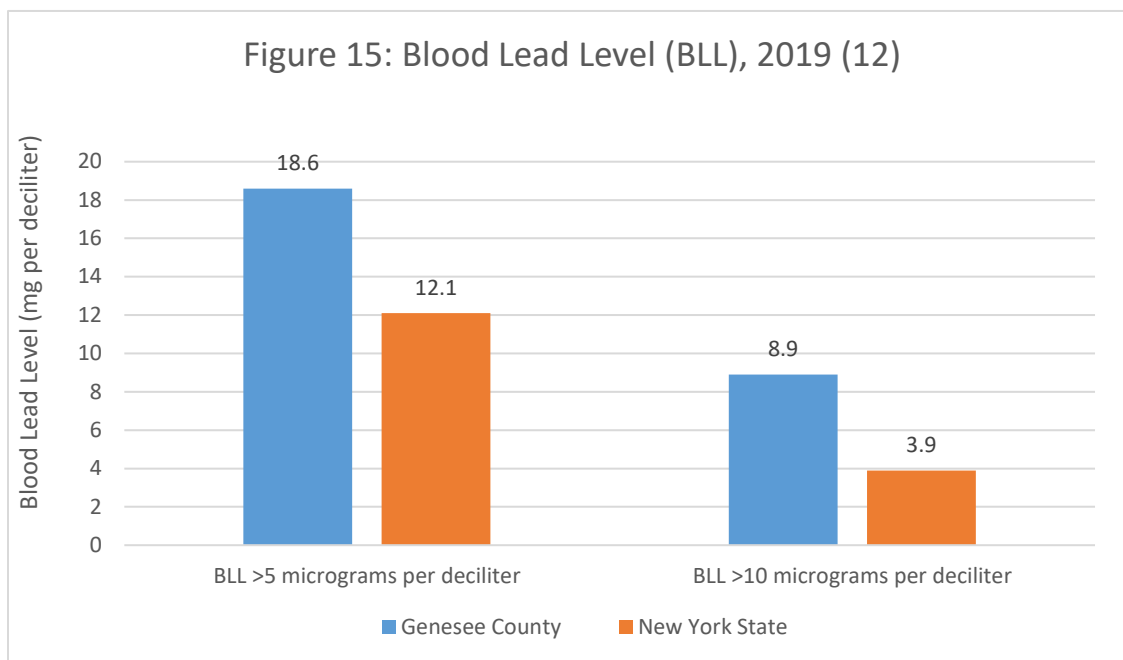
The best way to determine lead exposure, especially among children, is to test blood. New York State mandates that doctors test all children for lead exposure twice—once at one year old and once at two years old. A blood lead level of 5 micrograms per deciliter or greater requires further testing and monitoring to avoid adverse health outcomes (40).

Exposure to lead can occur by living in a house with lead pipes or paint, lead-contaminated soil, or even consumer products such as toys, glazed pottery, inexpensive jewelry, and more (41). Lead exposure in childhood can cause a myriad of health concerns, including neurological developmental delay, slowed growth, learning and behavioral problems, hearing and speech problems, and more (42). Genesee County Health Department operates a lead prevention and education program to reduce childhood exposure to lead. Refer to the assets and resources section to learn more.



**children in Genesee County were
screened twice for lead before
two years of age**

Genesee County Health Indicator Report, 2021 (12)

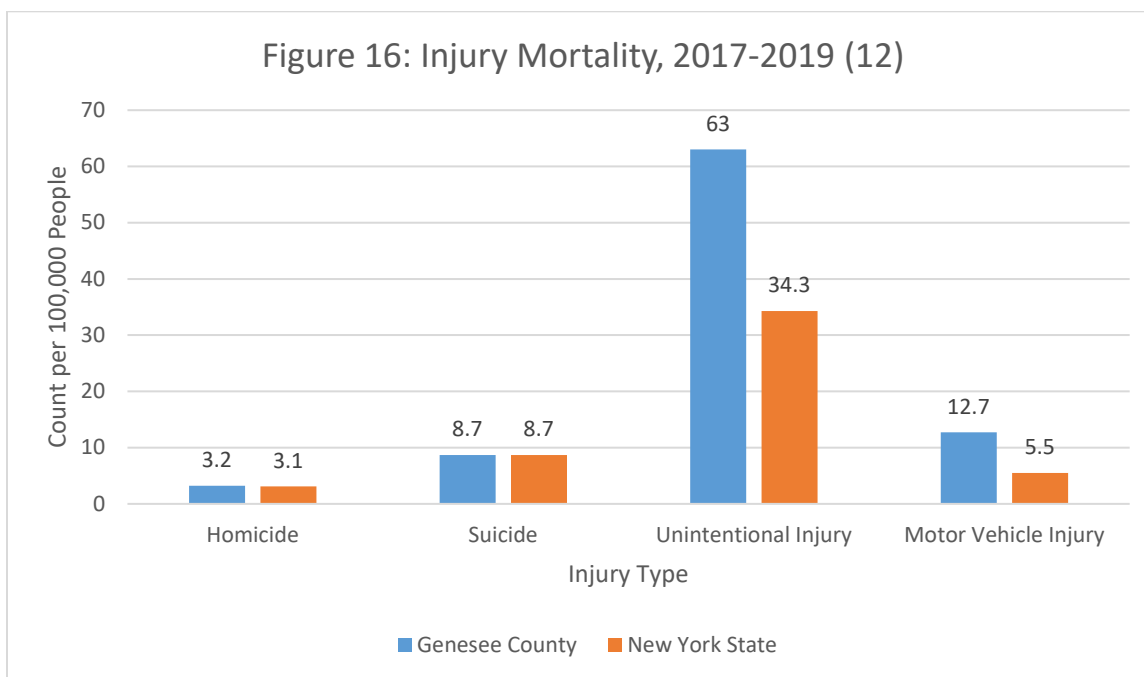


In 2019, 18.6 children per 1,000 aged under 3 years of age in Genesee County had elevated blood lead levels of 5 micrograms per deciliter or higher, faring worse than New York State with a rate of 12.1 children per 1,000 (12). Among these, 8.9 children

per 1,000 aged under 3 years of age had elevated blood lead levels of 10 micrograms or higher per deciliter, compared to 3.9 children per 1,000 in New York State (12). 61.4% of children in Genesee County had met the requirement of 2 lead screenings before two years of age, compared to 63.3% of children in New York State (12). Continued efforts in lead screening are needed to prevent lead exposure, increase the number of children screened and identify children with high blood lead levels.

Injury and Hospitalization

Genesee County experienced an age-adjusted rate of 3.2 homicide deaths per 100,000 people, compared to 3.1 deaths per 100,000 people in New York State. The suicide mortality crude rate per 100,000 for Genesee County is 8.7 at par with New York State also at 8.7 per 100,000 deaths by suicide. For unintentional injuries, Genesee County experienced an age-adjusted rate of 63 deaths per 100,000 people and 67 hospitalizations, compared to 34.4 deaths and 61.5 hospitalizations per 100,000 people in New York State. There were also 12.7 motor vehicle crash injury deaths per 100,000 people (crude rate) in Genesee County, compared to 5.5 in New York State (12).



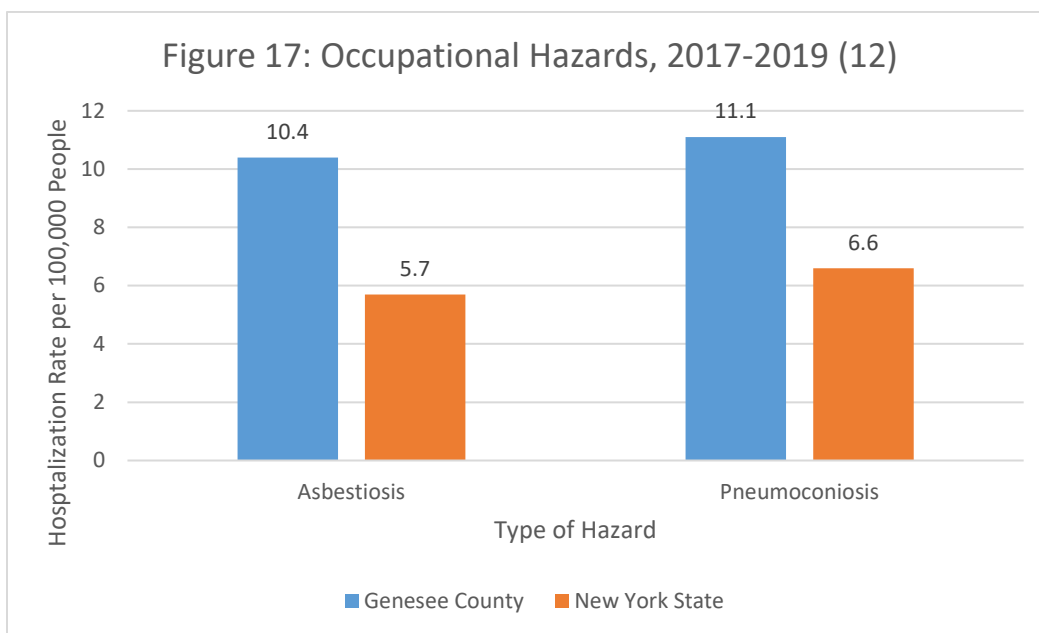
Occupational Hazards

Occupational hazards are anything that can affect one's health that occurs at the workplace. Genesee County fares worse than New York State for indicators including pneumoconiosis and asbestosis hospitalizations, work-related hospitalizations, and work-related blood lead levels.

Pneumoconiosis and asbestosis are lung diseases that manifest after asbestos exposure in the work place. Occupations most at risk for pneumoconiosis and

asbestosis onset include firefighters, construction workers, industrial workers, or any occupation that regularly handles large amounts of asbestos-containing material (43).

Figure 17 shows that there were 11.1 pneumoconiosis hospitalizations per 100,000 people aged 15 and older in Genesee County, compared to 6.6 hospitalizations per 100,000 people in New York State, and 10.4 asbestosis hospitalizations per 100,000 people in Genesee County compared to 5.7 in New York State (12).

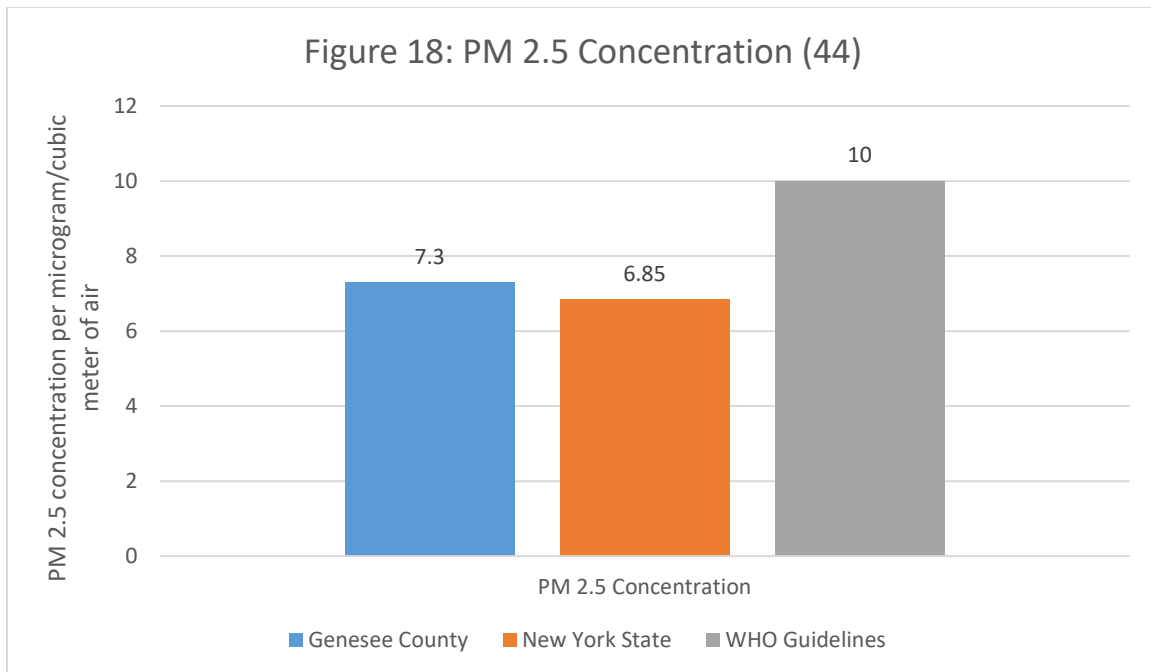


Genesee County also experiences 240.9 hospitalizations relating to work per 100,000 people, compared to 145.9 hospitalizations per 100,000 people in New York State (12).

Among employed persons aged 16 years and older, there were 27 cases per 100,000 people of elevated blood lead levels in Genesee County, compared to 16.8 cases per 100,000 people in New York State (12).

Air Quality

Air quality is worsened by several factors, including vehicle exhaust, factory emissions, aerosol pollutants, natural disasters, and more. Particulate matter (PM) concentration in the air is one way to assess the quality. A PM of 2.5 indicates that the particles in the air have a diameter of 2.5 microns, and are considered “fine particulate matter”. Since these particles are so small, they can penetrate deep into the lung and cause injury or disease, making them an adamant public health issue (44).



As seen in Figure 18, Genesee County's annual average concentration of PM 2.5 is 7.3 micrograms per cubic meter of air, which has been decreasing since 2002. New York State has an annual average concentration of 6.85 micrograms of PM 2.5 per cubic meter of air (9). The World Health Organization (WHO) suggests an annual mean concentration of PM 2.5 not to exceed 10 micrograms/cubic meter of air (45).

Promote Healthy Women, Infants, and Children

Promoting the best health for women, infants, and children promotes the best health for the future generations of our community. To do so, we must assess **premature death**, **health conditions** in childhood, **prenatal care** rates, and **natality** among all ages.

Family Planning and Natalty

In Genesee County, there were 66 pregnancies per 1,000 people ages 15-44, compared to 79.7 pregnancies per the same population in New York State. Among these, 4.2% of births in Genesee County were to teenage mothers of 15-19 years of age and 14.2% were to mothers aged over 35 years old. In New York State, 3.1% of births were to teenage mothers, and 24.5% of births were to mothers aged over 35 years old. 7.4% of births in Genesee County were preterm,

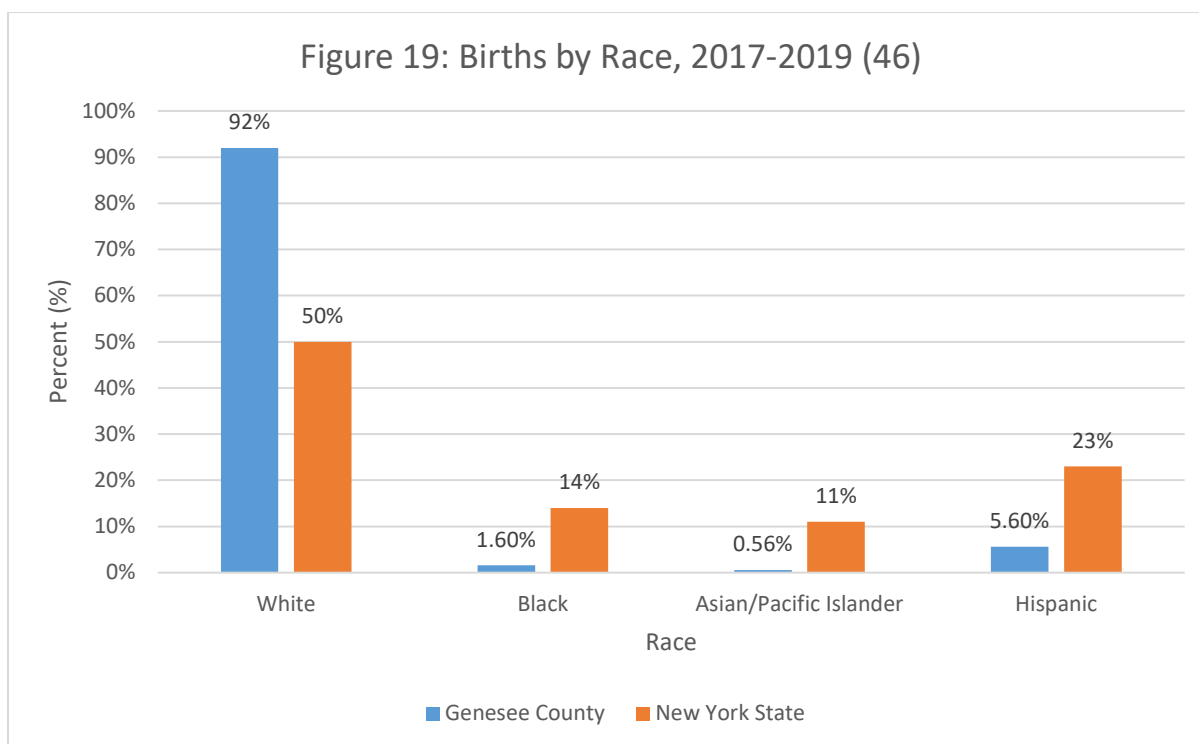
Health challenges within families of Genesee County Residents surveyed:

- **Overweight/obesity**
- **Chronic disease**
- **Aging**
- **Physical activity**
- **Access to dental care**



compared to 9.2% of births in New York State (29), and Genesee County reported 35.4% of deliveries being by cesarean section, close to New York State's reporting of 33.6% (12).

Among all the births in Genesee County, 92% (492) were to White mothers, 1.7% (9) were to Black mothers, 0.56% (3) were to Asian American or Pacific Islander mothers, and 5.6% (30) were to Hispanic mothers. In New York State, 50% (109,268) of births were to White mothers, 14.86% (32,433) were to Black mothers, 11.28% (24,633) were to Asian American or Pacific Islander mothers, and 23% (51,959) were to Hispanic mothers (46).



Prenatal and Postnatal Care

Prenatal and postnatal care is very important to the long-term health and development of infants and children. Prenatal care refers to medical care and interventions during gestation, and postnatal care refers to medical care and interventions after birth. Lack of proper prenatal care beginning in the first trimester of pregnancy, and postnatal care after delivery can lead to low birthweight, preterm labor, developmental disabilities, stunted growth, learning impairments, and more (47). Genesee County fares better than New York State on many prenatal and postnatal indicators.

In Genesee County, 82.2% of pregnancies received early prenatal care within the first trimester, compared to 76.3% of pregnancies in New York State (12). Only 4.2% of pregnancies received late prenatal care in the third trimester in Genesee County, compared to 5.4% in New York State (12). Overall, 81.8% of pregnancies in Genesee County received adequate prenatal care, where only 75.5% of pregnancies in New York

State reported the same (12). In Genesee County, 7.4% of births were considered preterm, or born before 37 weeks of gestation, compared to 9.2% of births New York State (29).

Women, Infants, and Children (WIC) is a supplemental nutrition program for low-income pregnant, postpartum, and breastfeeding women and their children. WIC offers nutrition education, referrals to healthcare providers, and provides nutritious foods to families in need (48). For women enrolled in WIC, 92.3% of those in Genesee County received early prenatal care compared to 90.7% in New York State. 37.6% of Genesee County women enrolled in WIC were obese before their pregnancy, 5.6% had gestational diabetes, and 7.2% had hypertension, compared to 26.6% of women being obese before pregnancy, 6.6% having gestational diabetes, and 7.5% having hypertension in New York State (12).

Breastfeeding after delivery is an important way for newborns to receive antibodies from the mother's immune system, which lowers risk of onset of certain chronic conditions,

Youth health concerns of Genesee County Residents surveyed:

- Bullying
- Abuse
- Illegal drug use
- Distracted driving
- Lack of physical activity



GOW Community Health Survey Analysis Report, 2022 (18)

and improves the overall health status of the infant (49). In Genesee County, 78.5% of newborns were fed breastmilk at least once after delivery in a hospital, where in New York State that rate is 88.5% (29).

Among those, 61.8% of newborns in Genesee County were *only* fed breastmilk after hospital delivery, compared to 47.1% of newborns in New York State (29).

Among mothers and newborns enrolled in WIC, 28% were breastfed for at least 6 months in Genesee County, and 41% in New York State (12).

Health Conditions

There are many health conditions that are exacerbated in childhood, including asthma, gastroenteritis, and pneumonia. In Genesee County, there were 7.4 hospitalizations due to asthma per 10,000 children aged 0-17, compared to 20.3 in New York State (12).

There were 11.1 gastroenteritis hospitalizations per 10,000 children aged 0-4 in Genesee County and 10.4 hospitalizations for gastroenteritis per 10,000 children of the same age group in New York State (12). There were also 21.1 hospitalizations due to pneumonia infection per 10,000 children aged 0-4 in Genesee County, and 25.2 in New York State as a whole (12).

It was reported that 79.5% of children in government sponsored insurance programs in Genesee County attend the recommended number of well visits, whereas only 75.2% do the same in New York State (12).

Premature Death

Genesee County fares better than New York State regarding early childhood mortality. For children aged 1 year old to 4 years old, there were 13.7 deaths per 100,000 children, compared to 17.7 deaths per 100,000 children in New York State. In Genesee County, there were 10.2 deaths per 100,000 children aged 5-9, compared to 10.3 deaths per 100,000 children in New York State (12).

The infant mortality rate, or deaths among newborns less than one year of age, in Genesee County was 7.2 per 1,000 infants, compared to 4.0 in New York State (29). The neonatal mortality rate, or deaths among newborns aged less than 28 days, was 1.8 per 1,000 births in Genesee County, compared to 2.9 per 1,000 births in New York State (12). Deaths within the first month to the first year, or the post-neonatal mortality rate, was 3.0 per 1,000 births in Genesee County compared to 1.5 deaths per 1,000 births in New York State. The perinatal death rate, or death of an infant from 20 weeks gestation until 28 days of life, was 7.7 in Genesee County compared to 9.3 in New York State. The maternal mortality rate in Genesee County was 0 deaths per 100,000 mothers, faring much better than New York State with a rate of 19.3 deaths per 100,000 mothers (12).

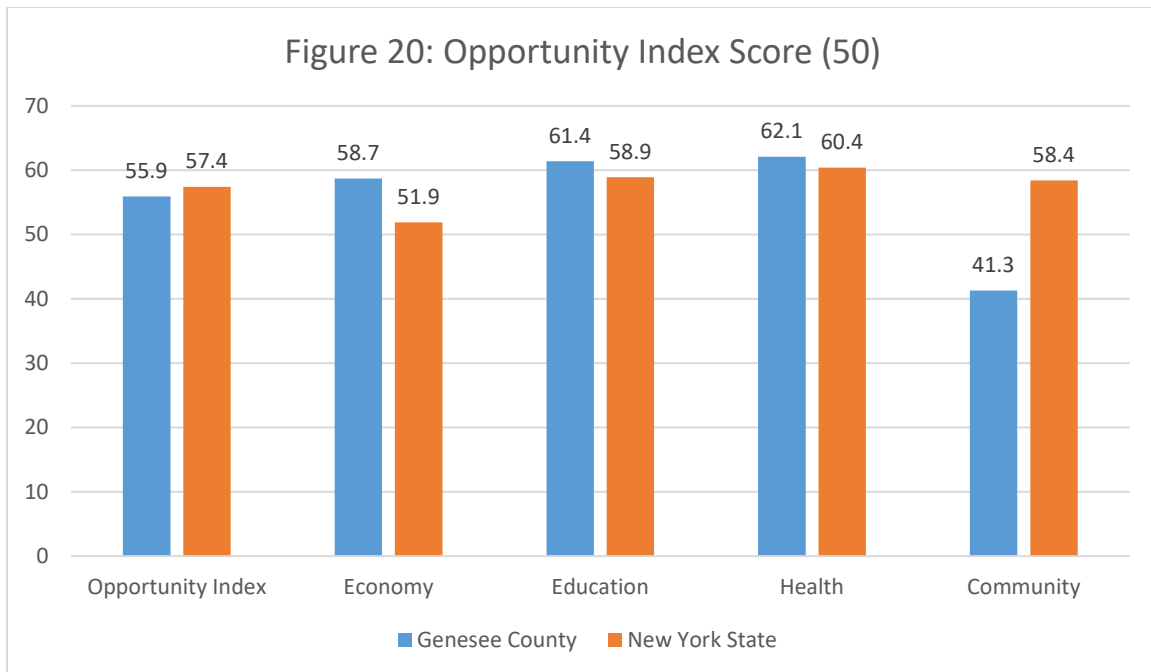
Promote Well-being and Prevent Mental and Substance Use Disorders

The definition of health includes maintaining adequate mental health, and preventing mental health and substance use disorders is one of the best ways to promote well-being in a community. Indicators relating to substance use disorders and mental health are **alcohol misuse**, **smoking**, and **suicide and overdose deaths**, and can be assessed with **opportunity index scores**.

Opportunity Index

An Opportunity Index Score ranks resources and factors that allow county citizens to have the greatest opportunities available. It is broken down into four dimensions: economy, education, health, and community (50).

In 2019, Genesee County scored a 55.9 overall for the opportunity index score, and New York State scored a 57.4. Genesee County's economy score was ranked higher than New York State, at 58.7 compared to 51.9. Genesee County also ranked higher on education and health compared to New York State, scoring 61.4 on education and 62.1 on health compared to 58.9 and 60.4 in New York State. Genesee County scored worse than New York State on community, scoring 41.3 compared to 58.4 (50).

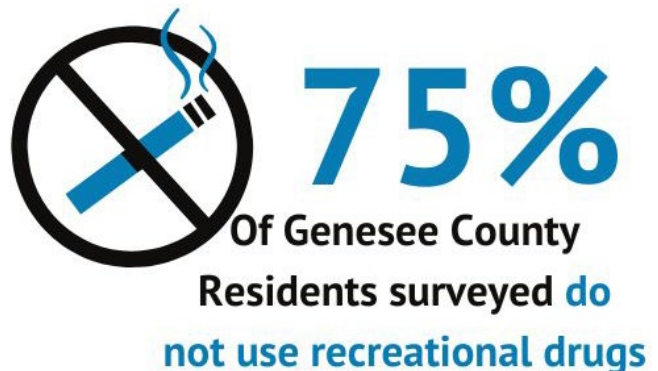


In Genesee County, there are 159 mental health providers per 100,000 people compared to New York State who has 304 mental health providers per 100,000 people (12).

Alcohol Misuse and Smoking Status

Binge drinking is identified as having an excessive amount of alcohol in a short period of time. For women, binge drinking is classified as having four or more drinks in one sitting, and for men it is classified as having five or more drinks in one sitting (51).

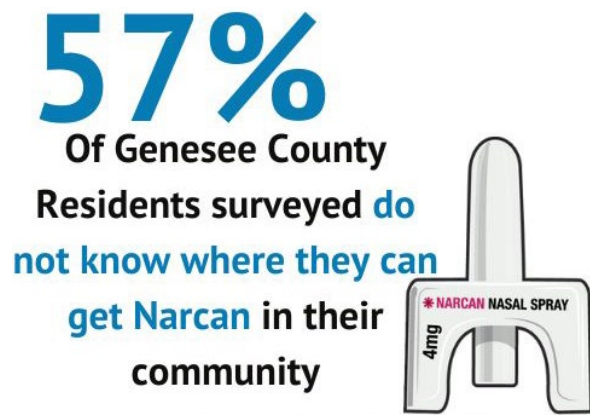
In Genesee County, 16.3% of adult residents report binge drinking within the last month, whereas 17.5% of New York State residents report the same (29). Also in Genesee County, 20.5% of residents report currently smoking cigarettes, and in New York State, the rate is much lower at 12.8% (29).



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Suicide and Overdose Deaths

In Genesee County, 9.2 per 100,000 people experienced mortality due to suicide, whereas in New York State, 8.2 per 100,000 people committed suicide (29). 23.7 per 100,000 people died by overdose in Genesee County, compared to 14.9 deaths per 100,000 people in New York State (29). 77.3 per 100,000 people in Genesee County



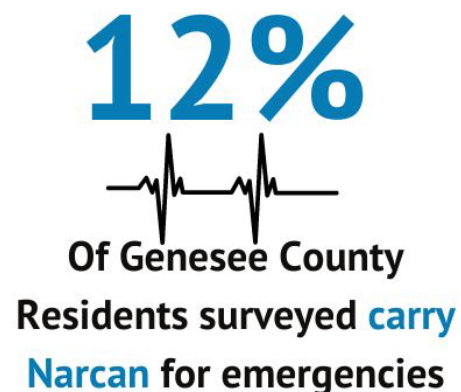
GOW Community Health Survey Analysis Report, 2022 (18)

In Genesee County, 1052.5 patients per 100,000 have received a buprenorphine naloxone prescription, a rate much higher than New York State's rate of 419.1

Narcan is another option available to reduce overdose deaths. Narcan is a nasal spray administered after an overdose to reverse the effects. In Genesee County, 57% of residents do not know where they can get Narcan in their community, and 12% of residents report carrying Narcan or having it in their homes for emergencies (18).

visited the emergency department to treat an overdose, and 53.1 per 100,000 people in New York State report the same (29).

Buprenorphine Naloxone is a prescribed over-the-counter medication-assisted treatment for opioid use disorder. It works to diminish the feeling of physical dependency to opioids, decreases risk of overdose, and lowers abuse rates for opioid drugs (51).



GOW Community Health Survey Analysis Report, 2022 (18)

Prevention of Communicable Diseases

Preventing the spread of communicable diseases is essential to maintain a healthy community. Many communicable diseases are assessed, including those that are **foodborne, vector borne, sexually transmitted, and vaccine preventable.**

Foodborne Diseases

Foodborne diseases such as Escherichia coli (E. coli), shigella, and salmonella can occur from eating meats or seafood that are not properly cooked, contamination of food, or poor hand hygiene when preparing or serving foods. These illnesses can cause digestive distress, nausea and vomiting, dehydration, and recovery can take from a few days to a few weeks. Monitoring foodborne illness outbreaks is important to protect the health and safety of a community, and prevent spread of communicable diseases (52).

Per 100,000 people, Genesee County reported 1.2 cases of shigella and 6.4 cases of E. coli compared to 6.3 cases of shigella and 4.1 cases of E. coli in New York State as a whole. Genesee County also reported 14.5 cases of salmonella per 100,000 people, similar to New York State, who reported 14.0 cases (12).

Vector borne Diseases

Lyme disease is an illness caused by a bacteria carried by a Deer tick. Infection of Lyme disease occurs after being bitten by a Deer tick carrying the bacteria, and causes symptoms such as a bulls-eye rash, joint pain, and weakness and fatigue. Lyme disease is most commonly found in the northeast and northwest United States, where Genesee County and New York State are located (53).

Genesee County fares better than New York State for Lyme disease incidence, reporting 15.0 cases per 100,000 people compared to 44.7 cases per 100,000 people in New York State (12).

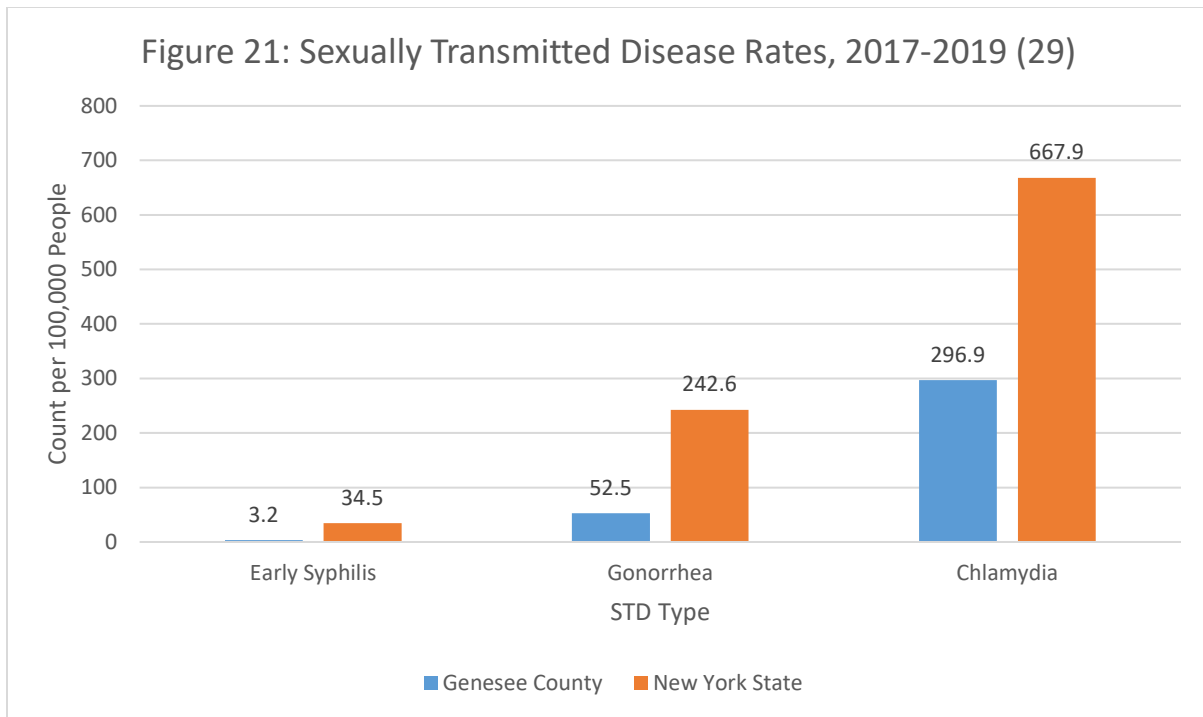
Sexually Transmitted Diseases

Genesee County fares better than New York State on almost all sexually transmitted disease (STD) incidences.

Genesee County experiences a Human Immunodeficiency Virus (HIV) incidence per 100,000 people of 2.9, compared to 13.1 in New York State. Genesee County also experiences an Acquired Immune Deficiency Syndrome (AIDS) mortality rate of 1.7, compared to 2.2 in New York State (12). There were 3.2 per 100,000 cases of syphilis that were diagnosed early in Genesee County, where 34.5 were diagnosed early in New York State (54). Early diagnosis of syphilis leads to faster treatment turnaround, reduces the chance of infertility, and reduces the risk of long-term problems associated with diagnosis (55). 1.7 cases per 100,000 people were diagnosed with secondary syphilis in Genesee County, and 10.8 cases of late syphilis compared to New York State, who reported a rate of 23.4 cases of secondary syphilis and 16.9 cases of late syphilis per 100,000 people (54).

There were 52.5 total cases of gonorrhea per 100,000 people aged 15-44 in Genesee County, compared to New York State, who reported 242.6 cases per 100,000 people of the same population (29). Among these new cases, 148.3 per 100,000 cases were among males in Genesee County, and 154.1 per 100,000 cases were among females. In New York State, 252.5 per 100,000 cases were among females, and 614.9 cases were among males (12).

There were 296.9 total cases of chlamydia per 100,000 people aged 15-44 in Genesee County, compared to 667.9 cases per 100,000 people in New York State (29). Among these cases, 460.7 out of 100,000 people aged 15-44 in Genesee County were males, and 1095.7 were females. In New York State, there were 1175.1 cases of chlamydia per 100,000 males, and 1741.1 cases per 100,000 females for the same population.



Vaccine Preventable Diseases

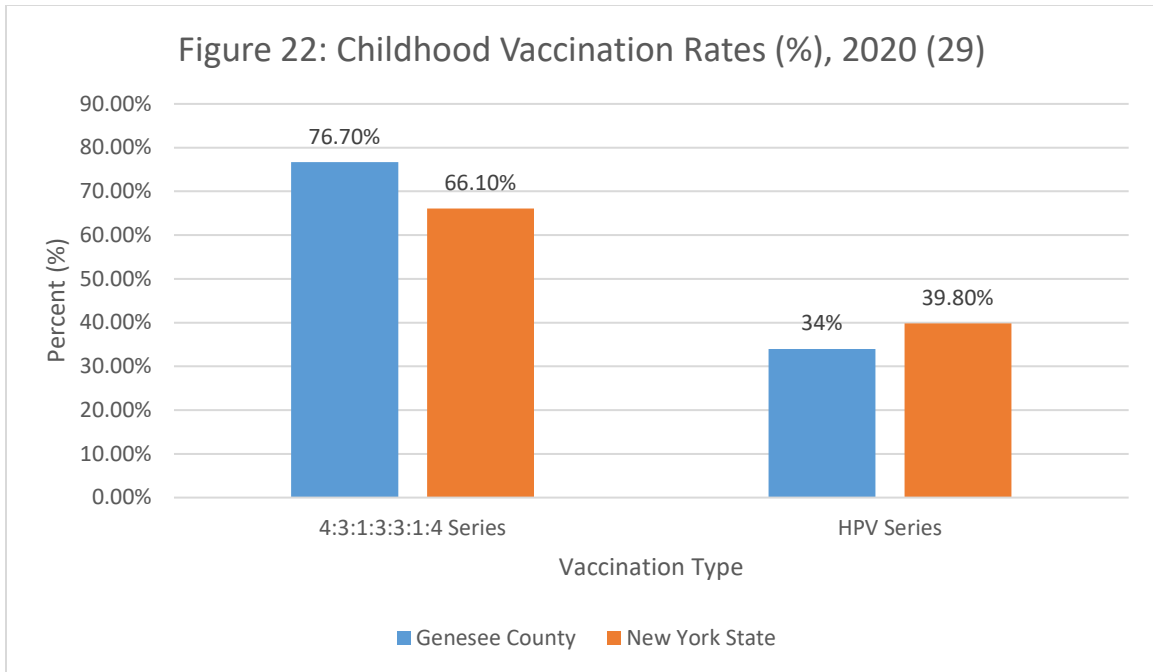
Genesee County fares similar to New York State in tuberculosis infection, experiencing 3.5 infections per 100,000 people in Genesee County and 3.9 infections per 100,000 people in New York State (12).

There were 53.2 new cases of Hepatitis C per 100,000 people in Genesee County, compared to 55.0 new cases per 100,000 people in New York State (12). There were 86.8 hospitalizations per 10,000 adults aged 65 or older due to the flu or pneumonia in Genesee County, similar to New York State's rate for the same age group of 85.5 per 10,000 people (12).

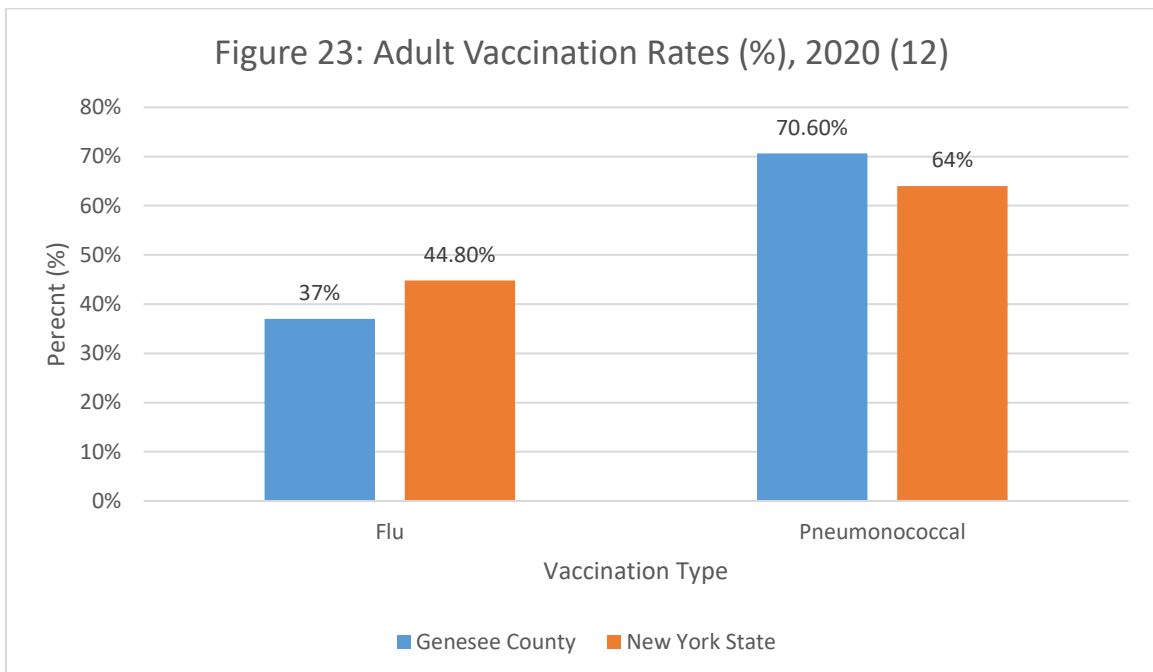
Immunization Rates

Immunizations are one of the most effective way to prevent the spread of communicable diseases by introducing natural immunity to pathogens to your body's immune system. Maintaining vaccination rates is one of the best ways to keep a community healthy.

In Genesee County, 76.7% of children are up-to-date with their necessary vaccine series, compared to 66.1% of New York State children (29). The necessary vaccinations are a part of the 4:3:1:3:3:1:4 vaccination series, and consist of four doses of Diphtheria, Tetanus and Pertussis (DTap), one dose for Measles, Mumps and Rubella (MMR), Haemophilus influenza B (Hib), three doses of hepatitis B, one dose varicella, and four doses of pneumococcal conjugate vaccines (28). Also among children, 34% of 13 year-olds in Genesee County have received the complete Human Papillomavirus (HPV) series, compared to 39.8% of 13 year-olds in New York State as a whole (29).



37% of adults aged 65 and older in Genesee County have received the flu shot compared to 44.8% in New York State, and 70.6% of adults aged 65 and older received the pneumococcal immunization, faring better than New York State with a rate of 64% of adults aged 65 and older being immunized (12).



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Orleans County Community Profile

Demographic Summary

Population

According to the 2021 Census, Orleans County's population estimate is 40,191 (1). The Village of Albion has an estimated population of 5,634 and is the county seat. In addition to the Village of Albion, Orleans County includes 10 towns and 4 villages spanning across 391.26 square miles with a population density of 103.1 persons per square mile (1).

Age

It is critical to have an understanding of a community's age-specific health needs because it may affect things such as economic growth, patterns of work and retirement, the ability of communities to provide adequate resources, and the prevalence of chronic disease and disability.

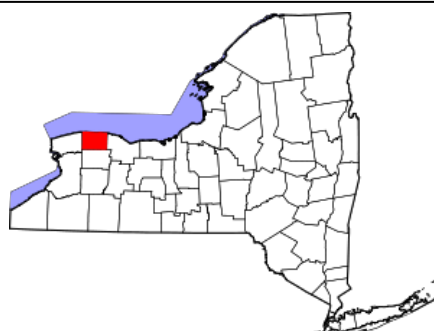
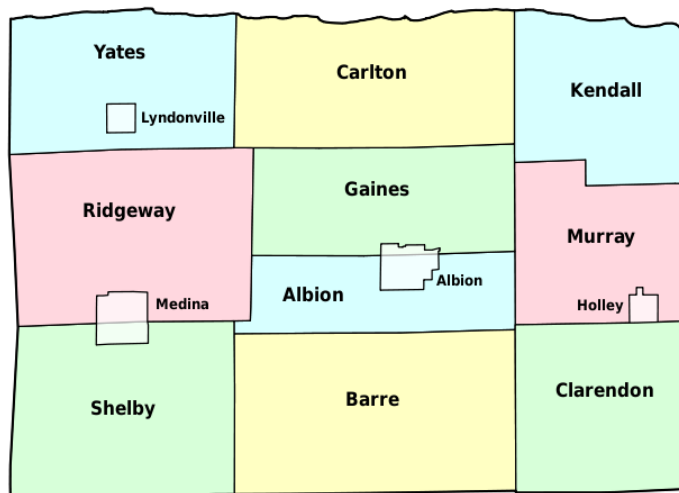
In Orleans County, 4.7% of the population is under five years old, 18.8% of the population is under 18 and 19.4% of the population over the age of 65 (1). The median age in Orleans County 43.4 years old. With nearly 20% of Orleans County residents are age 65 or older, it is important to understand that this population may face unique health challenges over the next several years that will need addressed.

Table 1: Population Distribution, Orleans County, July 1, 2021 (1)	
	Orleans County
Population under 5 years	4.7%
Population under 18 years	18.8%
Population 65 years and over	19.4%

Gender

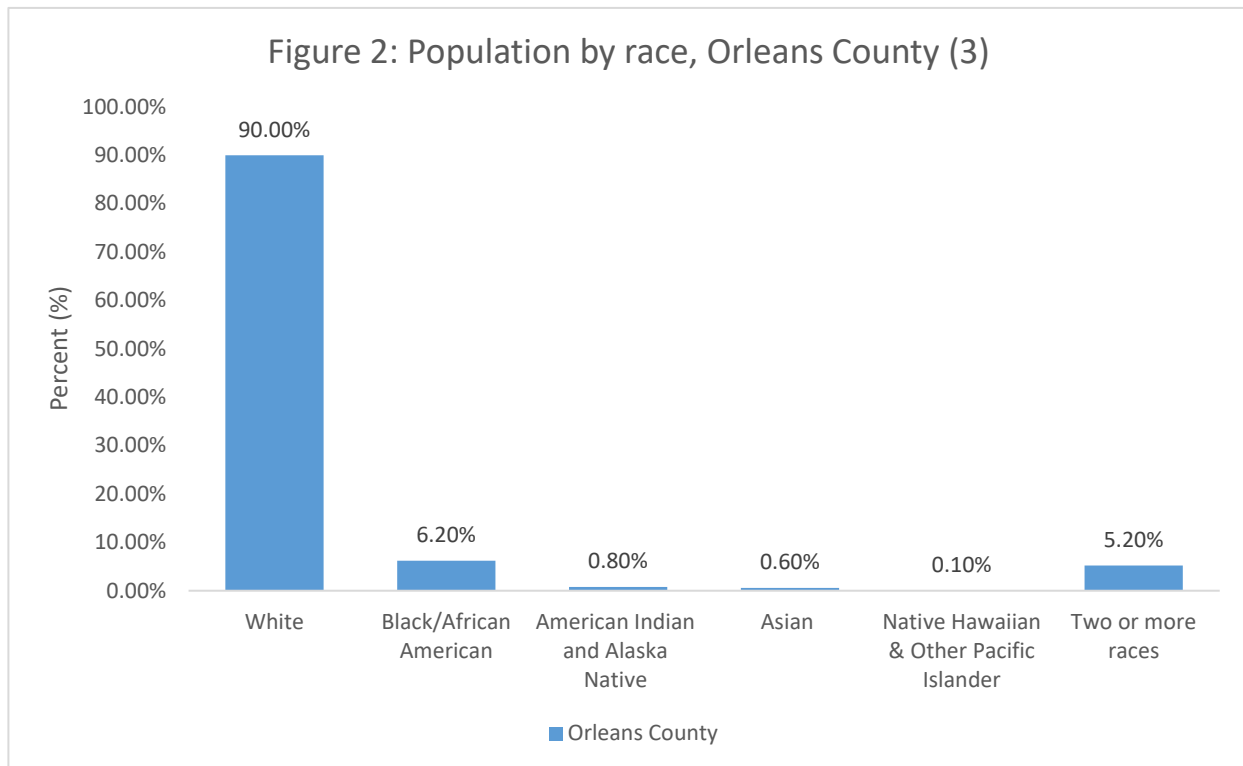
In Orleans County, gender is relatively split evenly with 49.7% female in Orleans County (1).

Figure 1: Map of Orleans County, NY



Race and Ethnicity

Orleans County's population is limited in its ethnic and racial diversity. 90.0% of residents are white, followed by 6.2% Black/African American, 0.8% American Indian and Alaska Native, 0.6% Asian, 0.1% Native Hawaiian and Other Pacific Islander alone, and 2.3% two or more races (3). 5.2% of residents are Hispanic or Latino while 90.2% are White (3).



Veterans

In Orleans County, 8.9% (2,903) of county residents are Veterans. The majority of Orleans County residents were veterans of the Vietnam War (40.9%), Gulf War '90-'01 (11.4%), Gulf War '01 or later (15.4%), Korean War (7.8%) and World War II (3.1%). Most veterans are white (96.2%), male (95%) and age 55 or older (75.8%) (3). Compared to non-veterans, they are less likely to be below poverty level (12.6% vs. 9.0%) and more likely to have a disability (31.82% vs. 16.2%).

Spoken Languages

English language proficiency can impact access to care, educational attainment, employment opportunities, and the ability to communicate effectively with healthcare providers. Having limited English language proficiency can be a barrier to accessing

health care services and understanding health information (4). In Orleans County, 6.1% of households speak a language other than English at home (3).

After English, the second most commonly spoken language at home is Spanish (3.4%) in Orleans County. Other Indo-European languages are spoken at home by 2.0% of County residents, and 0.4% of the county speaks Asian and Pacific Island languages (3).

Disability Status

Studies have found that people with disabilities are more likely than people without disabilities to report poorer overall health, having less access to adequate health care and engaging in risky health behaviors. As a result, people with disabilities are often more susceptible to preventable health problems that decrease their overall health and quality of life, which can lead to secondary health conditions such as pain, fatigue, obesity and poor mental health (5). In Orleans County, 16.0% of the population has a disability (3).

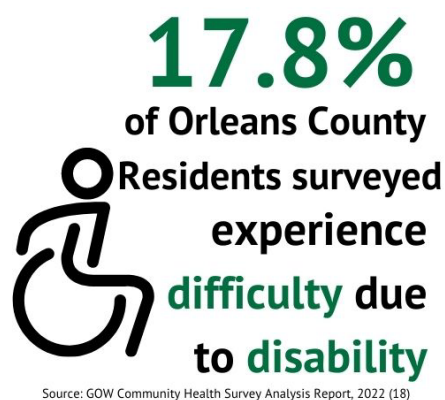


Table 2. Disability Status, Orleans County (3)	
Population with a hearing difficulty	5.4%
Population with a vision difficulty	2.8%
Population with a cognitive difficulty	5.8%
Population with an ambulatory difficulty	8.8%
Population with a self-care difficulty	2.3%
Population with an independent living difficulty	5.9%

Social and Physical Determinates of Health

Education

Education can influence several factors in an individual's life from access to healthcare, economic opportunities, quality housing, a healthy lifestyle and the ability to understand health information. Within Orleans County, there are five public school districts, with a total enrollment in K-12 public schools of 5,340 students in the 2020-2021 school year (6). 91% of high school students (410) graduated in 2021 compared to 86% in New York State. The dropout rate in Orleans County was 3.0% compared to 4.0% in New York State. The county is home to one higher education campus center, Genesee Community College (GCC) Medina Campus Center, which is associated with the state

university system (SUNY) The Albion Campus Center closed in 2021 due to COVID-19. In 2020-2021, there were a total of 1,740 full-time students and 2,995 part-time students (6).

Table 3 illustrates the educational outcomes among adults aged 25 years and older. Overall, 40.5% of Orleans County residents have a high school education or higher, and 10.6% have a bachelor's degree or higher (3).

Table 3: Highest level of education obtained among adults aged 25 years (3)		
	Orleans County	New York
Less than High school education	3.7%	13.1%
High school graduate or higher	40.5%	86.8%
Bachelor's degree or higher	10.6%	36.6%

Figure 3 provides a breakdown by race of the population with a high school education or higher in Orleans County. Within Orleans County, disparities in education attainment vary by race and ethnicity. White residents had the highest percentage of the population with a high school education or higher. When looking at ethnicity, 69.0% of Hispanic residents of Orleans County have a high school degree or higher (3).

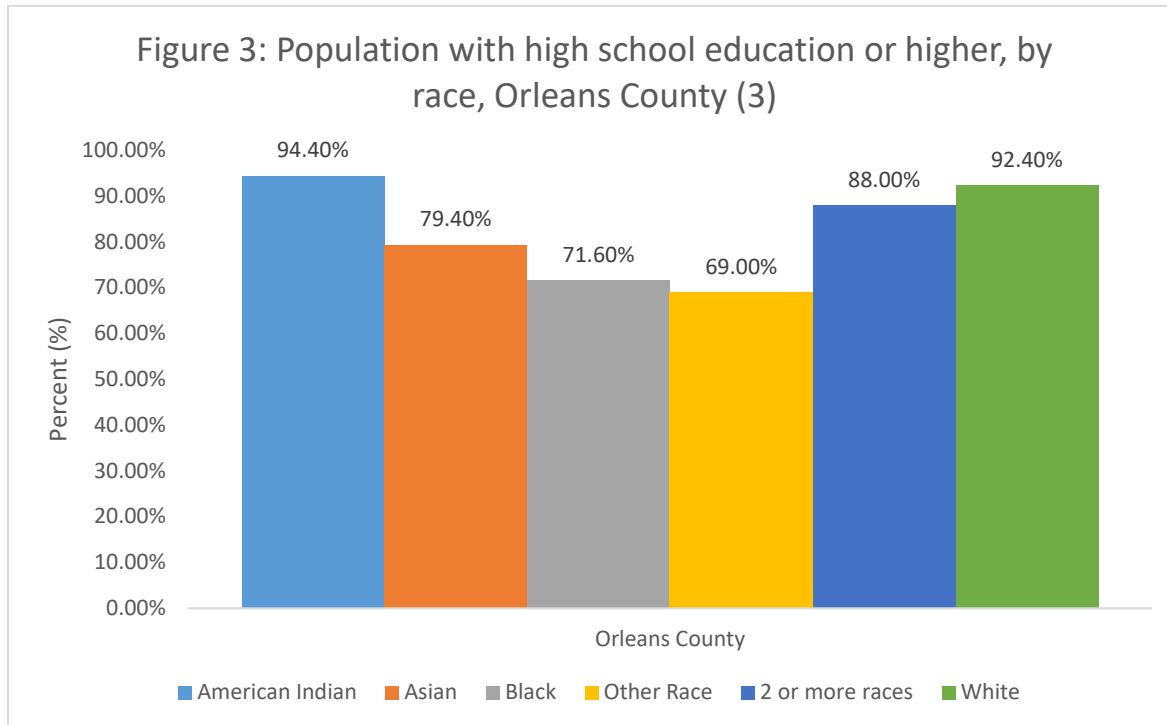
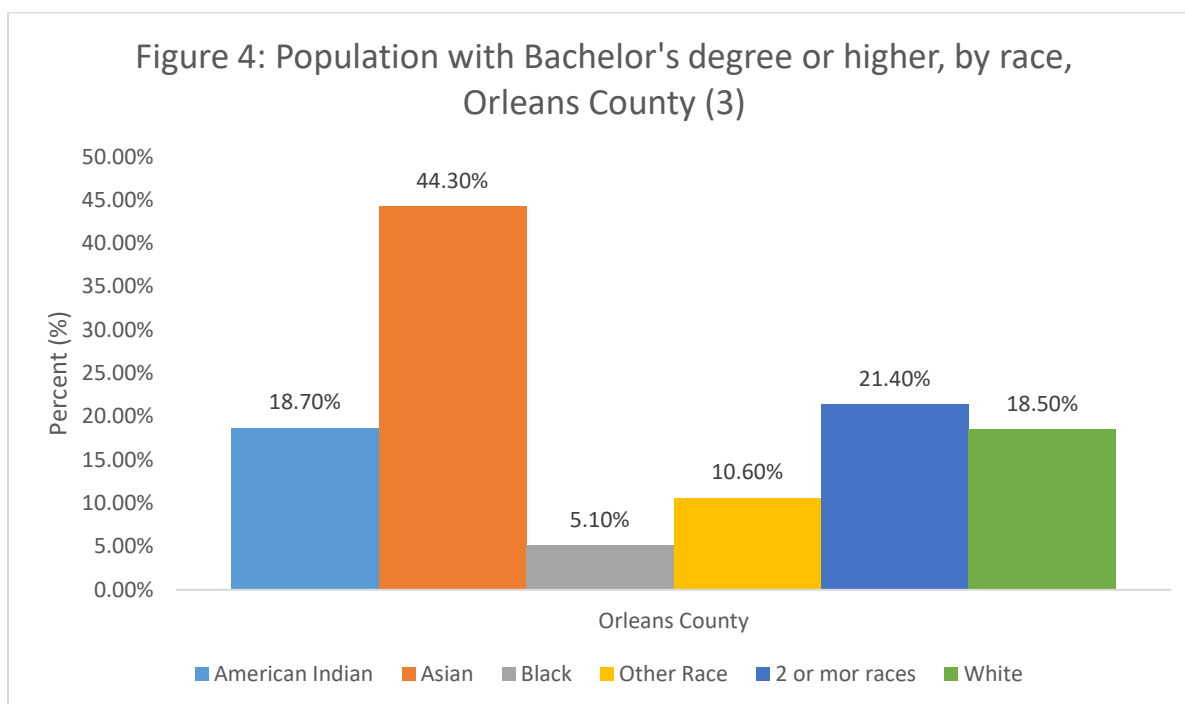


Figure 4 provides a breakdown by race of the population with a high school education or higher in Orleans County. Within Orleans County, disparities in education attainment

vary by race and ethnicity. Asian residents had the highest percentage of the population with a bachelor's degree or higher. When looking at ethnicity, 10.6% of Hispanic residents of Orleans County have a bachelor's degree or higher (3).




Employment

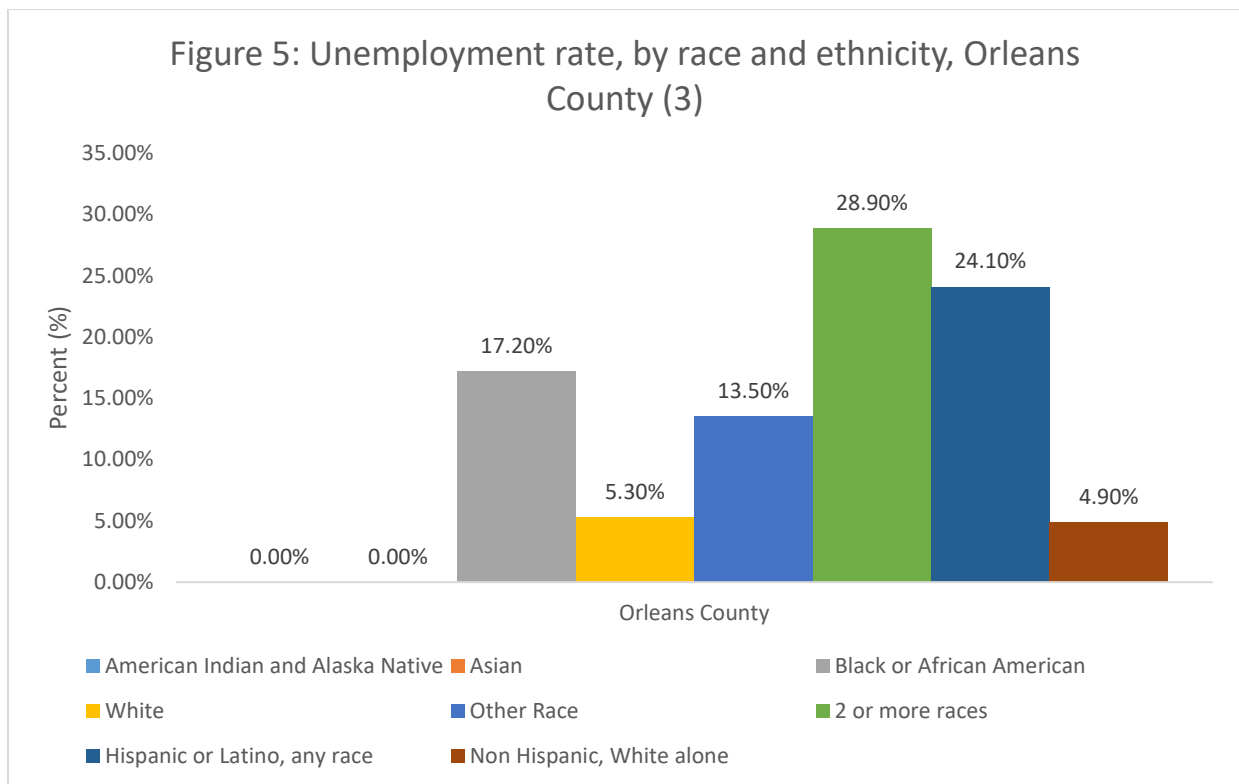
Employment and income are important factors that may impact economic opportunity, poverty and affect health. Unemployed individuals have reported feelings of depression, worry, low self-esteem and, physical pain and tend to suffer more from stress-related illnesses such as arthritis, stroke, heart attack, high blood pressure, and heart disease (7).

The May 2022 Unemployment Rate was 3.3% compared to 5.0% in May 2021, lower than the state rate of 4.1% (8). There are significant disparities in unemployment by race and ethnicity in Orleans County [see Figure 5].

3.5%
of Orleans
County
Residents
surveyed
are **unemployed**



Source: GOW Community Health Survey Analysis Report, 2022 (18)



There are also disparities in unemployment by educational attainment in Orleans County [see Table 4] (3).

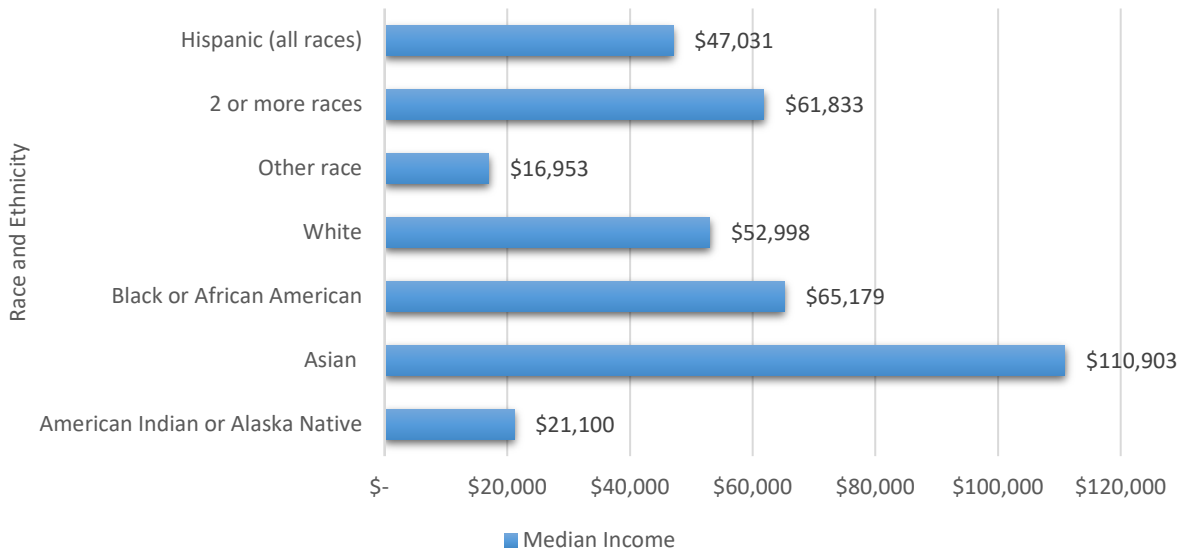
Table 4: Unemployment rate, by educational attainment, Orleans County (3)	
Educational Attainment (population 25-64 years)	4.6%
Less than high school graduate	16.1%
High school graduate (includes equivalency)	3.5%
Some college or associate's degree	4.4%
Bachelor's degree or higher	1.8%

The Orleans County workforce is approximately 17,425 people (3). The leading industries of the Orleans County workforce include educational services, health care and social assistance at 49.3%; manufacturing at 21.5%; and retail trade at 10.0% (3).

Economics and Poverty

The median income (in 2020 inflation-adjusted dollars) for a household in Orleans County is \$52,958 (1). As shown in Figure 6, there are significant disparities in median income by race and ethnicity in Orleans County.

Figure 6. Median income by race and ethnicity, Orleans County (3)



As shown in Table 5, there are significant disparities in poverty rates by race, ethnicity and age within Orleans County (3). An estimated 13.8% of the population in Orleans County live in poverty (1). Furthermore, children under 18 in Orleans County have a poverty rate of 19.8% and children under 5 have a rate of 17.9% below the poverty level (3).

Table 5: Poverty rates by race, age, Orleans County (3)

Living in Poverty	Orleans County
American Indian or Alaska Native	24.2%
Asian	4.5%
Black or African American	22.1%
White	12.4%
Other race	74.2%
Two or more races	11.6%
Hispanic (all races)	37.7%
Children under 5 living in poverty	17.9%
Population under 18 living in poverty	19.8%
Adults age 65 + living in poverty	8.6%

Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems such as low birth weight or lead poisoning and are more likely to have behavioral and emotional problems. As shown in Table 6, families that have a female head of household with no spouse present are even more likely to live at or below the poverty line.

Family social challenges among Orleans County Residents surveyed:

1. Opportunities for physical activity
2. Lack of a livable wage
3. Access to healthy foods
4. Safe recreational areas



Source: GOW Community Health Survey Analysis Report, 2022 (18)

Table 6: Poverty level for families with female householder, no spouse present (3)		
	Orleans County	New York State
Families with female householder, no spouse present	28.2%	23.5%
With related children under 18 years	39.9%	33.7%
With related children under 5 years only	52.8%	34.8%

Table 7 shows the Family income status in Orleans County.

Table 7: Family Income in Orleans County (3)	
	Orleans County
Number of Families	16,634
Median Family Income	\$52,958
Mean Family Income	\$68,474
Per Capita Income	\$26,894

Built Environment

The neighborhoods and built environment, in which we live, learn, work, and play can have a major impact on health and well-being of residents in a community. For example, in a neighborhood with high crime rates, residents may be less likely to engage in outdoor physical activity. Additionally, if residents in a neighborhood do not have access

to a grocery store and/or reliable transportation, they may be less likely to have access to fresh, affordable healthy food.

Transportation

Transportation can impact the health of the community in many ways. Inadequate transportation can result in missed or delayed health care appointments, increased health expenditures, increased stress levels, longer work days and poor access to healthy foods. Research shows that individuals are less likely to access needed services when they face transportation difficulties. Active transportation can provide opportunities for residents to engage physical activity and promote wellness through biking and walking.

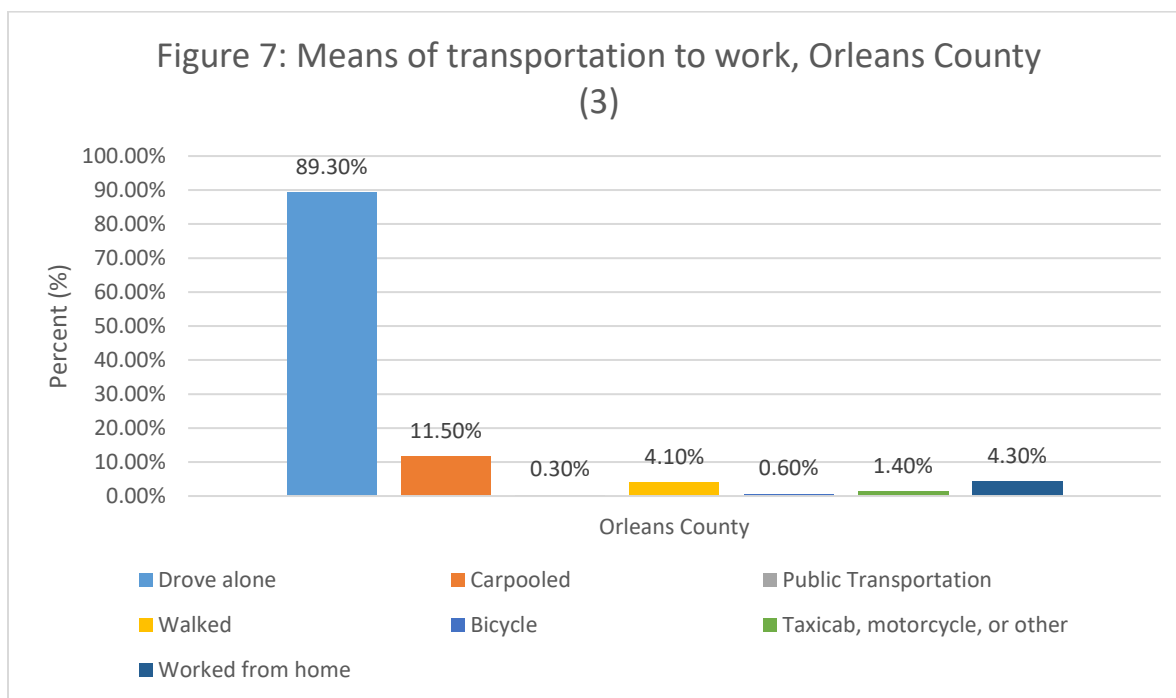
As seen in figure 7, Orleans County is highly vehicle dependent with 77.8% of residents commuting to work alone. Only 0.3% of Orleans County residents use public transportation and 4.1% of residents walk to work. The mean travel time to work is 25.6 minutes in Orleans County (3).

Environmental challenges among Orleans County residents surveyed:

1. Drinking water quality
2. School safety
3. Agricultural runoff
4. Climate change
5. Vector-borne diseases



Source: GOW Community Health Survey Analysis Report, 2022 (18)



Housing

Access to safe, stable, and affordable housing can play an important role in health. For example, poor housing quality and inadequate housing can contribute to health problems such as chronic diseases, injuries, asthma, and lead poisoning (11).

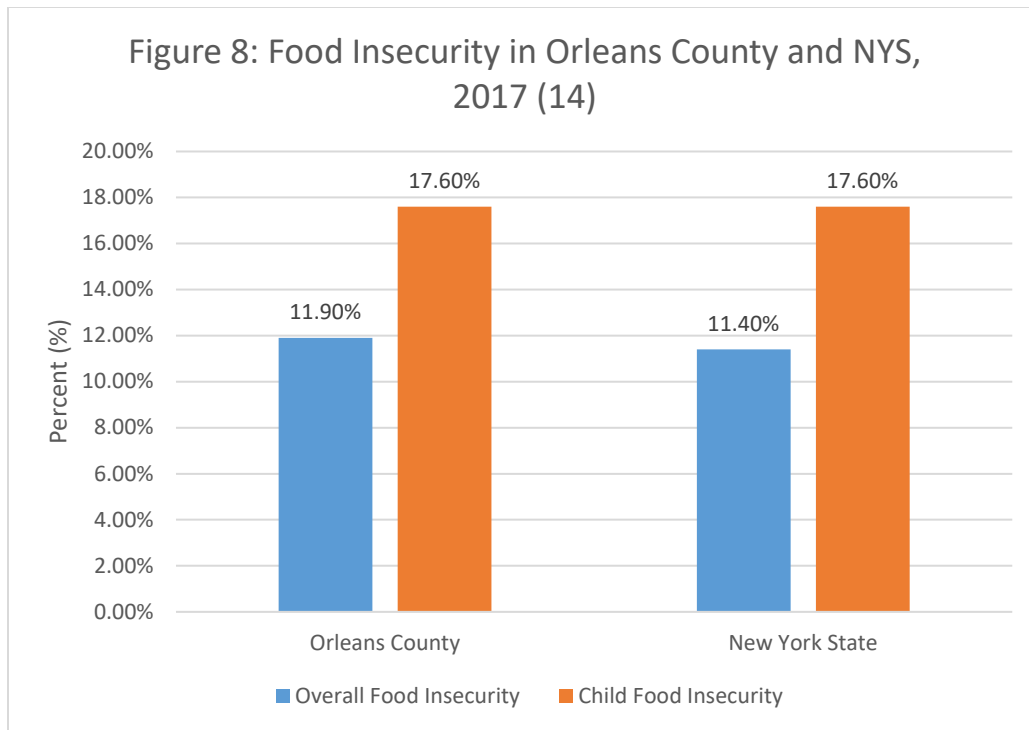
Orleans County has a very traditional housing stock comprised of about 75% of single-family homes occupied by homeowners (10). The median value of owner-occupied housing units is \$72,600.00 in Orleans County and \$66,700.00 in the village of Albion. 75.1% of housing units are owner-occupied in Orleans County compared to 60.1% in the Village of Albion. 25.0% are renter-occupied in Orleans County compared to 40.0% in the Village of Albion (3). Additionally, Orleans County has 19% of households that spend 50% or more of their household income on housing (10).

Housing quality “refers to the physical conditions of a person’s home as well as the quality of the social and physical environment in which the home is located” (4). According to the *2022 County Health Rankings & Roadmaps*, the measure “severe housing problems” is defined as the percentage of households with one or more of the following housing problems: lack of complete kitchen facilities, lack of complete plumbing facilities, overcrowding or high housing costs (9). In Orleans County, 14% of households have at least 1 of the 4 housing problems. Households that experience a severe cost burden are often faced with difficult decisions in meeting basic needs. For example, if a majority of someone’s paycheck goes to paying the mortgage or maintenance of a home, it may make it harder for someone to purchase healthy foods, pay medical bills or have reliable transportation. These tradeoffs can impact health and lead to increased stress and emotional strains (9).

Orleans County is facing challenges when it comes to housing, specifically the housing supply, the age of existing housing stock and the conditions of rental housing for low-income residents. The county is considering solutions to these challenges while also addressing the needs of supportive housing for those with mental health issues, senior housing, and more accessible housing (10).

Food Access

Access to healthy, fresh and affordable food is important to maintain a healthy lifestyle. However, several factors can make accessing healthy foods difficult, such as the proximity to a grocery store, access to reliable transportation, income, and the affordability of healthy food. The United States Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy lifestyle (12). Children who face food insecurity are sick more often, struggle in school, can experience growth impairment, can experience developmental impairments, and have more social and behavioral problems than children that are not food insecure (13). Other populations that are more vulnerable to food insecurity include the older adult population, individuals living in rural communities, Black populations, Latino populations and those living in poverty (14)



According to the *2022 County Health Rankings & Roadmaps*, 6% of the population in Orleans County has limited access to healthy foods meaning that they are low-income and do not live close to a grocery store (9). Food Environment Index is another measure from the *2022 County Health Rankings & Roadmaps* that accounts for access to healthy foods by considering the distance an individual lives from a grocery store/supermarket, locations for purchasing healthy food, and the inability to access healthy food because of cost (9). Orleans County's Food Environment Index value is 8.0 with the scale ranging from 0 (worst) to 10 (best) (9).

Crime and Violence

Crime and violence can significantly impact the health of a community and repeated exposure to crime and violence may be linked to an increase in negative health outcomes. Types of violence can include child abuse, neglect, verbal abuse, physical violence, firearm violence, sexual violence, intimate partner violence and elder abuse. Data shows that there is a connection between adverse childhood experiences (ACEs), such as violence or abuse during development/childhood, and lifelong health outcomes including chronic disease and mental health issues. Children exposed to violence (e.g. bullying, cyberbullying, abuse, and witnessing violence) are more likely to experience stress, have difficulty in school, abuse drugs and alcohol, suffer from depression or other mental health issues and engage in violent behaviors as adults (4). In adulthood, exposure to violence can also lead to poor health outcomes.

In 2019, the index crime rate was 1,193.9 per 100,000 population in Orleans County (12). Index crime rate includes the violent crimes of murder, rape, robbery, aggravated assault and the property crimes of burglary, larceny and motor vehicle theft (16). The

violent crime rate was 142.5 per 100,000 population in 2019, which includes the crimes of murder, rape, robbery, and aggravated assault (12). From 2017-2019, the age adjusted homicide mortality rate per 100,000 population was 2.1 in Orleans County, compared to 3.1 in New York State (12).

There are also disparities in which populations are affected and exposed to crime and violence. For example, low-income neighborhoods are more likely than high-income neighborhoods to be affected by crime and property crime (17). Additionally, homicide rates are consistently higher for young, Black adolescents compared to young, White adolescents (4).

Social challenges among Orleans

County residents surveyed:

- 1. Lack of a livable wage**
- 2. Affordable housing**
- 3. Employment opportunities**
- 4. Bullying**
- 5. Crime/vandalism**



Source: GOW Community Health Survey Analysis Report, 2022 (18)

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) and trauma can have a significant and lasting impact on health, behavior, mental health outcomes and life potential. ACEs are potentially traumatic events that occur in childhood (0-17 years). Examples include experiencing violence, abuse or neglect, witnessing violence in the home or community, having a family member attempt or die by suicide (16). According to the Centers for Disease Control and Prevention (CDC) Vital Signs Report, 1 in 6 adults experienced four or more types of

ACEs and females and racial/ethnic minority groups were at an even greater risk of experiencing 4 or more ACEs (18). In this same report, the CDC indicates that preventing ACEs could reduce the number of adults with depression by as much as 44% (17).

Based on the Community Health Assessment survey results for Orleans County, of the respondents who were included in the ACEs analysis, those who reported at least one ACE were 1.52 times more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs (19). More specifically, those with 1-3 ACEs were 1.09 times more likely and those with 4 or more ACE's were 2.77 times more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs (19).

Of the Community Health Assessment survey respondents for Orleans County, those who reported at least one ACE were 2.87 times more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs (19). More specifically, those with 1-3 ACEs were 1.86 times more likely and those with 4 or more ACEs were 6.11 times more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs (19).

The CDC identifies multiple strategies to help prevent ACEs such as strengthening economic supports to families, promoting social norms that protect against violence and adversity, connecting youth to caring adults and activities, ensuring a strong start for children through early childhood education programs and preschool enrichment programs (16).

Civic Participation

Civic Participation includes activities that are formal and informal such as voting, volunteering, membership in community/group associations, and community gardening. These examples of civic participation can affect the health of an individual by helping someone develop a sense of purpose, decrease their social isolation, expand their social networks, increase physical activity (through community gardening) and improve mental health (4). Participating in the electoral process can be a good indication of civic participation. As of February 2022, Orleans County has 686 residents who are considered as “inactive” voters (20).

Discrimination

Discrimination is a “socially structured action that is unfair or unjustified and harms individuals and groups” (4). There are two overarching types of discrimination including “structural discrimination (e.g. residential segregation, disparities in access to quality education, and disparities in incarceration) and individual discrimination (e.g. discrimination based on race, gender, sexuality, gender identity, disability and age)” (4).

Residential segregation is a form of structural discrimination in the housing market that remains prevalent and may impact the personal and community well-being of residents. Residential segregation is considered a fundamental cause of health disparities and has been linked to poorer health outcomes including higher levels of overall mortality, premature mortality and infant mortality as well as a variety of reproductive, infections, and chronic diseases (9). The *2022 County Health Rankings & Roadmaps* includes a measure for residential segregation- black/white, which uses the 2016-2020 *American Community Survey*. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can represent the percentage of either Black or white residents that would have to move to a different geographic area to produce a distribution that matches that of the larger area (9). Orleans County has a residential segregation- black/white index score of 46. For residential segregation- non-white/white, Orleans County has an index score of 32 (9).

Land Use

Orleans County is ranked 14th in total value of agriculture products sold in New York State (21). With Orleans County having 498 farms, ranking 3rd in overall crops and 37th in overall livestock, poultry, and products in New York, agriculture is extremely important to the economic and social fabric of the county (21). According to the 2017 Census of Agriculture, approximately 83% of land in Orleans County is designated as cropland.

Acreage is primarily used to grow grains, oilseeds, dry beans, dry peas, vegetables, melons, potatoes, sweet potatoes, fruits, tree nuts, berries, nursery, greenhouse, floriculture, sod, cultivated Christmas trees, short rotation woody crops, other crops, and hay (21).

Access to Care

Access to healthcare services is essential and key to achieving better health outcomes, promoting good health and preventing disease. Access to health care is defined as “the timely use of personal health services to achieve the best possible health outcomes” (4). However, there are many gaps and barriers to accessing care including inadequate health insurance coverage, lack of health insurance, having a primary care physician, access to transportation, limited health care resources, and language barriers.

Gaps in Access to Care

In Orleans County, there are gaps in access, quality and affordable health care. Orleans County is a rural county with a shortage of healthcare workers and access to services. The ratio of the population to primary care physicians is 13,450:1, while the ratio of dentists is 4,440:1 and 1,540:1 for mental health providers (9).

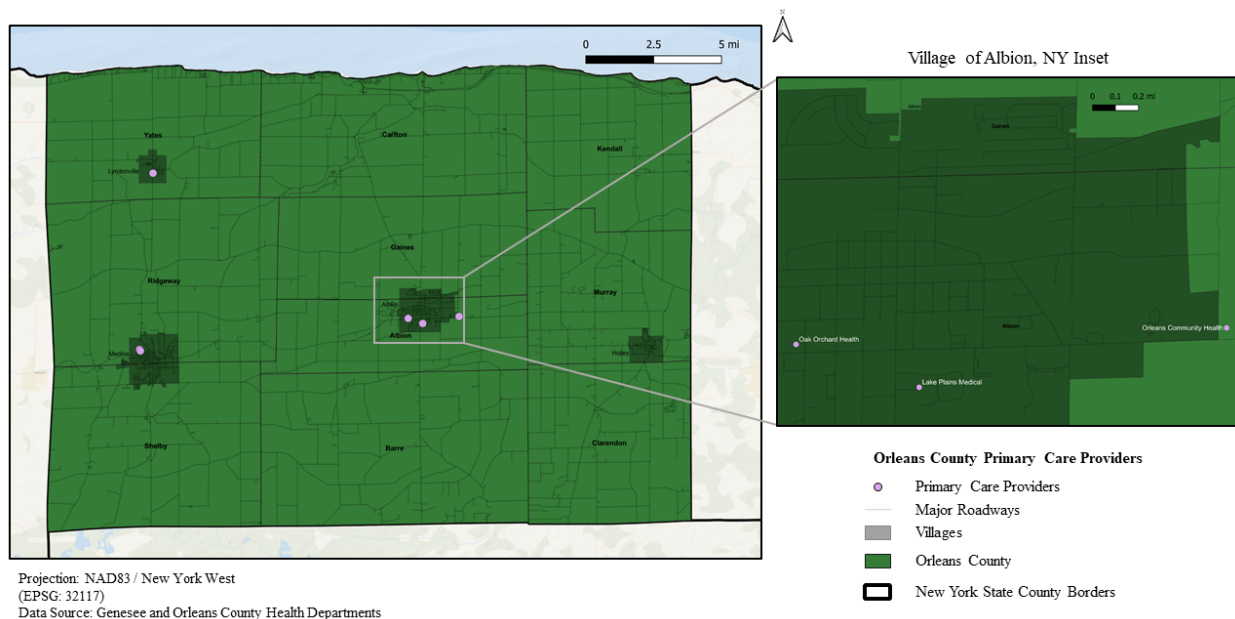
Top reasons that Orleans County Residents surveyed did not seek medical care when needed:



1. Appointment wait times
2. Cost
3. COVID-19 related concerns

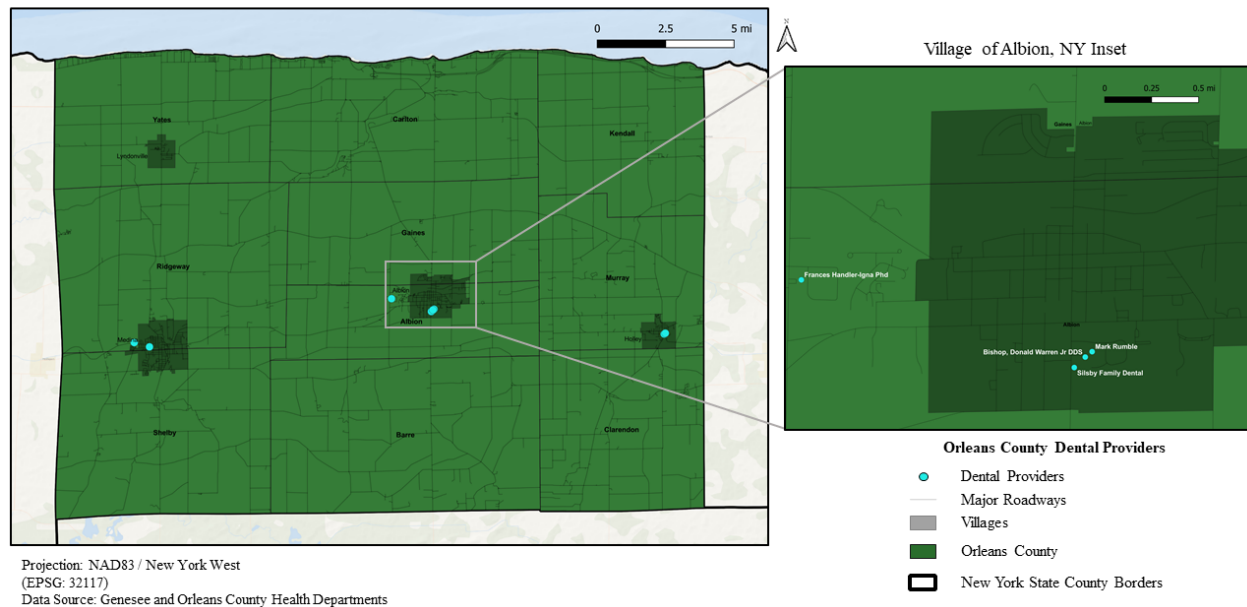
Source: GOW Community Health Survey Analysis Report, 2022 (18)

Figure 9. Primary Care Providers in Orleans County, NY



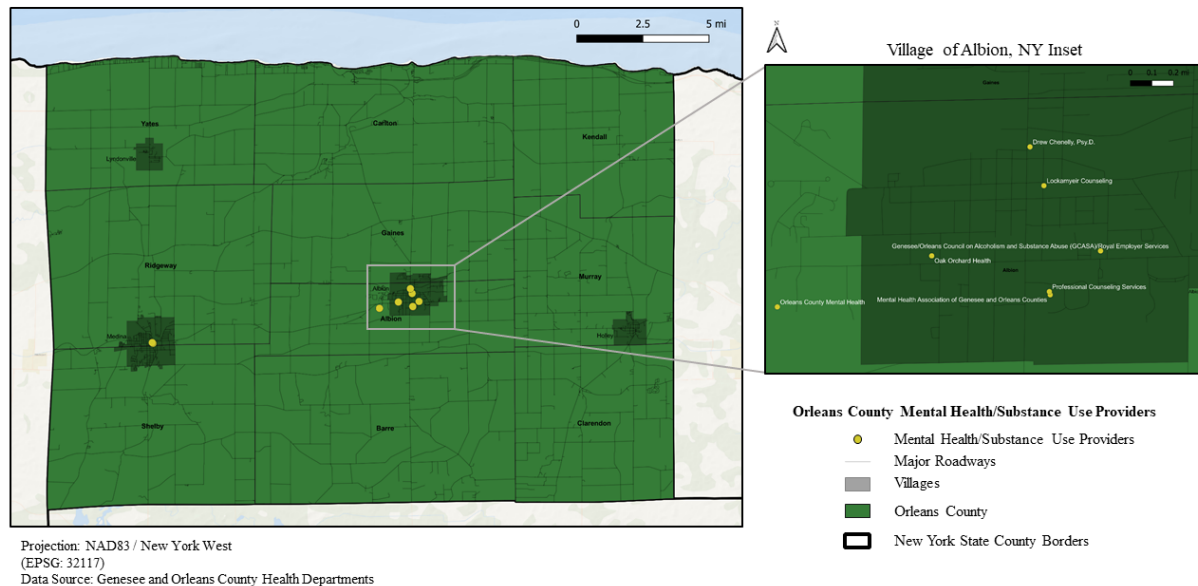
As demonstrated in Figure 9, lack primary care providers and geographical accessibility to primary care providers exists for some parts of the county. This is a deterrent to accessing health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel out of the county for doctor's appointments.

