

Community Health Assessment 2022-2024

Community Health Improvement Plan 2022-2024

Tompkins County Whole Health
Cayuga Medical Center, a member of Cayuga Health
Ithaca, New York
December 2022



Cornell Cooperative Extension
Tompkins County



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Executive Summary

The Tompkins County Community Health Assessment and Improvement Plan is a collaborative process with a focus on promoting health equity. Health equity occurs when every person has fair and just opportunities for optimal health and well-being. The integration of mental, physical, and environmental health allows us to envision a future where every person in Tompkins County can achieve wellness. This vision captures the recent combining of the local health department (LHD) and mental health services into one organization, Tompkins County Whole Health (TCWH). TCWH looks forward to working with partners and the community in this new capacity.

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

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

Disparities are primarily across wealth and race. Inequity is also evident in housing and access to healthcare, with the latter often due to lack of transportation options. Secondary data shows an income gap between races.

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

Primary data was collected directly from the community through a community wide survey in which respondents were asked to rate their own health, identify choices and challenges, and weigh in on what makes a healthy community. Over 1,500 eligible responses to the survey were completed. The results clearly demonstrate the influence that social determinants of health have on an individual's perception of their health.

A Steering Committee was convened to review and coalesce all data, and to propose the PA priorities and Focus Areas most relevant to the Tompkins County community. The committee included representatives from County Whole Health, County Youth Services,

Office for the Aging, Cayuga Health, Health Planning Council, Cornell University MPH Program, and Cornell Cooperative Extension of Tompkins County (CCE-TC).

The array of programs active in Tompkins County to address social determinants of health drive strategies that are evidence-based, promising/pilot programs, and/or programs planning an expansion to serve new constituencies. These activities are aligned with CHIP goals and objectives identified by the steering committee. Promoting chronic disease activities focus on increasing the availability of fruit and vegetable incentive programs, screening for food insecurity, removing structural barriers to cancer screening, and promoting strategies to improve detection of hypertension and prediabetes.

Well-being relates to an individual's physical, mental, and social sense of health and satisfaction, along with the influence that social determinants have on experiences and quality of life. The CHIP outlines strategies to strengthen well-being and promote health equity, including in the home to support parents and young children in families, and support those living with a chronic disease or disability to learn and practice techniques to better manage their disease in a safe, social setting.

It takes a supportive community to build well-being, and the CHIP specifies that Mental Health First Aid (MHFA) courses be taught to an ever-widening audience throughout the county, including at workplaces in all sectors. The CHIP identifies activities to prevent and treat mental and substance use disorders, including increasing access to medication-assisted treatment, access to overdose reversal training and kits, and integrating trauma-informed approaches in training and policy.

Evaluating the impact of the goals, objectives, and interventions presented in this CHIP will take place through 2024. A steering committee will monitor short term process measures that track activities. Community partners will have access to a reporting matrix that will be updated quarterly and on an annual basis submitted to NYS.

Community Health Assessment, 2022-2024

DESCRIPTION OF THE COMMUNITY

The demographics of the population served

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

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



Figure 1

Population

While the U.S. Census Bureau’s 2021 estimate population for Tompkins County is 105,162, all data in the following demographic profile is based on the Bureau’s 2016-2020 5-year estimates, which marks the county population at 102,237.

The City of Ithaca and the surrounding Town of Ithaca account for nearly half (49.4%) of the county population. The Towns of Dryden and Lansing combined are another quarter (25.2%) of the population total, with the six remaining towns, all with population under 5,829, making up the final 25.4%. (Table 1)

Profile

Tompkins County is home to three institutions of higher education, Cornell University, Ithaca College, and Tompkins Cortland Community College (TC3). Cornell’s main campus is on East Hill in the City of Ithaca, and many of its facilities are in the Towns of Ithaca and Dryden. Ithaca College is on South Hill, within the Town of Ithaca. TC3 is in the Town of Dryden. Together, these schools enroll a total of 27,644 undergraduate, graduate, and professional students, 27% of the county population.

Much of the county’s demographic profile reflects the college sector. The median age of Tompkins County residents is 31.3

American Community Survey, 5-year est, 2020	Population	Percent of total pop	White alone %	Black or African American alone %	Asian alone %
Tompkins County	102,237		79.6%	4.1%	9.4%
Caroline	3,318	3.2%	86.3%	2.8%	1.5%
Danby	3,387	3.3%	92.0%	6.5%	0.5%
Dryden	14,361	14.0%	90.4%	2.9%	1.9%
Enfield	3,442	3.4%	96.3%	0.3%	0.0%
Groton	5,829	5.7%	92.1%	1.6%	0.9%
City of Ithaca	30,715	30.0%	67.7%	5.9%	17.2%
Ithaca	19,868	19.4%	72.0%	5.2%	13.3%
Lansing	11,492	11.2%	80.2%	2.8%	11.4%
Newfield	5,115	5.0%	96.2%	1.7%	0.5%
Ulysses	4,892	4.8%	94.1%	2.2%	0.6%

Source: U.S. Census, ACS DT5Y2020.B02001, 2022-08-30, RACE

Table 1

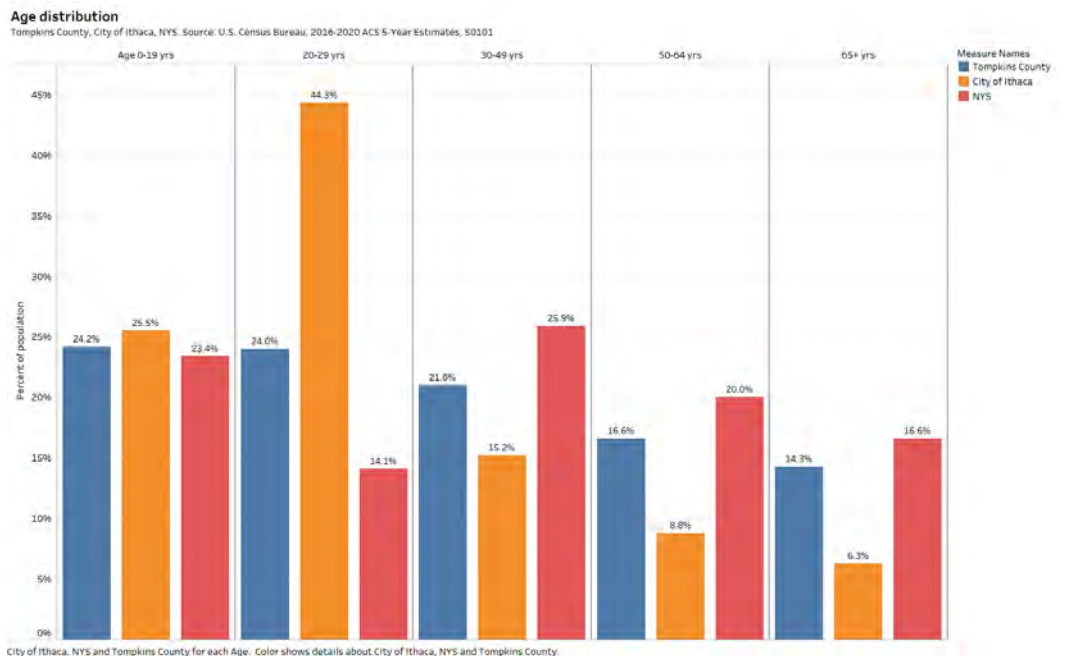


Figure 2

years—the lowest in the state—with 26.6% of residents age 18–24 years. About 1-in-7 Tompkins County residents is age 65 or older (14.3%). (Figure 2)

Tompkins County’s population is well educated: 94.4% residents aged 25-plus are high school graduates, 53% have a Bachelors degree, and 29.6% have a graduate or professional degree. Of the civilian population 16 years and over, 16.2% work in educational instruction and library occupations, 11.8% in computer, engineering, and science, and 5.3% in healthcare practitioner and technical occupations. (Figure 3 and Figure 4)

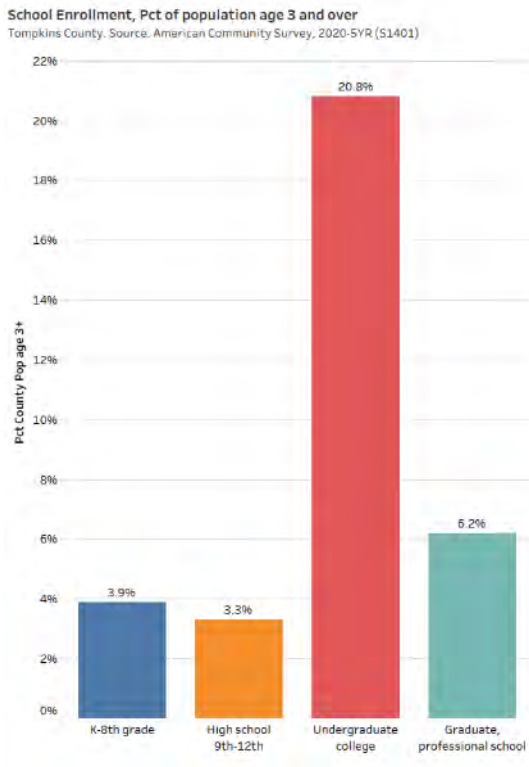


Figure 3

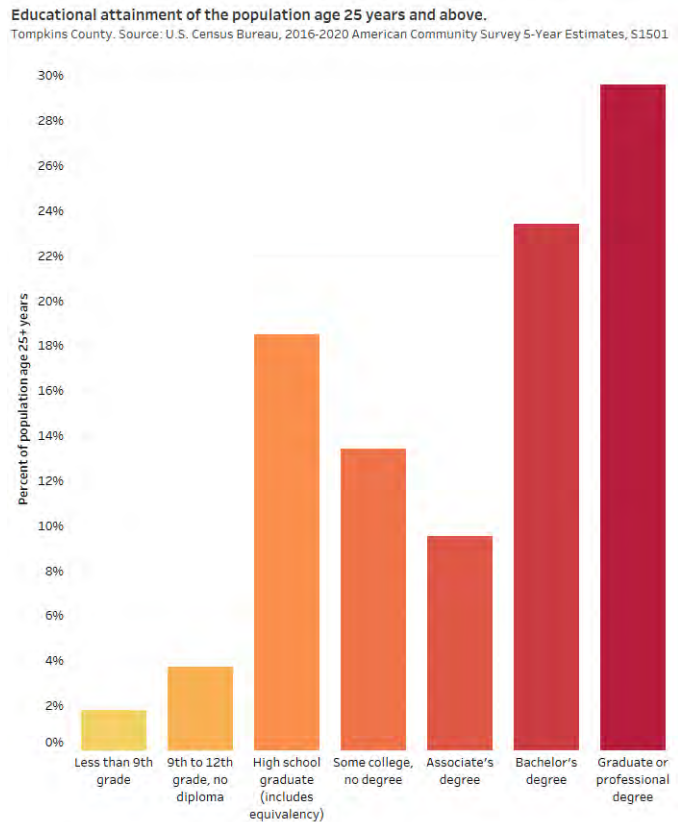


Figure 4

Transience is another characteristic of Tompkins County’s student-heavy population. This lack of population consistency challenges efforts to establish a broad awareness of public services for health, housing, and transportation. About 3-in-20 (15.3%) County residents lived outside the county the previous year. In the City and Town of Ithaca, 15.9% and 11.9% of the respective populations moved in from out of state within the past year. (Figure 5)

About thirteen percent of county residents are foreign born; about 1-in-20 of those are now naturalized citizens. Among the foreign-born population age 5 and up, 70.3% speak a language other than English, and about 1-in-4 of that group are identified as speaking English “less than very well.” That represents about 3,315 residents, not all of whom are post-secondary students. For example, the Ithaca Housing Authority provides its leasing materials in a dozen languages. All public health and public health preparedness service providers must be ready to accommodate these individuals. (Figure 6)

Population mobility: Pct of population age 1+ who lived in a different location the previous year
Source: American Community Survey, 2020-5YR (S0701)

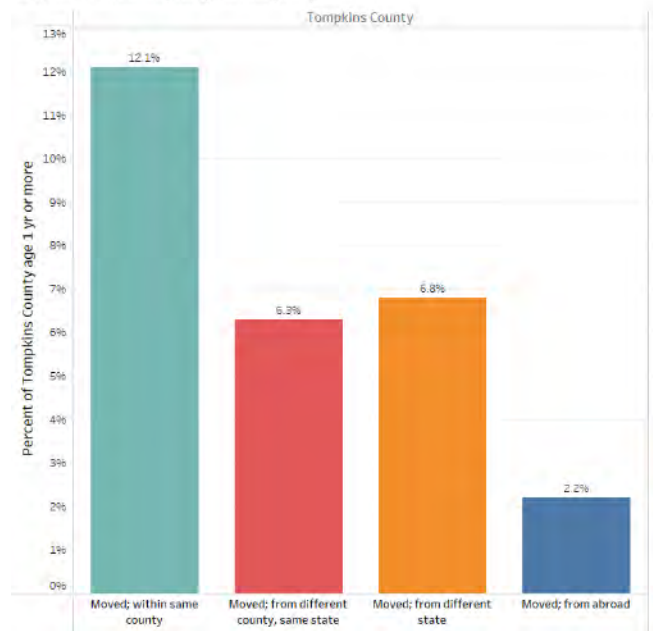
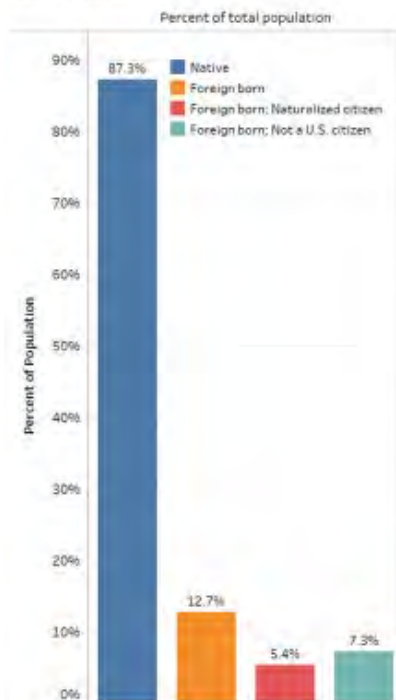


Figure 5

Native and foreign born population
Tompkins County. Source: American Community Survey, 2020-5YR (S0501)



School enrollment status of native and foreign born populations
Tompkins County population age 3+ years. Source: ACS, 2020-5YR (S0501)

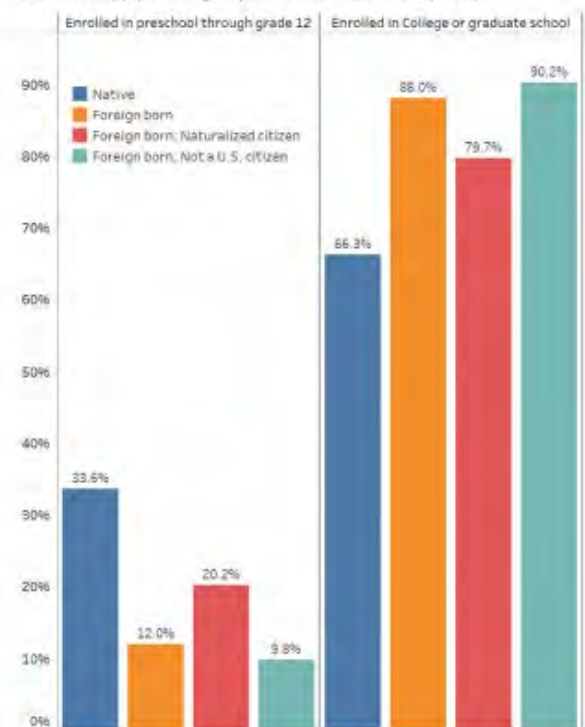


Figure 6

Households

Close to half (47.5%) of Tompkins County households are non-family households. Just in City of Ithaca nearly three-quarters (72%) of households are non-family. Consistent with rates of non-family households and transience, the number of renter-occupied housing approaches half (46%) of all units. In the City of Ithaca, nearly three out of four (74.9%) occupied units are rentals. (Figure 7)

Among all households, owner-, renter-, and family-occupied, a clear majority of the housing stock is old; county-wide, 57.6% of structures were built before 1980. Within City of Ithaca, that number rises to nearly two out of three (62.8%) occupied structures were built before 1980, when lead paint was still in use. Across the county, 8% of occupied units are a mobile home or other type of housing. However, in the towns of Newfield and Enfield on the western side of the county, mobile homes or other housing account for nearly one third of residents' housing (29.1% and 29.9%, respectively).