Figure 10. Dental Providers in Orleans County, NY



As demonstrated in Figures 10 and 11, lack of geographical accessibility of dental, mental health, and substance use providers exists in Orleans County which is a deterrent to accessing health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel throughout the county or out of the county for appointments.

Figure 11. Mental Health & Substance Use Providers in Orleans County, NY



Barriers to Access to Care

There are many barriers identified by residents of Orleans County for receiving health care services including lack of providers, insurance coverage, fear of judgement, transportation, cost, lack of awareness of services, and limited availability of services. Of Orleans County residents that completed the GOW Community Health Assessment Survey, approximately 17% of residents indicated that they did not seek medical care in the past year when they needed it (19). As seen in Table 8, of the residents that indicated that they did not seek medical care in the past year when they needed it, 27% indicated that cost was the main reason and even with insurance, it was too expensive. Forty-one percent of residents indicated that they could not get an appointment for a long time and 20% indicated that the office was not open when they could get there (19).

Table 8: Five most common reasons why residents did not seek medical care when they needed it within the last year, Orleans County, 2022 (19)	
I could not get an appointment for a long time	41%
Cost- even with insurance, it was too expensive	27%
Reasons related to COVID-19	23%
Hours – they were not open when I could get there	20%
I could not get time off of work	13%

Additionally, the GOW Community Health Assessment Survey asked residents to indicate the reasons why they did not seek mental/behavioral health care in the past year. Approximately 34.0% of residents surveyed indicated that fear of judgement/stigma was a top reason, while 30.9% indicated cost – even with insurance, it was too expensive (19). 24.5 percent of respondents indicated that they were unable to find a local provider, while 19.1% indicated that they could not get an appointment for a long time (19).

As seen in Appendix K, Community Conversations in Orleans County reached 90 residents through ten conversations that were facilitated at Office for the Aging, Seasonal Farm Camps, Hoag Library, Yates Community Library, Arc GLOW Albion center, Job Readiness Training Class, American Legion Post, and Genesee Orleans Head Start. Common themes mentioned were access to own transportation; access to public transportation; limited numbers of local mental health providers and behavioral health, dentists and/or physicians; cost; some local doctors do not accept Medicaid; lack of access to physicians for migrant families; language barriers; and having to travel to Buffalo and/or Rochester for specialty care, lack of professionals / resources for children with special health care needs.

Health Insurance

Insurance coverage is one of the largest factors affecting health care access. As seen in Table 9 and the 2020 U.S. Census Bureau American Community Survey, 95.0% of Orleans County residents are insured, while 5.0% are uninsured (3). The largest age group that is uninsured is 19-64 year olds, with being 6.5% uninsured (3).

Table 9: Health Insurance Coverage, Orleans County, 2020 (3)				
Health Insurance Coverage	Percent of All County Residents (%)	Percent of residents under 19 Years Old (%)	Percent of Residents 19-64 Years Old (%)	Percent of Residents 65+ Years Old (%)
Insured	95.0% (±1.1)	95.0%	93.5%	100.00%
Uninsured	5.0% (±1.1)	5.0%	6.5%	0.00%

Health Care Utilization

According to the GOW Community Health Assessment Survey Report, approximately 40% Orleans County residents who completed the survey see their primary care provider several times per year. Thirty-four percent see their primary care for a yearly check-up while 21% see their primary care provider only when they are sick (19).

97.65%
of Orleans County Residents surveyed
currently have health
insurance

Source: GOW Community Health Survey Analysis Report, 2022 (18)

Emergency rooms and/or urgent care facilities are often utilized for non-emergency situations. This can result in unnecessary testing, treatment and can be very costly. According to the New York State Community Health Indicator Reports (CHIRS), Orleans County had an age-adjusted rate of total emergency departments visits of 4,763.7 per 10,000 population from 2017-2019, which is above the New York State rate of 4,069.8 per 10,000 population (12).

Special Populations: Migrant and Seasonal Farmworkers, Amish and Mennonite Communities

Migrant and Seasonal Farmworkers (MSW)

The soils in Orleans County are well suited for a wide variety of farm uses. According to the Orleans County Census of Agriculture 2017 County Profile, there are 498 farms utilizing 129,573 acres of land for agricultural (21). Cropland and/or pastures make up approximately 86% of the (21). The crops that make up the majority of the farmland by acreage in Orleans County are corn for grain, soybeans for beans, vegetables harvested, hay, and apples (21).

The MSW population is the main agricultural workforce, providing the necessary labor for planting, field maintenance and harvesting of seasonal crops. According to the New York State Department of Labor Agricultural Plan, it is estimated that 1,491 MSW resided in Orleans County in 2021. Though this number is very difficult to confirm because the MSW population is very mobile, so it is hard to get a true estimate. Migrant and seasonal farm workers and their families face many unique health challenges, which result in significant health disparities such as hazardous work environment, inadequate or unsafe housing, fear of using healthcare due to immigration status, continuity of care issues, inadequate healthcare access, lack of transportation, cultural and language barriers, and lack of insurance (23). Historically, this population has received inadequate health care because of their transient nature, poverty, and other barriers to access such as language, culture, transportation and county borders. As a result of these disparities, MSW and their families experience series health problems including diabetes, malnutrition, depression, substance use, infectious diseases, and injuries from work-related machinery (23).

To help bridge this gap, continued funding is requested from the New York State Department of Health to enhance and maintain ongoing service coordination between the Orleans County Health Department, Genesee County Health Department, Oak Orchard Health (OOH), the Orleans & Orleans Council on Alcohol and Substance

Abuse (GCASA) and other partnering agencies to provide the Genesee-Orleans (GO) Migrant and Seasonal Worker Program. The GO MSW Program and partners provide a variety of health services to MSW population.

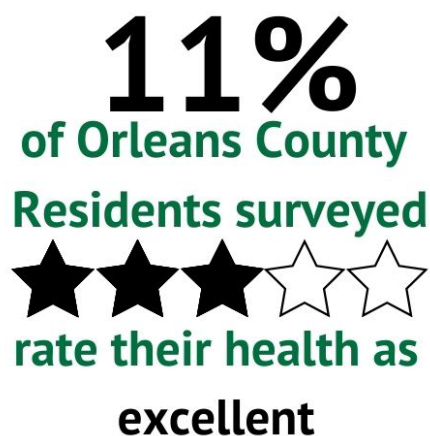
Amish and Mennonite Communities

According to anecdotal population data collected from the Orleans County Health Department Public Health Nurse, who has provided services for Mennonite and Amish community members, there are approximately 30 Mennonite families and 30 Old Order Amish in Orleans County. Amish communities are organized in many ways and one way is by districts. There are currently at least two Old Work Amish districts in Western Orleans County. Both Amish and Mennonite population provide various services in Orleans County, including, but not limited to, bulk stores, general stores, woodworking, construction, farming and farm stands. According to the Orleans County Health Department Public Health Nurse, population growth in these communities fluctuates based on Mennonite and Amish community members purchasing local farm properties or moving to other areas within New York or outside the state.

Health Status: Distribution of Disease and Illness

The following sections provide a comprehensive overview of the current health status of residents in Orleans County. This section is broken down into the following topic areas, based on the New York State Prevention Agenda framework (27):

- Improve Health Status and Reduce Health Disparities
- 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
- Prevent Communicable Diseases



Source: GOW Community Health Survey Analysis Report, 2022 (18)

Improve Health Status and Reduce Health Disparities

This section explores the **overall health status** of Orleans County while highlighting **disparities in mortality and morbidity**. Healthy People 2030 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” (4).

Premature Mortality

A premature death is a death that occurs before the average age of death in a certain population. In Orleans County, 24.5% of deaths occur before the age of 65 years, which is slightly higher than the New York State percentage of 22.7 (27).

There are substantial disparities in premature death rates by race and ethnicity. The difference in premature death percentages between Black non-Hispanics and White non-Hispanics premature death rate is 0.5% (27). The difference in premature death percentages between Hispanics and White non-Hispanics is 13.0% compared to the New York State percentage of 16.4 and the New York State Prevention Agenda 2024 objective of 16.2% (27). The disparity in these health indicators could be a result of inequalities in social determinants of health such as access to quality health care, income and wealth, education and employment.

Preventable Hospitalizations

The potentially preventable hospitalization rate among adults in Orleans County is 99.2 per 10,000, compared to 125.9 per 10,000 in New York State (27).

There are substantial disparities in potentially preventable hospitalizations by race and ethnicity. The difference in potentially preventable hospitalizations among adults between Black non-Hispanics and White non-Hispanics is 10.8 per 10,000 in Orleans County compared to 115.8 per 10,000 in New York State and the Prevention Agenda 2024 goal of 94.0 per 10,000 (27). The difference in potentially preventable hospitalizations among adults between Hispanics and White non-Hispanics is -56.0 per 10,000 in Orleans County compared to 34.6 per 10,000 in New York State and the Prevention Agenda goal of 23.9 per 10,000 (27). The disparity in these health indicators could be a result of inequalities in social determinants of health such as access to quality health care, income and wealth, education and employment.

Prevent Chronic Diseases

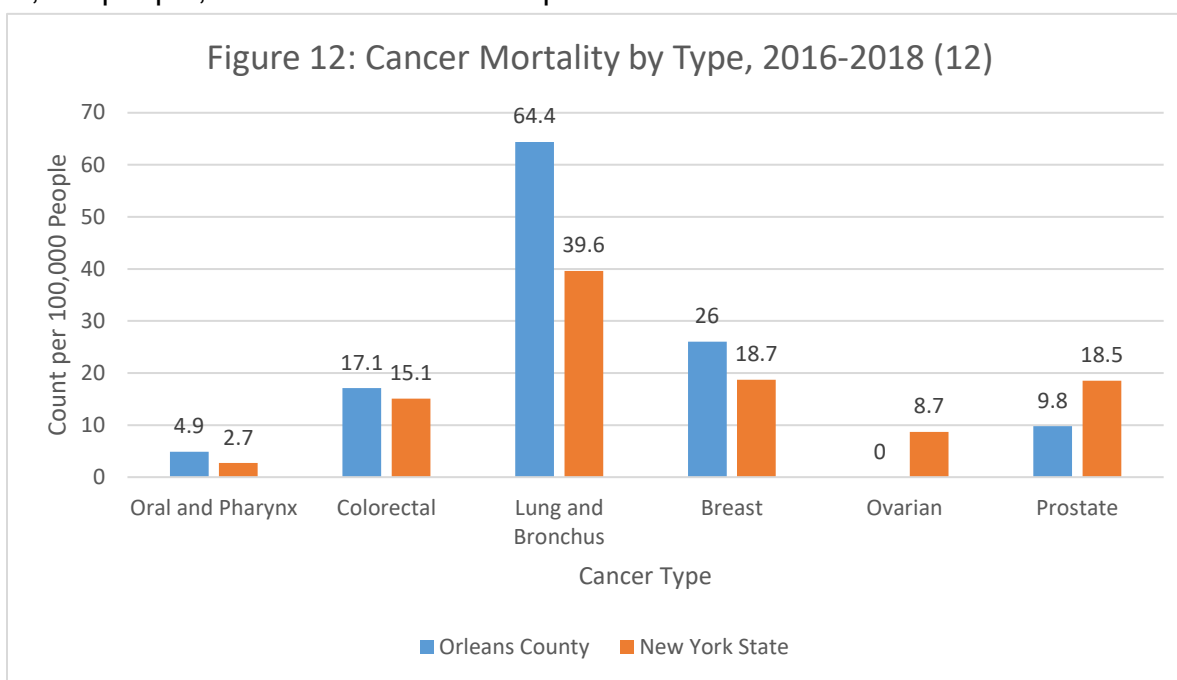
Chronic diseases are conditions that patients live with for longer than three months, and can take a large toll on the physical, mental, social, and financial health of individuals. Examples of chronic diseases include **cancer, obesity, diabetes, cardiovascular disease**, and more. Each of these diseases impacts the daily functioning of community members, and preventing them improves the health of the population. Screening and regularly seeing a primary care providers are important ways to stay on top of your help and prevent chronic diseases.

Cancer

Cancer is a prevalent condition categorized by uncontrolled cell growth within the body, and is one of the leading causes of death in both New York State, and the United States

as a whole. In Orleans County, there was a cancer incidence of 744.2 cases per 100,000 people, which is higher than the incidence of cancer in New York State, with 587.7 cases per 100,000 people. Orleans County also experiences a higher rate of cancer mortality than New York State at 238.0 deaths per 100,000 people compared to 175.5 deaths per 100,000 people in the state (12).

Colon and rectum cancer in Orleans County have an incidence of 62.8 cases per 100,000 people, and New York State experiences the same cancer at an incidence of



45.7 cases per 100,000 people (12). Secondary treatment to prevent manifestation and development of colon cancer is available and recommended to adults aged 50-64 years. In Orleans County, 56.4% of this population maintains regular screening, faring worse than New York State, with 65.4% of the population reporting routine screening (12). New York State aims to improve colorectal cancer screenings to 80% of adults within the ages of 50-75 years (27).

Orleans County reports a lung and bronchus cancer incidence of 122.3 cases per 100,000 people, and New York State reports an incidence of 72.6 cases per 100,000 people. The biggest risk factor for development of lung cancer is smoking (28), and 27.3% of Orleans County residents and 12.8% of New York State residents report current cigarette smoking (12). The second leading cause of lung cancer among non-smokers is radon exposure. Radon is a naturally occurring, colorless, odorless, and tasteless radioactive gas (29). In Orleans County, there is an average of 3.60 Pico curies/liter (pCi/L) of radon in basements and 1.36 Pico curies/liter (pCi/L) of radon measured on the first floor of homes (30). High amounts of radon are indicated by more than 4pCi/L though no level of radon is safe to health (31).

Female residents of Orleans County experience a breast cancer rate of 166.0 per 100,000 people and an ovarian cancer rate of 16.3 per 100,000 people, while New York State reports a breast cancer rate of 164.6 and an ovarian cancer rate of 14.2 (12).

Community health challenges of Orleans County Residents surveyed:

- 1. Overweight/obesity**
- 2. Substance use**
- 3. Access to health care services**
- 4. Chronic disease**
- 5. Access to mental health services**

Source: GOW Community Health Survey Analysis Report, 2022 (18)

such as cholesterol blocking arteries, congestive heart failure (CHF), which occurs when the heart cannot pump as effectively as it should (32), and hypertension, characterized by an average blood pressure above 140/99 mmHg (33). A primary care physician can screen for all of these conditions.

Important ways to prevent onset of heart disease is to maintain a healthy diet, partake in regular physical activity, and routinely check cholesterol levels.

Cholesterol can build up on the walls of arteries, making it more difficult to pump blood to the body

(34). 83.8% of Orleans County Residents report routinely checking cholesterol, compared to New York State's level of 83.4% of residents opting into cholesterol screening (12). Orleans County experiences a cardiovascular disease mortality rate of 317.4 per 100,000 people, while New York State experiences CVD mortality at a lower rate of 278.3 deaths per 100,000 people (12). In 2018, a total of 11.0% of adults in Orleans County and 7% of adults in New York State have been diagnosed with CVD (12). Coronary heart disease (CHD) is also a major contributor to deaths due to diseases of the heart. There were 182.4 deaths due to coronary heart disease in Orleans County, and New York State similarly reports 173.4. Congestive heart failure (CHF) in Orleans County is also higher than that of New York State, at a rate of 35.2 deaths per 100,000 people compared to 15.1 deaths per 100,000 people in the state as a whole (12).

In Orleans County, mortality related to other diseases of the heart has a rate of 255.3 per 100,000 people compared to New York State, reporting 224.0 deaths per 100,000 people (12). 78.8% of adults in Orleans County are receiving tertiary care, or taking

Male residents of Orleans County experience a prostate cancer rate of 173.1, and New York State reports an incidence rate of 158.7 (12).

Diseases of the Heart

Cardiovascular disease (CVD) and other diseases of the heart are the leading cause of death in the United States. CVD is an umbrella term describing all diseases of the heart. Common diseases of the heart include coronary heart disease (CHD), characterized by a buildup of fatty material

11.7%
of Orleans County
Residents surveyed
report a sedentary
lifestyle

Source: GOW Community Health Survey Analysis Report, 2022 (18)

medications, to manage their hypertension, while 76.9% of adults in New York State report the same (27).

Orleans County also experiences a heart attack mortality rate of 78.5 deaths per 100,000 people compared to New York State's rate at 30.0 deaths per 100,000 people. Stroke mortality rate in Orleans County is 27.4 deaths per 100,000 people, and New York State experiences a rate of 24.1 deaths due to stroke per 100,000 people (12).

Obesity and Diabetes

8.8% of Orleans County residents have been diagnosed with diabetes, while 10% of New York State residents report the same (12). In Orleans County, 57.1% of adults aged 45 years old or older report having a diabetes test by a medical professional within the last three years, faring worse than New York State, who reports 63.8% (27). Regular diabetes testing is important to catch disease and begin treatments early to improve health outcomes.

A common risk factor for the development of diabetes mellitus is obesity. Obesity is a chronic condition characterized by having a body mass index (BMI) of greater than 30 (35). 21.6% of students in elementary, middle, or high school in Orleans County have obesity, compared to 17.3% of students in the same age group in New York State. 30.0% of adults in Orleans County and 27.6% of adults in New York State also report having obesity (12).

Liver and Kidney Disease

Conditions of the liver and kidney also affect the lives of many residents of Orleans County and New York State. Orleans County reports a chronic kidney disease (CKD) hospitalization rate of 173.8 per 10,000 people, and New York State reports 153.6 hospitalizations due to CKD per 10,000 people.

Cirrhosis is a chronic liver disease classified by scarring and inflammation, typically due to excessive drinking or hepatitis (36). Orleans County reports 14.7 deaths per 100,000 population.

Lung Disease

Orleans County reports 77.7 deaths per 100,000 people due to chronic lower respiratory infections, and New York State reports a lower rate of 36.7 deaths per 100,000 people (12). Chronic lower respiratory infections include bronchitis, asthma, and emphysema (37). There are currently 6.8% of adults in Orleans County and 10.1% of adults in New York State living with asthma, and in Orleans County there were 2.3 hospitalizations per

Orleans County Residents surveyed describe a **strong community as:**

- 1. Clean environment**
- 2. Access to health care services**
- 3. Good schools**
- 4. Affordable housing**
- 5. Livable wages**



Source: GOW Community Health Survey Analysis Report, 2022 (18)

10,000 people due to asthma. This rate is much lower than that of New York State, who reported 10.3 hospitalizations per 10,000 people due to asthma (12).

Promote a Healthy and Safe Environment

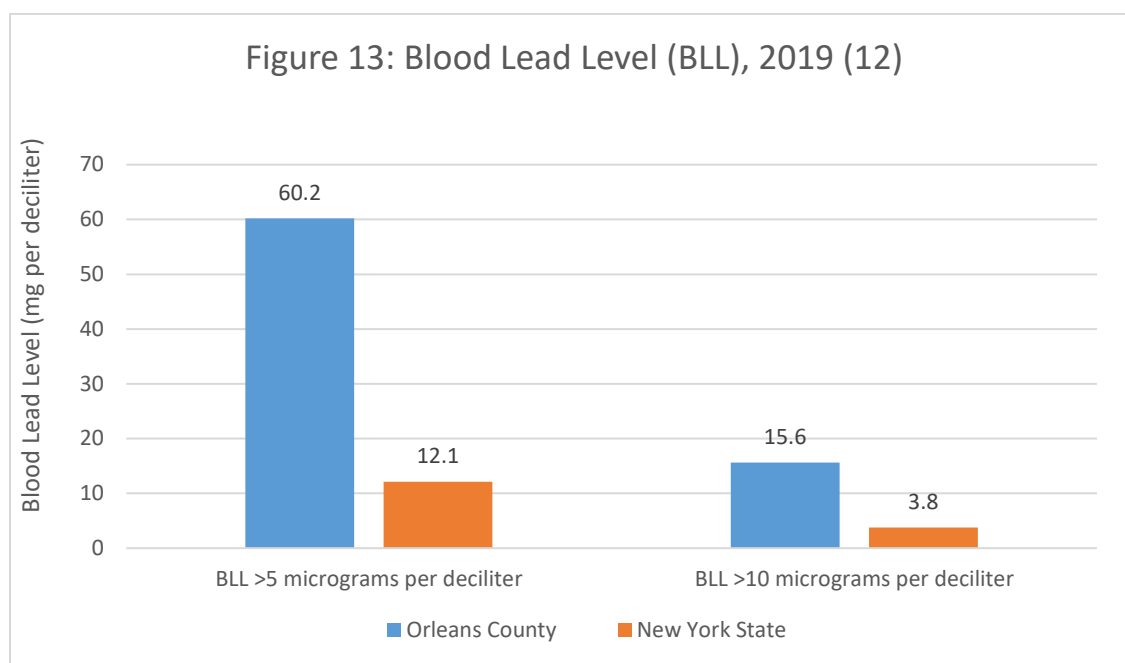
Living in a safe and healthy environment is essential for community members to have the best health and well-being possible. Promoting this environment means reducing the amount of **particulate matter** and **toxins** in the air, monitoring **blood lead levels**, promoting **safety** and **proper medical care for injury**, and providing a **safe work environment** for all.

Blood Lead Levels

The best way to determine lead exposure, especially among children, is to test blood. New York State mandates that doctors test all children for lead exposure twice—once at one year old and once at two years old. A blood lead level of 5 micrograms per deciliter or greater requires further testing and monitoring to avoid adverse health outcomes (38).

Exposure to lead can occur by living in a house with lead pipes or paint, lead-contaminated soil, or even consumer products such as toys, glazed pottery, inexpensive jewelry, and more (39). Lead exposure in childhood can cause a myriad of health concerns, including neurological developmental delay, slowed growth, learning and behavioral problems, hearing and speech problems, and more (40).

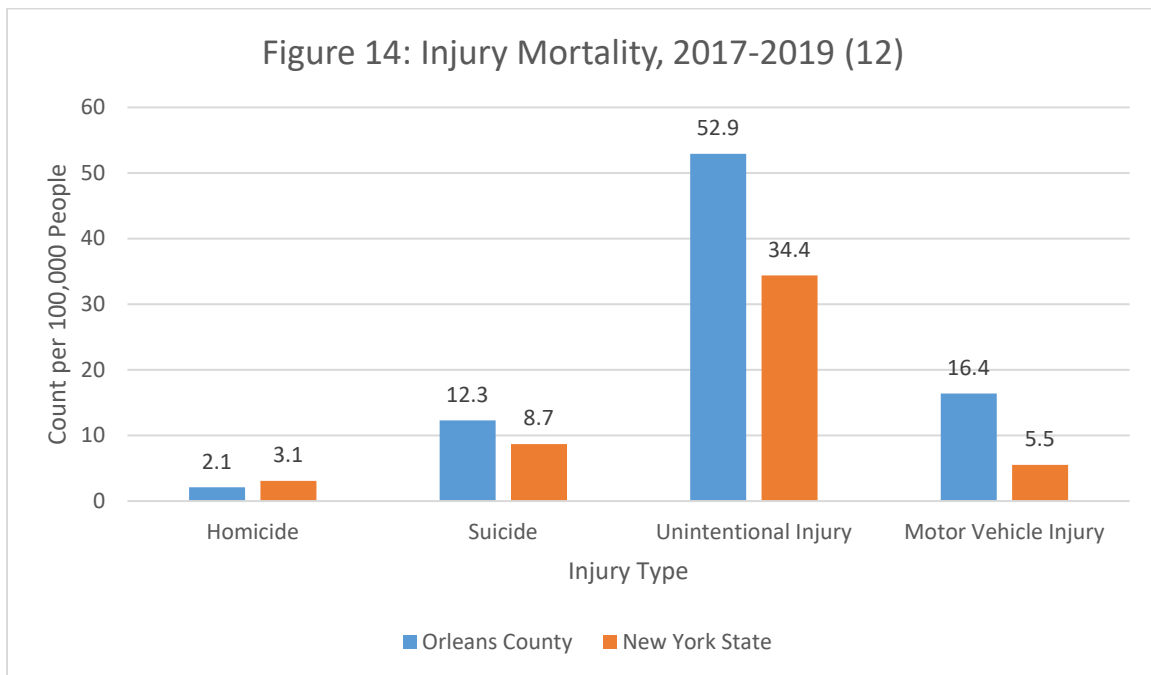
Orleans County Health Department operates a lead prevention and education program to reduce childhood exposure to lead. Refer to the assets and resources section to learn more.



2017- 2019. 60.2 children per 1,000 aged under 3 years of age in Orleans County had elevated blood lead levels of 5 micrograms per deciliter or higher, faring worse than New York State with a rate of 12.1 children per 1,000 (12). Among these, 15.6 children per 1,000 aged under 3 years of age had elevated blood lead levels of 10 micrograms or higher per deciliter, compared to 3.8 children per 1,000 in New York State (12). 57.3% of children in Orleans County had met the requirement of 2 lead screenings before two years of age, compared to 63.3% of children in New York State (12). Continued efforts in lead screening are needed to prevent lead exposure, increase the number of children screened and identify children with high blood lead levels.

Injury and Hospitalization

Orleans County experienced an age-adjusted rate of 2.1 homicide deaths per 100,000 people, compared to 3.1 deaths per 100,000 people in New York State. The suicide mortality crude rates per 100,000 for Orleans County is 12.3 whereas it is 8.7 per 100,000 deaths by suicide for people in New York State. For unintentional injuries, Orleans County experienced an age-adjusted rate of 52.9 deaths per 100,000 people and 66.5 hospitalizations per 10,000, compared to 34.4 deaths and 61.5 hospitalizations per 100,000 people in New York State. There were also 16.4 motor vehicle crash injury deaths per 100,000 people (crude rate) in Orleans County, compared to 5.5 in New York State (12).



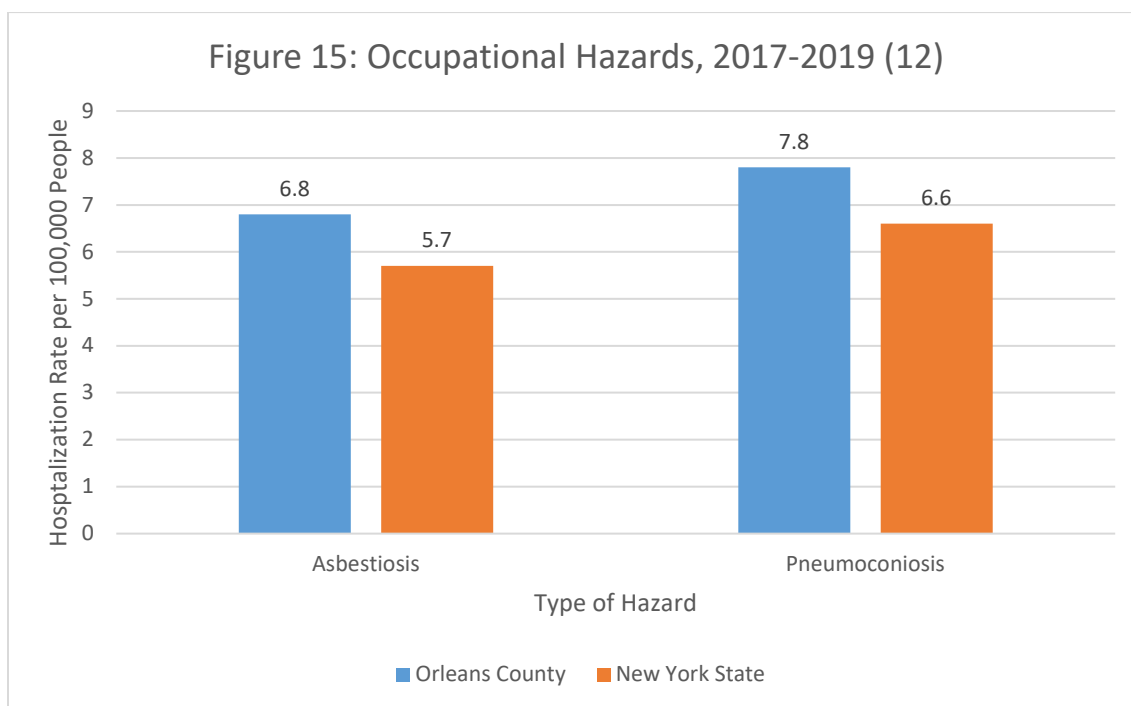
Occupational Hazards

Occupational hazards are anything that can affect one's health that occurs at the workplace. Orleans County fares worse than New York State for indicators including

pneumoconiosis and asbestosis hospitalizations, work-related hospitalizations, and work-related blood lead levels.

Pneumoconiosis and asbestosis are lung diseases that manifest after asbestos exposure in the work place. Occupations most at risk for pneumoconiosis and asbestosis onset include firefighters, construction workers, industrial workers, or any occupation that regularly handles large amounts of asbestos-containing material (41).

Figure 16 shows that there were 7.8 pneumoconiosis hospitalizations per 100,000 people aged 15 and older in Orleans County, compared to 6.6 hospitalizations per 100,000 people in New York State, and 6.8 asbestosis hospitalizations per 100,000 people in Orleans County compared to 5.7 in New York State (12).

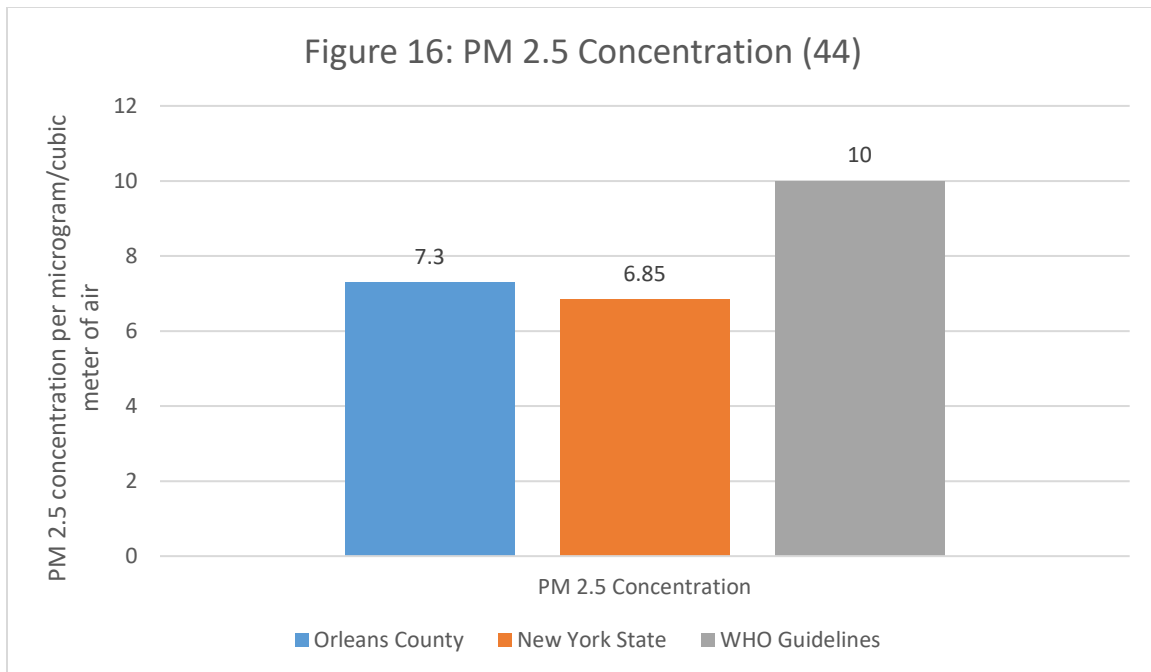


Orleans County also experienced 249.0 hospitalizations relating to work per 100,000 people, compared to 145.9 hospitalizations per 100,000 people in New York State (12).

Among employed person ages 16 and older, there were 30.1 cases per 100,000 people of elevated blood lead levels in Orleans County, compared to 16.8 cases per 100,000 people in New York State (12).

Air Quality

Air quality is worsened by several factors, including vehicle exhaust, aerosol pollutants, natural disasters, and more. Particulate matter (PM) concentration in the air is one way to assess the quality. A PM of 2.5 indicates that the particles in the air have a diameter of 2.5 microns, and are considered “fine particulate matter”. Since these particles are so small, they can penetrate deep into the lung and cause injury or disease, making them an adamant public health issue (42).



Orleans County’s annual average concentration of PM 2.5 is 7.3 micrograms per cubic meter of air, which has been decreasing since 2005. New York State has an annual average concentration of 6.85 micrograms of PM 2.5 per cubic meter of air (9). The World Health Organization (WHO) suggests an annual mean concentration of PM 2.5 not to exceed 10 micrograms/cubic meter of air (43).

Promote Healthy Women, Infants, and Children

Promoting the best health for women, infants, and children promotes the best health for the future generations of our community. To do so, we must assess **premature death**, **health conditions** in childhood, **prenatal care** rates, and **natality** among all ages.

Family health challenges among Orleans County Residents surveyed:

1. **Overweight/obesity**
2. **Chronic disease**
3. **Aging**
4. **Dental care access**
5. **Physical activity**



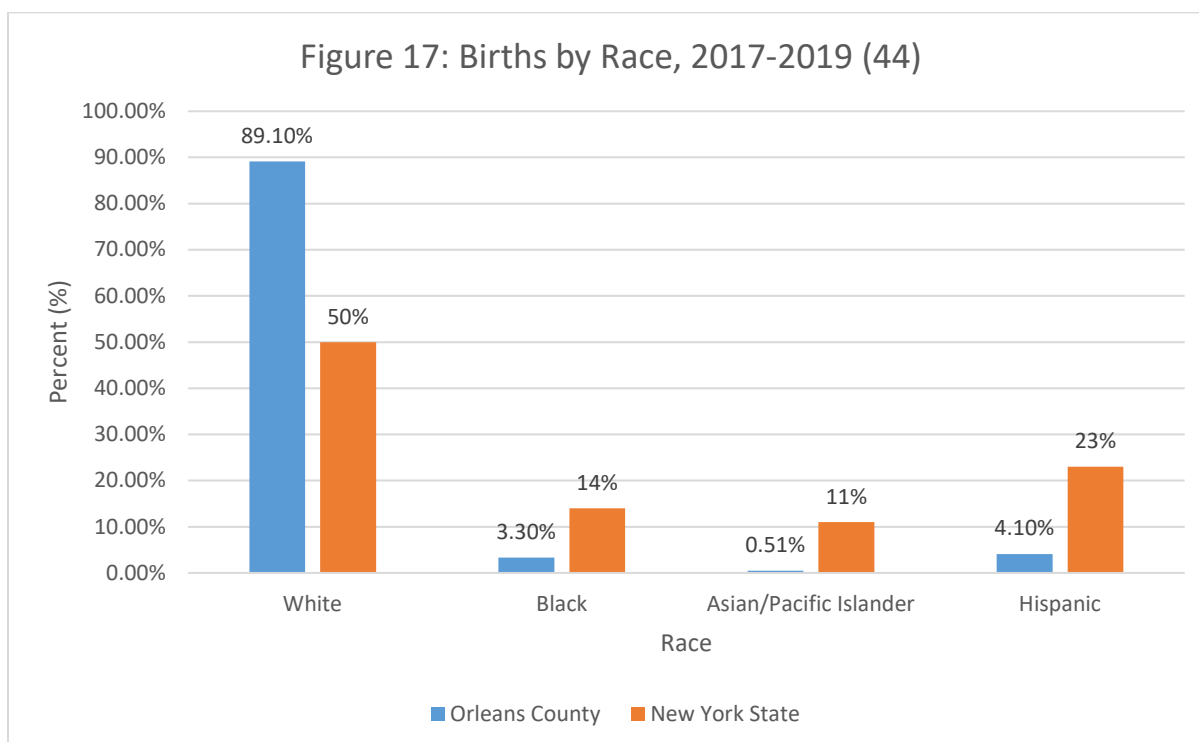
Source: GOW Community Health Survey Analysis Report, 2022 (18)

Family Planning and Natalty

In Orleans County, there were 61.6 pregnancies per 1,000 people ages 15-44, compared to 79.7 pregnancies per the same population in New York State. Among these, 5.8% of births in Orleans County were to teenage mothers of 15-19 years of age and 11.9% were to mothers aged over 35 years old. In New York State, 3.1% of births were to teenage mothers, and 24.5% of births were to mothers aged over 35 years old. 8.6% of births in Orleans County were preterm, compared to 9.2% of

births in New York State (26), and Orleans County reported 33.2% of deliveries being by cesarean section, close to New York State's reporting of 33.6% (12).

Among all the births in Orleans County, 89.1% (351) were to White mothers, 3.3% (13) were to Black mothers, 0.51% (2) were to Asian American or Pacific Islander mothers, and 4.1% (16) were to Hispanic mothers. In New York State, 50% (109,268) of births were to White mothers, 14.86% (32,433) were to Black mothers, 11.28% (24,633) were to Asian American or Pacific Islander mothers, and 23% (51,959) were to Hispanic mothers (44).



Prenatal and Postnatal Care

Prenatal and postnatal care is very important to the long-term health and development of infants and children. Prenatal care refers to medical care and interventions during gestation, and postnatal care refers to medical care and interventions after birth. Lack of proper prenatal care beginning in the first trimester of pregnancy, and postnatal care after delivery can lead to low birthweight, preterm labor, developmental disabilities, stunted growth, learning impairments, and more (45). Orleans County fares better than New York State on many prenatal and postnatal indicators.

In Orleans County, 79.8% of pregnancies received early prenatal care within the first trimester, compared to 76.3% of pregnancies in New York State (12). Only 4.5% of pregnancies received late prenatal care in the third trimester in Orleans County, compared to 5.4% in New York State (12). Overall, 79.5% of pregnancies in Orleans County received adequate prenatal care, where only 75.5% of pregnancies in New York State reported the same (12). In Orleans County, 8.6% of births were considered

preterm, or born before 37 weeks of gestation, compared to 9.2% of births New York State (26).

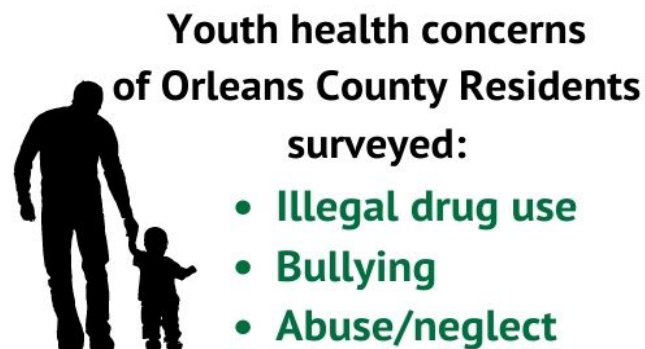
Women, Infants, and Children (WIC) is a supplemental nutrition program for low-income pregnant, postpartum, and breastfeeding women and their children. WIC offers nutrition education, referrals to healthcare providers, and provides nutritious foods to families in need (46). For women enrolled in WIC, 91.5% of those in Orleans County received early prenatal care compared to 90.7% in New York State. 35.1% of Orleans County women enrolled in WIC were obese before their pregnancy, 6.7% had gestational diabetes, and 10.7% had hypertension, compared to 26.6% of women being obese before pregnancy, 6.6% having gestational diabetes, and 7.5% having hypertension in New York State (12).

Breastfeeding after delivery is an important way for newborns to receive antibodies from the mother's immune system, which lowers risk of onset of certain chronic conditions, and improves the overall health status of the infant (46). In Orleans County, 75.6% of newborns were fed breastmilk at least once after delivery in a hospital, where in New York State that rate is 88.5% (12). Among those, 54.0% of newborns in Orleans County were *only* fed breastmilk after hospital delivery, compared to 47.1% of newborns in New York State (12). Among mothers and newborns enrolled in WIC, 19.8% were breastfed for at least 6 months in Orleans County, and 41% in New York State (12).

Health Conditions

There are many health conditions that are exacerbated in childhood, including asthma, gastroenteritis, and pneumonia. In Orleans County, there were 5.9 hospitalizations due to asthma per 10,000 children aged 0-17, compared to 20.3 in New York State (12). The data for gastroenteritis hospitalizations per 10,000 children aged 0-4 in Orleans County was suppressed due to limited data, and 10.4 hospitalizations for gastroenteritis per 10,000 children of the same age group in New York State (12). There were also 19.4 hospitalizations due to pneumonia infection per 10,000 children aged 0-4 in Orleans County, and 25.2 in New York State as a whole (12).

It was reported that 71.2% of children in government sponsored insurance programs in Orleans County attend the recommended number of well visits, whereas 75.2% do the same in New York State (12).



Source: GOW Community Health Survey Analysis Report, 2022 (18)

Premature Death

Orleans County fares worse in some age groups than New York State regarding early childhood mortality. For children aged 1 year old to 4 years old, there were 19.8 deaths per 100,000 children, compared to 17.7 deaths per 100,000 children in New York State. In Orleans County, there were 0.0 deaths per 100,000 children aged 5-9, compared to 10.3 deaths per 100,000 children in New York State (12).

The infant mortality rate, or deaths among newborns less than one year of age, in Orleans County was 4.7 per 1,000 infants, compared to 4.0 in New York State (26). The neonatal mortality rate, or deaths among newborns aged less than 28 days, was 5.1 per 1,000 births in Orleans County, compared to 2.9 per 1,000 births in New York State (12). Deaths within the first month to the first year, or the post-neonatal mortality rate, was 1.7 per 1,000 births in Orleans County compared to 1.5 deaths per 1,000 births in New York State. The perinatal death rate, or death of an infant from 20 weeks gestation until 28 days of life, was 10.9 in Orleans County compared to 9.3 in New York State. The maternal mortality rate in Orleans County was 0 deaths per 100,000 mothers, faring much better than New York State with a rate of 19.3 deaths per 100,000 mothers (12).

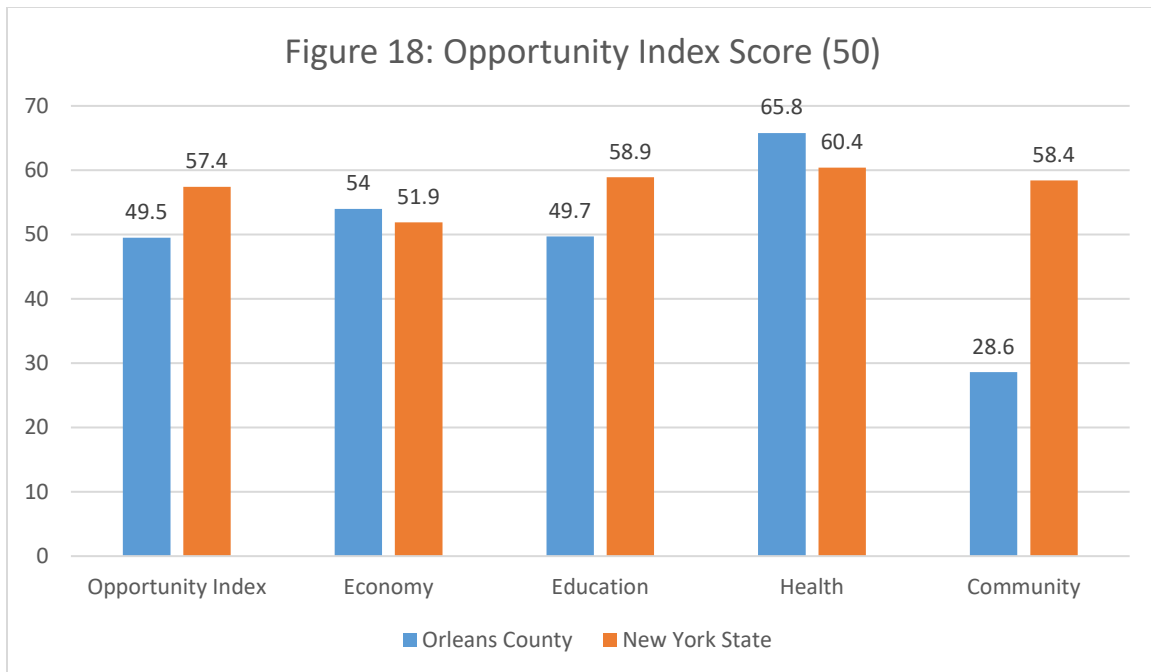
Promote Well-being and Prevent Mental and Substance Use Disorders

The definition of health includes maintaining adequate mental health, and preventing mental health and substance use disorders is one of the best ways to promote well-being in a community. Indicators relating to substance use disorders and mental health are **alcohol misuse, smoking, and suicide and overdose deaths**, and can be assessed with **opportunity index scores**.

Opportunity Index

An Opportunity Index Score ranks resources and factors that allow county citizens to have the greatest opportunities available. It is broken down into four dimensions: economy, education, health, and community (48).

In 2019, Orleans County scored a 49.5 overall for the opportunity index score, and New York State scored a 57.4. Orleans County's economy score was ranked higher than New York State, at 54.0 compared to 51.9. Orleans County ranked lower on education but higher on health compared to New York State, scoring 49.7 on education and 65.8 on health compared to 58.9 and 60.4 in New York State. Orleans County scored worse than New York State on community, scoring 28.6 compared to 58.4 (48).



In Orleans County, there are 62 mental health providers per 100,000 people compared to New York State who has 304 mental health providers per 100,000 people (12).

Alcohol Misuse and Smoking Status

Binge drinking is identified as having an excessive amount of alcohol in a short period of time. For women, binge drinking is classified as having four or more drinks in one sitting, and for men it is classified as having five or more drinks in one sitting (49).

In Orleans County, 25.8% of adult residents report binge drinking within the last month, whereas 17.5% of New York State residents report the same (26). Also in Orleans County, 27.3% of residents report currently smoking cigarettes, and in New York State, the rate is much lower at 12.8% (26).

52% of Orleans County Residents surveyed
have never smoked

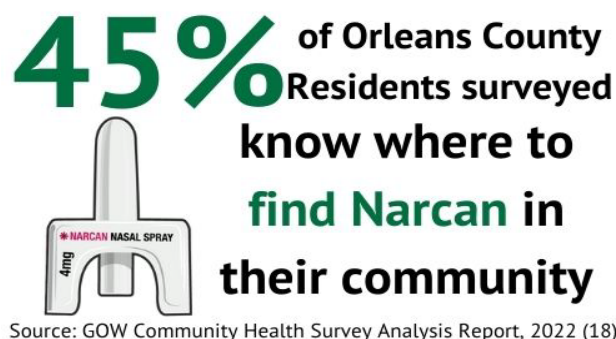
Source: GOW Community Health Survey Analysis Report, 2022 (18)

Suicide and Overdose Deaths

In Orleans County, 9.5 per 100,000 people experienced mortality due to suicide, whereas in New York State, 8.2 per 100,000 people committed suicide (26). 24.5 per 100,000 people died by overdose in Orleans County, compared to 14.9 deaths per 100,000 people in New York State (26). 70.8 per 100,000 people in Orleans County visited the emergency department to treat an overdose, and 53.1 per 100,000 people in New York State report the same (26).

Buprenorphine Naloxone is a prescribed counter medication-assisted treatment for opioid use disorder. It works to diminish the feeling of physical dependency to opioids,

decreases risk of overdose, and lowers abuse rates for opioid drugs (50). In Orleans County, 995.3 patients per 100,000 have received a buprenorphine naloxone prescription, a rate much higher than New York State's rate of 419.1



Narcan is another option available to reduce overdose deaths. Narcan is a nasal spray administered after an overdose to reverse the effects. In Orleans County, 54.3% of residents do not know where they can get Narcan in their community, and 10.3% of residents report carrying Narcan or having it in their homes for emergencies (19).

Prevention of Communicable Diseases

Preventing the spread of communicable diseases is essential to maintain a healthy community. Many communicable diseases are assessed, including those that are **foodborne, vector borne, sexually transmitted, and vaccine preventable.**

Foodborne Diseases

Foodborne diseases such as *Escherichia coli* (*E. coli*), shigella, and salmonella can occur from eating meats or seafood that are not properly cooked, contamination of food, or poor hand hygiene when preparing or serving foods. These illnesses can cause digestive distress, nausea and vomiting, dehydration, and recovery can take from a few days to a few weeks. Monitoring foodborne illness outbreaks is important to protect the health and safety of a community, and prevent spread of communicable diseases (51).

Per 100,000 people, Orleans County reported 2.5 cases of shigella and 3.3 cases of *E. coli* compared to 6.3 cases of shigella and 4.1 cases of *E. coli* in New York State as a whole. Orleans County also reported 13.1 cases of salmonella per 100,000 people, similar to New York State, who reported 14.0 cases (12).

Vector borne Diseases

Lyme disease is an illness caused by a bacteria carried by a Deer tick. Infection of Lyme disease occurs after being bitten by a Deer tick carrying the bacteria, and causes symptoms such as a bulls-eye rash, joint pain, and weakness and fatigue. Lyme disease is most commonly found in the northeast and northwest United States, where Orleans County and New York State are located (52).

Orleans County fares better than New York State for Lyme disease incidence, reporting 10.6 cases per 100,000 people compared to 44.7 cases per 100,000 people in New York State (12).

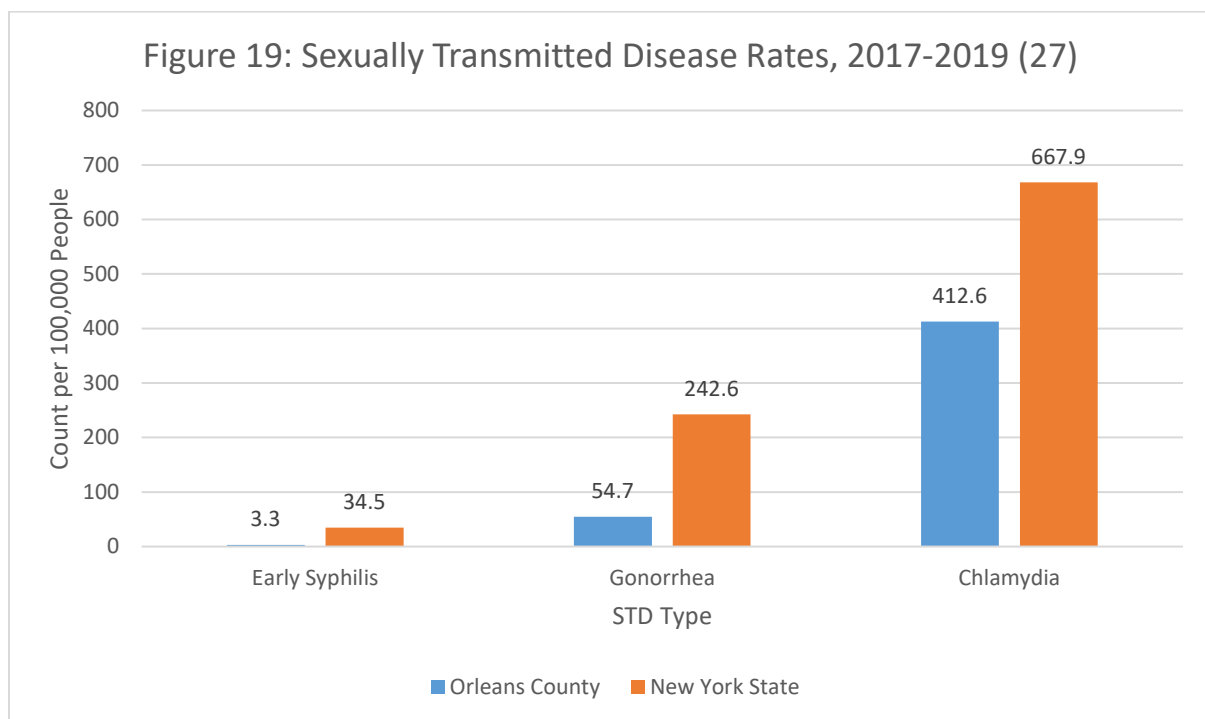
Sexually Transmitted Diseases

Orleans County fares better than New York State on almost all sexually transmitted disease (STD) incidences.

Orleans County experienced a Human Immunodeficiency Virus (HIV) incidence of 0.0, compared to 13.1 in New York State. Orleans County also experienced an Acquired Immune Deficiency Syndrome (AIDS) mortality rate of 0.0, compared to 2.2 in New York State (12). There were 3.3 per 100,000 cases of syphilis that were diagnosed early in Orleans County, where 34.5 were diagnosed early in New York State (54). Early diagnosis of syphilis leads to faster treatment turnaround, reduces the chance of infertility, and reduces the risk of long-term problems associated with diagnosis (54).

There were 54.7 total cases of gonorrhea per 100,000 people aged 15-44 in Orleans County, compared to New York State, who reported 242.6 cases per 100,000 people of the same population (26). Among these new cases, 147.1 per 100,000 cases were among males in Orleans County, and 142.5 per 100,000 cases were among females. In New York State, 252.5 per 100,000 cases were among females, and 614.9 cases were among males (12).

There were 412.6 total cases of chlamydia per 100,000 people aged 15-44 in Orleans County, compared to 667.9 cases per 100,000 people in New York State (27). Among these cases, 696.3 out of 100,000 people aged 15-44 in Orleans County were males, and 1319.3 were females. In New York State, there were 1175.1 cases of chlamydia per 100,000 males, and 1741.1 cases per 100,000 females for the same population (12).



Vaccine Preventable Diseases

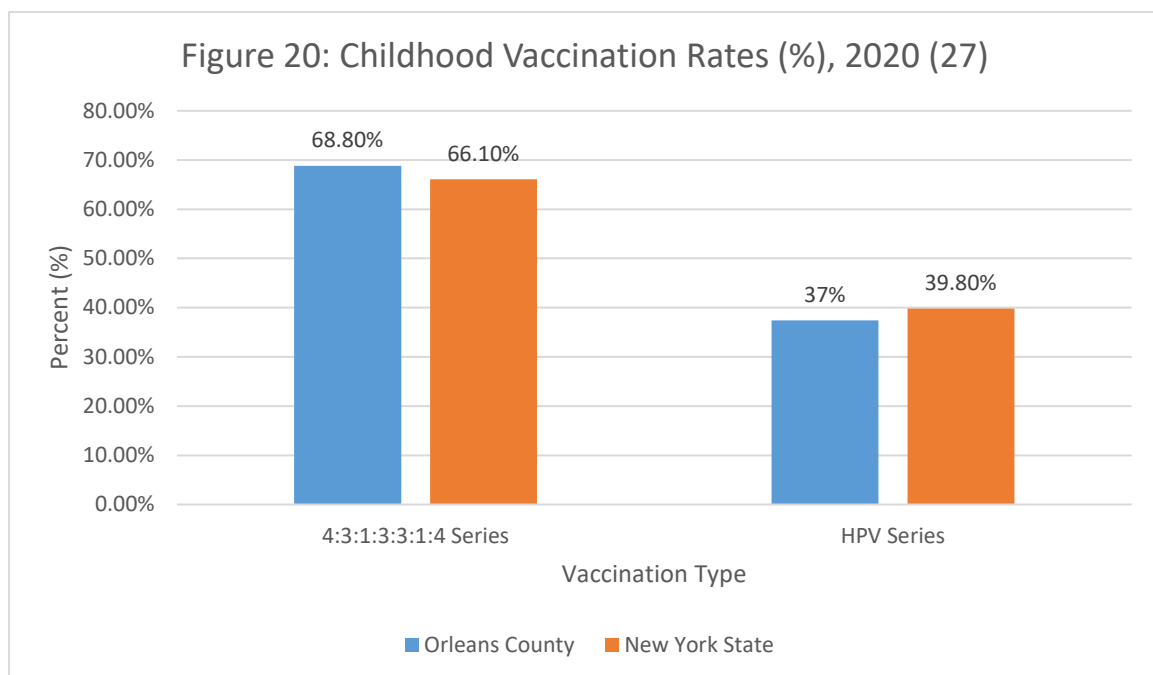
Orleans County fares similar to New York State in tuberculosis infection, experiencing 2.5 incidence per 100,000 people in Orleans County and 3.9 incidence per 100,000 people in New York State (12).

There were 56.5 new cases of chronic Hepatitis C per 100,000 people in Orleans County, compared to 55.0 new cases per 100,000 people in New York State (12). There were 90.3 hospitalizations per 10,000 adults aged 65 or older due to the flu or pneumonia in Orleans County, higher than New York State's rate for the same age group of 85.5 per 10,000 people (12).

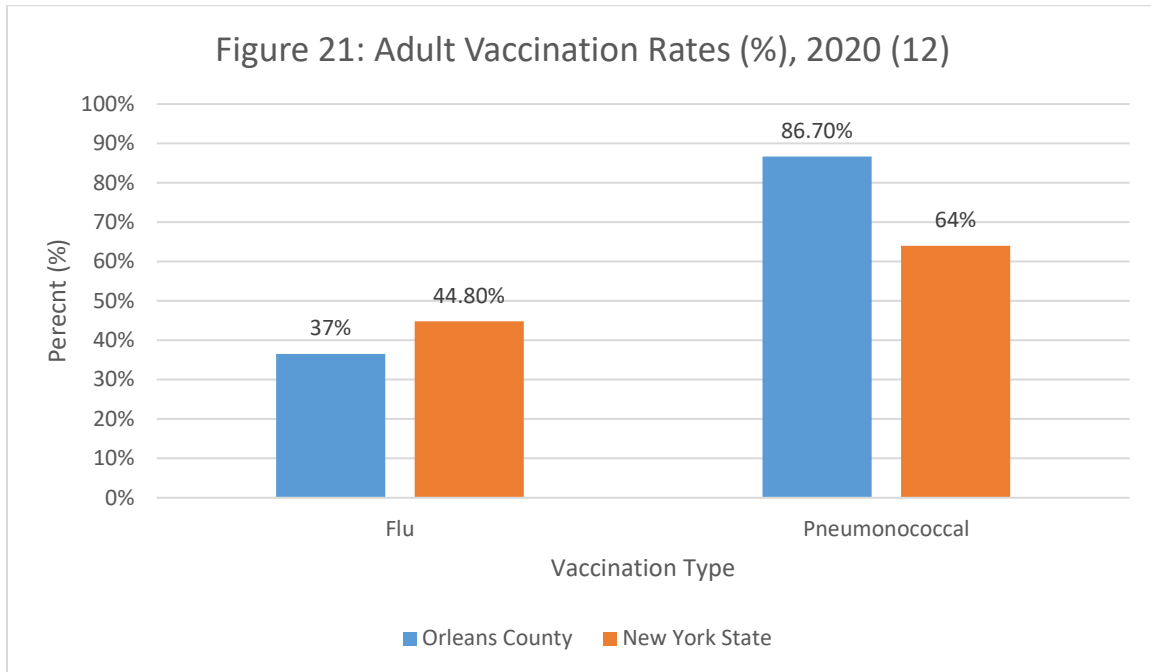
Immunization Rates

Immunizations are one of the most effective way to prevent the spread of communicable diseases by introducing natural immunity to pathogens to your body's immune system. Maintaining vaccination rates is one of the best ways to keep a community healthy.

In Orleans County, 68.8% of children are up-to-date with their necessary vaccine series, compared to 66.1% of New York State children (26). The necessary vaccinations are a part of the 4:3:1:3:3:1:4 vaccination series, and consist of four doses of Diphtheria, Tetanus and Pertussis (DTap), one dose for Measles, Mumps and Rubella (MMR), Haemophilus influenza B (Hib), three doses of hepatitis B, one dose varicella, and four doses of pneumococcal conjugate vaccines (26). Also among children, 37.4% of 13 year-olds in Orleans County have received the complete Human Papillomavirus (HPV) series, compared to 39.8% of 13 year-olds in New York State as a whole (26).



36.5% of adults aged 65 and older in Orleans County have received the flu shot compared to 44.8% in New York State, and 86.7% of adults aged 65 and older received the pneumococcal immunization, faring better than New York State with a rate of 64% of adults aged 65 and older being immunized (12).



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Wyoming County Community Profile

Demographic Summary

Population

According to the 2021 Census, Wyoming County's population estimate is 40,491 (1). There are sixteen townships and five villages in Wyoming County spanning across 592.75 square miles with a population density of 68.4 persons per square mile (1). The majority of the county population is concentrated in four centers:

Warsaw, which is the location of the county seat, Attica to the northwest, Arcade to the southwest and Perry to the east. The vast geographic area of the county coupled with the sparse population scattered throughout the rural terrain lends itself to a variety of access and transportation issues. Warsaw, Attica, Arcade and Perry are

accessible by public transportation during limited hours, Monday through Friday. Residents of other areas in the county experience a series of unique challenges in attempts to access resources throughout the county (1).

Age

It is critical to have an understanding of a community's age-specific health needs because it may affect things such as economic growth, patterns of work and retirement, the ability of communities to provide adequate resources, and the prevalence of chronic disease and disability.

In Wyoming County, 4.5% of the population is under five years old, 18.3% of the population is under 18 and 19.2% of the population over the age of 65 (1). The median age in Wyoming County 42.9 years old. With nearly 20% of Wyoming County residents age 65 or older, it is important to understand that this population may face unique health challenges over the next several years that will need to be addressed.

Figure 1: Map of Wyoming County, NY



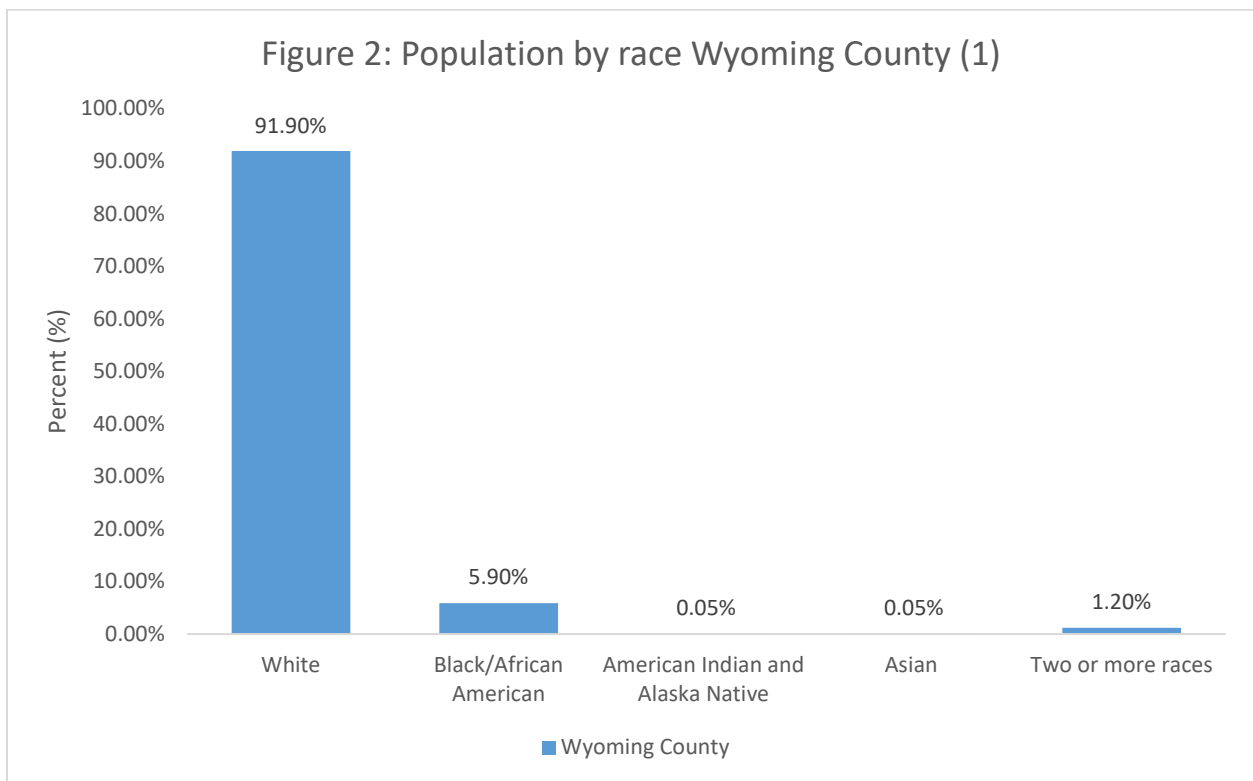
Table 1: Population Distribution, Wyoming County, July 1, 2021 (1)		
	Wyoming County	
Population under 5 years	4.5%	Population under 5 years
Population under 18 years	18.3%	Population under 18 years
Population 65 years and over	19.2%	Population 65 years and over

Gender

In Wyoming County, gender is 45.4% female (1).

Race and Ethnicity

Wyoming County's population is limited in its ethnic and racial diversity. 91.9% of residents are white, followed by 5.9% Black/African American, 0.5% American Indian and Alaska Native, 0.5% Asian and 1.2% two or more races (1). 3.5% of residents are Hispanic or Latino while 89.4% are White (1).



Veterans

In Wyoming County, 7% (2,272) of county residents are Veterans (2). The majority of Wyoming County residents were veterans of the Vietnam War (42.8%), Gulf War '90-01 (12.5%), Gulf War '01 or later (11.4%), Korean War (7.3%) and World War II (2.0%). Most veterans are white (95.1%), male (94.5%) and age 55 or older (75.9%). Compared

to non-veterans, they are less likely to be below poverty level (3% vs. 8.2%) and more likely to have a disability (28.6% vs. 15.5%) (2).

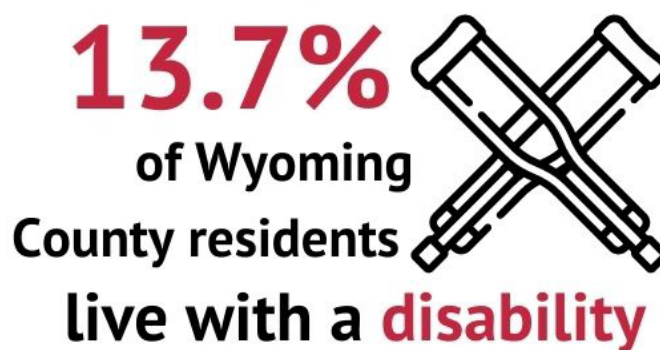
Spoken Languages

English language proficiency can impact access to care, educational attainment, employment opportunities, and the ability to communicate effectively with healthcare providers. Having limited English language proficiency can be a barrier to accessing health care services and understanding health information (3). In Wyoming County, 3.5% of households speak a language other than English at home.

After English, the second most commonly spoken language at home is Spanish (2.2%) in Wyoming County. Other Indo-European languages are spoken at home by 0.8% of County residents, and 0.3% of the county speaks Asian and Pacific Island languages (2).

Disability Status

Studies have found that people with disabilities are more likely than people without disabilities to report poorer overall health, having less access to adequate health care and engaging in risky health behaviors. As a result, people with disabilities are often more susceptible to preventable health problems that decrease their overall health and quality of life, which can lead to secondary health conditions such as pain, fatigue, obesity and poor mental health (4).



Source: County Health Indicator Report, 2021 (9)

In Wyoming County, 13.2% of the population has a disability (2).

Table 2. Disability Status, Wyoming County (2)	
Population with a hearing difficulty	4.2%
Population with a vision difficulty	1.9%
Population with a cognitive difficulty	4.5%
Population with an ambulatory difficulty	7.1%
Population with a self-care difficulty	2.6%
Population with an independent living difficulty	5.7%

Social and Physical Determinates of Health

Education

Education can influence several factors in an individual's life from access to healthcare, economic opportunities, quality housing, a healthy lifestyle and the ability to understand health information. Within Wyoming County, there are five public school districts, with a total enrollment in K-12 public schools of 3,773 students in the 2020-2021 school year (5). 92% of high school students (298) graduated in 2021 compared to 86% in New York State. The dropout rate in Wyoming County was 4.0% equivalent to 4.0% in New York State.

Table 3 illustrates the educational outcomes among adults aged 25 years and older. Overall, 90.5% of Wyoming County residents have a high school education or higher, and 18% have a bachelor's degree or higher (2).

Table 3: Highest level of education obtained among adults aged 25 years (2)		
	Wyoming County	New York
Less than High school education	11.8%	13.1%
High school graduate or higher	90.5%	86.8%
Bachelor's degree or higher	18%	36.6%

Figure 3 provides a breakdown by race of the population with a high school education or higher in Wyoming County. Within Wyoming County, disparities in education attainment vary by race and ethnicity. In Wyoming County, Asian residents had the highest percentage of the population with a high school education or higher. When looking at ethnicity, 60.3% of Hispanic residents of Wyoming County have a high school degree or higher (2).

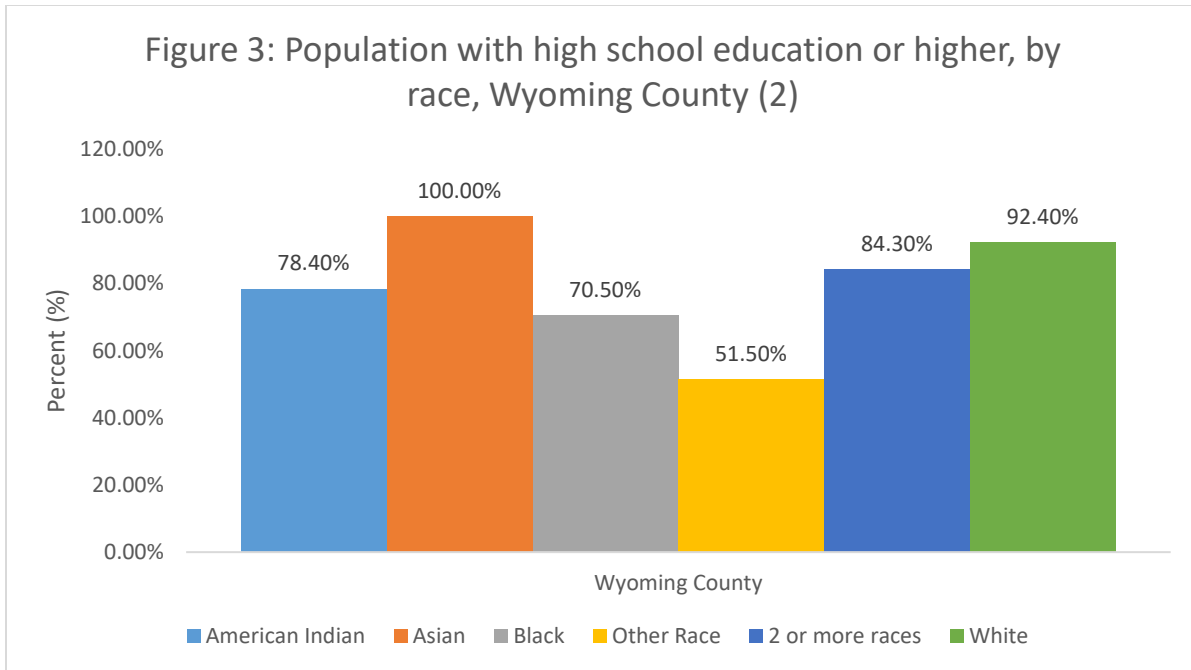
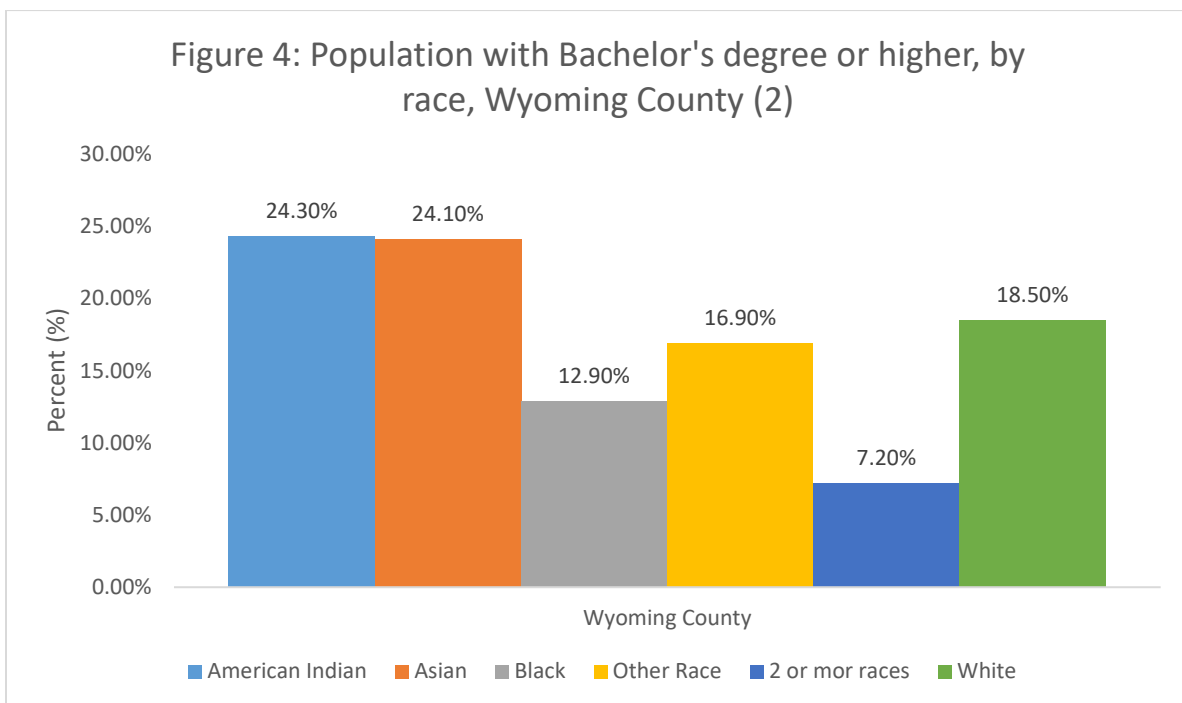


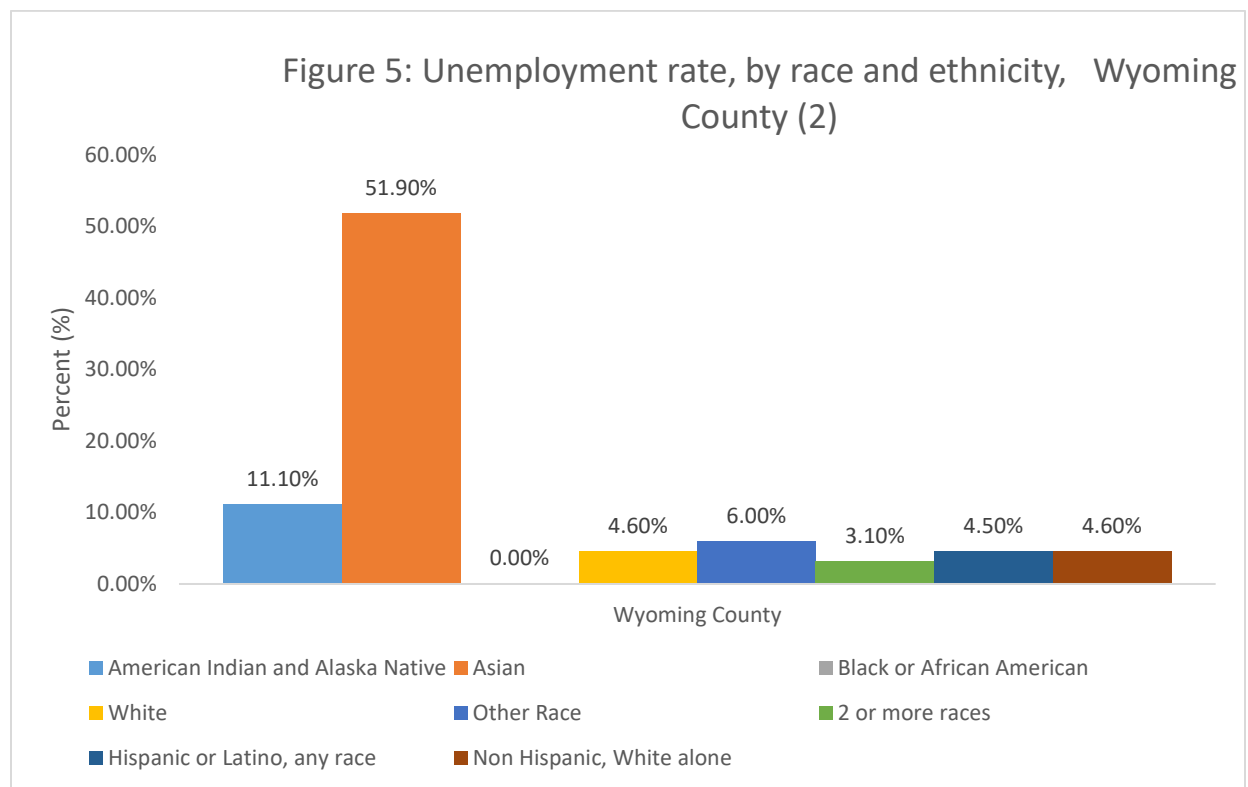
Figure 4 provides a breakdown by race of the population with a bachelor's degree or higher in Wyoming County. Within Wyoming County, disparities in education attainment vary by race and ethnicity. In Wyoming County, American Indian residents had the highest percentage of the population with a bachelor's degree or higher. When looking at ethnicity, 14.2% of Hispanic residents of Wyoming County have a bachelor's degree or higher (2).



Employment

Employment and income are important factors that may impact economic opportunity, poverty and affect health. Unemployed individuals have reported feelings of depression, worry, low self-esteem and, physical pain and tend to suffer more from stress-related illnesses such as arthritis, stroke, heart attack, high blood pressure, and heart disease (6).

The May 2022 Unemployment Rate was 2.6% compared to 4.2% in May 2021, lower than the state rate of 4.1% (7). There are significant disparities in unemployment by race and ethnicity in Wyoming County [see Figure 5].



There are also disparities in unemployment by educational attainment in Wyoming County [see Table 4] (2).

Table 4: Unemployment rate, by educational attainment, Wyoming County (2)	
Educational Attainment (population 25-64 years)	Wyoming County
Less than high school graduate	9.5%
High school graduate (includes equivalency)	5.3%
Some college or associate's degree	2.8%
Bachelor's degree or higher	3.6%

The Wyoming County workforce is approximately 18,792 people (2). The leading industries of the Wyoming County workforce include educational services, health care and social assistance at 21.4%; manufacturing at 12.7%; and retail trade at 10.4% (2).

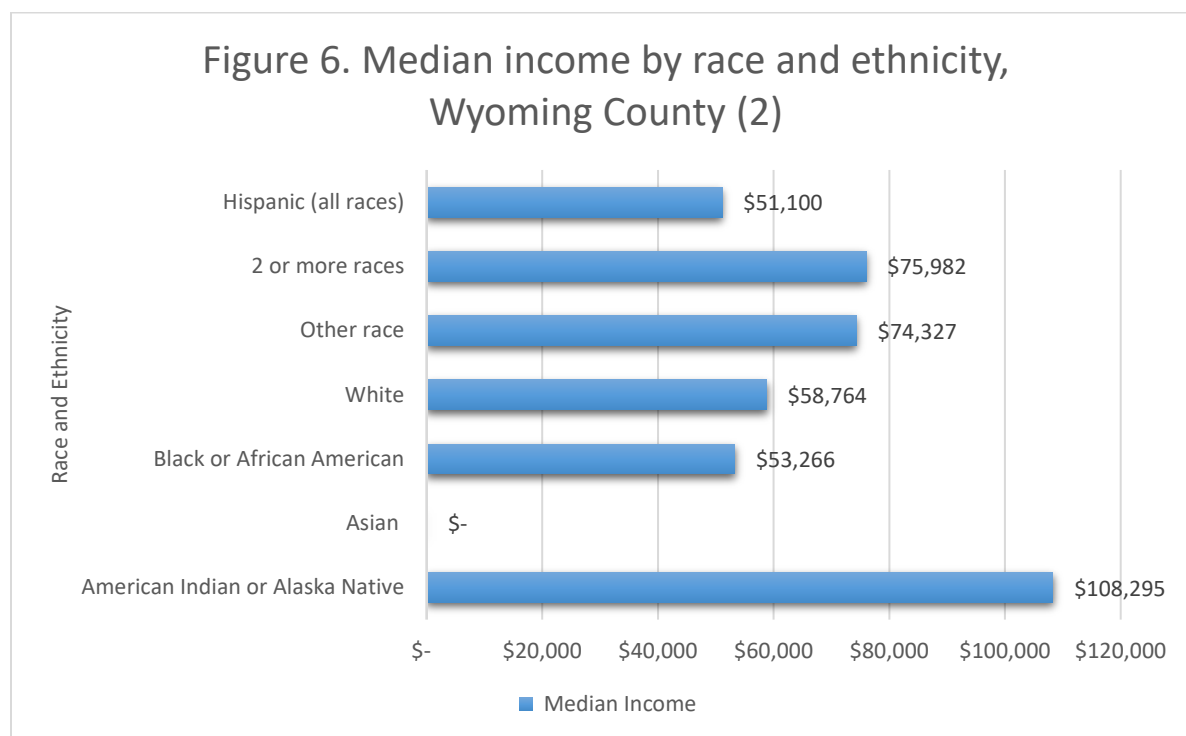
Economics and Poverty

The median income (in 2020 inflation-adjusted dollars) for a household in Wyoming County is \$58,746 (1). As shown in Figure 6, there are significant disparities in median income by race and ethnicity in Wyoming County.

96.6%
of Wyoming County
Residents surveyed
currently have
employment



Source: GOW Community Health Survey Analysis Report, 2022 (15)



As shown in Table 5, there are significant disparities in poverty rates by race, ethnicity and age within Wyoming County (2). In Wyoming County, an estimated 9.6% of the total population live in poverty overall (1). Furthermore, children under 18 in Wyoming County have a poverty rate of 10.8% and children under 5 have a rate of 13.8% below the poverty level (2).

Table 5: Poverty rates by race, age- Wyoming County (2)	
Living in Poverty	
American Indian or Alaska Native	19.5%
Asian	1.1%
Black or African American	18%
White	8.4%
Other race	19.2%
Two or more races	7.1%
Hispanic (all races)	31.1%
Children under 5 living in poverty	13.8%
Population under 18 living in poverty	10.8%
Adults age 65 + living in poverty	5.6%

Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems such as low birth weight or lead poisoning, and are more likely to have behavioral and emotional problems. As shown in Table 6, families that have a female head of household with no spouse present are even more likely to live at or below the poverty line.

**Family social challenges
among Wyoming County
residents surveyed**

1. **Lack of livable wage**
2. **Opportunities for physical activity**
3. **Access to healthy foods**
4. **Affordable housing**
5. **Street safety**



Source: GOW Community Health Survey Analysis Report, 2022 (15)

Table 6: Poverty level for families with female householder, no spouse present (2)		
	Wyoming County	New York State
Families with female householder, no spouse present	16.9%	23.5%
With related children under 18 years	23.9%	33.7%
With related children under 5 years only	51.9%	34.8%

Table 7: Family Income Wyoming County (2)	
Number of Families	10,544
Median Family Income	\$71,579
Mean Family Income	\$84,538

Built Environment

The neighborhoods and built environment in which we live, learn, work, and play can have a major impact on health and well-being of residents in a community. For example, in a neighborhood with high crime rates, residents may be less likely to engage in outdoor physical activity. Additionally, if residents in a neighborhood do not have access to a grocery store and/or reliable transportation, they may be less likely to have access to fresh, affordable healthy food.

Transportation

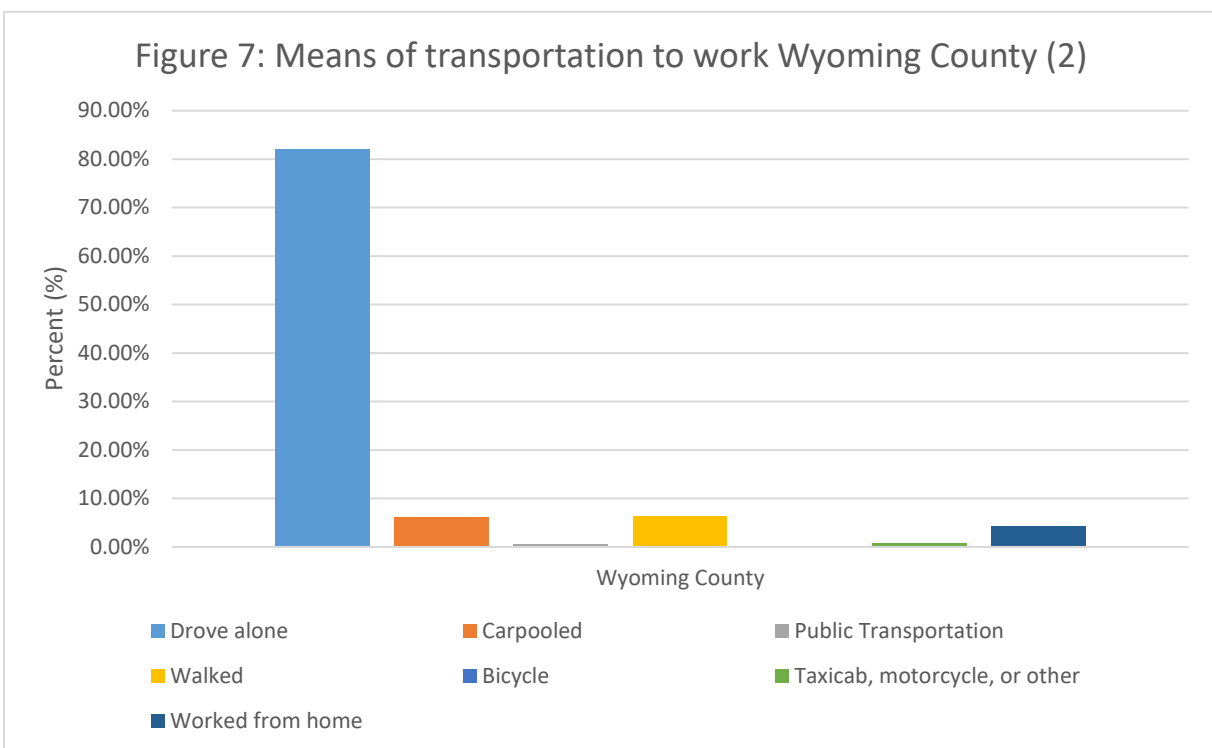
Transportation can impact the health of the community in many ways. Inadequate transportation can result in missed or delayed health care appointments, increased health expenditures, increased stress levels, longer work days and poor access to healthy foods. Research shows that individuals are less likely to access needed services when they face transportation difficulties. Active transportation can provide opportunities for residents to engage physical activity and promote wellness through biking and walking.

Environmental concerns among Wyoming County residents surveyed

- **Drinking water quality**
- **Agricultural runoff**
- **School safety**
- **Vector-borne diseases**
- **Climate change**



Source: GOW Community Health Survey Analysis Report, 2022 (15)



As seen in figure 7, Wyoming County is highly vehicle dependent with 82.1% of residents commuting to work alone. Only 0.5% of Wyoming County residents use public transportation and 6.4% of residents walk to work. The mean travel time to work is 25.7 minutes in Wyoming County (2).

Housing

Access to safe, stable and affordable housing can play an important role in health. For example, poor housing quality and inadequate housing can contribute to health problems such as chronic diseases, injuries, asthma, and lead poisoning (10).