Median household income is student influenced. In Ithaca city for example, the median for all households is \$38,019, while for family households it is \$98,542; family households are just 28.6% of all households in Ithaca city. In Tompkins County as a whole, half (52.5%) of all households are families, and the median family income is \$87,977. The county median across all households, family and non, is \$61,361. (Figure 8)

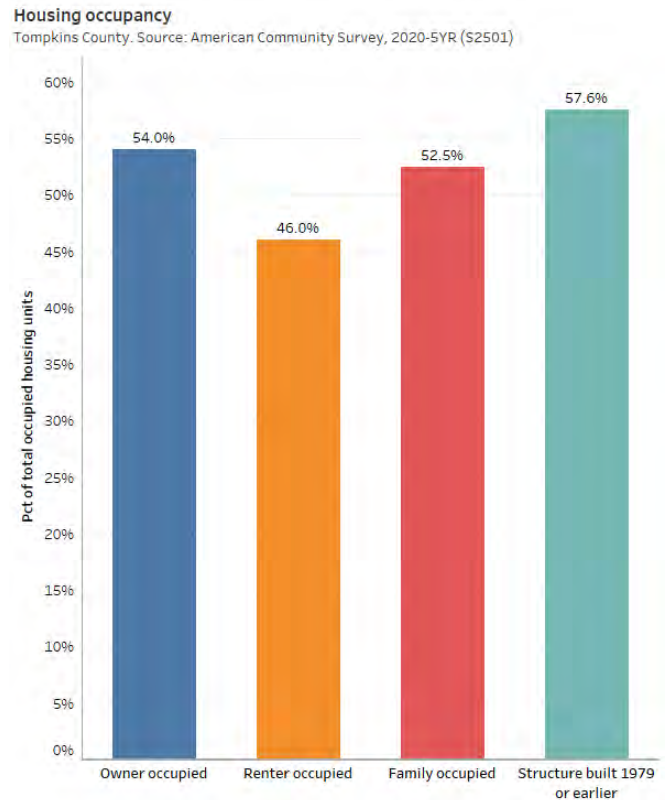


Figure 7

Poverty

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

The overall poverty rate in Tompkins County is 17.5%. For county residents who identify as Black or African American alone, the poverty rate is 40.9%; white alone is 13.7%. Among all residents under age 5, 15.1% are below the poverty level.

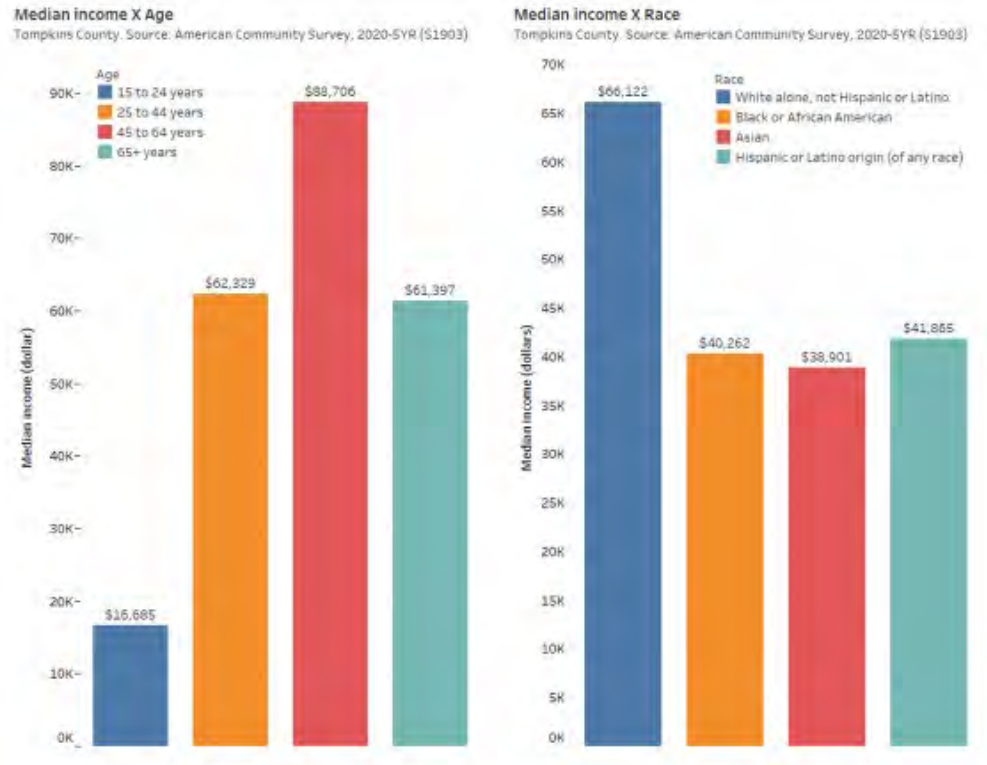


Figure 8

The City of Ithaca has the highest poverty rate in the county, 37.4% among all residents. The rate for city residents who identify as Black alone is 70%; for white alone, 30.6%; for all individuals under age 5, 15.5%. The Town of Dryden has the highest poverty rate for individuals under age 5, 36.3%. The Town of Caroline has the lowest overall poverty rate, at 3.3%. (Figure 9)

Among all households in Tompkins County, 52.5% are family households, of which one-in-twenty (5.5%) are below the poverty level. Narrowing the population to families with a female householder, no spouse present, and related children under age 5, over a quarter (26.4%) of those Tompkins County families are below the poverty rate. In the City of Ithaca, 19% of family households are below the poverty level. (Figure 10)

Poverty, Tompkins County & City of Ithaca (Pct. below poverty)

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, S1701

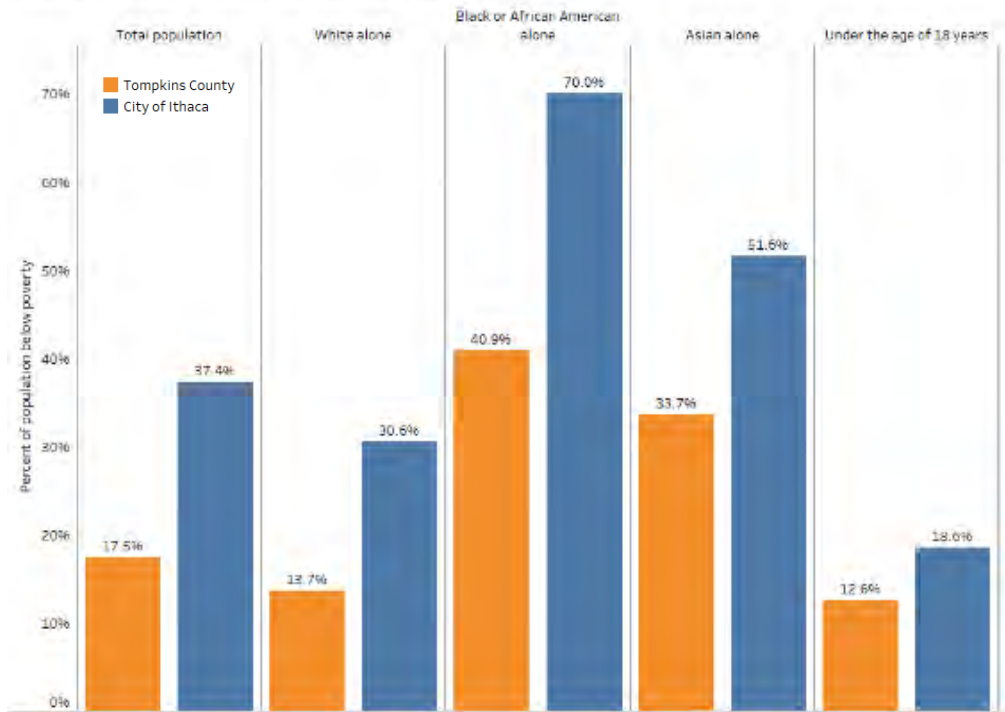


Figure 9

Pct. below poverty among families based on characteristics of the householder

Tompkins County. Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, S1702

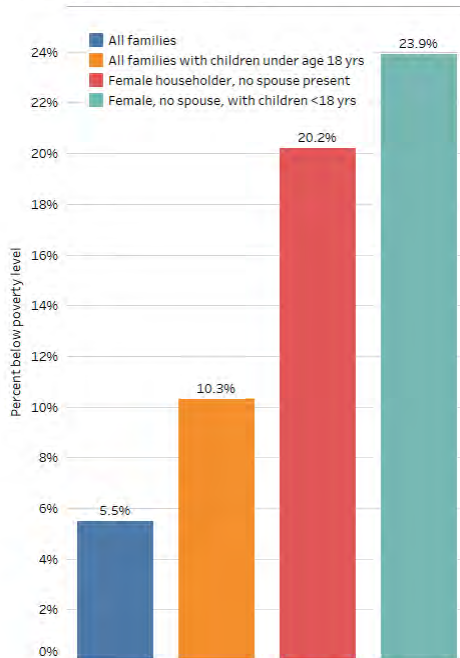


Figure 10

Poverty X Educational Attainment

Tompkins County population age 25 years and over. Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, S1701

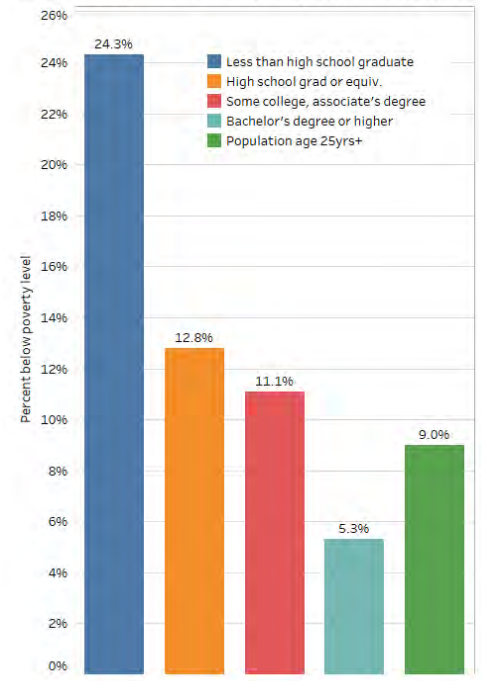


Figure 11

Participation in the Supplemental Nutrition Assistance Program (SNAP) and medical assistance (Medicaid) programs are also key poverty indicators. Nearly one-in-ten Tompkins County households (9.3%) receive SNAP benefits, totaling 3,783 households. About one third of those households include one or more people aged 60 years and over (31.2% of SNAP recipients, or 1,179 households). (Figure 12)

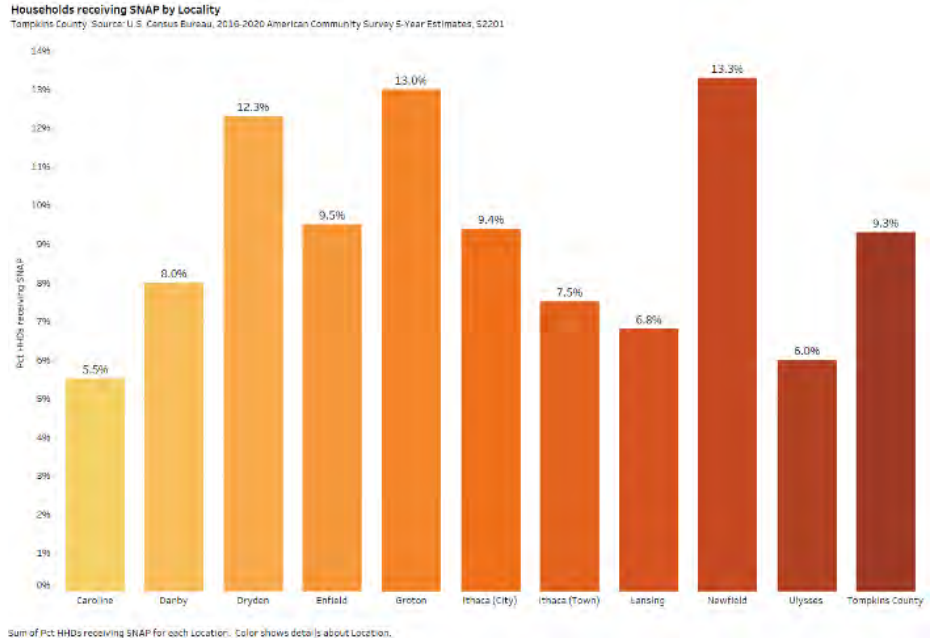


Figure 12

Free and reduced lunch utilization is another often-used indicator of poverty. Across all districts, 40% of students grades K–12 were eligible to receive free or reduced-price lunch during the 2017-2018 school year. This is an increase from 36% in 2009. (Table 2)

Free or reduced school lunch, pct, 2019

	Tompkins County	NYS
Students eligible for free or reduced price lunch (CHIRS 329)	40.3%	55.2%

Source: NYS Community Health Indicator Rpts, CHIRS #329, 2019

Table 2

HEALTH STATUS OF THE POPULATION AND DISTRIBUTION OF HEALTH ISSUES

Aggregated Data

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

The Prevention Agenda (PA) for 2019-2024 is “New York State’s health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities.” (health.ny.gov/prevention/prevention_agenda/2019-2024.) It is categorized by the five PA priorities:

- Prevent Chronic Disease,
- Promote a Healthy and Safe Environment,
- Promote Healthy Women, Infants, and Children,
- Promote Well-Being and Prevent Mental and Substance Use Disorders, and
- Prevent Communicable Disease.

Within each Prevention Agenda priority, the structure is: Priority > Focus Areas > Goals > Objectives > Interventions. County status and progress on PA priorities are tracked through 44 indicators in the PA dashboard. Visit the 2019-2024 PA dashboard at health.ny.gov/preventionagendadashboard. Click on the “County” tab to see Tompkins-specific data.

The CHIRS is close to 350 data points organized into 15 categories, including cancer, cardiovascular disease, child and adolescent health, injury, occupational health, health status, and tobacco, alcohol, and other substance abuse. Much of the CHIRS data available for this 2022 revision of the CHA is for years 2017 through 2019.

Comparing data with peer counties, or state and national averages is a common practice for understanding health status and setting realistic health goals. Often, these peer comparisons are made among contiguous counties and a statewide number. In NYS, statewide data are typically provided for “Entire State” and /or for “NYS Except NYC.”

The latter, also referred to as the “Rest of State” or ROS, is the most common point of comparison in this year’s CHA.

Community Survey

A Community Health Survey of Tompkins County residents was conducted via Qualtrics over July of 2022. Those who identified as age 18 or over and living in Tompkins County were eligible; there were 1,569 eligible respondents.

Of the total respondents, the largest cohorts were from those aged 55-64 (30%) and aged 55-64 (19%). Respondents by race was: White (86.8%), Black (2.4%), Asian (1.8%), Hispanic (3.4%).

Residents from every municipality participated, with the City of Ithaca drawing the most responses (24%). Consistent with the county’s population distribution, the next highest representation was Town of Ithaca (19%), Dryden (13%), and Lansing (11%). Nearly all respondents identified either as female (68%) or male (27%). A majority of respondents reported that they have private health insurance, alone or in combination with another insurance (68%). Nearly one quarter (23%) had Medicare alone or in combination with another insurance.

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

Across all respondents the average rating for both physical health and mental health was 3.5 on the scale of 1 (poor) to 5 (excellent). Seventeen percent of respondents rated their mental health either fair or poor, while 14.2% ranked their physical health at one of the two unfavorable levels. Over half of respondents (53%) rated their physical health either very good or excellent. The proportion was the same for mental health: 53% gave them self either a very good or excellent rating.

Priorities, Focus Areas, and Goals

The CHIP Steering Committee reviewed the PA Priority Areas and Focus Areas (each PA Priority includes multiple Focus Areas) and provided recommendations about which areas should be investigated further during the CHA process and review of data. These recommendations were used to structure the CHA and to determine what data from secondary sources would be reviewed and highlighted in the narrative for this *Health Status* section of the CHA. The review of existing community reports and stakeholder input were also aligned with the Focus Areas.

PREVENTION AGENDA PRIORITY: PREVENT CHRONIC DISEASE

Focus Area 1: Healthy Eating and Food Security

- Goal 1.1: Increase access to healthy and affordable foods and beverages
- Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
- Goal 1.3: Increase food security

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

The obesity rate for Tompkins County adults (24%) is lower than for the ROS (30%). The statewide PA 2024 objective for obesity is 24% of the adult population. The comparison is similar for overweight adults and for diabetes indicators. Among Tompkins adults, 57% are overweight, about 7 points below the ROS. Physician diagnosed diabetes includes 7% of Tompkins adults; the ROS rate is 9%. (Figure 13)

Adult obesity and physician diagnosed diabetes
NYS Community Health Indicator Reports (CHIRS 254, 255, 123) 2018 data (age-adj)

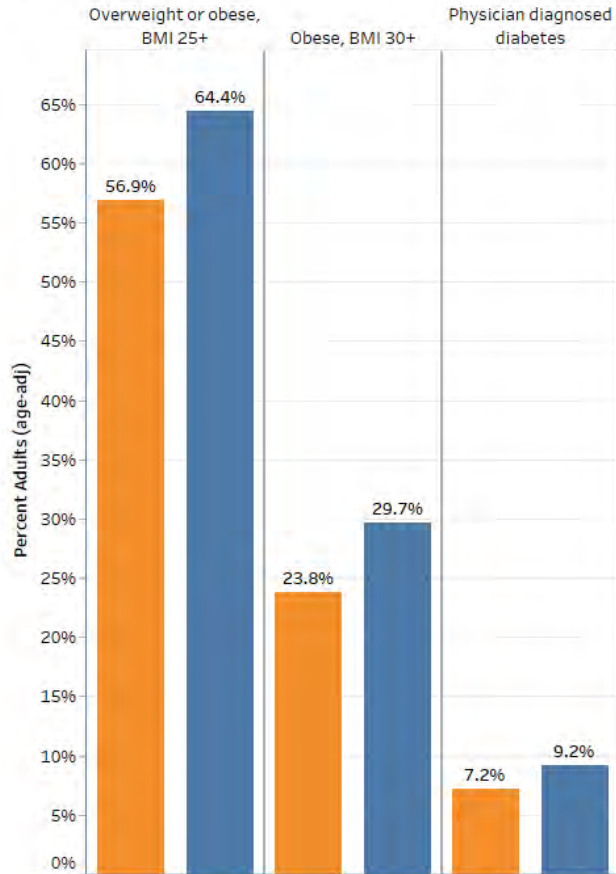


Figure 13

Youth obesity indicators are reported by schools, therefore available by grade level (elementary and combined middle and high school) and by district. Overall, fewer Tompkins elementary students are obese (14%) than throughout the rest of the state (16%). The rate for middle and high-school students is almost one-in-six (17%), where the ROS rate is nearly one-in-five (19%). The obesity rate among WIC children ages 2-4 years is 15%, about equal to the ROS rate. (Figure 14)

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

Among the Tompkins County school districts, student obesity rates in Ithaca, Trumansburg, and Lansing are in the first and second quartiles, or better than half of all ROS districts in the sample. Student obesity rates in the Groton and Newfield districts fall in the third quartile, while Dryden is in the fourth quartile for student obesity. These obesity data from NYS are for the years 2017-2019. (Figure 15)

Everyday access to sufficient food of any sort, or food security, is reported in a variety of ways. Among these is population proximity to supermarkets that carry a full range of fresh foods. The Robert Wood Johnson/ University of Wisconsin county rankings report the percent of the low-income residents who do not live close to a grocery store. In Tompkins County, 5.4% of the population qualifies as having limited access to healthy foods. By comparison, the NYS rate is 2.4%.

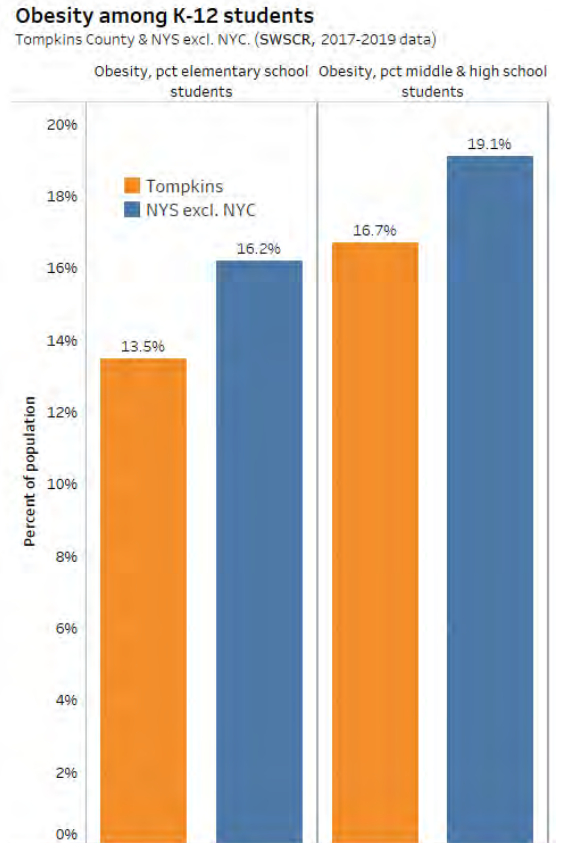


Figure 14

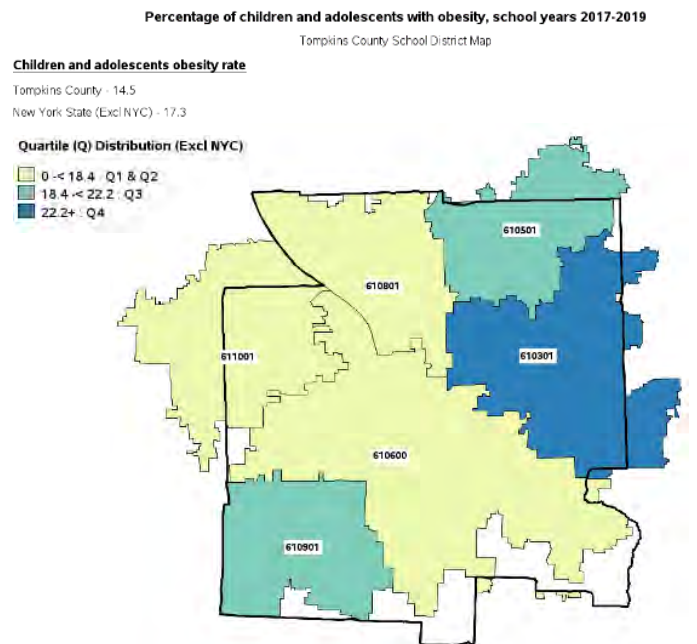


Figure 15

The NYS CHIRS includes an indicator for the percent of the population who “did not have access to a reliable source of food last year.” By this measure, Tompkins County is about at parity with the rate for NYS excluding NYC; 11.6% and 11.0% respectively based on 2019 data. (Figure 16)

The RWJF County Rankings include three food security indicators, calculated from the USDA Food Environment Atlas and “Map the Meal Gap” from Feeding America. Their Food Environment Index gives a rating from 0-least secure, to 10-most secure. Using 2019 data, Tompkins gets an 8.0 on the index. By comparison, the index for the U.S. overall is 7.8.

A food insecurity rate is also reported by Feeding America’s Map the Meal Gap, and the trend in Tompkins County is a decreasing rate from 2017 to 2020 for both the overall population and for children under age 18 years old. The trend is particularly striking for children, for whom the 2017 food insecurity rate was 17%, and in 2020 it was 11%. Unlike the children, the trend for the overall population was not straight down, but instead bounced from 13% in 2017 to 10% in 2018, then back up to 12% and back down to 11% in 2020. (Figure 17)

When school is in session, school lunches and breakfast programs provide an important meal for children in households with inadequate food availability or nutritional value. In Tompkins County, 40% of K-12 children are eligible to receive free or reduced-price lunch.

Food insecurity
Tompkins County and NYS, Community Health Indicator Reports (CHIRS)

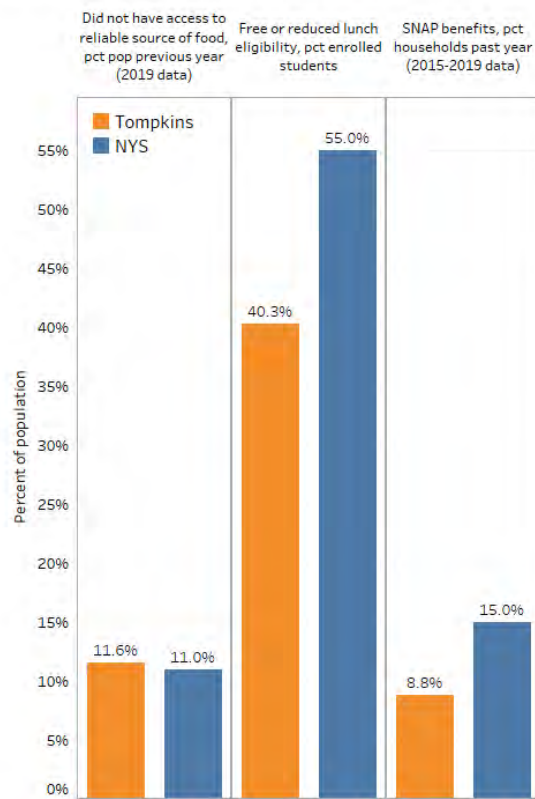


Figure 16

Food Insecurity Rate, 2017-2020

Tompkins County. Source: Feeding America, Map the Meal Gap 2022. Food insecurity is defined by the USDA as the lack of access, at times, to enough food for an active, healthy life. Feeding America defines food insecurity as an economic and social condition of limited or uncertain access to adequate food.

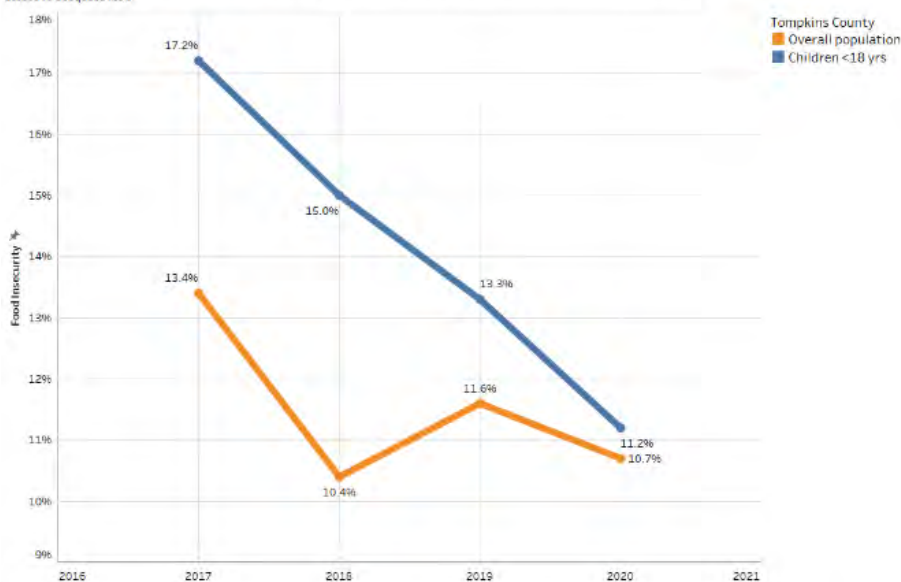


Figure 17

Community Survey

When Community Health Survey respondents were asked to identify the barriers to eating healthy food as often as they would like, over a quarter (27%) cited “Time,” and 40 percent cited “Cost.” One-in-eight (12%) checked “It’s too much trouble or I’m not interested.” Respondents could check up to 3 of the options listed. (Figure 18)

Barriers to healthy eating

What keeps you from eating healthy food as often as you would like? (Select up to 3.) Percent of respondents who selected the option, N=1,441.
Source: Tompkins County Health Department Community Health Survey, July 2022.

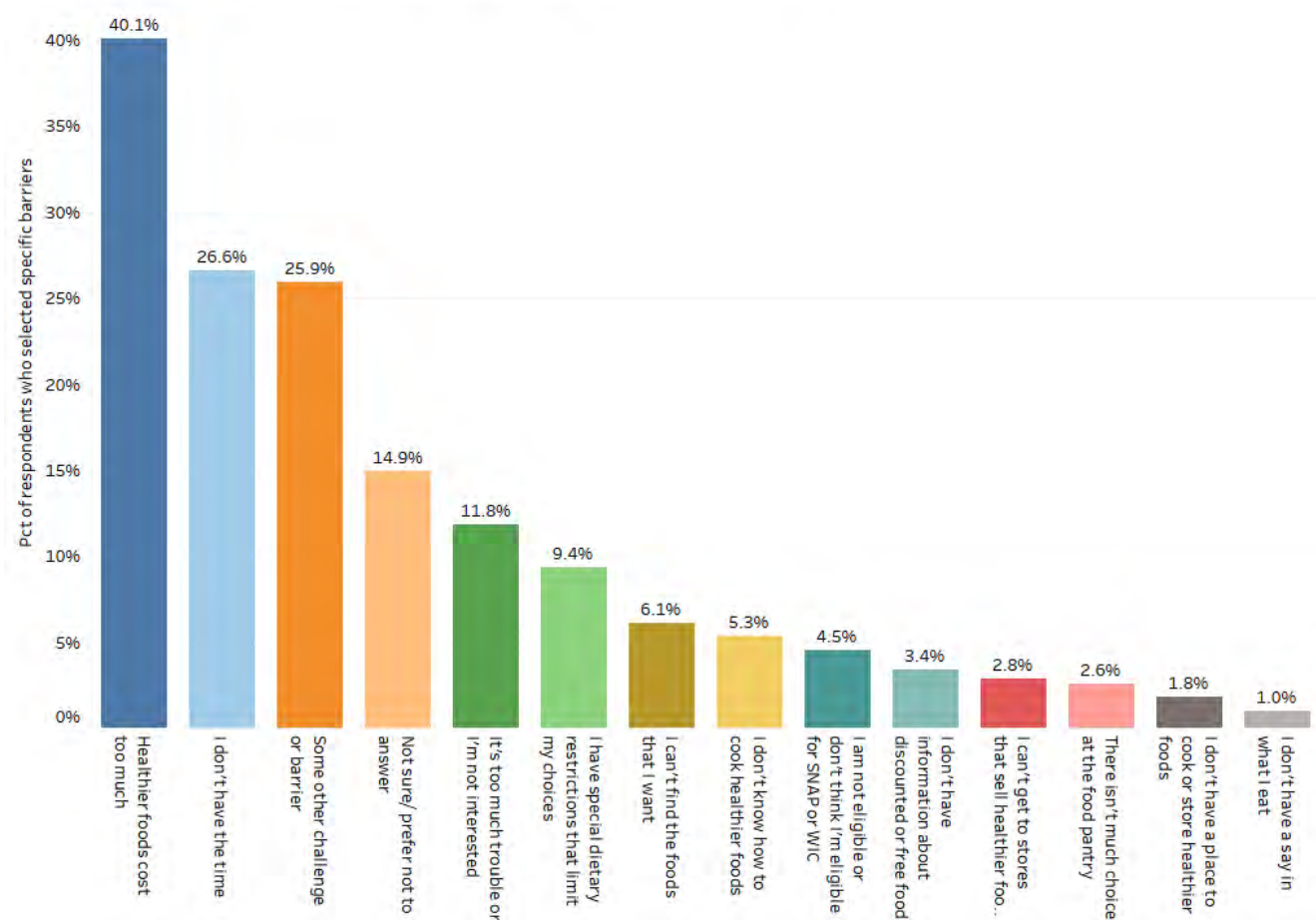


Figure 18

In a similar question asked about barriers to physical activity, 39% cited “Time” and nearly one-third (32%) included “The local weather” as one of the reasons they are not getting as much physical activity as they would like. There is more about physical activity later in this section.