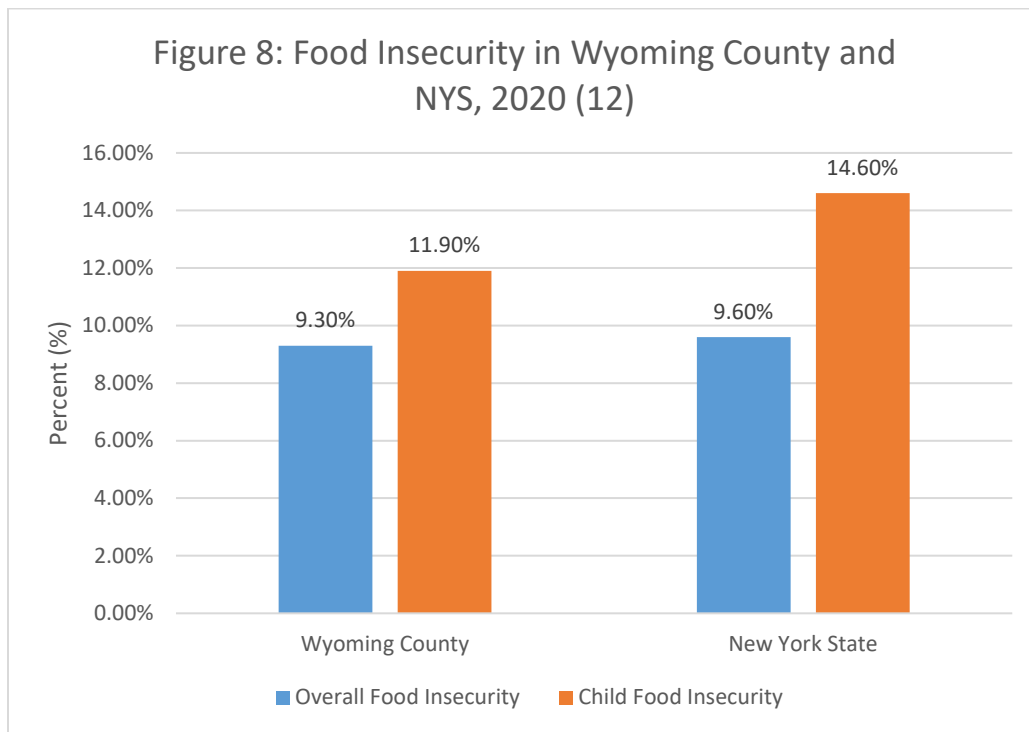
Wyoming County has a very traditional housing stock comprised of about 77.6% of single-family homes occupied by homeowners. The median value of owner-occupied housing units is \$118,800.00 in Wyoming County. 76.6% of housing units are owner-occupied in Wyoming County. 23.4% are renter-occupied in Wyoming County (2). Additionally, Wyoming County has 8% of households that spend 50% or more of their household income on housing (8).

Housing quality “refers to the physical conditions of a person’s home as well as the quality of the social and physical environment in which the home is located” (3). According to the *2022 County Health Rankings & Roadmaps*, the measure “severe housing problems” is defined as the percentage of households with one or more of the following housing problems: lack of complete kitchen facilities, lack of complete plumbing facilities, overcrowding or high housing costs (8). In Wyoming County, 8% of households have at least 1 of the 4 housing problems. Households that experience a severe cost burden are often faced with difficult decisions in meeting basic needs. For example, if a majority of someone’s paycheck goes to paying the mortgage or maintenance of a home, it may make it harder for someone to purchase healthy foods, pay medical bills or have reliable transportation. These tradeoffs can impact health and lead to increased stress and emotional strains (8).

Food Access

Access to healthy, fresh and affordable food is important to maintain a healthy lifestyle. However, several factors can make accessing healthy foods difficult, such as the proximity to a grocery store, access to reliable transportation, income, and the affordability of healthy food. The United States Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy lifestyle (10). Children who face food insecurity are sick more often, struggle in school, can experience growth impairment, can experience developmental impairments and have more social and behavioral problems than children that are not food insecure (11). Other populations that are more vulnerable to food insecurity include the senior population, individuals living in rural communities, Black populations, Latino population, and those living in poverty (11).

As seen in figure 8, Wyoming County had an overall food insecurity rate of 9.3% and a child food insecurity rate of 11.9% in 2020 (12). 8.7% of households in Wyoming County receive food stamps/SNAP benefits (2).



According to the *2022 County Health Rankings & Roadmaps*, 10% of the population in Wyoming County has limited access to healthy foods meaning that they are low-income and do not live close to a grocery store (8). Food Environment Index is another measure from the *2022 County Health Rankings & Roadmaps* that accounts for access to healthy foods by considering the distance an individual lives from a grocery store/supermarket, locations for purchasing healthy food, and the inability to access healthy food because of cost (8). Wyoming County's Food Environment Index value is 8.4 with the scale ranging from 0 (worst) to 10 (best) (8).

Crime and Violence

Crime and violence can significantly impact the health of a community and repeated exposure to crime and violence may be linked to an increase in negative health outcomes. Types of violence can include child abuse, neglect, verbal abuse, physical violence, firearm violence, sexual violence, intimate partner violence and elder abuse. Data shows that there is a connection between adverse childhood experiences (ACEs) such as violence or abuse during development/childhood and lifelong health outcomes including chronic disease and mental health. Children that are exposed to violence (e.g. bullying, cyberbullying, abuse, and witnessing violence) are more likely to experience stress, have difficulty in school, abuse drugs and alcohol, suffer from depression or other mental health issues and engage in violent behaviors as adults (3). In adulthood, exposure to violence can also lead to poor health outcomes.

In 2019, the index crime rate was 641.4 per 100,000 population in Wyoming County (9). Index crime rate includes the violent crimes of murder, rape, robbery, aggravated assault and the property crimes of burglary, larceny and motor vehicle theft. The violent crime rate was 114.8 per 100,000 population in 2019, which includes the crimes of murder, rape, robbery, and aggravated assault (9). From 2017-2019, the age adjusted homicide mortality rate per 100,000 population was 0.8 in Wyoming County, compared to 3.1 in New York State (9).

There are also disparities in which populations are affected and exposed to crime and violence. For example, low-income neighborhoods are more likely than high-income neighborhoods to be affected by crime and property crime (9). Additionally, homicide rates are consistently higher for young, black adolescents compared to young, white adolescents (3).

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) and trauma can have a significant and lasting impact on health, behavior, mental health outcomes and life potential. ACEs are potentially traumatic events that occur in childhood (0-17 years). Examples include experiencing violence, abuse or neglect, witnessing violence in the home or community, having a family member attempt or die by suicide (13). According to the Centers for Disease Control and Prevention (CDC) Vital Signs Report, 1 in 6 adults experienced four or more types of ACEs and females and racial/ethnic minority groups were at an even greater risk of experiencing 4 or more ACEs (14). In this same report, the CDC indicates that preventing ACEs could reduce the number of adults with depression by as much as 44% (14).

Based on the Community Health Assessment survey results for Wyoming County, of the respondents who were included in the ACEs analysis, those who reported at least one ACE were 3.92 times more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACE's (15). More specifically, those with 1-3 ACEs were 1.21 times more likely and those with 4 or more ACE's were 1.62 times more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs (15).

Of the Community Health Assessment survey respondents for Wyoming County, those who reported at least one ACE were 2.55 times more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs (15). More specifically, those with 1-3 ACEs were 2.44 times more likely and those with 4 or more ACEs were 2.72 times more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs (15).

The CDC identifies multiple strategies to help prevent ACEs such as strengthening economic supports to families, promoting social norms that protect against violence and adversity, connecting youth to caring adults and activities, ensuring a strong start for

children through early childhood education programs and preschool enrichment programs (13).

Civic Participation

Civic Participation includes activities that are formal and informal such as voting, volunteering, membership in community/group associations, and community gardening. These examples of civic participation can affect the health of an individual by helping someone develop a sense of purpose, decrease their social isolation, expand their social networks, increase physical activity (through community gardening) and improve mental health (3). Participating in the electoral process can be a good indication of civic participation. As of February 2022, Wyoming County has 1,818 residents who are considered as “inactive” voters (16).

Discrimination

Discrimination is a “socially structured action that is unfair or unjustified and harms individuals and groups” (3). There are two overarching types of discrimination including “structural discrimination (e.g. residential segregation, disparities in access to quality education, and disparities in incarceration) and individual discrimination (e.g. discrimination based on race, gender, sexuality, gender identity, disability and age)” (3).

Residential segregation is a form of structural discrimination in the housing market that remains prevalent and may impact the personal and community well-being of residents. Residential segregation is considered a fundamental cause of health disparities and has been linked to poorer health outcomes including higher levels of overall mortality, premature mortality and infant mortality as well as a variety of reproductive, infections, and chronic diseases (8). The *2022 County Health Rankings & Roadmaps* includes a measure for residential segregation- black/white, which uses the 2016-2020 *American Community Survey*. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can represent the percentage of either Black or white residents that would have to move to a different geographic area to produce a distribution that matches that of the larger area (8). Wyoming County has a residential segregation- black/white index score of 82. For residential segregation- non-white/white, Wyoming County has an index score of 33 (8).

Land Use

Wyoming County is the #1 county in New York State in total agricultural production and milk production (17). With 729 active farms, agriculture is extremely important to the economic and social fabric of the County (19). According to the 2017 Census of Agriculture, approximately 71% of land in Wyoming County is designated as cropland (19). In Wyoming County Cropland acreage is primarily used to grow grains, oilseeds, dry beans, dry peas, vegetables, melons, potatoes, hay, along with other crops (19).

Access to healthcare services is essential and key to achieving better health outcomes, promoting good health and preventing disease. Access to health care is defined as “the timely use of personal health services to achieve the best possible health outcomes” (3). However, there are many gaps and barriers to accessing care including inadequate health insurance coverage, lack of health insurance, having a primary care physician, access to transportation, limited health care resources, and language barriers.

In Wyoming County, there are gaps in access, quality and affordable health care. Wyoming County is a rural county with a shortage of healthcare workers and access to services. The ratio of the population to primary care physicians is 3,620:1, while the ratio of dentists is 2,080:1 and 430:1 for mental health providers (8). As demonstrated in Figure 9, lack of primary care providers and the geographical accessibility of primary care providers exists for some parts of the county. This is a deterrent to accessing health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel out of the county for doctor's appointments.

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Figure 10: Dental Providers in Wyoming County, NY

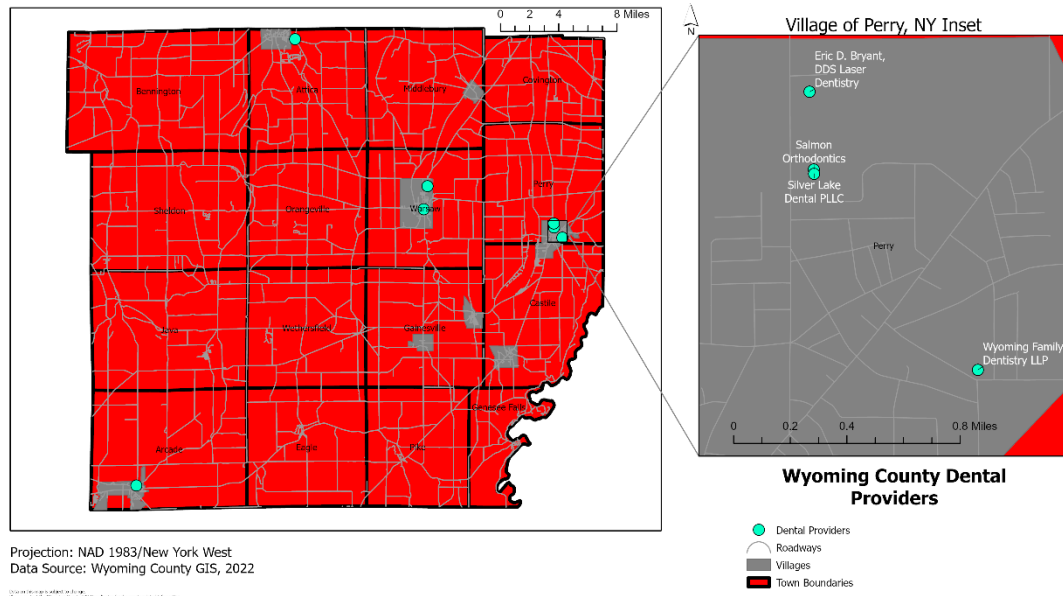
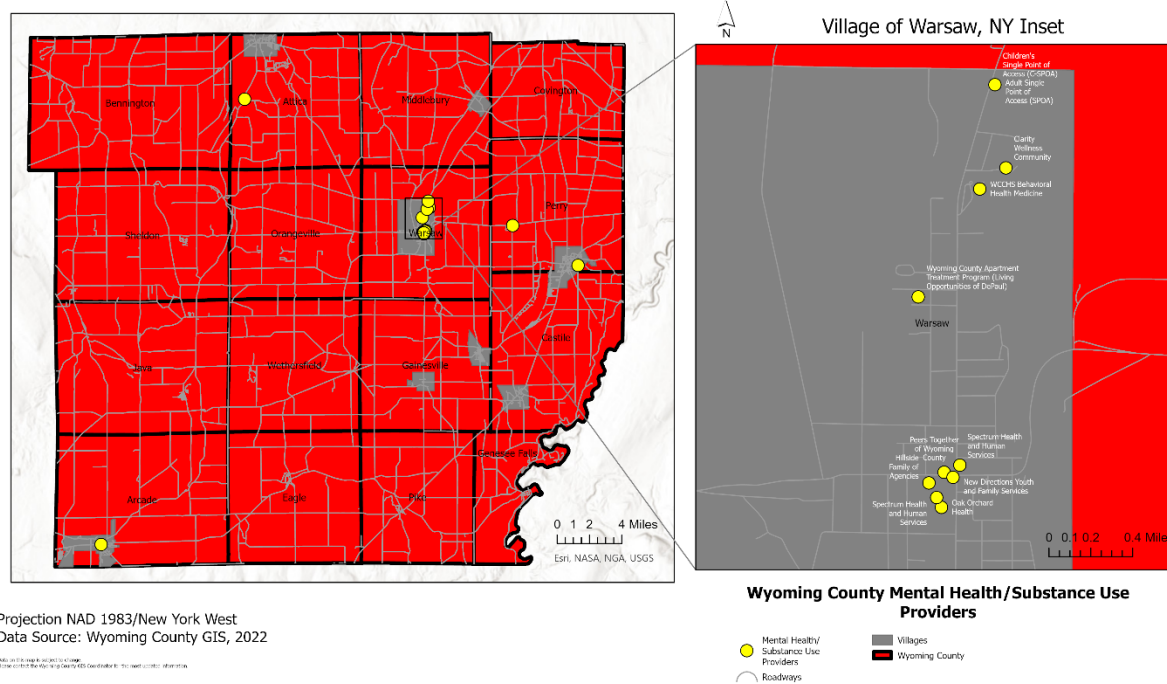


Figure 11: Mental Health & Substance Use Providers in Wyoming County, NY



Barriers to Access to Care

There are many barriers identified by residents of Wyoming County for receiving health care services including lack of providers, insurance coverage, fear of judgement, transportation, cost, lack of awareness of services, and limited availability of services. Of Wyoming County residents that completed the GOW Community Health Assessment

Wyoming County residents surveyed report the following barriers to mental health services

- 1. Fear of judgement**
- 2. Lack of physicians**
- 3. Appointment cost**
- 4. Appointment wait time**
- 5. Clinic hours were not convenient**



Source: GOW Community Health Survey Analysis Report, 2022 (15)

Survey, approximately 17% of residents indicated that they did not seek medical care in the past year when they needed it (15). As seen in Table 8, of the residents that indicated that they did not seek medical care in the past year when they needed it, 25% of residents indicated that they could not get an appointment for a long time and 23% indicated that the office was not open when they could get there, and 23% indicated reasons related to COVID-19 (15).

Table 8: Five most common reasons why residents did not seek medical care when they needed it within the last year, Wyoming County, 2022 (15)

I could not get an appointment for a long time	25%
Hours – they were not open when I could get there	23%
Reasons related to COVID-19	23%
I could not get time off of work	18%
Cost-Even with insurance, it was too expensive	15%

Additionally, the GOW Community Health Assessment Survey asked residents to indicate the reasons why they did not seek mental/behavioral health care in the past year. Of Wyoming County residents that completed the GOW Community Health Assessment Survey, approximately 35% indicated that fear of judgement/stigma was a top reason, 20% of residents surveyed indicated that they were unable to find a local provider - doctor shortage, while 19% indicated cost - even with insurance, it was too expensive (15).

As seen in Appendix L, Community Conversations in Wyoming County reached 40 residents through six

Biggest barriers to receiving medical care among Wyoming County residents surveyed:

- 1. Long wait times for appointments**
- 2. COVID-19 related concerns**
- 3. Clinic hours were not convenient**
- 4. They could not take time off of work**
- 5. Cost of appointment was too high**

Source: GOW Community Health Survey Analysis Report, 2022 (15)

conversations that were facilitated at Office for the Aging, Mothers of Preschoolers, Youth Bureau, Pioneer Christian Fellowship, Navigators, and Bereavement Support Group. Common themes mentioned were transportation; access to public transportation; mental health, dentists and/or physicians; cost of living; access to physicians; service providers (OT, PT, Speech); domestic violence; education programs; in home aids.

Health Insurance

Insurance coverage is one of the largest factors affecting health care access. As seen in Table 9 and the 2020 U.S. Census Bureau American Community Survey, 95.9% of civilian noninstitutionalized residents are insured, while 4.1% are uninsured (2). The largest age group that is uninsured is 26-34 year olds, with 8.2% uninsured (2).

Table 9: Health Insurance Coverage, Wyoming County, 2020 (2)				
Health Insurance Coverage	Percent of All County Residents (%)	Percent of residents under 19 Years Old (%)	Percent of Residents Years Old 19-64 (%)	Percent of Residents 65+ Years Old (%)
Insured	95.9(±0.7)	97.5%	94.1%	99.9%
Uninsured	4.1 (±0.7)	2.5%	5.9%	0.1%

Health Care Utilization

According to the GOW Community Health Assessment Survey Report, approximately 42% Wyoming County residents who completed the survey see their primary care provider several times per year. 33% see their primary care for a yearly check-up while 19% see their primary care provider only when they are sick (15).

Emergency rooms and/or urgent care facilities are often utilized for non-emergency situations. This can result in unnecessary testing, treatment and can be very costly. According to the New York State Community Health Indicator Reports (CHIRS), Wyoming County had an age-adjusted rate of total emergency departments visits of 3,923.8 per 10,000 population from 2017-2019, which is just below the New York State rate of 4,069.8 per 10,000 population (9).

Health Status: Distribution of Disease and Illness

The following sections provide a comprehensive overview of the current health status of residents in Wyoming County. This section is broken down into the following topic areas, based on the New York State Prevention Agenda framework (27):

- Improve Health Status and Reduce Health Disparities
- 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
- Prevent Communicable Diseases

Improve Health Status and Reduce Health Disparities

This section explores the **overall health status** of Wyoming County while highlighting **disparities in mortality and morbidity**. Healthy People 2030 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” (3).

Premature Mortality

A premature death is a death that occurs before the average age of death in a certain population. In Wyoming County, 22.3% of deaths occur before the age of 65 years, which is slightly lower than the New York State percentage of 22.7 (21).

There are substantial disparities in premature death rates by race and ethnicity. The difference in premature death percentages between Black non-Hispanics and White non-Hispanics premature death rate is 28.3% (21). The difference in premature death percentages between Hispanics and White non-Hispanics is 11.6% compared to the New York State percentage of 16.4 and the New York State Prevention Agenda 2024 objective of 16.2% (21). The disparity in these health indicators could be a result of inequalities in social determinants of health such as access to quality health care, income and wealth, education and employment.

Preventable Hospitalizations

The potentially preventable hospitalization rate among adults in Wyoming County is 124.1 per 10,000, compared to 125.9 per 10,000 in New York State (21).

There are substantial disparities in potentially preventable hospitalizations by race and ethnicity. The difference in potentially preventable hospitalizations among adults between Black non-Hispanics and White non-Hispanics is 45.1 per 10,000 in Wyoming County compared to 115.8 per 10,000 in New York State and the Prevention Agenda 2024 goal of 94.0 per 10,000 (21). The difference in potentially preventable hospitalizations among adults between Hispanics and White non-Hispanics is

suppressed in Wyoming County. The NYS Prevention Agenda goal is 23.9 per 10,000 (21). The disparity in these health indicators could be a result of inequalities in social determinants of health such as access to quality health care, income and wealth, education and employment.

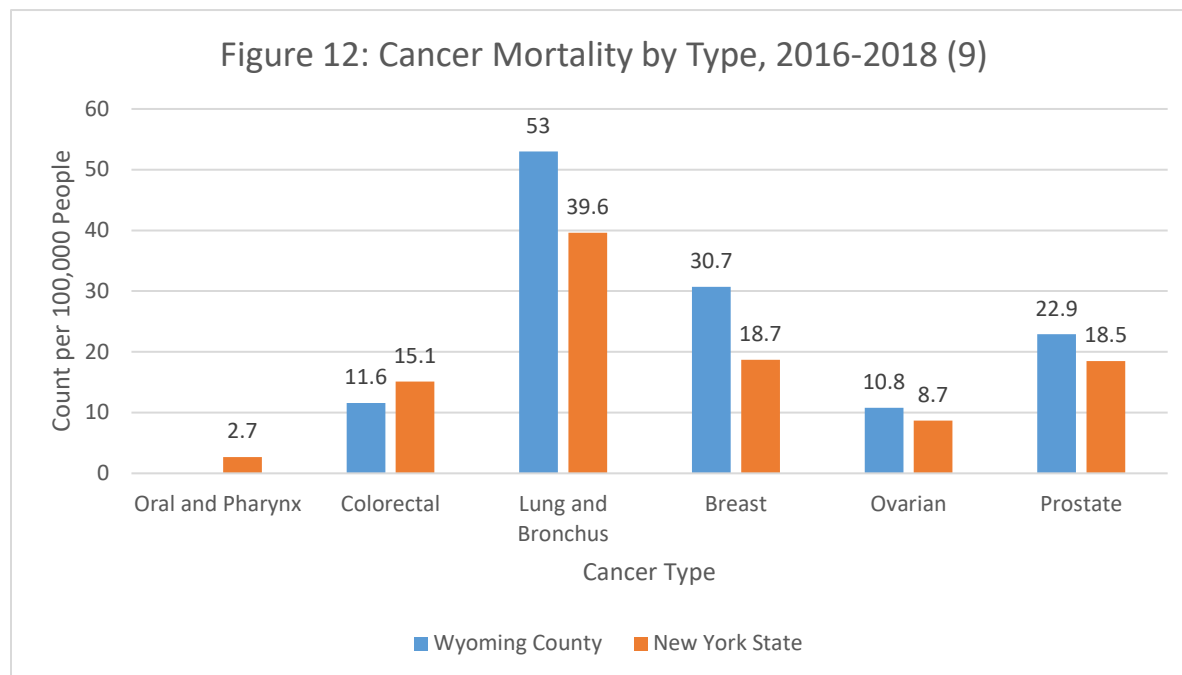
Prevent Chronic Diseases

Chronic diseases are conditions that patients live with for longer than three months, and can take a large toll on the physical, mental, social, and financial health of individuals. Screening and regularly seeing a primary care provider are important ways to stay on top of your health and prevent chronic diseases. Examples of chronic diseases include **cancer, obesity, diabetes, cardiovascular disease**, and more. Each of these diseases impacts the daily functioning of community members, and preventing them improves the health of the population.

Cancer

Cancer is a prevalent condition categorized by uncontrolled cell growth within the body, and is one of the leading causes of death in both New York State, and the United States as a whole.

In Wyoming County, there was a cancer incidence of 690.8 cases per 100,000 people, which is higher than the incidence of cancer in New York State, with 587.7 cases per 100,000 people. Wyoming County also experiences a higher rate of cancer mortality than New York State at 214.5 deaths per 100,000 people compared to 175.5 deaths per 100,000 people in the state (9).



Colon and rectum cancer in Wyoming County have an incidence of 52.2 cases per 100,000 people, and New York State experiences the same cancer at an incidence of 45.7 cases per 100,000 people (9). Secondary treatment to prevent manifestation and development of colon cancer is available and recommended to adults aged 50-64 years. In Wyoming County, 59.4% of this population maintains regular screening, faring worse than New York State, with 65.4% of the population reporting routine screening (9). New York State aims to improve colorectal cancer screenings to 80% of adults within the ages of 50-75 years (20).

Wyoming County reports lung and bronchus cancer incidence of 88.6 cases per 100,000 people, and New York State reports an incidence of 72.6 cases per 100,000 people. The biggest risk factor for development of lung cancer is smoking (22), and 19.6% of Wyoming County residents and 12.8% of New York State residents report current cigarette smoking (9). The second leading cause of lung cancer among non-smokers is radon exposure. Radon is a naturally occurring, colorless, odorless, and tasteless radioactive gas (23). In Wyoming County, there is an average of 9.54 Pico curies/liter (pCi/L) of radon in basements and 3.32 Pico curies/liter (pCi/L) of radon measured on the first floor of homes (24). High amounts of radon are indicated by more than 4pCi/L though no level of radon is safe to health (24).

Wyoming County Residents surveyed claim they would be more physically active if:

- **There were discounts for exercise programs for gym memberships**
- **They had a friend to exercise with**
- **They had access to more safe places to walk or exercise**

Source: GOW Community Health Survey Analysis Report, 2022 (15)

Female residents of Wyoming County experience a breast cancer rate of 218.8 per 100,000 people and an ovarian cancer rate of 10.8 per 100,000 people, while New York State reports a breast cancer rate of 164.6 and an ovarian cancer rate of 14.2 (9). Male residents of Wyoming County experience a prostate cancer rate of 171.2, and New York State reports an incidence rate of 158.7 (9).

Diseases of the Heart

Cardiovascular disease (CVD) and other diseases of the heart are the leading cause of death in the United States. CVD is an umbrella term describing all diseases of the heart. Common diseases of the heart include coronary heart disease (CHD), characterized by a buildup of fatty material such as cholesterol blocking arteries, congestive heart failure (CHF), which occurs when the heart cannot pump as effectively as it should (25), and hypertension, characterized by an average blood pressure above 140/99 mmHg (26). A primary care physician can screen for all of these conditions.

Important ways to prevent onset of heart disease is to maintain a healthy diet, partake in regular physical activity, and routinely check cholesterol levels. Cholesterol can build up on the walls of arteries, making it more difficult to pump blood to the body (27).

Wyoming County experiences a CVD mortality rate of 306.4 per 100,000 people, while New York State experiences CVD mortality at a lower rate of 278.3 deaths per 100,000 people (9). Coronary heart disease (CHD) is also a major contributor to deaths due to diseases of the heart. There were 149.5 deaths due to chronic heart disease in Wyoming County, and New York State similarly reports 173.4. Congestive heart failure (CHF) in Wyoming County is also higher than that of New York State, at a rate of 28.2 deaths per 100,000 people compared to 15.1 deaths per 100,000 people in the state as a whole (9).

In Wyoming County, mortality related to other diseases of the heart has a rate of 226.7 per 100,000 people compared to New York State, reporting 224.0 deaths per 100,000 people (9). 66.8% of adults in Wyoming County are receiving tertiary care, or taking medications, to manage their hypertension, while 76.9% of adults in New York State report the same (21).

Wyoming County experiences a heart attack mortality rate of 36.5 deaths per 100,000 people compared to New York State's rate at 30.0 per 100,000 people. Stroke mortality rate in Wyoming County is 36.5 per 100,000 people, and New York State experiences a rate of 31.5 per 100,000 people (9).

Obesity and Diabetes

10.1% of Wyoming County residents have been diagnosed with diabetes, while similarly 10% of New York State residents report the same (9). In Wyoming County, 52.5% of adults aged 45 years old or older report having a diabetes test by a medical professional within the last three years, faring worse than New York State, reporting at 63.8% (21). Regular diabetes testing is important to catch disease and begin treatments early to improve health outcomes.

A common risk factor for the development of diabetes mellitus is obesity. Obesity is a chronic condition characterized by having a body mass index (BMI) of greater than 30 (28). 18.8% of students in elementary, middle, or high school in Wyoming County have obesity, compared to 17.3% of students in the same age group in New York State, excluding New York City. 38.4% of adults in Wyoming County and 27.6% of adults in New York State also report having obesity (9).

Liver and Kidney Disease

Conditions of the liver and kidney also affect the lives of many residents of Wyoming County and New York State. Wyoming County reports a chronic kidney disease (CKD) hospitalization rate of 134 per 10,000 people, and New York State reports 153.6 hospitalizations due to CKD per 10,000 people (9).

Cirrhosis is a chronic liver disease classified by scarring and inflammation, typically due to excessive drinking or hepatitis (29). Wyoming County reports 10 deaths per 100,000 population due to Cirrhosis (9).

Lung Disease

Wyoming County reports 52.3 deaths due to chronic lower respiratory disease per 100,000 population, and New York State reports a lower rate of 36.7 deaths per 100,000 population (9). Chronic lower respiratory infections include bronchitis, asthma, and emphysema (30). There are currently 11.2% of adults in Wyoming County living with asthma, compared to 10.1% of adults in New York State. In Wyoming County there were 3.9 hospitalizations (age adjusted) per 10,000 people due to asthma. This rate is much lower than that of New York State, reporting 10.3 hospitalizations (age adjusted) per 10,000 people due to asthma (9).

Promote a Healthy and Safe Environment

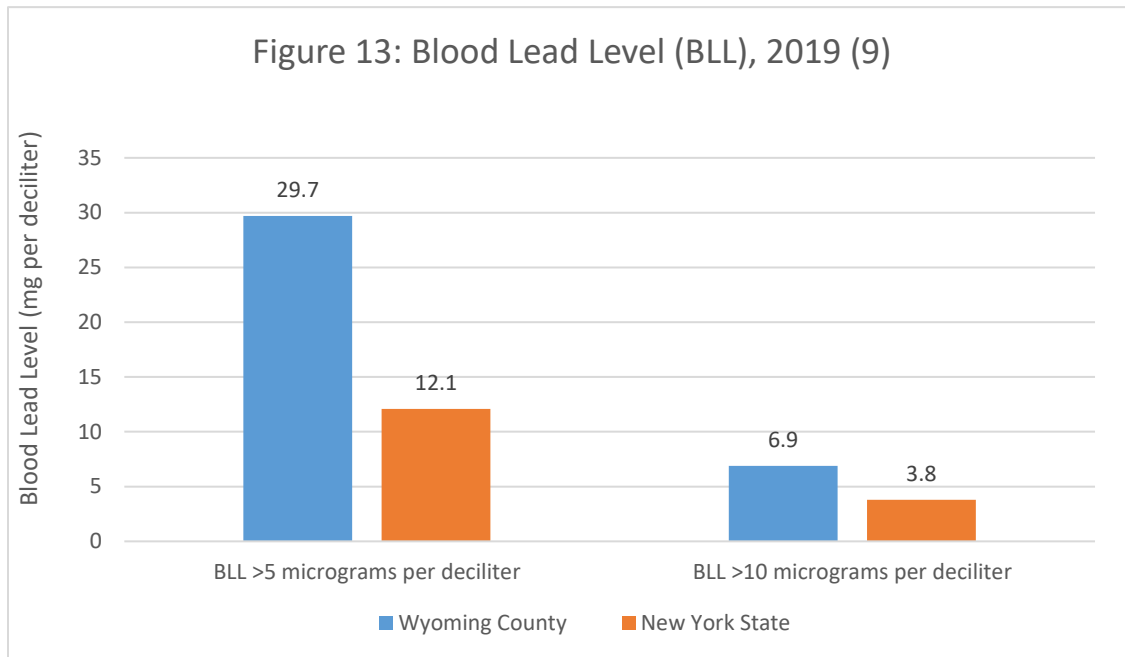
Living in a safe and healthy environment is essential for community members to have the best health and well-being possible. Promoting this environment means reducing the amount of **particulate matter** and **toxins** in the air, monitoring **blood lead levels**, promoting **safety** and **proper medical care for injury**, and providing a **safe work environment** for all.

Blood Lead Levels

In 1978, lead-based paint was banned in New York State. There are an estimated 13,968 homes built before 1979 in Wyoming County (18). These houses potentially have old layers of lead paint that could put children at risk of lead poisoning (18). The best way to determine lead exposure, especially among children, is to test blood. New York State mandates that doctors test all children for lead exposure twice—once at one year old and once at two years old. A blood lead level of 5 micrograms per deciliter or greater requires further testing and monitoring to avoid adverse health outcomes (31).

Exposure to lead can occur by living in a house with lead pipes or paint, lead-contaminated soil, or even consumer products such as toys, glazed pottery, inexpensive jewelry, and more (32). Lead exposure in childhood can cause a myriad of health concerns, including neurological developmental delay, slowed growth, learning and behavioral problems, hearing and speech problems, and more (33).

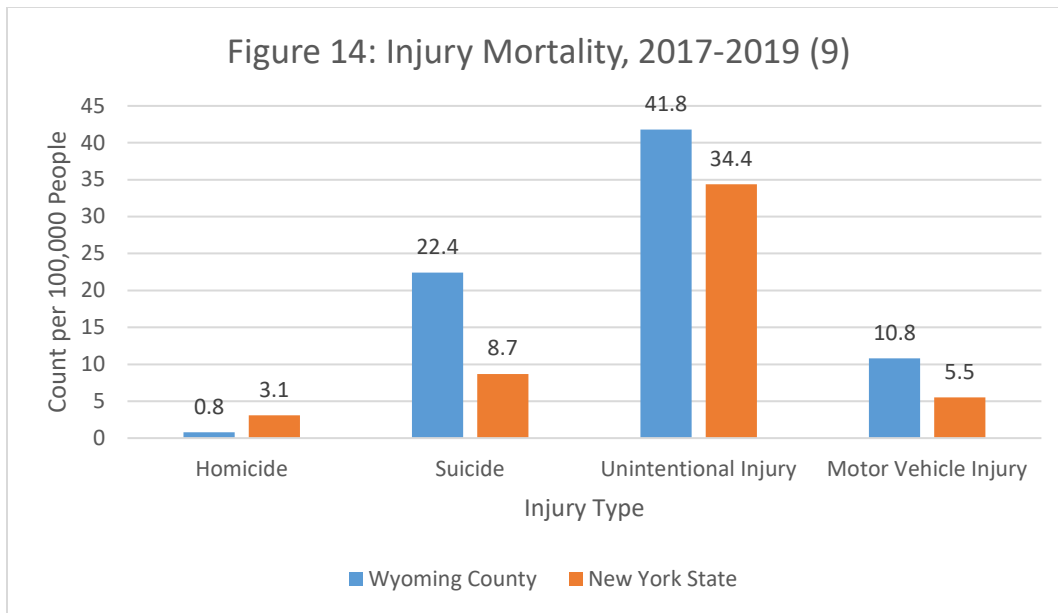
Wyoming County Health Department operates a lead prevention and education program to reduce childhood exposure to lead. Refer to the assets and resources section to learn more.



In 2019, 29.7 children per 1,000 aged under 72 months in Wyoming County had elevated blood lead levels of 5 micrograms per deciliter or higher, faring worse than New York State with a rate of 12.1 children per 1,000 (9). Among these, 6.9 children per 1,000 aged under 72 months had elevated blood lead levels of 10 micrograms or higher per deciliter, compared to 3.9 children per 1,000 in New York State (9). 67.6% of children in Wyoming County had met the requirement of 2 lead screenings before two years of age, compared to 63.3% of children in New York State (9). Continued efforts in lead screening are needed to prevent lead exposure, increase the number of children screened and identify children with high blood lead levels.

Injury and Hospitalization

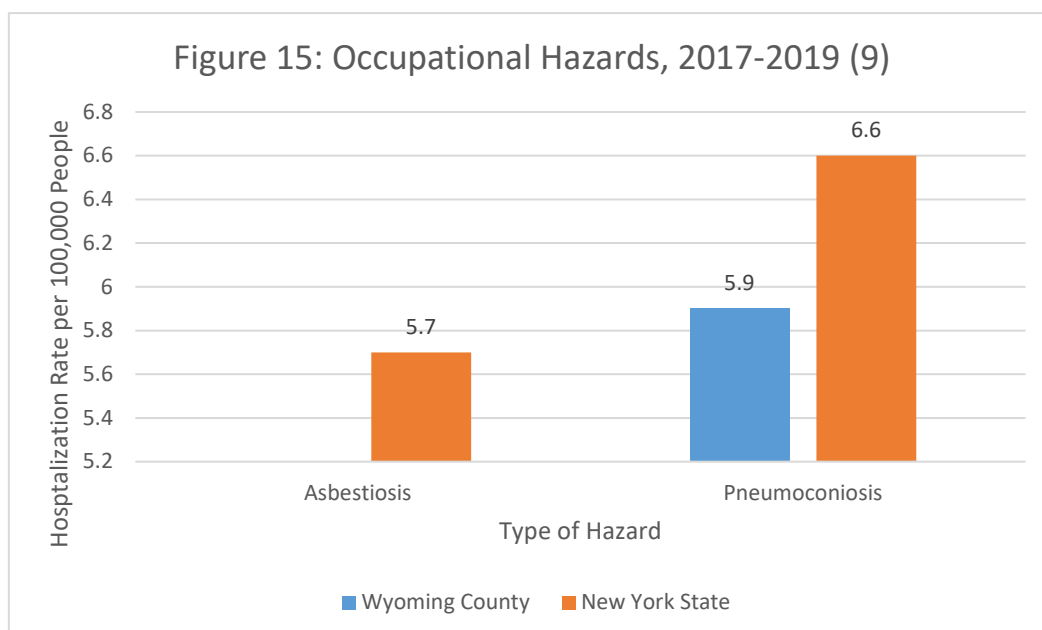
Wyoming County experienced an age-adjusted rate of 0.8 homicide deaths per 100,000 population (age-adjusted), compared to 3.1 deaths per 100,000 population in New York State. The suicide mortality crude rate per 100,000 for Wyoming County is 22.4, whereas it is 8.7 per 100,000 deaths by suicide for people in New York State. For age-adjusted unintentional injuries, Wyoming County experiences 41.8 deaths per 100,000 people and 56.7 hospitalizations, compared to 34.4 deaths and 61.5 hospitalizations per 100,000 people in New York State. There were also 10.8 motor vehicle crash injuries per 100,000 people (crude rate) in Wyoming County, compared to 5.5 in New York State (9).



Occupational Hazards

Occupational hazards are anything that can affect one's health that occurs at the workplace. Pneumoconiosis and asbestosis are lung diseases that manifest after asbestos exposure in the work place. Occupations most at risk for pneumoconiosis and asbestosis onset include firefighters, construction workers, industrial workers, or any occupation that regularly handles large amounts of asbestos-containing material (34).

Figure 15 shows that there were 5.9 pneumoconiosis hospitalizations per 100,000 persons aged 15 and older in Wyoming County, compared to 6.6 hospitalizations per 100,000 persons in New York State. Asbestosis hospitalizations per 100,000 residents in Wyoming County is suppressed, but is 5.7 in New York State (9).

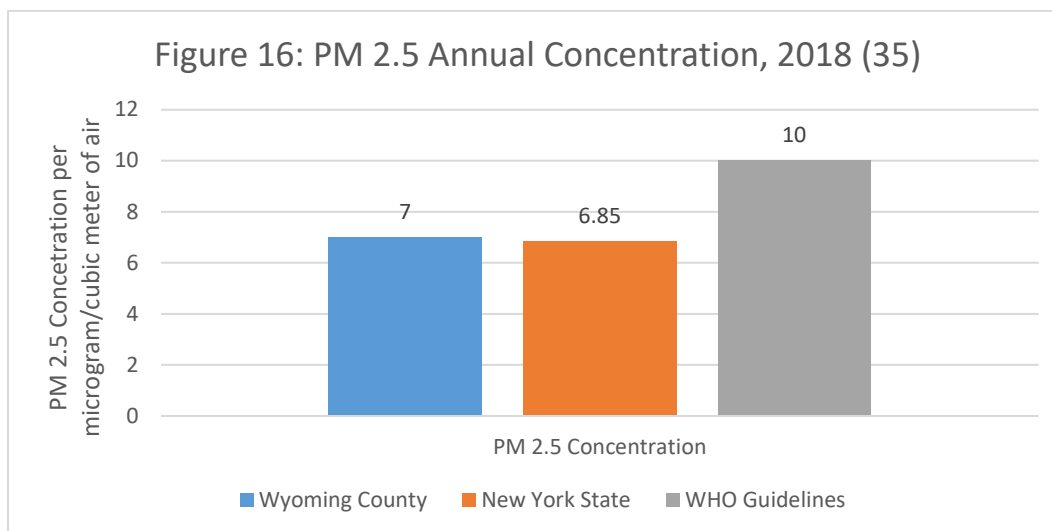


Wyoming County also experiences 325.6 hospitalizations per 100,000 employed persons aged 16 years or older, compared to 145.9 in New York State (9).

Among employed person ages 16 and older, there were 17.5 cases per 100,000 people of elevated blood lead levels in Wyoming County, compared to 16.8 cases per 100,000 people in New York State (9).

Air Quality

Air quality is worsened by several factors, including vehicle exhaust, aerosol pollutants, natural disasters, and more. Particulate matter (PM) concentration in the air is one way to assess the quality. A PM of 2.5 indicates that the particles in the air have a diameter of 2.5 microns, and are considered “fine particulate matter”. Since these particles are so small, they can penetrate deep into the lung and cause injury or disease, making them an adamant public health issue (37).



Wyoming County’s annual average concentration of PM 2.5 is 7.0 micrograms per cubic meter of air, which has been decreasing since 2005. New York State has an annual average concentration of 6.85 micrograms of PM 2.5 per cubic meter of air (8). The World Health Organization (WHO) suggests an annual mean concentration of PM 2.5 not exceed 10 micrograms/cubic meter of air (36).

Promote Healthy Women, Infants, and Children

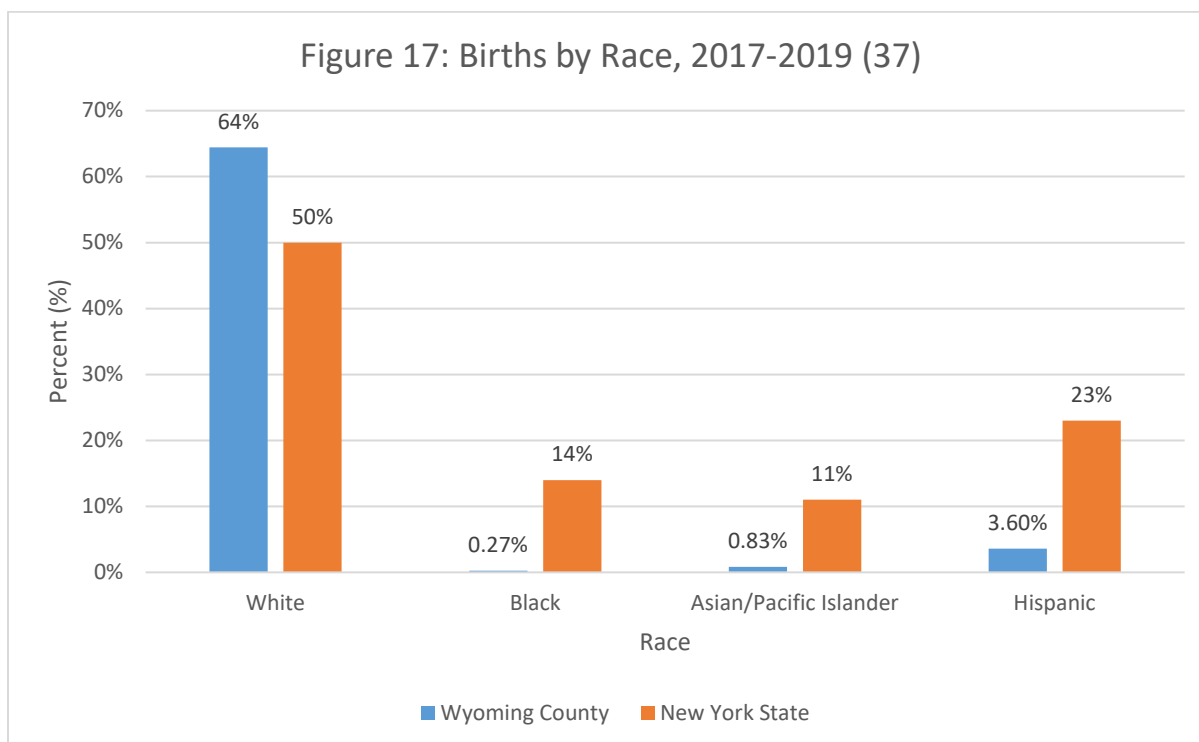
Promoting the best health for women, infants, and children promotes the best health for the future generations of our community. To do so, we must assess **premature death**, **health conditions** in childhood, **prenatal care** rates, and **natality** among all ages.

Family Planning and Natalty

In Wyoming County, there were 64.5 pregnancies per 1,000 people ages 15-44, compared to 79.7 pregnancies per the same population in New York State. Among these, 2.9% of births in Wyoming County were to teenage mothers of 15-19 years of

age and 13.2% were to mothers aged over 35 years old. In New York State, 3.1% of births were to teenage mothers, and 24.5% of births were to mothers aged over 35 years old (9). 11.2% of births in Wyoming County were preterm, compared to 9.2% of births in New York State (21).

Among all the births in Wyoming County, 94.45% (341) were to White mothers, 0.27% (1) were to Black mothers, 0.83% (2) were to Asian American or Pacific Islander mothers, and 3.60% (11) were to Hispanic mothers. In New York State, 50% (109,268) of births were to White mothers, 14.86% (32,433) were to Black mothers, 11.28% (24,633) were to Asian American or Pacific Islander mothers, and 23% (51,959) were to Hispanic mothers (37).



Prenatal and Postnatal Care

Prenatal and postnatal care is very important to the long-term health and development of infants and children. Prenatal care refers to medical care and interventions during gestation, and postnatal care refers to medical care and interventions after birth. Lack of proper prenatal care beginning in the first trimester of pregnancy, and postnatal care after delivery can lead to low birthweight, preterm labor, developmental disabilities, stunted growth, learning impairments, and more (38). Wyoming County fares better than New York State on many prenatal and postnatal indicators.

In Wyoming County, 84.8% of pregnancies received early prenatal care within the first trimester, compared to 76.3% of pregnancies in New York State (9). Only 2.4% of pregnancies received late prenatal care in the third trimester in Wyoming County, compared to 5.4% in New York State (9). Overall, 80.9% of pregnancies in Wyoming

County received adequate prenatal care, where only 75.5% of pregnancies in New York State reported the same (9). In Wyoming County, 8.1% of births were considered preterm, or born before 37 weeks of gestation, compared to 9.2% of births New York State (9).

Women, Infants, and Children (WIC) is a supplemental nutrition program for low-income pregnant, postpartum, and breastfeeding women and their children. WIC offers nutrition education, referrals to healthcare providers, and provides nutritious foods to families in need (39). For women enrolled in WIC, 92.6% of those in Wyoming County received early prenatal care compared to 90.7% in New York State. 41.5% of Wyoming County women enrolled in WIC were obese before their pregnancy, 5.6% had gestational diabetes, and 12.5% had hypertension, compared to 26.6% of women being obese before pregnancy, 6.6% having gestational diabetes, and 7.5% having hypertension in New York State (9).

Breastfeeding after delivery is an important way for newborns to receive antibodies from the mother's immune system, which lowers risk of onset of certain chronic conditions, and improves the overall health status of the infant (40). In Wyoming County, 82.5% of newborns were fed breastmilk at least once after delivery in a hospital, where in New York State that rate is 88.5% (9).

Among those, 67.5% of newborns in Wyoming County were *only* fed breastmilk after hospital delivery, compared to 47.1% of newborns in New York State (21). Among mothers and newborns enrolled in WIC, 29.8% were breastfed for at least 6 months in Wyoming County, compared to 41% in New York State (9).

1 in 10
of Wyoming County
Residents surveyed
are uninsured



Source: GOW Community Health Survey Analysis Report, 2022 (15)

Health Conditions

There are many health conditions that are exacerbated in childhood, including asthma, gastroenteritis, and pneumonia. In Wyoming County, there were 7.5 hospitalizations due to asthma per 10,000 children aged 0-17, compared to 20.3 in New York State (9).

It was reported that 81% of children in government sponsored insurance programs in Wyoming County attend the recommended number of well visits, whereas only 75.2% do the same in New York State (9).

Premature Death

Wyoming County fares better than New York State regarding early childhood mortality. For children aged 1 year old to 4 years old, there were 0 deaths per 100,000 children, compared to 17.7 deaths per 100,000 children in New York State. In Wyoming County,

there were 0 deaths per 100,000 children aged 5-9, compared to 10.3 deaths per 100,000 children in New York State (9).

The infant mortality rate, or deaths among newborns less than one year of age, in Wyoming County was 5.5 per 1,000 infants, compared to 4.4 in New York State (21). The neonatal mortality rate, or deaths among newborns aged less than 28 days, was 4.6 per 1,000 births in Wyoming County, compared to 2.9 per 1,000 births in New York State (9). Deaths within the first month to the first year, or the post-neonatal mortality rate, was 0.9 per 1,000 births in Wyoming County compared to 1.5 deaths per 1,000 births in New York State. The perinatal death rate, or death of an infant from 20 weeks gestation until 28 days of life, was 6.5 in Wyoming County compared to 9.3 in New York State. The maternal mortality rate in Wyoming County was 0 deaths per 100,000 mothers, faring much better than New York State with a rate of 19.3 deaths per 100,000 mothers (9).

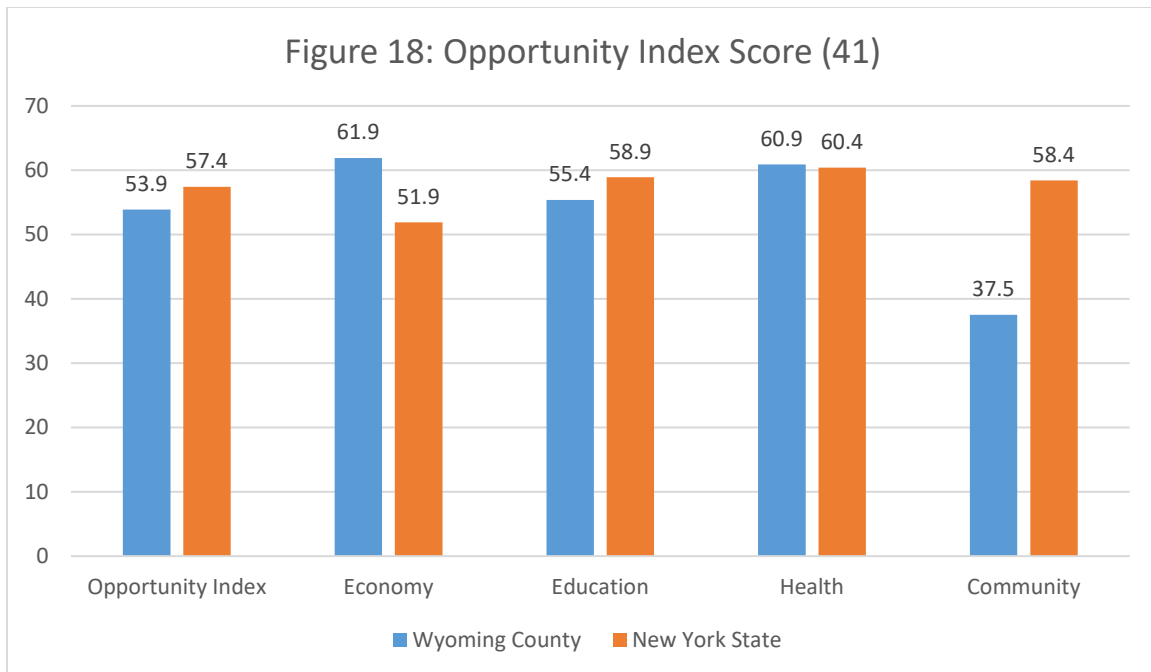
Promote Well-being and Prevent Mental and Substance Use Disorders

The definition of health includes maintaining adequate mental health, and preventing mental health and substance use disorders is one of the best ways to promote well-being in a community. Indicators relating to substance use disorders and mental health are **alcohol misuse**, **smoking**, and **suicide and overdose deaths**, and can be assessed with **opportunity index scores**.

Opportunity Index

An Opportunity Index Score ranks resources and factors that allow county citizens to have the greatest opportunities available. It is broken down into four dimensions: economy, education, health, and community (41).

In 2019, Wyoming County scored a 53.9 overall for the opportunity index score, and New York State scored a 57.4. Wyoming County's economy score ranked higher than New York State, at 61.9 compared to 51.9. Wyoming County compared to New York State, scoring 55.4 on education and 60.9 on health compared to 58.9 and 60.4 in New York State. Wyoming County scored worse than New York State on community, scoring 37.5 compared to 58.4 (41).



In Wyoming County, there are 221 mental health providers per 100,000 people compared to New York State who has 304 mental health providers per 100,000 people (9).

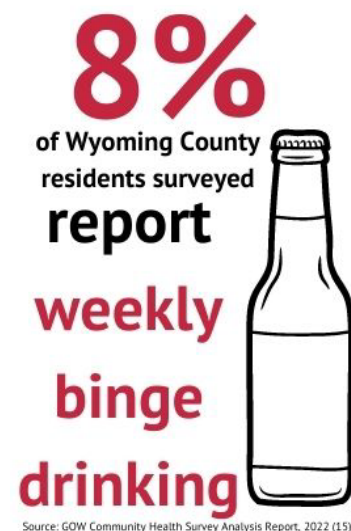
Alcohol Misuse and Smoking Status

Binge drinking is identified as having an excessive amount of alcohol in a short period of time. For women, binge drinking is classified as having four or more drinks in one sitting, and for men it is classified as having five or more drinks in one sitting (42).

In Wyoming County, 17% of adult residents report binge drinking within the last month, whereas 17.5% of New York State residents report the same (9). Also in Wyoming County, 20.3% of residents report currently smoking cigarettes, and in New York State, the rate is much lower at 13.2% (9).

Suicide and Overdose Deaths

In Wyoming County, 18.2 per 100,000 people experienced mortality due to suicide, whereas in New York State, 8.2 per 100,000 people committed suicide (21). 18.4 per 100,000 people died by overdose in Wyoming County, compared to 14.9 deaths per 100,000 people in New York State (21). 55.4 per 100,000 people in Wyoming County visited the emergency department to treat an overdose, and 53.1 per 100,000 people in New York State report the same (21).



Buprenorphine Naloxone is a prescribed counter medication-assisted treatment for opioid use disorder. It works to diminish the feeling of physical dependency to opioids, decreases risk of overdose, and lowers abuse rates for opioid drugs (42). In Wyoming County, 633.7 patients per 100,000 have received a buprenorphine naloxone prescription, a rate higher than New York State's rate of 419.1.

Narcan is another option available to reduce overdose deaths. Narcan is a nasal spray administered after an overdose to reverse the effects. In Wyoming County, 52.53% of residents do not know where they can get Narcan in their community, and 12.75% of residents report carrying Narcan or having it in their homes for emergencies (15).

Prevention of Communicable Diseases

Preventing the spread of communicable diseases is essential to maintain a healthy community. Many communicable diseases are assessed, including those that are **foodborne, vector borne, sexually transmitted, and vaccine preventable.**

Foodborne Diseases

Foodborne diseases such as Escherichia coli (E. coli), shigella, and salmonella can occur from eating meats or seafood that are not properly cooked, contamination of food, or poor hand hygiene when preparing or serving foods. These illnesses can cause digestive distress, nausea and vomiting, dehydration, and recovery can take from a few days to a few weeks. Monitoring foodborne illness outbreaks is important to protect the health and safety of a community, and prevent spread of communicable diseases (43).

Per 100,000 people, Wyoming County reported 3.3 cases of E. coli compared 4.1 cases of in New York State as a whole. Wyoming County also reported 15.8 cases of salmonella per 100,000 people, similar to New York State, who reported 14.0 cases (9).

Vector borne Diseases

Lyme disease is an illness caused by a bacteria carried by a Deer tick. Infection of Lyme disease occurs after being bitten by a Deer tick carrying the bacteria, and causes symptoms such as a bulls-eye rash, joint pain, and weakness and fatigue. Lyme disease is most commonly found in the northeast and northwest United States, where Wyoming County and New York State are located (44).

Wyoming County fares better than New York State for Lyme disease incidence, reporting 11.6 cases per 100,000 people compared to 44.7 cases per 100,000 people in New York State (9).

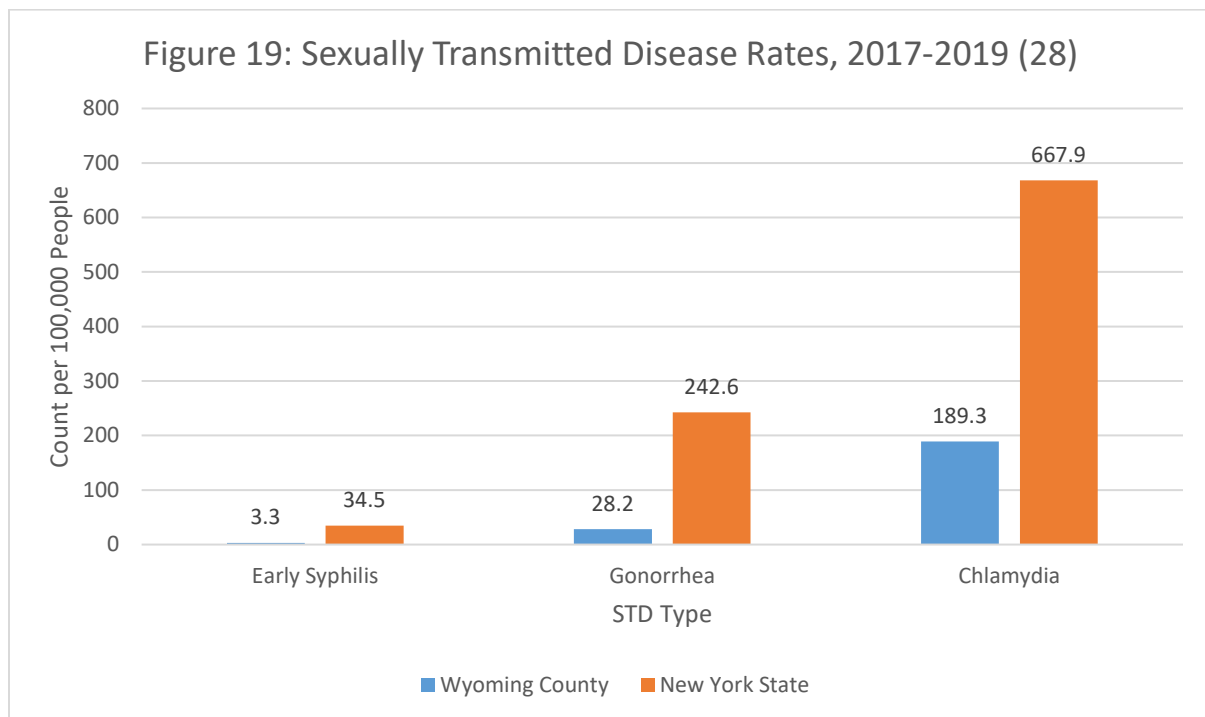
Sexually Transmitted Diseases

Wyoming County fares better than New York State on almost all sexually transmitted disease (STD) incidences.

Wyoming County experiences a Human Immunodeficiency Virus (HIV) incidence of 2.5, compared to 13.1 in New York State. Wyoming County also experiences an Acquired Immune Deficiency Syndrome (AIDS) mortality rate of 0, compared to 2.2 in New York State (9). There were 3.3 per 100,000 cases of syphilis that were diagnosed early in Wyoming County, where 34.5 were diagnosed early in New York State (9). Early diagnosis of syphilis leads to faster treatment turnaround, reduces the chance of infertility, and reduces the risk of long-term problems associated with diagnosis (45).

There were 28.2 total cases of gonorrhea per 100,000 people aged 15-44 in Wyoming County, compared to New York State, who reported 242.6 cases per 100,000 people of the same population (21). Among these new cases, 45.7 per 100,000 cases were among males in Wyoming County, and 37.4 per 100,000 cases were among females. In New York State, 252.5 per 100,000 cases were among females, and 614.9 cases were among males (9).

There were 189.3 total cases of chlamydia per 100,000 people aged 15-44 in Wyoming County, compared to 667.9 cases per 100,000 people in New York State (21). Among these cases, 247.3 out of 100,000 people aged 15-44 in Wyoming County were males, and 663.1 were females. In New York State, there were 1175.1 cases of chlamydia per 100,000 males, and 1741.1 cases per 100,000 females for the same population (9).



Vaccine Preventable Diseases

Wyoming County fares better than New York State in tuberculosis infection, experiencing 0 infections per 100,000 people in Wyoming County and 3.9 infections per 100,000 people in New York State (9).

There were 27.4 cases of Chronic Hepatitis C per 100,000 people in Wyoming County, compared to 55.0 cases per 100,000 people in New York State (9). There were 124 hospitalizations per 10,000 adults aged 65 or older due to the flu or pneumonia in Wyoming County, worse than New York State's rate for the same age group of 85.5 per 10,000 people (9).

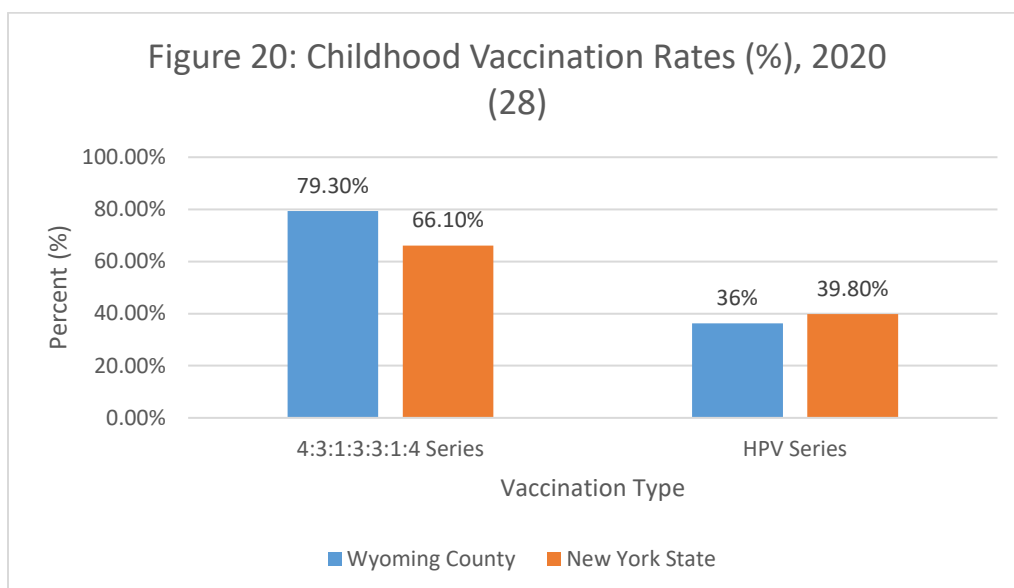
42.6% of adults in
Wyoming County
were vaccinated
against the flu
in 2021

Source: County Health Indicator Report, 2021 (9)

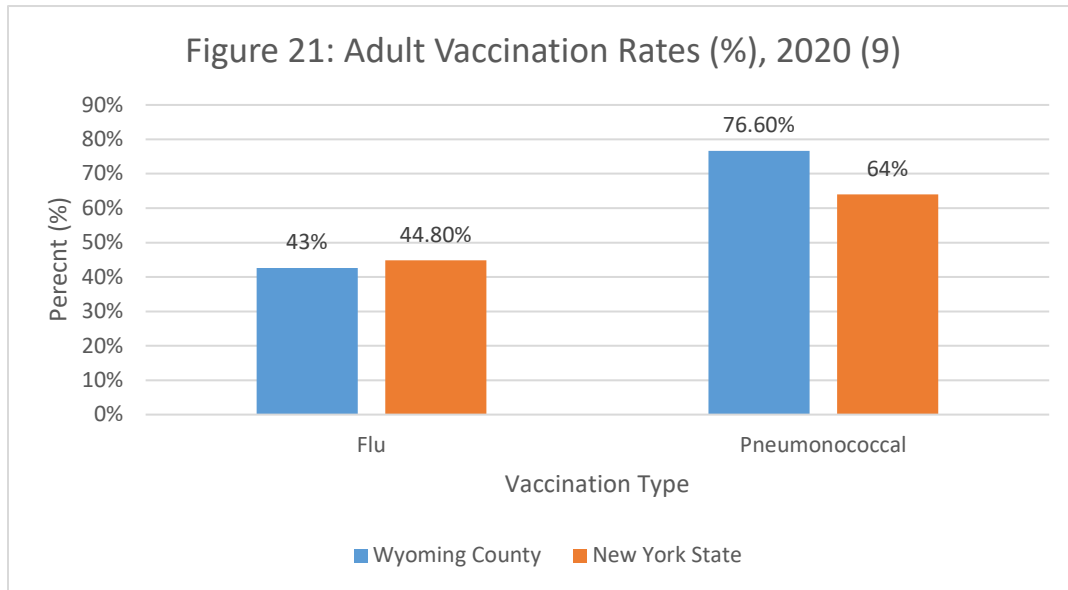
Immunization Rates

Immunizations are one of the most effective way to prevent the spread of communicable diseases by introducing natural immunity to pathogens to your body's immune system. Maintaining vaccination rates is one of the best ways to keep a community healthy.

In Wyoming County, 79.3% of 24-35-month old children are up-to-date with their necessary vaccine series, compared to 66.1% of New York State children in that age group (21). The necessary vaccinations are a part of the 4:3:1:3:3:1:4 vaccination series, and consist of four doses of Diphtheria, Tetanus and Pertussis (DTap), one dose for Measles, Mumps and Rubella (MMR), Haemophilus influenza B (Hib), three doses of hepatitis B, one dose varicella, and four doses of pneumococcal conjugate vaccines (27). 36.3% of 13-year-olds in Wyoming County have received the complete Human Papillomavirus (HPV) series, compared to 39.8% of 13-year-olds in New York State as a whole (21).



42.6% of adults aged 65 and older in Wyoming County have received the flu shot compared to 44.8% in New York State, and 76.6% of adults aged 65 and older received the pneumococcal immunization, faring better than New York State with a rate of 64% of adults aged 65 and older being immunized (9).



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Genesee- Orleans-Wyoming (GOW) Assets and Resources

The not-for profit hospitals, local public health departments, and community partner show are engaged in the Steering Committee for this process are instrumental assets for addressing the health needs in Genesee, Orleans and Wyoming Counties.

Rochester Regional Health- United Memorial Medical Center (UMMC)

Rochester Regional Health is a leading provider of comprehensive care for Western New York and the Finger Lakes region. Formed in 2014 with the joining of Rochester General and Unity Health systems, now, as one organization, Rochester Regional Health brings to its mission a broad spectrum of resources, ability to advocate for better care, a commitment to innovation, and an abiding dedication to caring for the community. The system includes five hospitals and serves communities as a truly integrated health services organization. Our network includes hospitals and physicians, ElderONE/PACE (Program for All-Inclusive Care for the Elderly) and home health programs, outpatient laboratories, rehabilitation programs, surgical centers, independent and assisted living centers, and skilled nursing facilities.

United Memorial Medical Center (UMMC) is a 131-bed community hospital in Batavia, NY that provides medical, surgical, and rehabilitation services and serves residents of Genesee, Orleans and Wyoming Counties and surrounding rural communities. United Memorial Medical Center offers a broad range of specialty services, including Lipson Cancer Institute, Oncology and Radiation Center, Wound Care and Hyperbaric Medicine, Sands-Constellation Heart Institute, Hope Haven Center inpatient alcohol and chemical dependency rehabilitation, and more. Its primary care, women's care, and orthopedic offices serve communities across Genesee, Orleans, and Wyoming counties. UMMC also supports the health of the Tonawanda Seneca Nation through a contract with the New York State Department of Health to manage the Tonawanda Family Care Center. UMMC is one of the largest employers in Genesee County, with over 900 full, part-time and per diem employees. United Memorial is a NICHE hospital and a New York State-designated Stroke Center, awarded Get with the Guidelines Stroke Gold Plus Diabetes recognition, Mission Lifetime STEMI Bronze recognition and possesses Geriatric Accreditation. UMMC is also recognized as a Baby-Friendly Designated birth facility and a participant in the NYSPQC Safe Sleep Project, committed to modeling a safe sleep environment and providing caregiver sleep education during birth hospitalization. In 2022, UMMC had over 2,800 OR visits and 23,000 visits to our Emergency Room and Urgent Care practice supporting individuals in our community and surrounding region with high quality healthcare. United Memorial Medical Center focuses on fostering a supportive environment for each individual and family providing them with exceptional care and a personalized experience that honors their specific needs.

Orleans Community Health (OCH)

Mission Statement: Orleans Community Health exists to improve the health of the communities we serve by providing equal access to quality health care services at the

right time, in the right place, with the most efficient use of resources. OCH is a full-service community health provider serving 43,000 residents in Orleans, Niagara, and Genesee Counties. It is the only full-service, acute care system in Orleans County.

Wyoming County Community Hospital System (WCCHS)

Wyoming County Community Health System has been serving Wyoming County and the surrounding area for over 110 years and continues its commitment of providing outstanding healthcare services for our rural community. WCCHS, a full service, County-owned health system comprised of a 62-bed acute-care hospital with a 138 bed Skilled Nursing Facility in Warsaw, NY, provides 24-hour emergency care as well as a full range of specialty health care. Services include family and internal medicine, orthopedics and podiatry, women's health and maternity, 12-bed distinct part inpatient mental health unit, neurology, endocrinology, ENT, outpatient dialysis, general surgery and a variety of other specialty services. WCCHS has outpatient offices in Arcade, Attica, Castile, Mt. Morris, Perry, and Warsaw NY.

Genesee and Orleans County Health Departments (GO Health)

The mission of GO Health is to work collaboratively to ensure conditions that promote optimal health for the individuals and communities we serve.

GO Health established a cross-jurisdictional relationship in 2013, allowing the departments a level of sharing that has increased effectiveness and services. The departments share a medical Director; have a joint Board of Health and Quality Improvement/Quality Assurance Committee; select staff and management staff that are shared; and combined policies and procedures. The departments still maintain separate budgets and locations. Health Department buildings are approximately 30 miles apart with Genesee County Health Department located in Batavia and the Orleans County Health Department in Albion.

GO health provides direct services designed to protect the public from health risks, disease, and environmental hazards, and community leadership to ensure improved health status of individuals, families, and the environment. Services include education, preventative services, direct patient care, and enforcement of health codes and medical policies. Each department is comprised of the following teams.

- The Community Health Services team protects and promotes the health of the community through support, education, empowerment, and direct nursing care services. Programs and services include immunization, tuberculosis control, lead poisoning prevention, maternal and child health, communicable disease investigators, HIV and Hepatitis screening and treatment.
- The Children with Special Needs team includes the Early Intervention (EI) Program, which assists children (birth-age 2) who are at risk of developmental delays and the Pre-School Special Education Program, which serves children ages 3-5 who have delays that may affect their education. The Children and

Youth with Special Health Care needs (CYSHCN) program is also included under this umbrella. CYSHCN is a referral program for families with children birth-21 years old who have been diagnosed or may have a serious chronic health condition or disability. Referrals to insurance, health services and community resources for help in meeting the child's medical needs can be made. CYSHCN helps families navigate patient care options to obtain access to care.

- The Environmental Health team promotes the health of the community by providing information and education; inspection of facilities or conditions that affect public health and the environment; enforcement of provisions of the Public Health Law, the New York State Sanitary Code, and the Genesee and Orleans County Sanitary codes; emergency response to incidents that threaten public health and the environment; and the coordination of planning for activities that protect public health and the environment.
- Weights and Measures is responsible for enforcing all applicable laws, regulations, rules, and ordinances prescribed by the New York State Department of Agriculture and Markets. The program's mission is to promote equity in the marketplace. Commercial weighing and measuring devices throughout the counties are tested for compliance and accuracy in order to protect consumers, businesses, and manufacturers from unfair practices.
- The Public Health Education team supports all programs provided by GO Health through education, training, resources, and referral. Services include, but not limited to, the promotion of health, safety and healthy lifestyles through public presentations, programs, trainings, and free literature on numerous health concerns geared to all ages and literacy levels. The team publishes and develops a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) every three years with input from stakeholders and provides public health data for community organizations to utilize for grant writing, education and policy development.
- The Public Health Preparedness Team builds preparedness, response and recovery capacity to respond to existing and emerging threats to public health. Guided by specific deliverables established by the CDC's annual Public Health Emergency Preparedness Cooperative Agreement, activities include coordinated planning, drills/exercises, training, education and other protective measures coordinated by the Public Health Emergency Preparedness Coordinator in collaboration with local, regional, state and federal partners. VALOR (Volunteer Alliance Linking Our Resource) Medial Reserve Corps was created to augment the public health workforce to respond to emergencies. This all-volunteer medical and non-medical corps will help fill the gap in personnel support during time of need.
- There are four elected Coroners in each county who perform their duties on a part-time basis. As a County Coroner, the officials are responsible for responding to the scene of an unattended/suspicious death to perform the

preliminary investigation surrounding the cause of death and refer the case to the Monroe County Medical Examiner (ME) for comprehensive medicolegal death investigation services including autopsy and post-mortem toxicology, if applicable.

Wyoming County Health Department

The department's mission is to ensure the optimal health of the community through promoting physical and mental health and preventing disease, injury and disability through on-going surveillance and dedication to excellence and value in the provision of community-based services. This mission is achieved through the efforts of Public Health Nursing, Environmental Health services, the Immunization Clinic, and the Emergency Preparedness Division. Wyoming County also has a comprehensive Mental Health Department, providing resources to residents in the areas of alcoholism and substance abuse, developmental disabilities, and suicide prevention.

- The Public Health Nursing Staff is responsible for disease surveillance, and follow up, disease and injury prevention, health education, evidenced based programing, and some direct services such as immunization, lead testing, and well-baby visits to the residents of Wyoming County. The activities support our mission for optimal health for our community.
- Public Health Education supports all programs provided by the Health Departments through education, training, resource, and referral and promotes the mission of the departments. Services include, but are not limited to, the promotion of health, safety and healthy lifestyles through public presentations, programs, trainings and free literature on numerous health concerns geared to all ages and literacy levels. The Health Educator publishes community health assessments, develops community health improvement plans with input from stakeholders, and provides public health data for community organizations to utilize for grant writing, education and policy development.
- Access to timely, quality STI diagnostic and treatment services is essential to assure the sexual and reproductive health of at-risk persons, and prevent STI and HIV transmission in the community. The Sexual Health Center offers STI testing for gonorrhea, syphilis, and chlamydia. If there is a positive STI test result, treatment options are available. Also offered is HIV and hepatitis C testing. A positive result for hepatitis C or HIV will result in Sexual Health Center personnel assisting with a connection to care. No one is ever denied services based on their ability to pay.
- The Environmental Health Division is obligated to educate, guide, review and enforce the regulations as outlined in the New York State Sanitary Code and the Sanitary Code of Wyoming County. Assists other State Agencies such as NYS Department of Conservation (Public Water Supplies, Air Quality, Ground & Surface Water Contamination, Spills), and NYS Agriculture and Markets (Initial Retail Store Complaints/Investigations, Facility Water Supply Protection). Along with assisting State Agency's the Environmental Health Division assists other County Departments regularly: Wyoming County Building & Fire Codes

(Water/Sewage System Requirements, Complaints, and Fire & Safety Inspections), Wyoming County Soil & Water and WC Water Resource Agency.

- Emergency preparedness and response is the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities. Preparedness involves a coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action. Emergency planning has become increasingly important in the United States due to changing and often unpredictable weather patterns, new disease threats, and the rise of global terrorism.
- When an unattended/suspicious death occurs, a Coroner is dispatched by the Wyoming County Sheriff's Department to the scene to conduct an investigation for determination of the cause and manner of death. Coroners are assigned a geographic quadrant of Wyoming County. If cause and manner can be reasonably determined, and a physician will sign the death certificate, the decedent is released to a Funeral Home and required paperwork is completed by the Coroner to file a death certificate. If cause and manner of death cannot be determined, the case is referred to the Medical Examiner for autopsy. Wyoming County contracts with the Monroe County Medical Examiner (MCME) for these services.

Independent Living of the Genesee Region

Independent Living is a grassroots, peer directed, multi-cultural civil rights organization for/of people with disabilities facilitating individual and community change; advancing self-directing resources and programs, that promotes equal access and peer relationships in our homes and communities through collaboration and education. Our dedicated staff provide a comfortable, professional office that offer the following programs: information and referral, individual and systems advocacy, transitional services, independent living skills training.

Lake Plains Community Care Network, Inc. (LPCCN)

Lake Plains Community Care Network, Inc. (LPCCN) Is a Rural Health Network serving Orleans, Genesee and Wyoming Counties. LPCCN is a 501(c) (3) organization formally established in 1997 from a network of employers, providers and community service representatives that had been collaborating since 1993. LPCCN is a publicly owned entity governed by a voluntary Board of Directors, from the three counties we cover. Local stakeholder representation on this Board includes, among others: business leaders, governmental officials, practitioners, public health administrators and hospital executives. LPCCN's mission is to improve access to appropriate rural health services in Genesee, Orleans, and Wyoming counties and facilitates resource development at the local level through an integrated community services network. The overall vision is to have the healthiest communities with full access to appropriate care, accountability, and a seamless continuum of services.

Oak Orchard Health

Oak Orchard Health Oak Orchard Health (OOH) is a Federally Qualified Health Center and a trusted health partner. Serving patients in Monroe, Orleans, Wyoming, Steuben, and surrounding counties, our health centers continue to set a high standard for patient-centered health and wellness. From family health and routine physicals to state-of-the-art facilities and treatments, OOH is there to ensure our patients, neighbors, and communities have access to high quality healthcare, regardless of their circumstances.

- *Family Medicine*
OOH provides patients with a comprehensive team-based health care. Promoting wellness and prevention by encouraging and supporting patients to be active participants in their health with their Care Team of doctors, nurse practitioners, physician assistants, and clinical staff.
- *Pediatrics*
OOH is committed to playing an integral and involved role in the health and vitality of our infant, child, and teen patients. As part of OOH, we have the unique ability to provide our patients and their busy parents with high quality health care services available during evening and weekend hours.
- *Vision*
OOH's Vision Care team is committed to providing you with friendly and professional care. The highly trained staff is experienced with children, adults, and persons with special needs. Patients receive courteous and respectful service in a positive atmosphere. Accepting patients ages four and up.
- *Behavioral Health*
In the Albion, Brockport and Hornell health centers, OOH offers comprehensive screening, assessment, and treatment for mental health concerns; including depression, anxiety, stress, addictions, and post-traumatic stress disorder. OOH's behavioral health care team includes licensed psychologists, social workers, and mental health counselors. Treating adult, adolescent, and child patients in a variety of modalities including individual therapy, couples therapy, family therapy, and group therapy. Therapies provided include supportive therapy, cognitive behavior therapy, motivational interviewing, problem solving therapy, and behavioral activation therapy.
- *Patient Engagement Services*
The Patient Engagement team is passionate about connecting our entire patient population to the resources they need in order to receive the healthcare they deserve. OOH has been serving the health care needs of this area's agriculture workers since 1973. For over four decades, OOH has provided comprehensive, culturally aware, integrative health services to the farmworkers and their families living and working in the community. The providers are uniquely qualified to deliver this high-quality care, as they are fully aware of and understand the health

and safety needs of these patients. OOH offers health screenings for high blood pressure, high blood sugar, colorectal cancer and HIV. In addition, staff can assess simple complaints such as back pain, indigestion and athlete's foot and provide the appropriate health care for these minor injuries and illnesses right in the field. Our patient engagement professionals can make the appropriate arrangements for these patients to get any necessary, more comprehensive medical care in our office locations. Additionally, they will assist with translation, transportation, navigation of insurance and sliding scale payment plans.

Genesee, Orleans and Wyoming County Community Assets and Resource

<u>Access to Health Services</u>	
Genesee County Health Department	United Memorial Hospital- Rochester Regional Health
Orleans County Health Department	Orleans Community Health
Wyoming County Health Department	Batavia VA Medical Center
Oak Orchard Health	Wyoming County Community Health System
Family and Primary Care Offices	Lake Plains Community Care Network Inc.
<u>Mental Health, Addition, Substance Use</u>	
Genesee/Orleans Council on Alcoholism and Substance Abuse (GCASA)	Horizon Health Services
Genesee County Mental Health	Spectrum Health & Human Services
Orleans County Mental Health	Wyoming County Mental Health Clinic- Clarity Wellness Community
Wyoming County Mental Health	Tobacco Free- GLOW
GOW Pathway to Hope	GOW Opioid Taskforce
Celebrate Recovery Addiction Support Group	Hope Haven- UMMC
Partners For Prevention	
<u>Exercise, Nutrition and Food Systems</u>	
GLOW YMCA	Salvation Army
Feeding out Families Food Pantry- Oakfield	Alexander United Methodist Church Food Pantry
Genesee County- Office for the Aging	Catholic Charities
Orleans County- Office for the Aging	Care-A-Van Ministries
Wyoming County- Office for the Aging	City Church/ St. Anthony's
Le Roy Pantry & Help Fund Inc.	Community Action of Orleans & Genesee
Oak Orchard Health, WIC	Pavilion Community Food Pantry
Calvary Tabernacle Assembly of God Church	Christ Episcopal Church Community Kitchen
Faith Power Mission	PathStone Corporation
Kendall Community Food Cupboard	Lyndonville Yates Food Emergency (LYFE)
Medina Emergency Food Pantry	Attica Food Pantry
Caring About Perry (CAP), Inc.	Castile United Church of Christ Food Pantry
NY Connects	Pioneer Association of Churches Food Pantry
Silver Springs UMC Food Pantry & Clothing Closet	Batavia Community Schools Community Closet

Warsaw Food Pantry	Genesee County Department of Social Services
Orleans County Department of Social Services	Wyoming County Department of Social Services
Eat Smart New York: Wester New York	Warrior House of WNY
<u>Older Adults & Aging</u>	
Genesee County- Office for the Aging	Genesee Senior Living
Orleans County- Office for the Aging	Retired and Senior Volunteer Program
Wyoming County- Office for the Aging	Wyoming County- NY Connects
<u>Built Environment (Recreational)</u>	
Arc GLOW	Eastern Orleans Community Center
Genesee County Park	Erie Canalway Trail
Gillam Grant Community Center	Orleans County Marine Park
Wyoming County YMCA	Community Action for Wyoming County
Letchworth State Park	
<u>Inclusivity Services</u>	
WNY Independent Living	Orleans County Department of Social Services
Wyoming County Department of Social Services	Genesee County Department of Social Services
Disabled Client Assistance Program	Orleans County Veteran Service Agency
Independent Living of the Genesee Region	Genesee GLOW Family Support
	Genesee Justice Program
<u>Housing</u>	
Genesee County Department of Social Services	Batavia Housing Authority
Orleans County Department of Social Services	Community Action of Orleans & Genesee
Wyoming County Department of Social Services	YWCA of Genesee County
Independent Living of the Genesee Region	Neighborhood Legal Services
PathStone	Arc GLOW
Salvation Army	DePaul Key Housing
<u>Libraries</u>	
Richmond Memorial Library	Byron- Bergen Public Library
Hollwedel Memorial Library	Hoag Memorial Library
Lee-Whedon Memorial Library	Yates Community Library

	Warsaw Public Library
<u>Transportation</u>	
GCDSS- Medical Transportation	Community Action of Orleans and Genesee- Transportation System
Peers Together of Wyoming County- Peer Wheels	RTS Wyoming Transit Service
RTS Genesee Transit Service	RTS Orleans Transit Service
<u>Cultural</u>	
GO Art	Clarendon Historical Society
Holley Depot Museum	Bergen Museum of Local History
Elba Historical Society Museum	Pembroke Museum
Arts Council for Wyoming County	
<u>Educational</u>	
Orleans County Adult Learning Services	Orleans/Niagara BOCES
Genesee Valley BOCES	WNY Rural Area Health Education Center
Preschool Special Education Program	Project Read of Wyoming
Genesee Community College- SUNY	Literacy West NY
<u>Organizational</u>	
Genesee County Interagency Council	Orleans County Human Service Council
Wyoming County InterAgency Council	
<u>Media</u>	
The Batavian	Video News Service
Orleans Hub	Livingston News
The Daily News	WBTA
The Canalside Radio	

* Is not an all-inclusive list of assets and resources

Community Health Assessment and Community Health Improvement Plan Methodology

Overview

In 2021, the New York State Department of Health provided guidance to Local Health Departments and hospitals on the development of a Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and Community Service Plan (CSP) for 2022-2024. Local hospitals and local health departments were encouraged to work together to develop and submit a single document per county. As we have for the past two iterations, Genesee, Orleans and Wyoming Counties are submitting a collaborative Community Health Assessment/Community Health Improvement Plan/Community Services Plan.

Collaborative Process

In January 2022, the Genesee, Orleans and Wyoming County Health Departments convened the CHA/CHIP/CSP Steering Committee with designees from each county hospital (Orleans Community Health, United Memorial Medical Center- Rochester Regional Health and Wyoming County Community Health System) and community agencies. The Steering Committee met bi-monthly from January-March to develop the Community Health Assessment survey and promotional materials and then met quarterly from March-December. Survey responses were collected from March 2022 to June 2022. Community Conversations were implemented from March 2022- July 2022 throughout the three counties. The full survey report can be found in Appendix G and the summary of the community conversations can be found in Appendix I (Genesee County), Appendix J (Orleans County) and Appendix K (Wyoming County).

Community input from the survey and conversations was sought to understand the community's perceived health needs and concerns, gain insights on the community's priority health issues within their county, identify barriers to accessing and receiving care, and identify assets and resources within the community.

The process of identifying the priority health needs of the residents of Genesee, Orleans and Wyoming Counties involved primary data collection efforts through a community survey and community conversations as well as secondary data analysis on health indicators for all three counties. After discussion and consideration, the group decided to confirm Prevention Chronic Diseases and Promote Well-Being and Prevent Mental and Substance Use Disorders as the two priority areas to address during the 2022-2024 cycle in Genesee, Orleans and Wyoming Counties.

This decision was based on the following factors, including but not limited to: the severity of the issue as demonstrated through primary and secondary analysis; feedback from the community as assessed through quantitative and qualitative methods; and the ability to implement the interventions with current resources.

Maintaining Engagement & Tracking Progress

The Community Health Assessment Steering Committee and Community Workgroup will meet quarterly during the implementation period of 2022-2024 to gather partners and content experts around the selected focus areas. The Steering Committee will monitor the short-term process measures that track activities such as number of people served, number of referrals, number of trainings implemented, etc. Community Workgroup members will have access to the reporting matrix that will be updated quarterly.