Focus Area 4: Preventive Care Management

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

Goal 4.2 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity

Over the ten-year span from 2010 to 2019, cancer and heart disease have evenly shared the #1 cause of death in Tompkins County with five years each. However, while cancer was the leading cause for 2016, 2017, and 2019, the rate of cancer deaths per 100,000 has decreased from 155/100K in 2016 to 127/100K in 2019. Heart disease, CLRD, unintentional injury, cerebrovascular disease, diabetes, and suicide rounded out the top seven for 2019, which is the most recent data available. (Figure 19)



Figure 19

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

Among Tompkins adults aged 50-75, 78% were screened for colorectal cancer based on 2018 BRFSS data. In our CHA published in 2019, that rate was 84% based on 2016 data, six points higher. Still, the current Tompkins County rate for colorectal screening is 11 percentage points higher than the current rate for NYS excluding NYC. (Figure 20)

The comparison is flipped for cervical cancer screening where only 68% of Tompkins women aged 21-65 are screened, compared to 86% across the rest of the state. This is seven percentage points lower than the 75%, 2016 data reported in our 2019 CHA.

The most recent rates for breast cancer screening of Tompkins women aged 50-74 is 80%, essentially equal to the ROS rate of 81%. New York State also reports the rate of mammograms among women aged 50-74 who are enrolled in the Medicaid program, up from just 56% previously (2016 data reported in the 2019 CHA). (Figure 21)

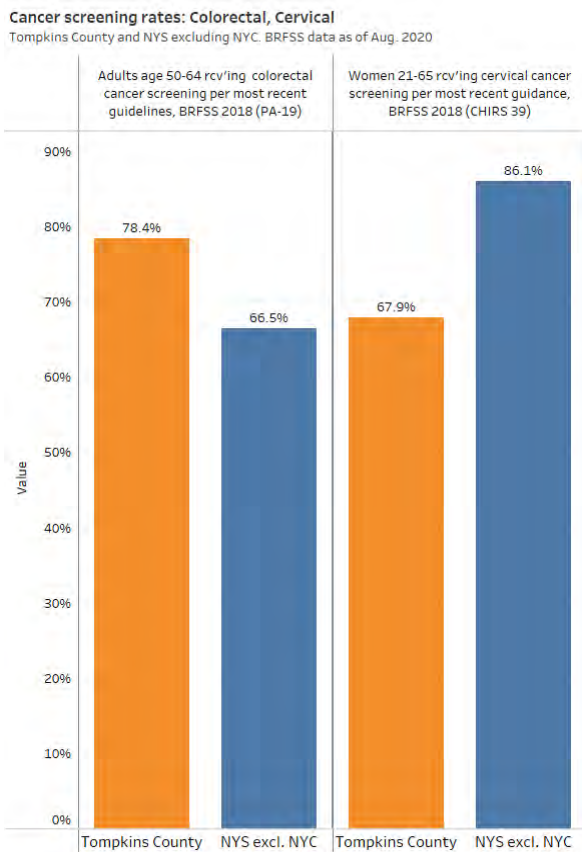


Figure 20

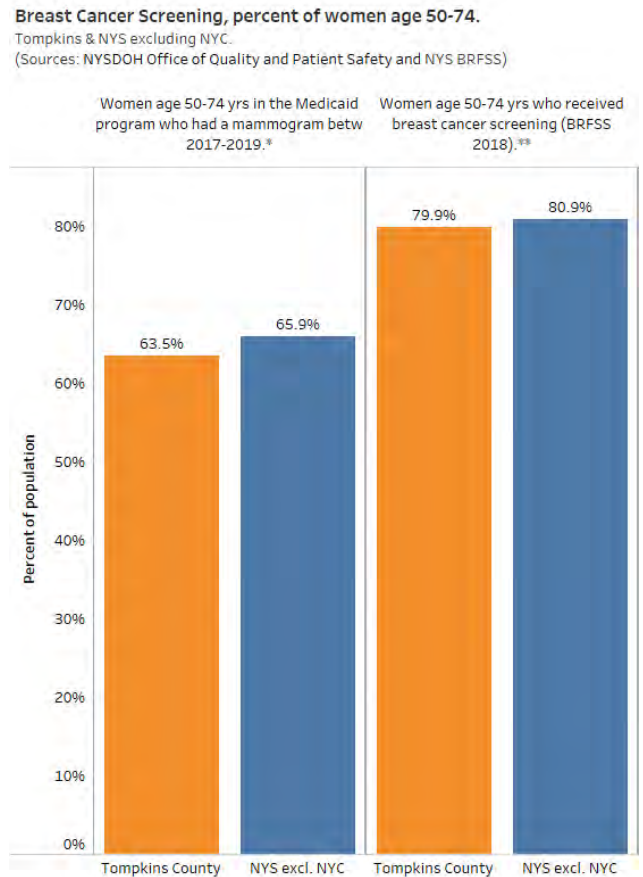


Figure 21

Cardiovascular Disease and Diabetes

The burden of cardiovascular disease, cancer, and diabetes is not distributed evenly. The risks of developing or dying from heart disease, cancer or diabetes are linked to a variety of social determinants of health, such as race, ethnicity, gender, sexual orientation, age, disability, socioeconomic status, and geographic location.

Heart disease is consistently among the leading causes of death in the United States, and diabetes consistently impacts the Black population to a greater degree than the White population. In Tompkins County, heart disease has been first or second cause of death for at least the last decade, and a look at the associated racial disparity is warranted. And as seen elsewhere, the racial gap with diabetes is clearly visible in Tompkins County. A comparison of Tompkins County across race and ethnicity is in Table 3 and Figure 22.

Mortality per 100,000 population, age-adj

	Non-Hispanic			Hispanic	Total
	White	Black	Asian/ Pacific Is.		
Total mortality	678.7	837.2	248.3	172.4	661.8
Diseases of the heart	132.6	114.5	23.7*	16.3*	129.2
Cerebrovascular disease (stroke)	30.5	43.6*	23.7*	0.0*	29.6
Coronary heart disease	68.3	59.8*	0.0*	16.3*	66
Congestive heart failure	15.7	18.9*	0.0*	0.0*	14.9
Diabetes	16.4	73.7*	19.7*	0.0*	17.5

* The rate is unstable | Source: CHIRS by Race/Ethnicity, 2017-2019

Table 3

Diseases of the heart, Stroke, Hospitalizations X Race

Tompkins County, Nonhispanic White and Black, and total population. Age 18+. Source: CHIRS by Race/Ethnicity, 2017-2019 (health.ny.gov/statistics/community/minority/county/tompkins.htm)

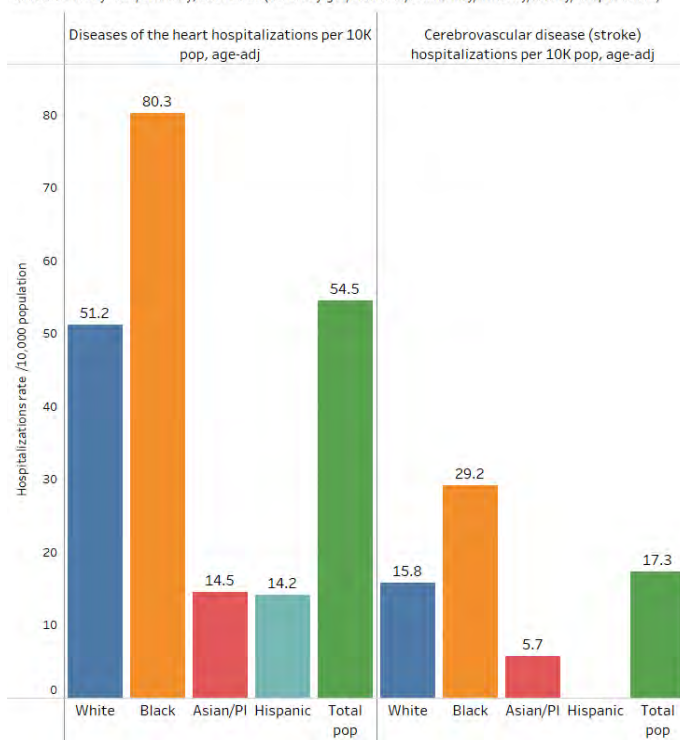


Figure 23

Diabetes Hospitalizations X Race

Tompkins County. White, Black, Asia/PI are Nonhispanic. Source: CHIRS by Race/Ethnicity, 2017-2019

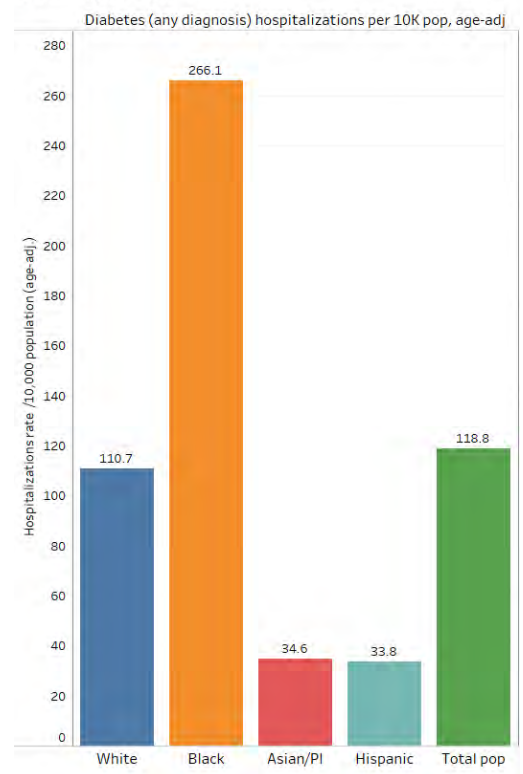


Figure 22

Diabetes

While the rate of hospitalizations for diabetes in Tompkins County is far below that of the rest of the state outside NYC (ROS), the racial gap is equally as striking with more than double the incidence for the Black population as for the White (Figure 23 and Figure 24).

Tompkins County, NYS CHIRS Table, 2017-2019 data

Indicator	Tompkins	ROS
Cardiovascular disease, hospitalization rate/10K (age adj, 2017-2019)	80	122.9
Heart attack hospitalization, rate/10K (age adj, 2017-2019)	8.2	14.6
Diseases of the heart hospitalization rate/10K, (age adj, 2017-2019)	54.5	84
High blood pressure, physician diagnosed, pct. adults BRFSS survey (2016)	26.9 (21.8-32.0)	29.4
Blood cholesterol screening, pct adults (age adj) BRFSS survey (2013-2014)	75.2 (67.3-83.1)	83.2
Diabetes hospitalization, rate/10K (age adj, 2017-2019)	118.8	195.6
Diabetes, physician diagnosed, pct adults (age adj) BRFSS survey (2018)	7.2 (4.5-9.9)	9.2
Diabetes, Potentially preventable short-term complications hospitalization rate per 10,000, age 18+ years (2017-2019)	3.3	6

Table 4

Potentially preventable hospitalizations for diabetes, heart failure X Race

Tompkins County, Nonhispanic White and Black, and total population. Age 18+.

Source: CHIRS by Race/Ethnicity, 2017-2019

(health.ny.gov/statistics/community/minority/county/tompkins.htm)

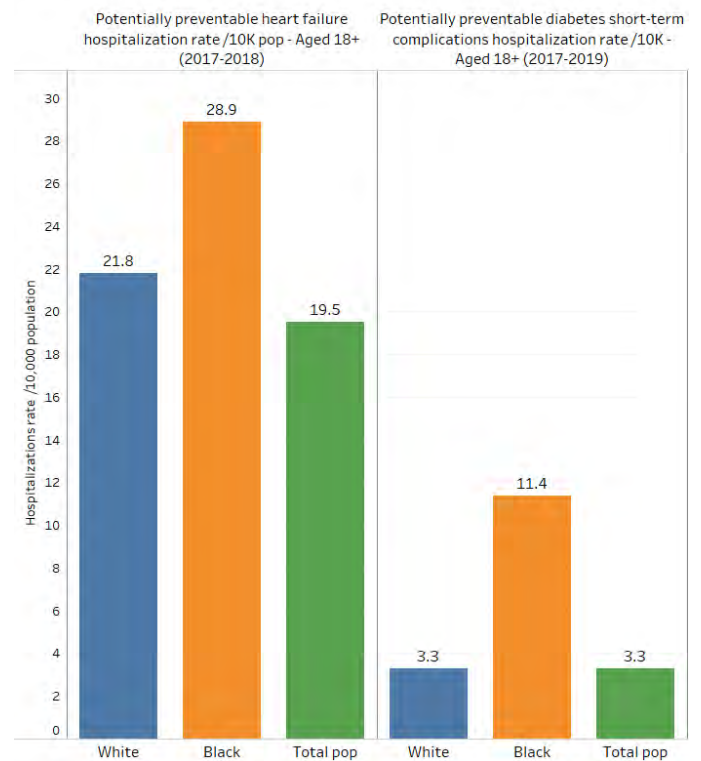


Figure 24

Additional Chronic Disease Prevention Agenda Indicators

While the Prevention Agenda (PA) tracks a total of 70 chronic disease indicators, the previous sections only include those most related to the PA goals selected by the CHA-CHIP Steering Committee.

Following is a selection of chronic disease indicators that are of interest to the community, even though they do not directly relate to the selected goals. Data is primarily pulled from the Prevention Agenda (PA) and Community Health Indicator Reports (CHIRS) datasets from the period 2017-2019 and published by NYS in early 2022. The PA covers 56 indicators and the CHIRS 356 indicators. Both were most recently revised in February 2022. ROS refers to “Rest of State,” another way of referring to data for NYS excluding NYC.

Asthma

The CHIRS includes adult asthma hospitalizations and self-reported current diagnosis, and asthma emergency department visits by children ages 0-17 years by Zip code. Tompkins’ rate for adult asthma hospitalizations is less than half that of the ROS, while the two rates for self-reported current asthma are about the same when accounting for margin of error associated with BRFSS data. (Figure 25)

Reviewing child ED visits, the highest prevalence is Newfield residents, and the lowest is Freeville. All are considerably below the NYS rate and PA objective. (Figure 26)

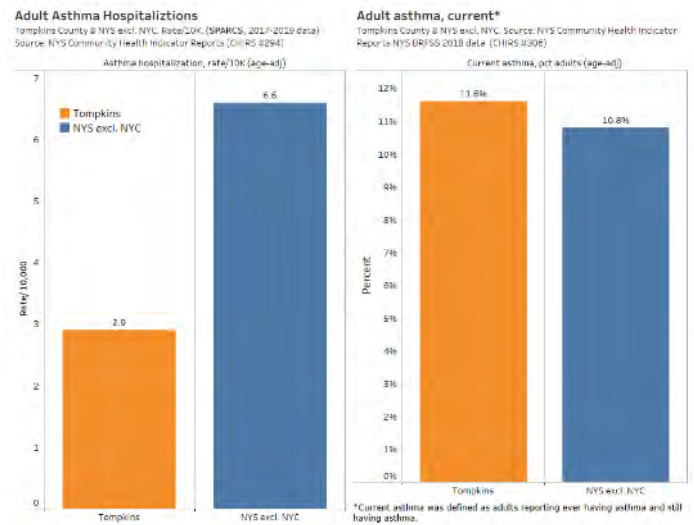


Figure 25

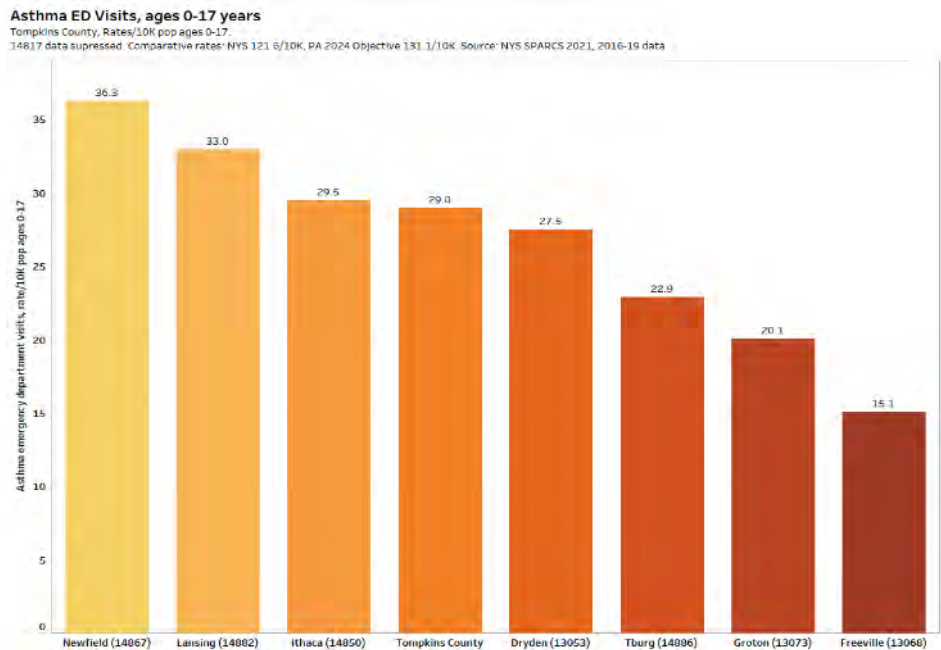


Figure 26

Physical Activity

Leisure time physical activity is generally recognized as an important part of a healthy lifestyle, yet the PA does not include an indicator to track it. The CHIRS includes just one indicator that relates to physical activity: the percentage of adults who participated in leisure time physical activity in the past 30 days. In Tompkins County the rate is 87% of adults, significantly higher than the ROS (78%).

These are age-adjusted data from 2018 and are slightly up from the 2016 numbers published in the 2019 CHA (83% and 75% respectively).

The Community Health Survey conducted in July 2022 included the question, “What are the barriers to getting as much physical activity as you would like?” “Time” was the most commonly selected barrier to getting physical activity, with 39% of respondents selecting it from a list of options. Next on the list was “Local weather,” which was checked by 32% of respondents. “Physical limitations” was cited by 27%, and 11% picked “It’s too much trouble or I’m not interested.”

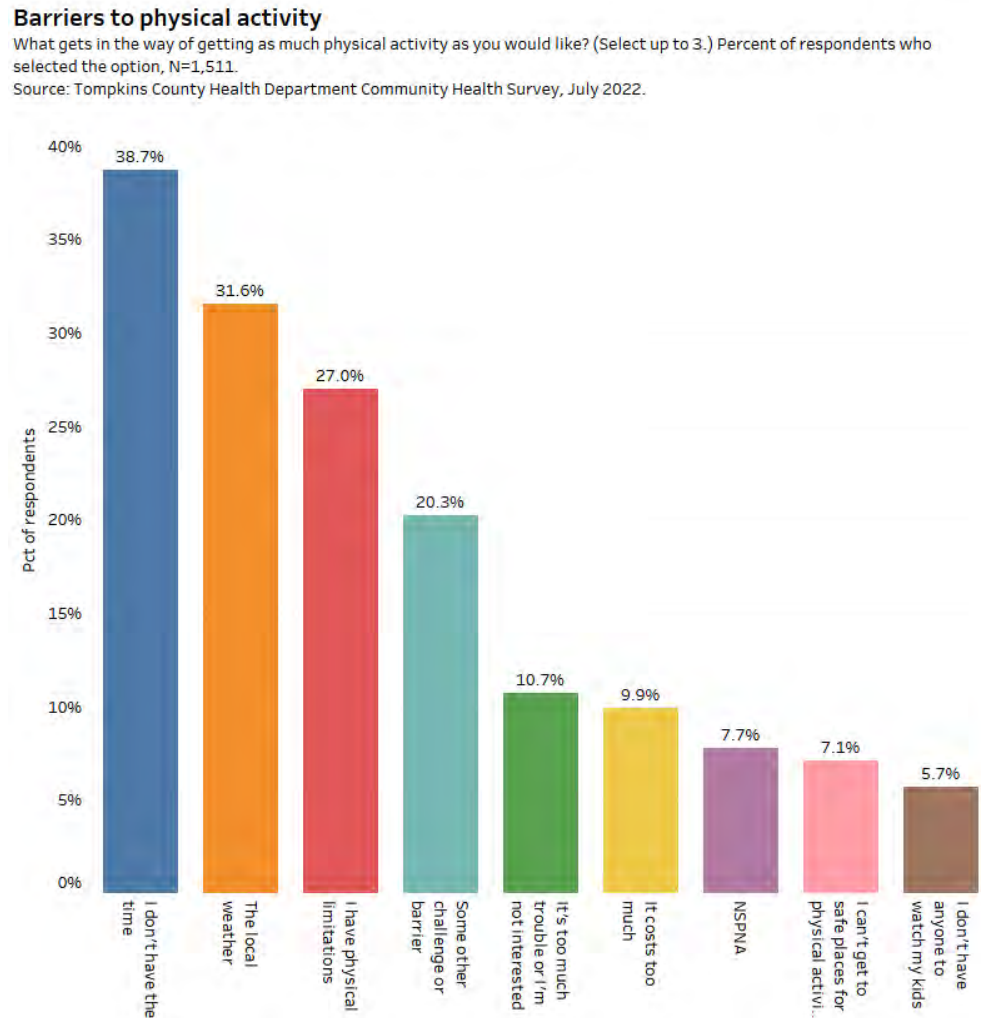


Figure 27

When the Community Health Survey asked respondents to pick “the three most important factors that create a ‘healthy community,’” 16% included “Parks and green space” and 11% checked “Easy to walk and bike.” These were not dissimilar from the 2019 survey where the percents were 18% and 13%, respectively. (Figure 28)

Factors that create a "Healthy Community"

In your opinion, what are the most important factors that create a "Healthy Community?" (Check up to 3.) Percent of respondents who selected the factor, N=1,561. Source: Tompkins County Health Department Community Health Survey, July 2022.

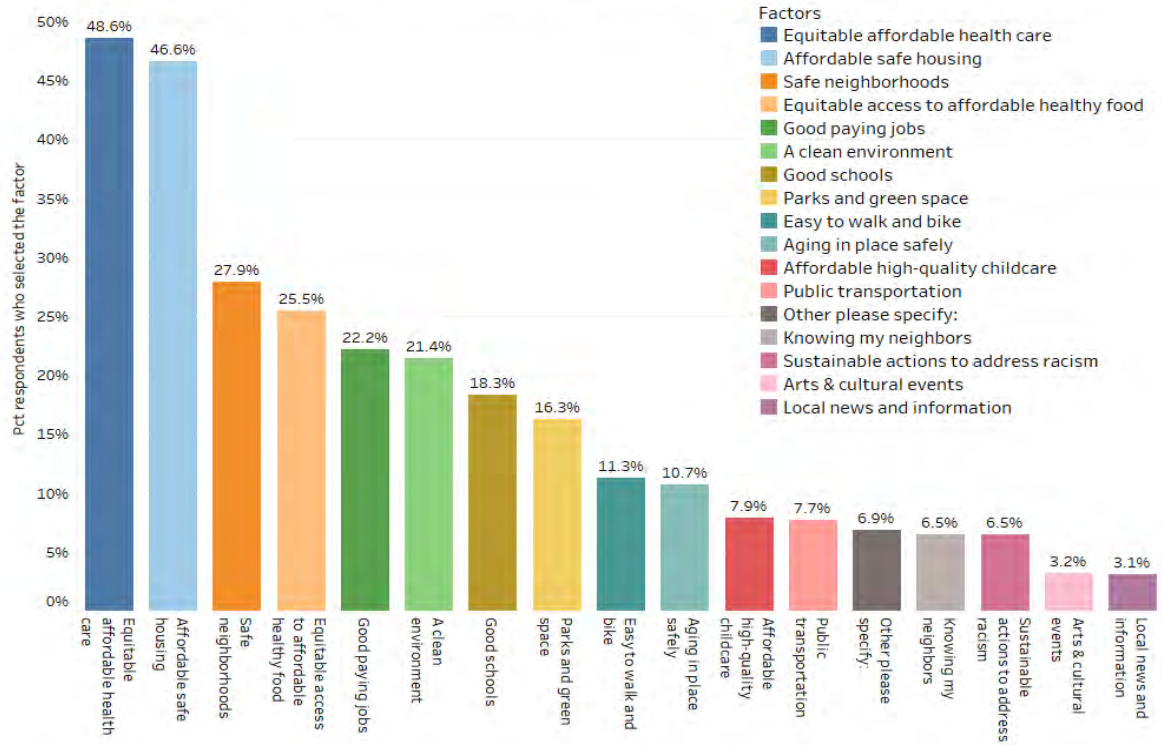


Figure 29

In that same "important factors" question, 28% selected "Safe neighborhoods," the same as in 2019. A separate question in the survey asked respondents to rate their home neighborhood in terms of safety for outdoor activity such as walking, biking, and children playing. Nearly three-quarters checked "Excellent" or "Good" (31% and 42%, respectively). Nineteen percent rated their neighborhood "Fair" for outdoor activity, and 7% rated "Poor." (Figure 29)

Among those with annual household income less than \$15,000, 47% gave a Fair rating and 12% Poor. Respondents with an income over \$150K were the most likely to rate their neighborhood Excellent (42%). (Figure 30)

Neighborhood safety for outdoor activities

How is your neighborhood as a place for safe outdoor activity, such as walking, biking, children playing, etc.? N=1562. Source: Tompkins County Health Department Community Health Survey, July 2022

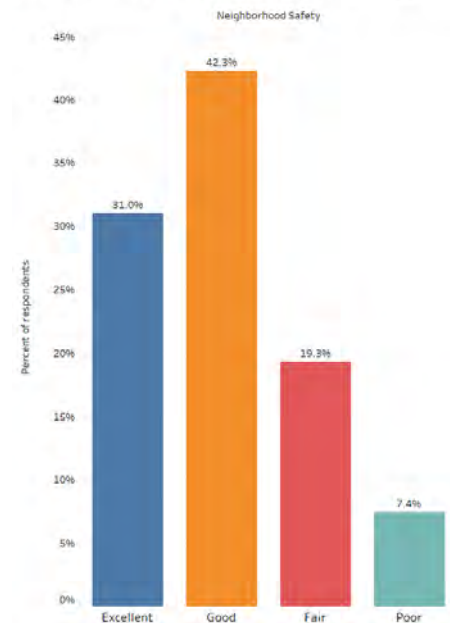


Figure 28

Neighborhood safety X income

How is your neighborhood as a place for safe outdoor activity, such as walking, biking, children playing, etc.? Pct poor, fair, good, excellent for the specified income range, NA excluded. N=1562.

Source: Tompkins County Health Department Community Health Survey, July 2022.

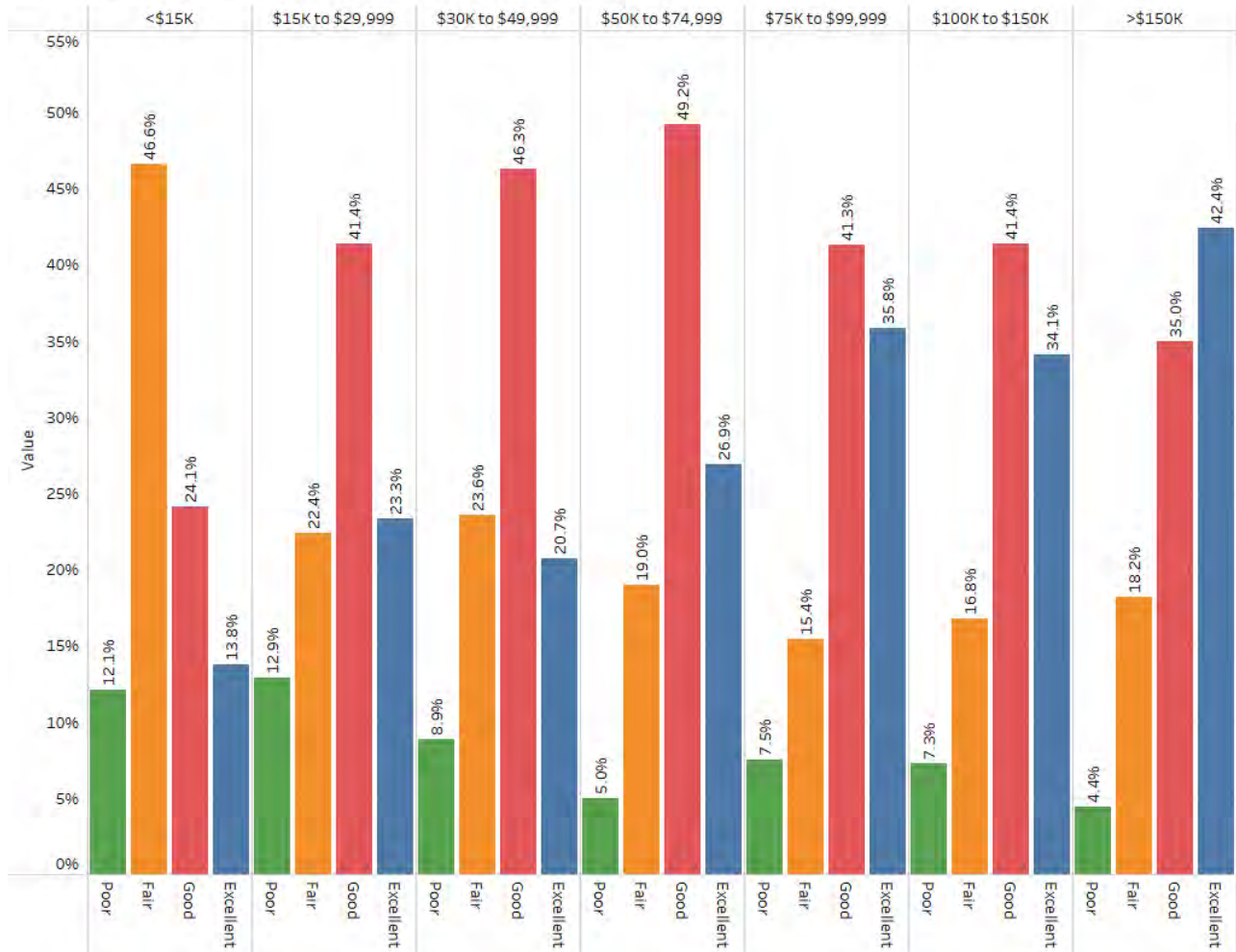


Figure 30

Tobacco Use

At 13%, cigarette smoking among Tompkins County adults is just slightly below the ROS rate of 14%, though still above the Prevention Agenda objective of 11% (these rates are not age-adjusted). Smoking rates among adults with mental illness, those with a lower income or education level, and those with a disability is typically higher than their counterparts, and numbers for Tompkins County follows that pattern; all three are more than or just below double the rate for the general adult population. (Figure 31 and Figure 32)

Cigarette smoking among adults

Tompkins County, NYS excl. NYC, and Prevention Agenda 2024 objective. Percent of adult population, not age-ad. Source: NYS BRFSS (PA county level 11, 11.1, 2018 data.)

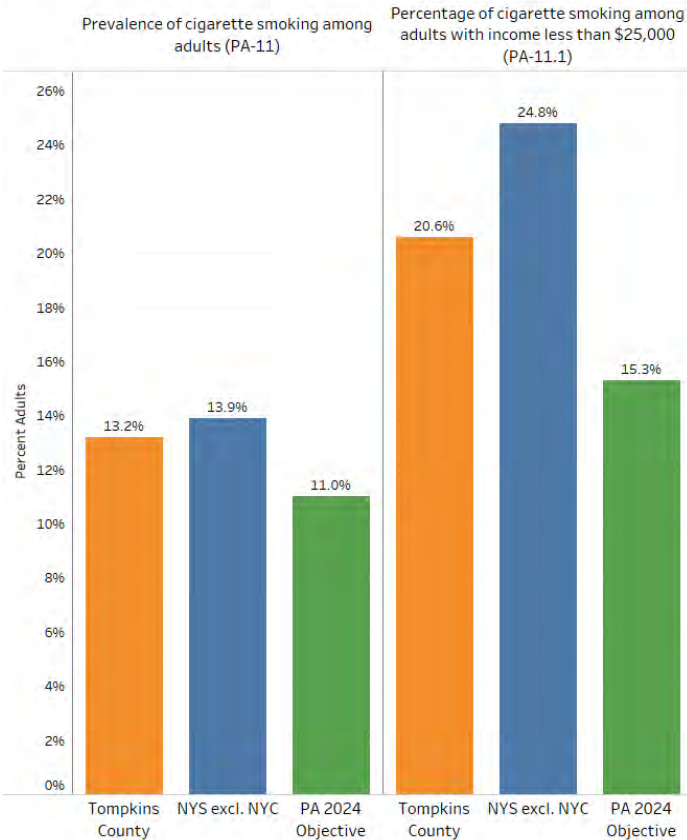


Figure 32

Current smoking, age-adjusted rate among sub-populations of adults

Tompkins County, NYS Behavioral Risk Factor Surveillance System (BRFSS), 2018 survey. Note that rates for sub-pops are unreliable do to wide margins of error.