Dissemination to the Public

The 2022-2024 Genesee, Orleans and Wyoming County CHA/CHIP/CSP will be made publically available through a variety of methods. The publication will be available on the GO Health website (www.gohealthny.org/go-health-news/) and the Wyoming County Health Department website (<https://www.wyomingco.net/203/Health-Department>). It will also be located on the website of each of the partner hospitals. The document will be disseminated to key stakeholder groups including the GOW Opioid Taskforce, GOW Suicide Prevention Coalitions, Interagency Councils, Human Services Council, among others. Local media outlets will also be notified of the publication of the document and the community will have the opportunity to provide feedback and comments after the document is approved by New York State.

GOW 2022-2024 Community Health Improvement Plan (CHIP)/Community Service Plan

Prevent Chronic Diseases Action Plan

<p align="center">New York State Prevention Agenda Focus Area 3: Tobacco Prevention Goal 3.1: Prevent Initiation of Tobacco Use</p>
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Objective 3.1.2: Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies, and reshape social norms to decrease the prevalence of vaping products, including electronic cigarette use, by youth and young adults. By December 31, 2024, decrease the prevalence of vaping product use in high school students by 10% in Genesee and Orleans Counties and by 16.6% in Wyoming County.

<u>Interventions/Activities</u>	<u>Partners (Role)</u>	<u>Measure</u>	<u>Disparity</u>
<ul style="list-style-type: none"> • Health Departments and United Memorial Medical Center will join the WNY Anti Vaping Coalition • Health Departments will submit Public Service Announcements (PSAs) quarterly and one paid ad • Reality Check will provide 5 presentations throughout the tri-county region to youth 	<p>Roswell Park Cancer Institute</p> <p>Reality Check</p> <p>United Memorial Medical Center</p> <p>WNY Vaping Coalition</p>	<p># of press releases related to the dangers of tobacco and vaping</p> <p># of presentations provided to schools whose students received tobacco and vaping education from Reality Check</p>	<p>Social Determinants of Health- Rural Adolescents</p>

New York State Prevention Agenda
Focus Area 4: Chronic Disease Preventive Care and Management
Goal 4.1: Increase Cancer Screening Rates

Objective: By December 31, 2024, increase the percentage of adults who receive a colorectal cancer screening based on the most recent guidelines (adult ages 45-64) to the NYS Prevention Agenda target of 66.3%.

<u>Interventions/Activities</u>	<u>Partners (Role)/ Resources</u>	<u>Measure</u>	<u>Disparity</u>
<ul style="list-style-type: none"> • Conduct one-on-one and group education in a church, home, senior center, or other setting; with a focus on communities where zip codes reflect under/uninsured and/or low screening rates. • Remove barriers to cancer screenings by offering flexible clinic hours, cancer screenings in non-clinical settings, on-site translation, transportation, patient navigation, and other administrative services. • Provide 3 group and/or 1:1 colorectal cancer screening education sessions quarterly throughout the tri-county region using NYS Department of Health approved program information. 	United Memorial Medical Center Community Organizations, Businesses, Churches Peer Education Programs	% of compliant patients screened quality % of non-compliant patients contacted and educated (tracked quarterly) # of uninsured/underinsured clients in the tri-county region who accessed the Cancer Services Program for colorectal screening (tracked quarterly, record attendance and location of education sessions)	Access- Rural Areas with limited access to providers. Native Americans living on the Tonawanda Seneca Nation in Genesee County

New York State Prevention Agenda
Focus Area 4: Chronic Disease Preventive Care and Management
Goal 4.4: Improve Self-Management Skills for Individuals with Chronic Diseases

Objective: By December 31, 2023, expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for prevention type 2 diabetes.

<u>Interventions/Activities</u>	<u>Partners (Role)/ Resources</u>	<u>Measure</u>	<u>Disparity</u>
<ul style="list-style-type: none"> Expand GOW Hospitals and Local Health Department access to evidence-based self-management interventions for individuals with chronic diseases whose conditions are not well controlled with guidelines-based medical intervention alone. Initiate conversations between GOW Hospitals and Local Health Departments and hospital departments and practice leaders to develop a referral system for DPP and DSME classes. Offer 1 annual CDC Diabetes Prevention Program and 1 DSME or Chronic Disease Management class per year within the tri-county area. 	<p>United Memorial Medical Center (UMMC)</p> <p>Local Providers</p> <p>Tonawanda Seneca Nation Family Health Center</p> <p>Independent Living</p>	<p># of individuals and/or support persons attending evidence based Diabetes Self-Management or Chronic Disease Self-Management classes</p> <p># of individuals attending Diabetes Prevention Programs.</p>	<p>Access- Rural Areas with limited programming and high obesity rates</p> <p>Native Americans living on the Tonawanda Seneca Nation in Genesee County</p>

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

<p align="center">New York State Prevention Agenda Focus Area 2: Prevent Mental And Substance Use Disorders Goal 2.2: Prevent Opioid Overdose Deaths</p>

Objective: By December 31, 2024, reduce age-adjusted opioid overdose deaths.

<u>Interventions/Activities</u>	<u>Partners (Role)/ Resources</u>	<u>Measure</u>	<u>Disparity</u>
<ul style="list-style-type: none"> Support the public health model for the prevention of drug overdose: (Coalition building; Prescriber education; Supply reduction; Pain patient services/drug safety; Drug treatment; Pharmaceutical interventions; Community based prevention education; Evaluation) Provide Narcan trainings to 150 individuals within the GOW region. Consistently deploy Peer Support providers/Recovery Coaches to hospital emergency departments for 90% of the patients who arrive due to opioid-related health complications. Maintain 13 permanent drug drop off sites throughout the GOW region 	United Memorial Medical Center (UMMC) Local Providers GOW Opioid Task Force Law Enforcement	# of organizations represented on the GOW Opioid Prevention Task Force # of individuals receiving treatment in the tri-county region. # of pounds of drugs/sharps disposed of at permanent drug drop off sites/ or National Drug Take Back Day events. # of referrals to peer helpline and service # of Narcan Trainings implemented throughout the GOW region.	Access- Rural Areas with limited service providers available.

<ul style="list-style-type: none"> • Hold 2 Drug Take Back Events within the tri-county region 			
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<p align="center">New York State Prevention Agenda Focus Area 1: Promote Well Being Goal 2.3: Prevent and Address Adverse Childhood Experiences</p>
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Objective 2.3.4: By December 31, 2024, implement evidence-based Home Visiting Programs to connect at-risk individuals with necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

Objective 2.3.2: By December 31, 2024, decrease children/youth in indicated reports of abuse/maltreatment by 24.3% in Genesee County, 22.4% in Orleans County, and 25.5% in Wyoming County.

<u>Interventions/Activities</u>	<u>Partners (Role)/ Resources</u>	<u>Measure</u>	<u>Disparity</u>
<ul style="list-style-type: none"> Implement Healthy Families Home Visiting Program in Genesee and Wyoming Counties to increase self-sufficiency while decreasing child abuse and neglect through State approved curriculum, education, and support. UMMC/RRH will provide the MOMS program for Insurance Navigation Services and community resource connection and support in conjunction with PICHG (Perinatal & Infant Community Health Collaborative) Grant which is focused on many of the same areas as Healthy Families. Goal is to provide parents with the support they need to 	<p>United Memorial Medical Center (UMMC)</p> <p>Referrals Program (DSS, Family/Social Support Services, Counseling/Support Services, Employment and Training, Health Care Agencies)</p>	<p># of eligible families enrolled in the Healthy Families Program in the GOW region.</p> <p># of referrals for each specific program area: nutrition; DSS; Family/Social Support Services; Counseling/Support Services; Employment, Trainings and Education; Health Care; Concrete Services; Other.</p> <p># of home visits completed.</p> <p># of parent evaluations returned.</p>	<p>Access- Rural Areas with limited service providers available.</p>

<p>reach their full potential. Participants set goals and with support of their Community Health Worker, they identify the services and resources they need to help them accomplish their goals. This program also involves education, home visiting services, transportation to medical appointments, Doula services, mental health support and general support.</p> <ul style="list-style-type: none"> • Ensure families basic needs are met, and refer families to food pantries, public assistance, WIC, housing assistance, and other resources. • Provide families with a family support worker who will visit them in their home once a week to provide educational information and resources for up to five years. • Promote positive parent-child interactions by educating families on child development and by providing activities to help them enhance their child's growth and development. 			
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<ul style="list-style-type: none"> • Strengthen the family support system by linking them to appropriate programs and agencies. • Empower and educate families to enable self-advocacy 			
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Appendix A: Steering Committee Members

<u>Steering Committee Members</u>		
Name	Organization	Contact
Paul Pettit	Genesee and Orleans County Health Departments (GO Health)	Paul.Pettit@orelanscountyny.gov
Cora Young		Cora.Young@orleanscountyny.gov
Kristine Voos	Genesee County Health Department	Kristine.Voos@co.genesee.ny.us
Kaitlin Pettine		Kaitlin.Pettine@co.genesee.ny.us
Nola Goodrich-Kresse	Orleans County Health Department	Nola.Goodrich-Kresse@orleanscountyny.gov
Ashley Rodriguez		Ashley.Rodriguez@orleanscountyny.gov
Vilmarie Ocasio		Vilmarie.Ocasio@orleanscountyny.gov
Laura Paolucci	Wyoming County Health Department	LPaolucci@wyomingco.net
Jillian Calmes		JCalmes@wyomingco.net
Laurie Ferrando	Rochester Regional at United Memorial Medical Center	LThornley@ummc.org
Benjamin Snyder		Benjamin.Snyder@rochesterregional.org
Halee Potter		Halee.Potter@ummc.org
Scott Robinson	Orleans Community Health	SRobinson@medinamemorial.org
Stacy Bartz	Wyoming County Community Health System	SBartz@wcchs.net
Colleen Kipfer	Lake Plains Community Care Network	CKipfer@lakeplains.org
Rae Frank	Independent Living of the Genesee Region	RFrank@wnyil.org
Stacie Bridge	Oak Orchard Health	SBridge@OOCHC.org

Appendix B: Community Workgroup Members

<u>Community Workgroup Members</u>		
Name	Organization	Contact
Daniel Doctor	Medina Central School District	ddoctor@medinacsd.org
Ashley Greene	Genesee County CASA for Children	director@geneseecountycasa.org
Carrie Johnson	Community Action for Wyoming County	cjohnson@wccainc.org
Christopher Ramnauth	Veterans Association Western New York Healthcare System	Christopher.Ramnauth@va.gov
David Dodge	Community Action of Genesee and Orleans	ddodge@caoginc.org
David Linder	Wyoming County Sheriff's Office	DLinder@wyomingco.net
Don Snyder	Orleans-Recovery Hope Begins Here	chpdon@gmail.com
Erik Fix	City of Batavia	efix@batavianewyork.com
	Family Life Church in Warsaw	FLCWARSAW@gmail.com
Holli Nenni	Department of Social Services- Orleans County	Holli.Nenni@orleanscountyny.gov
Julia Rogers	Community Schools-City of Batavia School District	jrogers@bataviacsd.org
Julie Calvert	Roswell Park Cancer Institute	Julianne.Calvert@Roswellpark.org
Julie Donlon	Genesee Valley BOCES	jdonlon@gvboces.org
Justina Gardner	YWCA of Genesee County	jgarder@ywcagenesee.org
Kelly Dryja	Mental Health Department, Wyoming County	kdryja@wyomingco.net
Kevin Aldrich	United Memorial Medical Center	kaldrich@ummc.org
Kevin MacDonald	Genesee Valley BOCES	kmacdonald@gvboces.org
Kim Bank	Roswell Park Cancer Institute	Kimberly.bankk@roswellpark.org

Lauren Berger	Planned Parenthood of Central and Western New York, Inc.	Lauren.Berger@ppcwyn.org
Margaret Betette	WIC	MBetette@co.livingston.ny.us
Matthew Hilton	GLOW YMCA Association	MHilton@geneseeymca.org
Melissa Blonar	Office for the Aging-Orleans County	Melissa.Blonar@orleanscountyny.gov
Paul Osborn	Genesee County Highway Department	Paul.Osborn@co.genesee.ny.us
Sarah Merritt	University of Rochester Medical Center	Sarah_Merritt@URMC.Rochester.edu
Scott Gardner	Wyoming County Chamber of Commerce	sgardner@wyocochamber.org
Shannon Ford	Genesee/Orleans Council on Alcoholism and Substance Abuse (GCASA)	sford@gcasa.org

Appendix C: Community Health Assessment – Survey- English

The Genesee, Orleans and Wyoming County Health Departments and Hospitals are currently working with community partners to gather information from residents to help with public health planning for the next three (3) years.

Please take a few minutes to fill out this survey; your responses will help us identify services in our communities that are working and ones that need to be improved. This survey will take about 15 minutes to complete.

Please be assured your responses are completely anonymous.

Thank you for your time and help with this effort.

Please only take this survey ONCE (1 time) either online or on paper.

If you have any questions about the survey or if you are in need of reasonable accommodation due to a disability in order to take this survey, please reach out to your county contact below:

- Genesee County- Kaitlin at 585-344-2580 x.5555 or Kaitlin.Pettine@co.genesee.ny.us
- Orleans County- Nola at 585-589-3162 or Nola.Goodrich-Kresse@orleanscountyny.gov
- Wyoming County- Jillian at 585-786-8890 or jcalmes@wyomingco.net

INDIVIDUAL HEALTH

The following section includes questions regarding the health of you and your family.

1. Do you have any kind of health care coverage or health insurance?
 - ☐ Yes
 - ☐ No
 - ☐ Used to, but do not have any now
 - ☐ Do not know
2. How do you pay for your Health Care? Select all that apply.
 - ☐ I have health insurance through my employer
 - ☐ I have health insurance through a family member or their employer
 - ☐ I have Medicare
 - ☐ I use Medicaid
 - ☐ I am covered by the VA
 - ☐ I purchased health insurance through NYS of Health/Marketplace Exchange

- ☐ I have health insurance
- ☐ I use Tribal Health Services/insurance
- ☐ I pay cash

3. Where do you get most of your health information? Select up to three (3).

- ☐ Doctor or Medical Provider
- ☐ Library
- ☐ Newspaper or Magazine
- ☐ School Nurse/School Health Educator/Teacher
- ☐ Computer or Internet
- ☐ Social Media (Facebook, Twitter, etc.)
- ☐ Television (TV) or Radio
- ☐ Friends and Family
- ☐ Health Insurance Company
- ☐ Social Services
- ☐ Head Start
- ☐ WIC (Nutrition Program for children and pregnant/nursing women)
- ☐ Work Place
- ☐ Community Health Worker/Peer Navigator
- ☐ Other (please specify) _____

4. How often do you see your primary care provider (doctor)?

- ☐ Several times a year
- ☐ For a yearly check-up
- ☐ Only when I'm sick
- ☐ I do not go see my primary care provider
- ☐ I do not have a primary care provider

5. With regards to high-speed internet, please check the following statements that apply to your household:

- ☐ We do not have high-speed internet
- ☐ We have high-speed internet
- ☐ We have dial-up access only
- ☐ Unstable, unreliable internet connection (spotty coverage)

- ☐ I have a MiFi or a hotspot service
6. Have you used telemedicine or webcam to interact with a **healthcare provider**?
- ☐ Yes
- ☐ No
7. Have you used telemedicine or webcam to interact with a **behavior health/mental health provider**?
- ☐ Yes
- ☐ No
8. If you have **NOT** used telemedicine to interact with a provider, why? Select all that apply.
- ☐ My provider does not use telemedicine
- ☐ I do not know what telemedicine is
- ☐ I know what it is but it is too hard to use
- ☐ It is too costly/not covered by my health insurance
- ☐ I do not know where to find a provider via telemedicine
- ☐ I prefer to speak with a provider in-person
- ☐ The care I need is only offered in-person (x-ray, bloodwork, physical exams, etc.)
- ☐ I have concerns about privacy online
- ☐ I do not have access to high speed internet at my home
- ☐ I cannot use telemedicine due to a disability
- ☐ Other (please specify)_____
9. How would you rate your physical health?
- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
10. In the past year, was there any time that you needed medical care but could not – or did not - get it?
- a. Yes
- b. No

c. If yes, how many times? _____

11. What were the main reasons you did not get the medical care you needed? Select all that apply.

- ☐ No accommodations for people with disabilities
- ☐ Cost - Without insurance, it was too expensive
- ☐ Cost - Even with insurance, it was too expensive
- ☐ Transportation - It was too hard to get there
- ☐ Hours - They weren't open when I could get there
- ☐ Unable to find a local provider – doctor shortage
- ☐ I could not get time off from work
- ☐ I had no one to watch my children
- ☐ I could not get an appointment for a long time
- ☐ The medical staff did not speak my language
- ☐ I could not get a referral to see a specialist
- ☐ I did not know where to get the care I needed
- ☐ I decided not to go because I do not like going to doctors
- ☐ Fear of judgement
- ☐ Fear of discrimination
- ☐ Other reason (please explain) _____

12. How often do you participate in physical activity or exercise? (e.g., walking, tennis, jogging/running, basketball, football, soccer, swimming, gym equipment, etc.).

- ☐ 5-7 times per week for at least 30 minutes each time
- ☐ 2-4 times per week for at least 30 minutes each time
- ☐ 0-1 times per week for at least 30 minutes each time
- ☐ I do not exercise regularly, but try to add physical activity when possible
- ☐ No physical activity or exercise beyond regular daily activities
- ☐ Comment: _____

13. Which, if any, of the following would help you become more active? Select all that apply.

- ☐ Transportation to park
- ☐ Groups to participate
- ☐ Workshops and classes about exercise

- ☐ Safe place to walk or exercise
- ☐ Individual instruction/personal trainer
- ☐ Information about exercise programs or gym memberships
- ☐ Discounts for exercise programs or gym memberships
- ☐ Improved health
- ☐ A friend to exercise with
- ☐ Activities you can do with your children
- ☐ Information about local school exercise opportunities (e.g. walking trails, access to gyms, etc.)
- ☐ None of the above
- ☐ Other (please specify): _____

14. What keeps you from eating more fruits and vegetables every day? Select all that apply.

- ☐ I think I eat enough fresh fruits and vegetables
- ☐ Cost
- ☐ The stores near me do not sell fresh fruits and vegetables
- ☐ Time it takes to prepare fruits and vegetables
- ☐ I am not sure how to cook/prepare fresh fruits and vegetables
- ☐ I do not know what fruits and vegetables are
- ☐ I do not like to eat healthy food
- ☐ I prefer to eat other foods (e.g. I like fruits/vegetables but often I am not in the mood and prefer to choose "junk food")
- ☐ My family does not like to eat healthy
- ☐ Other (please specify) _____

15. How would you rate your mental/emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

16. Within the past year, if you needed care for your **mental/behavioral health**, but did not receive it, what were the reasons why? Select all that apply.

- ☐ I did not delay getting medical care

- ☐ No accommodations for people with disabilities
- ☐ Cost - Without insurance, it was too expensive
- ☐ Cost - Even with insurance, it was too expensive
- ☐ Transportation - It was too hard to get there
- ☐ Hours - They were not open when I could get there
- ☐ Unable to find a local provider – doctor shortage
- ☐ I could not get time off from work
- ☐ I had no one to watch my children
- ☐ I could not get an appointment for a long time
- ☐ The medical staff did not speak my language
- ☐ I could not get a referral to see a specialist
- ☐ I did not know where to get the care I needed
- ☐ I decided not to go because I do not like going to doctors/therapists
- ☐ Fear of judgement
- ☐ Fear of discrimination
- ☐ Other reason (please explain) _____

17. Do you use any of the following nicotine products? Select all that apply.

- ☐ I do not smoke or use nicotine products
- ☐ Cigarettes (e.g., Marlboro, Camel, Newport, Pall Mall, Winston, generic brands, etc.)
- ☐ Electronic cigarettes (e-cigarette, JUUL, etc.)
- ☐ Vape
- ☐ Smokeless tobacco (e.g., chewing tobacco, snuff, snus, etc.)
- ☐ Bidis/Kreteks
- ☐ Cigars, Cigarillos, Little Cigars
- ☐ Pipes
- ☐ Hookah/Water Pipe
- ☐ Other (please specify) _____

18. Have you used e-cigarettes to quit smoking?

- ☐ N/A, Never smoked
- ☐ Yes
- ☐ No

☐ Comment: _____

19. If you have alcoholic drinks, how often do you have 4 or more drinks in a row?

- ☐ Never
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Holidays/special occasions
- ☐ Other (please specify) _____

20. Do you use drugs recreationally? If so, what drugs do you use? Select all that apply.

- ☐ I never use drugs recreationally
- ☐ Alcohol
- ☐ Anxiety medication
- ☐ Over-the-counter medications (e.g., Robitussin, Coricidin, NyQuil, Sudafed)
- ☐ Hallucinogens (e.g., Mushrooms, LSD, PCP)
- ☐ Marijuana
- ☐ Stimulants including prescription drugs (e.g., methamphetamines, amphetamines, Ritalin, Dexedrine, diet pills, cocaine)
- ☐ Take prescription or over-the-counter medicines more or less than instructed
- ☐ Opiates including prescription drugs (e.g., heroin, morphine, methadone, Darvon)
- ☐ Other (please specify): _____

21. Narcan is a lifesaving medication used for the treatment of a known or suspected opioid overdose emergency. Please check all that apply.

- ☐ I know where I can get Narcan in the county I live (Orleans, Genesee or Wyoming County)
- ☐ I carry Narcan with me or keep it in my home
- ☐ I have used Narcan to save a life
- ☐ I have been trained to use Narcan.
- ☐ I do not know where I can get Narcan.

22. What **health challenges** have you or a family member had in the past year? Select all that apply.

- ☐ Access to dental care
- ☐ Access to healthcare services

- ☐ Access to mental health services
- ☐ Cancer
- ☐ Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke, etc.)
- ☐ Falls
- ☐ Access to receiving immunizations (or information related to immunizations)
- ☐ Infectious disease (Hepatitis A, B, or C, Flu, COVID-19, etc.)
- ☐ Health concerns of intellectual or developmental disability
- ☐ Health concerns of physical disability
- ☐ Issues related to aging (arthritis, hearing/vision loss, etc.)
- ☐ Lung disease (asthma, COPD, etc.)
- ☐ Overweight/obesity
- ☐ Physical activity
- ☐ Prenatal care/maternal & infant health
- ☐ Sexually transmitted infections (including HIV)
- ☐ Substance abuse (drugs, alcohol, etc.)
- ☐ Suicidal thoughts, suicide attempts and/or suicidal behavior
- ☐ Tobacco use
- ☐ Other (please specify) _____
- ☐ N/A

23. What **social challenges** have you or a family member had in the past year? Select all that apply.

- ☐ Access to healthy foods
- ☐ Access to opportunities for health for those with intellectual or developmental disabilities
- ☐ Access to opportunities for health for those with physical limitations or disabilities
- ☐ Affordable housing
- ☐ Bullying
- ☐ Child abuse/neglect
- ☐ Childcare
- ☐ Crime/vandalism
- ☐ Domestic violence
- ☐ Elder abuse/neglect

- ☐ Homelessness
- ☐ Hunger
- ☐ Incarceration (time in jail or prison)
- ☐ Lack of employment opportunities
- ☐ Lack of a livable wage
- ☐ Lack of support/resources for seniors
- ☐ Lack of support/resources for youth
- ☐ Opportunities for physical activity
- ☐ Racial or cultural discrimination
- ☐ Safe recreational areas
- ☐ Street safety (crosswalks, shoulders, bike lanes, traffic, etc.)
- ☐ Transportation
- ☐ Other (please specify) _____
- ☐ N/A

24. As a child growing up, did you face or deal with any of the following? Select all that apply.

- ☐ Physical abuse
- ☐ Sexual abuse
- ☐ Emotional abuse
- ☐ Parental separation or divorce
- ☐ Emotional neglect
- ☐ Physical neglect
- ☐ Physical or intellectual disability
- ☐ Family history of trauma (e.g., suicide, overdose, alcoholism, etc.)
- ☐ Limited familial support (e.g., single parent household, teen parent, parents not present, etc.)
- ☐ Limited educational attainment (e.g., adults with low levels of education, struggled with learning in school, etc.)
- ☐ Limited access to basic needs (e.g., food insecurity, housing instability, etc.)
- ☐ Violence in the household
- ☐ Substance misuse in the household
- ☐ Mental illness in the household
- ☐ Parental incarceration

- ☐ Financial challenges (e.g., unemployment, low income, etc.)
- ☐ N/A

COMMUNITY HEALTH

The following section includes questions regarding how you view the health of your community.

25. What does health mean to you? Define “health” in your own words.

26. What does it mean for a community to be healthy? Define “healthy community” in your own words.

27. When you imagine a **strong, vibrant, healthy community**, what are the most important features you think of? Select up to 5.

- ☐ Affordable housing
- ☐ Clean environment
- ☐ Diverse populations
- ☐ Drug & alcohol free communities
- ☐ Economic opportunities
- ☐ Good childcare
- ☐ Good schools
- ☐ Health care services
- ☐ Healthy food choices
- ☐ Livable wages
- ☐ Mental health services
- ☐ Parks & recreation resources
- ☐ Safe environment
- ☐ Senior housing
- ☐ Senior services
- ☐ Transportation
- ☐ Walkable & bike friendly communities

☐ Other (please specify)

28. When you think about **health challenges in the community where you live**, what are you most concerned about? Select up to 5.

- ☐ Access to dental care
 - ☐ Access to healthcare services
 - ☐ Access to mental health services
 - ☐ Cancer
 - ☐ Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke, etc.)
 - ☐ Falls
 - ☐ Immunization rates
 - ☐ Infectious disease (Hepatitis A, B, or C, Flu, COVID-19, etc.)
 - ☐ Health concerns of intellectual or developmental disabilities
 - ☐ Issues related to aging (arthritis, hearing/vision loss, etc.)
 - ☐ Lung disease (asthma, COPD, etc.)
 - ☐ Overweight/obesity
 - ☐ Physical activity
 - ☐ Prenatal care/maternal & infant health
 - ☐ Sexually transmitted infections (including HIV)
 - ☐ Substance abuse (drugs, alcohol, etc.)
 - ☐ Suicidal thoughts, suicide attempts and/or suicidal behavior
 - ☐ Tobacco use
 - ☐ Other (please specify)
-

29. When you think about the **health of youth where you live**, what are you most concerned about? Select up to 5.

- ☐ Childcare
- ☐ Abuse (including emotional, physical, or sexual)
- ☐ Bullying
- ☐ Binge drinking (having many alcoholic drinks in a short period of time)
- ☐ Drinking and driving
- ☐ Electronic cigarette use (vaping)

- ☐ Food insecurity (not having enough food to eat)
- ☐ Access to opportunities for those with disabilities
- ☐ Homelessness
- ☐ Illegal drug use
- ☐ Lack of medical care during pregnancy
- ☐ Not enough physical activity
- ☐ Safe recreational areas
- ☐ Discrimination (based on age, gender, physical ability, race, religious beliefs, sexual preference, etc.)
- ☐ Not getting vaccines (shots) to prevent disease
- ☐ Not using birth control
- ☐ Sexual assault (including rape)
- ☐ Smoking or tobacco use (cigarettes, hookah, chewing tobacco, etc.)
- ☐ Social isolation
- ☐ Texting and driving
- ☐ Unhealthy eating
- ☐ Violence (guns, gang violence, neighborhood violence, drug violence, etc.)
- ☐ Incarceration
- ☐ Other (please specify) _____

30. When you think about the **social challenges in the community** where you live, what are you most concerned about? Select up to 5.

- ☐ Access to healthy foods
- ☐ Access to opportunities for health for those with intellectual or developmental disabilities
- ☐ Access to opportunities for health for those with physical limitations or disabilities
- ☐ Affordable housing
- ☐ Bullying
- ☐ Child abuse/neglect
- ☐ Childcare
- ☐ Crime/vandalism
- ☐ Domestic violence

- ☐ Elder abuse/neglect
- ☐ Homelessness
- ☐ Hunger
- ☐ Incarceration (time in jail or prison)
- ☐ Lack of employment opportunities
- ☐ Lack of a livable wage
- ☐ Lack of support/resources for seniors
- ☐ Lack of support/resources for youth
- ☐ Opportunities for physical activity
- ☐ Racial or cultural discrimination
- ☐ Safe recreational areas
- ☐ Street safety (crosswalks, shoulders, bike lanes, traffic, etc.)
- ☐ Transportation
- ☐ Other (please specify) _____
- ☐ N/A

31. When you think about **environmental challenges in the community** where you live, what are you most concerned about? Select up to 5.

- ☐ Agricultural runoff (Manure, pesticides, etc.)
- ☐ Air pollution
- ☐ Climate change
- ☐ Drinking water quality
- ☐ Exposure to tobacco and/or marijuana smoke
- ☐ Failing septic systems
- ☐ Flooding/soil drainage
- ☐ Home safety
- ☐ Lead-based paint hazards
- ☐ Nuisance wildlife/stray animals
- ☐ Safe food
- ☐ School safety
- ☐ Stream, river, lake quality
- ☐ Vector-borne diseases (mosquitos, ticks, etc.)
- ☐ Other (please specify)

DEMOGRAPHICS

32. What county do you live in?

- ☐ Genesee
- ☐ Orleans
- ☐ Wyoming
- ☐ Other (please specify) _____
- ☐ I do not live in Genesee, Orleans or Wyoming counties, but I work in one of the three counties.

33. What zip code do you live in?

- ☐ 14013 – Basom
- ☐ 14001 – Akron
- ☐ 14020 – Batavia
- ☐ 14482 – Le Roy
- ☐ 14021 – Batavia
- ☐ 14125 – Oakfield
- ☐ 14036 – Corfu
- ☐ 14040 – Darien Center
- ☐ 14143 – Stafford
- ☐ 14416 – Bergen
- ☐ 14525 – Pavilion
- ☐ 14422 – Byron
- ☐ 14054 – East Bethany
- ☐ 14056 – East Pembroke
- ☐ 14058 – Elba
- ☐ 14557 – South Byron
- ☐ 14005 – Alexander
- ☐ 14429 – Clarendon
- ☐ 14508 – Morton
- ☐ 14411 – Albion
- ☐ 14470 – Holley
- ☐ 14098 – Lyndonville
- ☐ 14105 – Middleport
- ☐ 14103 – Medina

- ☐ 14476 – Kendall
- ☐ 14477 – Kent
- ☐ 14571 – Waterport
- ☐ 14479 – Knowlesville
- ☐ 14569 – Warsaw
- ☐ 14011 – Attica
- ☐ 14591 – Wyoming
- ☐ 14167 – Varysburg
- ☐ 14427 – Castile
- ☐ 14066 – Gainesville
- ☐ 14550 – Silver Springs
- ☐ 14530 – Perry
- ☐ 14024 – Bliss
- ☐ 14113 – North Java
- ☐ 14082 – Java Center
- ☐ 14145 – Strykersville
- ☐ 14039 – Dale
- ☐ 14549 – Silver Lake
- ☐ 14037 – Cowlesville
- ☐ 14130 – Pike
- ☐ 14009 – Arcade
- ☐ 14536 – Portageville
- ☐ 14083 – Java Village
- ☐ Other (please specify) _____

34. What is your age?

- ☐ Under 18
- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70 and over

35. What gender do you identify with? Select all that apply.

- ☐ Female
- ☐ Male
- ☐ Female to male transgender
- ☐ Male to female transgender
- ☐ Non-binary
- ☐ Prefer not to answer
- ☐ Other (please specify) _____

36. What is your race/ethnicity? Select all that apply.

- ☐ American Indian
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ White or Caucasian
- ☐ Hispanic, Latino or Spanish origin
- ☐ Non-Hispanic
- ☐ Prefer not to answer
- ☐ Other (please specify) _____

37. What is the highest grade or year of school you completed?

- ☐ Some high school (did not finish)
- ☐ High school diploma or GED
- ☐ Technical or trade school certificate
- ☐ Some college
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Graduate Degree
- ☐ Other (please specify) _____

38. What is your annual household income from all sources?

- ☐ \$10,000 - \$15,000
- ☐ \$15,000 - \$20,000
- ☐ \$20,000 - \$25,000
- ☐ \$25,000 - \$35,000

- ☐ \$35,000 - \$50,000
- ☐ \$50,000 - \$75,000
- ☐ \$75,000 +
- ☐ Prefer not to answer

39. What is your current employment status? Select all that apply.

- ☐ Employed part-time for wages
- ☐ Employed full-time for wages
- ☐ A Homemaker
- ☐ Self-employed
- ☐ A Student
- ☐ Out of work for less than 1 year
- ☐ Out of work for 1 year or more
- ☐ Retired
- ☐ Unable to work/out of work on disability/worker's compensation
- ☐ Unemployed
- ☐ Other (please specify) _____

40. Do any of the following apply to you? Select all that apply.

- ☐ I am deaf or have serious difficulty hearing.
- ☐ I am blind or have serious difficulty seeing, even when wearing glasses.
- ☐ Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions.
- ☐ I have serious difficulty walking or climbing stairs.
- ☐ I have difficulty dressing or bathing.
- ☐ Because of a physical, mental, or emotional condition, I have difficulty doing errands alone, such as visiting a doctor's office or shopping.
- ☐ N/A

Thank you for your time. It means a lot to our planning team.

Appendix D: Community Health Survey Spanish

Los hospitales y departamentos de salud de los condados de Genesee, Orleans y Wyoming están trabajando actualmente con socios de la comunidad para recopilar información de los residentes para ayudar con la planificación de la salud pública para los próximos tres (3) años.

Tómese unos minutos para completar esta encuesta, sus respuestas nos ayudarán a identificar los servicios en nuestras comunidades que están funcionando y los que deben mejorarse. Completar esta encuesta le llevará unos 15 minutos.

Tenga la seguridad de que sus respuestas son completamente anónimas.

Gracias por su tiempo y ayuda con este esfuerzo.

Realice esta encuesta solo UNA VEZ (1 vez), ya sea en línea o en papel.

Si tiene alguna pregunta sobre la encuesta o si necesita una adaptación razonable debido a una discapacidad para poder realizar esta encuesta, comuníquese con el contacto de su condado a continuación:

- Genesee County- Kaitlin at 585-344-2580 x.5555 or Kaitlin.Pettine@co.genesee.ny.us
- Orleans County- Nola at 585-589-3162 or Nola.Goodrich-Kresse@orleanscountyny.gov
- Wyoming County- Jillian at 585-786-8890 or jcalmes@wyomingco.net

SALUD INDIVIDUAL La siguiente sección incluye preguntas sobre su salud y la de su familia

La siguiente sección incluye preguntas sobre su salud y la de su familia.

1. ¿Tiene algún tipo de cobertura de salud o seguro médico?

- ☐ Sí
- ☐ No
- ☐ Solía, pero ahora no tengo ninguno
- ☐ No sé

2. ¿Cómo usted paga por su cuidado de salud? Por favor seleccione todas las respuestas que se aplican a usted

- ☐ Tengo seguro de salud a través de mi empleador.
- ☐ Tengo seguro de salud a través de un miembro de mi familia o su empleador
- ☐ Tengo Medicare

- ☐ Tengo Medicaid
 - ☐ Mi cobertura es a través del VA (Asuntos de Veteranos o Veterans Affairs)
 - ☐ Compré un seguro de salud a través de NYS of Health/ Marketplace Exchange
 - ☐ Uso Tribal Health Services/ Insurance
 - ☐ Pago en efectivo
3. ¿ Dónde obtiene la mayor parte de su información de salud? (Seleccione hasta tres (3) opciones)
- ☐ Médico o proveedor medico
 - ☐ Biblioteca
 - ☐ Periódico o revista
 - ☐ Enfermera escolar/Educadora de salud escolar/Maestra
 - ☐ Computadora o Internet
 - ☐ Redes sociales (Facebook, Twitter, etc.)
 - ☐ Televisión o radio
 - ☐ Otros (especifique)
 - ☐ Amigos y familia
 - ☐ Compañía de seguros de salud
 - ☐ Servicios Sociales
 - ☐ Head Start
 - ☐ WIC (programa de nutrición para niños, mujeres embarazadas/lactantes)
 - ☐ Lugar de trabajo
 - ☐ Trabajador comunitario de salud/ Navegador de pares
 - ☐ Otros (específica)_____
4. ¿Con qué frecuencia ve a su proveedor de atención primaria (médico)?
- ☐ Varias veces al año
 - ☐ Para un chequeo anual
 - ☐ Sólo cuando estoy enfermo
 - ☐ No veo a mi proveedor de atención primaria
 - ☐ No tengo un proveedor de atención primaria

5. En cuanto a Internet de alta velocidad, por favor elija/marquelas siguientes declaraciones que se aplican a su hogar:
- ☐ No disponemos de Internet de alta velocidad
 - ☐ Disponemos de Internet de alta velocidad
 - ☐ Sólo tenemos acceso telefónica a Internet
 - ☐ Tenemos conexión a Internet pero es inestable y poco fiable, la cobertura es irregular
 - ☐ Tengo un MiFi o un servicio de punto de acceso (hotspot)
6. ¿Ha utilizadola videoconferencia/telemedicina o cámara web para interactuar con un proveedor de atención médica?
- ☐ Sí
 - ☐ No
7. ¿ Ha utilizado videoconferencias/telemedicina o cámara web para interactuar con un proveedor de salud mental o comportamiento?
- ☐ Sí
 - ☐ No
8. Si **no** has usado telemedicina para interactuar con un proveedor, ¿por qué?
- ☐ Mi proveedor no utiliza telemedicine
 - ☐ No sé qué es la telemedicina
 - ☐ Sé la que es, pero es muy difícil de usar
 - ☐ Es demasiado costosa/ no esta cubierta por mi seguro medico
 - ☐ No sé dónde encontrar un proveedor a través de la telemedicina
 - ☐ Prefiero hablar en persona con mi proveedor
 - ☐ El cuidado que necesito solo se ofrece en persona (x-ray, sangre, examen físico, etc.)
 - ☐ Tengo dudas sobre mi privacidad por el internet
 - ☐ No tengo acceso a internet de alta velocidad en mi casa
 - ☐ No puedo usar la telemedicina debido a una discapacidad
 - ☐ Otro (por favor especifique)_____
9. ¿ Cómo calificaría su salud física?
- ☐ Excelente

- ☐ Muy Buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre

10. En el último año, ¿había algún tiempo en el que necesitó atención médica pero no pudo, o no pudo conseguirlo?

- ☐ Sí
- ☐ No
- ☐ Si contestó sí, ¿cuántas veces? _____

11. ¿Cuáles fueron las razones principales por las que no recibió la atención médica que necesitaba? Por favor, Seleccione todas las que se aplica.

- ☐ No hay alojamientos para personas con discapacidades
- ☐ Costo- sin seguro, era demasiado cara
- ☐ Costo- incluso con seguro, era demasiado cara
- ☐ Transporte- era demasiado difícil llegar
- ☐ Horas- no estaban abiertas cuando pude llegar allí
- ☐ No pude tener acceso a un médico/ escasez de médicos
- ☐ No pude conseguir tiempo libre en el trabajo
- ☐ No tenía a nadie que cuidara a mis hijos
- ☐ No pude conseguir una cita por mucho tiempo
- ☐ El personal médico no hablaba mi idioma
- ☐ No pude conseguir un referido para ver a un especialista
- ☐ No sabía dónde conseguir el cuidado que necesitaba
- ☐ Decidí no ir porque no me gusta ir a los médicos
- ☐ Miedo al criterio
- ☐ Miedo a la discriminación
- ☐ Motivos relacionados con el COVID-19
- ☐ Otro (por favor especifique) _____

12. ¿Con qué frecuencia participa en actividades física o de ejercicio? (por ejemplo, caminar, tenis, correr, baloncesto, fútbol, natación, equipo de gimnasia, etc.)

- ☐ 5-7 veces por semana por lo menos 30 minutos cada vez
- ☐ 2-4 veces por semana por lo menos 30 minutos cada vez
- ☐ 0-1 veces por semana por lo menos 30 minutos cada vez
- ☐ No hago ejercicio regularmente, pero intento agregar actividades físicas cuando puedo.
- ☐ No hago actividad física o ejercicio más allá de las actividades diarias regulares
- ☐ Comentario: _____

13. ¿Cuál de las siguientes opciones, en su caso, le ayudaría a ser más activo? Seleccione todas las que se aplica.

- ☐ Transportación al parque
- ☐ Grupos con los que participar
- ☐ Talleres para clases de ejercicio
- ☐ Lugar seguro para caminar o hacer ejercicio
- ☐ Instrucción individual/entrenador personal
- ☐ Información sobre programas de ejercicios o membresías de gimnasio
- ☐ Descuentos para programas de ejercicios o membresías de gimnasio
- ☐ Mejora de la salud
- ☐ Un amigo con quien hacer ejercicio
- ☐ Actividades que puedes hacer con sus hijos
- ☐ Información sobre oportunidades de ejercicios en las escuelas locales
- ☐ Ninguno de los anteriores
- ☐ Otros (por favor especifique)

14. ¿Qué te impide comer más frutas y verduras todos los días? Seleccione todas las que se aplica.

- ☐ Creo que como suficientes frutas y verduras frescas
- ☐ Costo
- ☐ Las tiendas cerca de mí no venden frutas y verduras frescas
- ☐ El tiempo que se tarda en prepararlas
- ☐ No estoy seguro de cómo cocinar/preparar frutas y verduras frescos

- ☐ No sé qué son frutas y verduras
- ☐ No me gusta comer comida sana
- ☐ Prefiero comer otros alimentos, por ejemplo, me gustan las frutas y verduras, pero a menudo no estoy de humor y prefiero elegir 'comidas no saludables (la comida basura)'.
- ☐ A mi familia no le gusta comer sano
- ☐ Otros (especifique)

15. ¿Cómo calificarías su salud mental/emocional?

- ☐ Excelente
- ☐ Muy Buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre

16. Si necesitó atención médica para su salud mental/conductual, pero no la recibió, ¿cuáles fueron las razones por las que? Por favor, seleccione todas las que se aplica:

- ☐ No me demoré en recibir atención médica
- ☐ No hay alojamientos para personas con discapacidades
- ☐ Costo-sin seguro, era demasiado cara
- ☐ Costo-incluso con seguro, era demasiado cara
- ☐ Transporte-era demasiado difícil llegar al lugar
- ☐ Horas-no estaban abiertos cuando pude llegar allí
- ☐ No puede tener acceso a un proveedor de salud/ escasez de proveedores/médicosNo pude conseguir tiempo libre en el trabajo
- ☐ No tenía a nadie que me cuidara a mis hijos
- ☐ No pude conseguir una cita por mucho tiempo
- ☐ El personal médico no hablaba mi idioma
- ☐ No pude conseguir un referido para ver a un especialista

- ☐ No sabía dónde conseguir el cuidado que necesitaba
- ☐ Decidí no ir porque no me gusta ir a ver a los proveedores
- ☐ Miedo al criterio
- ☐ Miedo a la discriminación
- ☐ No Corresponde
- ☐ Otro (por favor especifique) _____
- ☐ Por favor ingrese un comentario.

17. ¿Con qué frecuencia, si alguna vez, usted fuma o usa productos de nicotina?
 Seleccione todas las que se aplica.

- ☐ No fumo ni uso productos de nicotina
- ☐ Cigarrillos (por ejemplo, Marlboro, Camel, Newport, Pall Mall, Winston, marcas genéricas, etc.)
- ☐ Vaporizador
- ☐ Cigarillo electrónico
- ☐ Tabaco sin humo (masticar Tabaco, etc.)
- ☐ Bidis/Kreteks
- ☐ Puros, cigarrillos, cigarros pequeños, etc.)
- ☐ Pipas
- ☐ Hookah/pipa de agua
- ☐ Otro (por favor especifique)

18. ¿Ha utilizado-cigarrillos electrónicos para dejar de fumar?

- ☐ No corresponde, nunca he fumado
- ☐ Sí
- ☐ No
- ☐ Comentario: _____

19. Si usted toma bebidas alcohólicas, ¿con qué frecuencia toma 4 o más bebidas seguidas?

- ☐ Nunca
- ☐ Diario

- ☐ Semanal
- ☐ Mensual
- ☐ Días festivos/ocasiones especiales
- ☐ Otro (por favor especifique) _____
- ☐ Por favor ingrese un comentario.

20. ¿Utiliza drogas de manera recreativa? Si es así, ¿qué tipo utiliza?

- ☐ Nunca uso drogas recreativamente
- ☐ Alcohol
- ☐ Medicamento para la ansiedad
- ☐ Medicamentos sin receta (Robitussin, Coricidin, Nyquil, Sudafed)
- ☐ Alucinógenos (por ejemplo, Hongos, LSD, fenciclidina (PCP))
- ☐ Marihuana
- ☐ Estimulantes, incluidos los medicamentos recetados(metanfetaminas, anfetaminas, Ritalin, Dexedrine, píldoras de dieta, cocaína)
- ☐ Tomar medicamentos recetados o medicamentos sin receta más o menos de lo indicado
- ☐ Opiáceos, incluidos los medicamentos recetados (por ejemplo, heroína, morfina, metadona, Darvon)
- ☐ Otro (por favor especifique)

21. Narcan es un medicamento que salva vidas y que se usa para el tratamiento de una emergencia de sobredosis de opioides. Por favor, seleccione todas las respuestas que se aplica

- ☐ Sé dónde puedo conseguir Narcan en el condado en el que vivo(Orleans, Genesee o Wyoming)
- ☐ Llevo Narcan conmigo o lo guardo en mi casa
- ☐ He usado Narcan para salvar una vida
- ☐ He sido entrenado para usar Narcan
- ☐ No sé dónde puedo conseguir Narcan

22. ¿Qué problemas de salud ha tenido usted o un miembro de su familia en el ultimo año? Seleccione todo lo que corresponda.

- ☐ Acceso a cuidado dental
- ☐ Acceso a los servicios de salud
- ☐ Acceso a los servicios de salud mental
- ☐ Cancer
- ☐ Enfermedades crónica (diabetes, enfermedades cardíacas, presión alta, colesterol alto, derrame cerebral, etc.)
- ☐ Caídas
- ☐ Acceso a recibir vacunas/inmunizaciones (o información relacionada con las vacunas)
- ☐ Enfermedades infecciosas (hepatitis A, B, C, la gripa, Covid-19, etc.)
- ☐ Problemas de salud de las discapacidades intelectuales o del desarrollo
- ☐ Problemas de salud de la discapacidad física
- ☐ Problemas relacionados con el envejecimiento (artritis, pérdida de audición o vision, etc.)
- ☐ Enfermedad pulmonar (asma, Enfermedad Pulmonar Obstructiva Crónica (EPOC), etc.)
- ☐ Sobrepeso/obesidad
- ☐ Actividad física:
- ☐ Atención prenatal/Salud maternal e infantil
- ☐ Enfermedades de transmisión sexual (incluido el VIH)
- ☐ Abuso de sustancias (drogas, alcohol, etc.)
- ☐ Pensamientos suicidas, intentos de suicidio y/o conducta suicida
- ☐ Consumo de tabacoOtro (por favor especifique)_____
- ☐ No corresponde

23. ¿ Qué desafíos sociales ha tenido usted o un miembro de su familia en el ultimo año? (Por favor seleccione todas las que se aplica)

- ☐ Acceso a alimentos saludables
- ☐ Acceso a oportunidades de salud para personas con discapacidades intelectuales o del desarrollo
- ☐ Acceso a oportunidades de salud para personas con limitaciones físicas o discapacidades
- ☐ Viviendas Asequibles

- ☐ Intimidación
- ☐ Abuso o negligencia infantil
- ☐ Cuidado de los niños
- ☐ Crimen o vandalismo
- ☐ Violencia doméstica
- ☐ Abuso o negligencia de ancianos
- ☐ La falta de vivienda
- ☐ Hambre
- ☐ Encarcelamiento (tiempo en la cárcel o prisión)
- ☐ Falta de oportunidades de empleo
- ☐ Falta de un salario digno
- ☐ Falta de apoyo o recursos para personas mayores
- ☐ Falta de apoyo o recursos para los jóvenes
- ☐ Oportunidades para la actividad física
- ☐ Discriminación racial o cultural
- ☐ Áreas recreativas seguras
- ☐ Seguridad en las calles (cruces, hombros, carriles para bicicletas, tráfico, etc)
- ☐ Transporte
- ☐ Otro (por favor especifique)
- ☐ No corresponde

24. Cuando era niño, ¿ se enfrentó o lidió con alguno de los siguientes? Seleccione todas las que se aplica

- ☐ Abuso físico
- ☐ Abuso sexual
- ☐ Abuso emocional
- ☐ Separación o divorcio de los padres
- ☐ Negligencia emocional
- ☐ Negligencia física
- ☐ Discapacidad física o intelectual

- ☐ Antecedentes familiares de trauma (por ejemplo, suicidio, sobredosis, alcoholismo, etc.)
- ☐ Apoyo familiar limitado (padre soltero, padre adolescente, padres no presents, etc.)
- ☐ Logro educativo limitado (adultos con bajo nivel educativo, luchó con el aprendizaje, etc.)
- ☐ Acceso limitado a las necesidades básicas (inseguridad alimentaria, inestabilidad habitacional, etc.)
- ☐ Violencia en el hogar
- ☐ Uso indebido de sustancias en el hogar
- ☐ Enfermedad mental en el hogar
- ☐ Encarcelamiento de los padres
- ☐ Desafíos financieros (por ejemplo, bajo ingreso, desempleo, etc.)
- ☐ No corresponde

Salud de La Comunidad:

La siguiente sección incluye preguntas sobre cómo ve la salud de su comunidad.

25. ¿ Qué significa la salud para usted? Defina “Salud” con sus propias palabras.

26. ¿ Qué significa para una comunidad ser saludable? Defina “Salud de la comunidad” con sus propias palabras.

27. Cuando imaginas una comunidad fuerte, vibrante y saludable, ¿ Cuáles son las características más importantes de las que piensas? Por favor, seleccione hasta 5 opciones.

- ☐ Vivienda asequible
- ☐ Medio ambiente limpio
- ☐ Poblaciones diversas
- ☐ Comunidades libres de drogas y alcohol

- ☐ Oportunidades económicas
- ☐ Buen cuidado de niños
- ☐ Buenas escuelas
- ☐ Servicios de atención médica
- ☐ Opciones de alimentos saludables
- ☐ Salario digno
- ☐ Servicios de salud mental
- ☐ Parques y recursos recreativos
- ☐ Ambiente seguro
- ☐ Viviendas para personas mayores
- ☐ Servicios para personas mayores
- ☐ Transporte
- ☐ Comunidades transitables a pie y en bicicleta
- ☐ Otro (por favor especifique)

28. Cuando piensas en los desafíos de salud en la comunidad donde vives, ¿qué es lo que más le preocupa? Por favor, seleccione hasta 5 opciones.

- ☐ Acceso a cuidado dental
- ☐ Acceso a servicios de atención médica
- ☐ Acceso a servicios de salud mental
- ☐ Cáncer
- ☐ Enfermedades crónicas (diabetes, alta presión sanguínea, enfermedad del corazón, colesterol alto, derrame cerebral, etc.)
- ☐ Caídas
- ☐ Tasas de Inmunización
- ☐ Enfermedades infecciosas (hepatitis A, B, C, la gripe, Covid-19, etc.)
- ☐ Problemas de salud de las discapacidades intelectuales o del desarrollo
Problemas relacionados con el envejecimiento (artritis, pérdida de audición o visión, etc.)
- ☐ Enfermedad pulmonar (asma, Enfermedad Pulmonar Obstructiva Crónica (EPOC), etc.)
- ☐ Sobrepeso/obesidad: control del peso

- ☐ Actividad física: fitness y ejercicio
- ☐ Atención prenatal/Salud maternal e infantil (cuidado de las madres durante y después del embarazo)
- ☐ Enfermedades de transmisión sexual (incluido el VIH)
- ☐ Abuso de sustancias (drogas, alcohol, etc.)
- ☐ Pensamientos suicidas, intentos de suicidio y/o conducta suicida
- ☐ Uso de Tabaco O otro tipo de nicotina (por favor especifique)_____

29. Cuando piensas en la salud de los jóvenes donde vives, ¿qué es lo que más le preocupa?

- ☐ Cuido de niños
- ☐ Abuso (emocional, físico o sexual)
- ☐ Intimidación
- ☐ Tomar mucho alcohol (tomar muchas bebidas alcohólicas en un corto período de tiempo)
- ☐ Beber y conducir
- ☐ Cigarillos electrónicos
- ☐ Inseguridad alimentaria
- ☐ Acceso a oportunidades para personas con discapacidades
- ☐ Vagabundo
- ☐ Drogas ilegales
- ☐ Falta de atención médica durante el embarazo
- ☐ Suficiente actividad física
- ☐ Área recreativas seguras
- ☐ Discriminación (basado en la edad, género, capacidad física, creencias religiosas, preferencias sexuales, raza, etc.)
- ☐ No recibir vacunas (inyecciones) para prevenir enfermedades
- ☐ No usar anticonceptivos
- ☐ Agresión sexual (incluida la violación)
- ☐ Aislamiento social
- ☐ Enviar mensajes de texto y conducir
- ☐ Alimentación poco saludable

- ☐ Violencia (armas, violencia de pandillas, violencia vicinal, violencia de drogas, etc)
- ☐ Encarcelamiento
- ☐ Otro (por favor especifique) _____

30. Cuando piensas en los desafíos sociales en la comunidad donde vive, ¿Qué es lo más le preocupa? Seleccione hasta 5 opciones.

- ☐ Acceso a alimentos saludables
- ☐ Acceso a oportunidades de salud para personas con discapacidades intelectuales o del desarrollo
- ☐ Acceso a oportunidades de salud para personas con limitaciones físicas o discapacidades
- ☐ Vivienda asequible
- ☐ Intimidación
- ☐ Abuso o negligencia infantil
- ☐ Cuido de niños
- ☐ Crimen o vandalism
- ☐ Violencia domestica
- ☐ Abuso o negligencia de ancianos
- ☐ Vagabundo
- ☐ Hambre
- ☐ Encarcelamiento
- ☐ Falta de oportunidades de empleo
- ☐ Falta de salario digno
- ☐ Falta de apoyo o recursos para personas mayores
- ☐ Falta de apoyo o recursos para los jóvenes
- ☐ Oportunidades para la actividad física
- ☐ Discriminación racial o cultural
- ☐ Áreas recreativas seguras
- ☐ Seguridad en las calles (cruces, hombros, carriles para bicicletas, tráfico, etc)
- ☐ Transporte
- ☐ Otro (por favor, especifique) _____

☐ No corresponde

31. Cuando piensa en los desafíos ambientales en la comunidad donde vives, ¿qué es lo que más le preocupa?

- ☐ Escorrentía Agrícola (estiércol, pesticidas, etc)
- ☐ Contaminación del aire
- ☐ Cambio climático
- ☐ Calidad de agua potable
- ☐ Exposición al humo de Tabaco o la marihuana
- ☐ Fallas en el Sistema séptico
- ☐ Inundaciones o drenaje del suelo
- ☐ Seguridad en el hogar
- ☐ Peligros de la pintura a base de plomo
- ☐ Vida Silvestre molesta/animals callejeros
- ☐ Alimentos seguros
- ☐ Seguridad escolar
- ☐ Ríos, lagos y calidad de los arroyos
- ☐ Enfermedades transmitidas por vectores (Mosquitos, garrapatas, etc.)
- ☐ Otro (por favor especifique) _____

32. ¿En qué condado vive?

- ☐ Genesee
- ☐ Orleans
- ☐ Wyoming
- ☐ Otro (por favor especifique)
- ☐ No vivo en los condados de Genesee, Orleans, o Wyoming, pero trabajo en uno de los tres condados.

33. ¿En qué código postal vive?

- ☐ 14013 – Basom
- ☐ 14001 – Akron
- ☐ 14020 – Batavia

- ☐ 14482 – Le Roy
- ☐ 14021 – Batavia
- ☐ 14125 – Oakfield
- ☐ 14036 – Corfu
- ☐ 14040 – Darien Center
- ☐ 14143 – Stafford
- ☐ 14416 – Bergen
- ☐ 14525 – Pavilion
- ☐ 14422 – Byron
- ☐ 14054 – East Bethany
- ☐ 14056 – East Pembroke
- ☐ 14058 – Elba
- ☐ 14557 – South Byron
- ☐ 14005 – Alexander
- ☐ 14429 – Clarendon
- ☐ 14508 – Morton
- ☐ 14411 – Albion
- ☐ 14470 – Holley
- ☐ 14098 – Lyndonville
- ☐ 14105 – Middleport
- ☐ 14103 – Medina
- ☐ 14476 – Kendall
- ☐ 14477 – Kent
- ☐ 14571 – Waterport
- ☐ 14479 – Knowlesville
- ☐ 14569 – Warsaw
- ☐ 14011 – Attica
- ☐ 14591 – Wyoming
- ☐ 14167 – Varysburg
- ☐ 14427 – Castile
- ☐ 14066 – Gainesville
- ☐ 14550 – Silver Springs
- ☐ 14530 – Perry

- ☐ 14024 – Bliss
- ☐ 14113 – North Java
- ☐ 14082 – Java Center
- ☐ 14145 – Strykersville
- ☐ 14039 – Dale
- ☐ 14549 – Silver Lake
- ☐ 14037 – Cowlesville
- ☐ 14130 – Pike
- ☐ 14009 – Arcade
- ☐ 14536 – Portageville
- ☐ 14083 – Java Village
- ☐ Otro (por favor, especifique) _____

33. ¿Cuántos años tienes?

- ☐ Menores de 18 años
- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70 años y más

34. ¿Cuál es su identidad actual de género?

- ☐ Mujer
- ☐ Hombre
- ☐ Transgenero de femenina a masculine
- ☐ Transgénero de masculino a Femenino
- ☐ No binaria
- ☐ Prefiero no contestar
- ☐ Otros (especifique)

35. ¿Cuál de las siguientes diría que es su raza? Seleccione todos los que se apliquen

- ☐ Indio Americano
- ☐ Asiático/Isleño del Pacífico
- ☐ Negro/afroamericano
- ☐ Blanco/caucásico
- ☐ Hispanos o latinos
- ☐ No Hispanos
- ☐ Prefiero no contestar
- ☐ Otros (especifique)

36. ¿Cuál es el grado más alto o el año de escuela que completó?

- ☐ Alguna escuela secundaria (no terminó)
- ☐ Grado 12 o GED (graduado de escuela superior/ bachillerato o GED)
- ☐ Certificado de escuela técnica o de oficios
- ☐ Alguna Universidad pero ningún título
- ☐ Grado de asociado
- ☐ Licenciatura
- ☐ Título de posgrado
- ☐ Otro (por favor, especifique) _____

37. ¿Cuál es su ingreso familiar anual *(todas las fuentes)?

- ☐ \$10,000-\$15,000
- ☐ \$15,000-\$20,000
- ☐ \$20,000-\$25,000
- ☐ \$25,000-\$35,000
- ☐ \$35,000-\$50,000
- ☐ \$50,000-\$75,000
- ☐ \$75,000 +
- ☐ Prefiero no contestar

38. ¿Cuál es su situación laboral actual? Seleccione todas las que se aplican

- ☐ Empleado a tiempo parcial por salarios

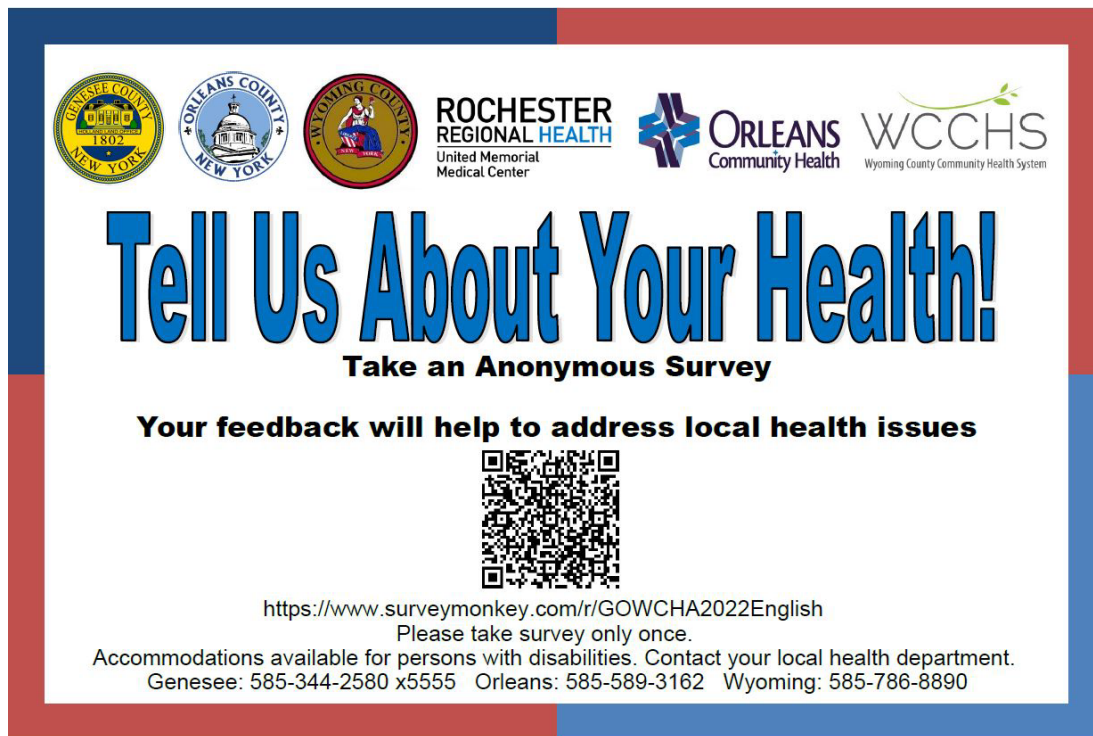
- ☐ Empleado a tiempo complete para salarios
- ☐ Ama de Casa
- ☐ Trabajo por cuenta propia
- ☐ Estudiante
- ☐ Desempleado durante 1 año o menos
- ☐ Desempleado durante 1 año o más
- ☐ Retirado
- ☐ No puede trabajar/falta de trabajo por discapacidad/la indemnización laboral
- ☐ Desempleado
- ☐ Otros (especifique)

39. ¿Alguno de los siguientes se aplica a usted?




- ☐ Soy sordo o tengo serias dificultades para oír
- ☐ Estoy ciega o tengo serias dificultades para ver, incluso cuando llevo espejuelos.
- ☐ Debido a una condición física, mental o emocional para concentrarme, recordar o tomar decisiones
- ☐ Tengo serias dificultades para caminar o subir escalones
- ☐ Tengo dificultad para vestirme o bañarme
- ☐ Debido a una condición física, mental o emocional, tengo dificultad para hacer mandados solo, como visitar al médico o ir de compras
- ☐ No corresponde


Gracias por su tiempo, Significa mucho para nuestro equipo de planificación.


Appendix E: CHA Promotional Materials



This flyer is for an English-language survey. It features logos for Genesee County, Orleans County, and Wyoming County at the top left, and logos for Rochester Regional Health, Orleans Community Health, and WCCHS at the top right. The main title 'Tell Us About Your Health!' is in large blue letters. Below it, the text 'Take an Anonymous Survey' and 'Your feedback will help to address local health issues' is displayed. A QR code is centered on the page. At the bottom, the survey URL is provided, along with a request to take the survey only once and contact information for accommodations.

   **ROCHESTER REGIONAL HEALTH**
United Memorial Medical Center


 **ORLEANS**
Community Health

 **WCCHS**
Wyoming County Community Health System

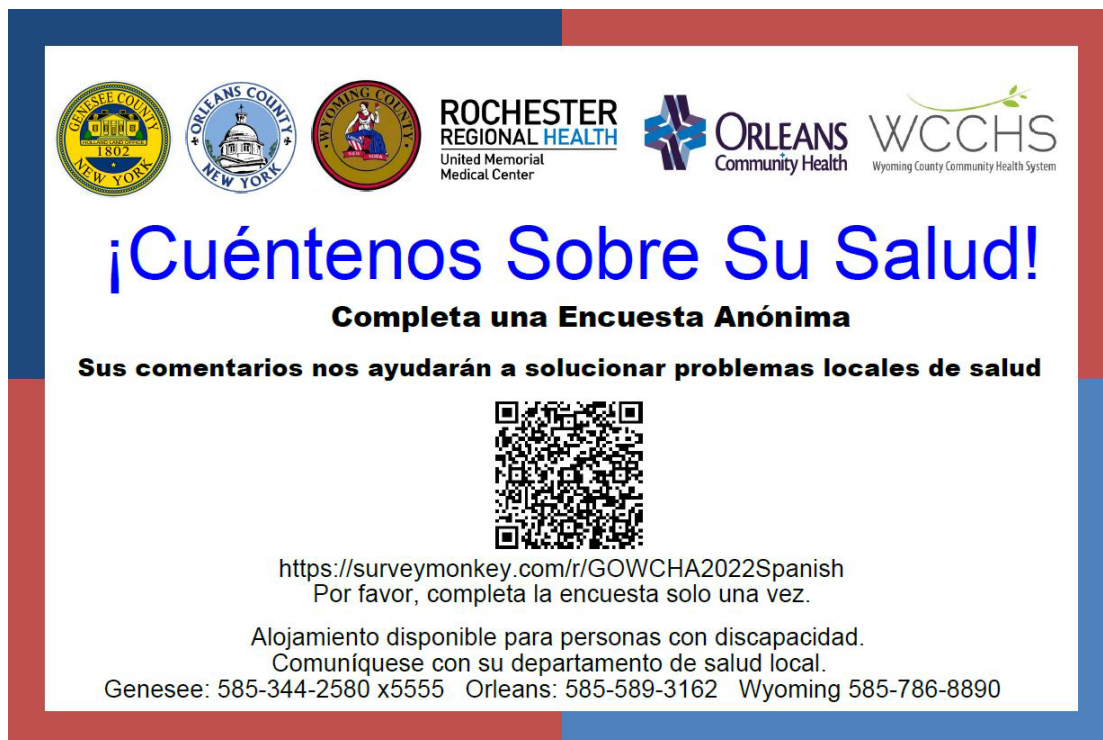
Tell Us About Your Health!

Take an Anonymous Survey




Your feedback will help to address local health issues





<https://www.surveymonkey.com/r/GOWCHA2022English>
Please take survey only once.
Accommodations available for persons with disabilities. Contact your local health department.
Genesee: 585-344-2580 x5555 Orleans: 585-589-3162 Wyoming: 585-786-8890



This flyer is for a Spanish-language survey. It features the same logos as the English version. The main title '¡Cuéntenos Sobre Su Salud!' is in large blue letters. Below it, the text 'Completa una Encuesta Anónima' and 'Sus comentarios nos ayudarán a solucionar problemas locales de salud' is displayed. A QR code is centered on the page. At the bottom, the survey URL is provided, along with a request to complete the survey only once and contact information for accommodations.

   **ROCHESTER REGIONAL HEALTH**
United Memorial Medical Center


 **ORLEANS**
Community Health

 **WCCHS**
Wyoming County Community Health System

¡Cuéntenos Sobre Su Salud!

Completa una Encuesta Anónima

Sus comentarios nos ayudarán a solucionar problemas locales de salud



<https://surveymonkey.com/r/GOWCHA2022Spanish>
Por favor, completa la encuesta solo una vez.
Alojamiento disponible para personas con discapacidad.
Comuníquese con su departamento de salud local.
Genesee: 585-344-2580 x5555 Orleans: 585-589-3162 Wyoming 585-786-8890

Appendix F: CHA Outreach Letter

Date

Good morning,

It is time again for the Genesee-Orleans-Wyoming (GOW) Community Health Assessment (CHA) and we need your help. The Genesee, Orleans and Wyoming County Health Departments and Hospitals are currently working with community partners to gather information from residents and those who work in these counties to help with public health planning for the next three (3) years. This initiative is part of the New York State Prevention Agenda, which is a blueprint for state and local action to improve the health and well-being of New Yorkers.

“As chief health strategists, the health departments are working toward identifying major community health challenges, gaps in services, and other factors that may contribute to a less than optimal health status for our community residents,” stated Paul Pettit, Public Health Director for Genesee and Orleans County Health Departments (GO Health).

“The input from our residents will help identify community health needs, which will ultimately help us to develop our Community Health Improvement Plan (CHIP) for the next few years.”

It is greatly appreciated if you would share the attached survey with your colleagues, service organizations, family members and clients to complete.

The survey can also be completed by April 30, 2022, online by visiting the following links:

- English: <https://www.surveymonkey.com/r/GOWCHA2022English>
- Spanish: <https://www.surveymonkey.com/r/GOWCHA2022Spanish>

The survey focuses on the health of the person taking it. We are happy to provide hardcopies of the survey and/or flyers that promote completing it online.

The health departments are also seeking to schedule Community Conversations with willing groups to learn what they feel are the greatest health concerns or issues in their community and thoughts on how they can be improved. These conversations can be in English or Spanish. Please contact me by phone or email if you are interested in this opportunity or have any questions. Your continued support is appreciated! Thank you!

Name, Title

Department

Phone

Email

Appendix G: CHA Survey Distribution List

<u>County</u>	<u>Target/Recipient</u>	<u>Method of Distribution</u>
Genesee County	Genesee County Youth Bureau	Survey Monkey
Genesee County	YMCA	Survey Monkey
Genesee County	Genesee County Staff	Survey Monkey
Genesee County	Genesee County Health Department Immunization Clinics	Survey Monkey
Genesee County	Genesee County Department of Social Services clients	Paper Copy
Genesee County	Genesee County Mental Health Department clients	Paper Copy
Genesee County	Genesee County Office for the Aging-Congregate Meal Site – Corfu United Presbyterian Church	Paper Copy
Genesee County	Genesee County Office for the Aging-Congregate Meal Site – Haven wood Congregate Apartments	Paper Copy
Genesee County	Genesee County Office for the Aging-Congregate Meal Site – Batavia Senior Center	Paper Copy
Genesee County	Genesee Community College	Survey Monkey
Genesee County	Interagency Council	Survey Monkey
Genesee County	Churches	Survey Monkey
Genesee County	Byron-Bergen Public Library	Paper Copy
Genesee County	Genesee/Orleans Council on Alcohol and Substance Abuse (GCASA) staff	Survey Monkey
Genesee County	Horizon Health Services – Waiting Room/etc.	Paper Copy
Genesee County	Alexander School District	Survey Monkey
Genesee County	Oakfield Alabama School District	Survey Monkey
Genesee County	Byron-Bergen School District	Survey Monkey
Genesee County	Elba School District	Survey Monkey
Genesee County	LeRoy School District	Survey Monkey
Genesee County	Pavilion School District	Survey Monkey
Genesee County	Batavia School District	Survey Monkey
Genesee County	Notre Dame School District	Survey Monkey
Genesee County	Lake Plains Community Care Network	Survey Monkey
Genesee County	Leadership Genesee	Survey Monkey
Genesee County	Laundromats	Paper Copy
Genesee County	Spa's and Stylists	Survey Monkey
Genesee County	Barbers	Survey Monkey
Genesee County	Chapin	Survey Monkey
Genesee County	Liberty Pumps	Survey Monkey
Genesee County	O-AT-KA Milk Products	Survey Monkey
Genesee County	Salvation Army	Paper Copy
Genesee County	United Memorial Medical Center staff and clients	Survey Monkey/Paper Copy
Genesee County	Corfu Free Library	Paper Copy

Genesee County	Haxton Memorial Library (Oakfield)	Survey Monkey/Paper Copy
Genesee County	Pavilion Public Library	Survey Monkey/Paper Copy
Genesee County	Richmond Memorial Library (Batavia)	Survey Monkey/Paper Copy
Genesee County	Woodward Memorial Library (Le Roy)	Survey Monkey/Paper Copy
Genesee County	Hope Haven- Clients	Survey Monkey
Genesee County	Farm Bureau	Survey Monkey
Genesee County	National Diabetes Prevention Program Participants	Survey Monkey
Genesee County	ABCD	Survey Monkey
Genesee County	Independent Living	Survey Monkey
Genesee County	Suicide Prevention Coalition	Survey Monkey
Genesee County	Batavia Downs	Survey Monkey
Genesee County	Long Term Care Taskforce	Survey Monkey
Genesee County	Genesee County Home Show	Survey Monkey/Paper Copy
Orleans County	Medina Village Businesses	Survey Monkey
Orleans County	Yates Community Library	Paper Copy
Orleans County	Community Free Library (Holley)	Paper Copy
Orleans County	Hoag Library (Albion)	Paper Copy
Orleans County	Lee-Whedon Memorial Library (Medina)	Paper Copy
Orleans County	Medina Area Association of Churches	Survey Monkey
Orleans County	Human Services Council	Survey Monkey
Orleans County	Orleans County Officer for the Aging	Paper Copy
Orleans County	Orleans County Jail - Albion	Paper Copy
Orleans County	Oak Orchard Health- Albion Location	Paper Copy
Orleans County	Orleans Community Health staff	Survey Monkey
Orleans County	Orleans County Employees	Survey Monkey
Orleans County	Leadership Orleans	Survey Monkey
Orleans County	Orleans County Chamber of Commerce	Survey Monkey
Orleans County	COVID-19 Vaccine Clinics Orleans County Health Dept.	Survey Monkey/Paper Copy
Orleans County	Houseman Tanner American Legion Post – Lyndonville	Paper Copy
Orleans County	Lyndonville Central School	Survey Monkey
Orleans County	Albion Central School	Survey Monkey
Orleans County	Kendall Central School	Survey Monkey
Orleans County	Holley Central School	Survey Monkey
Orleans County	Medina Central School	Survey Monkey
Orleans County	Orleans County Dept. of Social Services	Survey Monkey/Paper Copy
Orleans County	Orleans County Mental Health	Survey Monkey/Paper Copy
Orleans County	Orleans Home & Garden Show	QR Code/Paper Copy
Orleans County	Lake Country Pennysaver	Press Release / Survey Monkey
Orleans County	Orleans Hub	Press Release / Survey Monkey

Wyoming County	Wyoming County Jail	Paper Copy
Wyoming County	Warsaw Library	Paper Copy
Wyoming County	Bliss Library	Paper Copy
Wyoming County	Attica Library	Paper Copy
Wyoming County	Arcade Library	Paper Copy
Wyoming County	Wyoming Library	Paper Copy
Wyoming County	Castile Library	Paper Copy
Wyoming County	Gainesville Library	Paper Copy
Wyoming County	Perry Library	Paper Copy
Wyoming County	Pike Library	Paper Copy
Wyoming County	Wyoming County Department of Social Services	Paper Copy
Wyoming County	Community Action for Wyoming County	Paper Copy
Wyoming County	Literacy West (Core Learning Center)	Paper Copy
Wyoming County	Wyoming County Veteran's Services	Paper Copy
Wyoming County	WIC	Survey Monkey
Wyoming County	Interagency Council	Survey Monkey
Wyoming County	Oak Orchard Health – Warsaw Location	Paper Copy
Wyoming County	Wyoming County Community Hospital-Registration	Paper Copy
Wyoming County	Wyoming County Department of Motor Vehicles	Paper Copy
Wyoming County	Hillside Children's Center	Paper Copy
Wyoming County	Peer's Helping Peer's	Paper Copy
Wyoming County	Head Start	Paper Copy
Wyoming County	SUNY Attain Lab	Paper Copy
Wyoming County	Food Link	Paper Copy
Wyoming County	Farm Bureau	Paper Copy
Wyoming County	Pioneer Association of Church Food Pantry	Paper Copy
Wyoming County	United Church of Christ Food Pantry	Paper Copy
Wyoming County	Wyoming County Officer for the Aging	Paper Copy
Wyoming County	Cornell Cooperative Extension of Wyoming County	Paper Copy
Wyoming County	Spectrum Health and Human Services	Paper Copy
Wyoming County	Clarity	Paper Copy
Wyoming County	NYS Department of Labor	Paper Copy
GOW Counties	GOW Opioid Task Force Membership	Survey Monkey
Genesee and Orleans Counties	Genesee and Orleans County Health Departments (GO Health) Facebook/Instagram/Twitter	Survey Monkey
Orleans County	Suicide Prevention Coalition Facebook	Survey Monkey
Wyoming County	Wyoming County Health Department Facebook	Survey Monkey
Genesee County	United Memorial Medical Center Facebook	Survey Monkey

Appendix H: CHA Survey Results

**Genesee, Orleans, and Wyoming Counties
Combined**

Community Health Survey Analysis Report

2022-2024



ROCHESTER
REGIONAL HEALTH
United Memorial
Medical Center



ORLEANS
Community Health



WCCHS
Wyoming County Community Health System

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About the Survey

Genesee, Orleans, and Wyoming (GOW) County Health Departments, in collaboration with Rochester Regional Health at United Memorial Medical Center (UMMC), Orleans Community Health (OCH), and Wyoming County Community Health System (WCCHS), are dedicated to improving the health and well-being of GOW County residents. As mandated by the Affordable Care Act and the New York State Department of Health (NYSDOH), local hospitals and health departments conduct Community Health Assessments (CHA) every three years to identify health concerns. The Community Health Survey provides detailed information regarding the community's health status, needs, and concerns, which becomes incorporated into local CHA documentation. County CHAs summarize community characteristics which allows community health leaders to develop a Community Health Improvement Plan (CHIP). Ultimately, the CHIP impacts the health programming that a community receives.

Through the CHA, GOW County Health Departments, UMMC, OCH, and WCCHS are able to understand the needs and issues of the tri-county community and what resources are needed to properly address them. The Community Health Survey was developed in English and Spanish and was distributed in hard copies at libraries, county office buildings, health centers, schools, and businesses throughout the three counties. An electronic version created through SurveyMonkey was made available on online media platforms (social media, press release, and health department websites) as well as a QR code. Survey responses were collected from March 2022 to June 2022. Total responses included 274 paper copies and 1820 electronic copies for a total of 2094 survey respondents.

Within this report, Community Health Survey responses were analyzed and data was made accessible to community health partners and members of the public. GOW Counties were analyzed separately for each question in this report. The "All Participants" rows/columns in the tables below are inclusive of GOW and non-GOW responses. Notations related to "Other" responses were only summarized when trends/commonalities were identified among responses.

Table 1: Respondent and Regional Level Demographics								
	Genesee County Respondents n (%)	Genesee County Population** n (%)	Orleans County Respondents n (%)	Orleans County Population** n (%)	Wyoming County Respondents n (%)	Wyoming County Population** n (%)	All Survey Respondents n (%)	New York State Population** n (%)
Total Respondents	N=605	-	N=469	-	N=568	-	N=2,094	-
Age, years	n=605	n=57,554	n=467	n=40,624	n=568	n=40,027	n=1,742	n=19,514,849
Under 18	1 (0.17)	11,671 (20.28)	3 (0.64)	7,851 (19.33)	1 (0.18)	7,603 (18.99)	6 (0.34)	4,071,142 (20.86)
18-29	41 (6.78)	20-29: 7,164 (12.45)	39 (8.35)	20-29: 5,190 (12.78)	44 (7.75)	20-29: 5,240 (13.09)	139 (7.98)	20-29: 2,767,246 (14.18)
30-39	107 (17.69)	6,608 (11.48)	64 (13.70)	5,157 (12.69)	93 (16.37)	5,208 (13.01)	285 (16.36)	2,653,535 (13.60)
40-49	117 (19.34)	6,848 (11.90)	64 (13.70)	4,660 (11.47)	106 (18.66)	5,089 (12.71)	313 (17.97)	2,401,554 (12.31)
50-59	146 (24.13)	8,899 (15.46)	110 (23.55)	6,725 (16.55)	122 (21.48)	6,096 (15.23)	396 (22.73)	2,659,416 (13.63)
60-69	121 (20.0)	7,818 (13.58)	105 (22.48)	5,311 (13.07)	95 (16.73)	5,374 (13.43)	336 (19.29)	2,265,306 (11.61)
70 & over	72 (11.9)	7,323 (12.72)	82 (17.56)	4,879 (12.01)	107 (18.84)	4,696 (11.73)	267 (15.33)	2,196,874 (11.26)
Gender*	n=605	n=57,554	n=464	n=40,624	n=568	n=40,027	n=1,738	n=19,514,849
Female	439 (72.56)	28,744 (49.94)	334 (71.98)	20,424 (50.28)	419 (73.77)	18,572 (46.40)	1,258 (72.38)	10,040,665 (51.45)
Male	141 (23.31)	28,810 (50.06)	122 (26.29)	20,200 (49.72)	131 (23.06)	21,455 (53.60)	425 (24.45)	9,474,184 (48.55)
Male Transgender	0 (0)	-	1 (0.22)	-	1 (0.18)	-	2 (0.12)	-
Female Transgender	0 (0)	-	0 (0)	-	0 (0)	-	0 (0)	-
Non-binary	4 (0.66)	-	0 (0)	-	2 (0.35)	-	6 (0.35)	-
Prefer not to answer	21 (3.47)	-	7 (1.51)	-	16 (2.82)	-	48 (2.76)	-
Other	0 (0)	-	0 (0)	-	1 (0.18)	-	1 (0.06)	-
Race/Ethnicity*	n=602	n=57,554	n=464	n=40,624	n=568	n=40,027	n=1,734	n=19,514,849
White or Caucasian	543 (90.20)	52,650 (91.48)	413 (89.01)	35,913 (88.40)	523 (92.08)	36,479 (91.14)	1,563 (90.14)	12,160,045 (62.31)
American Indian	10 (1.66)	409 (0.71)	6 (1.29)	131 (0.32)	6 (1.06)	106 (0.26)	24 (1.38)	76,535 (0.39)
Black or African American	14 (2.33)	1,307 (2.27)	6 (1.29)	2,395 (5.90)	2 (0.35)	1,884 (4.71)	23 (1.33)	3,002,401 (15.39)
Asian or Pacific Islander	2 (0.33)	462 (0.80)	3 (0.65)	267 (0.66)	3 (0.53)	182 (0.45)	8 (0.46)	1,683,592 (8.63)
Hispanic, Latino, Spanish	8 (1.33)	1,959 (3.40)	24 (5.17)	2,081 (5.12)	4 (0.70)	1,341 (3.35)	41 (2.36)	3,720,707 (19.07)
Non-Hispanic	22 (3.65)	55,595 (96.60)	19 (4.09)	38,543 (94.87)	22 (3.87)	38,686 (96.65)	69 (3.98)	15,794,142 (80.93)
Prefer not to answer	27 (4.49)	-	17 (3.66)	-	24 (4.23)	-	73 (4.21)	-
Other	1 (0.17)	-	1 (0.22)	-	3 (0.53)	-	5 (0.29)	-

	Genesee County Respondents n (%)	Genesee County Population** n (%)	Orleans County Respondents n (%)	Orleans County Population** n (%)	Wyoming County Respondents n (%)	Wyoming County Population** n (%)	All Survey Respondents n (%)	New York State Population** n (%)
Education	n=601	n=45,883	n=460	n=32,773	n=565	n=32,424	n=1,725	n=15,443,707
Some High School	7 (1.16)	3,545 (7.73)	9 (1.96)	4,238 (12.93)	17 (3.01)	3,159 (9.74)	35 (2.03)	1,936,295 (12.54)
High School Diploma or GED	81 (13.48)	17,243 (37.58)	82 (17.83)	13,208 (40.30)	116 (20.53)	12,763 (39.36)	286 (16.58)	3,961,123 (25.65)
Technical or Trade School	22 (3.66)	-	19 (4.13)	-	21 (3.72)	-	62 (3.59)	-
Some College	68 (11.31)	15,718 (34.26)	58 (12.61)	10,397 (31.72)	82 (14.51)	10,900 (33.62)	223 (12.93)	4,116,829 (26.66)
Associate's Degree	122 (20.3)		91 (19.78)		103 (18.23)		326 (18.90)	
Bachelor's Degree	162 (26.96)	9,377 (20.44)	124 (26.96)	4,930 (15.04)	124 (21.95)	5,602 (17.28)	432 (25.04)	5,429,460 (35.16)
Graduate Degree	139 (23.13)		77 (16.74)		102 (18.05)		361 (20.93)	
Other	0 (0)	-	0 (0)	-	0 (0)	-	0 (0)	-
Household Income	n=604	n=24,174	n=465	n=16,634	n=568	n=16,055	n=1,739	n=7,417,224
\$10,000-\$15,000	21 (3.48)	1,069 (4.42)	18 (3.87)	733 (4.41)	30 (5.28)	606 (3.77)	72 (4.14)	340,614 (4.59)
\$15,000-\$20,000	16 (2.65)	885 (3.66)	13 (2.80)	558 (3.35)	26 (4.58)	626 (3.90)	55 (3.16)	303,901 (4.10)
\$20,000-\$25,000	24 (3.97)	1,150 (4.76)	15 (3.23)	1,060 (6.37)	21 (3.70)	930 (5.79)	60 (3.45)	298,025 (4.02)
\$25,000-\$35,000	49 (8.11)	2,292 (9.48)	31 (6.67)	1,893 (11.38)	56 (9.86)	1,257 (7.83)	143 (8.22)	560,412 (7.56)
\$35,000-\$50,000	71 (11.75)	3,291 (13.61)	57 (12.26)	2,590 (15.57)	72 (12.68)	2,449 (15.25)	206 (11.85)	770,616 (10.39)
\$50,000-\$75,000	109 (18.05)	4,652 (19.24)	85 (18.28)	3,258 (19.59)	81 (14.26)	3,577 (22.28)	296 (17.02)	1,118,036 (15.07)
\$75,000+	231 (38.25)	9,559 (39.54)	162 (34.84)	5,563 (33.44)	192 (33.80)	5,992 (37.32)	632 (36.34)	3,553,940 (47.91)
Prefer not to answer	83 (13.74)	-	84 (18.06)	-	90 (15.85)	-	275 (15.81)	-

*Survey Respondents could select more than one demographic type

**Population level data from American Community Survey Reports 2020 5-Year Estimates¹⁻⁶

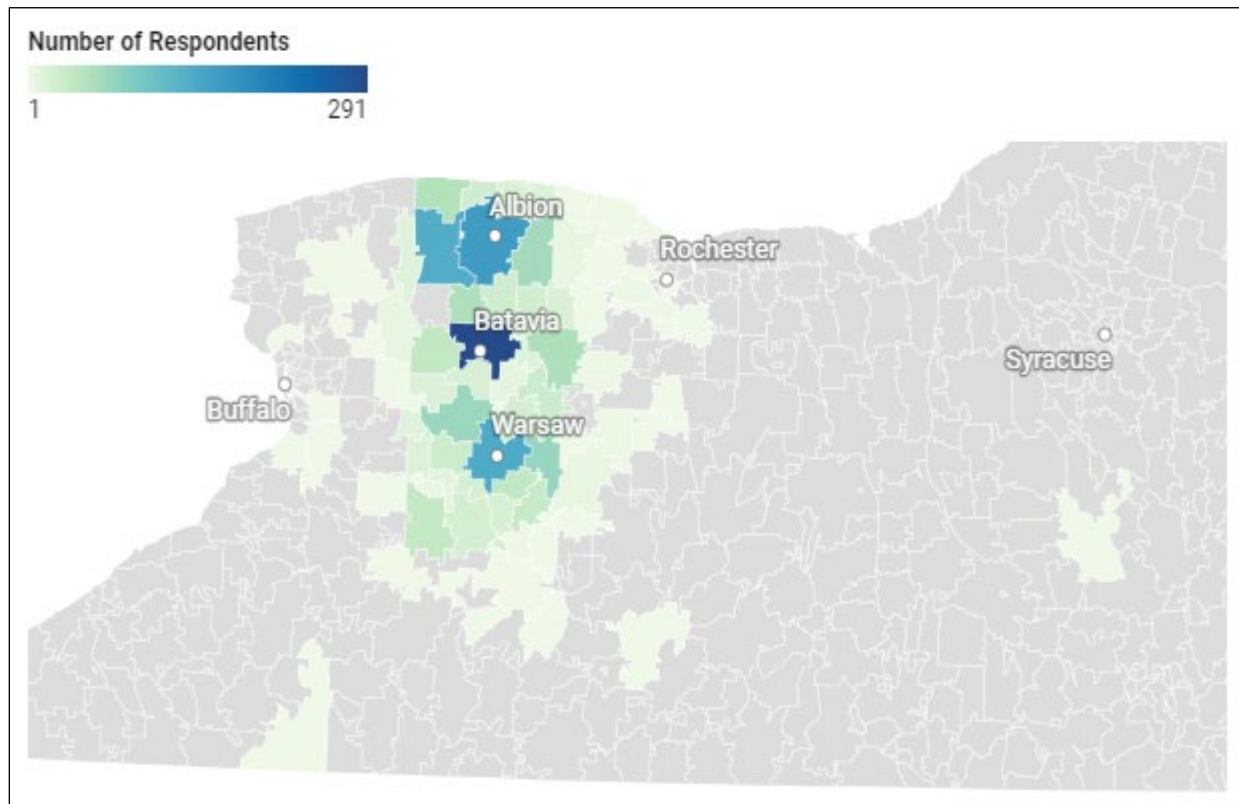


Figure 1. Number of Survey Participants by Reported Zip Code (n=1733)

Of the 2094 total respondents, 1733 individuals provided specific zip code level data for their county of residence. For more information related to respondent distribution by zip code, visit our interactive version of Figure 1:

<https://datawrapper.dwcdn.net/mDMIT/2/>

Among those who responded and reported living outside of GOW Counties, only 79 (17.48%) respondents reported working within the GOW region.