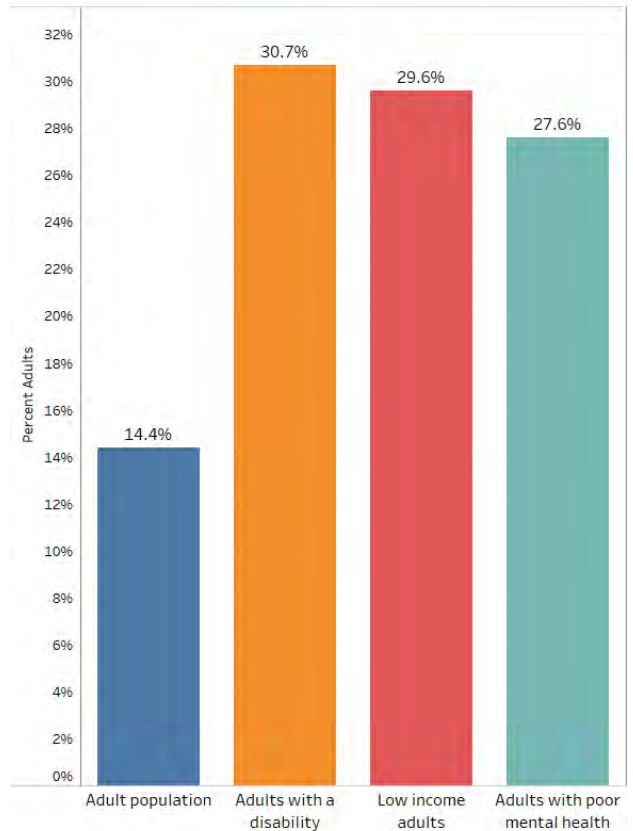


Figure 31

The Community Coalition for Healthy Youth, in partnership with TST-BOCES conducts a bi-annual survey to assess risk and protective factors among students grades 7-12 in all Tompkins County school districts. The most recent survey was conducted in October 2021 using the The Community-Level Youth Development Evaluation (CLYDE) Survey platform. The survey includes questions related to smoking cigarettes and vaping nicotine.

Cigarette use among high school students statewide has been on a steady decline since 2000, until 2018 when it ticked up slightly. In Tompkins County (all districts), average 30-day use of cigarettes (considered, “currently using”) across grades 7-12, was 3.3%. However, a review of each grade shows 30-day use among 12th graders at 7.9%, a steep increase from 2.7% for 10th graders, and 4.4% for students in grade 11. (Figure 33)

Lifetime use of cigarettes (“even just one puff”) across all grades and Tompkins County districts is 8.7%. Looking at lifetime use by grade the graph shows a stepwise increase from 2.1% of seventh graders to 17.3% of high school seniors.

Youth use of electronic cigarettes (e-cigs) and other vaping devices has skyrocketed over the past 5 years, nationally and statewide. In Tompkins County, 2018 was the first year that a question about vaping was asked on the biennial student survey, administered to all students in grades 7 to 12 in all school districts. In that survey, administered in October 2018, one-in-eight students were currently using e-cigs (16% across all grades and all districts). In each of 10th and 11th grades current use was 20%, and among 12th graders, 26%.

The new numbers are much improved. According to the October 2021 survey the 30-day (current) vape use across all grades is 9.1%, a 44% decline from 2018. Current use among students in grade 10 is 11%, 11th grade 15%, and seniors 19%. Lifetime use is 15% for all grades, and 16%, 24%, and 30% for grades 10, 11, and 12. (Figure 34)

Youth cigarette smoking

Lifetime and 30-day use by middle and high school students at all Tompkins County districts, by grade and total. ("Have you used, even just one puff?") Source: Community-Level Youth Development Evaluation (CLYDE) Survey, October 2021.

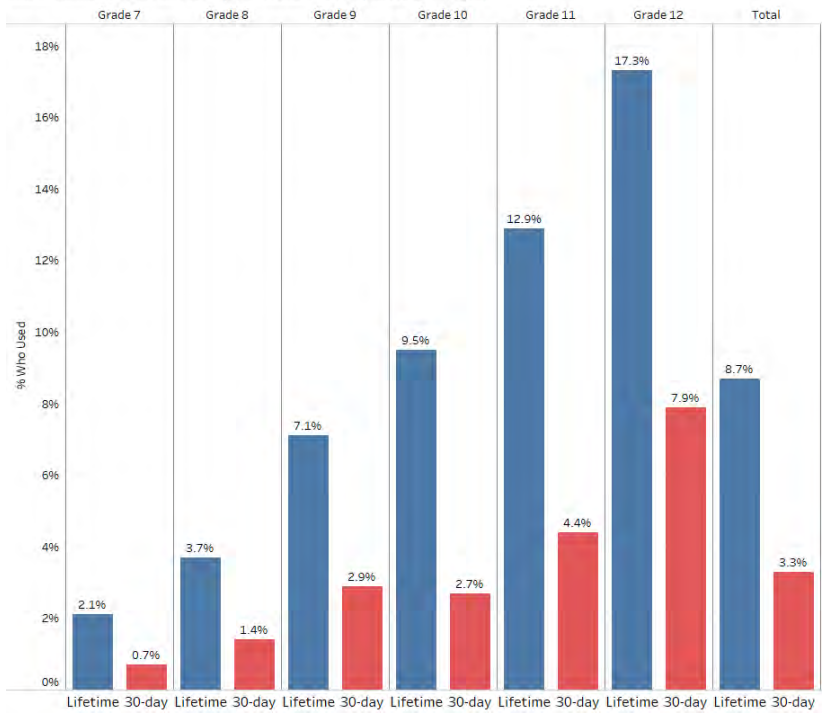


Figure 33

Youth vaping

Lifetime and 30-day use by middle and high school students at all Tompkins County districts, by grade and total. ("Have you used an electronic cigarette or vape pen (like Juul) with nicotine?") Source: Community-Level Youth Development Evaluation (CLYDE) Survey, October 2021.

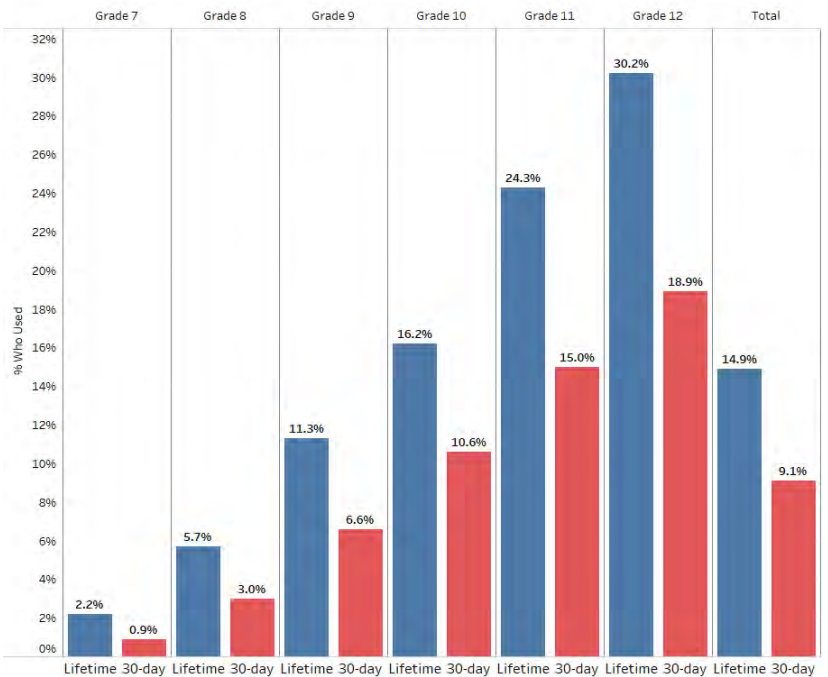


Figure 34

PREVENTION AGENDA PRIORITY: PROMOTE HEALTHY WOMEN, INFANTS, AND CHILDREN

Focus Area 2: Perinatal and Infant Health

Goal 2.1: Reduce infant mortality & morbidity

Perinatal refers to the period immediately before and after birth. These early weeks are an important period for addressing the health of both mothers and infants. Key perinatal and infant outcomes such as preterm birth (<37 weeks gestation), low birth weight (< 2.5 kg), and infant mortality (the death of an infant before age 1) are inseparably linked to maternal health outcomes. Babies born too early (especially before 32 weeks) have higher rates of death and disability, including breathing problems, feeding difficulties, cerebral palsy, developmental delay, vision problems and hearing problems. The short and long-term challenges associated with preterm births may also take an emotional toll and be a financial burden for families.

In NYS's report: *Chronic Disease, Contributing Causes of Health Challenges*, a life course approach is referenced to recognize that early experiences and exposures during critical periods of development may “program” a person's future health and development, including reproductive health. These experiences may include the accumulation of ACES and toxic stress over one's life course. The report notes that persistent disparities in maternal and infant health are in part due to chronic, toxic stress related to “pervasive and systemic racism in the US.”

While Tompkins County's overall preterm birth rate in 2018 (7.6%) met NYS' Maternal & Child Health objective (8.3%), differences in preterm birth rates by race are alarming. Between 2017-2019, the rate of preterm birth among Black women (18.1%) was about 250 percent higher than the rate of preterm birth among white women (7.0%).

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

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

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

A prenatal data profile by ZIP code — premature birth, low birth weight (LBW), late or no prenatal care, out of wedlock births, Medicaid or self-pay, and teen pregnancy rate —

shows differences across Zip Codes, primarily for the difference between premature births and low birth-weight births (LBW).

For example, the rate for premature births and the rate for LBWs are relatively close for Ithaca-Danby-Enfield, and Lansing when compared with the spread between the two in the other Zip Codes. For example, the rates are the same in Lansing, and less than 1.0 percentage point apart for the others cited. By comparison, in Trumansburg the difference is 4.5 percentage points, 3.5 in Newfield, 2.2 in Dryden, and 5.1 in Brooktondale. For the County as a whole, there is a 1.5 percentage point difference between premature births and LBWs. In all cases the premature births rate is the higher of the two, except Lansing where they are the same. (Figure 35)

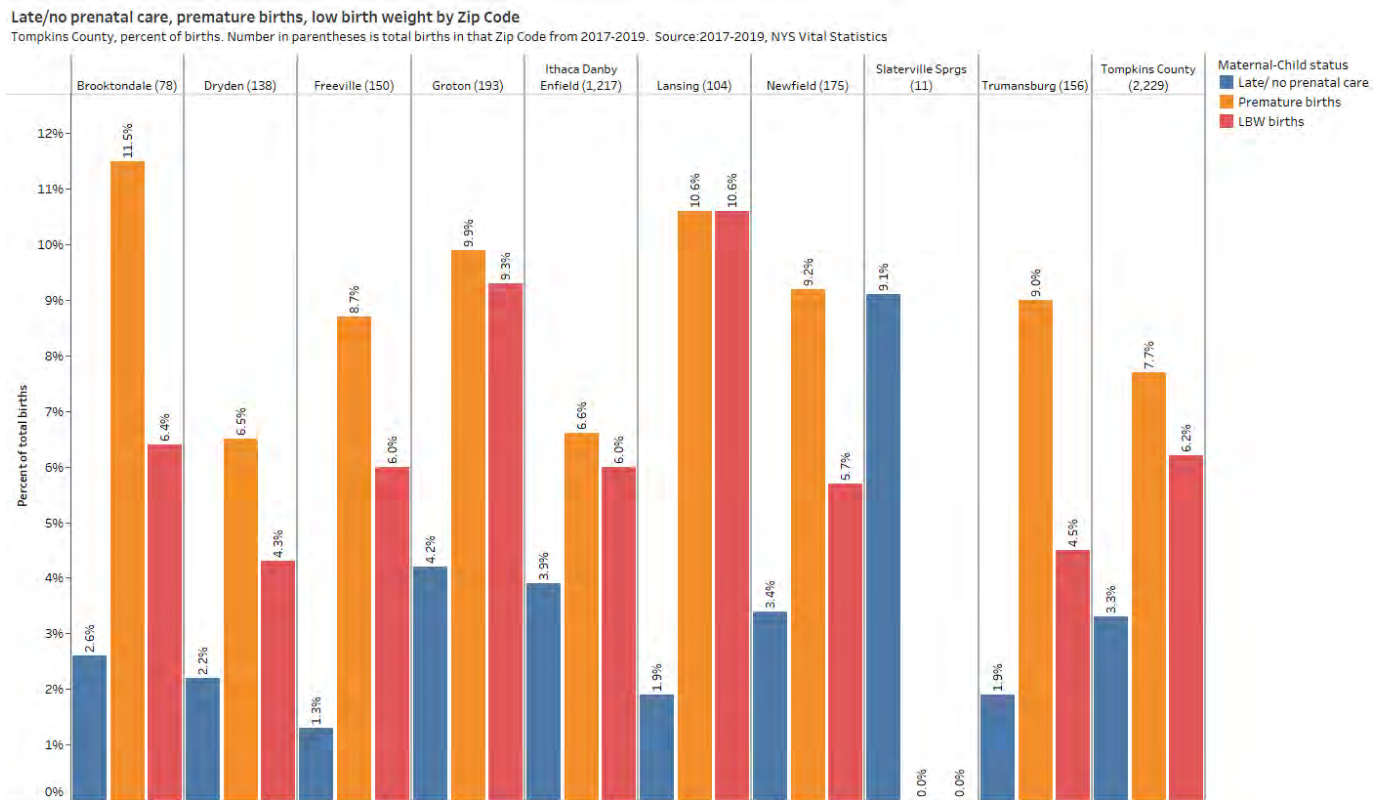


Figure 35

That said, Lansing has the highest rate for both indicators at 10.6% of births, with the exception of Brooktondale where 11.5% of births are premature and 6.4% of LBWs. (Note that Brooktondale and Lansing have the second and third lowest number of births of all Zip Codes with 78 and 104 total births respectively. Dryden has the fourth lowest with 138 total births for the 3-year period from 2017-2019.) Variation across Zip codes is also evident for Medicaid or self-pay, unmarried parent, and teen pregnancy, with the latter perhaps being the most dramatic. (Figure 36)

Perinatal Data Profiles: Medicaid or self-pay (%), Unmarried parent (%), Teen pregnancy (rate/1K age 15-19)
 Tompkins County Zip codes. Source: 2017-2019 New York State Vital Statistics Data as of January, 2022

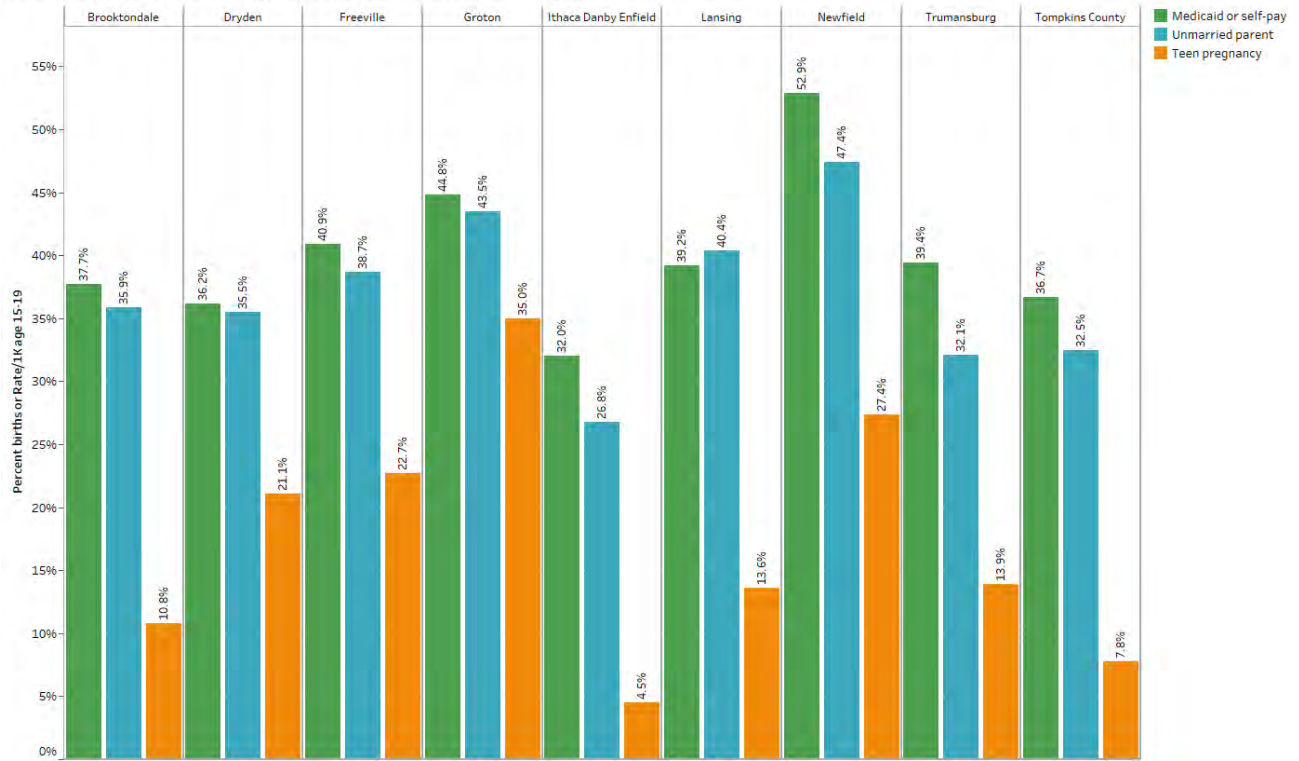


Figure 36

Inequity in prenatal care is also present by race in Tompkins County, and it appears to be widening. NYS Vital Statistics Tompkins County birth data for the rate of births with early prenatal care in 2017 was 81% for White mothers, compared to 69% for Black mothers. Moving up to 2019, the gap increased to where early prenatal care among Blacks was 28% lower than for Whites, 85% of White births and 61% of Black births.

The rate of births with late or no prenatal care was more than five times higher for Blacks in 2019 than for whites (11% and 2%) a striking increase from rates in 2017 (6% and 3%) and 2018 (3% and 2%). The rate for mothers who identify as ethnically Hispanic show a similar jump over the 3-year period of 2017, 2018, and 2019 (5%, 5%, and 10%). (Figure 37)

The average number of births per year from 2017-2019 was White 543, Black 31, Asia/PI 76, and Hispanic 52.

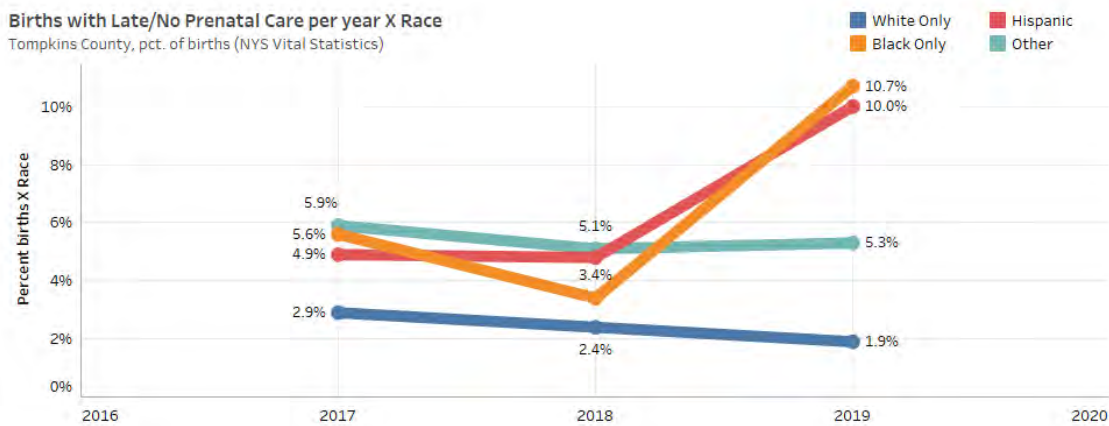
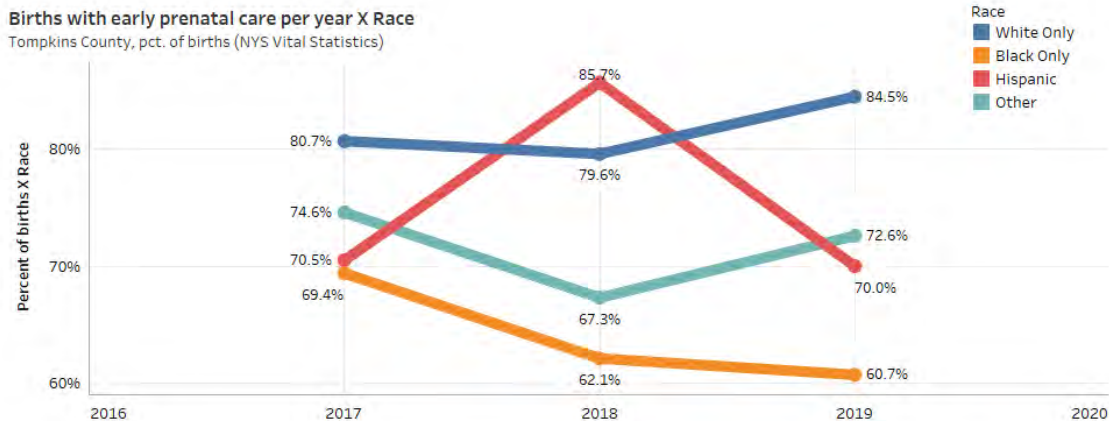


Figure 37

Additional Women, Infants, and Children Prevention Agenda Indicators

Child and Adolescent Health

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

The New York State Council on Children and Families publishes the Kids' Well-being Indicators Clearinghouse (KWIC), "to advance the use of children's health, education, and well-being indicators as a tool for policy development, planning, and accountability." KWIC indicators are organized by seven "Life Areas," including economic security, family, community, and behavioral health.

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

Much of the KWIC data used in this report is from 2020, accessed at nyskwic.org in July 2022. KWIC data is presented for a “Baseline” rate and a “Current” rate. The baseline for 2020 (current) data is from 2015, unless otherwise noted.

In Tompkins County, 12.4% of children age birth to 17 live below the poverty level, down from 16.8% reported for the 2015 baseline. Statewide that number is 16.7% of children. Among Tompkins children aged 0-17, 2.4% receive public assistance, down from a 3.9% baseline. NYS is 5.3%.

KWIC education indicators look at academic performance; percent of students scoring at or above proficiency in third and fourth grade English Language Arts (ELA), and eighth grade math. While less than half (47.2%, 2018-19 data) of Tompkins third graders meet the mark for ELA, it is an improvement from the 2015-16 baseline of 43.7%. The current statewide rate is 52.3%. For math, 20.4% of eighth graders meet the learning standard, essentially unchanged from the baseline of 19.6%. The current NYS rate is 33.2%.

The 2019/20 high school graduation rate for Tompkins County students is 83.5%, down slightly from the baseline, 85.2%. High school dropout rates are 5.8% current, 5.5% baseline.

Child abuse/maltreatment and foster care admission indicators are reported in the “Family” life area as a rate per 1,000 (/1K) children age birth to 17 years. In Tompkins County, the 2020 rate for Children/Youth in Indicated Reports of Abuse/Maltreatment was 12.5 /1K, down from the rate of 15.3 /1K youth in 2015. The Tompkins rate for children aged 0-21 in foster care has dropped from 3.8/1K in 2014 to 2.1/1K in 2020. Foster care admissions in the population age birth to 21 were 0.8/1K per 2020 data, down from 1.8 in 2015.

Early Postpartum Care

Breastfeeding is an important part of early postpartum care, and Tompkins County has a track record for a high rate of infants being breastfed. While there are a number of indicators for the prevalence of breastfeeding, the Prevention Agenda (PA) refers to just one, percentage of infants exclusively breastfed in the hospital. In Tompkins County the current number (2019 data) is 77%, a marked increase from 72% in 2017. Elsewhere in the state, the 2019 rate for the Southern Tier Region is 71%, for NYS ex. NYC 50%. Tompkins County’s rate is well above the Prevention Agenda 2024 objective of 52%.

Data by race and ethnicity for the 2019 data are suppressed for Tompkins County to protect confidentiality.

Well child visits can be a valuable indicator of preventive care, and the PA includes the “percentage of children who have had the recommended number of well child visits in government sponsored insurance programs.” Tompkins County and NYS excluding NYC (ROS) show roughly the same level of participation, with 75.4% and 73.9% of children, respectively. Looking at specific age cohorts, the similarity of Tompkins County and ROS rates continues for ages 3-6 years and 12-21 years. The exception is with children ages 0-15 months where the Tompkins County rate is 7 percentage points higher than the ROS rate, 91.7% and 84.5%, respectively. (Table 5)

In Tompkins County, 94.8% of adults age 18-64, and 97.3% of children under age 19 had health insurance. These numbers are close to the numbers for NYS as a whole. (Table 6)

Number of well child visits in govt sponsored insurance pgms	Tompkins County	NYS excl. NYC
Children with recommended # , pct, 2019 data (CHIRS 103)	75.4%	73.9%
Children (aged 0-15 months) with recommended #, pct, 2019 data (CHIRS 104)	91.7%	84.5%
Children (aged 3-6 years) with recommended #, pct, 2019 data (CHIRS 105)	85.9%	84.6%
Children (aged 12-21 years) with recommended #, pct, 2019 data (CHIRS 106)	68.1%	67.5%

Table 5

Health Insurance, 2019 data	Tompkins County	NYS
Adults aged 18-64 with health insurance, pct., 2019 (CHIRS 322)	94.8%	92.5%
Children aged <19 years with health insurance, pct., 2019 (CHIRS 321)	97.3%	97.7%

Table 6

PREVENTION AGENDA PRIORITY: PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS

Focus Area 1: Promote Well-Being

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

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

Focus Area 1 of the Prevention Agenda's mental health priority is "Promote Well-Being." The term "Well-Being." is defined by the NYSDOH this way:

"Well-being is a relative and dynamic state where one maximizes his or her physical, mental, and social functioning in the context of supportive environments to live a full, satisfying, and productive life. Well-being is based on the relationship between social determinants of health and person's experiences with quality of life." [Prevention Agenda 2019-2024, ver. 1.6, 9/2/2021, p.210]

As with indicators that track eating and activity behaviors, most of the few widely used mental health indicators are self-reported. The most widely used tool is the Behavioral Risk Factor Surveillance System (BRFSS), a 104-question RDD telephone survey that is regularly conducted at the statewide, NYC, and ROS levels. The Expanded BRFSS provides data at the county level, but due to smaller sample size it lacks the demographic detail of the wider surveys. In Tompkins County's 2018 survey the highest number of respondents among all the questions was 516. As such, the margins of error can be high and small differences when comparing one survey to another (e.g., 2016 and 2018) are likely not statistically significant.

Well-being is, by the definition above, directly related to social determinants of health. Interventions suggested in the PA for building well-being include supporting housing improvement, creating and sustaining healthy public spaces, and establishing caring and trusted social relationships. In its Local Services Plan (LSP) for 2023, Tompkins County has put forward Housing and Non-Clinical Supports as two of five 2023 Goals. The latter states, "Recognize the importance of social determinants of health, health equity and peer supports." The objectives of the LSP include:

- Become familiar with the barriers to healthcare access including dental and optical care for Medicaid recipients receiving developmental disabilities services.
- Identify gaps in community supports for mental hygiene recipients.
- Collect benchmark data on health equity to improve access to quality services for minoritized communities.
- Identify strategies to improve health equity across Tompkins County.

- Support greater awareness and utilization of peer support services in the community
- Improve data integrity/collection related to opioid overdose deaths to guide prevention efforts
- Support implementation efforts of the Action Plan approved by the Collaborative Solutions Network, the System of Care (SOC) for children’s services in Tompkins County, to improve access to care through program expansion and improved communication/coordination of service offerings.
- Establish next steps to promote greater understanding of the impact Adverse Childhood Experiences (ACES) and the importance of early intervention strategies to build resiliency in youth and families.

COVID-19

During and after the COVID-19 pandemic, its impact on individual’s mental and emotional health was and continues to be widely discussed. In our Community Health Survey conducted in July 2022, we asked two multiple response questions related to the pandemic: Rate what your life is like now compared to before the pandemic for 15 items, and what are you most concerned about moving forward?

The former included two items more directly related to well-being: What is your life now compared to your life before the COVID-19 pandemic for feelings of isolation (feeling alone)? The rating options were Got worse, Stayed the same, Got better, Does not apply. Broken out by age, the younger cohorts were more likely to rate the change as worse.

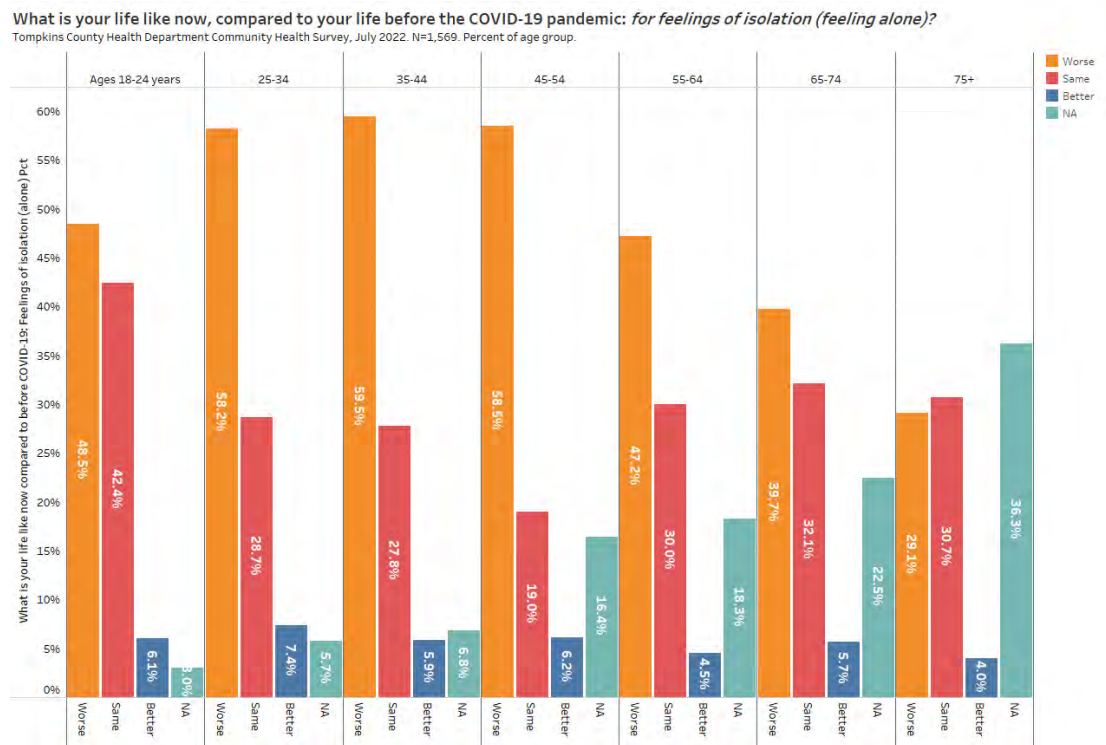


Figure 38

Only a fraction of respondents rated their feeling of isolation after the pandemic as better than before. (Figure 38)

For “What is your life like now... *for your mental health*” the pattern of younger cohorts giving a lower rating carried over, though not quite as dramatically, with ages 55 up more likely to say their mental health stayed the same. (Figure 39)

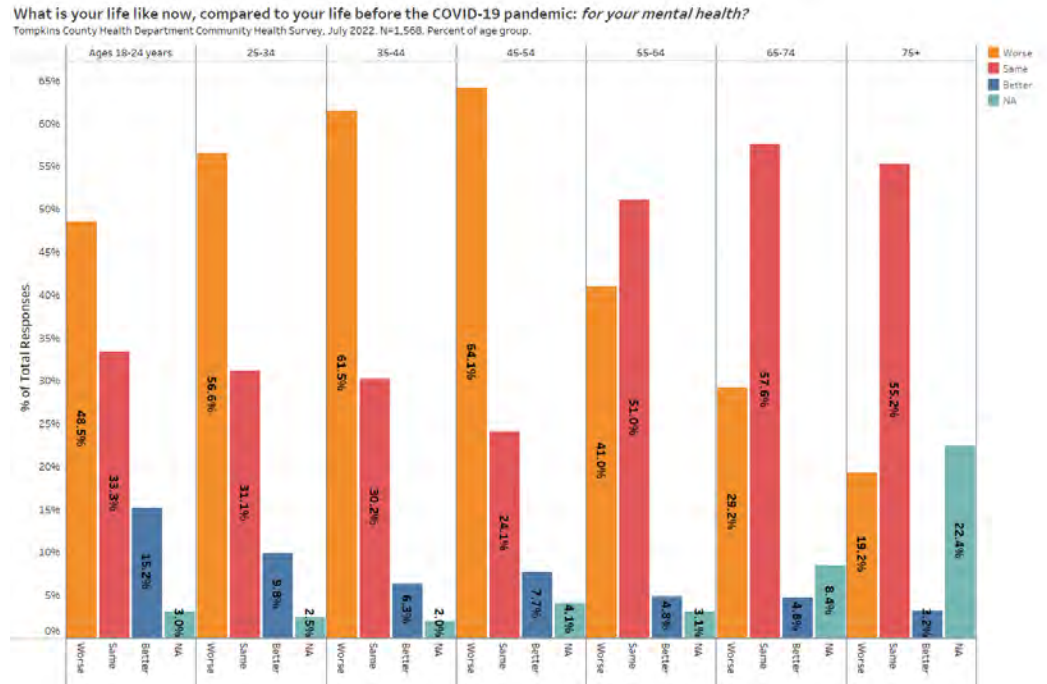


Figure 39

Focus Area 2: Prevent Mental and Substance Use Disorders

Goal 2.2: Prevent opioid overdose deaths.