Table 2: What is your current employment status?				
	All Participants (n=1722)	County of Residence		
		Genesee (n=603)	Orleans (n=455)	Wyoming (n=564)
Employed Full-Time	977	379	230	291
Employed Part-Time	215	78	66	58
Homemaker	54	13	13	27
Self-Employed	68	22	20	25
Student	29	7	9	11
Out of work for < 1 year	13	6	2	5
Out of work for > 1 year	14	3	7	4
Retired	418	130	132	150
Unable to Work	71	18	12	36
Unemployed	28	11	7	10
Other	4	0	1	3

Table 3: Respondent Disabilities/Difficulties				
	All Participants (n=293)	County of Residence		
		Genesee (n=84)	Orleans (n=82)	Wyoming (n=118)
I have serious difficulty walking or climbing stairs	132	40	34	55
Because of a physical, mental, or emotional condition, I have a difficult time concentrating, remembering, or making decisions	110	31	31	44
I am deaf or have serious difficulty hearing	71	19	21	30
Because of a physical, mental, or emotional condition, I have a difficulty running errands alone	67	10	16	38
I have difficulty dressing or bathing	27	6	5	16
I am blind or have serious difficulty seeing, even when wearing glasses	19	5	4	9
Other*	18	4	6	7

*The option "Other" was only provided on the electronic survey version.

Table 4: Do you have any kind of health care coverage or health insurance?				
	All Participants n (%)	County of Residence		
		Genesee n (%)	Orleans n (%)	Wyoming n (%)
Yes	2054 (98.09)	597 (98.68)	458 (97.65)	552 (97.18)
No	17 (0.81)	4 (0.66)	5 (1.07)	6 (1.06)
Used to, but do not have any now	16 (0.76)	3 (0.50)	1 (0.21)	9 (1.58)
Do not know	7 (0.33)	1 (0.16)	5 (1.07)	1 (0.18)

Table 5: How do you pay for your Health Care?				
	All Participants (n=2092)	County of Residence		
		Genesee (n=605)	Orleans (n=467)	Wyoming (n=568)
Health insurance through employer	1031	303	210	265
Medicare	476	132	136	145
Health insurance through family member or their employer	365	94	93	90
"I have health insurance"	204	55	50	69
Medicaid	189	50	36	71
Purchased health insurance through NYS of Health/Marketplace Exchange	112	38	28	26
Cash	103	30	32	29
Covered by the VA	53	14	17	13
Use of Tribal Health Services/insurance	5	2	0	0

Table 6: Where do you get most of your health information?				
	All Participants (n=2088)	County of Residence		
		Genesee (n=605)	Orleans (n=466)	Wyoming (n=567)
Doctor or Medical Provider	1826	531	405	498
Computer or Internet	1039	319	246	250
Friends and Family	438	131	103	120
Health Insurance Company	322	94	93	80
Work Place	208	69	30	55
Newspaper or Magazine	169	57	41	36
Television (TV) or Radio	138	37	29	47
Social Media (Facebook, Twitter, etc.)	121	32	20	38
Library	44	19	8	11
School Nurse/School Health Educator/Teacher	43	17	11	5
Community Health Worker/Peer Navigator	41	10	5	19
Social Services	14	6	1	7
WIC (Nutrition Program for children and pregnant/nursing women)	11	2	1	5
Head Start	2	1	0	1
Other*	100	29	22	34

*Respondents identified their own medical background, medical journals and articles, and non-health professionals within the community (e.g., Office for the Aging, health food storeowners, and natural remedy specialists).

Table 7: How often do you see your primary care provider (doctor)?				
	All Participants n (%)	County of Residence		
		Genesee n (%)	Orleans n (%)	Wyoming n (%)
Several times a year	781 (38.10)	240 (39.67)	188 (40.43)	238 (41.90)
For a yearly check-up	769 (37.51)	225 (37.19)	159 (34.19)	189 (33.27)
Only when I'm sick	409 (19.95)	117 (19.34)	98 (21.08)	109 (19.19)
I do not go see my primary care provider	41 (2.00)	9 (1.49)	7 (1.51)	14 (2.46)
I do not have a primary care provider	50 (2.44)	14 (2.31)	13 (2.80)	18 (3.17)

Table 8: With regards to high-speed internet, please check the following statements that apply to your household.

	All Participants (n=2093)	County of Residence		
		Genesee (n=605)	Orleans (n=468)	Wyoming (n=568)
Has high speed internet	1684	510	375	414
Does not have high speed internet	257	66	56	96
Unstable/unreliable internet connection ("Spotty coverage")	153	30	41	61
Has a MiFi or a hotspot service	84	26	20	24
Has dial-up access only	21	3	9	3

Table 9: Have you used telemedicine or webcam to interact with a healthcare provider?

	All Participants (%)	County of Residence		
		Genesee n (%)	Orleans n (%)	Wyoming n (%)
Yes	994 (48.0)	324 (54.45)	229 (49.04)	219 (38.90)
No	1077 (52.0)	271 (45.54)	238 (50.96)	344 (61.10)

Table 10: Have you used telemedicine or webcam to interact with a behavioral health/mental health provider?

	All Participants (%)	County of Residence		
		Genesee n (%)	Orleans n (%)	Wyoming n (%)
Yes	289 (13.91)	96 (16.0)	52 (11.16)	86 (15.25)
No	1788 (86.09)	504 (84.0)	414 (88.84)	478 (84.75)

Table 11: If you have NOT used telemedicine to interact with a provider, why?				
	All Participants* (n=1018)	County of Residence		
		Genesee (n=251)	Orleans (n=219)	Wyoming (n=335)
I prefer to speak with a provider in-person	628	158	125	209
The care I need is only offered in-person (x-ray, bloodwork, physical exams, etc.)	177	54	45	48
My provider does not use telemedicine	129	32	33	40
I do not have access to high speed internet at my home	103	23	19	51
I do not know what telemedicine is	86	15	15	43
I have concerns about privacy online	78	30	16	21
I know what it is but it is too hard to use	70	18	19	22
I do not know where to find a provider via telemedicine	48	12	7	15
It is too costly/not covered by my health insurance	24	9	6	5
I cannot use telemedicine due to a disability	5	0	1	4
Other	53	13	17	9

*Only respondents identifying a reason for not utilizing telemedicine were evaluated; respondents without a need for telemedicine were removed.

Table 12: How would you rate your physical health?					
	Ranking				
	Excellent n (%)	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)
All Participants	205 (9.79)	715 (34.16)	818 (39.08)	326 (15.58)	29 (1.39)
Genesee County Residents	65 (10.74)	198 (32.73)	243 (40.17)	90 (14.88)	9 (1.49)
Orleans County Residents	51 (10.87)	163 (34.75)	189 (40.30)	62 (13.22)	4 (0.85)
Wyoming County Residents	44 (7.75)	193 (33.98)	214 (37.68)	107 (18.84)	10 (1.76)



Table 13: How would you rate your mental/emotional health?					
	Ranking				
	Excellent n (%)	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)
All Participants	367 (17.68)	716 (34.49)	651 (31.36)	268 (12.91)	74 (3.56)
Genesee County Residents	106 (17.58)	207 (34.33)	183 (30.35)	81 (13.43)	26 (4.31)
Orleans County Residents	100 (21.55)	167 (35.99)	119 (25.65)	58 (12.50)	20 (4.31)
Wyoming County Residents	85 (15.04)	185 (32.74)	191 (33.81)	82 (14.51)	22 (3.89)

Table 14: How often do you participate in at least 30 minutes of physical activity or exercise? (e.g., walking, tennis, jogging/running, basketball, football, soccer, swimming, gym equipment, etc.).

	Frequency of Physical Activity/Exercise				
	5-7 Times	2-4 Times	0-1 Times	"I do not exercise regularly, but try to add physical activity when possible"	No physical activity or exercise beyond regular daily activities
	n (%)	n (%)	n (%)	n (%)	n (%)
All Participants	405 (19.57)	678 (32.75)	184 (8.89)	568 (27.44)	235 (11.35)
Genesee County Residents	129 (21.43)	200 (33.22)	49 (8.14)	171 (28.41)	53 (8.80)
Orleans County Residents	97 (21.41)	139 (30.68)	40 (8.83)	124 (27.37)	53 (11.70)
Wyoming County Residents	90 (15.90)	194 (34.28)	55 (9.72)	148 (26.15)	80 (14.11)

Table 15: Which, if any, of the following would help you become more active?

	All Participants (n=2082)	County of Residence		
		Genesee (n=605)	Orleans (n=462)	Wyoming (n=566)
Discounts for exercise programs or gym memberships	690	212	145	188
A friend to exercise with	550	169	132	146
Safe place to walk or exercise	521	161	140	130
Individual instruction/personal trainer	353	115	80	83
Groups to participate	346	114	79	89
Improved health	333	93	82	95
Information about local school exercise opportunities	314	93	90	77
Activities you can do with your children	270	76	59	76
Workshops and classes about exercise	229	82	51	55
Information about exercise programs or gym memberships	186	60	42	41
Transportation to park	55	21	14	18
None of the above	443	122	85	124
Other*	183	50	52	48

*Additional needs from respondents to become more active included increased personal time and motivation, childcare, more green space/nature trails, improved proximity of gyms/programs to residential areas, and ways to overcome local weather. Respondents also noted a particular desire to have local exercise facilities (e.g., a community pool, gym, and yoga studio).

Table 16: What keeps you from eating more fruits and vegetables every day?				
	All Participants (n=2054)	County of Residence		
		Genesee (n=602)	Orleans (n=458)	Wyoming (n=561)
I think I eat enough fresh fruits and vegetables	1075	320	243	296
Cost	703	208	157	204
I prefer to eat other foods (e.g., I like fruits/vegetables but often I am not in the mood and prefer to choose "junk food")	278	98	56	62
Time it takes to prepare fruits and vegetables	248	70	68	59
The stores near me do not sell fresh fruits and vegetables	92	25	17	31
I do not like to eat healthy food	40	13	6	8
I am not sure how to cook/prepare fresh fruits and vegetables	39	13	11	8
My family does not like to eat healthy	35	14	10	6
I do not know what fruits and vegetables are	2	0	2	0
Other*	81	16	23	25

*Respondents reported health limitations (e.g., dietary restrictions, allergies), concerns over produce shelf life, poor quality produce in local grocery stores, and the distance to the grocery store as barriers to accessing and eating more fruits and vegetables.

Table 17: In the past year, was there any time that you needed medical care but could not or did not get it?				
	All Participants (%)	County of Residence		
		Genesee n (%)	Orleans n (%)	Wyoming n (%)
Yes	352 (16.87)	101 (16.69)	80 (17.28)	96 (16.93)
No	1734 (83.13)	504 (83.31)	383 (82.72)	471 (83.07)

Of the respondents who answered "yes" in Table 17, 224 respondents identified not getting care and provided an exact response of missed appointments/instances. There was a median number of 2 missed instances and a range of 1 to 15 instances.

Table 18: What were the main reasons you did not get the medical care you needed?				
	All Participants* (n=615)	County of Residence		
		Genesee (n=165)	Orleans (n=142)	Wyoming (n=180)
I could not get an appointment for a long time	196	45	58	48
Cost - Even with insurance, it was too expensive	148	48	38	27
Reasons related to COVID-19**	140	30	32	42
Hours - They were not open when I could get there	139	37	29	42
I could not get time off from work	92	29	18	30
Unable to find a local provider - doctor shortage	74	21	16	18
Transportation - It was too hard to get there	64	20	18	21
Fear of judgement	57	22	12	13
I decided not to go because I do not like going to doctors	52	19	14	13
Cost - Without insurance, it was too expensive	45	12	11	14
I had no one to watch my children	37	8	10	10
I did not know where to get the care I needed	34	11	6	12
I could not get a referral to see a specialist	30	7	7	10
Fear of discrimination	20	9	6	2
No accommodations for people with disabilities	12	2	2	2
The medical staff did not speak my language	3	0	2	1
Other***	61	19	8	19

*Only respondents identifying a reason for delaying medical care were evaluated; respondents who accessed medical care in a timely manner were removed.

**The option "Reasons related to COVID-19" was only offered in the electronic survey version.

***Other barriers identified by respondents to accessing care were lack of confidence in one's primary care provider, referral issues and delays, disinterest in telemedicine, and services not provided and/or having long wait times at urgent care facilities.

Table 19: Within the past year, if you needed care for your mental/behavioral health, but did not receive it, what were the reasons why?				
	All Participants* (n=454)	County of Residence		
		Genesee (n=139)	Orleans (n=94)	Wyoming (n=129)
Cost - Even with insurance, it was too expensive	133	48	29	25
Fear of judgement	129	30	32	45
Unable to find a local provider - doctor shortage	98	36	23	26
I could not get an appointment for a long time	82	23	18	24
Hours - They were not open when I could get there	75	20	21	21
I could not get time off from work	67	27	9	14
I did not know where to get the care I needed	63	20	12	16
Reasons related to COVID-19**	44	13	8	15
I decided not to go because I do not like going to doctors/therapists	43	13	10	14
Transportation - It was too hard to get there	41	14	11	12
Fear of discrimination	41	10	10	15
Cost - Without insurance, it was too expensive	40	10	8	12
I had no one to watch my children	35	8	9	10
I could not get a referral to see a specialist	13	7	3	3
No accommodations for people with disabilities	10	3	4	3
The medical staff did not speak my language	0	0	0	0
Other***	52	19	10	17

*Only respondents identifying a reason for delaying mental/behavioral health care were evaluated; respondents who accessed this care in a timely manner were removed.

**The option "Reasons related to COVID-19" was only offered in the electronic survey version.

***Other barriers identified by respondents to accessing care were difficulty finding a quality professional, distrust in the system, insurance barriers, lack of time (particularly to leave work), belief that this type of health can be self-managed, and limited options for mental health professionals outside of their workplace.

Table 20: Do you use any of the following nicotine products?				
	All Participants (n=2023)	County of Residence		
		Genesee (n=585)	Orleans (n=450)	Wyoming (n=556)
I do not smoke or use nicotine products	1715	510	372	473
Cigarettes	218	52	61	54
Vape	63	16	14	19
Electronic cigarettes	34	7	6	11
Cigars, cigarillos, little cigars	34	10	8	9
Smokeless tobacco	19	7	0	8
Pipes	7	2	2	3
Hookah/water pipe	2	0	2	0
Bidis/Kreteks	0	0	0	0
Other*	4	2	0	1

*Respondents also noted the use of generic non-tobacco oral products, nicotine patches and gum, and Zyn pouches.

Table 21: Have you used e-cigarettes to quit smoking?				
	All Participants n (%)	County of Residence		
		Genesee n (%)	Orleans n (%)	Wyoming n (%)
N/A, Never smoked	1143 (56.42)	332 (56.75)	236 (52.10)	316 (56.83)
Yes	121 (5.97)	37 (6.32)	27 (5.96)	33 (5.94)
No	762 (37.61)	216 (36.92)	190 (41.94)	207 (37.23)

Table 22: If you have alcoholic drinks, how often do you have 4 or more drinks in a row?				
	All Participants n (%)	County of Residence		
		Genesee n (%)	Orleans n (%)	Wyoming n (%)
Holidays/special occasions	558 (27.17)	162 (26.96)	126 (27.51)	136 (24.24)
Daily	32 (1.56)	6 (0.99)	9 (1.97)	8 (1.43)
Weekly	176 (8.57)	46 (7.65)	42 (9.17)	50 (8.91)
Monthly	141 (6.86)	37 (6.16)	35 (7.64)	40 (7.13)
Never	1105 (53.80)	341 (56.74)	234 (51.09)	317 (56.51)
Other*	42 (2.04)	9 (1.50)	12 (2.62)	10 (1.78)

* "Other" was utilized to categorize generic replies such as, "rarely," "occasionally," "once in a blue moon," and other frequencies that did not align with the predetermined categories.

Table 23: Do you use drugs recreationally? If so, what drugs do you use?				
	All Participants (n=2042)	County of Residence		
		Genesee (n=594)	Orleans (n=451)	Wyoming (n=559)
I never use drugs recreationally	1513	449	323	429
Alcohol	380	101	90	91
Marijuana	167	51	40	44
Anxiety medication	46	14	10	12
Over-the-counter medications	33	9	6	10
Take prescription or over-the-counter medicines more or less than instructed	29	9	9	7
Stimulants including prescription drugs	16	5	3	6
Painkillers*	15	2	4	5
Opiates including prescription drugs	11	3	2	2
Hallucinogens	9	2	1	3
Other	3	2	0	0

*The option "Painkillers" was only provided on the electronic survey version.

Table 24: Narcan is a lifesaving medication used for the treatment of a known or suspected opioid overdose emergency. Check all that apply.				
	All Participants (n=1893)	County of Residence		
		Genesee (n=544)	Orleans (n=427)	Wyoming (n=533)
I do not know where I can get Narcan	1033	313	232	280
I know where I can get Narcan in the county I live in	562	156	118	171
I have been trained to use Narcan	479	138	98	138
I carry Narcan with me or keep it in my home	208	68	44	68
I have used Narcan to save a life	103	35	14	37

Of the Genesee residents who have used Narcan to save a life, 22 (63%) individuals report carrying or keeping Narcan at home and 19 (54%) individuals report knowing where to find Narcan in the county they reside in.

Of the Orleans residents who have used Narcan to save a life, 6 (43%) individuals report carrying or keeping Narcan at home and 6 (43%) individuals report knowing where to find Narcan in the county they reside in.

Of the Wyoming residents who have used Narcan to save a life, 12 (32%) individuals report carrying or keeping Narcan at home and 20 (54%) individuals report knowing where to find Narcan in the county they reside in.

Table 25: What health challenges have you or a family member had in the past year?				
	All Participants* (n=1470)	County of Residence		
		Genesee (n=434)	Orleans (n=344)	Wyoming (n=411)
Overweight/obesity	648	201	163	164
Chronic disease	647	200	156	183
Issues related to aging	485	161	125	130
Physical activity	372	119	81	108
Access to dental care	359	96	86	107
Infectious disease	247	66	62	68
Access to mental health services	240	89	50	60
Access to health care services	188	55	50	53
Falls	185	64	34	57
Cancer	183	48	49	48
Health concerns of physical disability	169	55	43	43
Tobacco use	159	50	34	40
Lung disease	147	50	36	28
Suicidal thoughts, attempts, and/or behaviors	93	41	13	22
Substance abuse	83	31	14	22
Health concerns of intellectual or developmental disability	82	27	24	21
Access to receiving immunizations	62	16	18	18
Prenatal care/maternal & infant health	39	9	11	10
Sexually transmitted infections	13	3	5	1
Other	57	26	9	12

*Only respondents identifying health challenges within the past year were evaluated; respondents who did not have challenges were excluded.

Table 26: What social challenges have you or a family member had in the past year?				
	All Participants* (n=816)	County of Residence		
		Genesee (n=249)	Orleans (n=189)	Wyoming (n=233)
Lack of a livable wage	245	77	55	73
Opportunities for physical activity	217	71	57	60
Access to healthy foods	164	45	42	49
Affordable housing	138	48	31	37
Street safety	137	48	35	35
Lack of support/resources for seniors	127	38	32	35
Childcare	115	34	28	31
Safe recreational areas	110	40	37	22
Transportation	110	42	22	36
Lack of employment opportunities	108	34	30	31
Bullying	98	30	19	30
Lack of support/resources for youth	81	22	19	26
Access to opportunities for health for those with physical limitations or disabilities	77	27	19	21
Access to opportunities for health for those with intellectual/developmental disabilities	56	20	18	8
Domestic violence	48	17	14	11
Racial or cultural discrimination	37	12	9	11
Hunger	23	8	6	7
Incarceration	22	7	6	4
Crime/vandalism	18	5	3	6
Homelessness	18	8	4	2
Elder abuse/neglect	13	7	3	1
Child abuse/neglect	11	2	2	7
Other	45	18	11	10

*Only respondents identifying a social challenge within the last year were evaluated; respondents who did not have challenges were excluded.

Table 27: When you think about a strong, vibrant, healthy community, what are the most important features?

	All Participants (n=1730)	County of Residence		
		Genesee (n=594)	Orleans (n=457)	Wyoming (n=564)
Clean environment	1097	363	293	365
Health care services	1068	366	290	340
Good schools	1060	353	277	362
Safe environment	964	341	250	319
Affordable housing	938	317	234	317
Livable wages	855	295	245	261
Economic opportunities	803	264	226	259
Parks and recreation resources	634	226	164	213
Drug and alcohol free communities	620	198	169	223
Mental health services	610	198	156	209
Healthy food choices	585	206	161	181
Good childcare	571	181	155	197
Walkable and bike friendly communities	518	184	142	167
Senior services	439	144	126	145
Transportation	404	123	104	148
Diverse populations	383	140	109	110
Senior housing	358	115	99	128
Other	43	14	12	13

Table 28: When you think about health challenges in the community where you live, what are you most concerned about?

	All Participants (n=1658)	County of Residence		
		Genesee (n=573)	Orleans (n=439)	Wyoming (n=539)
Overweight/obesity	814	288	235	234
Substance abuse	800	269	228	253
Access to mental health services	679	264	160	204
Access to health care services	633	186	181	223
Chronic disease	603	207	169	194
Physical activity	529	188	134	168
Issues related to aging	526	191	131	177
Access to dental care	380	106	112	135
Cancer	339	122	75	123
Suicidal thoughts, attempts, and/or behavior	323	120	73	106
Infectious disease	231	74	73	68
Tobacco use	198	69	60	61
Health concerns of intellectual/developmental disabilities	193	66	62	52
Immunization rates	191	51	61	63
Falls	132	46	29	51
Prenatal care/maternal and infant health	125	48	39	32
Lung disease	107	32	38	31
Sexually transmitted infections including HIV	57	18	18	16
Other*	99	49	15	28

*Of particular note, respondents showed concern related to community transportation to health care appointments as well as other resources (e.g., grocery stores, pharmacies, and parks).

Table 29: When you think about the health of youth where you live, what are you most concerned about?

	All Participants (n=1677)	County of Residence		
		Genesee (n=579)	Orleans (n=443)	Wyoming (n=547)
Bullying	818	308	209	244
Abuse	746	273	203	228
Illegal drug use	734	231	232	234
Texting and driving	528	180	136	178
Not enough physical activity	509	173	133	173
Drinking and driving	504	154	147	174
Childcare	471	168	128	151
Electronic cigarette use	464	164	129	144
Unhealthy eating	439	139	141	135
Safe recreational areas	413	152	110	122
Smoking or tobacco use	375	118	120	118
Violence	368	148	113	76
Social isolation	361	122	88	131
Food insecurity	339	121	94	100
Discrimination	265	99	75	69
Binge drinking	235	78	71	73
Not getting vaccines to prevent disease	195	54	56	70
Not using birth control	194	57	68	60
Sexual assault, including rape	172	52	47	55
Homelessness	166	52	54	40
Access to opportunities for those with disabilities	159	55	48	45
Incarceration	60	11	23	20
Lack of medical care during pregnancy	58	13	23	18
Other*	72	25	14	25

*Other concerns discussed by respondents included the mental health of youth, social media exposure, as well as the quality of parenting behaviors/choices locally.

Table 30: When you think about the social challenges in the community where you live, what are you most concerned about?

	All Participants* (n=1607)	County of Residence		
		Genesee (n=561)	Orleans (n=432)	Wyoming (n=514)
Lack of livable wage	668	218	193	218
Affordable housing	647	226	182	189
Lack of employment opportunities	493	133	163	173
Bullying	451	173	120	131
Child abuse/neglect	411	153	112	121
Crime/vandalism	410	165	117	100
Domestic violence	401	135	98	141
Lack of support/resources for youth	387	150	95	115
Childcare	350	122	100	102
Access to healthy foods	326	114	97	91
Safe recreational areas	322	119	103	80
Transportation	317	105	88	100
Lack of support/resources for seniors	313	105	93	98
Opportunities for physical activity	257	89	72	84
Street safety	249	93	77	63
Hunger	235	89	77	58
Racial or cultural discrimination	214	77	54	61
Elder abuse/neglect	197	75	54	55
Access to opportunities for health for those with physical limitations or disabilities	195	65	59	63
Access to opportunities for health for those with intellectual or developmental disabilities	186	64	57	55
Homelessness	172	67	49	41
Incarceration	65	18	22	19
Other	64	24	13	23

*Only respondents identifying a community-level social challenge were evaluated; respondents who did not identify a community concern were excluded.

Table 31: When you think about environmental challenges in the community where you live, what are you most concerned about?

	All Participants* (n=1634)	County of Residence		
		Genesee (n=568)	Orleans (n=430)	Wyoming (n=532)
Drinking water quality	776	279	167	279
Agricultural runoff	651	213	154	252
School safety	626	236	160	178
Climate change	511	200	138	143
Vector-borne diseases	481	154	135	168
Home safety	473	170	128	142
Air pollution	383	149	98	101
Stream, river, lake quality	376	119	119	118
Exposure to tobacco and/or marijuana smoke	349	119	106	101
Flooding/soil drainage	318	90	96	115
Safe food	287	104	76	89
Failing septic systems	270	84	77	91
Lead-based paint hazards	244	81	83	59
Nuisance wildlife/stray animals	228	61	79	73
Other**	35	16	8	11

*Only respondents identifying a community-level environmental challenge were evaluated; respondents who did not identify a community concern were excluded.

**Of the community environmental challenges named, respondents also identified wind turbines, light pollution, mold, and community cleanliness of streets and neighborhoods.

Table 32: Frequency of Themes/Topics in Participant Responses for Defining “Health”	
Themes/Topics	Total Responses* n=1435
Physical Wellbeing	1017
Mental Wellbeing	988
Illness-free and Resilience	361
Acceptance of one’s role in their health	195
External Factors	167
Community Engagement	114
Religious Wellbeing	88

*Participant responses were eligible to fit more than one theme/topic as each participant had the freedom to write as much or as little as they wanted.

GOW Counties understand the complexity in defining what it means to be healthy. To elaborate on this complexity, we have briefly summarized the sub-themes.

Further defining the themes/topics from survey participants for the question “What does health mean to you?”

- ❖ Physical Wellbeing
 - Participants noted health characteristics directly related to their physical state including weight, food intake, and exercise habits. Not included: statements related to physical illness or disease.
- ❖ Mental Wellbeing
 - Being in a sound mental or emotional state of being.
- ❖ Illness-free and Resilience
 - Participant definitions were directly defined by the presence or absence of diagnosable diseases/conditions. Also noted, when disease is present we can define health by how capable an individual is at recovering.
- ❖ Acceptance of ones’ role in their health
 - Participant definitions recognize the need for bodily respect, needing to care for oneself and/or having the capacity to do so, commentary related to “living life to the fullest,” and accepting what life gives you.
- ❖ External Factors
 - The importance of one’s built environment and its’ consistency. Of particular note for survey participants, individual finances and access to healthcare/medications.
- ❖ Community Engagement
 - Participant definitions included social activities and their contributions to health, as well as how community-level health systems influence individual-level health. Comments related to social wellbeing and caring for friends/family included.
- ❖ Religious Wellbeing
 - Commentary related to wellness of one’s spiritual connection, needs for a deity, and/or soul.

Quotes from Community Members: Defining “Health”

“It defines as one’s mental, emotional and physical well-being. As well as the opportunity to succeed. People deserve to thrive not survive.”

“Health is the interaction of an individual's overal [sic] physical and mental states and how they respond to new external and internal barriers (whether environmental, familial, or medical diagnosis).”*

“Living each day the best for mind, and body. Fueling yourself with good food and good thoughts.”

“Listen to science; have a healthy mind, body and soul.”

“It means the ability to access freely - without discrimination or concern - the things needed to support my physical and mental well-being, regardless of health status - this includes dental and eye”

“Heath [sic] includes the overall wellness of an individual including self-worth and their heathy [sic]* state of mind and environment”*

*[sic] indicates written quotes are copied as is without correcting respondent grammatical or spelling errors.

Table 33: Frequency of Themes/Topics in Participant Responses for Defining “Healthy Community”

Themes/Topics	Total Responses* (n=1281)
Healthcare	541
Sense of a Unified Community	531
Low Risk Environment	338
Basic Needs	312
Social Activities	262
Economic Standing	217
Reduced Burden of Disease	139
Education Focused	119
Housing	103
Youth Services	39
Senior Services	18

*Participant responses were eligible to fit more than one theme/topic as each participant had the freedom to write as much or as little as they wanted.

GOW Counties understand the complexity in defining what it means to have a healthy community. To elaborate on this complexity, we have briefly summarized the sub-themes.

Further defining themes/topics from survey participants for the question “What does it mean for a community to be healthy?”

- ❖ Healthcare
 - Participants consistently emphasized the importance of accessing affordable, high quality healthcare resources. This category also incorporated statements related to physical and mental well-being, as well as health behaviors that reduce disease in the population.
- ❖ Sense of a Unified Community
 - Willingness to give and receive aid to other community members. The interconnectedness of residents and everyone having equal access to support and resources regardless of varying backgrounds (e.g., religion, race/ethnicity/nationality, culture, language, age) and opinions. This category was also utilized for commentary related to religious/spiritual affiliations.
- ❖ Low Risk Environment
 - For participants, a low risk environment is one that has low crime rates and is generally deemed “safe,” is sanitary, and has little to no use of addictive substances (e.g., cigarettes, alcohol, illegal substances [or illegal use of substances]). Additionally, participants described low risk as the built environment of a community.
- ❖ Basic Needs
 - Accessibility to resources necessary to live a healthy life, including anything related to food, grocery stores, hygiene, clothing, transportation, potable water, and the capacity to partake in physical activity.

- ❖ Social Activities
 - This category included community organized activities that allow socialization and/or encourage healthy behaviors. Also included was the presence of green spaces and/or community facilities to host these activities.
- ❖ Economic Standing
 - Respondents discussed opportunities for employment, financial wellbeing, and affordability of necessary services and resources (e.g., health insurance).
- ❖ Reduced Burden of Disease
 - Low morbidity and mortality rates in the population. This included the presence versus absence of a pandemic.
- ❖ Education Focused
 - A healthy community is one that stresses learning and provides opportunities for children/future generations. This included school and library related resources.
- ❖ Housing
 - Participants noted housing should be safe and accessible to all, and that a community should have residential options for underserved residents.
- ❖ Youth Services
 - Services and resources particularly targeting minors in the community, including childcare/daycare, after school programs, and sports or extracurricular activities. Commentary related to family dynamics was also mentioned.
- ❖ Senior Services
 - Services and resources particularly targeting elderly community residents.

Quotes from Community Members: Defining a “Healthy Community”

“A community needs to be welcoming and engaging for all members. A livable and inclusive neighborhood with opportunities to meet each other and share time and talents.”

“A healthy community promotes opportunities for residents to safely and reliably access healthcare, healthy foods, and recreational opportunities regardless of income, race, or other status.”

“In order to have a healthy community, I think that access to parks, playgrounds for kids, and locally grown food are important factors to consider. These things also have to be easily accessible to the community, so reliable/affordable transportation to these things is also a MUST.”

“Strong family bonds, resources and opportunities for everyone, access to care, community working together creating an [sic] friendly healthy environment, parents involved with youth and being good role models, cultural opportunities, affordable recreation for all ages, employment opportunities, education opportunities for all ages, resources and support available for families, respect to one another, affordable and flexible childcare for families working all shifts, affordable public transportation.”*

“That there are adequate supports in place to actively assist the people in the community to thrive. People have access to healthcare, mental health care, substance use treatment; work a livable wage and adequate jobs. That there are programs in place to help youth thrive and grow. Reliable and accessible public transportation to assist families. Reliable, affordable and accessible childcare for families. Free access to education for both children and adults. Having a community that's clean and well maintained with access to a variety of activities, cultures, foods, and medical care.”

“Vibrancy, diversity, accepting, no biases, non-judgmental, many and varied opportunities for interaction and recreation, flexible”

*[sic] indicates written quotes are copied as is without correcting respondent grammatical or spelling errors.

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Adverse Childhood Experiences (ACEs) Analysis

What are ACEs and why should we look at them?

Adverse Childhood Experiences (ACEs) refer to events in one's early years (up to age 18) that may be potentially traumatic. According to the CDC, "ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood."⁷ Research has shown there is a dose-response relationship between the number of ACEs a person endures and a person's long-term health outcomes (more ACEs can result in more negative health outcomes).⁸

How did the GOW Community Health Survey assess participant ACEs?

Respondents were asked to select all responses that aligned with their childhood experiences and events. This question, along with its responses, can be seen below in Table 34.

Table 34: As a child growing up, did you face or deal with any of the following?				
	All Participants (n=1856)	County of Residence		
		Genesee (n=549)	Orleans (n=398)	Wyoming (n=527)
Financial challenges	436	140	98	123
Family history of trauma	401	117	93	120
Parental separation or divorce	399	123	89	109
Emotional abuse	386	120	78	122
Limited familial support	272	90	56	80
Mental illness in the household	272	82	57	88
Emotional neglect	252	71	52	80
Sexual abuse	218	67	54	64
Physical abuse	193	49	40	76
Violence in the household	177	48	38	61
Substance misuse in the household	173	54	31	58
Limited educational attainment	106	33	24	33
Limited access to basic needs	100	36	21	31
Physical neglect	77	23	18	27
Physical or intellectual disability	60	14	16	23
Parental incarceration	29	7	7	9
N/A*	868	250	181	241

*"N/A" applies to respondents not identifying with any of these childhood experiences.

What terminology will be used in this analysis and how do I interpret it?

Many of the terms are rooted in statistical or epidemiological practices and are very briefly defined below.

- Strata: a subgroup of a larger group of respondents.
 - Ex. All survey respondents can be split into multiple strata based on their gender. Strata 1: Female; Strata 2: Male; Strata 3: Non-binary; etc.
- Statistically Significant: a result that is not due to chance; a noteworthy result.
- Odds Ratio (OR): a numeric value that represents how strong an exposure is associated with an outcome. In other words, this number tells us how likely an outcome is to occur (or not occur) if someone (or a collective group) has a pre-occurring condition compared to those who do not have that same pre-occurring condition.
 - Interpreting OR values:
 - If $OR > 1.00$, then the individual/group of individuals that have an exposure are more likely to experience the identified outcome than those who do not have the exposure.
 - If $OR = 1.00$, then there is no difference in how often an outcome occurs between those with the exposure and those without that same exposure.
 - If $OR < 1.00$, then the individual/group of individuals that have an exposure are less likely to experience the identified outcome than those who do not have the exposure.
 - Note: While the numeric value of an OR is important, it should not be interpreted without some measure of statistical significance (*See: 95% Confidence Interval and $p < 0.05$ below*).
- 95% Confidence Interval (95% CI): A measure of statistical significance; a numeric range of values that expresses that a statistical/epidemiological parameter will fall within this range at a defined level of certainty (where the level of certainty here is 95% of the time).
 - Note: the epidemiologic parameter that will be evaluated for the ACEs analysis is the Odds Ratio.
 - Interpreting 95% CI ranges:
 - If the range includes 1.00, then the parameter (for the ACEs analysis: the Odds Ratio), is not statistically significant.
 - If the range does not include 1.00, then the parameter (for the ACEs analysis: the Odds Ratio), is statistically significant.
 - The size of the range speaks to the precision in that we can assess the parameter of interest. Sample size can influence this precision. A larger range indicates a lower degree of precision.
- $p < 0.05$: More generically referred to as a p -value which is a measure of statistical significance; a statistical measurement that is used to determine if an association should be accepted where 0.05 indicates the use of a 95% confidence interval. If $p < 0.05$, then the evaluated parameter is statistically significant. If $p \geq 0.05$, then the parameter is insignificant.

How did Genesee, Orleans, and Wyoming Counties evaluate the impact of ACEs locally?

Certain respondent characteristics and health behaviors were defined as noteworthy for the ACEs analysis. To effectively assess these characteristics/behaviors, survey sample size was reduced to include only respondents who had complete data profiles for certain demographic variables. See Figure 2 below to understand how sample size was reduced for the ACEs analyses.

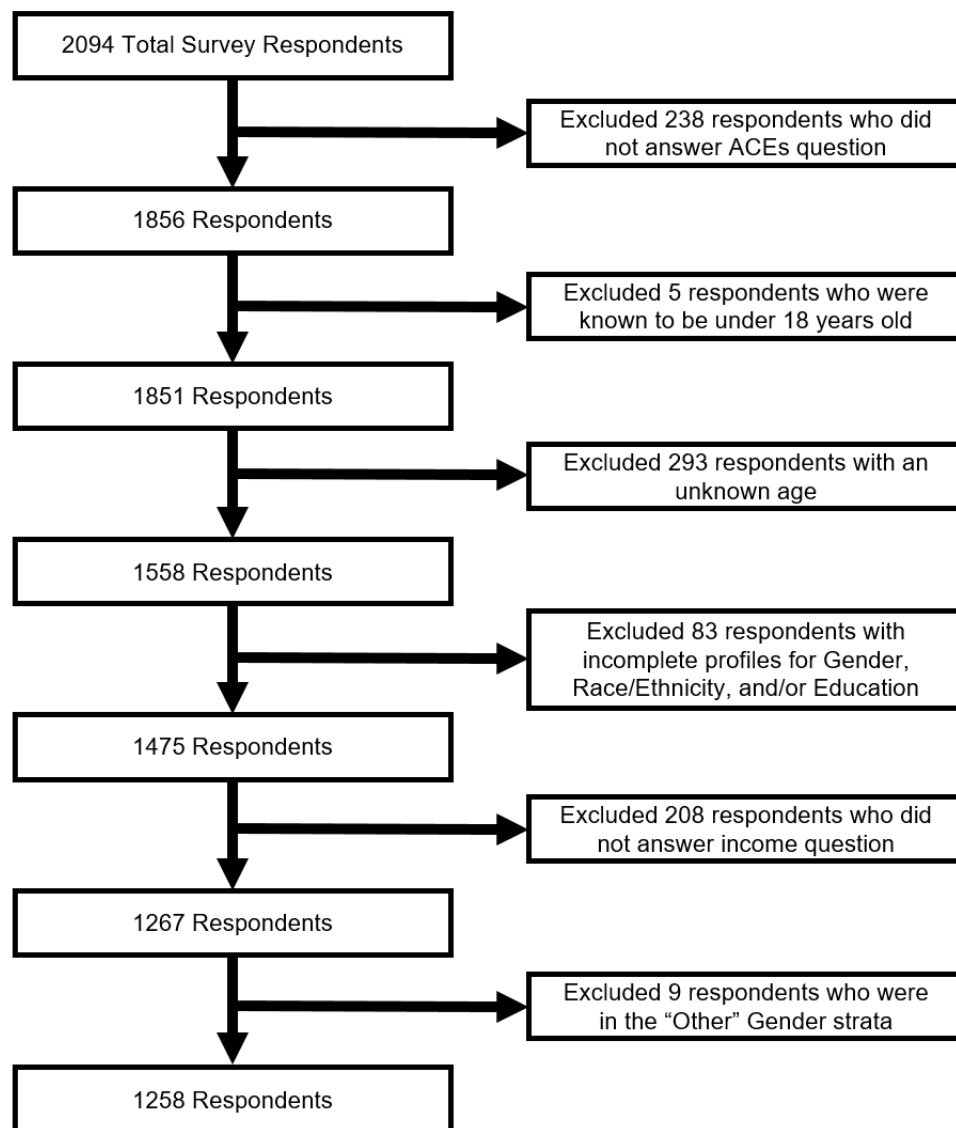


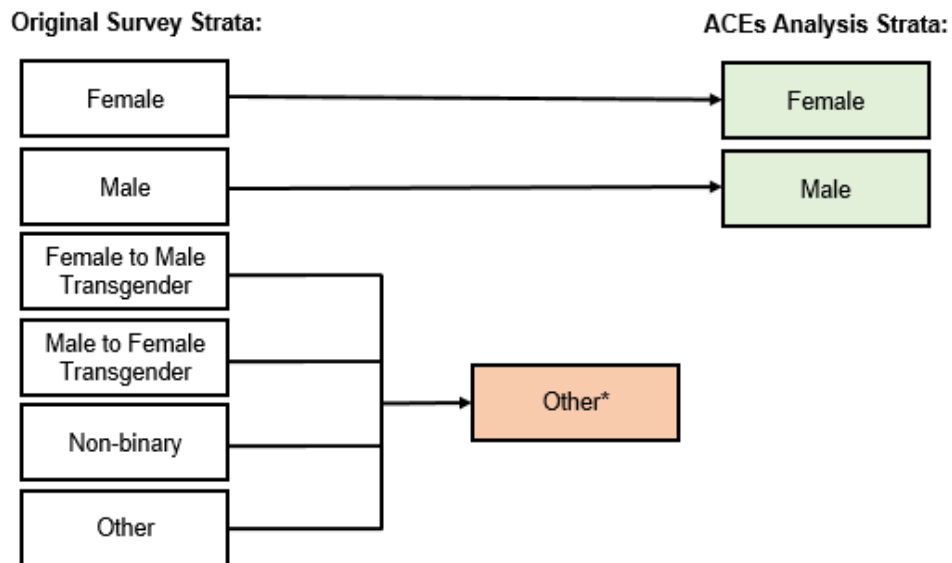
Figure 2. Eligibility Criteria of Survey Respondents for ACEs Analysis

Of the 1258 respondents included within the ACEs analysis, 451 were Genesee residents, 315 were Orleans residents, 422 were Wyoming residents, and 70 were residents of non-GOW Counties.

What variables were evaluated and how were they categorized into strata for the ACEs analysis?

Original survey design allowed respondents to specify their demographic data as well as health behaviors. These were reclassified for the purposes of the ACEs analysis.

- Gender:



*Due to small sample size of this category, and therefore low statistical significance, the "Other" category was removed from this ACEs analysis.

Figure 3. Strata for Gender in Original Survey and ACEs Analysis

- Age:

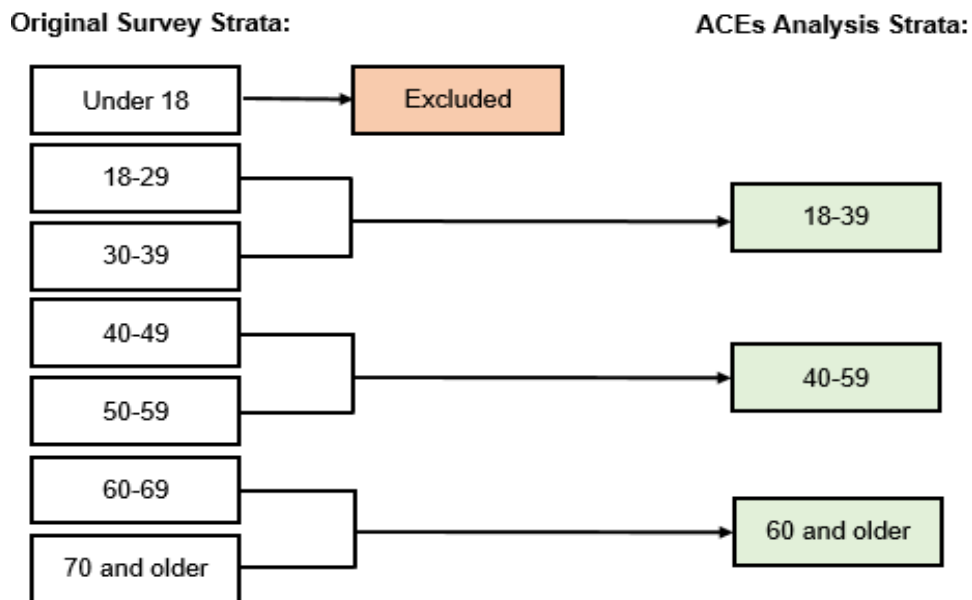


Figure 4. Strata for Age in Original Survey and ACEs Analysis

- Education:

Original Survey Strata:

ACEs Analysis Strata:

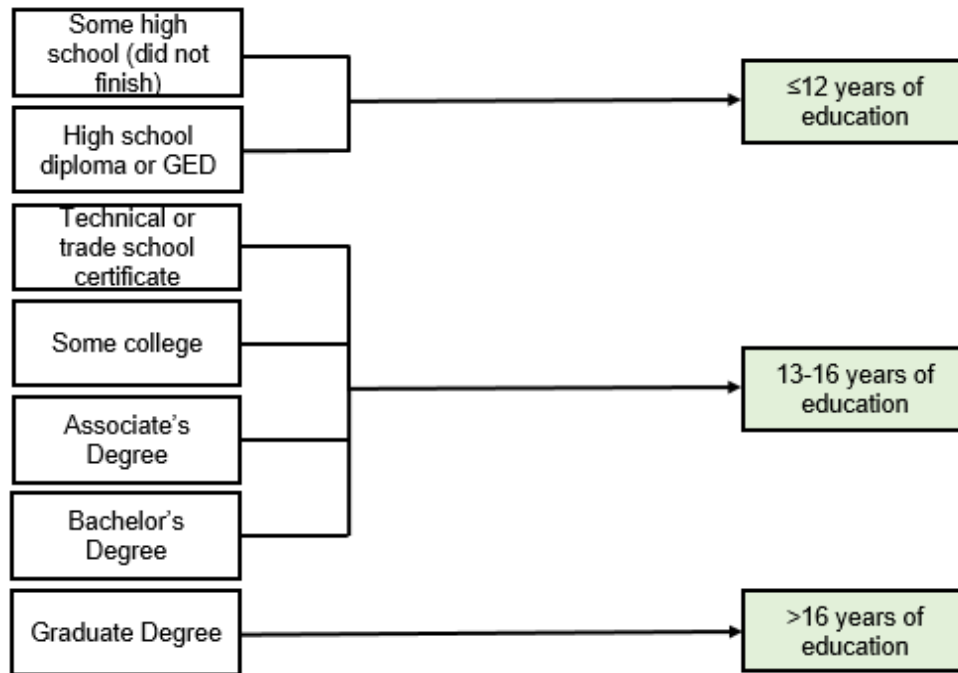


Figure 5. Strata for Education in Original Survey and ACEs Analysis

- Income:

Original Survey Strata:

ACEs Analysis Strata:

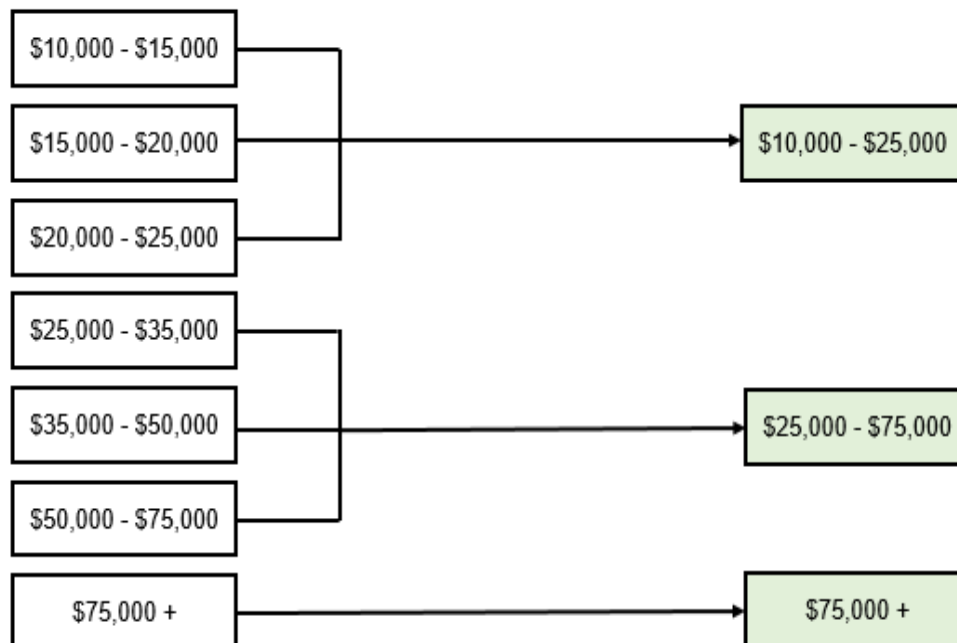


Figure 6. Strata for Income in Original Survey and ACEs Analysis

- Physical and Mental Health:

Original Survey Strata:

ACEs Analysis Strata:

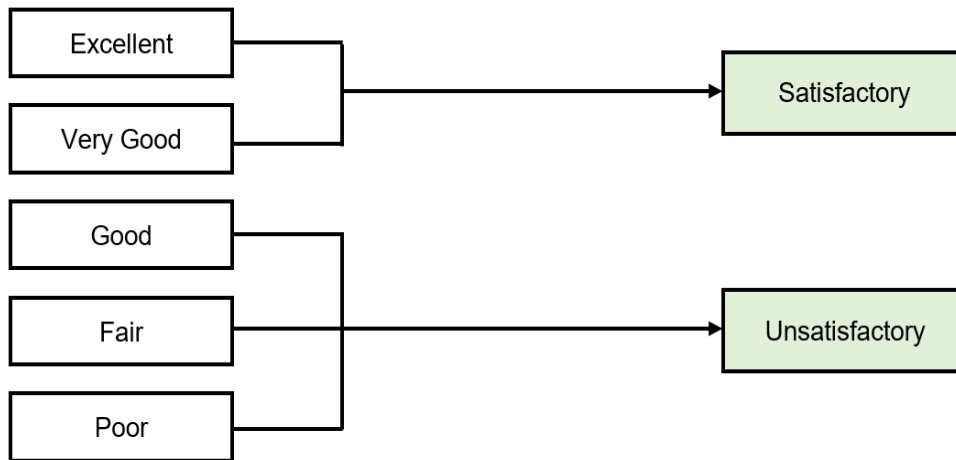
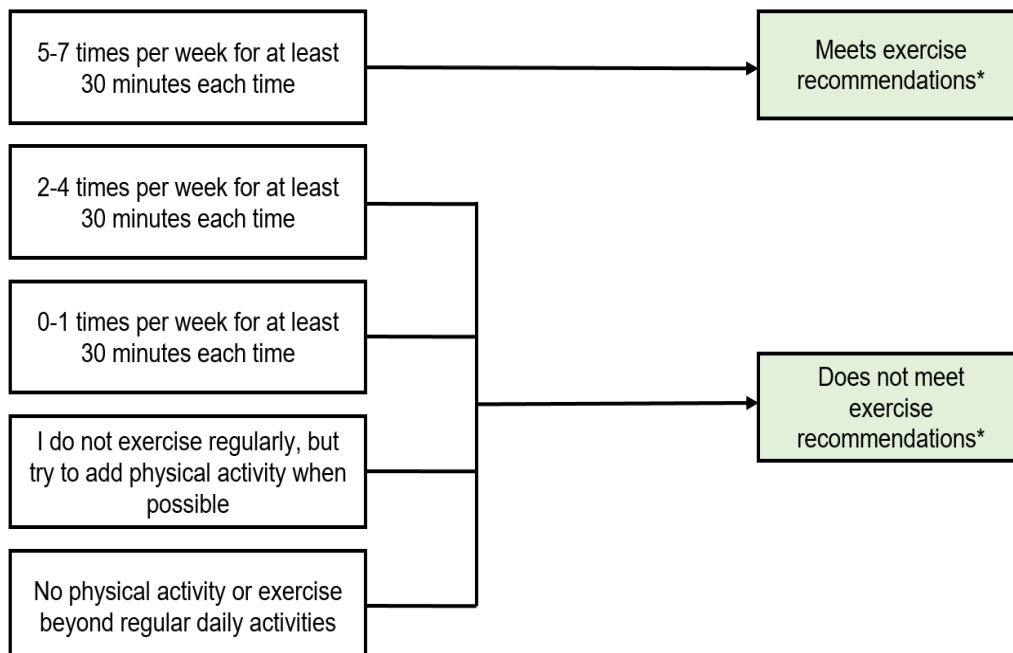


Figure 7. Strata for Perception of One's Physical Health in Original Survey and ACEs Analysis; Strata for Perception of One's Mental Health in Original Survey and ACEs Analysis

- Physical Activity:

Original Survey Strata:

ACEs Analysis Strata:



*Exercise recommendations from U.S. Health and Human Services⁹

Figure 8. Strata for Physical Activity in Original Survey and ACEs Analysis

- Alcohol Consumption:

Original Survey Strata:

ACEs Analysis Strata:

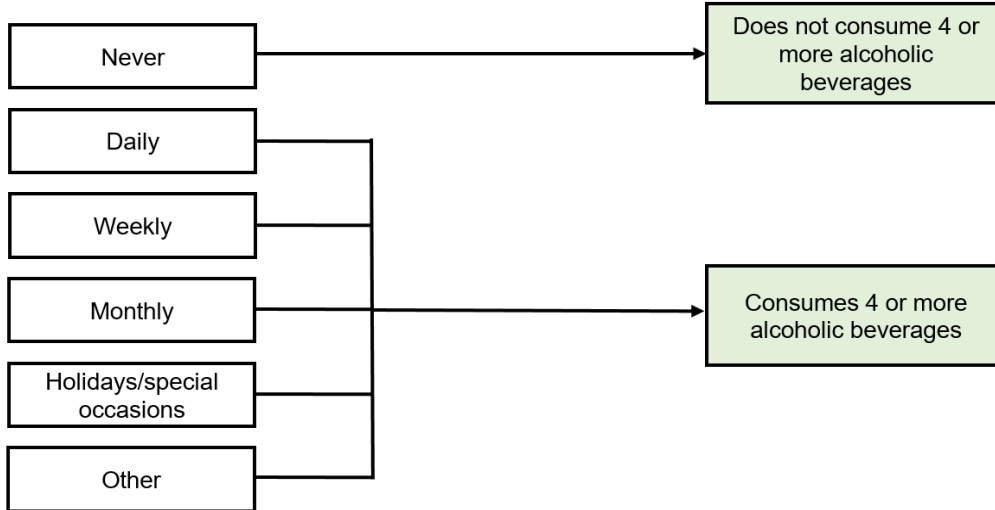


Figure 9. Strata for Consumption of 4 or more alcoholic beverages at any given time in Original Survey and ACEs Analysis

- Use of Nicotine-Containing Products:

Original Survey Strata:

ACEs Analysis Strata:

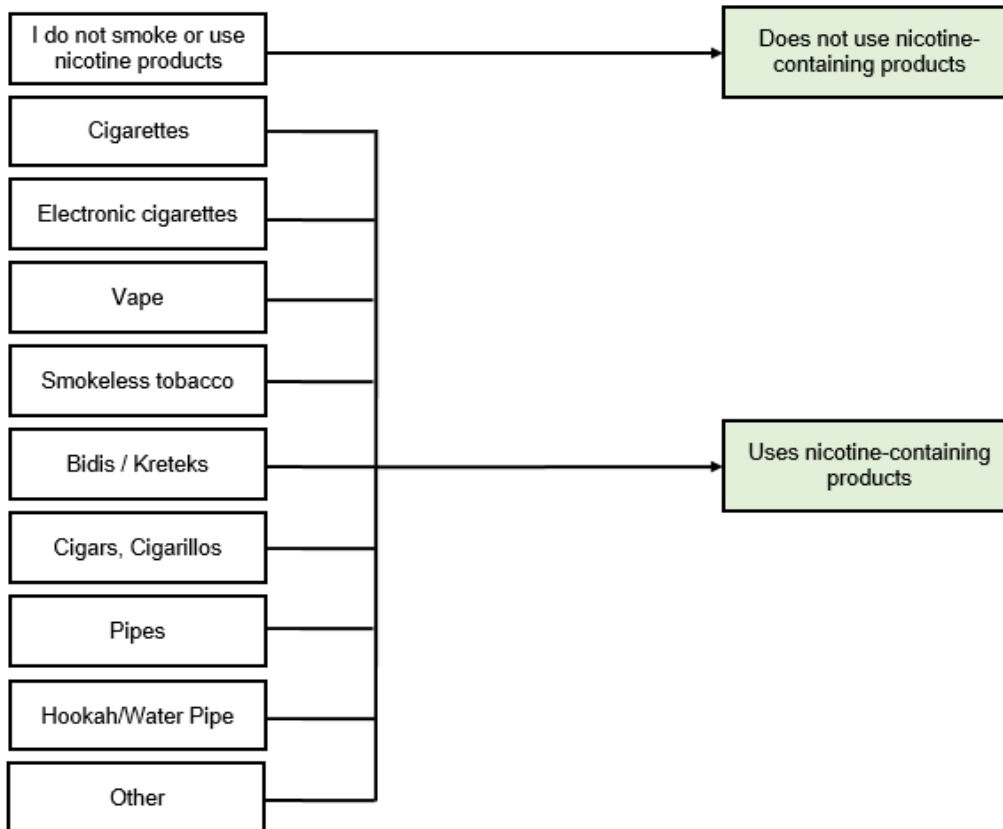


Figure 10. Strata for Use of Nicotine-Containing Products in Original Survey and ACEs Analysis

- Recreational Drug Use:

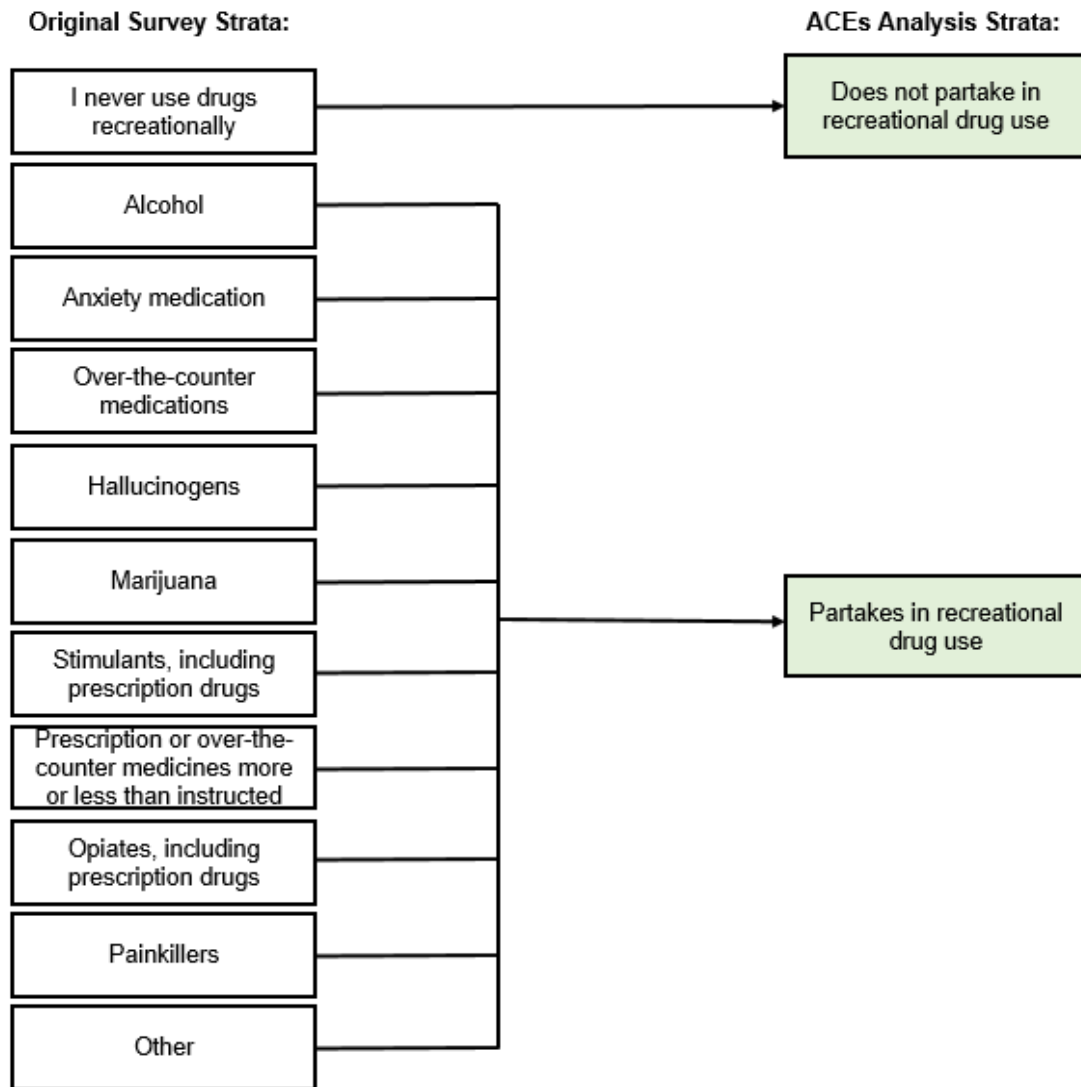


Figure 11. Strata for Recreational Drug Use in Original Survey and ACEs Analysis

- Race/Ethnicity:

Survey categories for race/ethnicity were originally asked in a single, select all that apply question format. Because some respondents picked only an ethnicity, while others only picked a race, this variable was sorted into two race/ethnicity strata. The first strata being those who picked only “White” or picked “White” and “Non-Hispanic” but did not pick anything else. The second strata being respondents who selected non-White races or only picked an ethnicity (where race cannot be defined). Because of how broad this second strata is, it was named “Other/Unspecified.”

Due to the small sample size of the “Other/Unspecified” strata, analyses throughout the ACEs procedure did not evaluate race/ethnicity metrics.

Table 35: Respondent demographics for ACEs analysis (N=1258)					
Characteristics	Number of Respondents	Mean Number of ACEs (Range)	No ACEs n (%)	Yes ACEs	
				n (%)	One to Three ACEs n (%)
					Four or More ACEs n (%)
Age, years					
18-39	310	2.72 (0-15)	103 (33.23)	207 (66.77)	113 (36.45)
					94 (30.32)
40-59	543	2.17 (0-16)	223 (41.07)	320 (58.93)	197 (36.28)
					123 (22.65)
60 and over	405	1.11 (0-14)	235 (58.02)	170 (41.98)	133 (32.84)
					37 (9.14)
Gender					
Female	959	2.16 (0-16)	406 (42.34)	553 (57.66)	338 (35.25)
					215 (22.42)
Male	299	1.42 (0-15)	155 (51.84)	144 (48.16)	105 (35.12)
					39 (13.04)
Race/Ethnicity					
White/White, Non-Hispanic	1208	1.93 (0-16)	541 (44.78)	667 (55.22)	428 (35.43)
					239 (19.78)
Other/Unspecified	50	3.06 (0-14)	20 (40.0)	30 (60.0)	15 (30.0)
					15 (30.0)
Education, years					
≤12	208	1.87 (0-15)	105 (50.48)	103 (49.52)	62 (29.81)
					41 (19.71)
13-16	780	2.20 (0-15)	318 (40.77)	462 (59.23)	284 (36.41)
					178 (22.82)
>16	270	1.38 (0-16)	138 (51.11)	132 (48.89)	97 (35.93)
					35 (12.96)

Characteristics	Number of Respondents	Mean Number of ACEs (Range)	No ACEs n (%)	Yes ACEs	
				n (%)	One to Three ACEs n (%)
					Four or More ACEs n (%)
Household Income					
\$10,000 - \$25,000	159	2.72 (0-15)	64 (40.25)	95 (59.75)	52 (32.70)
					43 (27.04)
\$25,000 - \$75,000	548	2.16 (0-16)	224 (40.88)	324 (59.12)	199 (36.31)
					125 (22.81)
\$75,000 +	551	1.57 (0-13)	273 (49.55)	278 (50.45)	192 (34.85)
					86 (15.61)

Of the respondents who were included in the ACEs analysis, female respondents were **1.47 times (n=1258; 95% CI: 1.13-1.90)** more likely to report having at least one ACE compared to male respondents. For analyses of gender by other demographic strata, see Table 36.

Table 36. Associations Between Gender and ACEs by Demographic Strata (n=1258)	
Demographic Strata	Strata-Specific OR**
Age, years	
18-39	1.85*
40-59	1.54*
60 and over	1.03
Education, years	
≤12	1.58
13-16	1.55*
>16	1.08
Income	
\$10,000 - \$25,000	1.05
\$25,000 - \$75,000	1.64*
\$75,000 +	1.38

*p<0.05

**An OR greater than 1.0 indicates that females within this strata were more likely to report having at least one ACE compared to their male counterparts.



Demographic strata for age were evaluated to determine if generational differences influenced how respondents reported their ACEs.

Of the respondents who were included in the ACEs analysis, those aged 18-39 years old were **1.40 times (n=853; 95% CI: 1.05-1.87)** more likely to report having at least one ACE compared to those aged 40-59 years old.

Of the respondents who were included in the ACEs analysis, those aged 18-39 years old were **2.78 times (n=715; 95% CI: 2.04-3.78)** more likely to report having at least one ACE compared to those aged 60 years or older.

Of the respondents who were included in the ACEs analysis, those aged 40-59 years old were **1.98 times (n=948 ; 95% CI: 1.53-2.58)** more likely to report having at least one ACE compared to those aged 60 years or older.

Of the respondents who were included in the ACEs analysis, respondents who reported at least 13 years of education were **1.33 times (n=1258; 95% CI: 0.99-1.79)** more likely to report having at least one ACE compared to respondents with 12 years or less of education. For analyses of education by other demographic strata, see Table 37.

Table 37. Associations Between Education and ACEs by Demographic Strata (n=1258)	
Demographic Strata	Strata-Specific OR**
Gender	
Female	1.24
Male	1.39
Age, years	
18-39	1.26
40-59	1.01
60 and over	1.32
Income	
\$10,000 - \$25,000	1.23
\$25,000 - \$75,000	2.46*
\$75,000 +	0.71
\$10,000 - \$75,000	1.85*

*p<0.05

**An OR greater than 1.0 indicates those with at least 13 years of education were more likely to report having ACEs compared to those who had 12 years or less of education.



Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **1.43 times (n=1258; 95% CI: 1.14-1.79)** more likely to report a household income less than \$75,000 compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **1.24 times (n=1004; 95% CI: 0.96-1.59)** more likely and those with 4 or more ACEs were **1.85 times (n=815; 95% CI: 1.36-2.52)** more likely to report a household income less than \$75,000 compared to those who reported zero ACEs.

For additional analyses related to ACEs and income by demographic strata, see Table 38.

Table 38. Associations Between ACEs and Income by Demographic Strata (n=1258)		
Demographic Strata		Strata-Specific OR**
Gender		
	Female	1.43*
	Male	1.33
Age, years		
	18-39	1.82*
	40-59	1.86*
	60 and over	1.49
Education, years		
	≤12	0.65
	13-16	1.53*
	>16	1.93*

*p<0.05

**An OR greater than 1.0 indicates those who reported at least one ACE were more likely to report a household income less than \$75,000 compared to those who reported zero ACEs.



Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **1.87 times (n=1258; 95% CI: 1.49-2.34)** more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **1.53 times (n=1004; 95% CI: 1.19-1.96)** more likely and those with 4 or more ACEs were **2.75 times (n=815; 95% CI: 1.99-3.79)** more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs.

For additional analyses related to ACEs and one's physical health perception by demographic strata, see Table 39.

Table 39. Associations Between ACEs and Physical Health by Demographic Strata (n=1258)	
Demographic Strata	Strata-Specific OR**
Gender	
Female	1.78*
Male	2.08*
Age, years	
18-39	1.96*
40-59	1.86*
60 and over	2.00*
Education, years	
≤12	2.99*
13-16	1.90*
>16	1.46
Income	
\$10,000 - \$25,000	2.50*
\$25,000 - \$75,000	2.03*
\$75,000 +	1.56*

*p<0.05

**An OR greater than 1.0 indicates those who reported at least one ACE were more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs.



Due to the strong association between ACEs and perception of one's physical health found on page 47, additional county-specific analyses were completed below.

**Genesee County
Respondents Only**

Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **2.95 times (n=451; 95% CI: 2.01-4.35)** more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **2.31 times (n=368; 95% CI: 1.52-3.52)** more likely and those with 4 or more ACEs were **5.30 times (n=284; 95% CI: 2.90-9.67)** more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs.

Residents to Primary Care
Physicians*

3580:1

**Orleans County
Respondents Only**

Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **1.52 times (n=315; 95% CI: 0.97-2.40)** more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **1.09 times (n=245; 95% CI: 0.66-1.80)** more likely and those with 4 or more ACEs were **2.77 times (n=206; 95% CI: 1.46-5.26)** more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs.

Residents to Primary Care
Physicians*

13450:1

**Wyoming County
Respondents Only**

Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **3.92 times (n=422; 95% CI: 2.41-6.36)** more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **1.21 times (n=334; 95% CI: 0.78-1.88)** more likely and those with 4 or more ACEs were **1.62 times (n=283; 95% CI: 0.96-2.74)** more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs.

Residents to Primary Care
Physicians*

3620:1

*Ratios of Residents to Primary Care Physicians for GOW Counties came from 2022 County Health Rankings¹⁰

Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **2.89 times (n=1254; 95% CI: 2.29-3.64)** more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **2.29 times (n=1000; 95% CI: 1.77-2.96)** more likely and those with 4 or more ACEs were **4.48 times (n=812; 95% CI: 3.25-6.17)** more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs.

For additional analyses related to ACEs and one's mental health perception by demographic strata, see Table 40.

Table 40. Associations Between ACEs and Mental Health by Demographic Strata (n=1254)	
Demographic Strata	Strata-Specific OR**
Gender	
Female	2.69*
Male	3.31*
Age, years	
18-39	2.72*
40-59	2.62*
60 and over	2.48*
Education, years	
≤12	4.13*
13-16	2.93*
>16	2.20*
Income	
\$10,000 - \$25,000	3.23*
\$25,000 - \$75,000	3.49*
\$75,000 +	2.21*

*p<0.05

**An OR greater than 1.0 indicates those who reported at least one ACE were more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs.



Due to the strong association between ACEs and perception of one's mental health found on page 49, additional county-specific analyses were completed below.

**Genesee County
Respondents Only**

Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **3.38 times (n=450; 95% CI: 2.28-4.99)** more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **2.53 times (n=367; 95% CI: 1.65-3.88)** more likely and those with 4 or more ACEs were **6.47 times (n=284; 95% CI: 3.63-11.52)** more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs.

**Residents to Mental Health
Providers***

610:1

**Orleans County
Respondents Only**

Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **2.87 times (n=313; 95% CI: 1.80-4.58)** more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **1.86 times (n=243; 95% CI: 1.10-3.14)** more likely and those with 4 or more ACEs were **6.11 times (n=204; 95% CI: 3.20-11.68)** more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs.

**Residents to Mental Health
Providers***

1540:1

**Wyoming County
Respondents Only**

Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **2.55 times (n=421; 95% CI: 1.72-3.77)** more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **2.44 times (n=333; 95% CI: 1.56-3.82)** more likely and those with 4 or more ACEs were **2.72 times (n=282; 95% CI: 1.61-4.58)** more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs.

**Residents to Mental Health
Providers***

430:1

*Ratios of Residents to Mental Health Providers for GOW Counties came from 2022 County Health Rankings¹⁰

Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **1.41 times (n=1245; 95% CI: 1.06-1.88)** more likely to have reported exercise habits that do not meet exercise recommendations compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **1.21 times (n=994; 95% CI: 0.88-1.66)** more likely and those with 4 or more ACEs were **1.93 times (n=803; 95% CI: 1.26-2.96)** more likely to have reported exercise habits that do not meet exercise recommendations compared to those who reported zero ACEs.

For additional analyses related to ACEs and exercise habits by demographic strata, see Table 41.

Table 41. Associations Between ACEs and Exercise Habits by Demographic Strata (n=1245)	
Demographic Strata	Strata-Specific OR**
Gender	
Female	1.39
Male	1.40
Age, years	
18-39	1.66
40-59	1.38
60 and over	1.30
Education, years	
12	0.68
13-16	1.54*
>16	0.20*
Income	
\$10,000 - \$25,000	0.60
\$25,000 - \$75,000	1.38
\$75,000 +	1.63*

*p<0.05

**An OR greater than 1.0 indicates those who reported at least one ACE were more likely to have reported exercise habits that do not meet exercise recommendations compared to those who reported zero ACEs.



Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **1.23 times (n=1227; 95% CI: 0.98-1.55)** more likely to report consuming four or more alcoholic beverages compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **1.38 times (n=977; 95% CI: 1.07-1.77)** more likely and those with 4 or more ACEs were **1.02 times (n=797; 95% CI: 0.75-1.38)** more likely to report consuming four or more alcoholic beverages compared to those who reported zero ACEs.

For additional analyses related to ACEs and alcohol consumption (of four or more beverages at any given time) by demographic strata, see Table 42.

Table 42. Associations Between ACEs and Alcohol Consumption by Demographic Strata (n=1227)	
Demographic Strata	Strata-Specific OR**
Gender	
Female	1.28
Male	1.25
Age, years	
18-39	0.98
40-59	0.83
60 and over	1.32
Education, years	
≤12	1.35
13-16	1.16
>16	1.26
Income	
\$10,000 - \$25,000	0.77
\$25,000 - \$75,000	1.45*
\$75,000 +	1.28

*p<0.05

**An OR greater than 1.0 indicates those who reported at least one ACE were more likely to report alcohol consumption (four or more beverages) compared to those who reported zero ACEs.



Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **1.79 times (n=1232; 95% CI: 1.29-2.50)** more likely to report using nicotine-containing products compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **1.41 times (n=982; 95% CI: 0.96-2.06)** more likely and those with 4 or more ACEs were **2.53 times (n=802; 95% CI: 1.70-3.76)** more likely to report using nicotine-containing products compared to those who reported zero ACEs.

For additional analyses related to ACEs and nicotine use by demographic strata, see Table 43.

Table 43. Associations Between ACEs and Use of Nicotine-Containing Products by Demographic Strata (n=1232)	
Demographic Strata	Strata-Specific OR**
Gender	
Female	1.68*
Male	2.24*
Age, years	
18-39	3.89*
40-59	1.62
60 and over	1.02
Education, years	
≤12	1.90*
13-16	1.73*
>16	2.24
Income	
\$10,000 - \$25,000	1.81
\$25,000 - \$75,000	1.35
\$75,000 +	2.46*

*p<0.05

**An OR greater than 1.0 indicates those who reported at least one ACE were more likely to report using nicotine-containing products compared to those who reported zero ACEs.



Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were **1.35 times (n=1244; 95% CI: 1.04-1.75)** more likely to report recreational drug use compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were **1.16 times (n=991; 95% CI: 0.86-1.56)** more likely and those with 4 or more ACEs were **1.71 times (n=809; 95% CI: 1.23-2.38)** more likely to report recreational drug use compared to those who reported zero ACEs.

For additional analyses related to ACEs and recreational drug use by demographic strata, see Table 44.

Table 44. Associations Between ACEs and Recreational Drug Use by Demographic Strata (n=1244)	
Demographic Strata	Strata-Specific OR**
Gender	
Female	1.52*
Male	1.09
Age, years	
18-39	2.17*
40-59	0.75
60 and over	0.97
Education, years	
≤12	2.01*
13-16	1.32
>16	1.03
Income	
\$10,000 - \$25,000	2.47*
\$25,000 - \$75,000	1.12
\$75,000 +	1.40

*p<0.05

**An OR greater than 1.0 indicates those who reported at least one ACE were more likely to report recreational drug use compared to those who reported zero ACEs.



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Appendix I: Community Conversation Template

We know that in Genesee, Orleans and Wyoming Counties many people in our community face challenges every day in trying to live a healthy lifestyle. All people have a right to health and we would love to hear what you think the issues are in your community and how we might help remedy them.

Location of Conversation:

Date:

Attendance:

1. What does health mean to you? Define “health” in your own words.
2. What does it mean for a community to be healthy? Define “healthy community” in your own words. What words do you think of when you hear the term “healthy community”?
3. Based on your experience in your community, what is the biggest community health need? Why?
4. What are 3 issues you and your family face?
5. Of the issues discussed, what are some suggestions you have to improve the health of the community?
6. What are the most needed programs and services in your community?

For internal use only as a guide and notetaking:

Issues/concerns:

- Transportation
- Jobs
- Access to Health Food
- Education
- Smoking/Tobacco Use
- Alcohol
- Other Drugs
- Nutrition
- Safety
- Exercise/Activity
- Youth
- Housing
- Mental Health
- Access to Health Care/Medical Providers/Hospitals

Appendix J: Summary of Genesee County Community Conversations

Eight conversations were facilitated in Genesee County at the following locations:

- Office for the Aging
- Genesee/Orleans Council on Alcoholism and Substance Abuse (GCASA)
- Batavia City School District
- Batavia City School ESL Parent Group
- Genesee Valley BOCES (AM and PM Classes)
- Arc GLOW
- United Memorial Medical Center (UMMC)

There were a total of 108 participants representing Genesee County residents and community based organizations. Below is a summary of the key comments related to the discussions that occurred:

Responses to the question “What does health mean to you”: Comfort; Happiness; Ability to do things; Good physical health; Good Mental Health; Positive attitude and outlook on life; Optimistic; Having a good quality of life; Strong self-esteem; Finding a sense of purpose; Caring for others; Cleanliness and personal hygiene; Connections with families; Stress management; Well-balanced diet and eating healthy foods; Drinking water; Attending doctor’s appointments and check-ups on a regular basis; Getting enough sleep; Safety; Access to care; Wellness; Accessibly; Contentment.

Response to the question “Define a healthy community in your own words”: People are active and young people are out doing things; Community is compatible; Activities for all ages to participate in; Gathering with neighbors and community members; A happy community; Treating all people equally and with respect no matter their race, gender, religious beliefs, etc.; Inclusive; Kind, United; Don’t judge people; Cleanliness/Hygiene; Volunteerism; Helping each other; Interconnectedness; People having the resources they need; Signage at public locations about supporting different and diverse groups; Mental health; Communication between individuals; Everyone works together towards common goals; Connections to family, friends and neighbors; Quality doctors and hospitals; Low crime and less stress/fear of crime occurring; Limited homelessness; Good jobs; Good economy; Livable wages; Clean environment; Access to services; access to healthcare; People exercising; Collaboration and communication; Community involvement; Friendliness; Advocacy; Access to resources; School programs; Good Education; Low drug use and alcohol use; Low poverty rates; Empathetic; Justice; Visible; Supportive; Integrative.

Transportation: Travel is difficult as you get older; Have to travel a far distance to get prescriptions; Transportation to get groceries; Transportation to get to the doctor; No access to own transportation; Limited local providers for mental health so have to travel

a far distance to access the services; Lack of public transportation; Training on how to drive.

Economy /Jobs: Inflation; Paying bills with increased costs (specifically health care bills); Cycle of poverty; Limited opportunities for good jobs in rural areas; Finding work where you get a livable wage; Cost of gas.

Access to healthy food / Nutrition: Lack of grocery stores where people live (food deserts); Access to fresh fruits and vegetables; Cost of fresh fruits and vegetables; Lack of affordable healthy foods; Farmer's Market open on the weekend and better hours; Food Link (Better hours, more stops in the community, limited requirements); More community gardens; Provide free/reduced meals for families in need; More food drives; Mobile farmers markets.

Access to Health Care / Medical Providers / Hospitals: Co-pays are high and sometimes have to decide between accessing care or paying bills; People do not take prescription medications as prescribed; Cancer; Local doctors to not accept Medicaid; Limited number of physicians; Lack of access to physicians for migrant families; Language barrier for migrant families when accessing services; Lack of access to ambulatory care; Lack of access to outpatient services; Lack of access to OBGYN and reproductive health care services; Hospice Care is underserved; Health care workers assumed to provide psychiatry and counseling services because of lack of resources (even when it is not their role or specialty); Trying to get in to see primary care or get questions answered; Access to urgent care in cases of emergency; Access to dental care; Care for diabetes; Insurance coverage for dental and vision; Having to travel to Buffalo and/or Rochester for specialty care; Medication availability/pharmacy's running out of needed medication; Need mobile health clinics.

Smoke/Tobacco/E-cigarettes: Second-hand smoke; Increase in Vaping; Vaping among youth; Ease of access to vaping products.

Exercise/Activity: More opportunities for exercise (i.e. line dancing, square dancing); Walking paths are hard to get to and not accessible to all (not paved or stoned); City sidewalks are not even and accessible to all; More recreation areas open to community members and youth (playgrounds, public pools, parks).

Mental Health: Isolation; Isolation especially as you age; Access to mental health services; Shortage of mental health providers and staff; Effects of COVID-19 on mental health; Depression; Anxiety; Access to mental health resources and treatment; Limited mental health resources in small/rural areas; Counseling doesn't always occur in-person and only zoom, which limits access; Access to more services related to mental health in schools for youth (mental health counselors, social workers); Recruit at local colleges to get mental health workers.

Alcohol/Other Drugs: Legalization of Marijuana; Illegal drug activity; Drug-use among youth.

Safety: Physical fighting and violence; Not always safe to walk and travel in the city; High crime in specific areas; Domestic abuse; Access to guns and assault weapons that get in the hands of the wrong person; Better sidewalks; More crosswalks.

Housing: Homelessness; Hotels are run down and disgusting; Lack of homeless shelters; Hygiene; Access to hygiene products; Need more low-income housing; Better safety for public housing.

Youth: More activities for kids to participate in; Support groups for youth; Physical space for youth to feel safe; Limited activities for youth (have to travel to Rochester or Buffalo to spend money); Mental health issues post COVID-19 pandemic; Kids playing video games and not exercising; Neglect at home; Drug-use and peer pressure; Neglect from teachers and staff; Access to mental health services; Bullying; Parents do not have friends/connections in the community; Poor sports programming and opportunities for females (males have better opportunities; Lack of access to try sports early on in life; Social media; Abusing social media; Fake social media accounts for bullying; Stress because of bus schedule; Lack of motivation; Lack of participation in sports and activities; Lack of essential skills (cursive, reading clocks, counting money; tying shoes); Reading programs in pre-schools/daycares; Better parent supervision; Need a youth center; more sports camps; book clubs.

Education: Good schools; Need more mental health counselors in schools and counselors that specialize in mental health (not just scheduling classes); Need more facilitation of conversations around mental health; Mental health is secondary to academic responsibilities; Reactive rather than proactive to mental health issues; Physical space for youth to have a mental health break; Sale of vaping products in school; Education rarely features other cultures/races; Only acknowledge races during appreciation months (i.e. Black History Month); Poor communication between school board and staff; Transition to mainly online submissions from paper assignments is difficult for some people because of access issues; Limited access/use with school technology and websites being blocked; Can be difficult for some to learn online (different learning styles); Children with special health care needs or behavioral issues; Safety within school; Lack of participation in school sports and extra-curricular activities; Teach youth essential life skills (safe transportation, swimming); Stop taking away enrichment programs (music, art, etc.); More health education in school; Help for students that are transitioning to high school and higher education.

Discrimination / Lack of connection / Lack of respect: Having residents have more respect for one another; More people attending church; More people caring for others and their neighbors; Less isolation and more neighbors conversing with each other; Language barrier for American Sign Language (ASL) and migrant families which causes sense of isolation; Need more engagement with each other; Fear of discrimination; Discrimination within family affiliation/groups businesses; Use of racial slurs; Support for LGBTQ+; More awareness/advertising of community events and activities; Breaking down the stigma related to food stamps.

Access to other services: Lack of speech pathology; Lack of services for youth in early intervention programs; Access to bussing services; Not always easy for everyone to access buildings in the city (Accessibility issues); Lack of social activity and gatherings for community residents; Access to vision and dental care, which is often excluded from some health insurance plans; Lack of childcare; Lack of affordable childcare; Services for older adults; More activities and events for older adults; Better marketing of services; Access to legal services and how to navigate the law and public assistance; Help with navigating the court system; More translators needed for those that speak Spanish; Resources presented in both English/Spanish; More volunteer placements in the community; Integrative programs and more day programs/activities for more inclusivity; Therapy dogs and more services similar that go into the community; Community education events to educate all community members about people with different abilities; Shorten the SSI and SSD procedure; In-house care management that refers people to resources.

Environment: Garbage and waste in the streets; Volunteer events for cleaning up the community.

Technology: Lack of access to technology for older adults; Lack of access to technology and internet to complete assignments for some youth; Too much online work for young students/youth.

Other Health Issues: Sexually Transmitted Infections; Access to reproductive services; Access to basic hygiene; Lack of sleep; Stress; Cancer; Obesity; Older adults are not always capable of doing things on their own.

Appendix K: Summary of Orleans County Community Conversations

Nine conversations were facilitated in Orleans County at the following locations:

- Office for the Aging Advisory Council
- Long Term Care Council
- Head Start
- Yates Community Library
- American Legion @ Lyndonville Presbyterian Church
- Kast Farms
- Arc GLOW
- Head Start
- GED- Job Readiness Training

There were a total of 84 participants representing Orleans County residents and community based organizations. Below is a summary of the key comments related to the discussions that occurred:

Responses to the question “What does health mean to you”: Ability to do things; Mobility; Exercise; Consume solids and liquids; Open-minded; Physical well-being; Mental well-being; Feeling good about yourself; Financial Well-being; Social well-being; Access to care; Family health and well-being; Independence; Accurate information distributed in the community; Availability of resources; Knowledge of where to go for information; Insurance; Strength; Wellness; Money; Good weight; Having better information; To be able work; Not being sick; Eating Healthy; Being pain free; Strong; Mentally stable; How you feel either mind, body, soul; Mental Health; Doctor’s appointments; The gym; Diet; Nutrition; Understanding high risk factors; COVID-19 (staying in instead of going out); Health is a regime (a constant factor you need to look at for yourself on a daily basis, it’s your health, no one else is responsible for it); Maintenance; Different standards of health; Different contributing factors (environment, social, domestic structure); A lifestyle; Children’s health; Safety; Having the capacity; Well-being of the mind, body and soul; Peace; Environmental Safety; Free from disease, not being sick; Medical; Prevention; Life or death; Stability; Feeling constant with how you think and feel.

Response to the question “Define a healthy community in your own words”: Respect for and helping each other; helping others, not just yourself; Reaching out to those who are struggling (physically, mentally, financially), Not a lot of crime, Not a lot of addicts; Obeying law; Law enforcement Officers and judges are respected; Judges need to hold people accountable; People willing to pray for one another; Help those that are struggling with substance use; Committed volunteers; Social Organizations; Jobs; Having someone in charge that knows about government, good leadership, willing to continue to learn and be the solution; Vibrant; Different sized communities (large and small); Low obesity rates; Low poverty rates, Longevity; Access to care; Active; Communication; Awareness; Affordability of care; Continuity/agreement of needs within

the community; Confidence and trust within the community and the information shared; Safety; Activities and events for socialization for people of all ages; Police involvement; Outside resources; All municipal services engaged in the community; No sickness or COVID-19; Having resources available; Treatment available for illness; Medical insurance; Accessibility and places to walk or play; Transportation for people can get out; Affordable resources; Working together; Affordable healthcare; Employment; Individuals working together within the community (food drives, garage sales, etc.), Transpiration for medical appointments and specialist access; Advocacy for those in need; Mental health opportunities; Access to grocery stores; Access to physicians; Education; Solutions to fix overall health; Access to mental health facilities; More places for community physical activity; Access to medical care for all; Getting to the doctors as needed; Able to meet needs; Dental health; everyone is involved; Everyone's health is valued; Inclusion; Clean-air; Lack of litter; Healthy food and healthy places to eat; Helping those who are in need but can't afford it; Responsive changes with needs of residents.

Transportation: Lack of public transportation; Transportation to Batavia is difficult; More robust transportation; Endless transportation budgets; Transportation but a model that meets people's needs (people have a fear of driving to the city); Transportation to specialists (ENT, allergist, GI, therapist, pediatric dentist).

Economy /Jobs: Staff shortages everywhere; Lack of funding to do things; Finances (saving for retirement- you are supposed to save 10x your annual income); Education on life skills (ability to pay bills on time, understand banking, understand the effect of late payments); Lack of access to livable wage; Financial issues (falling into the makes too much but not enough) too little for assistance but barely enough to live without it; Money for food, moving, activities; High rent; Childcare prices; Prices of diapers, baby wipes, etc.; Raise in taxes, Raise in gas prices; Increase in food prices; Increase in health insurance costs; High costs for elder care; Estate planning information sessions are needed; Flexibility within jobs to take time off if kids need help; Employers being open to mental health emergencies; More job fairs that are accessible; More access to jobs that pay a living wage.

Access to healthy food / Nutrition: Lack of food available for the community; Need more things in grocery stores imported for different ethnic backgrounds; Not enough access to fresh and good produce in grocery stores; Need community gardens; Focus on locally grown food; Remove restrictions to be able to grow gardens in homes; Proper education in food nutrition (many people do not know their food is unhealthy); Junk food is widespread, healthy ingredients are missing and being replaced with sugar; Portions are larger; Food deserts; Healthy fast food (give fruits and vegetables).

Access to Health Care / Medical Providers / Hospitals: Limited access to health insurance (what you need is not covered, having the wrong insurance for your needs); Medications needed are not covered; Providers are not in a company's tier; EMT's are limited and the services provided are limited; Doctor Shortage; Lack of connection with

health insurance and sometimes the insurance covered one county that is not home to people who is insured; Lack of maternity healthcare; Easier access to medications at stores rather than having to see a doctor to get antibiotics; Clinics do not have appointments soon enough, having to wait a long time to see a doctor; Little access to care because of language barriers and few interpreters; Access to COVID-19 tests; Lack of specialists (neurologists); Finding ways to make services more mobile (bringing doctors to people with no transportation); Co-pays are high, Deductibles are extremely high; Not enough rural doctors; Hours that work for residents; Doctors do not communicate referrals in depth; Can't find specialists (ENT, allergists, etc.); Need pediatricians that will stay in the area; Need education on how insurance works as you get older; Medical burnout; High health insurance prices; Billing not in timely manner or consistent; Long travel times for appointments; Can't afford tests ordered by doctor or prescriptions/medications; Things are not sustaining (mobile doctor's appointments were being held for a while and now there are no longer providing services); Healthcare proxy; More mobile clinics for communities with transportation issues; Consistency with doctors (they move away too quickly); Local lab work in provider's offices so there aren't multiple trips; Education on medical billing and urgent care vs ER for cost, transportation.

Exercise/Activity: More parks; More transportation to parks; Affordable recreation.

Mental Health: Mental health provider shortage; Lack of mental health services; Mental health resources for people with different abilities; Lack of mental health resources; Affordable mental healthcare; Mental health hours should be extended in offices; Mental health providers with non-traditional hours; Isolation; Mental health issues after COVID-19 pandemic; Long wait times for appointments; Mental health education free at libraries; mental health hubs/"AA"- travel to various locations once a week); Mental health support groups throughout the county (single mom and kids groups); Safe, non-judgmental, accepting groups/areas for people to talk about mental health, substance use, and other struggles; Flexibility within jobs to allow for mental health days; More support groups (breast cancer survivor groups, addiction).

Alcohol/Other Drugs: Drug addiction in certain areas; Drug abuse/use support.

Safety: Safe living spaces including modifications to homes.

Housing: Need shelters; Housing needs for older adults (handicap accessible, senior housing); Migrant camps need better housing; High rent; Housing for homeless.

Youth: Need more girl/boy scouts, youth groups and activities for youth; Early intervention services; Availability of childcare/daycare; Price of childcare/daycare; Youth programs to teach discipline and respect; Need more parent groups; Need more things for young people to do; Assistance for children who need services such as early intervention, mental health access and availability.

Education: Education on emergencies/emergency alerts-reverse 911; Center based special education classrooms; Developmental evaluation services.

Discrimination / Lack of connection / Lack of respect: Social Awareness; Maintaining and educating people to be decent to others; Communication; Disagreements between family members; Increased communication, openness, listening to others; Need more community engagement; Checking in on people more often; Get to know your neighbors.

Access to other services: Poor distribution of information and no one knows what is happening/going on in the community; Services offered have limited hours; Lack of services available in the county and most people have to go out of county to obtain services; More community programs; Need in home care and nurses aids; Need more resources and programs; Access to a dermatologist; Lack of orthodontists in the area; Access to allergists; More program coordination; Monthly/quarterly meetings between organizations to maintain program coordination; More case managers to go out and motivate the community; More mobile organizations bringing the services to the people; Incentives to get people involved with programs and services, incentives for progressing in programs so it holds people accountable who “ride off” the system, create benefits for those who really participate, engage, and try; Congregate meal sites; More available languages in stores; Need access to afterschool care; More accessible places to donate items (clothes, furniture, etc.); More family activities; More care for the elderly.

Technology: Too many cell phones; Some people don't have access to a computer to apply for health insurance; Need reliable internet; Access to the internet for children (what are they being exposed to); Technology classes on how to use medical portals.

Other Health Issues: Finding time for yourself, not just eat, work, sleep, repeat; Handicap accessibility, some doors don't have handicap doors, parks and bathrooms don't have ramps; Obesity; Motivation to pursue services and to be healthy; Help increase health equity in our community; Access to dental providers; Access to dental providers that take health insurance; Lack of nursing homes with good ratings- nursing homes are no longer locals owned, not as personal of care and limited quality of life due to not having family connections, need to focus on quality over quantity (61 patients to 1 nurse for medications I not acceptable), medical burnout, too low of pay for quality staff, patients need to be going to correct facilities for specific care- mental illness; Working long hours to care for family, leaving little time to interact with family and kids; Taking care of parents (sandwich generation); Asthma; Elder care; Beds for nursing facilities; High costs for elder care; Make all businesses accessible to all; Toiletries should be added to food stamps.

Appendix L: Summary of Wyoming County Community Conversations

Six conversations were facilitated in Wyoming County at the following locations:

- Mothers of Preschoolers
- Youth Bureau
- Pioneer Christian Fellowship
- Navigators
- Office for the Aging
- Bereavement Support Group

There were a total of 40 participants representing Wyoming County residents and community based organizations. Below is a summary of the key comments related to the discussion that occurred:

Responses to the question, “what does health mean to you”: able to do what you want to do; prevention plan; physical mental emotional and spiritually and well; health gives life, liberty and happiness; wellness; enjoyment; balance; not dead; mind and body; not insane; whole person; absence of sickness; knowing what things are; taking vitamin B12; directions on medications; quality of life; need to be healthy; life; health is positive or negative; ask doctor.

Responses to the question “define a healthy community in your own words”: thriving; supportive; acceptance; access to health care; prevention; access to services; education; mental health; lack of resources; discharge broken; opportunities to address all health; domestic violence; nowhere to turn; accessibility; mental health services; leaders being aware; access to providers; supportive people; family; transportation; united; cooperation; good communication.

Based on your experience in your community, what is the biggest community health need? Basic life supports; food; gas; housing; be a good neighbor; sharing; high power; understanding; recovery programs; more education; less fear of police; transportation; bus routes; primary care; domestic violence; mental health; inflation; in home aids; low pay; people don’t want to work; services; providers; physical therapy; occupational therapy; speech; substance abuse.

What are 3 issues you or your family face? Food costs; gas; utilities; cost of living’ income; rent; inflation; transportation; access to services; daycare providers; insurance costs; substance abuse; dental care; services for vision impaired; cost of hearing aids; big garbage totes; isolation; iron in water; not everyone will ask for help when needed; dysfunction, anger, mental health.

What are some suggestions you have to improve the health of the community? Programs; education; remove stigma; informal community activities; spiritual; be a good listener; access to services; mobile services; healthy food programs; have people see doctor; free resources.

What are the most needed programs and services in your community?


Transportation; healthcare; child care; broken foster care program; resources; books; suicide prevention; education; safe places; access; gym; youth mental health; mental health; substance use; faith based programs; housing; peds (pediatricians) advocate for children; promotion of services; affordable food; whole food; no more virus; breast feeding support.

2022 Community Health Assessment

Genesee County Resident Survey Key Findings

8.8% report
 **physical inactivity**


54% experienced at least one Adverse Childhood Experience (ACE)

46%  currently suffer from chronic diseases


16.7% report at least 1 barrier to receiving health care in the last year

Most common barriers include:

- cost of services
- wait time for appointments
- clinic hours

1 in 5 people use recreational drugs 

13% use nicotine products 

15% of residents have access to high speed internet 

7% are uninsured

1 in 5 people are unemployed 

 **1 in 2** residents worry about obesity in their community

3 out of 10 residents worry about a lack of a livable wage in their community



Source: GOW Community Health Survey Analysis Report, 2022

2022 Community Health Assessment

Orleans County Resident Survey Key Findings

2 out of 5
 residents live with
a chronic disease

 **6%**
of residents are

17% report at least one
barrier to receiving
health care



Most common barriers include:

- Appointment wait time
- Appointment cost
- COVID-19 related concerns


54%
of residents
experienced at least
one **Adverse Childhood
Experience (ACE)**

uninsured

1 in 3

residents use
recreational drugs



1% 
of residents are
unemployed

46%
of residents worry
about obesity in
their community

19%

lack high
speed
internet




12%
of residents are
physically inactive



17%
report using
nicotine
products

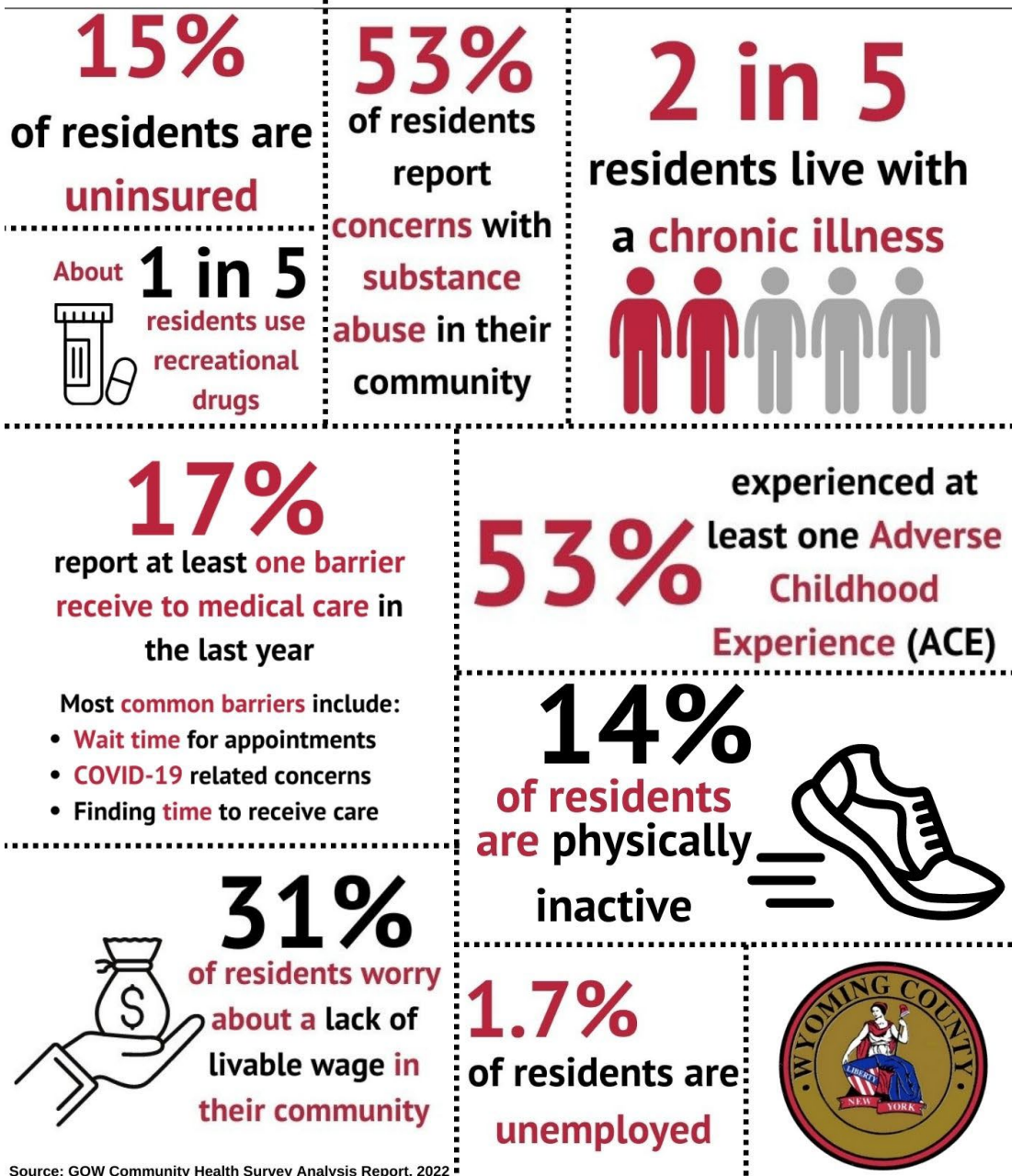


29% 
of residents worry about
a **lack of livable wage** in
their community

Source: GOW Community Health Survey Analysis Report, 2022

2022 Community Health Assessment

Wyoming County Resident Survey Key Findings



Source: GOW Community Health Survey Analysis Report, 2022

Appendix P: Subdivided County Health Data- Genesee

Subdivided Genesee County Health Data by
Township, Minor Civil Division and Zip Code



Data Analysis of Subdivided Data for Genesee County

In addition to the information provided in the Genesee, Orleans, and Wyoming (GOW) Counties 2022-2024 Community Health Assessment (CHA), this report details various analyses of sub-county health-related data from Genesee County. The primary goal of this additional assessment is to observe subdivided health indicators for the county, as well as to identify gaps and potential health disparities in our community. There is great advantage to this level of analysis as it portrays a more comprehensive picture of the health and health outcomes of our communities, as well as highlights areas for improvement.

Methodologies

The United States (U.S.) Census defines Minor Civil Division (MCD) as the legally defined and primary subdivisions of a county.¹ For this report, the majority of MCDs are represented by towns and cities. In New York State, American Indian Reservations exist as MCD equivalents, as they are separate from any other MCD in the region.¹ In this report, the Tonawanda Seneca Nation is an MCD equivalent as part of Genesee County. Throughout this report, many of the figures correspond with the prior table within the section to more thoroughly and effectively convey the health indicator(s) of interest. Data research and review included data from the New York State Department of Health Prevention Agenda Dashboard, 2020 or 2021 American Community Survey 5-Year Estimates, the 2020 U.S. Decennial Census, the New York State Department of Health, and New York State Vital Statistics. Data analysis was performed using Microsoft Excel and Stata software.

Sub County Health-Related Data from Genesee County

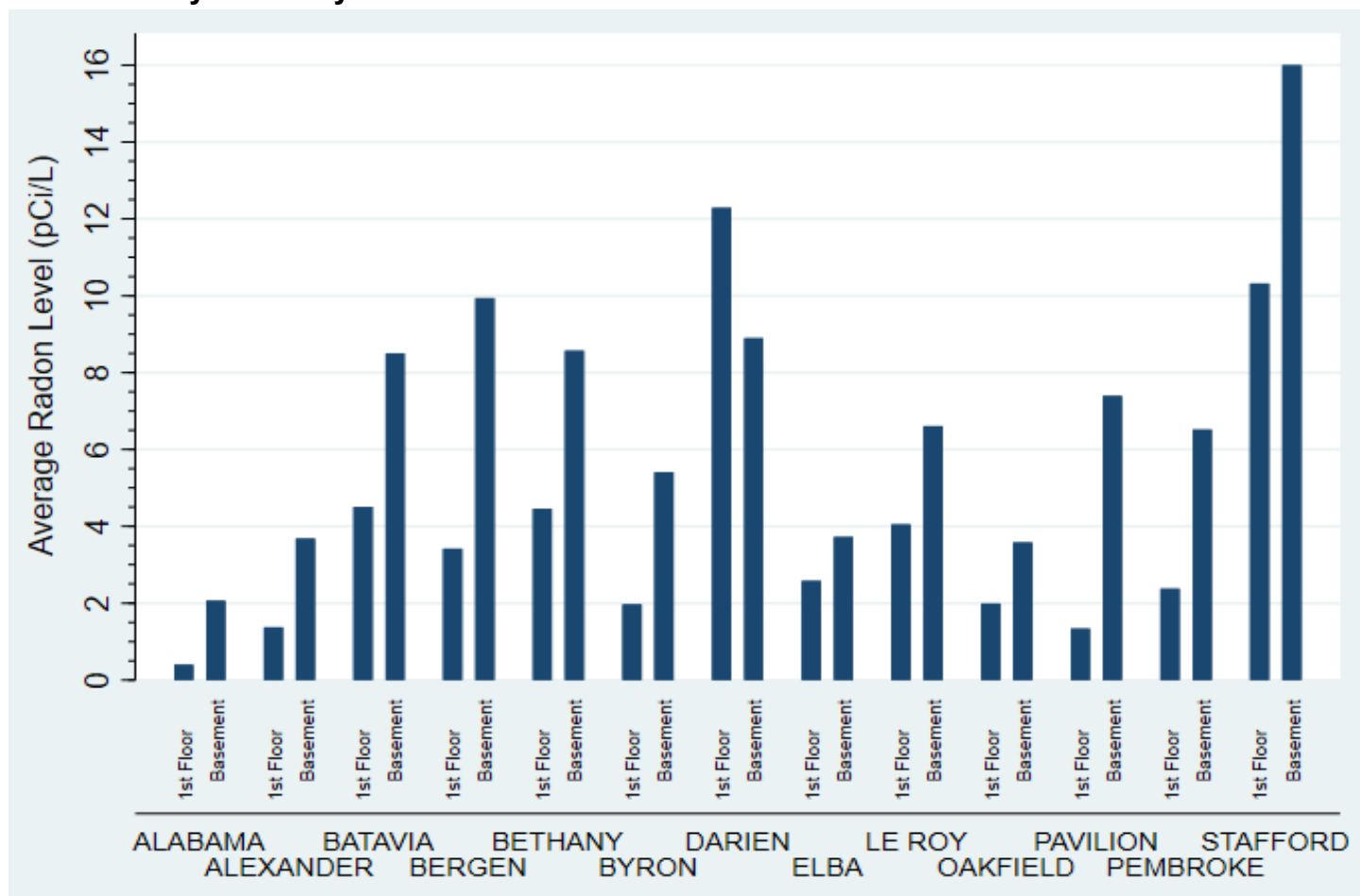
Radon Exposure

Genesee County was identified by the Environmental Protection Agency (EPA) and the New York State Department of Health (NYSDOH) as having a “high average indoor radon screening level”, which is a radon level higher than 4 pCi/L, or picocuries per liter.^{2,3} Since there is a high average radon level within the county, it is important to subdivide this data to determine if there are towns, zip codes, or other such designated areas that have a particularly high radon level. This information will help to focus and refine radon screening measures and risk education efforts for these communities.

Radon exposure is the second leading cause of lung cancer, second only to smoking, and radon is the leading cause of lung cancer among people who are non-smokers.³

Figure 1, below, demonstrates radon screening data at the county-level broken down by township in the county from 1987-May 2023.⁴ This figure shows that the highest average radon levels were identified in the Towns of Darien and Stafford, with most of the other towns at or above the hazardous 4 pCi/L level, and overall, highest average radon levels occur in the basements of homes.⁴

Figure 1: Average Radon Level by Town from Homes Tested in Genesee County, January 1987-May 2023⁴



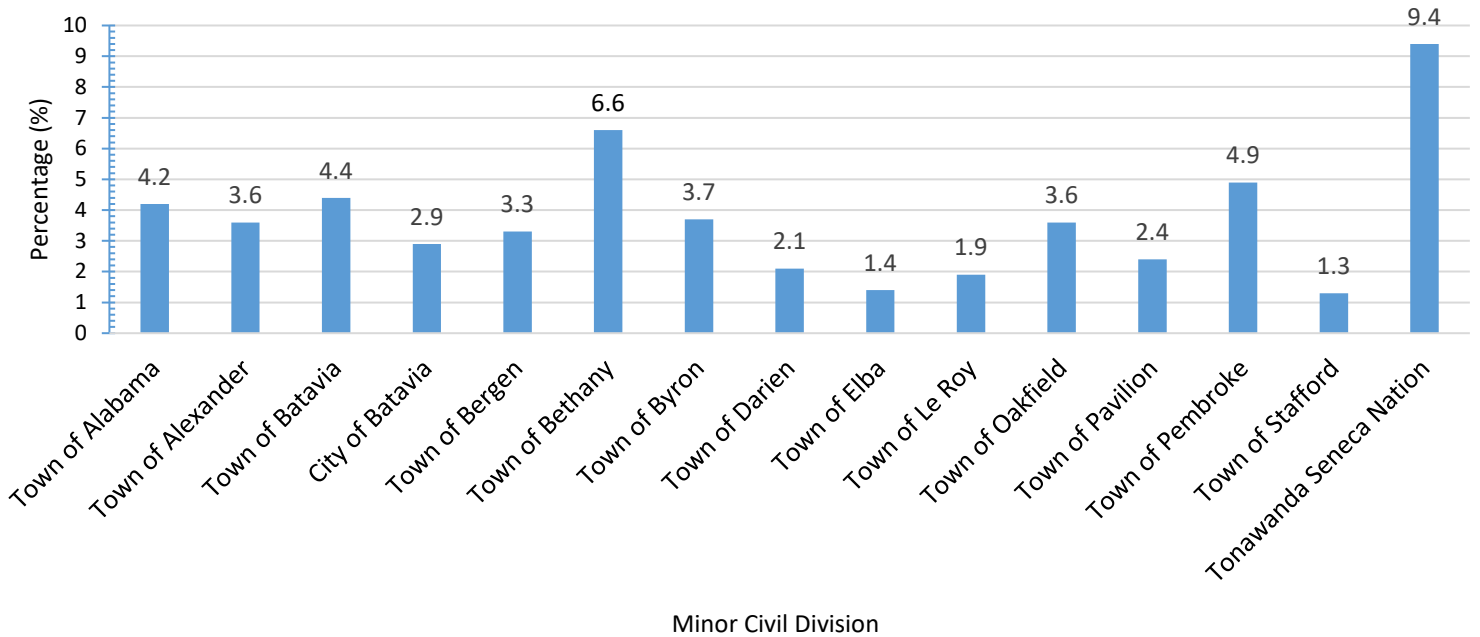
Health Insurance Coverage

As demonstrated in Table 9 of the Genesee County Community Profile subsection of the CHA on page 32, 3.2% of Genesee County residents do not have health insurance. According to Table 1 and Figure 2 below, the towns with the highest percentage of residents who lack health insurance are the Tonawanda Seneca Nation (9.40%) and the Town of Bethany (6.60%).⁵ The towns of Alabama, Alexander, Batavia, Bergen, Byron, Oakfield, and Pembroke have all uninsured resident percentages above the Genesee County average.⁵ A lack of health insurance coverage is one of the major factors that impact the ability of residents to access quality healthcare.⁶

Table 1: Estimates of Health Insurance Coverage by Town in Genesee County⁵

Location	Total Civilian Non-Institutionalized Population	Total Insured	Insured (%)	Total Uninsured	Uninsured (%)
Town of Alabama	1,904	1,824	95.80	80	4.20
Town of Alexander	2,820	2,718	96.40	102	3.60
Town of Batavia	6,343	6,062	95.60	281	4.40
City of Batavia	15,056	14,617	97.10	439	2.90
Town of Bergen	3,108	3,006	96.70	102	3.30
Town of Bethany	1,612	1,506	93.40	106	6.60
Town of Byron	2,104	2,027	96.30	77	3.70
Town of Darien	3,027	2,964	97.90	63	2.10
Town of Elba	2,004	1,975	98.60	29	1.40
Town of Le Roy	7,561	7,415	98.10	146	1.90
Town of Oakfield	3,147	3,033	96.40	114	3.60
Town of Pavilion	2,331	2,274	97.60	57	2.40
Town of Pembroke	4,261	4,053	95.10	208	4.90
Town of Stafford	2,263	2,234	98.70	29	1.30
Tonawanda Seneca Nation	331	300	90.60	31	9.40

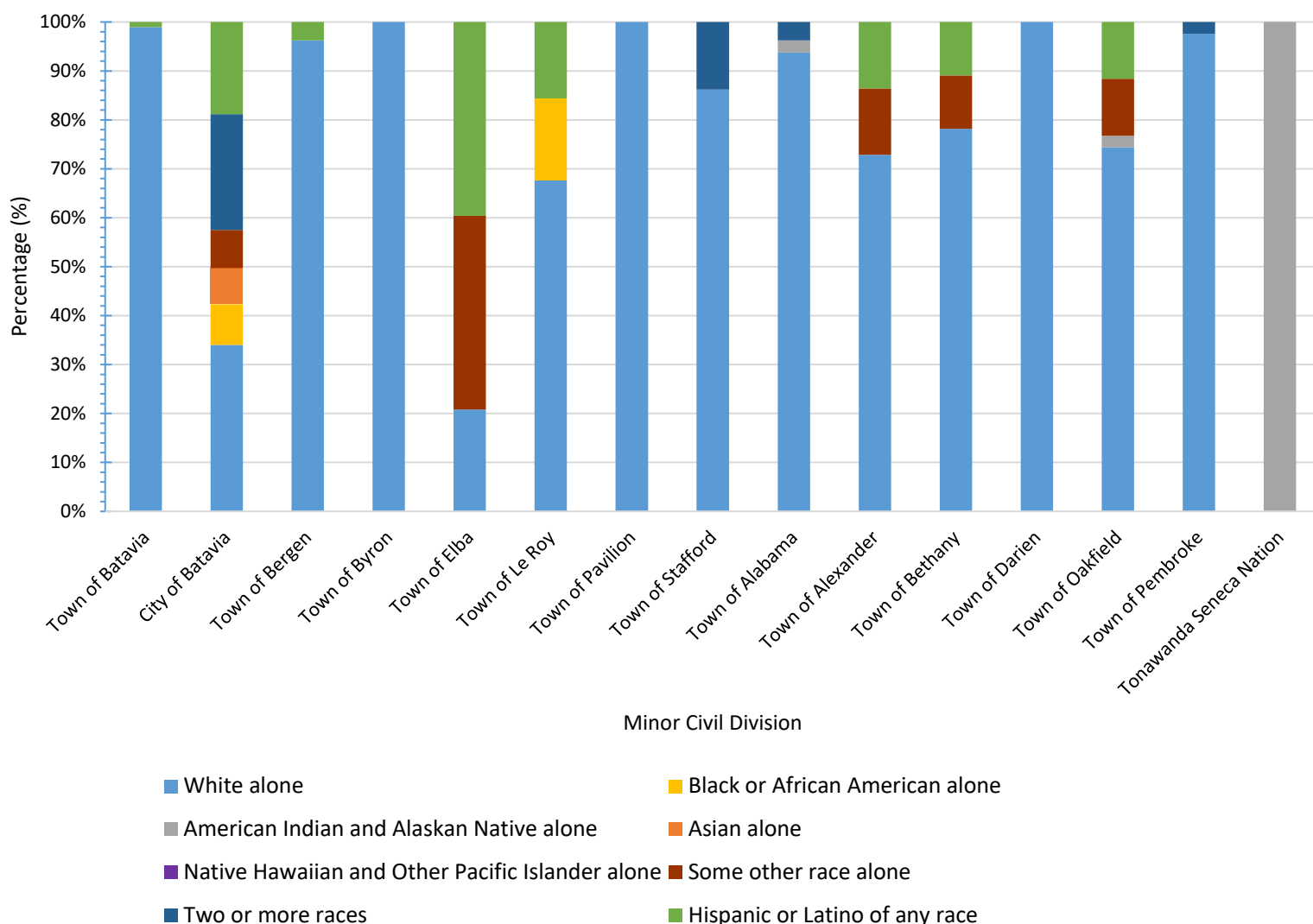
Figure 2: Estimated Percentage of Uninsured Genesee County Residents by Town, January 2017-December 2021⁵



Health Insurance Coverage by Race & Ethnicity

Structural determinants of health influence how equitably the necessary resources required for quality health and healthcare are distributed according to socially defined groups of people, including, but not limited to race, gender, socioeconomic status, and sexual identity.⁷ A structural determinant of health that is often analyzed in the field of public health is race and ethnicity.⁷ Examining these factors, while also considering the historical and present contexts surrounding racism and discrimination in this country, keeps public health professionals well-informed on the health status of marginalized groups and how to work towards health equity.⁸ Figure 3, below, demonstrates the estimated percentage of residents in Genesee County who do not have health insurance coverage by town, based on racial and ethnic classifications from the American Community Survey and the 2020 U.S Census.⁹ The majority of Genesee County residents identified as White, which resulted in the White population representing the majority of people experiencing a lack of health insurance coverage in the county.⁹ However, based on this figure, there are populations of other races and ethnicities, particularly those who identified as Hispanic or Latino, some other race, two or more races, and American Indian or Alaskan Native who are experiencing a lack of health insurance.⁹ Additionally, based on Figure 3, the Minor Civil Divisions (MCDs) that have the highest percentage of uninsured residents of racial and ethnic minority groups are the City of Batavia, the Town of Elba, and the Tonawanda Seneca Nation.⁹

Figure 3: Estimates of the Percentage of Uninsured Genesee County Residents by Race, Ethnicity, and Town, January 2017-December 2021⁹



Medicaid Coverage

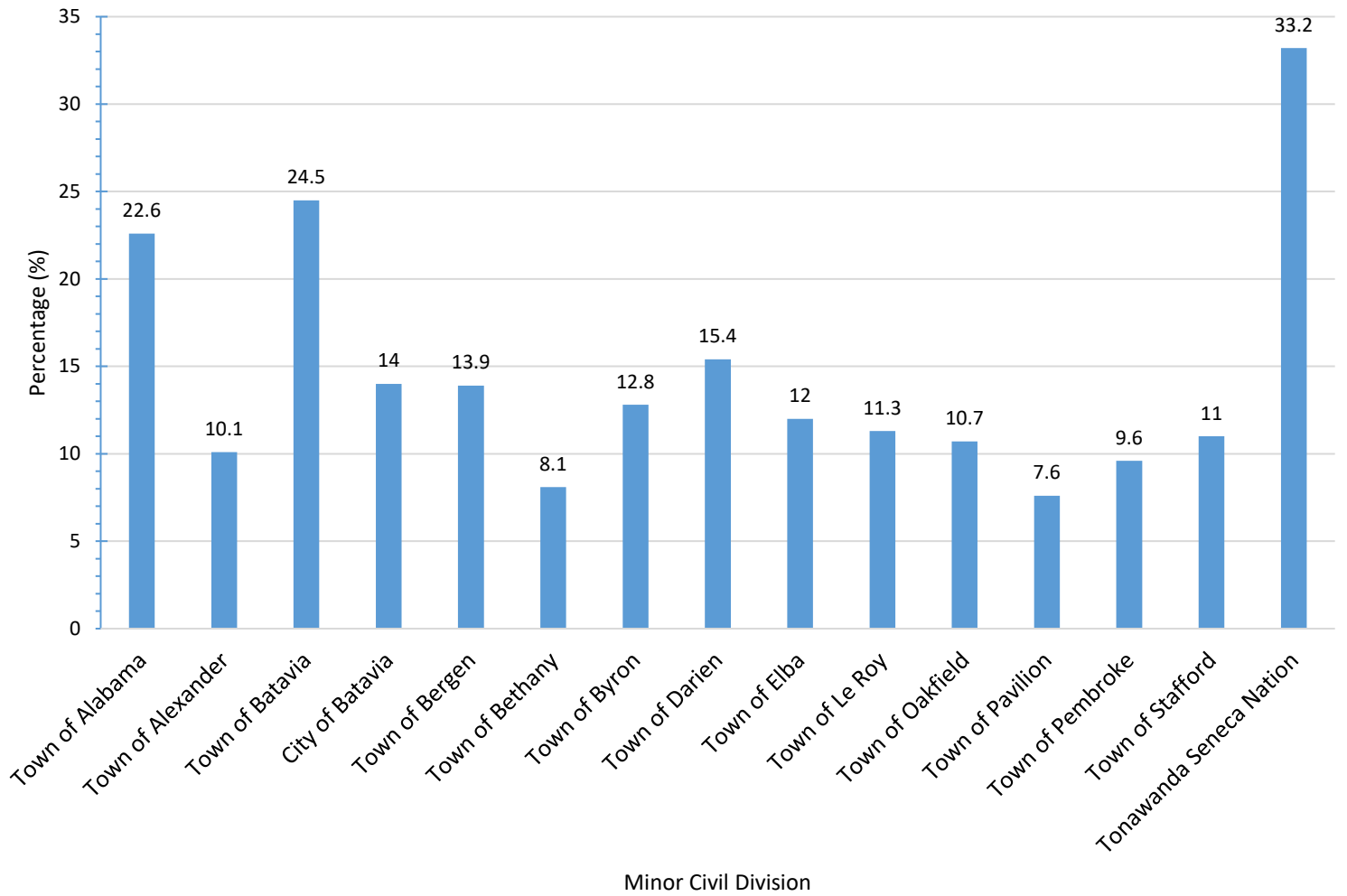
As of May 2023, 41 states, including New York, have elected to expand the Medicaid program.¹⁰ Medicaid provides health-related services to low income populations, including low-income children, low-income elderly populations, and low-income people with disabilities.¹¹ Medicaid coverage allows populations who otherwise may not have access to health insurance due to financial reasons to be covered and have the ability to access healthcare.¹¹ From January 2017 to December 2021, the allocation of Medicaid for Genesee County residents was 8,046 out of 57,872 people, or 13.9% of the county population.¹² According to Table 2 and Figure 4, the Tonawanda Seneca Nation, Town of Batavia, and Town of Alabama have the highest percentages of Medicaid allocation to its residents, at 33.2%, 24.5%, and 22.6%, respectively.¹²

Additionally, the Towns of Bergen and Darien, as well as the City of Batavia had percentages greater than or equal to the Genesee County average.¹²

Table 2: Allocation of Medicaid/Means-Tested Public Coverage by Town in Genesee County¹²

Location	Allocated	Allocated (%)	Not-Allocated	Total Civilian Non-Institutionalized Population
Town of Alabama	430	22.6	1,474	1,904
Town of Alexander	284	10.1	2,536	2,820
Town of Batavia	1,553	24.5	4,790	6,343
City of Batavia	2,103	14.0	12,953	15,056
Town of Bergen	432	13.9	2,676	3,108
Town of Bethany	131	8.1	1,481	1,612
Town of Byron	269	12.8	1,835	2,104
Town of Darien	465	15.4	2,562	3,027
Town of Elba	241	12.0	1,763	2,004
Town of Le Roy	855	11.3	6,706	7,561
Town of Oakfield	338	10.7	2,809	3,147
Town of Pavilion	177	7.6	2,154	2,331
Town of Pembroke	409	9.6	3,852	4,261
Town of Stafford	249	11.0	2,014	2,263
Tonawanda Seneca Nation	110	33.2	221	331

Figure 4: Estimated Percentage of Medicaid Allocation to Residents of Genesee County by Town, January 2017-December 2021¹²



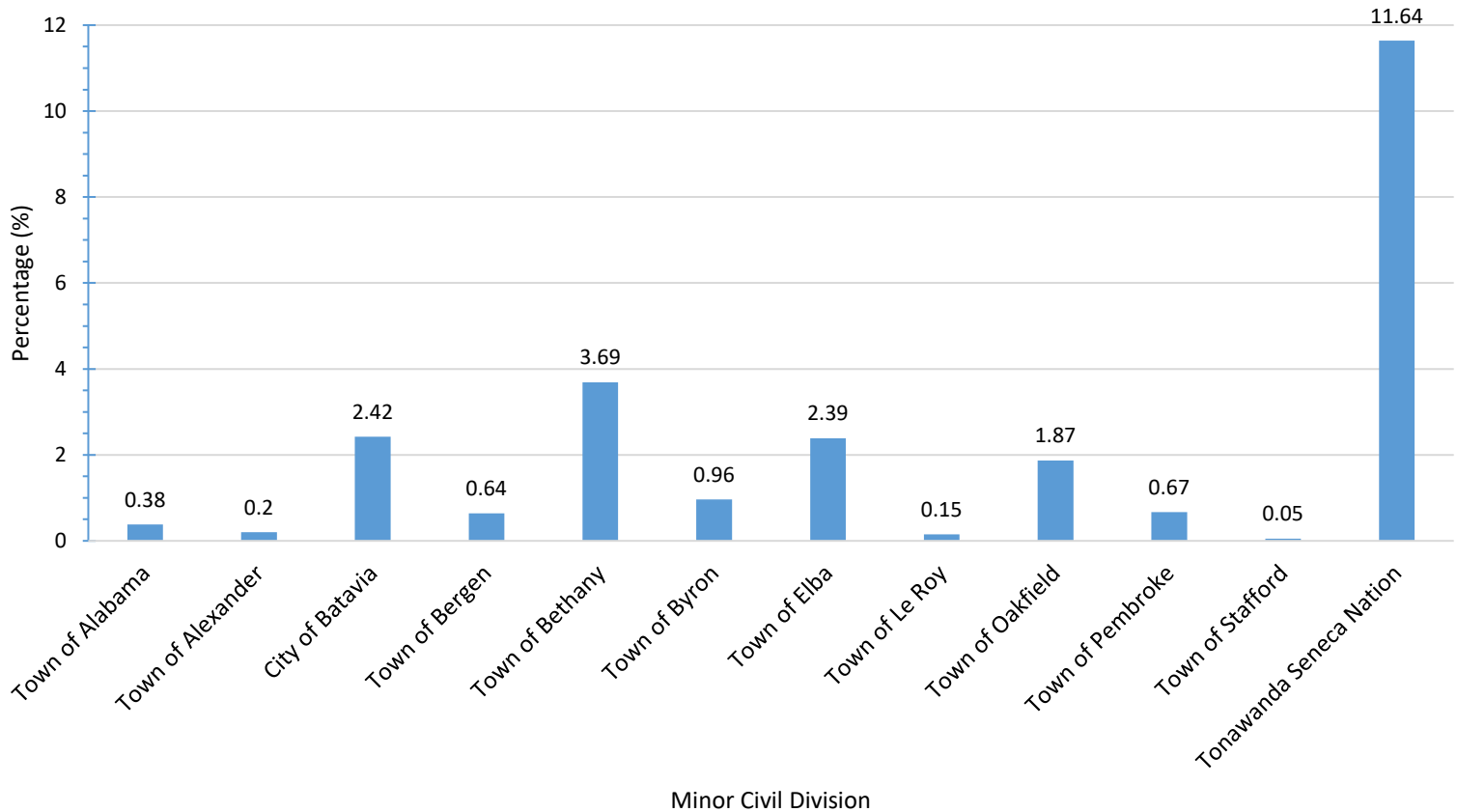
Spoken Languages

As mentioned in the Community Health Assessment on page 14, English proficiency influences educational attainment, employment opportunities, access to healthcare, and the ability to effectively communicate with providers.¹³ Speaking English “less than very well” can often be a barrier to quality care due to lower health literacy and limited ability to communicate with a provider.¹³ From January 2016 to December 2020, the percent of Genesee County residents aged 5 years and older who report speaking English “less than very well” is 1.1% (581/54,550).¹⁴ As demonstrated in Table 3 and Figure 5 below, the majority of Genesee County residents report speaking English only or speaking the language “very well”, but it is important to note there are still populations who report speaking English “less than very well”.¹⁴ Within Genesee County, the Tonawanda Seneca Nation has the highest percentage of residents who report speaking English “less than very well”, at 11.64%, and the Town of Bethany has the second highest percentage, at 3.69%.¹⁴ The City of Batavia and the Towns of Elba and Oakfield have percentages higher than the Genesee County average, at 2.42%, 2.39%, and 1.87%, respectively.¹⁴

Table 3: Estimates of Language Spoken at Home by Town in Genesee County for Populations 5 Years and Older, January 2017-December 2021¹⁴

Location	Total Population 5 Years and Older	Speak English only or speak English “very well”	Speak English only or speak English “very well” (%)	Speak English less than “very well”	Speak English less than “very well” (%)
Town of Alabama	1,821	1,814	99.62	7	0.38
Town of Alexander	2,513	2,508	99.80	5	0.20
Town of Batavia	6,190	6,190	100.0	0	0.0
City of Batavia	14,701	14,345	97.58	356	2.42
Town of Bergen	2,973	2,954	99.36	19	0.64
Town of Bethany	1,519	1,463	96.31	56	3.69
Town of Byron	1,880	1,862	99.04	18	0.96
Town of Darien	2,868	2,868	100.0	0	0.0
Town of Elba	1,879	1,834	97.61	45	2.39
Town of Le Roy	7,217	7,206	99.85	11	0.15
Town of Oakfield	2,994	2,938	98.13	56	1.87
Town of Pavilion	2,212	2,212	100.0	0	0.0
Town of Pembroke	4,152	4,124	99.33	28	0.67
Town of Stafford	2,107	2,106	99.95	1	0.05
Tonawanda Seneca Nation	318	281	88.36	37	11.64

Figure 5: Estimated Percentage of Genesee County Residents Aged 5 Years and Older Who Speak English 'Less Than Very Well' by Town, January 2017-December 2021¹⁴



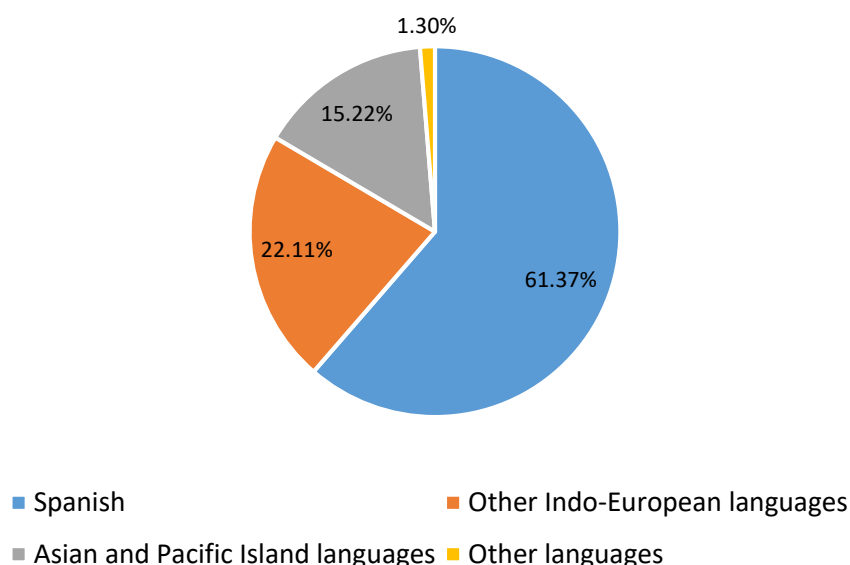
Note: The Towns of Batavia, Darien, and Pavilion were omitted due to their percentage values of 0%.¹⁴

Table 4, below, demonstrates the crude counts of Genesee County residents who speak a language other than English at home, as well as the four category broad language classification groups per the U.S. Census and the American Community Survey.¹⁴ Figure 6, below, demonstrates the percentages of the types of languages spoken by people who reported they speak a language other than English.¹⁴ The majority of people who reported speaking English “less than very well” speak Spanish (61.37%), followed by other Indo-European languages at 22.11%, Asian and Pacific Island languages at 15.22% and other languages at 1.30%.¹⁴

Table 4: Estimates of the Numbers of Residents 5 Years and Older who Speak Languages other than English at Home by Residents in Genesee County, January 2017-December 2021¹⁴

Location	Total Population 5 Years and Older	Speak a Language Other than English			
		1,918			
		Spanish	Other Indo-European languages	Asian and Pacific Island languages	Other languages
Genesee County	55,344	1,177	424	292	25

Figure 6: Estimates of the Percentage of Languages other than English Spoken at Home by Residents in Genesee County, January 2017-December 2021¹⁴



The broad four-group language classification can be divided into the forty-two language group classification with examples.¹⁵ Based on this expanded language classification, languages included under the categorization of ‘other Indo-European languages’ include: French (including Cajun), Haitian, Italian, Portuguese, German, Yiddish, Pennsylvania Dutch or other West Germanic languages, Greek, Russian, Polish, Serbo-Croatian languages (including Bosnian, Croatian, and Serbian), Ukrainian or other Slavic languages (including Bulgarian, Czech, and Ukrainian), Armenian, Persian (including Farsi and Dari), Gujarati, Hindi, Urdu, Punjabi, Bengali, Nepali, Marathi, or other Indic languages (including Konkani), other Indo-European languages (including

Albanian, Lithuanian, Pashto, Romanian, and Swedish), Telugu, Tamil, and Malayalam, Kannada, or other Dravidian languages.¹⁵

Languages included under the categorization of 'Asian and Pacific Island languages' includes: Chinese, including Mandarin Chinese, Min Nan Chinese (including Taiwanese), Yue Chinese (including Cantonese), Japanese, Korean, Hmong, Vietnamese, Khmer, including Central Khmer (Cambodian), Thai, Lao, or other Tai-Kadai languages, other languages of Asia (including Burmese, Karen, Turkish, and Uzbek), Tagalog (including Filipino), Ilocano, Samoan, Hawaiian, or other Austronesian languages (including Cebuano (Bisayan), Hawaiian, Iloko (Ilocano), Indonesian, and Samoan).¹⁵

Languages included under the categorization of 'all other languages' includes: Navajo, other Native languages of North America, including Apache languages, Cherokee, Lakota, Tohono O'odham, and Yupik languages, Arabic, Hebrew, Amharic, Somali, or other Afro-Asiatic languages, including Amharic, Chaldean Neo-Aramaic, Somali, and Tigrinya, Yoruba, Twi, Igbo, and other languages of Western Africa, including Akan (including Twi), Igbo (Ibo), Wolof, and Yoruba, Swahili or other languages of Central, Eastern, and Southern Africa, including Ganda, Kinyarwanda, Lingala, and Swahili, and other and unspecified languages, including Hungarian, Jamaican Creole, and English unspecified.¹⁵

Perinatal Data

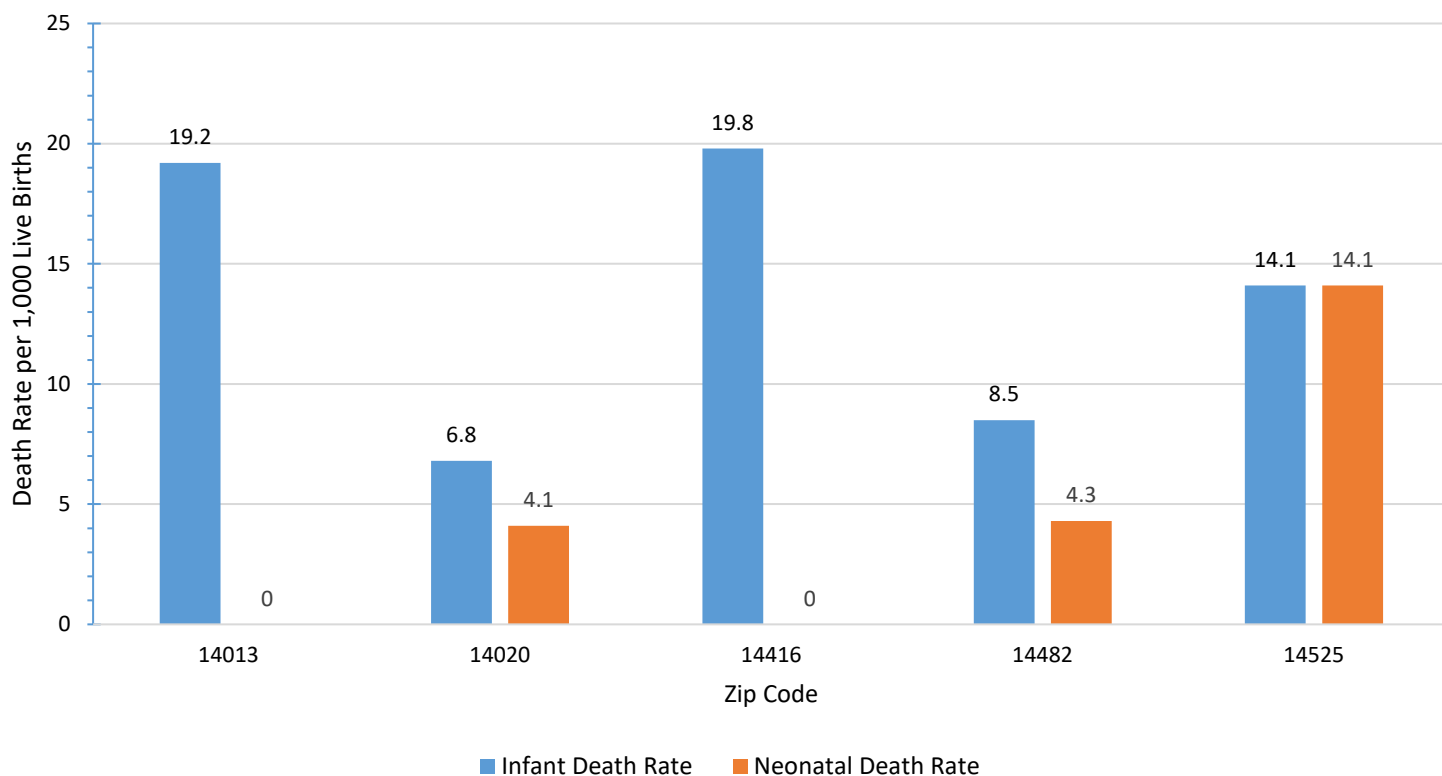
Perinatal refers to the time period around 22 weeks gestation and approximately 28 days after birth.¹⁶ Both prenatal and perinatal care are important to prevent pregnancy complications in the mother and baby.¹⁷ Table 5, below, shows the number of births by zip code in the three-year period (2018-2020).¹⁸ Based on this table, zip codes 14020 (Batavia), 14482 (Le Roy), 14036 (Corfu/Pembroke), and 14416 (Bergen) had the highest crude number of births in the three-year period, at 738, 235, 127, and 101, respectively.¹⁸

Table 5: Total Three-Year Births by Zip Code in Genesee County 2018-2020¹⁸

Zip Code	Total Three-Year Births
14005	50
14013	52
14020	738
14036	127
14040	64
14054	43
14058	55
14125	88
14143	30
14416	101
14422	64
14482	235
14525	71
Total	1,720

Infant and Neonatal Death

Figure 7: Infant and Neonatal Death Rate per 1,000 Live Births by Zip Code in Genesee County, 2018-2020¹⁸



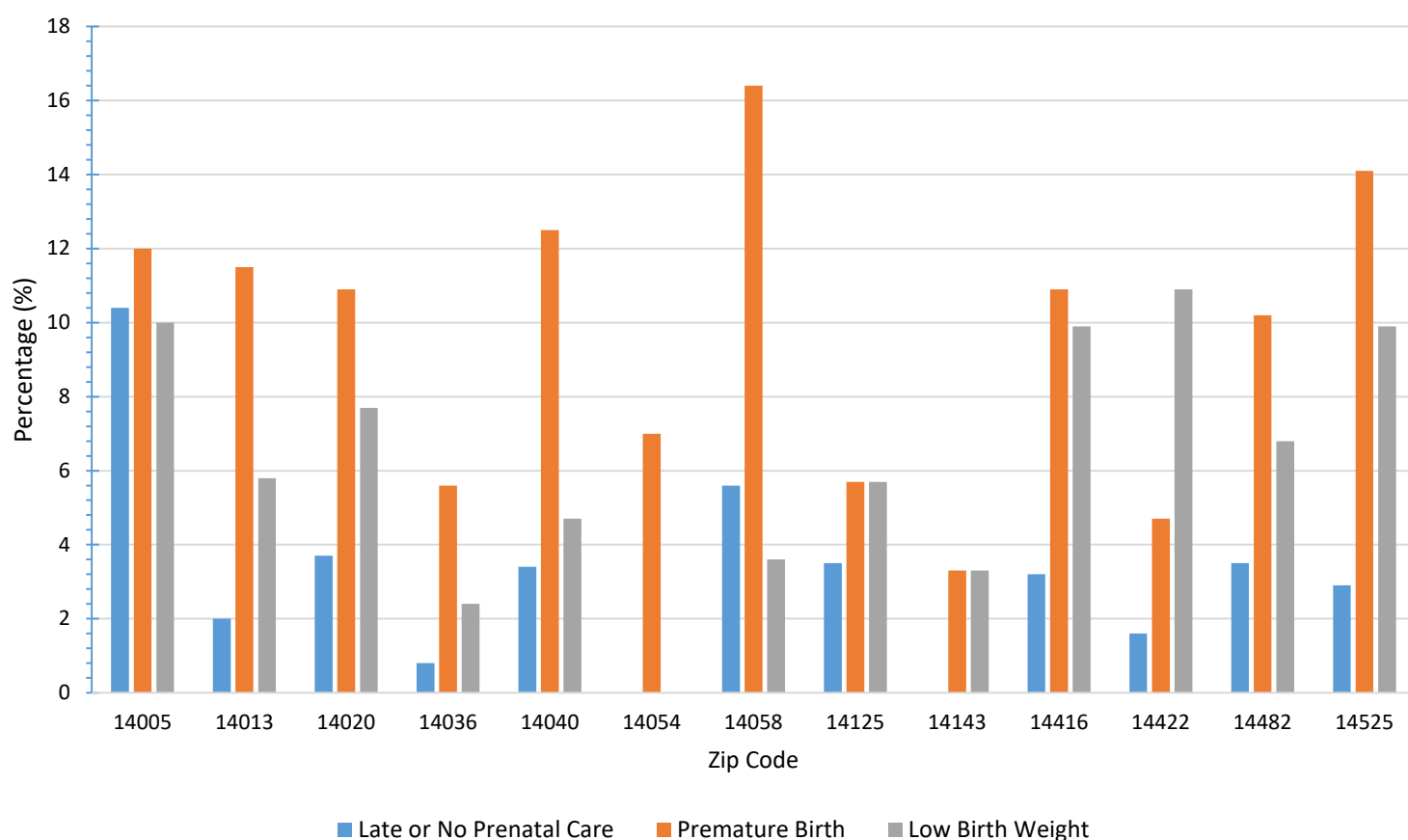
Note: Zip Codes 14005, 14036, 14040, 14054, 14058, 14125, 14143, and 14422 were omitted due to having both infant death rates and neonatal death rates of 0.¹⁸

Figure 7, above, demonstrates the infant and neonatal death rate per 1,000 live births by zip code, and several zip codes have been omitted due to their zero values for both indicators.¹⁸ Infant deaths refer to deaths that have occurred in an individual less than 12 months of age and the infant death rate refers to the number of infant deaths per 1,000 live births.¹⁸ Based on this figure, zip codes 14416 (Bergen), 14013 (Basom/Alabama), and 14525 (Pavilion) had the highest infant death rates in the county, at 19.8 deaths per 1,000 live births, 19.2 deaths per 1,000 live births, and 14.1 deaths per 1,000 live births, respectively.¹⁸ The Genesee County average was 6.4 deaths per 1,000 live births.¹⁸ Neonatal deaths refer to the death of an infant less than 28 days of age and the neonatal death rate is the number of neonatal deaths per 1,000 live births.¹⁸ The zip code 14525 (Pavilion) has the highest neonatal death rate in the county, at 14.1 deaths per 1,000 live births.¹⁸ The Genesee County average was 2.9 deaths per 1,000 live births.¹⁸

Late or No Prenatal Care, Premature Birth, and Low Birth Weight

Figure 8, below, demonstrates the percentage of births by zip code in Genesee County which had late or no prenatal care, the percentage of births which were premature, and the percentage of births which had a low birth weight.¹⁸ Late or no prenatal care refers to when prenatal care was initiated during the third trimester of pregnancy or not at all.¹⁸ Based on this data, the zip code 14005 (Alexander) had the highest percentage of late or no prenatal care, at 10.4%, while the Genesee County average was 3.3%.¹⁸ Premature birth refers to births that occurred prior to 37 weeks gestation.¹⁸ Based on this data, the zip code 14058 (Elba) had the highest percentage of premature births, at 16.4%, while the Genesee County average was 10.1%.¹⁸ Low birth weight refers to births weighing 100-2499 grams, or less than 5 pounds and 8 ounces.¹⁸ Based on Figure 8, the zip codes 14422 (Byron), 14005 (Alexander), 14416 (Bergen), and 14525 (Pavilion) have the highest percentages of births which have a low birth weight, at 10.9%, 10%, 9.9%, and 9.9%, respectively.¹⁸ The Genesee County average was 6.6%.¹⁸

Figure 8: Percentage of Births which had Late or No Prenatal Care, Premature Birth, & Low Birth Weight by Zip Code in Genesee County, 2018-2020¹⁸

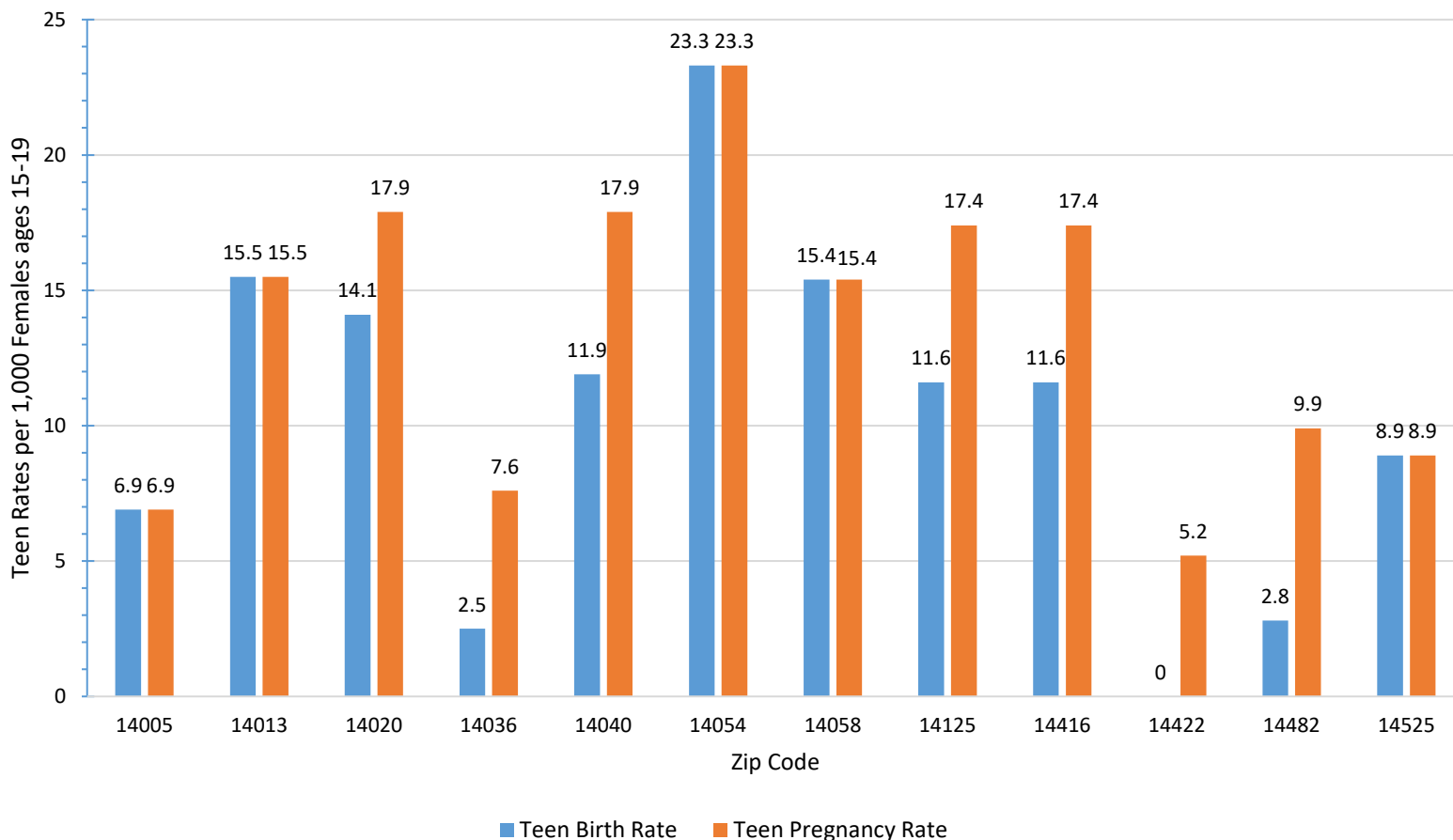


Teen Birth and Pregnancy Rates

Figure 9, below, demonstrates both teen birth and teen pregnancy rates by zip code in Genesee County.¹⁸ The teen birth rate refers to the number of births to females aged 15-19 per 1,000 population.¹⁸ Based on this figure, zip codes 14054 (Bethany), 14013 (Basom/Alabama), and 14058 (Elba) had the highest teen birth rates in the county, at 23.3 births per 1,000 females ages 15-19, 15.5 per 1,000, and 15.4 per 1,000, respectively.¹⁸ The Genesee County average teen birth rate was 10.6 births per 1,000 females ages 15-19.¹⁸

The teen pregnancy rate refers to the number of pregnancies, including births, medical abortion, and spontaneous fetal death, among females ages 15-19 per 1,000 females ages 15-19.¹⁸ Based on Figure 9, zip codes 14054 (Bethany), 14020 (Batavia), and 14040 (Darien) had the highest teen pregnancy rates in the county, at 23.3 pregnancies per 1,000 females ages 15-19, 17.9 per 1,000, and 17.9 per 1,000, respectively.¹⁸ The Genesee County average was 14.8 per 1,000.¹⁸

Figure 9: Teen Birth and Pregnancy Rate per 1,000 Females ages 15-19 by Zip Code in Genesee County, 2018-2020¹⁸

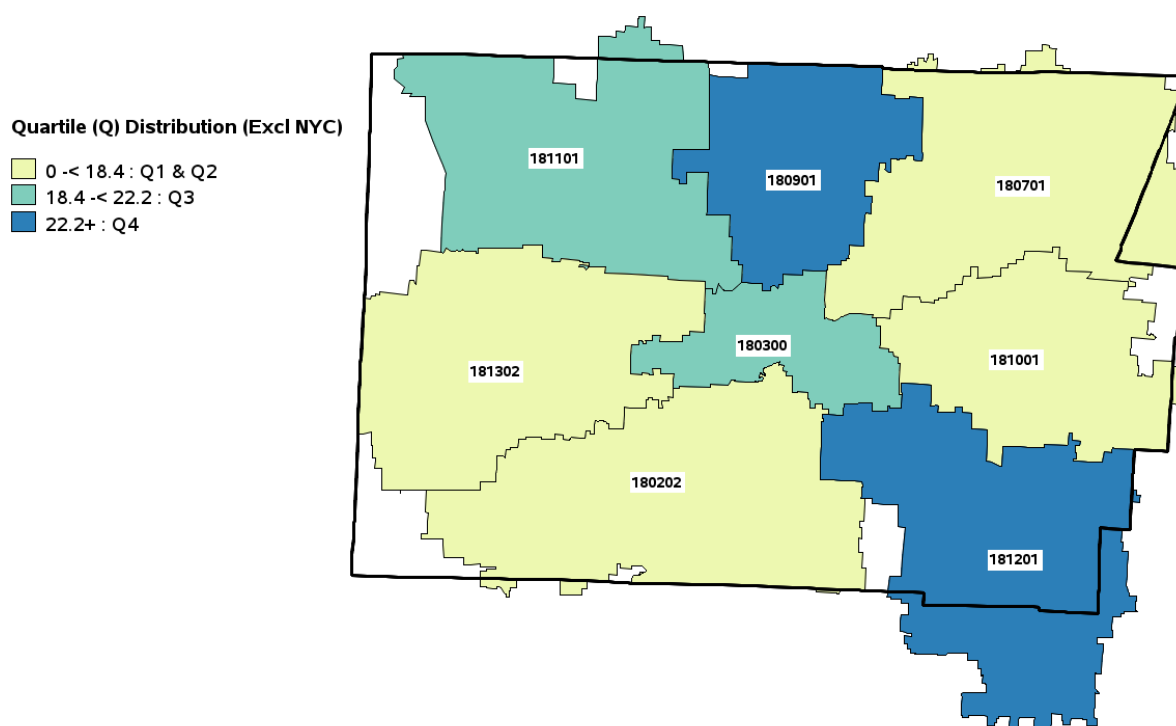


Note: Zip code 14143 (Town of Stafford) had a population of less than 30 females ages 15-19 and was suppressed for confidentiality reasons.¹⁸

Childhood Obesity

The percentage of children and adolescents who are obese in Genesee County is 19.0%, whereas the percentage in New York State (excluding New York City) is 17.3%.¹⁹ Figure 10 demonstrates the quartile percentage distribution of obese students by school district in the county.¹⁹ Based on this figure, Elba Central School District and Pavilion Central School District have the highest percentage of obese children and adolescents at 26.5% and 22.2%, respectively.¹⁹

Figure 10: Percentage of Children and Adolescents with Obesity by School District in Genesee County, school years 2017-2019¹⁹; adapted from the New York State Prevention Agenda Dashboard

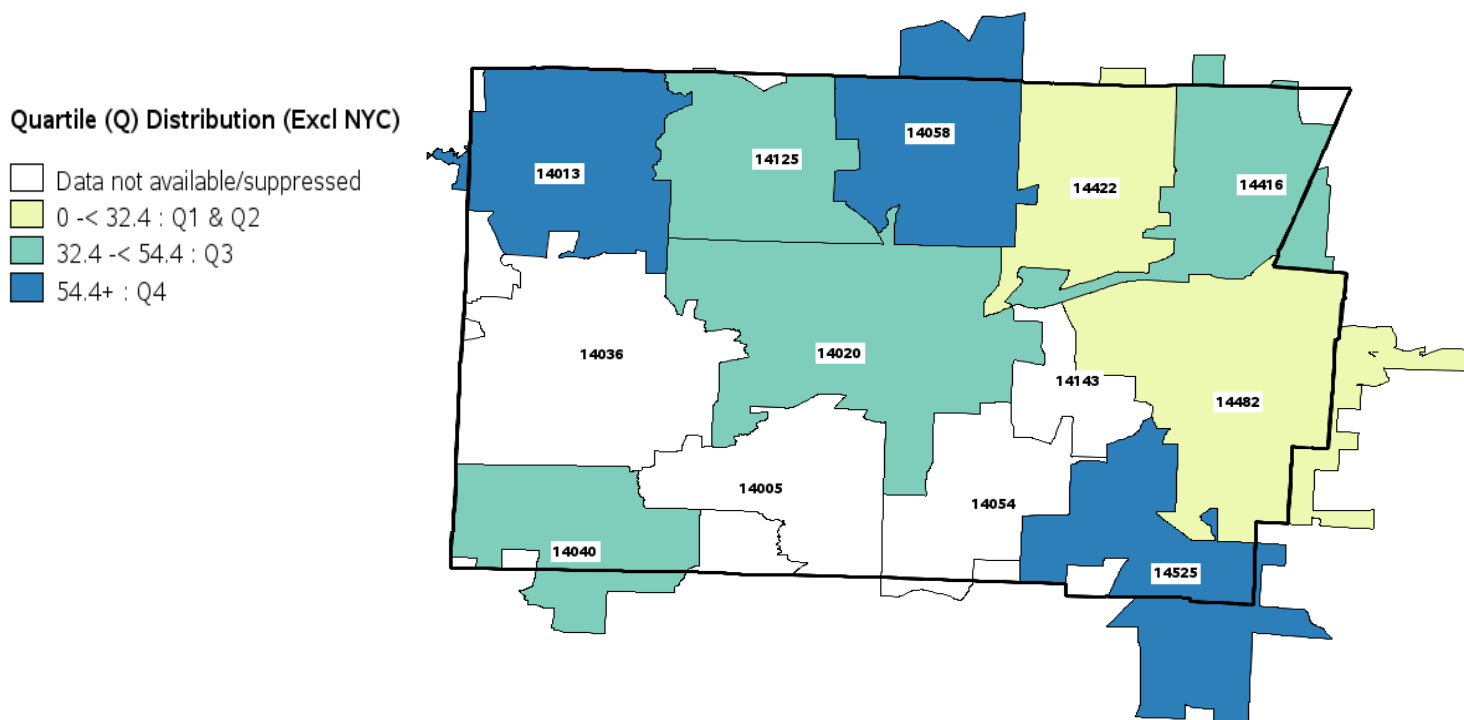


School District Code	School District Name	Number of Obese Students	Percentage (%)
180202	Alexander Central School District	31	12.4
180300	Batavia City School District	184	21.8
180701	Byron-Bergen Central School District	17	11.1
181302	Pembroke Central School District	40	15.4
180901	Elba Central School District	39	26.5
181001	Le Roy Central School District	55	16.6
181101	Oakfield-Alabama Central School District	66	20.4
181201	Pavilion Central School District	57	22.2

Child and Adolescent Emergency Department Visits

Rural communities, such as those within Genesee County face disproportionate gaps and barriers to healthcare access and utilization compared to their urban and suburban counterparts.²⁰ As previously mentioned in the CHA on pages 28-32, such barriers can include lack of quality health insurance, lack of healthcare providers in the area, lack of geographical accessibility to care accompanied with limited access to transportation, and language barriers. Due to these barriers, 19% of Genesee County residents only see their primary care provider when they are sick, based on the CHA survey data. This eliminates the utilization of their provider for preventive care. As a result, emergency department utilization increases for non-emergencies, particularly for patients without a primary care provider.²⁰ The rate for asthma emergency department (ED) visits in children and adolescents ages 0-17 in Genesee County is 40.7 visits per 10,000 and the rate for New York State excluding New York City is 52.2 per 10,000.¹⁹ Figure 11, below, shows the quartile rate distribution of asthma ED visits for children and adolescents ages 0-17 by zip code in the county.¹⁹ Based on this figure, zip codes 14013 (Basom/Alabama), 14525 (Pavilion), and 14058 (Elba) have the highest rates in the county, at 72.4 visits per 10,000 ages 0-17, 66.3 per 10,000, and 55.7 per 10,000, respectively.¹⁹

Figure 11: Asthma Emergency Department Visit Rates per 10,000, ages 0-17 years by Zip Code in Genesee County, 2017-2020¹⁹; adapted from the New York State Prevention Agenda Dashboard



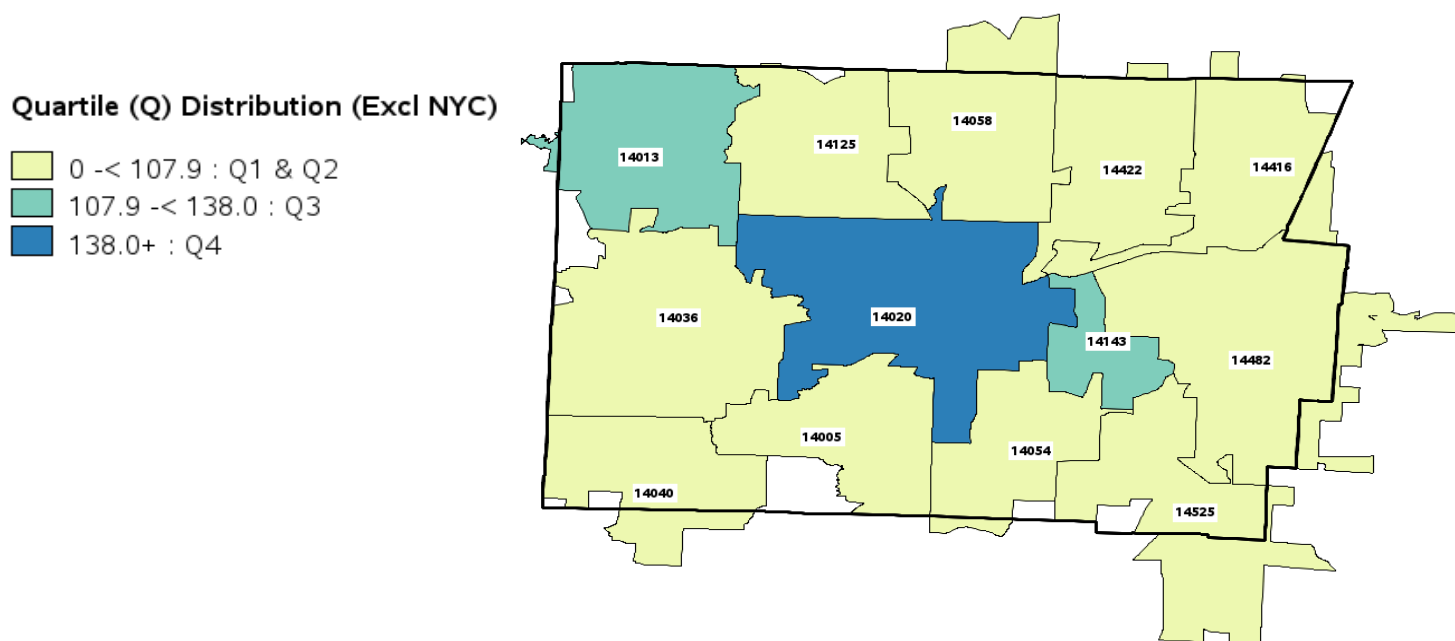
Zip Code	ED Visits	ED Visit Rate
14005	s	s
14013	10	72.4
14020	85	47.4
14036	s	s
14040	8	51.5*
14054	s	s
14058	10	55.7
14125	16	50.9
14143	s	s
14416	14	48.6
14422	6	32.3*
14482	20	26.5
14525	14	66.3

Note: s: data does not meet reporting criteria; *: fewer than 10 events, rate may be unstable

Preventable Hospitalizations

The age-adjusted rate of preventable hospitalizations among adults in Genesee County is 111.4 per 10,000, and the rate for New York State (excluding New York City) is 115.1 hospitalizations per 10,000 adults.¹⁹ Figure 12, below, shows the quartile rate distribution of potentially preventable hospitalizations for adults by zip code in the county.¹⁹ Based on this figure, zip code 14020 (Batavia) has the highest rate of potentially preventable hospitalizations in the county, at 144.3 per 10,000.¹⁹

Figure 12: Potentially Preventable Hospitalizations among Adults, age-adjusted rate per 10,000 by Zip Code in Genesee County, 2017-2020¹⁹; adapted from the New York State Prevention Agenda Dashboard



Zip Code	Hospitalizations	Age-Adjusted Rate
14005	56	84.6
14013	76	124.4
14020	1,346	144.3
14036	161	81.8
14040	53	63.9
14054	47	92.8
14058	77	97.5
14125	129	100.7
14143	54	123.9
14416	125	89.9
14422	69	81.0
14482	345	95.2
14525	93	96.1

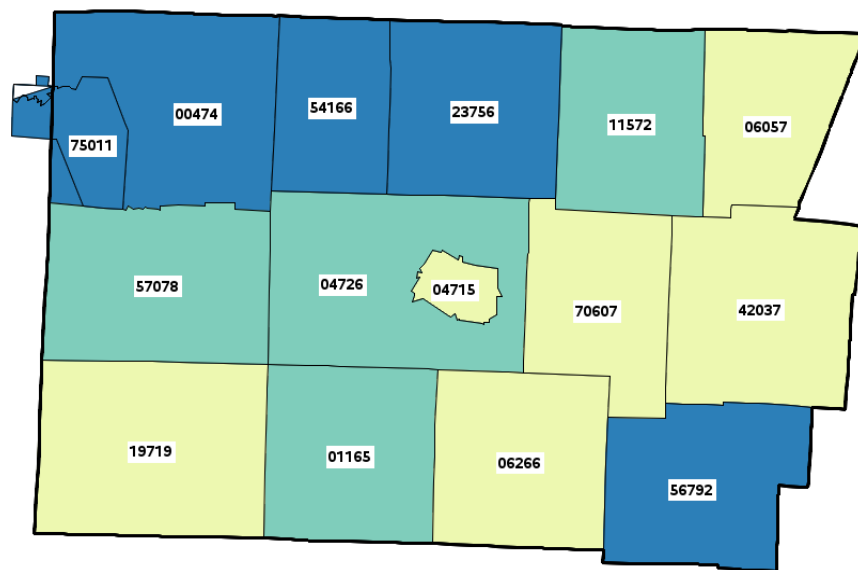
Premature Deaths

The percentage of premature deaths, or deaths that occur before 65 years old, in Genesee County is 22.0%, and in New York State (excluding New York City), the percentage is 21.4%.¹⁹ Figure 13, below, shows quartile percentage distribution for the percentage of premature deaths by Minor Civil Division in the county.¹⁹ Based on this figure, the Tonawanda Seneca Nation has the highest percentage of premature deaths, at 51.6%, which is more than double the Genesee County average, followed by the Town of Elba (35.7%) and the Town of Alabama (30.6%).¹⁹

Figure 13: Percentage of Deaths that are Premature by Minor Civil Division in Genesee County, 2017-2020¹⁹; adapted from the New York State Prevention Agenda Dashboard

Quartile (Q) Distribution (Excl NYC)

- 0 -< 22.4 : Q1 & Q2
- 22.4 -< 27.0 : Q3
- 27.0+ : Q4



MCD Number	MCD Name	Deaths (Before 65 Years)	Percentage (%)
00474	Alabama town	19	30.6
01165	Alexander town	19	23.8
04715	Batavia city	220	21.3
04726	Batavia town	54	24.4
06057	Bergen town	21	18.1
06266	Bethany town	9	17.6*
11572	Byron town	21	25.9
19719	Darien town	16	15.1
23756	Elba town	25	35.7
42037	Le Roy town	65	15.7
54166	Oakfield town	34	28.8
56792	Pavilion town	20	28.2
57078	Pembroke town	39	26.9
70607	Stafford town	15	18.5
75011	Tonawanda Seneca Nation	16	51.6

Note: *: fewer than 10 events, rate may be unstable

Racial and Ethnic Disparities in Poverty Rates

Poverty in the U.S. is measured by how an individual or family income compares to the set threshold at the federal level.²¹ In 2021, that income threshold which designates poverty was an individual income below \$12,880 U.S. dollars or for a family of four, an income below \$26,500 U.S. Dollars.²¹ People living in poverty often face limited access to resources necessary to maintain a high and healthy quality of life, including: safe, quality housing; healthy food; access to educational and employment opportunities; high quality health insurance; and reliable transportation.²¹ All of these factors, combined with additional barriers to accessing healthcare in a rural area such as Genesee County, can contribute to worse and disparate overall health outcomes for people living in poverty.²¹ There are many groups of people who face disproportionate poverty rates, including: racial and ethnic minority groups, people living in rural areas, and people with disabilities.²¹ In Genesee County, there is evidence of racial and ethnic minority groups facing higher poverty rates compared to their White counterparts.²² As per the 2020 U.S. Census and the 2021 American Community Survey, the estimated poverty rate in Genesee County is 5,977/57,333, or 10.4% of the county population.²² Table 6 and Figure 14, below, subdivide this poverty rate by town, and also by racial and ethnic classification.²²

Table 6 shows the numeric proportions of people living in poverty by town and by racial and ethnic classification.²² Interpretation of this table should be as follows: for example, there are 123 individuals who identified as White alone living in poverty within the Town of Alabama, out of 1,564 total individuals who identified as White alone within the Town of Alabama.²² Since this value is a proportion, it can be written as a fraction (123/1,564), a decimal (0.0786), or as a percentage (7.86%).²² Highlighted in this table is the degree of the rate of poverty: red represents a poverty rate of 100% for the racial or ethnic classification within that town, orange represents a poverty rate of 40%-99%, yellow represents a poverty rate of 20-39%, and blue represents a poverty rate of 15-19%.

Notable findings include a 100% poverty rate for individuals identifying as Black or African American alone in the Town of Alabama; a 100% poverty rate for individuals identifying as Black or African American alone and Two or more races in the Town of Batavia; a 100% poverty rates for individuals identifying as Black or African American alone and American Indian or Alaskan Native alone in the Town of Bergen; a 100% poverty rate for those identifying as Asian alone in the Town of Byron; a 100% poverty rate for those identifying as American Indian or Alaskan Native alone in the Town of Stafford; and a 100% poverty rate for those identifying as Asian alone in the Tonawanda Seneca Nation.²²

Figure 14 demonstrates a visual of the proportion of people living in poverty as a decimal, based on the data from Table 6.²² Interpretation of this figure should be the same as for Table 6, described above.²² Of note, a proportion of 1.00 corresponds with a percentage of 100%. Overall, the poverty rates are much higher among populations

who identify within a racial or ethnic minority group classification, as well as for those who live within the Tonawanda Seneca Nation.²²

Table 6: Estimated Proportions of Genesee County Residents Living in Poverty by Race, Ethnicity, and Town, January 2017-December 2021²²

Location	White alone	Black or AA* alone	AI/AN** alone	Asian alone	Some other Race alone	Two or more races	Hispanic or Latino
Town of Alabama	123/1,564	16/16	0/10	0/0	0/0	13/179	0/35
Town of Alexander	206/2,666	0/3	0/0	0/0	0/29	9/59	0/31
Town of Batavia	412/6,253	8/8	0/0	0/21	0/0	24/24	24/58
City of Batavia	1,760/12,499	147/787	4/12	60/172	109/304	299/1,133	274/927
Town of Bergen	173/3,017	17/17	1/1	0/22	5/9	9/45	9/24
Town of Bethany	93/1,314	0/10	0/3	0/0	4/136	13/56	11/149
Town of Byron	80/1,989	0/21	0/0	14/14	0/19	0/61	0/46
Town of Darien	46/2,934	0/0	0/0	0/0	0/0	0/93	0/129
Town of Elba	73/1,784	0/21	0/0	0/0	74/107	11/92	97/169
Town of Le Roy	618/7,118	37/78	0/0	0/138	0/0	0/177	55/211
Town of Oakfield	493/2,932	23/35	0/9	0/7	0/30	12/134	2/96
Town of Pavilion	256/2,210	0/12	0/5	0/0	0/0	0/59	0/15
Town of Pembroke	454/4,097	0/63	0/0	0/21	0/16	19/64	0/16
Town of Stafford	172/1,979	2/34	1/1	0/0	0/0	27/186	20/73
Tonawanda Seneca Nation	13/32	0/0	46/241	21/21	0/0	0/37	0/0
Total Below Poverty Level	4,952	250	52	95	192	436	492
Total County Population	52,481	1,105	282	416	650	2,399	1,979

Notes: There were no residents of Native Hawaiian or Pacific Island descent reported in this category to the 2020 U.S. Census or the 2021 American Community Survey in Genesee County.²²

*AA: African American

**AI/AN: American Indian or Alaskan Native

Key:

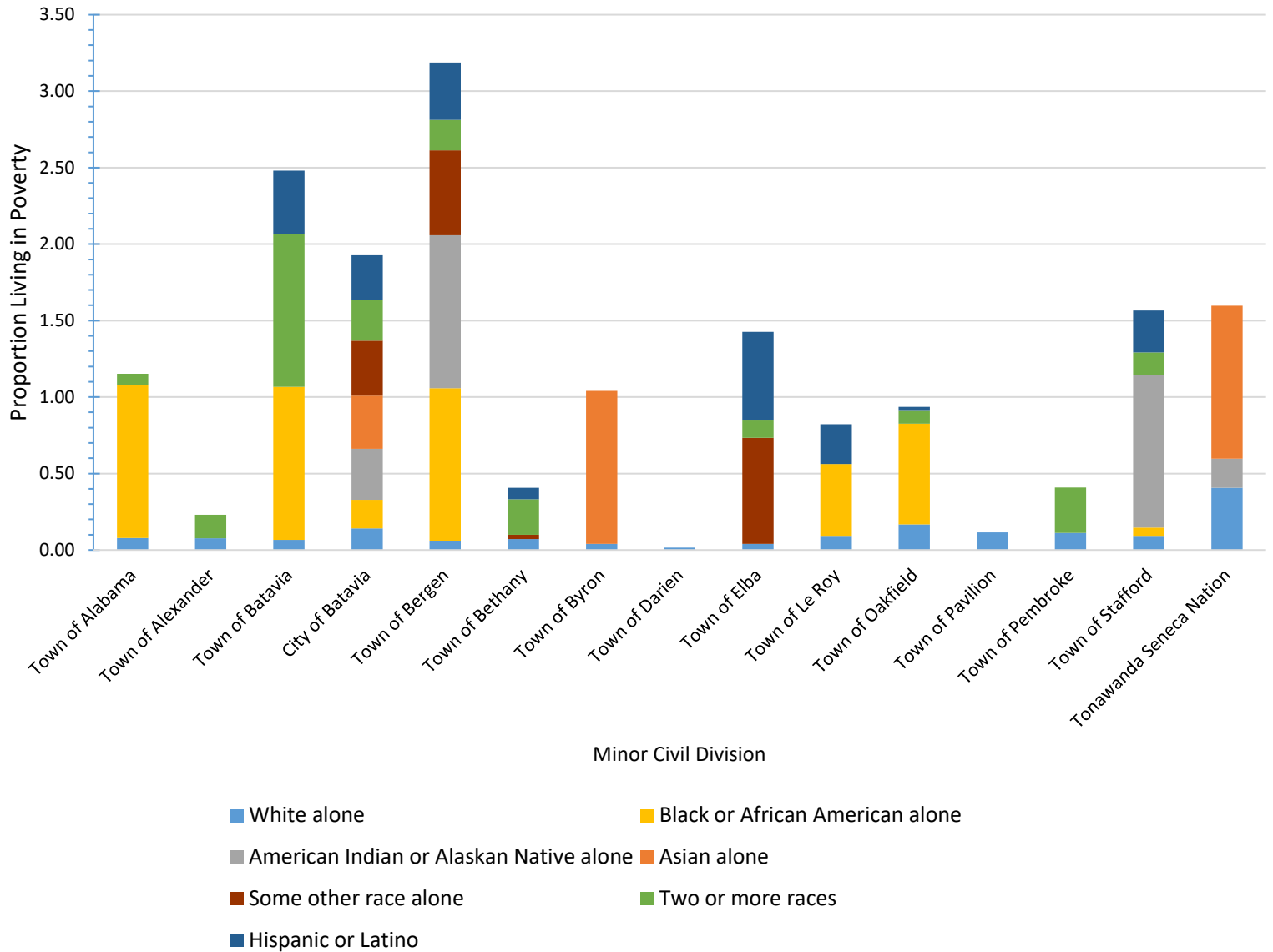
Red: 1.00 (100%)

Orange: 0.40-0.99 (40%-99%)

Yellow: 0.20-0.39 (20-39%)

Blue: 0.15-0.19 (15-19%)

Figure 14: Estimated Proportions of Genesee County Residents Living in Poverty by Race, Ethnicity, and Town, January 2017-December 2021²²



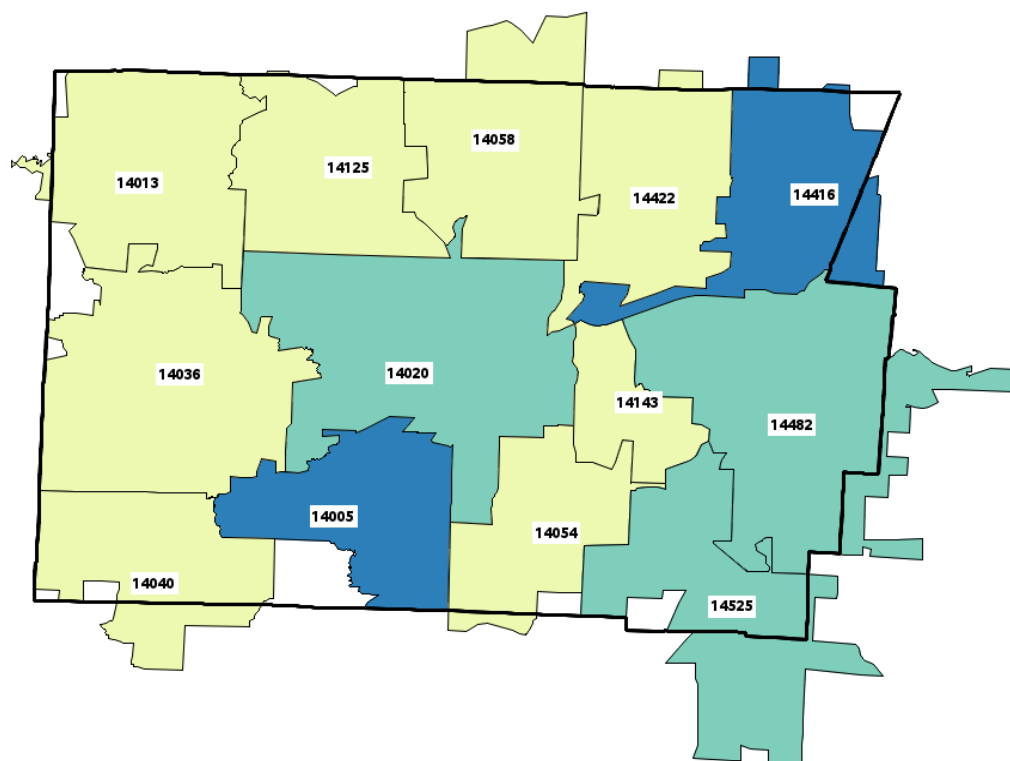
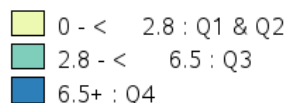
Opioid Use Indicators

Naloxone Administration by Emergency Medical Services

Naloxone is a medication given to patients by first responders in the event of an opioid overdose and works by blocking opioid receptors in the brain to reverse an overdose.²³ Figure 15, below, demonstrates the number of unique naloxone administrations by emergency medical service (EMS) agencies per 1,000 EMS dispatches by zip code in Genesee County.²⁴ Unique naloxone administration refers to an EMS encounter where naloxone, or Narcan®, was given during patient care.²⁴ Naloxone is given to patients who present with any signs of a potential opioid overdose and should not represent the number of opioid overdoses in the county.²⁴ The crude rate of the number of naloxone administrations by EMS per 1,000 dispatches in Genesee County is 4.2 per 1,000 and the rate for New York State excluding New York City is 5.1 per 1,000.²⁴ Based on the figure, zip codes 14005 (Alexander) and 14416 (Bergen) have the highest naloxone administration rates in the county, at 30.8 administrations per 1,000 dispatches and 13.9 per 1,000, respectively.²⁴ As this data is from one source, we recognize this data point may be an underrepresentation of the true rates.

Figure 15: Unique Naloxone Administrations by EMS Agencies, crude rate per 1,000 unique EMS dispatches by Zip Code in Genesee County, 2021²⁴; adapted from the New York State Opioid Data Dashboard

Quartile (Q) Distribution (Excl NYC)



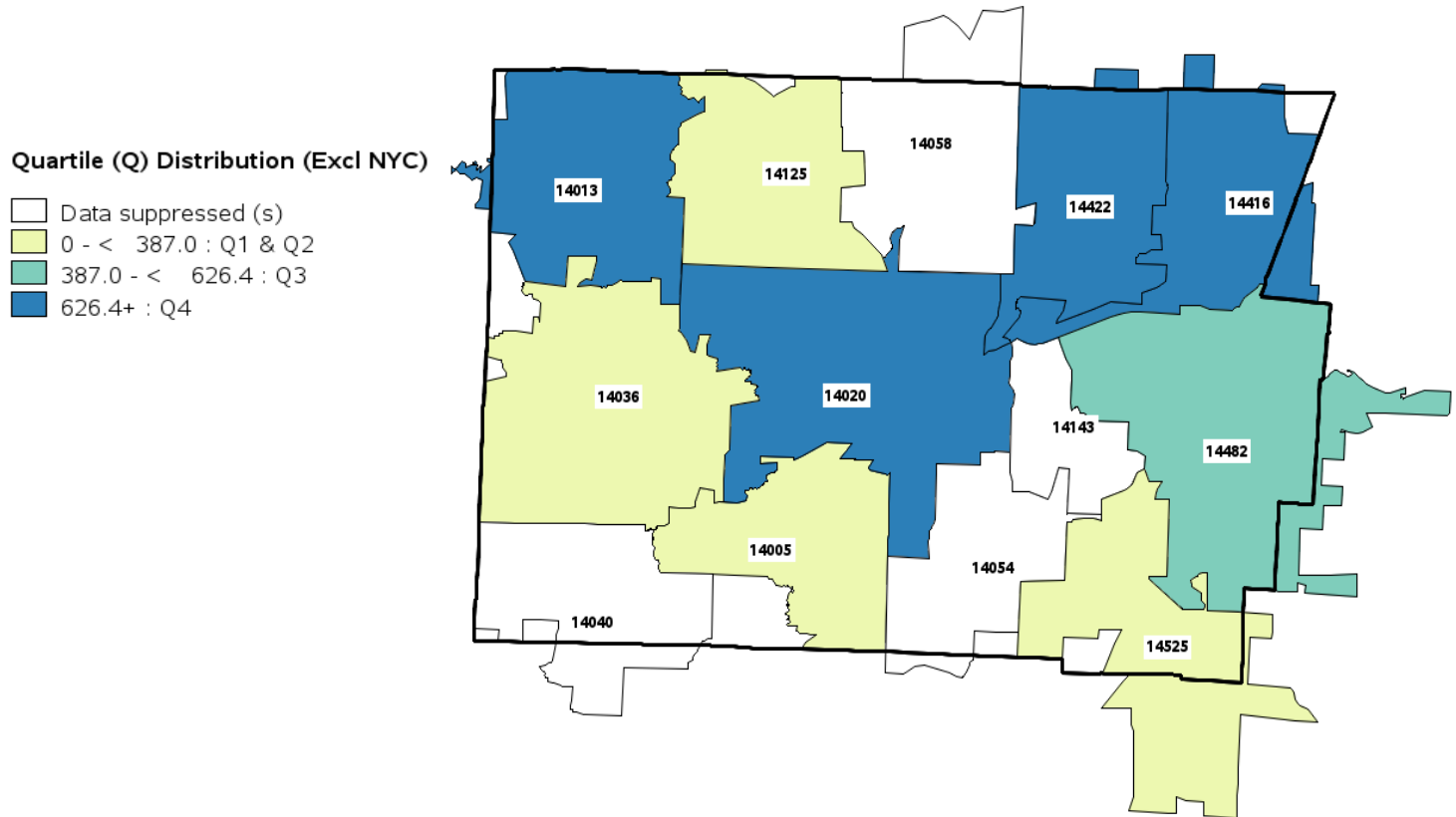
Zip Code	Numerator	Crude Rate
14005	4	30.8*
14013	0	0.0*
14020	31	4.0
14036	1	1.7*
14040	0	0.0*
14054	0	0.0*
14058	0	0.0*
14125	1	2.7*
14143	0	0.0*
14416	5	13.9*
14422	0	0.0*
14482	7	5.1*
14525	1	3.9*

Note: *Fewer than 10 events in the numerator, the rate may be unstable. Data is from one source and we recognize this data point may be an underrepresentation of the true rates.

Substance Use Disorder Treatment Program Admission

Figure 16, below, demonstrates admissions to NYS Office of Addiction Services and Supports (OASAS)-certified substance use disorder treatment programs for people aged 12 and older in Genesee County.²⁴ The crude rate for Genesee County is 623.5 admissions per 100,000 people and the rate for New York State excluding New York City is 514.0 per 100,000.²⁴ These rates and the rates in Figure 16 are likely an underrepresentation of the number of treatment admissions, as this data only includes patients within OASAS-certified treatment systems and does not represent patients who go outside NYS for treatment, are treated by physicians outside the OASAS system, or are treated by the U.S. Department of Veterans Affairs (VA).²⁴ The zip codes which have the highest rates of treatment admissions in Genesee County are 14020 (Batavia), 14013 (Basom/Alabama), 14422 (Byron), and 14416 (Bergen), at 966.6 admissions per 100,000 people, 931.2 per 100,000, 804.2 per 100,000, and 639.9 per 100,000, respectively.²⁴

Figure 16: Admissions to OASAS-certified Substance Use Disorder Treatment Programs for any Opioid, crude rate per 100,000 population aged 12 and older by Zip Code in Genesee County, 2021²⁴; adapted from the New York State Opioid Data Dashboard



Zip Code	Admissions	Crude Rate
14005	0	0.0*
14013	13	931.2
14020	189	966.6
14036	6	138.2*
14040	s	s
14054	s	s
14058	s	s
14125	9	282.1*
14143	s	s
14416	21	639.9
14422	17	804.2
14482	46	597.7
14525	9	369.6*

Note: s: data does not meet reporting criteria; *: fewer than 10 events, rate may be unstable

Conclusions and Recommendations

Based on the analyses and findings within this appendix, there is a lack of health equity on varying levels demonstrated within Genesee County. There were common and recurring themes found upon disaggregating the county-level data down to MCD, townships, zip codes, and school districts among indicators relating to the social and structural determinants of health. There are many disparities within these indicators particularly among racial and ethnic minorities and those within the Tonawanda Seneca Nation. Populations who identified as a racial or ethnic minority were less likely to have health insurance compared to their counterparts who identified as White within the county, particularly within the Town of Elba and City of Batavia.⁹ There is also a stark disparity in poverty rates among populations identifying as racial and ethnic minorities compared to populations identifying as White, as the highest percentages of residents in poverty within Genesee County are of a racial or ethnic minority.²² All of these can lead to disparities in health outcomes between racial and ethnic minority populations compared to White populations.

There are also many notable disparities among populations living in the Tonawanda Seneca Nation compared to Genesee County as a whole. As mentioned, 9.4% of this population does not have health insurance compared with 3.2% of Genesee County residents⁵; 33.2% of this population are Medicaid beneficiaries compared with 13.9% of Genesee County residents¹²; 11.64% of this population reports speaking English “less than very well” compared with 1.1% of Genesee County residents¹⁴; 27.2% of this population is living in poverty compared with 10.4% of Genesee County residents.²² All of these lead to disparities in health outcomes for populations living in the Tonawanda Seneca Nation compared with Genesee County, most notably, a disparity in the premature death rate.¹⁹ Populations in the Tonawanda Seneca Nation have a premature death rate (51.6%) that is more than double the Genesee County average (22.0%), which is likely contributed to by the disparities within the social and structural determinants of health.¹⁹

To work towards improving these health disparities, Genesee County is encouraged to establish a Health Equity Coalition, or Work Group, to create an effective, evidence-based, sustainable, replicable, and scalable plan to address health equity. Additional recommendations could be to consider forming a strong and trusting relationship with tribal leadership and to consider creating health-related documents, such as brochures, flyers, press releases, social media posts, etc. in additional languages other than English. The Rural Health Information Hub has many evidence-based toolkits designed for rural community health, which may serve as a beneficial resource:

[Evidence-Based Toolkits for Rural Community Health - Rural Health Information Hub, specifically the Rural Community Health Toolkit, Rural Health Networks and Coalitions Toolkit, and Health Equity Toolkit.](#)

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Appendix Q: Subdivided County Health Data- Orleans

Subdivided Orleans County Health Data by
Township, Minor Civil Division and Zip Code



Data Analysis of Subdivided Data for Orleans County

In addition to the information provided in the Genesee, Orleans, and Wyoming (GOW) Counties 2022-2024 Community Health Assessment (CHA), this report details various analyses of sub-county health-related data from Orleans County. The primary goal of this additional assessment is to observe subdivided health indicators for the county, as well as to identify gaps and potential health disparities in our community. There is great advantage to this level of analysis as it portrays a more comprehensive picture of the health and health outcomes of our communities, as well as highlights areas for improvement.

Methodologies

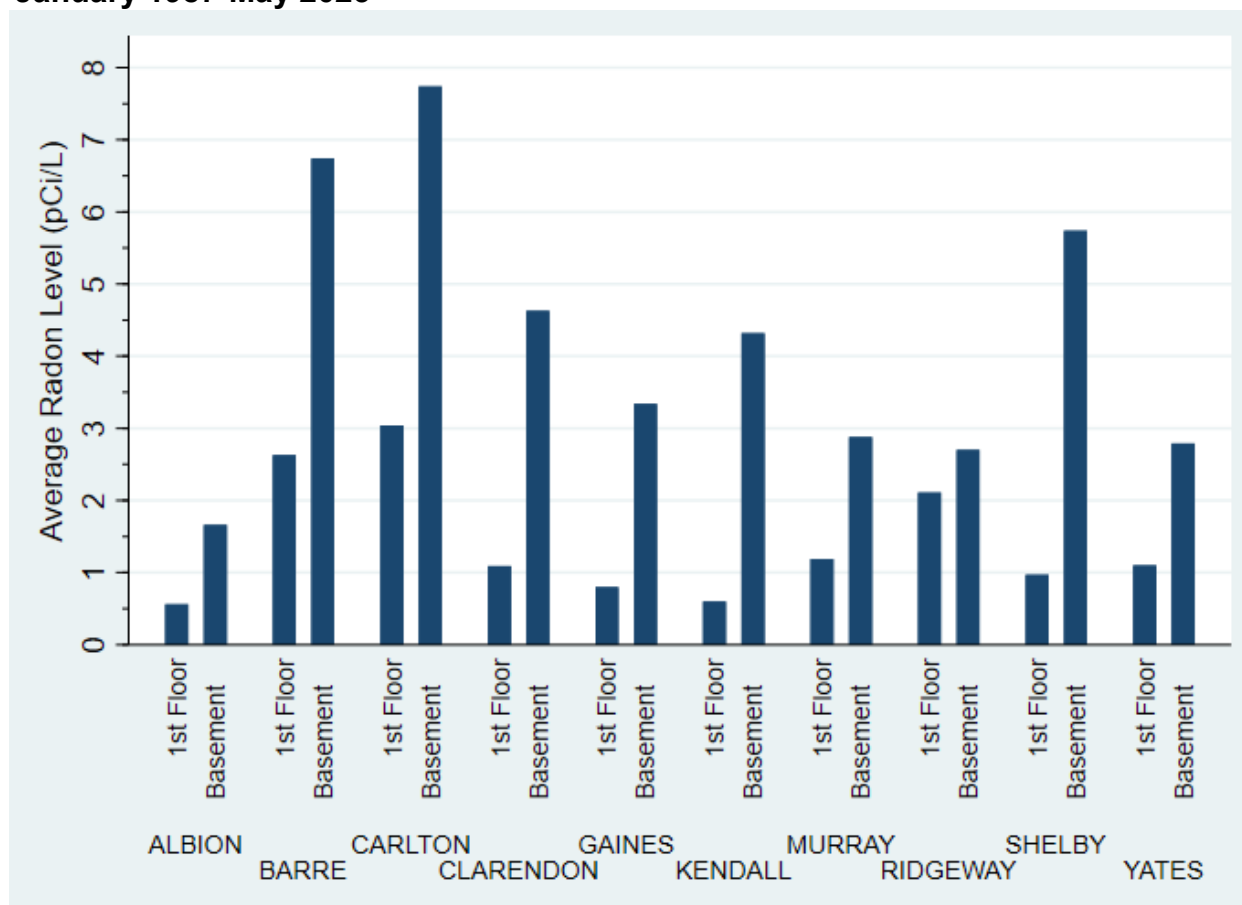
The United States (U.S) Census defines Minor Civil Division (MCD) as the legally defined and primary subdivisions of a county.¹ For this report, the majority of MCDs are represented by townships. Throughout this report, many of the figures correspond with the prior table within the section to more thoroughly and effectively convey the health indicator(s) of interest. Data research and review included data from the New York State Department of Health Prevention Agenda Dashboard, 2020 or 2021 American Community Survey 5-Year Estimates, the 2020 U.S. Decennial Census, the New York State Department of Health, and New York State Vital Statistics Data. Data analysis was performed using Microsoft Excel and Stata.

Sub County Health-Related Data from Orleans County

Radon Exposure

Radon exposure is the second leading cause of lung cancer, second only to smoking, and radon is the leading cause of lung cancer among people who are non-smokers.² The Environmental Protection Agency (EPA) and the New York State Department of Health (NYSDOH) define a “high average indoor radon screening level” as a radon level higher than 4 pCi/L, or picocuries per liter.^{2,3} When compared to Genesee County, Orleans County does not have as high an average indoor radon screening level.⁴ Subdividing this county-level data is crucial to be able to observe any designated areas within the county that have indoor radon screening levels above the hazardous 4 pCi/L.⁴ This information will help to focus and refine radon screening measures and risk education efforts for these communities. Figure 1, below, demonstrates radon screening data at the county level broken down by township in the county from 1987-May 2023.⁴ This figure shows that the highest average radon levels were identified are the Towns of Carlton and Barre, and in general, the highest radon levels are found in the basements of homes.⁴

Figure 1: Average Radon Level by Town from Homes Tested in Orleans County, January 1987-May 2023⁴



Health Insurance Coverage

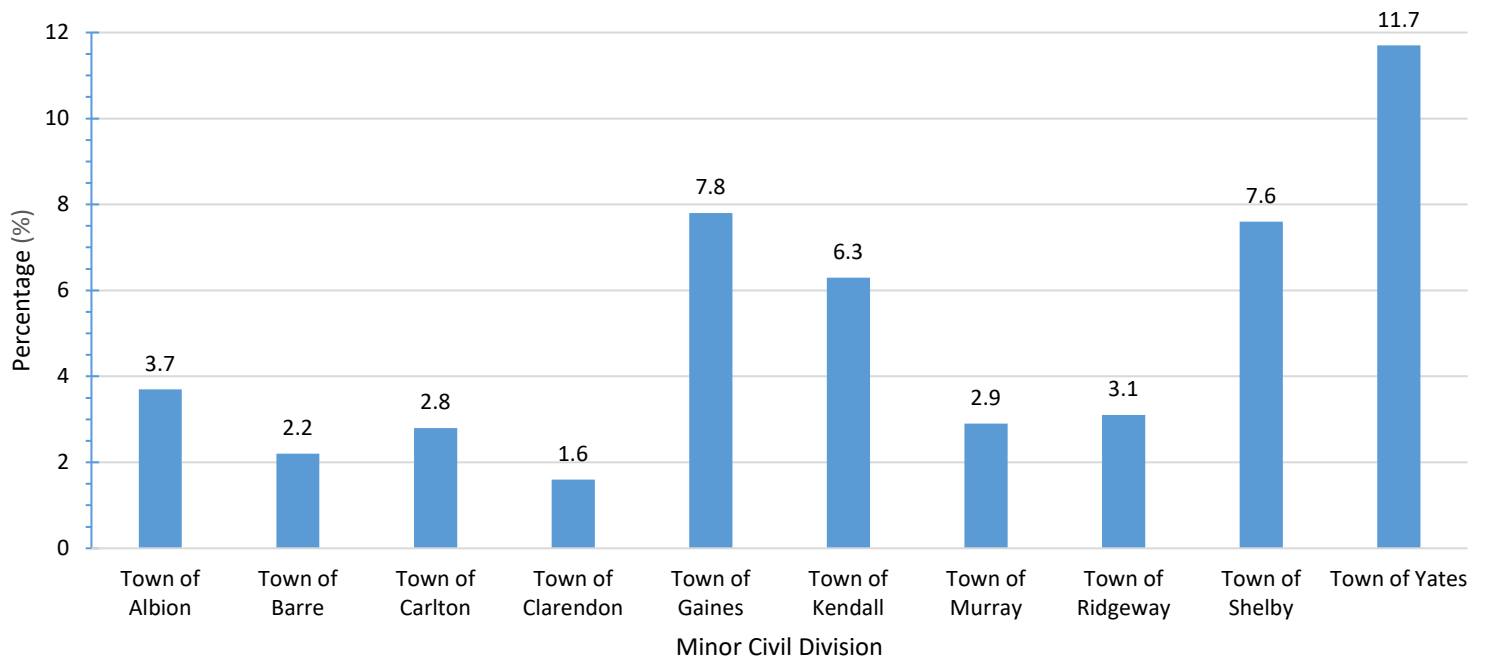
As demonstrated in Table 9 of the Orleans County Community Profile subsection of the CHA on page 73, 5.0% of Orleans County residents do not have health insurance.

According to Table 1 and Figure 2 in this appendix, the towns with the highest percentage of residents who lack health insurance are the Towns of Yates (11.7%), Gaines (7.8%), and Shelby (7.6%).⁵ The Town of Kendall also has an uninsured resident percentage above the Orleans County average, at 6.8%.⁵ A lack of health insurance coverage is one of the major factors that impact the ability of residents to access quality healthcare.⁶

Table 1: Estimates of Health Insurance Coverage by Town in Orleans County, NY⁵

Location	Total Civilian Non- Institutionalized Population	Total Insured	Insured (%)	Total Uninsured	Uninsured (%)
Town of Albion	5,586	5,381	96.3	205	3.7
Town of Barre	1,944	1,901	97.8	43	2.2
Town of Carlton	2,842	2,763	97.2	79	2.8
Town of Clarendon	3,325	3,271	98.4	54	1.6
Town of Gaines	3,201	2,951	92.2	250	7.8
Town of Kendall	2,608	2,443	93.7	165	6.3
Town of Murray	4,776	4,637	97.1	139	2.9
Town of Ridgeway	6,515	6,314	96.9	201	3.1
Town of Shelby	4,817	4,452	92.4	365	7.6
Town of Yates	2,435	2,151	88.3	284	11.7

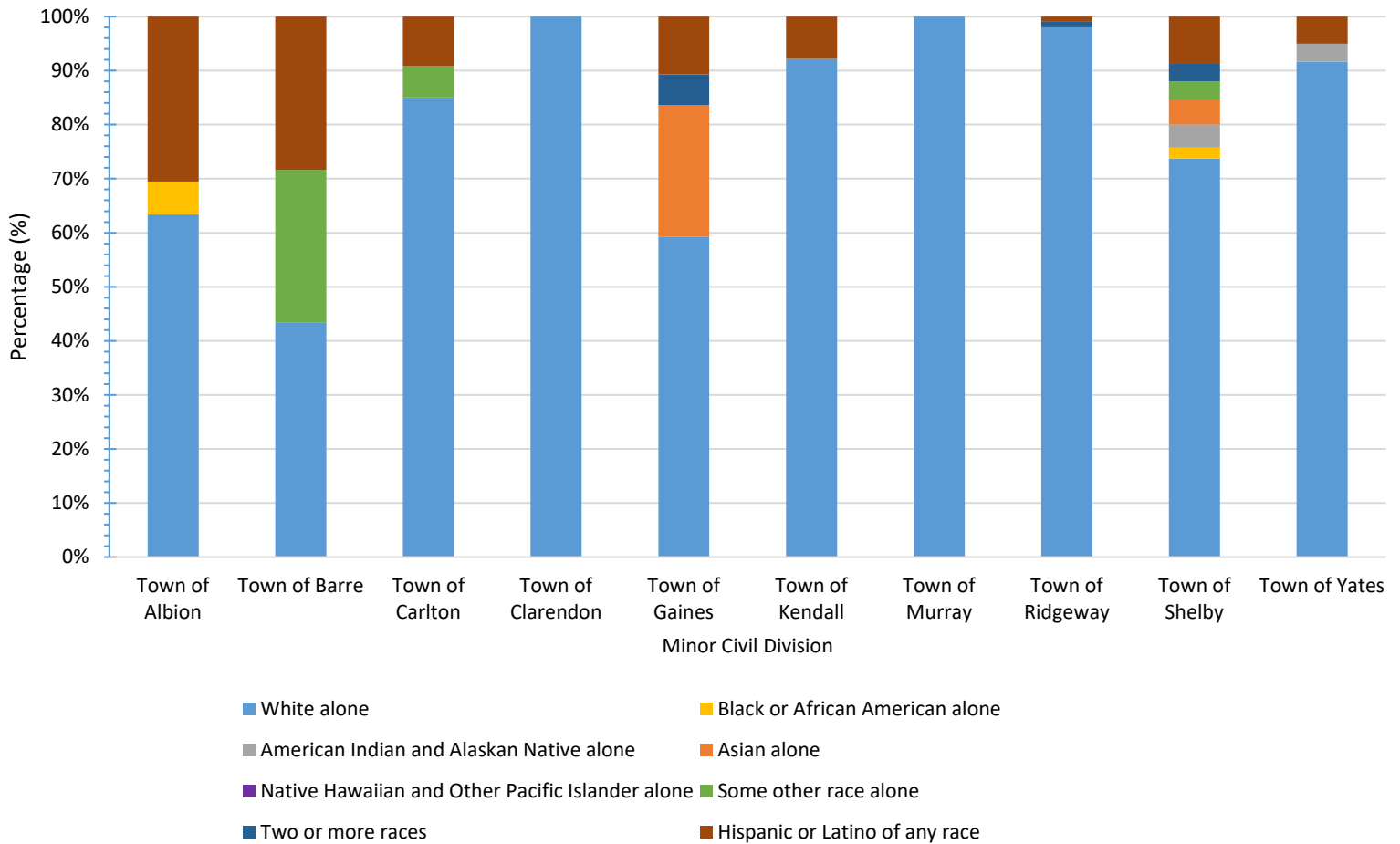
Figure 2: Estimated Percentage of Uninsured Orleans County Residents by Town, January 2017-December 2021⁵



Health Insurance Coverage by Race & Ethnicity

Structural determinants of health influence how equitably the necessary resources required for quality health and healthcare are distributed according to socially defined groups of people, including, but not limited to race, gender, socioeconomic status, and sexual identity.⁷ A structural determinant of health that is often analyzed in the field of public health is race and ethnicity.⁷ Examining these factors, while also considering the historical and present contexts surrounding racism and discrimination in this country, keeps public health professionals well-informed on the health status of marginalized groups and how to work towards health equity.⁸ Figure 3, below, demonstrates the estimated percentage of residents in Orleans County who do not have health insurance coverage by town, based on racial and ethnic classifications from the American Community Survey and the 2020 U.S. Census.⁹ The majority of Orleans County residents identified as White, which resulted in the White population representing the majority of people experiencing a lack of health insurance coverage in the county.⁹ However, based on this figure, there are populations of other races and ethnicities, particularly those who identified as Hispanic or Latino and Some Other Race, who are experiencing a lack of health insurance.⁹ Based on Figure 3, other notable findings include: in the Town of Albion, 70.3% of those who identify as Hispanic or Latino are uninsured; in the Town of Barre, 100% of those who identify as Some Other Race are uninsured and 48.6% of those who identify as Hispanic or Latino are uninsured; in the Town of Gaines, 97.1% of those who identify as Asian are uninsured and 88.9% of those who identify as Two or More Races are uninsured; and in the Town of Shelby, 47.2% of those who identify as American Indian and Alaskan Native are uninsured.⁹

Figure 3: Estimates of the Percentage of Uninsured Orleans County Residents by Race, Ethnicity, and Town, January 2017-December 2021⁹



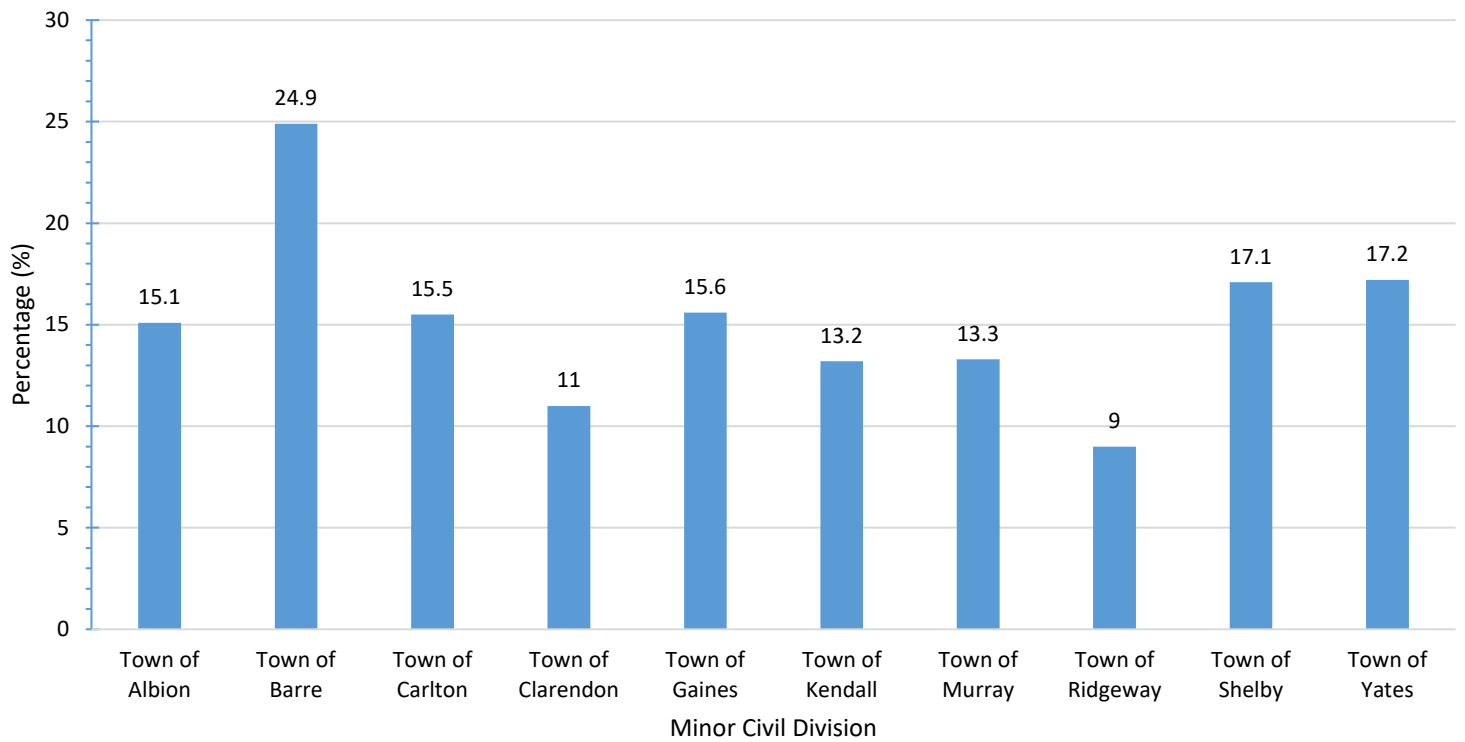
Medicaid Coverage

As of May 2023, 41 states, including New York, have elected to expand the Medicaid program.¹⁰ Medicaid provides health-related services to low income populations, including low-income children, low-income elderly populations, and low-income people with disabilities.¹¹ Medicaid coverage allows populations who otherwise may not have access to health insurance due to financial reasons to be covered and have the ability to access healthcare.¹¹ From January 2017 to December 2021, the allocation of Medicaid for Orleans County residents was 5,438 out of 38,049 people, or 14.3% of the county population.¹² According to Table 2 and Figure 4, the Town of Barre has the highest percentage of Medicaid allocation, at 24.9% of the town population.¹² Additionally, the Towns of Albion, Carlton, Gaines, Shelby, and Yates had percentages greater than or equal to the Orleans County average.¹²

Table 2: Allocation of Medicaid/Public Coverage by Town in Orleans County¹²

Location	Total Civilian Non-Institutionalized Population	Allocated	Allocated (%)	Not Allocated	Not-Allocated (%)
Town of Albion	5,586	843	15.1	4,743	84.9
Town of Barre	1,944	485	24.9	1,459	75.1
Town of Carlton	2,842	440	15.5	2,402	84.5
Town of Clarendon	3,325	367	11.0	2,958	89.0
Town of Gaines	3,201	498	15.6	2,703	84.4
Town of Kendall	2,608	344	13.2	2,264	86.8
Town of Murray	4,776	637	13.3	4,139	86.7
Town of Ridgeway	6,515	584	9.0	5,931	91.0
Town of Shelby	4,817	822	17.1	3,995	82.9
Town of Yates	2,435	418	17.2	2,017	82.8

Figure 4: Estimated Percentage of Medicaid Allocation to Residents of Orleans County by Town, January 2017-December 2021¹²



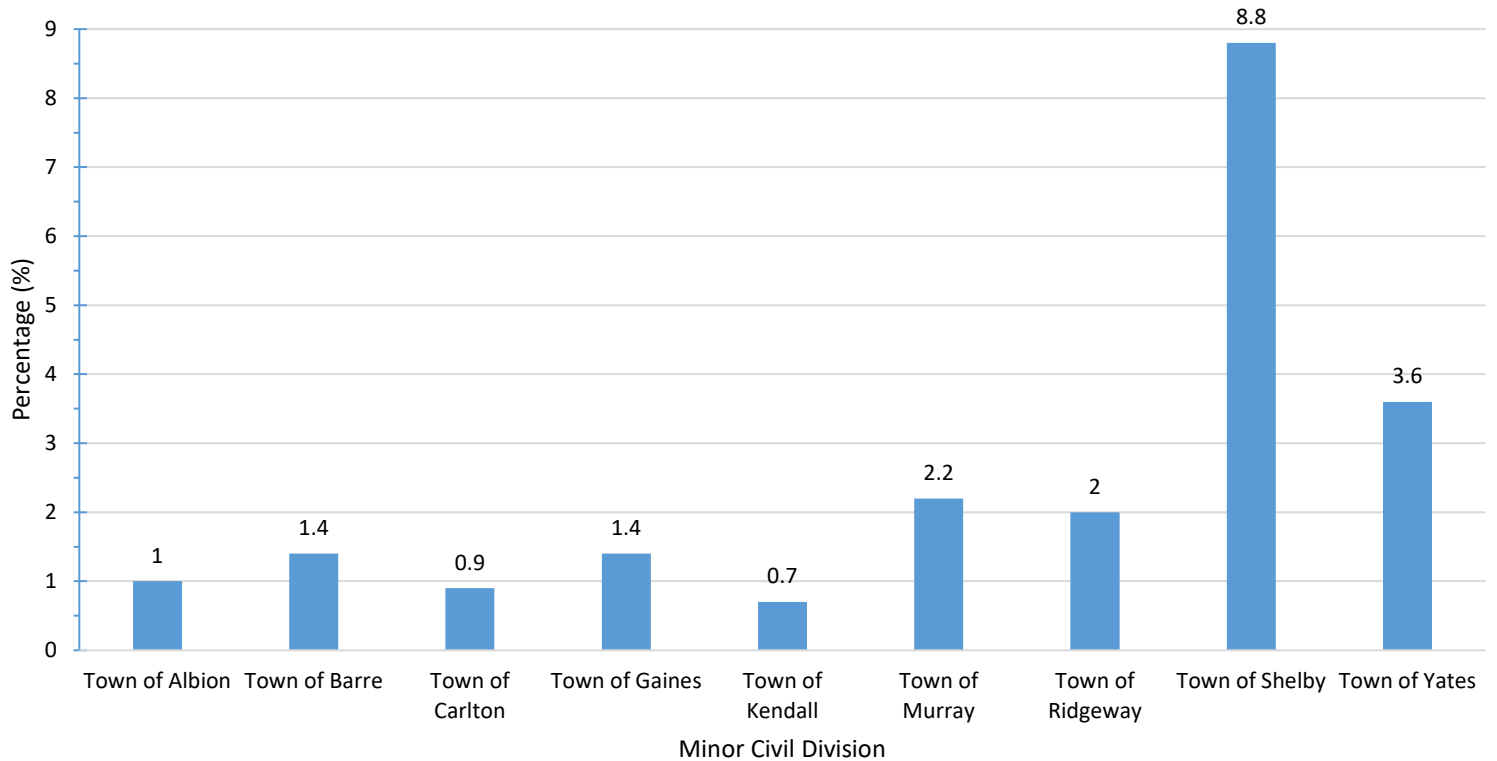
Spoken Languages

As mentioned in the CHA on page 14, English proficiency influences educational attainment, employment opportunities, access to healthcare, and the ability to effectively communicate with providers.¹³ Speaking English “less than very well” can often be a barrier to quality care due to lower health literacy and limited ability to communicate with a provider.¹³ From January 2016-December 2020, the percent of Orleans County residents age 5 years and older who report speaking English “less than very well” is 2.4% (914/38,600).¹⁴ As demonstrated in Table 3 and Figure 5 below, the majority of Orleans County residents report speaking English only or speaking the language “very well”, but it is important to note there are still populations who report speaking English “less than very well.”¹⁴ Within Orleans County, the Town of Shelby has the highest percentage of residents who report speaking English “less than very well”, at 8.8%.¹⁴ The Town of Yates also reports a percentage higher than the Orleans County average, at 3.6%.¹⁴

Table 3: Estimates of Language Spoken at Home by Town in Orleans County for Populations 5 Years and Older, January 2017-December 2021¹⁴

Location	Total Population 5 Years and Older	Speak English only or speak English ‘very well’	Speak English only or very well (%)	Speak English less than “very well”	Speak English less than very well (%)
Town of Albion	7,882	7,800	99.0	82	1.0
Town of Barre	1,845	1,819	98.6	26	1.4
Town of Carlton	2,719	2,694	99.1	25	0.9
Town of Clarendon	3,019	3,019	100.0	0	0.0
Town of Gaines	3,111	3,067	98.6	44	1.4
Town of Kendall	2,420	2,403	99.3	17	0.7
Town of Murray	4,432	4,333	97.8	99	2.2
Town of Ridgeway	6,134	6,013	98.0	121	2.0
Town of Shelby	4,743	4,326	91.2	417	8.8
Town of Yates	2,295	2,212	96.4	83	3.6

Figure 5: Estimated Percentage of Orleans County Residents Aged 5 Years and Older Who Speak English 'Less Than Very Well' by Town, January 2017-December 2021¹⁴



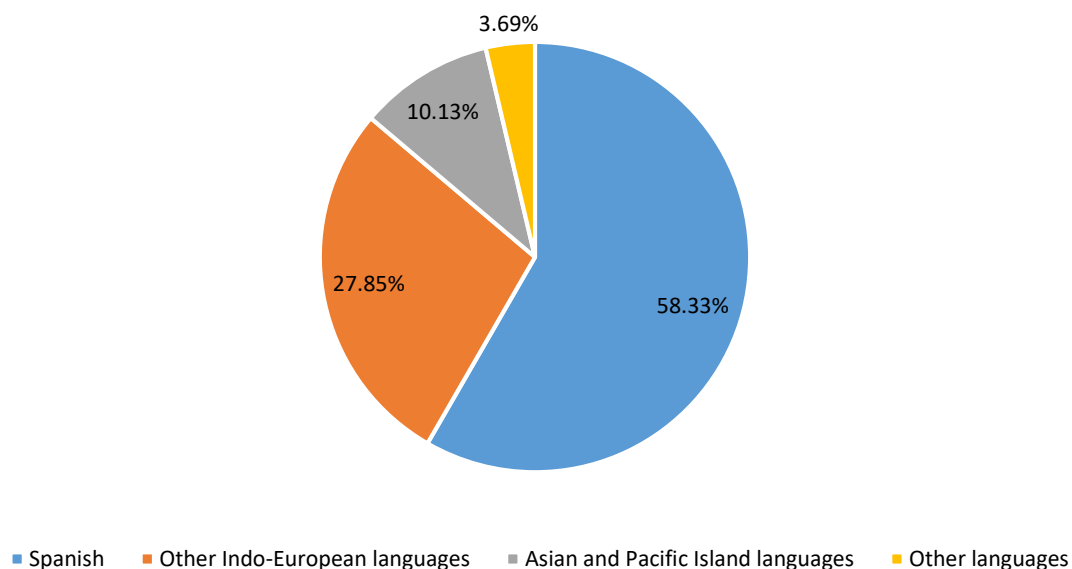
Note: The Town of Clarendon was omitted due to its percentage value of 0%.¹⁴

Table 4, below, demonstrates the crude numbers of Orleans County residents who speak a language other than English at home, as well as the four category broad language classification groups per the U.S. Census and the American Community Survey.¹⁴ Figure 6, below, demonstrates the percentages of the types of languages spoken by people who reported they speak a language other than English.¹⁴ The majority of people who reported speaking English “less than very well” speak Spanish (58.33%), followed by other Indo-European languages at 27.85%, Asian and Pacific Island languages at 10.13% and other languages at 3.69%.¹⁴

Table 4: Estimates of the Numbers of Residents 5 Years and Older who Speak Languages other than English at Home by Residents in Orleans County, January 2017-December¹⁴

Location	Total Population 5 Years and Older	Speak a Language Other Than English			
		2,359			
		Spanish	Other Indo-European languages	Asian and Pacific Island languages	Other languages
Orleans County	38,600	1,376	657	239	87

Figure 6: Estimates of Number of Residents who Speak Languages Other than English at Home in Orleans County, January 2017-December 2021¹⁴



The broad four-group language classification can be divided into the forty-two language group classification with examples.¹⁵ Based on this expanded language classification, languages included under the categorization of 'other Indo-European languages' include: French (including Cajun), Haitian, Italian, Portuguese, German, Yiddish, Pennsylvania Dutch or other West Germanic languages, Greek, Russian, Polish, Serbo-Croatian languages (including Bosnian, Croatian, and Serbian), Ukrainian or other Slavic languages (including Bulgarian, Czech, and Ukrainian), Armenian, Persian (including Farsi and Dari), Gujarati, Hindi, Urdu, Punjabi, Bengali, Nepali, Marathi, or other Indic languages (including Konkani), other Indo-European languages (including Albanian, Lithuanian, Pashto, Romanian, and Swedish), Telugu, Tamil, and Malayalam, Kannada, or other Dravidian languages.¹⁵

Languages included under the categorization of 'Asian and Pacific Island languages' includes: Chinese, including Mandarin Chinese, Min Nan Chinese (including Taiwanese), Yue Chinese (including Cantonese), Japanese, Korean, Hmong, Vietnamese, Khmer, including Central Khmer (Cambodian), Thai, Lao, or other Tai-Kadai languages, other languages of Asia (including Burmese, Karen, Turkish, and Uzbek), Tagalog (including Filipino), Ilocano, Samoan, Hawaiian, or other Austronesian languages (including Cebuano (Bisayan), Hawaiian, Iloko (Ilocano), Indonesian, and Samoan).¹⁵

Languages included under the categorization of 'all other languages' includes: Navajo, other Native languages of North America, including Apache languages, Cherokee, Lakota, Tohono O'odham, and Yupik languages, Arabic, Hebrew, Amharic, Somali, or other Afro-Asiatic languages, including Amharic, Chaldean Neo-Aramaic, Somali, and Tigrinya, Yoruba, Twi, Igbo, and other languages of Western Africa, including Akan (including Twi), Igbo (Ibo), Wolof, and Yoruba, Swahili or other languages of Central, Eastern, and Southern Africa, including Ganda, Kinyarwanda, Lingala, and Swahili, and other and unspecified languages, including Hungarian, Jamaican Creole, and English unspecified.¹⁵

Perinatal Data

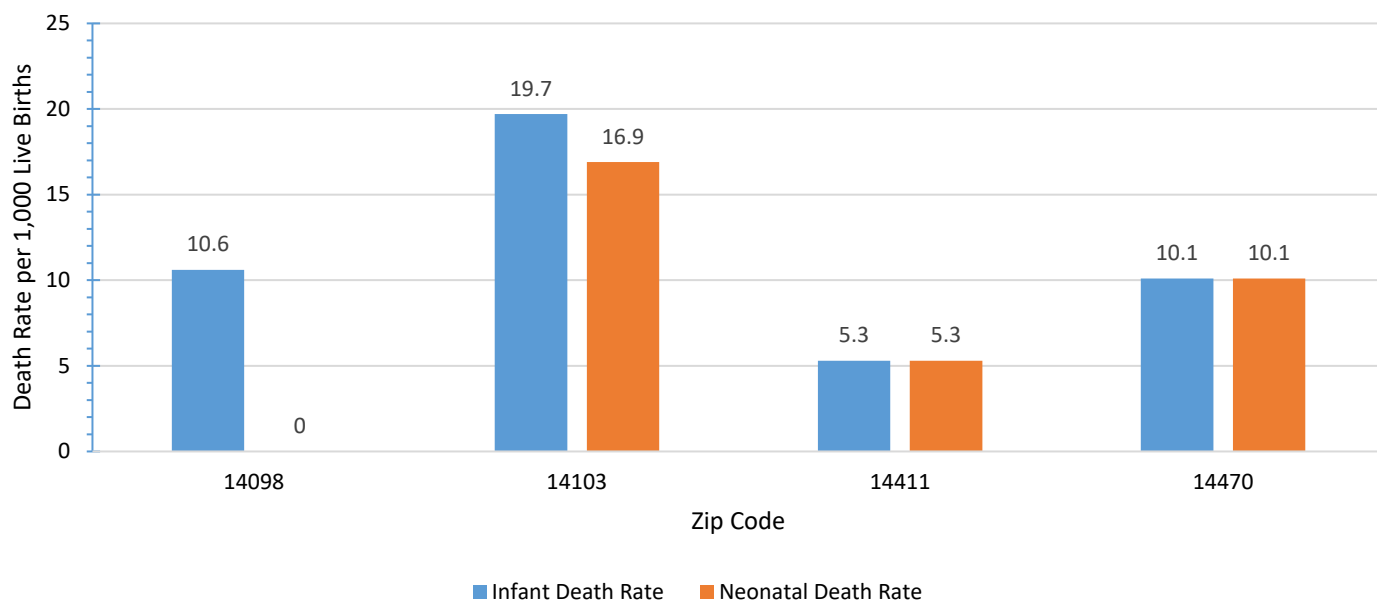
Perinatal refers to the time period around 22 weeks gestation and approximately 28 days after birth.¹⁶ Both prenatal and perinatal care are important to prevent pregnancy complications in the mother and baby.¹⁷ Table 5, below, shows the number of births by zip code in Orleans County in the three-year period (2018-2020).¹⁸ Based on this table, zip codes 14411 (Albion), 14103 (Medina), and 14470 (Holley), had the highest crude number of births in the three-year period, at 376, 355, and 198, respectively.¹⁸

Table 5: Total Three-Year Births by Zip Code in Orleans County 2018-2020¹⁸

Zip Code	Total Three-Year Births
14098	94
14103	355
14411	376
14470	198
14476	42
14477	40
14571	35
Total	1,141

Infant and Neonatal Death

Figure 7: Infant and Neonatal Death Rate per 1,000 Live Births by Zip Code in Orleans County, 2018-2020¹⁸



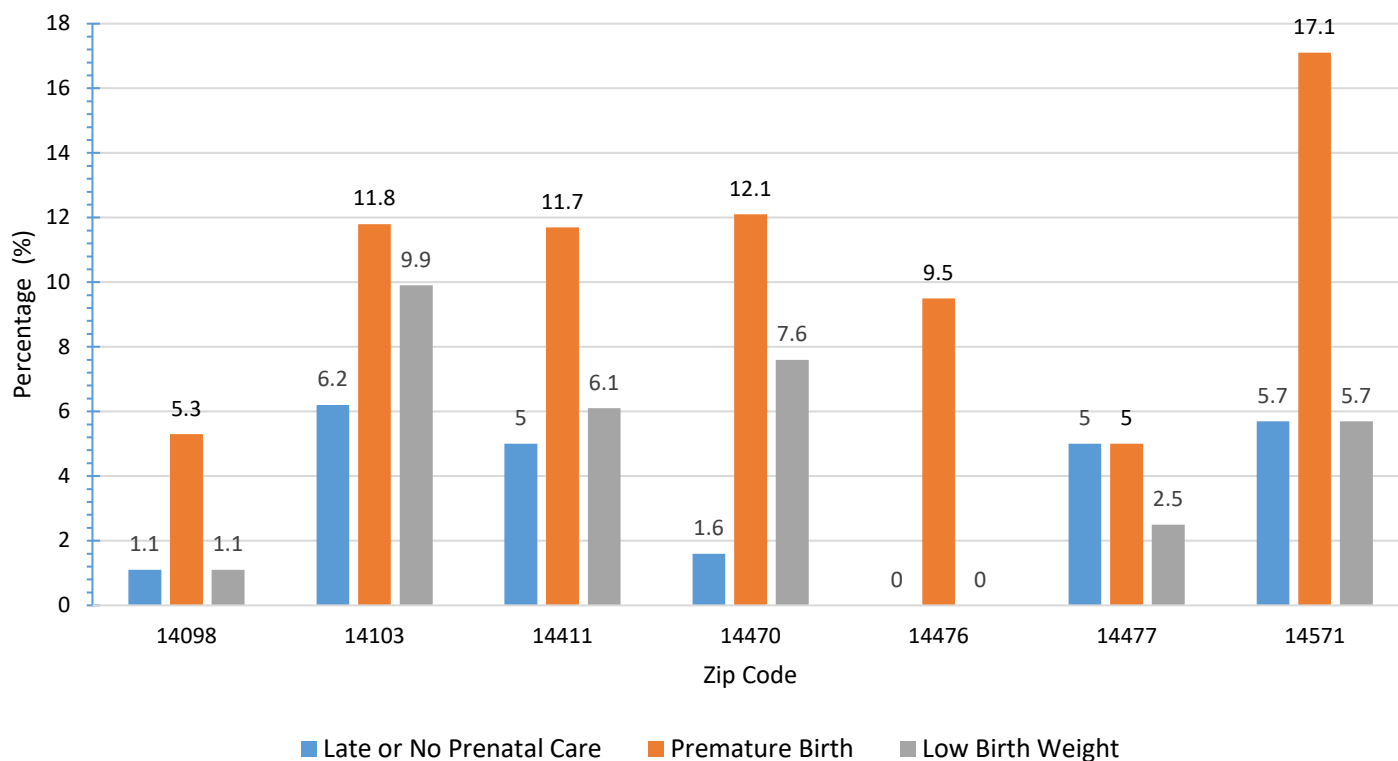
Note: Zip Codes 14476, 14477, and 14571 were omitted due to having both infant death rates and neonatal death rates of 0.¹⁸

Figure 7, above, demonstrates the infant and neonatal death rate per 1,000 live births by zip code, and several zip codes have been omitted due to their zero values for both indicators.¹⁸ Infant deaths refer to deaths that have occurred in an individual less than 12 months of age and the infant death rate refers to the number of infant deaths per 1,000 live births.¹⁸ Based on this figure, zip code 14103 (Medina) had the highest infant death rate in the county, at 19.7 deaths per 1,000 live births.¹⁸ The Orleans County average was 10.5 deaths per 1,000 live births.¹⁸ Neonatal deaths refer to the death of an infant less than 28 days of age and the neonatal death rate is the number of neonatal deaths per 1,000 live births.¹⁸ The zip code 14103 (Medina) had the highest neonatal death rate in the county, at 16.9 deaths per 1,000 live births.¹⁸ The Orleans County average was 8.8 deaths per 1,000 live births.¹⁸

Late or No Prenatal Care, Premature Birth, and Low Birth Weight

Figure 8, below, demonstrates the percentage of births by zip code in Orleans County which had late or no prenatal care, the percentage of births which were premature, and the percentage of births which had a low birth weight.¹⁸ Late or no prenatal care refers to when prenatal care was initiated during the third trimester of pregnancy or not at all.¹⁸ Based on the figure, the zip codes 14103 (Medina) and 14571 (Waterport) had the highest percentage of late or no prenatal care, at 6.2% and 5.7%, respectively.¹⁸ The Orleans County average was 4.3%.¹⁸ Premature birth refers to births that occurred prior to 37 weeks gestation.¹⁸ The zip code 14571 (Waterport) had the highest percentage of premature births, at 17.1%, and the Orleans County average was 11.1%.¹⁸ Low birth weight refers to births weighing 100-2499 grams, or less than 5 pounds and 8 ounces.¹⁸ The zip code 14103 (Medina) had the highest percentage of births which have a low birth weight, at 9.9, and the Orleans County average was 6.7%.¹⁸

Figure 8: Percentage of Births which had Late or No Prenatal Care, Premature Birth, & Low Birth Weight by Zip Code in Orleans County, 2018-2020¹⁸

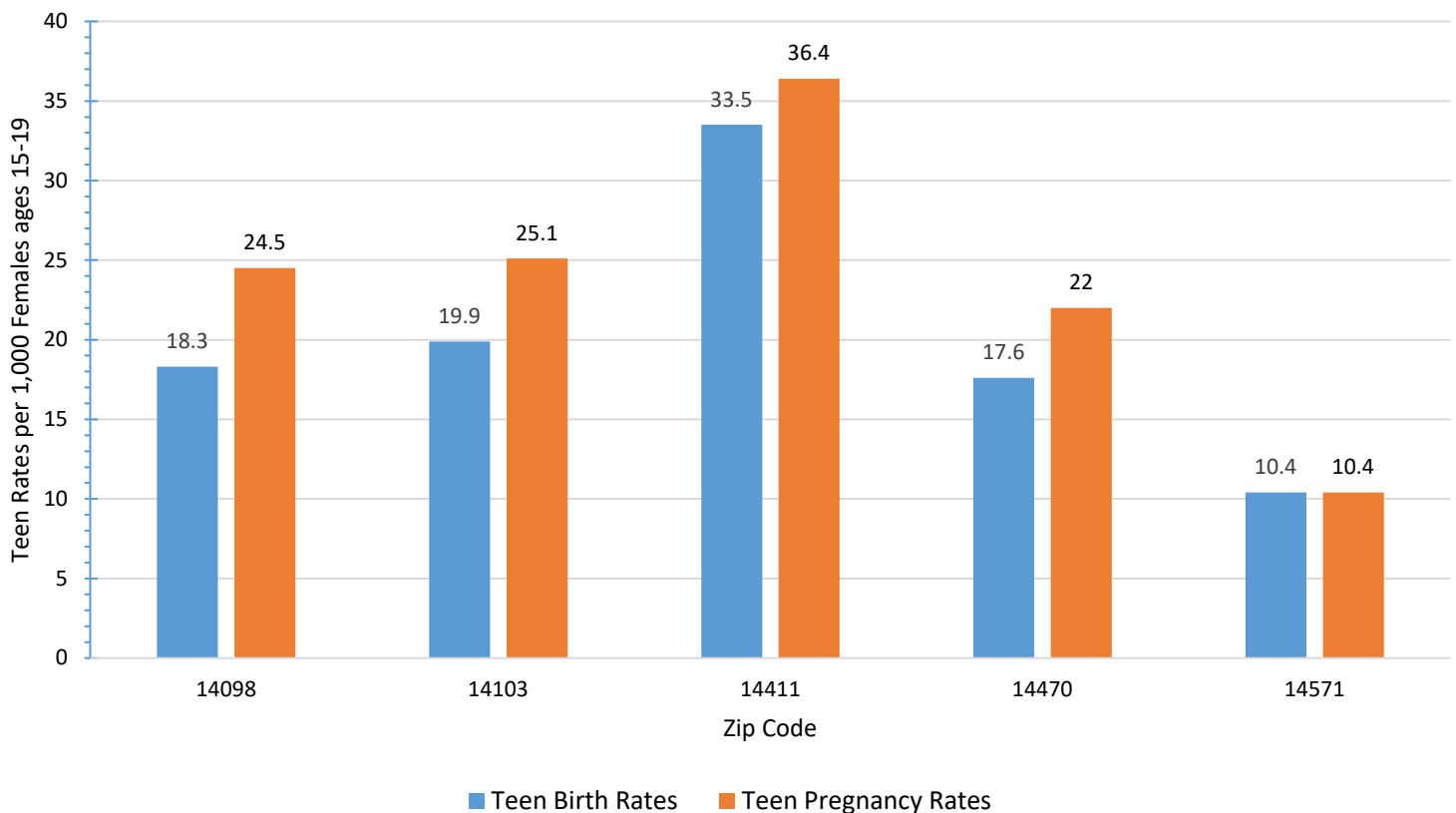


Teen Birth and Pregnancy Rates

Figure 9, below, demonstrates both teen birth and teen pregnancy rates by zip code in Orleans County.¹⁸ The teen birth rate refers to the number of births to females aged 15-19 per 1,000 population.¹⁸ Based on this figure, zip code 14411 (Albion) had the highest teen birth rate in the county, at 33.5 births per 1,000 females ages 15-19.¹⁸ The Orleans County average teen birth rate was 21.1 births per 1,000 females ages 15-19.¹⁸ The teen pregnancy rate refers to the number of pregnancies, including births, medical abortion, and spontaneous fetal death, among females ages 15-19 per 1,000 females ages 15-19.¹⁸ Based on Figure 9, zip code 14411 (Albion) had the highest teen pregnancy rates in the county, 36.4 pregnancies per 1,000 females ages 15-19.¹⁸

Note: Zip codes 14476 and 14477 were omitted due to their teen birth and pregnancy

Figure 9: Teen Birth and Pregnancy Rate per 1,000 Females ages 15-19 by Zip Code in Orleans County, 2018-2020¹⁸

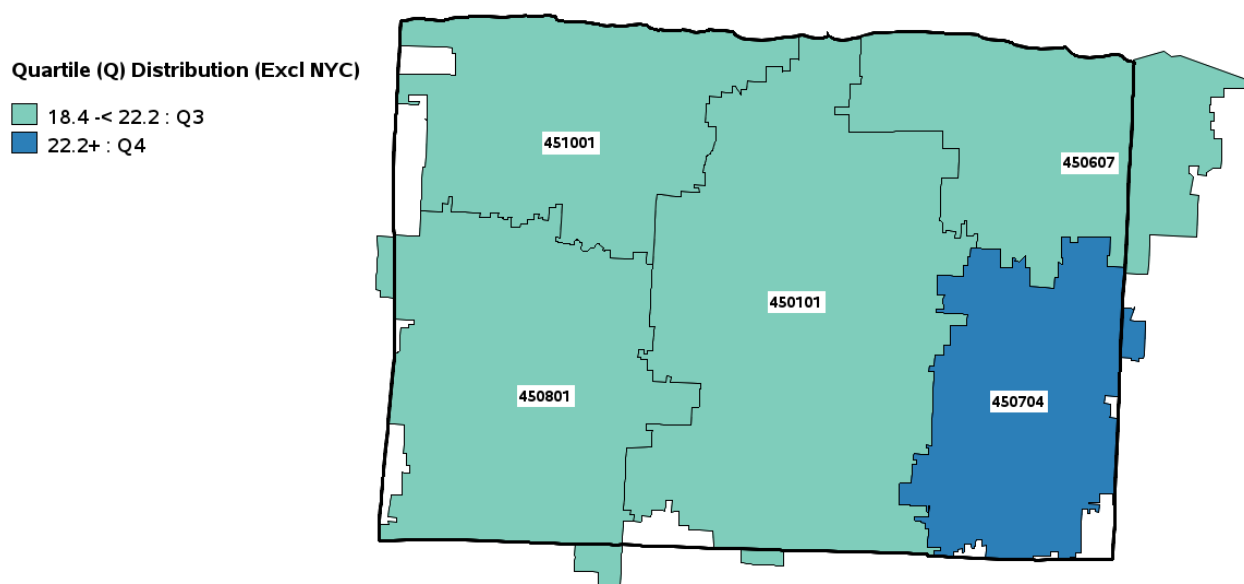


rates of 0.¹⁸

Childhood Obesity

The percentage of children and adolescents who are obese in Orleans County is 21.6%, whereas the percentage in New York State (excluding New York City) is 17.3%.¹⁹ Figure 10 demonstrates the quartile percentage distribution of obese students by school district in the county.¹⁹ Based on this figure, Holley Central School District has the highest percentage of obese children and adolescents at 27.9%.¹⁹

Figure 10: Percentage of Children and Adolescents with Obesity by School District in Orleans County, school years 2017-2019¹⁹; adapted from the New York State Prevention Agenda Dashboard

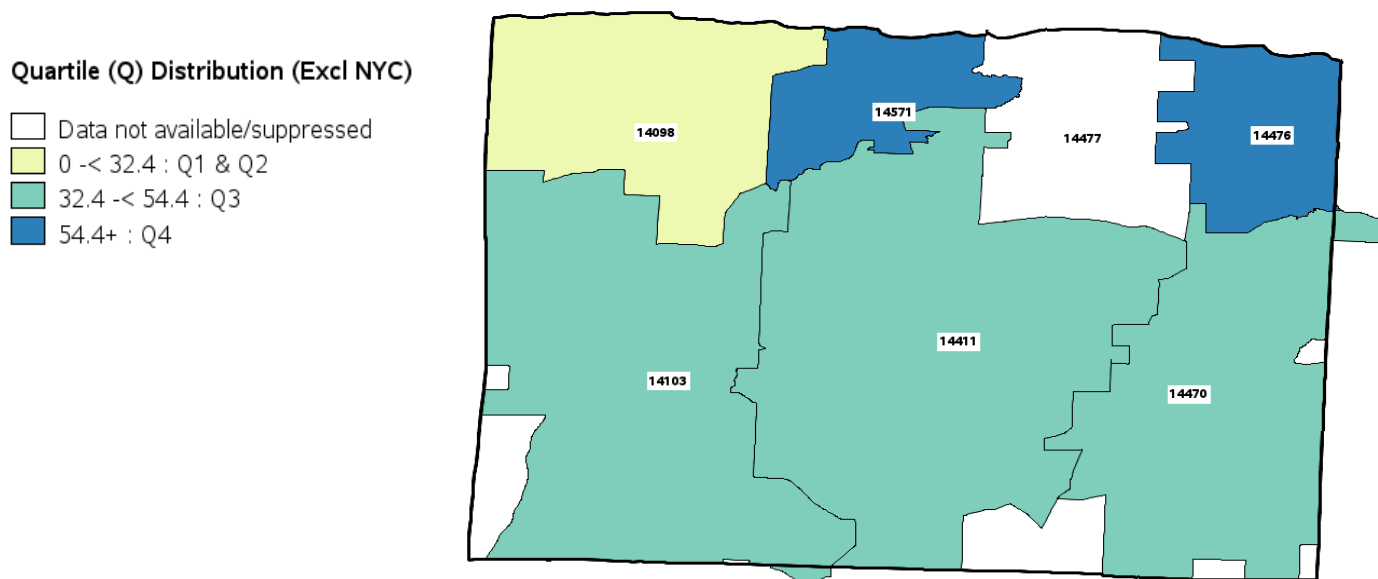


School District Code	School District Name	Number of Obese Students	Percentage (%)
450101	Albion Central School District	120	20.1
450704	Holley Central School District	112	27.9
450607	Kendall Central School District	52	20.7
451001	Lyndonville Central School District	27	19.1
450801	Medina Central School District	101	19.6

Child and Adolescent Emergency Department Visits

Rural communities, such as those within Orleans County face disproportionate gaps and barriers to healthcare access and utilization compared with their urban and suburban counterparts.²⁰ As previously mentioned in the CHA on pages 70-74, such barriers can include lack of quality health insurance, lack of healthcare providers in the area, lack of geographical accessibility to care accompanied with limited access to transportation, and language barriers. Due to these barriers, 21% of Orleans County residents only see their primary care provider when they are sick, based on the CHA survey data. This eliminates the utilization of their provider for preventive care. As a result, emergency department utilization increases for non-emergencies, particularly for patients without a primary care provider.²⁰ The rate for asthma emergency department (ED) visits in children and adolescents ages 0-17 in Orleans County is 48.3 visits per 10,000 and the rate for New York State excluding New York City is 52.2 per 10,000.¹⁹ Figure 11, below, shows the quartile rate distribution of asthma ED visits for children and adolescents ages 0-17 by zip code in the county.¹⁹ Based on this figure, zip codes 14571 (Waterport) and 14476 (Kendall) have the highest rates in the county, at 136.1 visits per 10,000 ages 0-17, and 58.8 per 10,000, respectively.¹⁹

Figure 11: Asthma Emergency Department Visit Rates per 10,000, ages 0-17 years by Zip Code in Orleans County, 2017-2020¹⁹; adapted from the New York State Prevention Agenda Dashboard



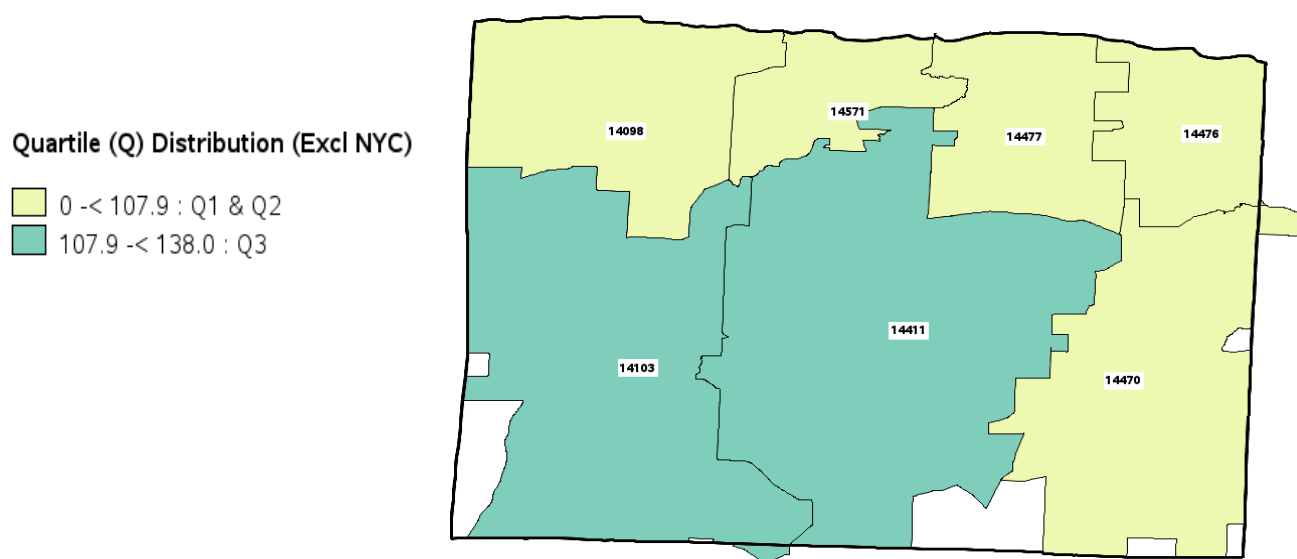
Zip Code	ED Visits	ED Visit Rate
14098	8	31.6*
14103	50	54.1
14411	41	41.9
14470	32	51.8
14476	9	58.8*
14477	s	s
14571	10	136.1

Note: s: data does not meet reporting criteria; *: fewer than 10 events, rate may be unstable.

Preventable Hospitalizations

The age-adjusted rate of preventable hospitalizations among adults in Orleans County is 98.9 per 10,000, and the rate for New York State (excluding New York City) is 115.1 hospitalizations per 10,000 adults.¹⁹ Figure 12, below, shows the quartile rate distribution of potentially preventable hospitalizations for adults by zip code in the county.¹⁹ Based on this figure, zip codes 14411 (Albion) and 14103 (Medina) have the highest rates of potentially preventable hospitalizations in the county, at 112.7 hospitalizations per 10,000 adults, and 110.0 per 10,000, respectively.¹⁹

Figure 12: Potentially Preventable Hospitalizations among Adults, age-adjusted rate per 10,000 by Zip Code in Orleans County, 2017-2020¹⁹; adapted from the New York State Prevention Agenda Dashboard

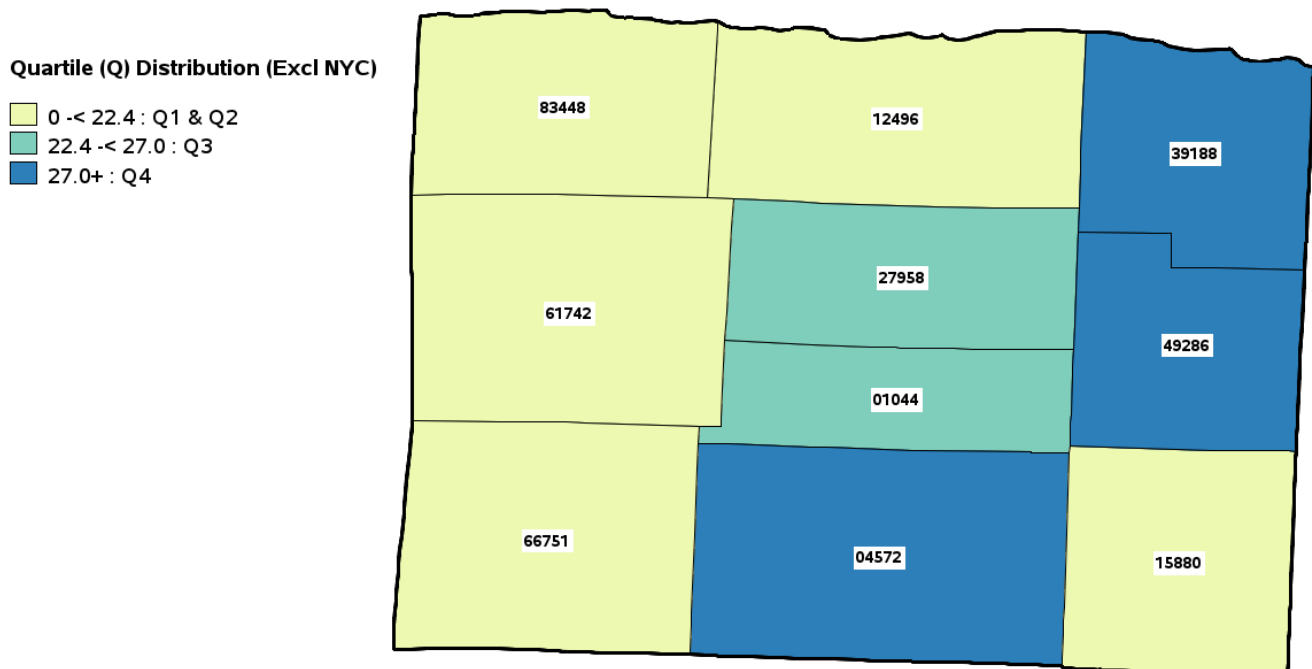


Zip Code	Hospitalizations	Age-Adjusted Rate
14098	82	82.7
14103	458	110.0
14411	577	112.7
14470	289	97.8
14476	64	76.0
14477	60	74.6
14571	43	81.2

Premature Deaths

The percentage of premature deaths, or deaths that occur before 65 years old, in Orleans County is 23.3%, and in New York State (excluding New York City), the percentage is 21.4%.¹⁹ Figure 13, below, shows quartile percentage distribution for the percentage of premature deaths by Minor Civil Division (MCD) in the county.¹⁹ Based on this figure, the MCDs that have the highest percentage of premature deaths in the county are the Town of Murray (35.9%), the Town of Barre (29.4%), and the Town of Kendall (27.2%).¹⁹

Figure 13: Percentage of Deaths that are Premature by Minor Civil Division in Orleans County, 2017-2020¹⁹; adapted from the New York State Prevention Agenda Dashboard



MCD Number	MCD Name	Deaths (Before 65 Years)	Percentage (%)
01044	Albion town	82	23.7
04572	Barre town	20	29.4
12496	Carlton town	24	21.4
15880	Clarendon town	32	21.9
27958	Gaines town	33	23.9
39188	Kendall town	25	27.2
49286	Murray town	55	35.9
61742	Ridgeway town	61	21.5
66751	Shelby town	63	17.9
83448	Yates town	21	22.1

Racial and Ethnic Disparities in Poverty Rates

Poverty in the U.S. is measured by how an individual or family income compares to the set threshold at the federal level.²¹ In 2021, that income threshold which designates poverty was an individual income below \$12,880 U.S. Dollars or for a family of four, an income below \$26,500 U.S. Dollars.²¹ People living in poverty often face limited access to resources necessary to maintain a high and healthy quality of life, including: safe, quality housing; healthy food; access to educational and employment opportunities; high quality health insurance; and reliable transportation.²¹ All of these factors, combined with additional barriers to accessing healthcare in a rural area such as Orleans County, can contribute to worse and disparate overall health outcomes for people living in poverty.²¹ There are many groups of people who face disproportionate poverty rates, including: racial and ethnic minority groups, people living in rural areas, and people with disabilities.²¹ In Orleans County, there is evidence of racial and ethnic minority groups facing higher poverty rates compared to their White counterparts, as well as differences in poverty rates by township.²² As per the 2020 U.S. Census and the 2021 American Community Survey, the estimated poverty rate in Orleans County is 5,298/37,929, or 14.0% of the county population.²² Table 6 and Figure 14, below, subdivide this poverty rate by town, and also by racial and ethnic classification.²²

Table 6 shows the numeric proportions of people living in poverty by town and by racial and ethnic classification.²² Interpretation of this table should be as follows: for example, there are 842 individuals who identified as White alone living in poverty within the Town of Albion out of 4,874 total individuals who identified as White alone within the Town of Albion.²² Since this value is a proportion, it can be written as a fraction (842/4,874), a decimal (0.173), or as a percentage (17.3%).²² Highlighted in this table is the degree of the rate of poverty: red represents a poverty rate of 100% for the racial or ethnic classification within that town, orange represents a poverty rate of 40%-99%, yellow represents a poverty rate of 20-39%, and blue represents a poverty rate of 15-19%.

Notable findings include a 100% poverty rate for individuals identifying as Some other race alone in the Town of Albion, a 100% poverty rate for individuals identifying as Asian alone in the Town of Barre, a 100% poverty rate for individuals identifying as Hispanic or Latino in the Town of Clarendon, and a 100% poverty rate for those identifying as Asian alone in the Town of Kendall.²²

Figure 14 demonstrates a visual of the proportion of people living in poverty as a decimal, based on the data from Table 6.²² Interpretation of this figure should be the same as for Table 6, described above.²² Of note, a proportion of 1.00 corresponds with a percentage of 100%. There are high poverty rates for racial and ethnic minority populations in the Town of Shelby in particular. Overall, in Orleans County, the poverty rates are much higher among populations who identify within a racial or ethnic minority group classification.²²

Table 6: Estimated Proportions of Orleans County Residents Living in Poverty by Race, Ethnicity, and Town, January 2017-December 2021²²

Location	White alone	Black or AA* alone	AI/AN** alone	Asian alone	Some other Race alone	Two or more races	Hispanic or Latino
Town of Albion	842/4,874	54/412	0/0	0/0	4/4	31/296	7/128
Town of Barre	391/1,843	6/38	0/12	2/2	0/17	3/22	0/27
Town of Carlton	204/2,656	9/102	0/15	0/0	11/39	0/20	3/23
Town of Clarendon	353/3,145	11/27	0/0	0/54	0/0	0/72	12/12
Town of Gaines	482/2,982	28/100	0/0	2/70	0/31	4/18	5/80
Town of Kendall	128/2,389	0/12	0/8	2/2	0/9	6/188	21/298
Town of Murray	419/4,204	26/114	0/3	0/16	224/287	0/136	320/612
Town of Ridgeway	622/5,796	17/367	0/0	0/84	0/0	35/268	2/143
Town of Shelby	405/3,971	71/167	0/36	0/58	386/400	52/112	412/505
Town of Yates	450/2,285	0/4	18/40	0/0	0/61	0/61	0/101
Total Below Poverty Level	4,296	222	18	6	625	131	782
Total Population	34,145	1,343	114	286	848	1,193	1,929

Notes: There were no residents of Native Hawaiian or Pacific Island descent reported in this category to the 2020 US Census or the 2021 American Community Survey in Orleans County.²²

*AA: African American

**AI/AN: American Indian or Alaskan Native

Key:

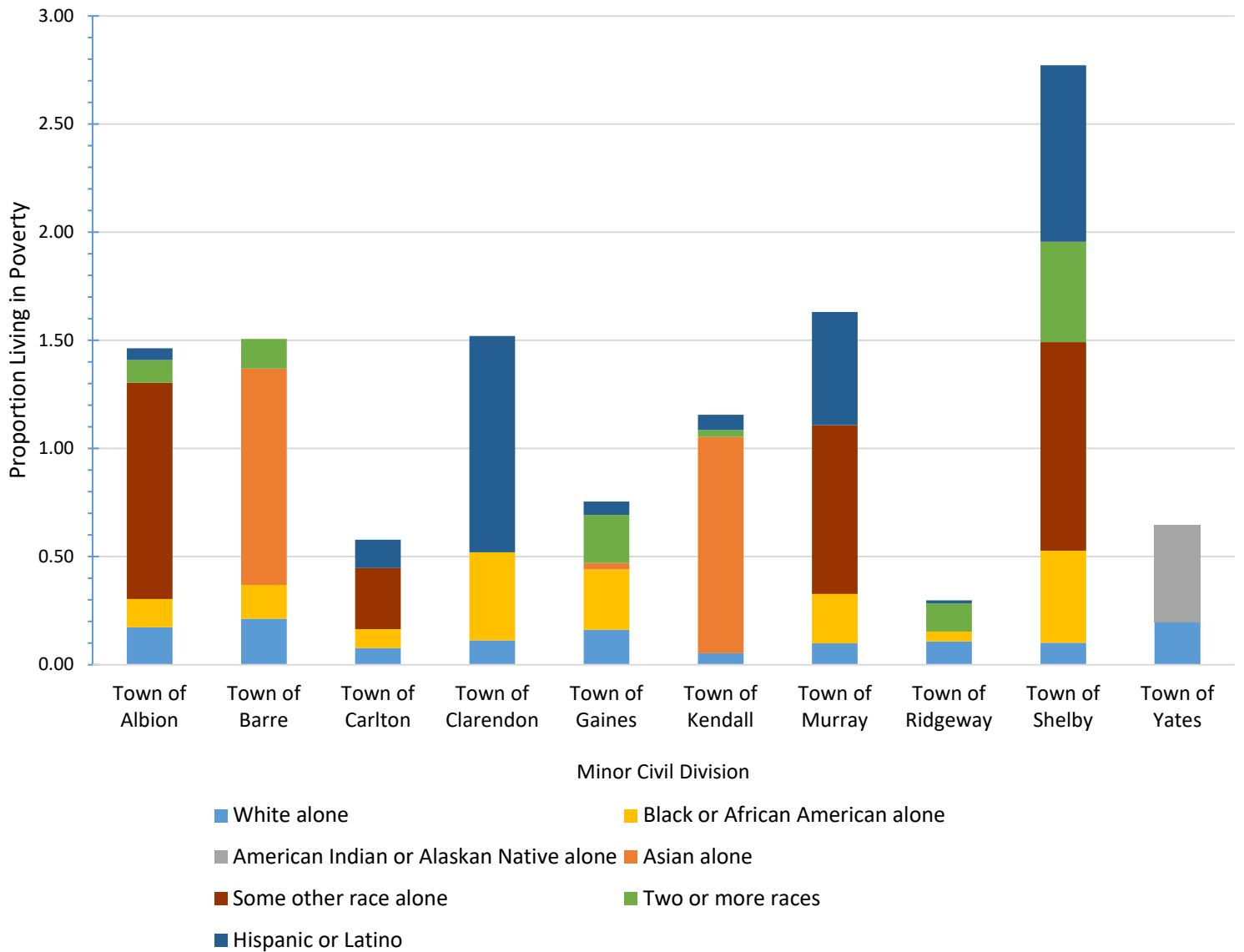
Red: 1.00 (100%)

Orange: 0.40-0.99 (40%-99%)

Yellow: 0.20-0.39 (20-39%)

Blue: 0.15-0.19 (15-19%)

Figure 14: Estimated Proportions of Orleans County Residents Living in Poverty by Race, Ethnicity, and Town, January 2017-December 2021²²

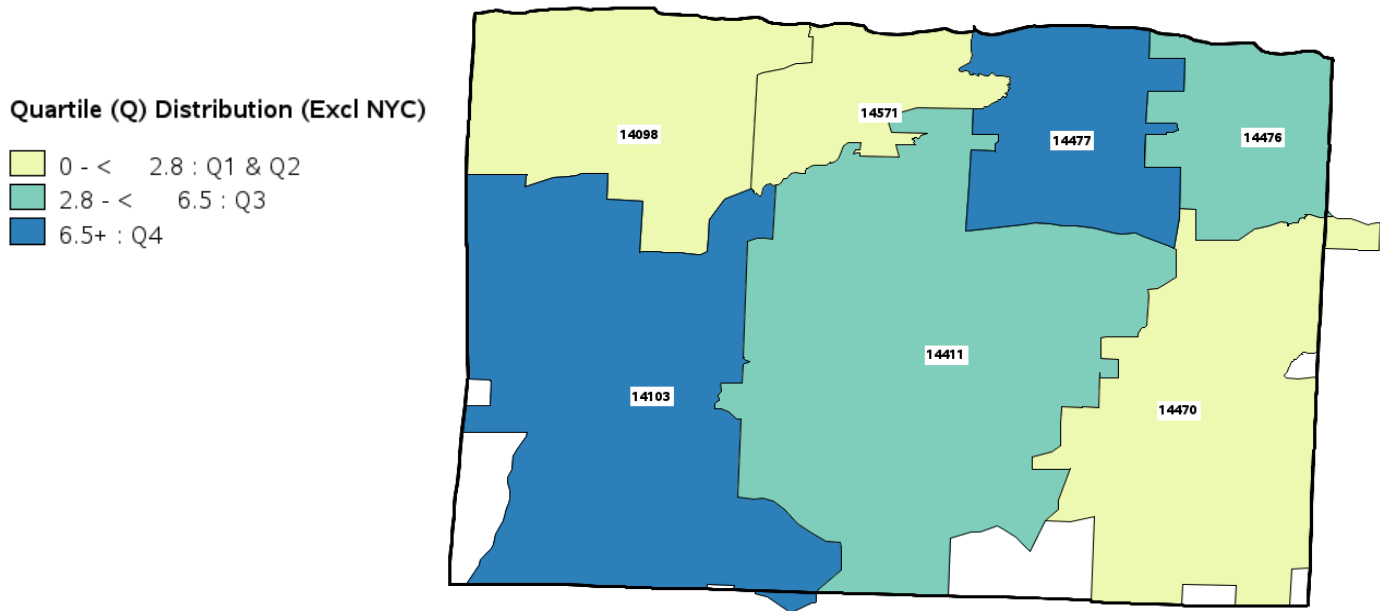


Opioid Use Indicators

Naloxone Administration by Emergency Medical Services

Naloxone is a medication given to patients by first responders in the event of an opioid overdose and works by blocking opioid receptors in the brain to reverse an overdose.²³ Figure 15, below, demonstrates the number of unique naloxone administrations by emergency medical service (EMS) agencies per 1,000 EMS dispatches by zip code in Orleans County.²⁴ Unique naloxone administration refers to an EMS encounter where naloxone, or Narcan®, was given during patient care.²⁴ Naloxone is given to patients who present with any signs of a potential opioid overdose and should not represent the number of opioid overdoses in the county.²⁴ The crude rate of the number of naloxone administrations by EMS per 1,000 dispatches in Orleans County is 5.9 per 1,000 and the rate for New York State excluding New York City is 5.1 per 1,000.²⁴ Based on the figure, zip codes 14477 (Kent) and 14103 (Medina) have the highest naloxone administration rates in the county, at 8.7 administrations per 1,000 dispatches and 7.6 per 1,000, respectively.²⁴ As this data is from one source, we recognize this data point may be an underrepresentation of the true rates.

Figure 15: Unique Naloxone Administrations by EMS Agencies, crude rate per 1,000 unique EMS dispatches, by Zip Code in Orleans County, 2021²⁴; adapted from the New York State Opioid Data Dashboard



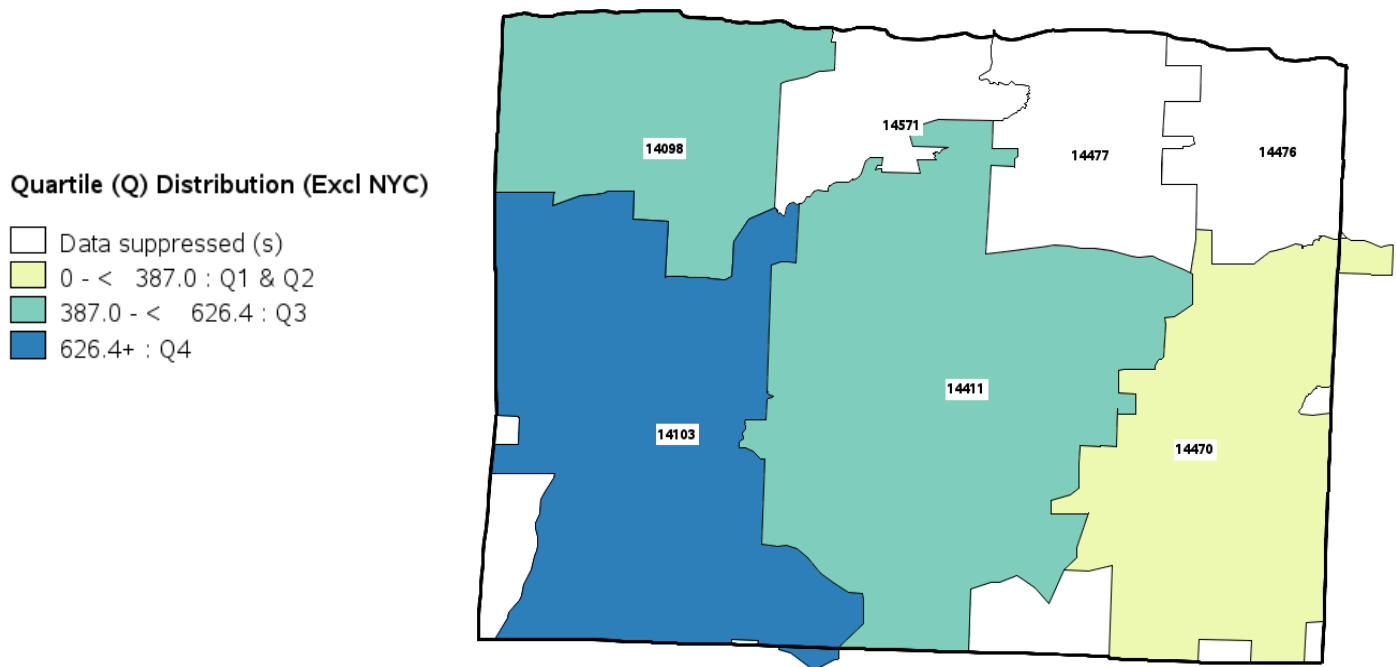
Zip Code	Numerator	Crude Rate
14098	0	0.0*
14103	13	7.6
14411	9	5.7*
14470	2	2.7*
14476	1	5.6*
14477	1	8.7*
14571	0	0.0*

Note: *Fewer than 10 events in the numerator, the rate may be unstable. Data is from one source, and we recognize this data point may be an underrepresentation of the true rates.

Substance Use Disorder Treatment Program Admission

Figure 16, below, demonstrates admission to NYS Office of Addiction Services and Supports (OASAS)-certified substance use disorder treatment programs for people aged 12 and older in Orleans County.²⁴ The crude rate for Orleans County is 493.1 admissions per 100,000 people and the rate for New York State excluding New York City is 514.0 per 100,000.²⁴ These rates and the rates in Figure 16 are likely an underrepresentation of the number of treatment admissions, as this data only includes patients within OASAS-certified treatment systems and does not represent patients who go outside NYS for treatment, are treated by physicians outside the OASAS system, or are treated by the U.S. Department of Veterans Affairs (VA).²⁴ The zip code which has the highest rate of treatment admissions in Orleans County is 14103 (Medina), at 749.1 admissions per 100,000 people.²⁴

Figure 16: Admissions to OASAS-certified Substance Use Disorder Treatment Programs for any Opioid, crude rate per 100,000 population aged 12 and older by Zip Code in Orleans County, 2021²⁴; adapted from the New York State Opioid Data Dashboard



Zip Code	Admissions	Crude Rate
14098	11	430.0
14103	69	749.1
14411	64	520.2
14470	26	380.3
14476	s	s
14477	s	s
14571	s	s

Note: s: data does not meet reporting criteria

Recommendations

Based on the analyses and findings within this appendix, there is a lack of health equity on varying levels demonstrated within Orleans County. There were common and recurring themes found upon disaggregating the county-level data down to MCD, townships, zip codes, and school districts among indicators relating to the social and structural determinants of health. There are many disparities within these indicators particularly among racial and ethnic minority populations. Populations who identified as a racial or ethnic minority were less likely to have health insurance compared to their counterparts who identified as White within the county.⁹ There is also a stark disparity in poverty rates among populations identifying as racial and ethnic minorities compared to populations identifying as White, as the highest percentages of residents in poverty within Orleans County are of a racial or ethnic minority.²² All of these can lead to disparities in health outcomes between racial and ethnic minority populations compared to White populations.

To work towards improving these health disparities, Orleans County is encouraged to establish a Health Equity Coalition, or Work Group, to create an effective, evidence-based, sustainable, replicable, and scalable plan to address health equity. Additional recommendations could be to consider forming a strong and trusting relationship with Amish and Mennonite leadership and to consider creating health-related documents, such as brochures, flyers, press releases, social media posts, etc. in additional languages other than English. The Rural Health Information Hub has many evidence-based toolkits designed for rural community health, which may serve as a beneficial resource:

[Evidence-Based Toolkits for Rural Community Health - Rural Health Information Hub, specifically the Rural Community Health Toolkit, Rural Health Networks and Coalitions Toolkit, and Health Equity Toolkit.](#)

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Appendix R: Subdivided County Health Data- Wyoming

Subdivided Wyoming County Health Data by
Township, Minor Civil Division and Zip Code



Data Analysis of Subdivided Data for Wyoming County

In addition to the information provided in the Genesee, Orleans, and Wyoming (GOW) Counties 2022-2024 Community Health Assessment (CHA), this report details various analyses of sub-county health-related data from Wyoming County. The primary goal of this additional assessment is to observe subdivided health indicators for the county, as well as to identify gaps and potential health disparities in our community. There is great advantage to this level of analysis as it portrays a more comprehensive picture of the health and health outcomes of our communities, as well as highlights areas for improvement.

Methodologies

The United States (U.S) Census defines Minor Civil Division (MCD) as the legally defined and primary subdivisions of a county.¹ For this report, the majority of MCDs are represented by townships. Throughout this report, many of the figures correspond with the prior table within the section to more thoroughly and effectively convey the health indicator(s) of interest. Data research and review included data from the New York State Department of Health Prevention Agenda Dashboard, 2020 or 2021 American Community Survey 5-Year Estimates, the 2020 U.S. Decennial Census, the New York State Department of Health, and New York State Vital Statistics Data. Data analysis was performed using Microsoft Excel and Stata software.

Sub County Health-Related Data from Wyoming County

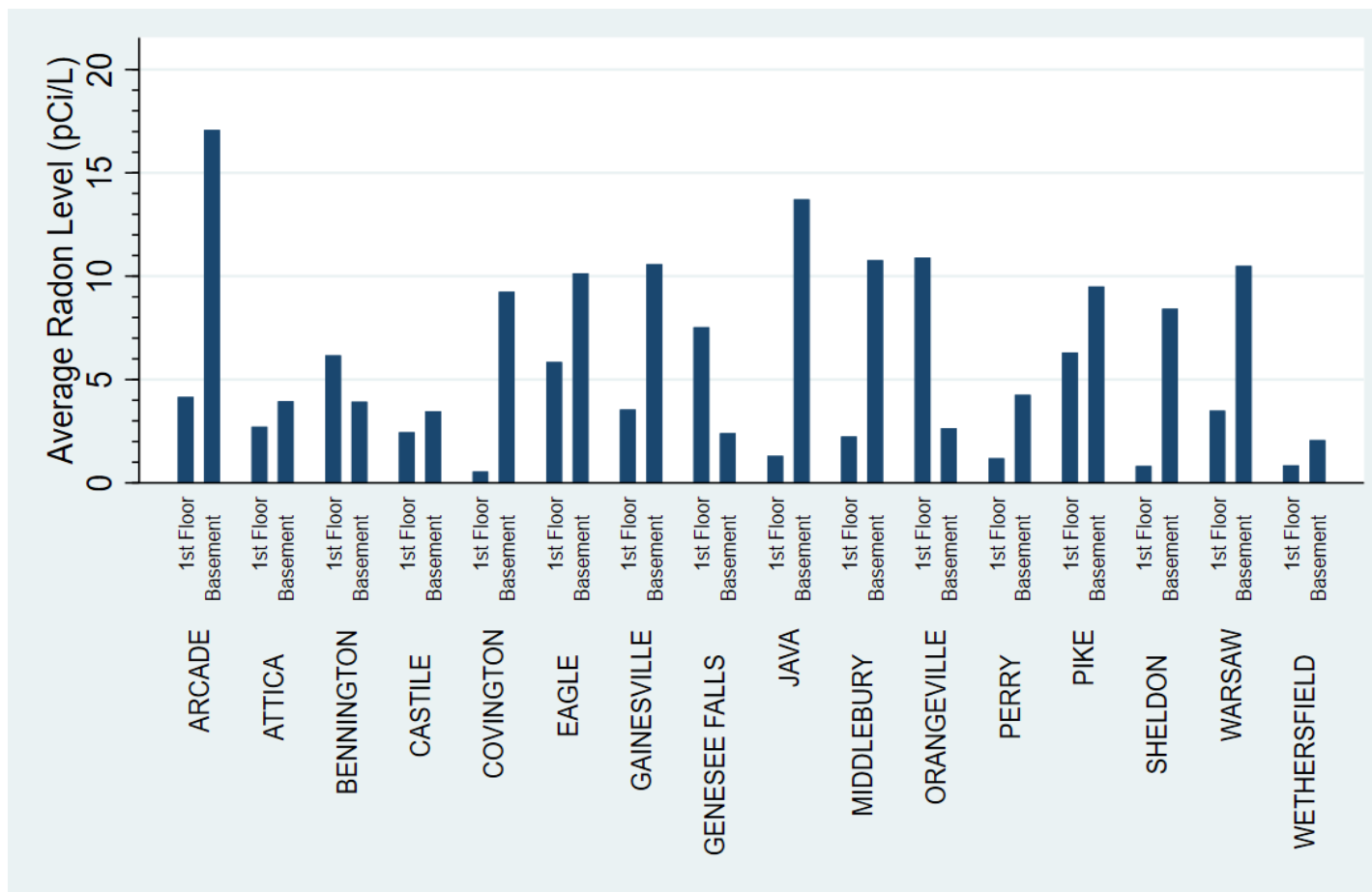
Radon Exposure

Wyoming County was identified by the Environmental Protection Agency (EPA) and the New York State Department of Health (NYSDOH) as having a “high average indoor radon screening level”, which is a radon level higher than 4 pCi/L, or picocuries per liter.^{2,3} Since there is a high average radon level within the county, it is important to subdivide this data to determine if there are towns, zip codes, or other such designated areas that have a particularly high radon level. This information will help to focus and refine radon screening measures and risk education efforts for these communities.

Radon exposure is the second leading cause of lung cancer, second only to smoking, and radon is the leading cause of lung cancer among people who are non-smokers.³

Figure 1, below, demonstrates radon screening data at the county level broken down by township in the county from 1987-May 2023.⁴ This figure shows that the highest average radon level was found in the Town of Arcade, with most of the other towns at or above the hazardous 4 pCi/L level, and overall, highest average radon levels occur in the basements of homes.⁴

Figure 1: Average Radon Level by Town from Homes Tested in Wyoming County, January 1987-May 2023⁴



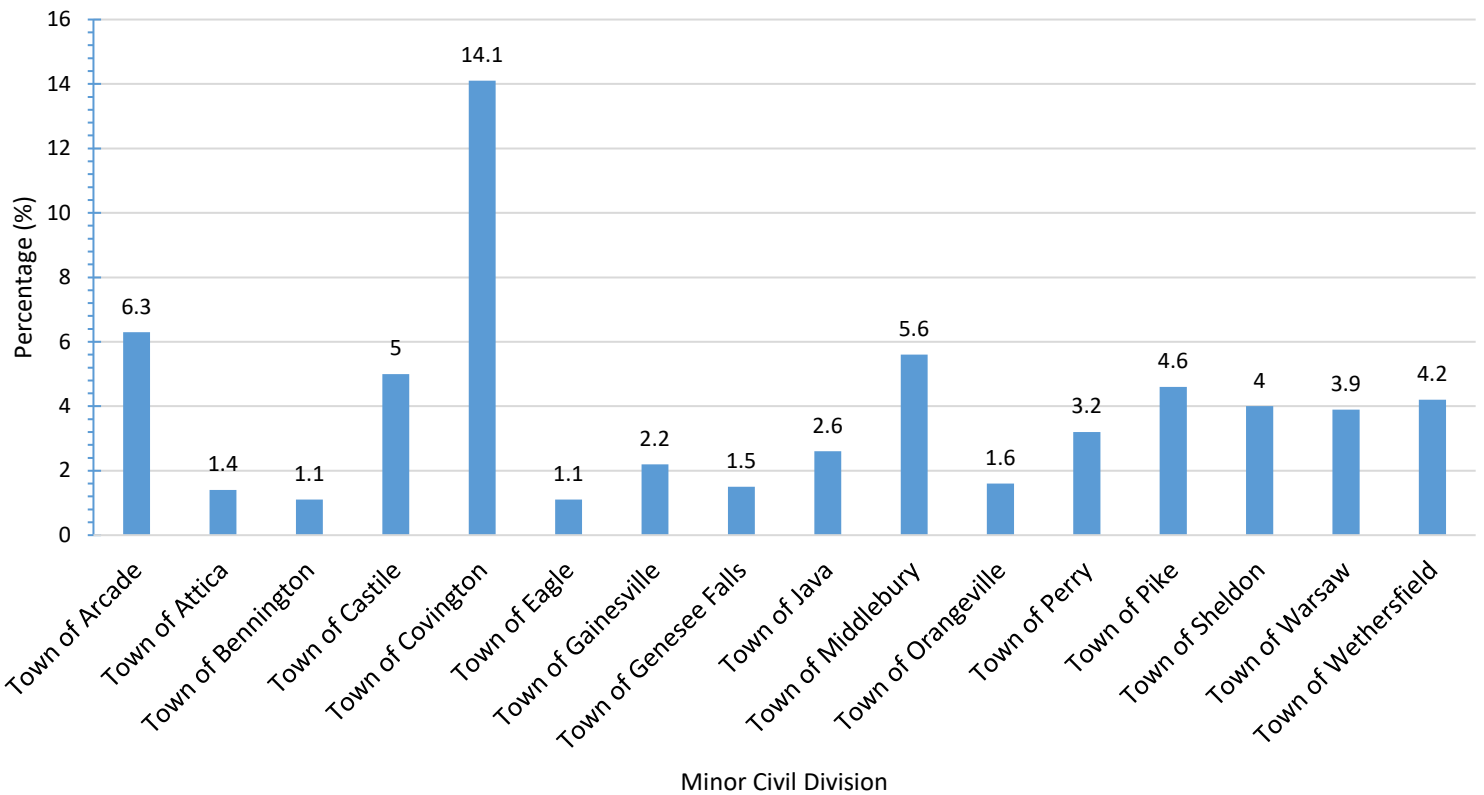
Health Insurance Coverage

As demonstrated in Table 9 of the Wyoming County Community Profile subsection of the CHA on page 113, 4.1% of Wyoming County residents do not have health insurance. According to Table 1 and Figure 2 below, the town with the highest percentage of residents who lack health insurance is the Town of Covington, at 14.1%.⁵ The towns of Arcade, Castile, Middlebury, Pike, Sheldon, and Wethersfield all have uninsured resident percentages above the Wyoming County average.⁵ A lack of health insurance coverage is one of the major factors that impact the ability of residents to access quality healthcare.⁶

Table 1: Estimates of Health Insurance Coverage by Town in Wyoming County⁵

Location	Total Civilian Non- Institutionalized Population	Total Insured	Insured (%)	Total Uninsured	Uninsured (%)
Town of Arcade	4,213	3,946	93.7	267	6.3
Town of Attica	3,350	3,304	98.6	46	1.4
Town of Bennington	3,266	3,230	98.9	36	1.1
Town of Castile	2,746	2,609	95.0	137	5.0
Town of Covington	1,307	1,123	85.9	184	14.1
Town of Eagle	1,141	1,128	98.9	13	1.1
Town of Gainesville	1,970	1,927	97.8	43	2.2
Town of Genesee Falls	333	328	98.5	5	1.5
Town of Java	2,176	2,119	97.4	57	2.6
Town of Middlebury	1,280	1,208	94.4	72	5.6
Town of Orangeville	1,485	1,461	98.4	24	1.6
Town of Perry	5,606	5,424	96.8	182	3.2
Town of Pike	976	931	95.4	45	4.6
Town of Sheldon	2,254	2,164	96.0	90	4.0
Town of Warsaw	5,168	4,966	96.1	202	3.9
Town of Wethersfield	720	690	95.8	30	4.2

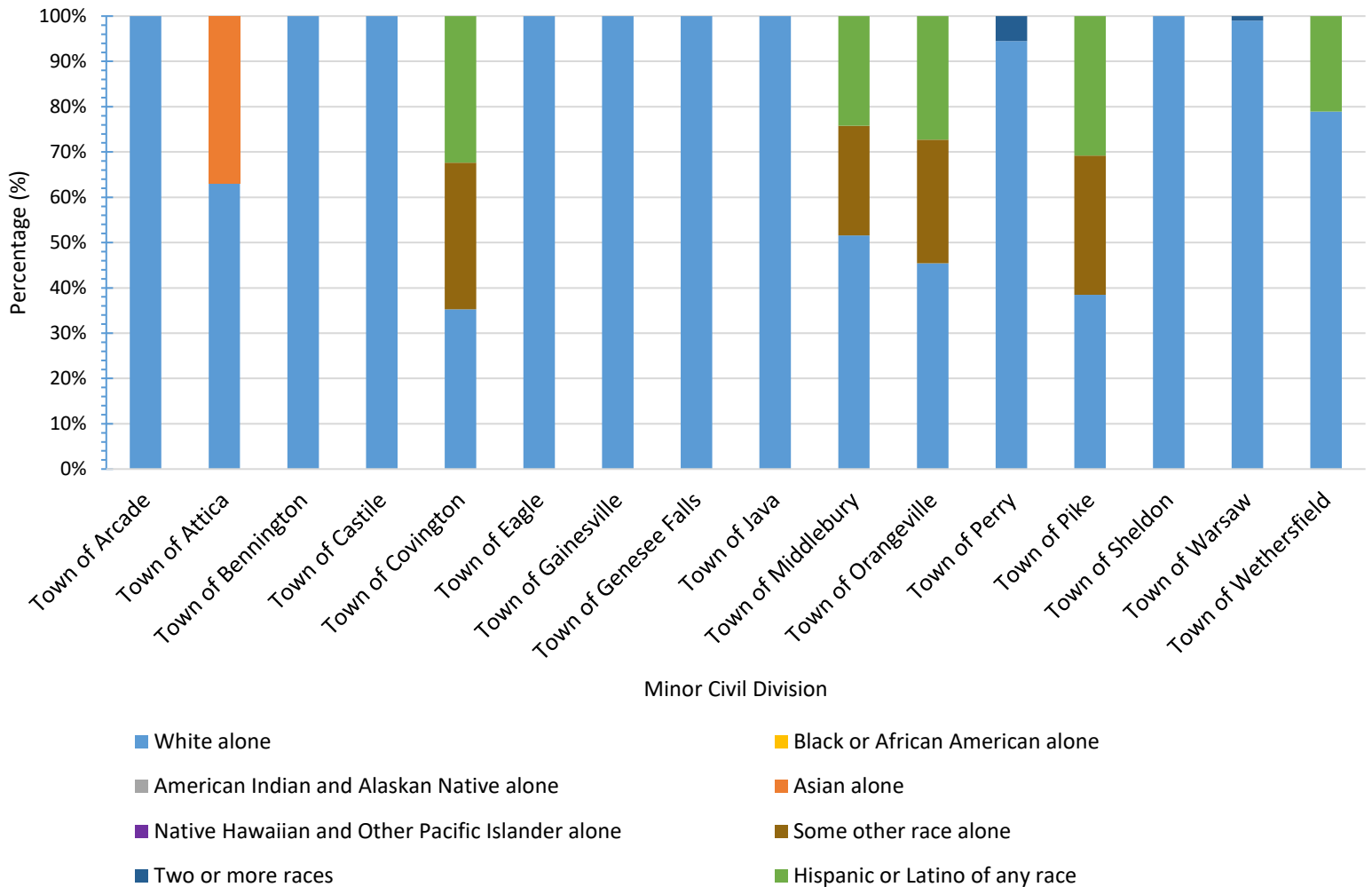
Figure 2: Estimated Percentage of Uninsured Wyoming County Residents by Town, January 2017-December 2021⁵



Health Insurance Coverage by Race & Ethnicity

Structural determinants of health influence how equitably the necessary resources required for quality health and healthcare are distributed according to socially defined groups of people, including, but not limited to race, gender, socioeconomic status, and sexual identity.⁷ A structural determinant of health that is often analyzed in the field of public health is race and ethnicity.⁷ Examining these factors, while also considering the historical and present contexts surrounding racism and discrimination in this country, keeps public health professionals well-informed on the health status of marginalized groups and how to work towards health equity.⁸ Figure 3, below, demonstrates the estimated percentage of residents in Wyoming County who do not have health insurance coverage by town, based on racial and ethnic classifications from the American Community Survey and the 2020 U.S. Census.⁹ The majority of Wyoming County residents identified as White, which resulted in the White population representing the majority of people experiencing a lack of health insurance coverage in the county.⁹ However, based on this figure, there are populations of other races and ethnicities, particularly those who identified as Hispanic or Latino, Some other race, and Asian alone.⁹ Additionally, based on Figure 3, the MCDs that have the highest percentage of uninsured residents of racial and ethnic minority are the Towns of Covington, Middlebury, Orangeville, and Pike.⁹ Notable data points include: in the Town of Covington, 91.7% of people who identified as some other race alone are uninsured and 95.7% of people who identified as Hispanic or Latino are uninsured; and in the Town of Wethersfield, 72.7% of people who identified as Hispanic or Latino are uninsured.⁹

Figure 3: Estimates of the Percentage of Uninsured Wyoming County Residents by Race, Ethnicity, and Town, January 2017-December 2021⁹



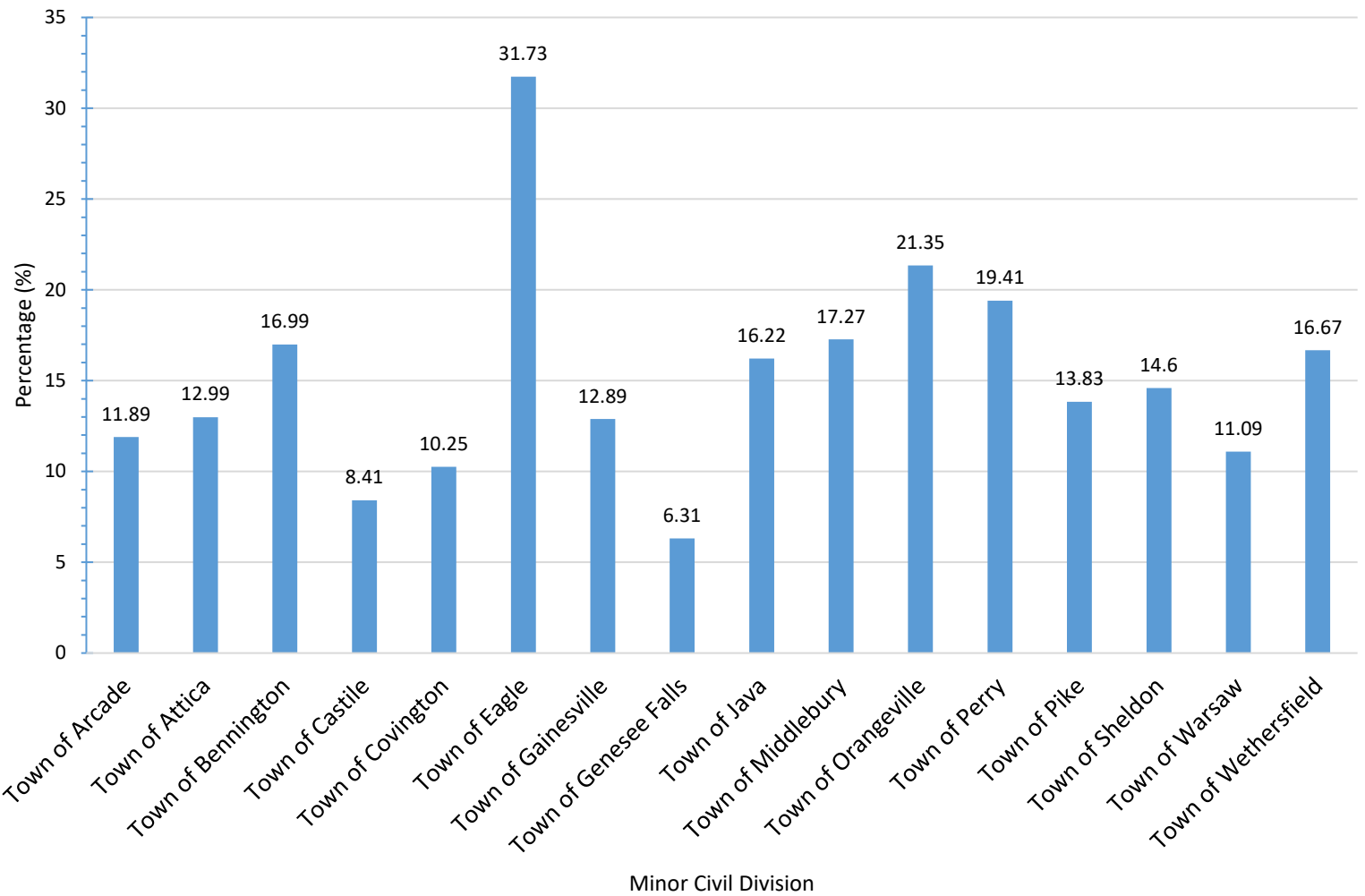
Medicaid Coverage

As of May 2023, 41 states, including New York, have elected to expand the Medicaid program.¹⁰ Medicaid provides health-related services to low income populations, including low-income children, low-income elderly populations, and low-income people with disabilities.¹¹ Medicaid coverage allows populations who otherwise may not have access to health insurance due to financial reasons to be covered and have the ability to access healthcare.¹¹ From January 2017 to December 2021, the allocation of Medicaid for Wyoming County residents was 5,614 out of 37,991 people, or 14.78% of the county population.¹² According to Table 2 and Figure 4, the Town of Eagle had the highest percentage of Medicaid allocation to its residents, at 31.73%.¹² Additionally, the Towns of Bennington, Java, Middlebury, Orangeville, Perry, and Wethersfield had percentages greater than the Wyoming County average.¹²

Table 2: Allocation of Medicaid/Means-Tested Public Coverage by Town in Wyoming County¹²

Location	Allocated	Allocated (%)	Not-Allocated	Total Civilian Non-Institutionalized Population
Town of Arcade	501	11.89	3,712	4,213
Town of Attica	435	12.99	2,915	3,350
Town of Bennington	555	16.99	2,711	3,266
Town of Castile	231	8.41	2,515	2,746
Town of Covington	134	10.25	1,173	1,307
Town of Eagle	362	31.73	779	1,141
Town of Gainesville	254	12.89	1,716	1,970
Town of Genesee Falls	21	6.31	312	333
Town of Java	353	16.22	1,823	2,176
Town of Middlebury	221	17.27	1,059	1,280
Town of Orangeville	317	21.35	1,168	1,485
Town of Perry	1,073	19.41	4,533	5,606
Town of Pike	135	13.83	841	976
Town of Sheldon	329	14.60	1,925	2,254
Town of Warsaw	573	11.09	4,595	5,168
Town of Wethersfield	120	16.67	600	720

Figure 4: Estimated Percentage of Medicaid Allocation to Residents of Wyoming County by Town, January 2017-December 2021¹²



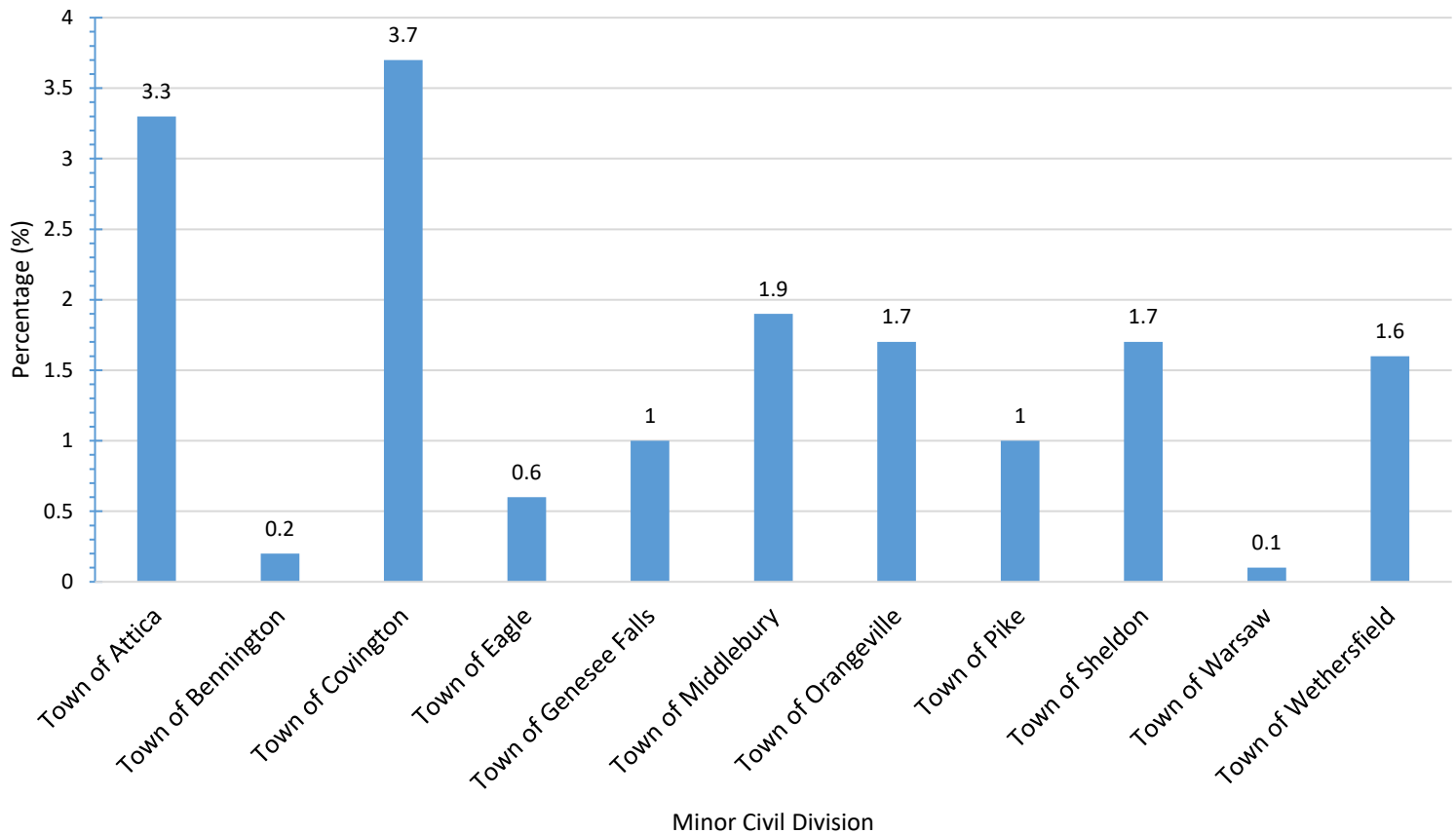
Spoken Languages

As mentioned in the CHA on page 99, English proficiency influences educational attainment, employment opportunities, access to healthcare, and the ability to effectively communicate with providers.¹³ Speaking English “less than very well” can often be a barrier to quality care due to lower health literacy and limited ability to communicate with a provider.¹³ From January 2017 to December 2021, the percent of Wyoming County residents age 5 years and older who report speaking English “less than very well” is 0.9% (362/38,772).¹⁴ As demonstrated in Table 3 and Figure 5 below, the majority of Wyoming County residents report speaking English only or speaking the language “very well”, but it is important to note there are still populations who report speaking English “less than very well”.¹⁴ Within Wyoming County, the Towns of Covington and Attica have the highest percentage of residents who report speaking English “less than very well”, at 3.7% and 3.3%, respectively.¹⁴ The Towns of Genesee Falls, Middlebury, Orangeville, Pike, Sheldon, and Wethersfield have percentages higher than the Wyoming County average.¹⁴

Table 3: Estimates of Language Spoken at Home by Town in Wyoming County for Populations 5 Years and Older, January 2017-December 2021¹⁴

Location	Total Population 5 Years and Older	Speak English only or speak English “very well”	Speak English only of very well (%)	Speak English less than “very well”	Speak English less than very well (%)
Town of Arcade	4,015	4,015	100.0	0	0.0
Town of Attica	5,672	5,482	96.7	190	3.3
Town of Bennington	3,148	3,141	99.8	7	0.2
Town of Castile	2,553	2,553	100.0	0	0.0
Town of Covington	1,227	1,181	96.3	46	3.7
Town of Eagle	1,086	1,079	99.4	7	0.6
Town of Gainesville	1,892	1,892	100.0	0	0.0
Town of Genesee Falls	292	289	99.0	3	1.0
Town of Java	2,079	2,079	100.0	0	0.0
Town of Middlebury	1,197	1,174	98.1	23	1.9
Town of Orangeville	1,438	1,413	98.3	25	1.7
Town of Perry	5,401	5,401	100.0	0	0.0
Town of Pike	950	939	98.8	11	1.2
Town of Sheldon	2,070	2,035	98.3	35	1.7
Town of Warsaw	5,070	5,066	99.9	1	0.1
Town of Wethersfield	682	671	98.4	11	1.6

Figure 5: Estimated Percentage of Wyoming County Residents Aged 5 Years and Older Who Speak English 'Less Than Very Well' by Town, January 2017-December 2021¹⁴



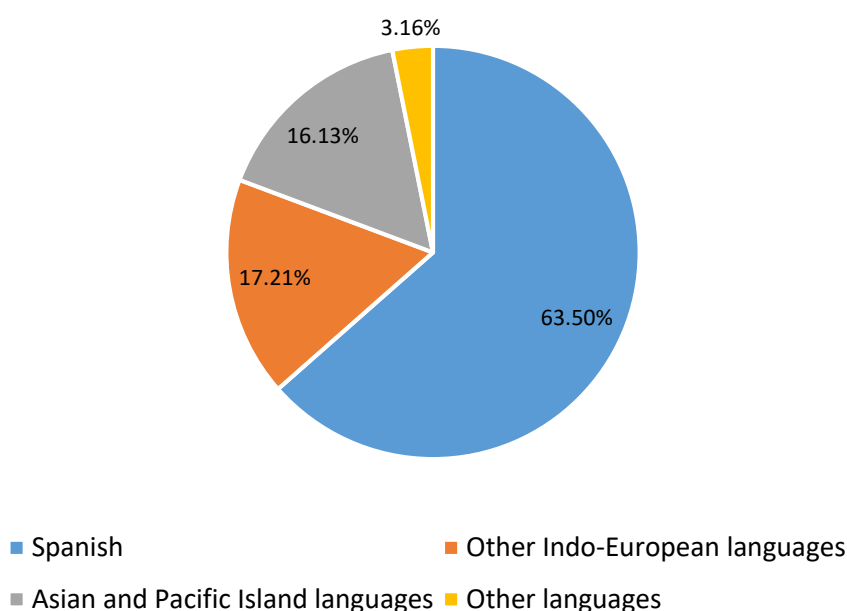
Note: The Towns of Arcade, Castile, Gainesville, Java, and Perry were omitted due to their percentage values of 0%.¹⁴

Table 4, below, demonstrates the crude counts of Wyoming County residents who speak a language other than English at home, as well as the four category broad language classification groups per the U.S. Census and the American Community Survey.¹⁴ Figure 6, below, demonstrates the percentages of the types of languages spoken by people who reported they speak a language other than English.¹⁴ The majority of people who reported speaking a language other than English speak Spanish (63.50%), followed by other Indo-European languages at 17.21%, Asian and Pacific Island languages at 16.13% and other languages at 3.16%.¹⁴

Table 4: Estimates of the Numbers of Residents 5 Years and Older who Speak Languages other than English at Home by Residents in Wyoming County, January 2017-December 2021¹⁴

Location	Total Population 5 Years and Older	Speak a Language Other than English			
		1,296			
		Spanish	Other Indo-European languages	Asian and Pacific Island languages	Other languages
Wyoming County	38,772	823	223	209	41

Figure 6: Estimates of the Percentage of Languages other than English Spoken at Home by Residents in Wyoming County, January 2017-December 2021¹⁴



The broad four-group language classification can be divided into the forty-two language group classification with examples.¹⁵ Based on this expanded language classification, languages included under the categorization of 'other Indo-European languages' include: French (including Cajun), Haitian, Italian, Portuguese, German, Yiddish, Pennsylvania Dutch or other West Germanic languages, Greek, Russian, Polish, Serbo-Croatian languages (including Bosnian, Croatian, and Serbian), Ukrainian or other Slavic languages (including Bulgarian, Czech, and Ukrainian), Armenian, Persian (including Farsi and Dari), Gujarati, Hindi, Urdu, Punjabi, Bengali, Nepali, Marathi, or other Indic languages (including Konkani), other Indo-European languages (including Albanian, Lithuanian, Pashto, Romanian, and Swedish), Telugu, Tamil, and Malayalam, Kannada, or other Dravidian languages.¹⁵

Languages included under the categorization of 'Asian and Pacific Island languages' includes: Chinese, including Mandarin Chinese, Min Nan Chinese (including Taiwanese), Yue Chinese (including Cantonese), Japanese, Korean, Hmong, Vietnamese, Khmer, including Central Khmer (Cambodian), Thai, Lao, or other Tai-Kadai languages, other languages of Asia (including Burmese, Karen, Turkish, and Uzbek), Tagalog (including Filipino), Ilocano, Samoan, Hawaiian, or other Austronesian languages (including Cebuano (Bisayan), Hawaiian, Iloko (Ilocano), Indonesian, and Samoan).¹⁵

Languages included under the categorization of 'all other languages' includes: Navajo, other Native languages of North America, including Apache languages, Cherokee, Lakota, Tohono O'odham, and Yupik languages, Arabic, Hebrew, Amharic, Somali, or other Afro-Asiatic languages, including Amharic, Chaldean Neo-Aramaic, Somali, and Tigrinya, Yoruba, Twi, Igbo, and other languages of Western Africa, including Akan (including Twi), Igbo (Ibo), Wolof, and Yoruba, Swahili or other languages of Central, Eastern, and Southern Africa, including Ganda, Kinyarwanda, Lingala, and Swahili, and other and unspecified languages, including Hungarian, Jamaican Creole, and English unspecified.¹⁵

Perinatal Data

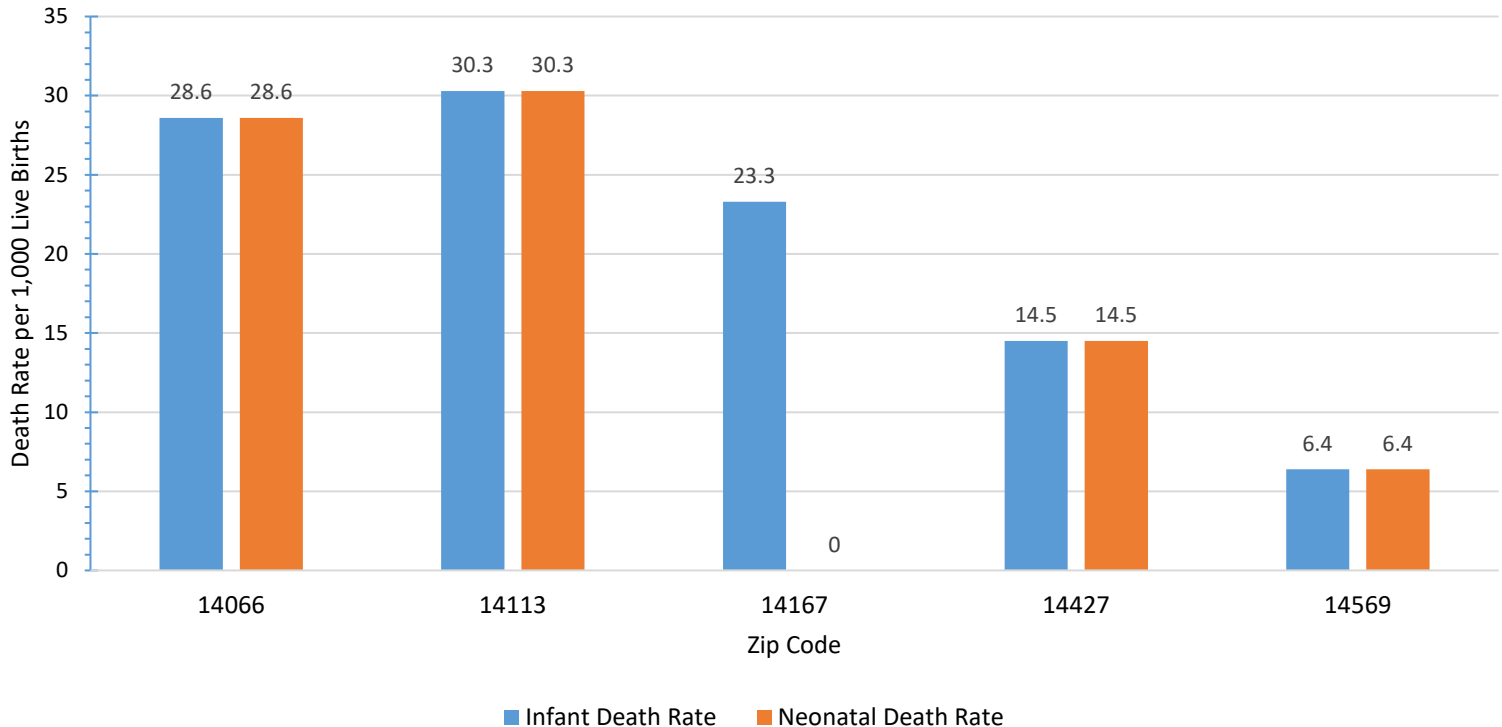
Perinatal refers to the time period around 22 weeks gestation and approximately 28 days after birth.¹⁶ Both prenatal and perinatal care are important to prevent pregnancy complications in the mother and baby.¹⁷ Table 5, below, shows the number of births by zip code in the three-year period (2018-2020).¹⁸ Based on this table, zip codes 14011 (Attica), 14569 (Warsaw), 14530 (Perry), and 14009 (Arcade) had the highest crude number of births in the three-year period, at 179, 157, 142, and 140 respectively.¹⁸

Table 5: Total Three-Year Births by Zip Code in Wyoming County 2018-2020¹⁸

Zip Code	Total Three-Year Births
14009	140
14011	179
14024	41
14037	27
14066	35
14113	33
14145	46
14167	43
14427	69
14530	142
14536	22
14550	50
14569	157
14591	61
Total	1,062

Infant and Neonatal Death

Figure 7: Infant and Neonatal Death Rate per 1,000 Live Births by Zip Code in Wyoming County, 2018-2020¹⁸



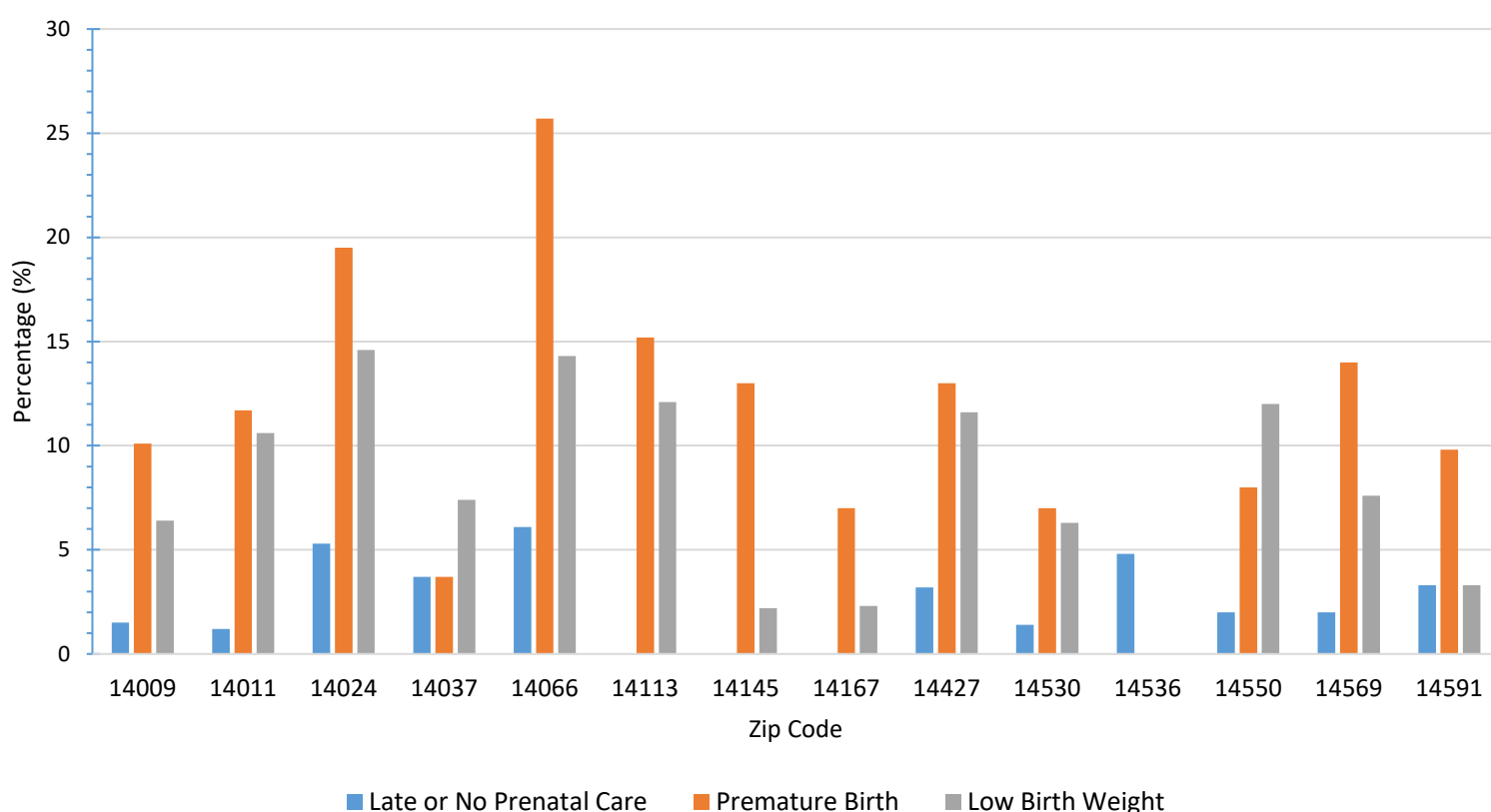
Note: Zip Codes 14009, 14011, 14024, 14037, 14145, 14530, 14536, 14550, and 14591 were omitted due to having both infant death rates and neonatal death rates of 0.¹⁸

Figure 7, above, demonstrates the infant and neonatal death rate per 1,000 live births by zip code, and several zip codes have been omitted due to their zero values for both indicators.¹⁸ Infant deaths refer to deaths that have occurred in an individual less than 12 months of age and the infant death rate refers to the number of infant deaths per 1,000 live births.¹⁸ Based on this figure, zip codes 14113 (North Java) and 14066 (Gainesville) had the highest infant death rates in the county, at 30.3 deaths per 1,000 live births and 28.6 deaths per 1,000 live births, respectively.¹⁸ The Wyoming County average was 4.7 deaths per 1,000 live births.¹⁸ Neonatal deaths refer to the death of an infant less than 28 days of age and the neonatal death rate is the number of neonatal deaths per 1,000 live births.¹⁸ The zip codes 14113 (North Java) and 14066 (Gainesville) had the highest neonatal death rate in the county, at 30.3 deaths per 1,000 live births and 28.6 deaths per 1,000 live births, respectively.¹⁸ The Wyoming County average was 3.8 deaths per 1,000 live births.¹⁸

Late or No Prenatal Care, Premature Birth, and Low Birth Weight

Figure 8, below, demonstrates the percentage of births by zip code in Wyoming County which had late or no prenatal care, the percentage of births which were premature, and the percentage of births which had a low birth weight.¹⁸ Late or no prenatal care refers to when prenatal care was initiated during the third trimester of pregnancy or not at all.¹⁸ Based on this data, the zip code 14066 (Gainesville) had the highest percentage of late or no prenatal care, at 6.1%, while the Wyoming County average was 2.0%.¹⁸ Premature birth refers to births that occurred prior to 37 weeks gestation.¹⁸ Based on this data, the zip code 14066 (Gainesville) had the highest percentage of premature births, at 25.7%, while the Wyoming County average was 11.2%.¹⁸ Low birth weight refers to births weighing 100-2499 grams, or less than 5 pounds and 8 ounces.¹⁸ Based on Figure 8, the zip codes 14024 (Bliss) and 14066 (Gainesville) had the highest percentages of births which have a low birth weight, at 14.6% and 14.3%, respectively.¹⁸ The Wyoming County average was 7.9%.¹⁸

Figure 8: Percentage of Births which had Late or No Prenatal Care, Premature Birth, & Low Birth Weight by Zip Code in Wyoming County, 2018-2020¹⁸

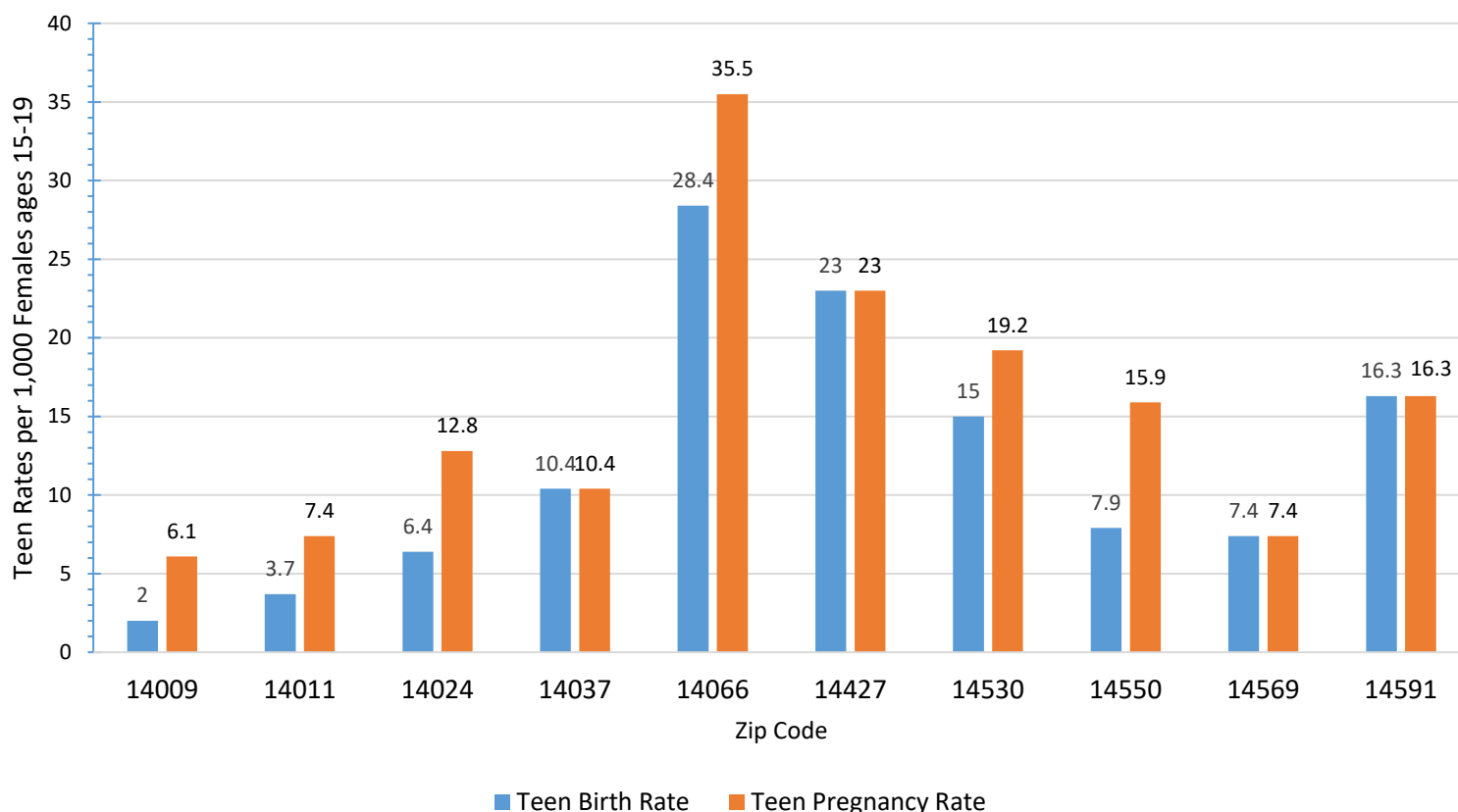


Teen Birth and Pregnancy Rates

Figure 9, below, demonstrates both teen birth and teen pregnancy rates by zip code in Wyoming County.¹⁸ The teen birth rate refers to the number of births to females aged 15-19 per 1,000 female population ages 15-19.¹⁸ Based on this figure, zip codes 14066 (Gainesville) and 14427 (Castile) had the highest teen birth rates in the county, at 28.4 births per 1,000 females ages 15-19 and 23.0 per 1,000, respectively.¹⁸ The Wyoming County average teen birth rate was 8.6 births per 1,000 females ages 15-19.¹⁸

The teen pregnancy rate refers to the number of pregnancies, including births, medical abortion, and spontaneous fetal death, among females ages 15-19 per 1,000 females ages 15-19.¹⁸ Based on Figure 9, zip codes 14066 (Gainesville) and 14427 (Castile) had the highest teen pregnancy rates in the county, at 35.5 pregnancies per 1,000 females ages 15-19 and 23.0 per 1,000, respectively.¹⁸ The Wyoming County average was 11.6 per 1,000.¹⁸

Figure 9: Teen Birth and Pregnancy Rate per 1,000 Females ages 15-19 by Zip Code in Wyoming County, 2018-2020¹⁸



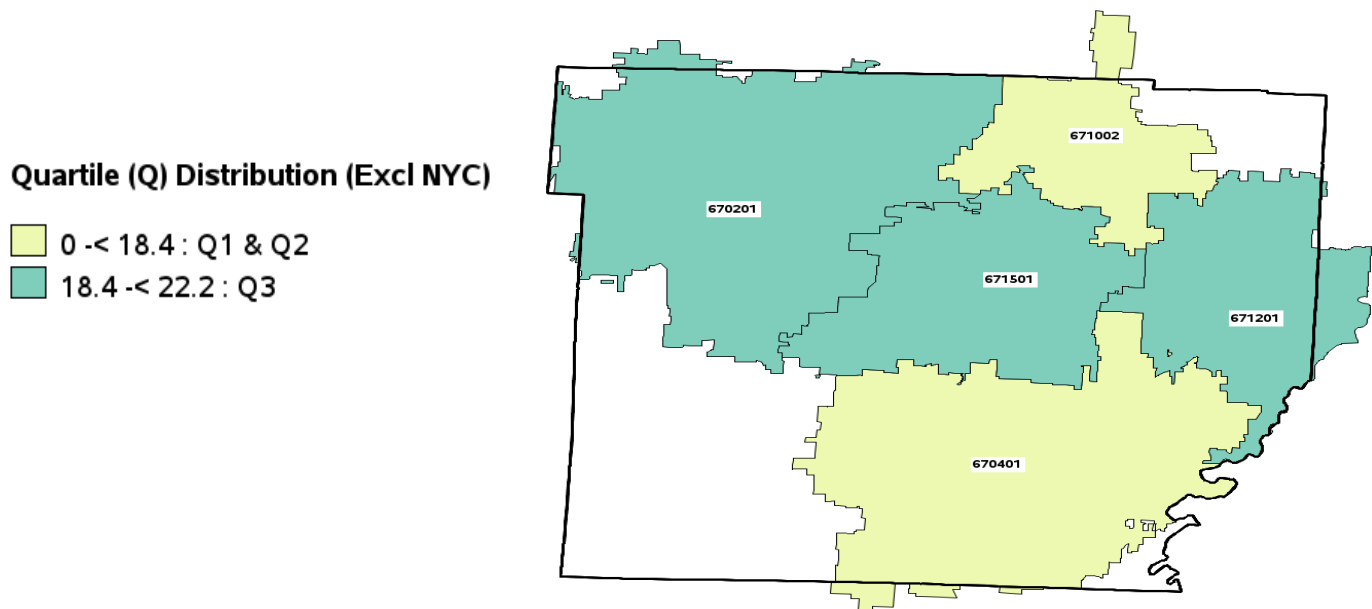
Note: Zip codes 14113 (North Java) and 14536 (Portageville) had a population of less than 30 females ages 15-19 and was suppressed for confidentiality reasons.¹⁸ Zip

codes 14145 (Strykersville) and 14167 (Varysburg) were omitted due to their rates of 0.¹⁸

Childhood Obesity

The percentage of children and adolescents who are obese in Wyoming County is 18.8%, whereas the percentage in New York State (excluding New York City) is 17.3%.¹⁹ Figure 10 demonstrates the quartile percentage distribution of obese students by school district in the county.¹⁹ Based on this figure, Perry Central School District had the highest percentage of obese children and adolescents, at 20.8%.¹⁹

Figure 10: Percentage of Children and Adolescents with Obesity by School District in Wyoming County, school years 2017-2019¹⁹; adapted from the New York State Prevention Agenda Dashboard



School District Code	School District Name	Number of Obese Students	Percentage (%)
670201	Attica Central School District	84	18.4
670401	Letchworth Central School District	49	17.4
671201	Perry Central School District	66	20.8
671501	Warsaw Central School District	53	18.7
671002	Wyoming Central School District	5	17.9*

*Note: *Fewer than 10 events, the rate may be unstable*

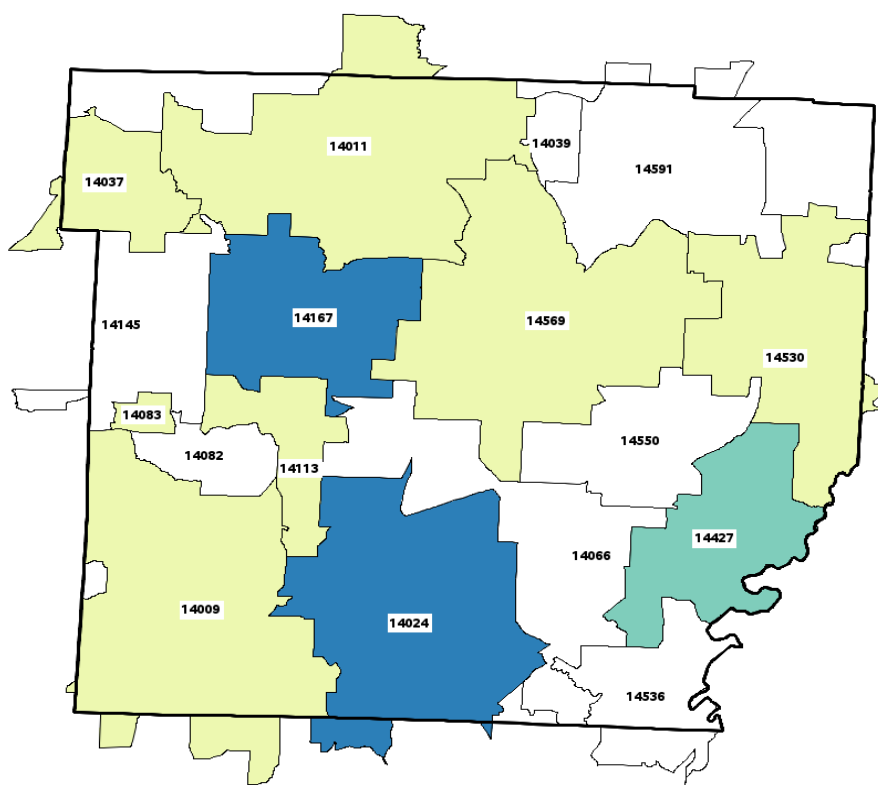
Child and Adolescent Emergency Department Visits

Rural communities, such as those within Wyoming County face disproportionate gaps and barriers to healthcare access and utilization compared to their urban and suburban counterparts.²⁰ As previously mentioned in the CHA on pages 110-113, such barriers can include lack of quality health insurance, lack of healthcare providers in the area, lack of geographical accessibility to care accompanied with limited access to transportation, and language barriers. Due to these barriers, 19% of Wyoming County residents only see their primary care provider when they are sick, based on the CHA survey data. This eliminates the utilization of their provider for preventive care. As a result, emergency department utilization increases for non-emergencies, particularly for patients without a primary care provider.²⁰ The rate for asthma emergency department (ED) visits in children and adolescents ages 0-17 in Wyoming County is 27.4 visits per 10,000 and the rate for New York State excluding New York City is 52.2 per 10,000.¹⁹ Figure 11, below, shows the quartile rate distribution of asthma ED visits for children and adolescents ages 0-17 by zip code in the county.¹⁹ Based on this figure, zip codes 14167 (Varysburg) and 14024 (Bliss) have the highest rates in the county, at 74.1 visits per 10,000 ages 0-17 and 57.7 per 10,000, respectively.¹⁹

Figure 11: Asthma Emergency Department Visit Rates per 10,000, ages 0-17 years by Zip Code in Wyoming County, 2017-2020¹⁹; adapted from the New York State Prevention Agenda Dashboard

Quartile (Q) Distribution (Excl NYC)

- Data not available/suppressed
- 0 -< 32.4 : Q1 & Q2
- 32.4 -< 54.4 : Q3
- 54.4+ : Q4



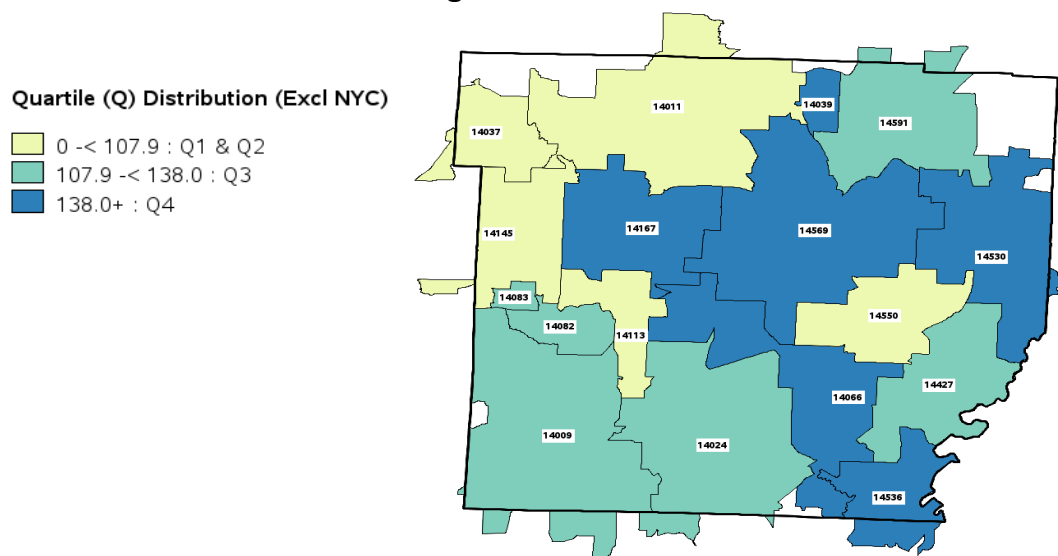
Zip Code	ED Visits	ED Visit Rate
14009	9	18.6*
14011	13	26.1
14024	9	57.7*
14037	0	0.0*
14039	s	s
14066	s	s
14082	s	s
14083	0	0.0*
14113	0	0.0*
14145	s	s
14167	8	74.1*
14427	7	43.7*
14530	8	17.4*
14536	s	s
14550	s	s
14569	9	18.9*
14591	s	s

Note: s: data does not meet reporting criteria; *: fewer than 10 events, rate may be unstable

Preventable Hospitalizations

The age-adjusted rate of preventable hospitalizations among adults in Wyoming County is 126.1 per 10,000, and the rate for New York State (excluding New York City) is 115.1 hospitalizations per 10,000 adults.¹⁹ Figure 12, below, shows the quartile rate distribution of potentially preventable hospitalizations for adults by zip code in the county.¹⁹ Based on this figure, zip code 14569 (Warsaw) has the highest rate of potentially preventable hospitalizations in the county, at 176.7 per 10,000.¹⁹

Figure 12: Potentially Preventable Hospitalizations among Adults, age-adjusted rate per 10,000 by Zip Code in Wyoming County, 2017-2020¹⁹; adapted from the New York State Prevention Agenda Dashboard



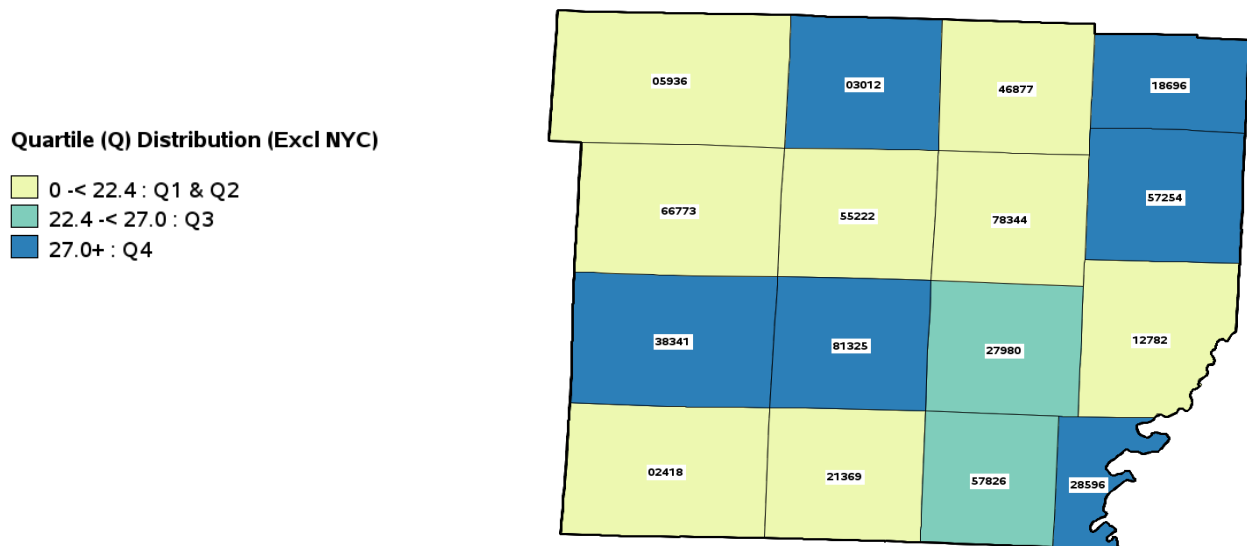
Zip Code	Hospitalizations	Age-Adjusted Rate
14009	243	121.2
14011	231	87.0
14024	81	137.7
14037	33	56.5
14039	8	157.0*
14066	67	139.0
14082	16	114.6
14083	6	117.3*
14113	25	105.6
14145	47	89.9
14167	85	151.0
14427	93	122.0
14530	310	152.0
14536	45	157.1
14550	71	105.0
14569	439	176.7
14591	75	126.5

Note: *Fewer than 10 events, the rate may be unstable.

Premature Deaths

The percentage of premature deaths, or deaths that occur before 65 years old, in Wyoming County is 22.0%, and in New York State (excluding New York City), the percentage is 22.6%.¹⁹ Figure 13, below, shows quartile percentage distribution for the percentage of premature deaths by Minor Civil Division in the county.¹⁹ Based on this figure, the Town of Genesee Falls has the highest percentage of premature deaths, at 38.1%, followed by the Town of Wethersfield (34.8%).¹⁹

Figure 13: Percentage of Deaths that are Premature by Minor Civil Division in Wyoming County, 2017-2020¹⁹; adapted from the New York State Prevention Agenda Dashboard



MCD Number	MCD Name	Deaths (Before 65 Years)	Percentage (%)
02418	Arcade town	40	19.8
03012	Attica town	44	29.1
05936	Bennington town	21	21.6
12782	Castile town	26	21.7
18696	Covington town	11	28.2
21369	Eagle town	7	20.6*
27970	Gainesville town	21	26.9
28596	Genesee Falls town	8	38.1*
38341	Java town	20	30.3
46877	Middlebury town	12	19.7
55222	Orangeville town	4	10.5*
57254	Perry town	61	29.8
57826	Pike town	8	25.8*
66773	Sheldon town	20	20.2
78344	Warsaw town	57	15.6
81325	Wethersfield town	8	34.8*

Note: *Fewer than 10 events, the rate may be unstable

Racial and Ethnic Disparities in Poverty Rates

Poverty in the U.S. is measured by how an individual or family income compares to the set threshold at the federal level.²¹ In 2021, that income threshold which designates poverty was an individual income below \$12,880 U.S. dollars or for a family of four, an income below \$26,500 U.S. dollars.²¹ People living in poverty often face limited access to resources necessary to maintain a high and healthy quality of life, including: safe, quality housing; healthy food; access to educational and employment opportunities; high quality health insurance; and reliable transportation.²¹ All of these factors, combined with additional barriers to accessing healthcare in a rural area such as Wyoming County, can contribute to worse and disparate overall health outcomes for people living in poverty.²¹ There are many groups of people who face disproportionate poverty rates, including: racial and ethnic minority groups, people living in rural areas, and people with disabilities.²¹ In Wyoming County, there is evidence of racial and ethnic minority groups facing higher poverty rates compared to their White counterparts.²² As per the 2020 U.S. Census and the 2021 American Community Survey, the estimated poverty rate in Wyoming County is 3,495/37,811, or 9.2% of the county population.²² Table 6 and Figure 14, below, subdivide this poverty rate by town, and also by racial and ethnic classification.²²

Table 6 shows the numeric proportions of people living in poverty by town and by racial and ethnic classification.²² Interpretation of this table should be as follows: for example, there are 375 individuals who identified as White alone living in poverty within the Town of Arcade, out of 3,954 total individuals who identified as White alone within the Town of Arcade.²² Since this value is a proportion, it can be written as a fraction (375/3,954), a decimal (0.095), or as a percentage (9.5%).²² Highlighted in this table are the degree of the rate of poverty: red represents a poverty rate of 100% for the racial or ethnic classification within that town, orange represents a poverty rate of 40%-99%, yellow represents a poverty rate of 20-39%, and blue represents a poverty rate of 15-19%.

Notable findings include a 100% poverty rate for individuals identifying as Some other race alone and Hispanic or Latino in the Town of Castile; a 100% poverty rate for individuals identifying as Black or African American alone in the Town of Eagle; a 100% poverty rate for those identifying as American Indian or Alaskan Native alone in the Town of Perry; a 100% poverty rate for those identifying as Black or African American alone in the Town of Sheldon; and a 95.2% poverty rate for individuals identifying as Hispanic or Latino in the Town of Gainesville.²²

Figure 14 demonstrates a visual of the proportion of people living in poverty as a decimal, based on the data from Table 6.²² Interpretation of this figure should be the same as for Table 6, described above.²² Of note, a proportion of 1.00 corresponds with a percentage of 100%. Overall, the poverty rates are much higher among populations who identify within a racial or ethnic minority group classification.²²

Table 6: Estimated Proportions of Wyoming County Residents Living in Poverty by Race, Ethnicity, and Town, January 2017-December 2021²²

Location	White alone	Black or AA* alone	AI/AN** alone	Asian alone	Some other Race alone	Two or more races	Hispanic or Latino
Town of Arcade	375/3,954	0/13	0/0	0/130	0/22	0/62	80/165
Town of Attica	135/3,212	0/17	0/0	0/74	3/30	3/17	20/77
Town of Bennington	171/3,124	0/0	0/0	0/0	0/44	0/98	0/0
Town of Castile	463/2,518	0/0	0/0	0/0	82/82	0/95	82/82
Town of Covington	124/1,193	0/0	0/0	0/0	0/96	4/5	0/92
Town of Eagle	150/1,054	62/62	0/0	0/13	0/0	0/2	0/2
Town of Gainesville	262/1,852	0/49	5/10	0/12	0/1	0/26	20/21
Town of Genesee Falls	34/323	0/0	0/0	3/9	0/0	0/1	0/0
Town of Java	55/2,120	0/0	0/1	0/0	0/0	0/12	0/0
Town of Middlebury	111/1,204	0/0	0/0	0/0	0/28	0/48	0/33
Town of Orangeville	62/1,359	0/15	0/0	0/27	17/66	0/18	17/69
Town of Perry	500/4,856	62/232	8/8	0/0	4/10	44/501	61/199
Town of Pike	71/933	0/0	0/3	0/0	0/20	10/16	0/20
Town of Sheldon	99/2,086	27/27	0/20	0/0	14/50	0/63	15/51
Town of Warsaw	475/5,091	0/0	0/0	0/0	0/15	0/62	0/4
Town of Wethersfield	60/687	0/0	0/0	0/0	0/1	0/32	2/11
Total Below Poverty Level	3,147	151	13	3	120	61	297
Total County Population	35,566	415	42	265	465	1,058	826

Notes: There were no residents of Native Hawaiian or Pacific Island descent reported in this category to the 2020 US Census or the 2021 American Community Survey in Wyoming County.²²

*AA: African American

**AI/AN: American Indian or Alaskan Native

Key:

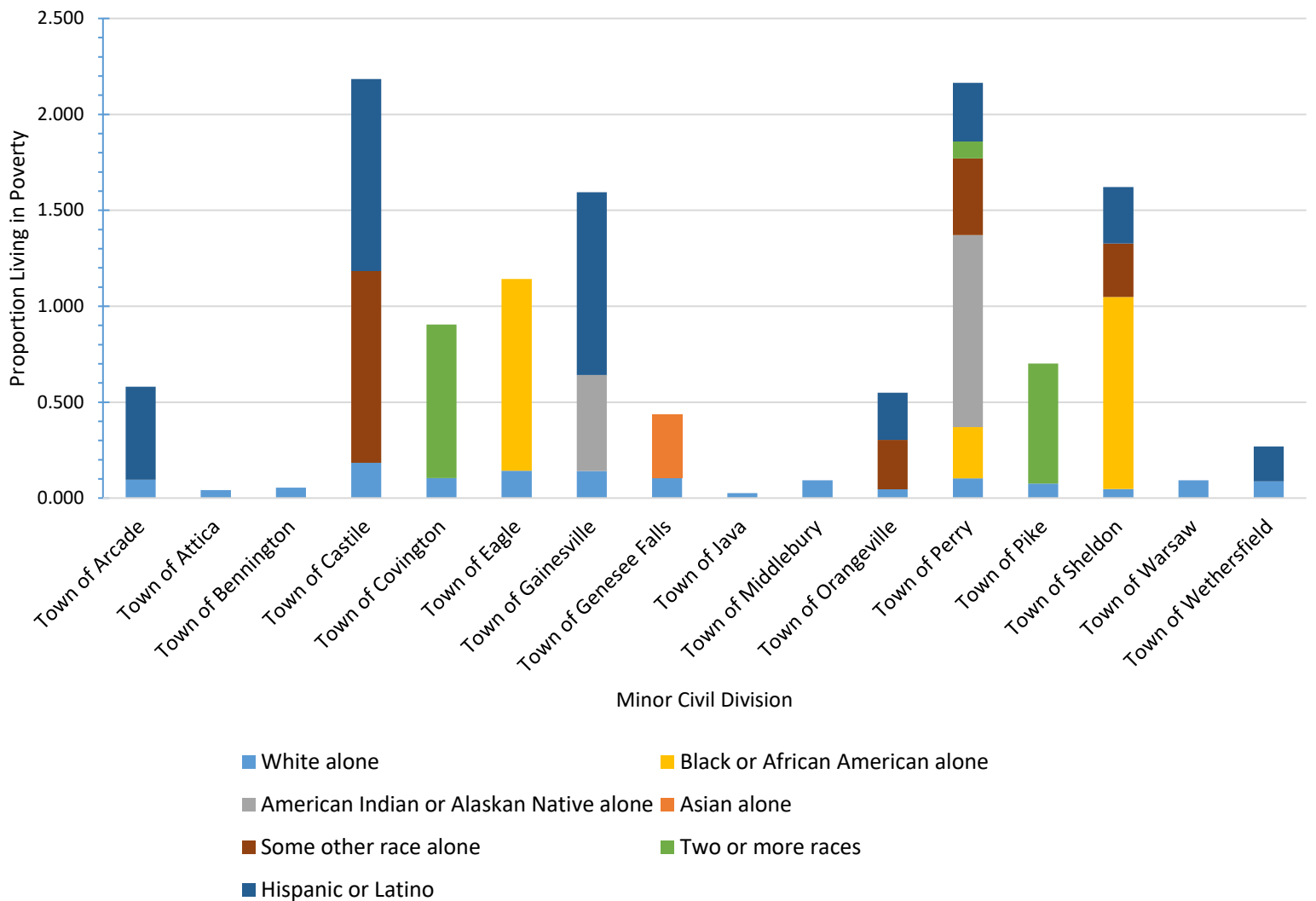
Red: 1.00 (100%)

Orange: 0.40-0.99 (40%-99%)

Yellow: 0.20-0.39 (20-39%)

Blue: 0.15-0.19 (15-19%)

Figure 14: Estimated Proportions of Wyoming County Residents Living in Poverty by Race, Ethnicity, and Town, January 2017-December 2021²²

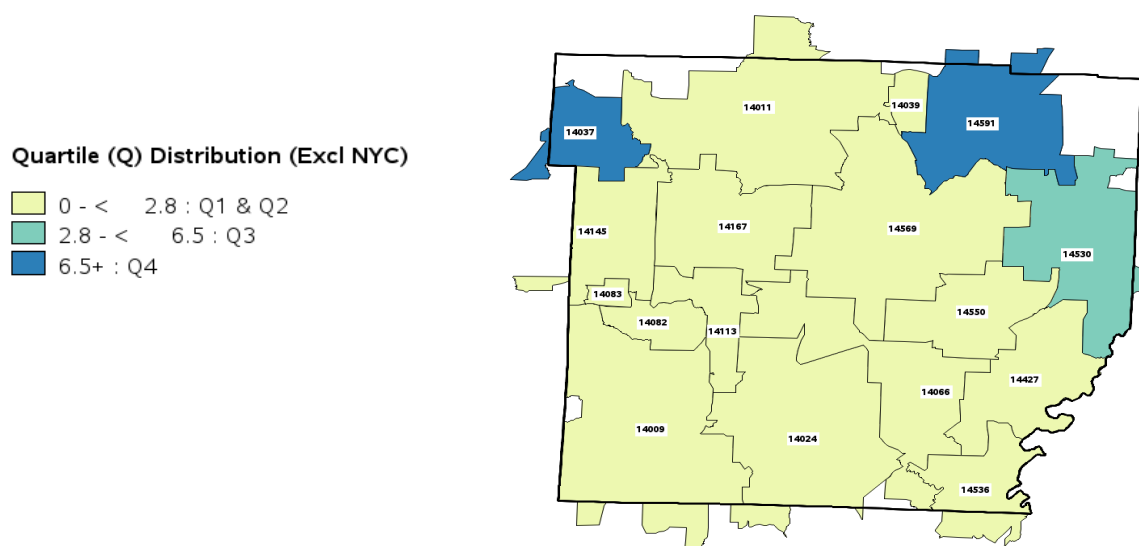


Opioid Use Indicators

Naloxone Administration by Emergency Medical Services

Naloxone is a medication given to patients by first responders in the event of an opioid overdose and works by blocking opioid receptors in the brain to reverse an overdose.²³ Figure 15, below, demonstrates the number of unique naloxone administrations by emergency medical service (EMS) agencies per 1,000 EMS dispatches by zip code in Wyoming County.²⁴ Unique naloxone administration refers to an EMS encounter where naloxone, or Narcan®, was given during patient care.²⁴ Naloxone is given to patients who present with any signs of a potential opioid overdose and should not represent the number of opioid overdoses in the county.²⁴ The crude rate of the number of naloxone administrations by EMS per 1,000 dispatches in Wyoming County is 2.2 per 1,000 and the rate for New York State excluding New York City is 5.1 per 1,000.²⁴ Based on the figure, zip codes 14037 (Cowelsville) and 14591 (Wyoming) have the highest naloxone administration rates in the county, at 47.6 administrations per 1,000 dispatches and 42.6 per 1,000, respectively.²⁴ As this data is from one source, we recognize this data point may be an underrepresentation of the true rates.

Figure 15: Unique Naloxone Administrations by EMS Agencies, crude rate per 1,000 unique EMS dispatches by Zip Code in Wyoming County, 2021²⁴; adapted from the New York State Opioid Data Dashboard



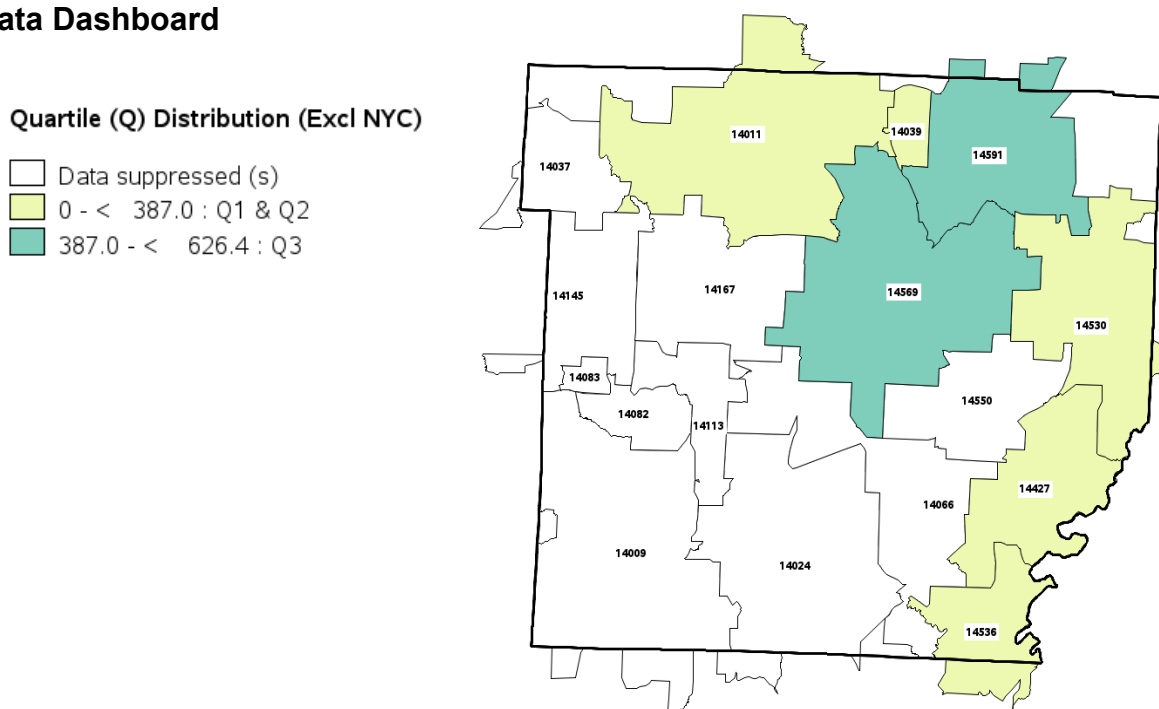
Zip Code	Numerator	Crude Rate
14009	0	0.0*
14011	1	1.4*
14024	0	0.0*
14037	0	47.6*
14039	0	0.0*
14066	0	0.0*
14082	0	0.0*
14083	0	0.0*
14113	0	0.0*
14145	0	0.0*
14167	0	0.0*
14427	0	0.0*
14530	2	3.1*
14536	0	0.0*
14550	0	0.0*
14569	2	1.4*
14591	2	42.6*

Note: *Fewer than 10 events in the numerator, the rate may be unstable. Data is from one source, and we recognize this data point may be an underrepresentation of the true rates. Additionally, data for Wyoming County may be incomplete, as some agencies do not submit e-PCR data to the NYS EMS patient care data repository.

Substance Use Disorder Treatment Program Admission

Figure 16, below, demonstrates admissions to NYS Office of Addiction Services and Supports (OASAS)-certified substance use disorder treatment programs for people aged 12 and older in Wyoming County.²⁴ The crude rate for Wyoming County is 178.9 admissions per 100,000 people and the rate for New York State excluding New York City is 514.0 per 100,000.²⁴ These rates and the rates in Figure 16 are likely an underrepresentation of the number of treatment admissions, as this data only includes patients within OASAS-certified treatment systems and does not represent patients who go outside NYS for treatment, are treated by physicians outside the OASAS system, or are treated by the U.S. Department of Veterans Affairs (VA).²⁴ The zip code that has the highest rate of treatment admissions in Wyoming County is 14591 (Wyoming), at 611.0 admissions per 100,000 people.²⁴

Figure 16: Admissions to OASAS-certified Substance Use Disorder Treatment Programs for any Opioid, crude rate per 100,000 population aged 12 and older by Zip Code in Wyoming County, 2021²⁴; adapted from the New York State Opioid Data Dashboard



Zip Code	Admissions	Crude Rate
14009	s	s
14011	10	113.9
14024	s	s
14037	s	s
14039	0	0.0*
14066	s	s
14082	s	s
14083	s	s
14113	s	s
14145	s	s
14167	s	s
14427	0	0.0*
14530	9	197.8*
14536	0	0.0*
14550	s	s
14569	20	389.0
14591	9	611.0*

Note: s: data does not meet reporting criteria; *: fewer than 10 events, rate may be unstable

Recommendations

Based on the analyses and findings within this appendix, there is a lack of health equity on varying levels demonstrated within Wyoming County. There were common and recurring themes found upon disaggregating the county-level data down to MCD, townships, zip codes, and school districts among indicators relating to the social and structural determinants of health. There are many disparities within these indicators particularly among racial and ethnic minority populations. Populations who identified as a racial or ethnic minority were less likely to have health insurance compared to their counterparts who identified as White within the county.⁹ There is also a stark disparity in poverty rates among populations identifying as racial and ethnic minorities compared to populations identifying as White, as the highest percentages of residents in poverty within Wyoming County are of a racial or ethnic minority.²² All of these can lead to disparities in health outcomes between racial and ethnic minority populations compared to White populations.

To work towards improving these health disparities, Wyoming County is encouraged to establish a Health Equity Coalition, or Work Group, to create an effective, evidence-based, sustainable, replicable, and scalable plan to address health equity. Additional recommendations could be to consider creating health-related documents, such as brochures, flyers, press releases, social media posts, etc. in additional languages other than English. The Rural Health Information Hub has many evidence-based toolkits designed for rural community health, which may serve as a beneficial resource:

[Evidence-Based Toolkits for Rural Community Health - Rural Health Information Hub, specifically the Rural Community Health Toolkit, Rural Health Networks and Coalitions Toolkit, and Health Equity Toolkit.](#)

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