Goal 2.3: Prevent and address adverse childhood experiences.

Goal 2.4: Reduce the prevalence of major depressive disorders

Goal 2.5: Prevent suicides.

Opioids

New York State carefully tracks opioid use through a number of indicators, which are all compiled in an Opioid Data Dashboard. Tompkins County data for a set of nine “overview” indicators shows that adverse events associated with opioid use held steady --- no significant change in the numbers --- over the last few years for overdose deaths, emergency department visits and hospital discharges. However, two indicators have registered significant changes: admissions to OASAS-certified treatment programs have significantly decreased, and the rate of unique Naloxone EMS

administrations per 1,000 911 EMS dispatches has significantly increased. (Table 7)

Subcounty data mapped by Zip Code for the Naloxone indicator shows a stretch of the population in the fourth quartile in a pool of all counties outside of NYC. This statistic means that the administration rate in these Zip Codes is in the highest 25% of the entire ROS population (14886, 14850, 14853, and 14817). (Figure 40)

Unique naloxone administrations by EMS agencies, crude rate per 1,000 unique 911 EMS dispatches

Data Year(s)	Tompkins County	NYS exc. NYC	NYS
2016	6.2	5.7	5.1
2017	7	5.6	5.3
2018	5.4	4.5	4.4
2019	4.8	4	3.9
2020	7.7	5.4	5.6

Data Source: NYS EMS Data as of November 2021

Table 7

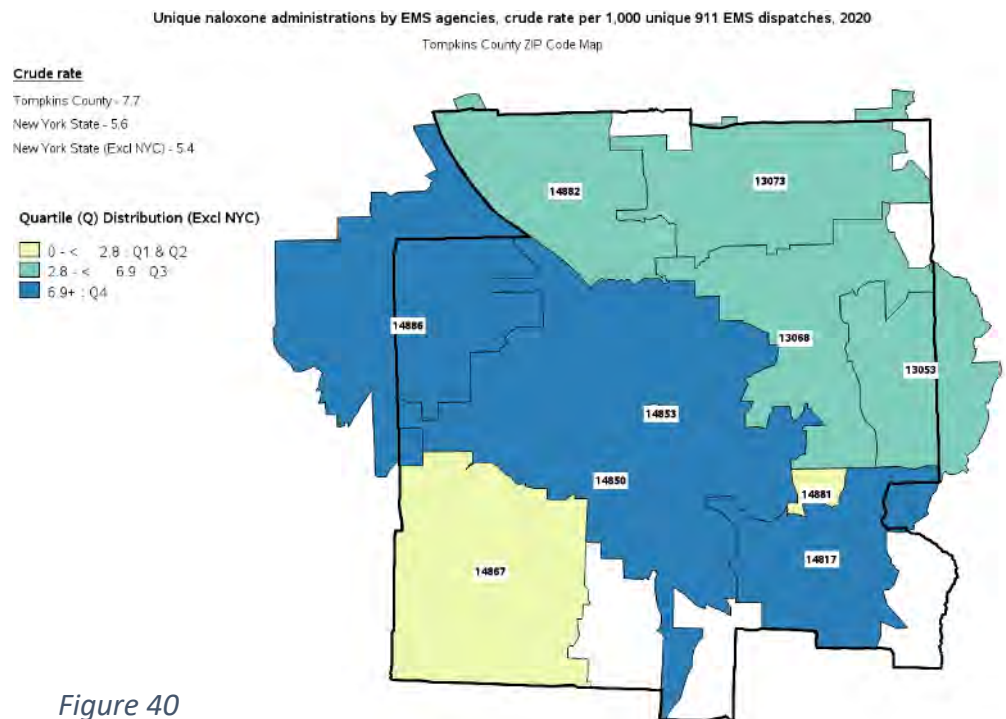


Figure 40

All calls that come into Tompkins County's 9-1-1 center at the Tompkins County Department of Emergency Management are coded based on the type of the emergency. The code (called a Nature Code) informs the dispatcher on whether to assign the emergency to police, fire, or EMS.

When the 9-1-1 dispatcher receives a call for medical assistance, they will ask the caller certain key questions to ascertain if the cause might be drug induced based on protocols established by the department's emergency medical dispatch program. Sometimes the cause is known by the caller, and other times the dispatcher makes the coding decision based on answers to their questions and other circumstances, and years of experience.

Whole Health is monitoring the monthly numbers for calls coded as "Overdose/ Poisoning" and posting them on its website. Of note in the graph below is the sudden drop in April 2020 from 24 to 12, the persistent number from May to November 2021 of 39 to 41, and the peak number in September 2022 of 57. (Figure 41)

Patients who received at least one buprenorphine prescription for opioid use disorder, rate per 100,000 pop. (age-adj)

Data Year(s)	Tompkins County	NYS exc. NYC
2015	266.1	442.1
2016	289	477.6
2017	426.1	520.6
2018	639	569.6
2019	749.7	620.1
2020	736.3	638.7

Data Source: NYS PMP Data as of June 2021

Table 8

Benzodiazepine prescription, rate per 1,000 population (age-adj)

Data Year(s)	Tompkins County	NYS exc. NYC
2015	277.6	296.3
2016	273.1	302.4
2017	268.6	294.6
2018	272.6	285.3
2019	274.3	278.9
2020	268.7	282

Source: NYS PMP Data as of June 2021

Table 9

Opioid analgesics prescription, rate per 1,000 population (age-adj)

Data Year(s)	Tompkins County	NYS exc. NYC
2015	595.7	541.6
2016	550.1	510.5
2017	507.3	466.4
2018	444.5	412.3
2019	418.1	377.3
2020	378.6	342.6

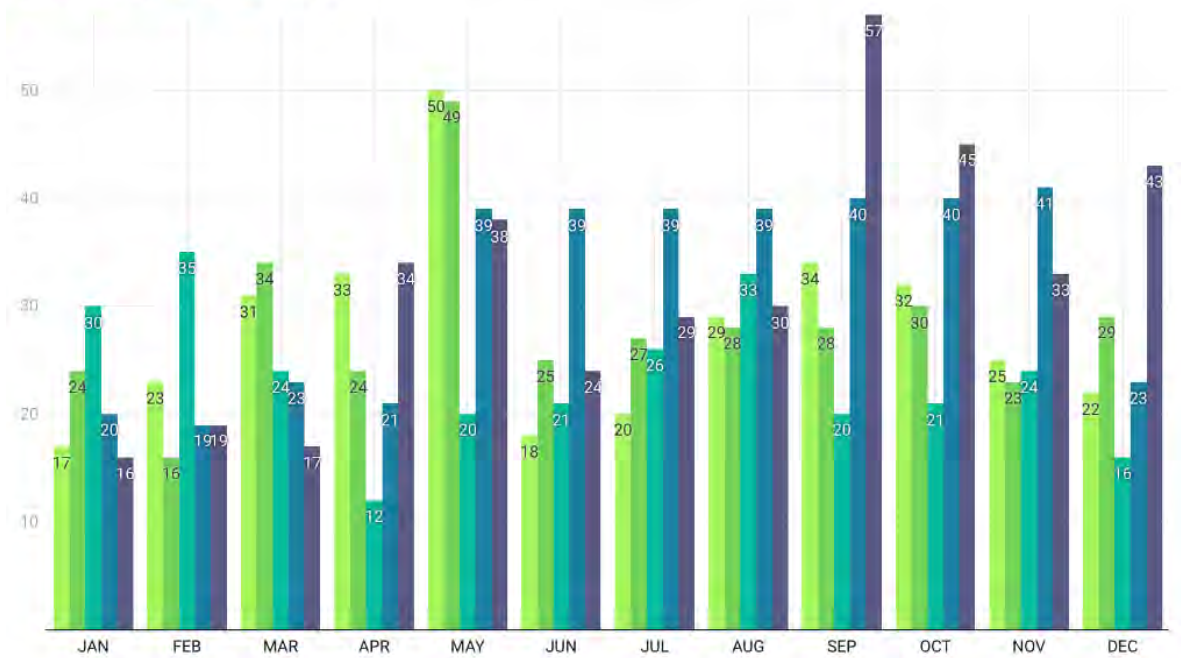
Source: NYS PMP Data as of June 2021

Table 10

911 Calls for Overdose/Poisoning (years X month)

Total number of 9-1-1 calls per month that are C.A.D. coded as "Overdose/Poisoning," 2018-present

2018 2019 2020 2021 2022



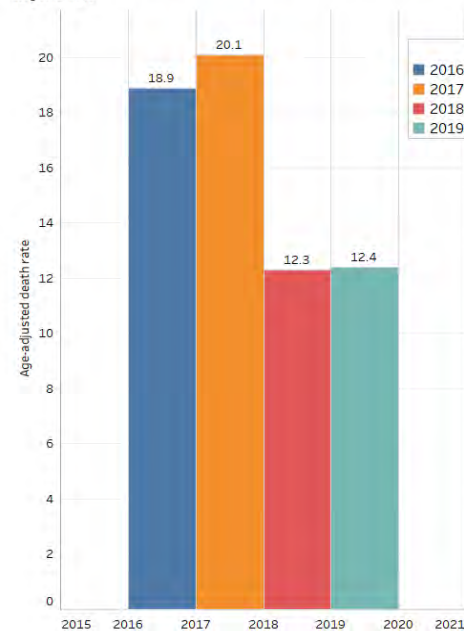
Computer Aided Dispatch (CAD) calls, Nature Code for "Overdoses/Poisoning."

Chart: TCHD • Source: Tompkins County Department of Emergency Response (DoER) • Created with Datawrapper

Figure 41

Overdose deaths involving any opioids, 2016-2019

Tompkins County. Rate/100K population, age adj. Prevention Agenda 2024 target: 14.3%



Emergency department visits involving any opioid overdose, 2016-2019

Tompkins County. Rate/100K population, age adj. (Includes outpatients and admitted patients). Prevention Agenda 2024 target: 53.3/100K

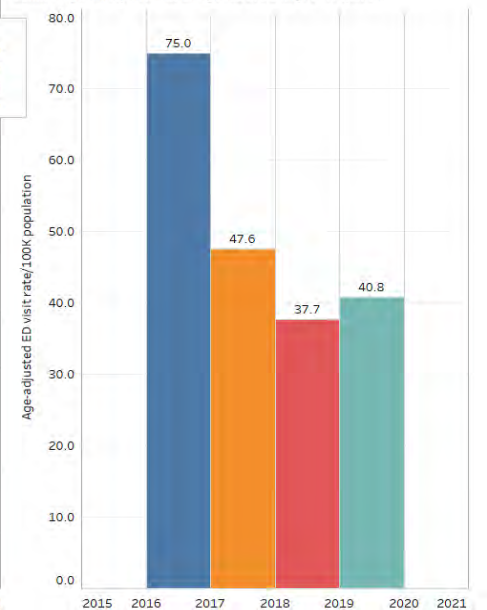


Figure 42

Adverse Childhood Experiences (ACES)

Ever increasing research demonstrates that Adverse Childhood Experiences (ACEs) are widely common and impact lifelong health and opportunities. As the CDC describes, ACEs are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented. National estimates indicate that at least 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.

Preventing ACEs can help children and adults thrive and potentially lower the risk of chronic physical and mental health conditions, improve education and employment outcomes, and prevent the intergenerational transmission of ACEs. Strategies can increase awareness, change how people think about ACEs, and help us understand how we can prevent ACEs and better support people with ACEs. By shifting the focus from individual responsibility to community solutions, we can reduce stigma and promote safe, stable, nurturing relationships and environments where children live, learn, and play.

Major Depressive Disorders

There are two mental health questions in the BRFSS; one about depressive disorder and the other about poor mental health days. Looking at the data across the two most recent surveys, 2016 and 2018, there has been a jump in the rate of adults who report having ever been told by a health care professional they have a depressive disorder from 15% to 21%, while the rate for adults reporting poor mental health for 14 or more days in the last month was steady with 12% in 2016 and 13% in 2018. (Figure 43)

Adult mental health indicators

Percent adults reporting a depressive disorder 2016 & 2018, Percent adults with poor mental health for 14 or more days in the last month 2016 & 2018.

Tompkins County. Source: NYS Expanded BRFSS, 2016 and 2018

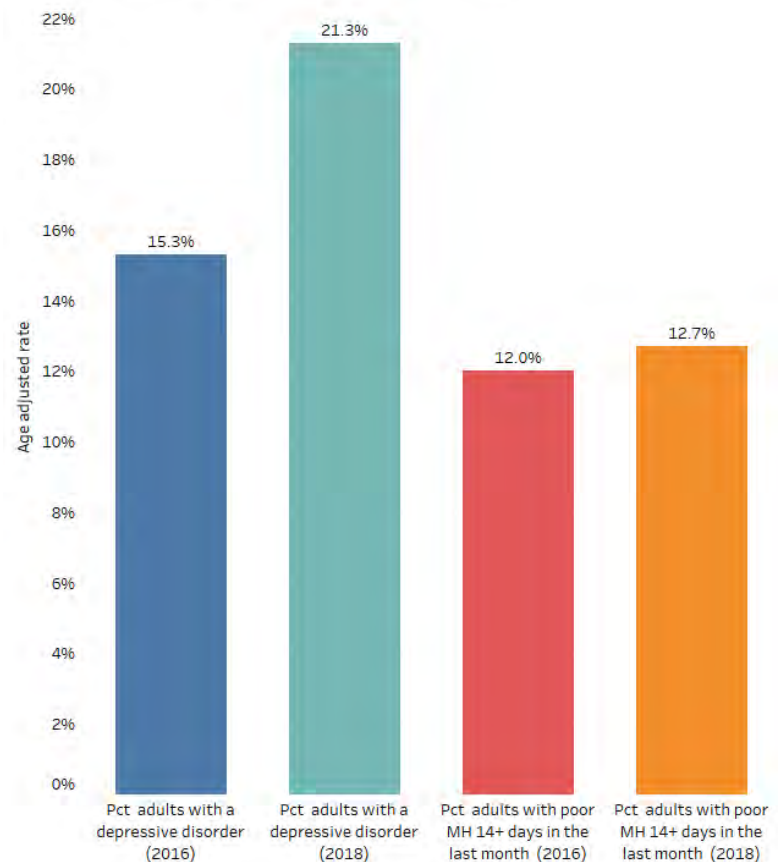


Figure 43

Suicide

The most widely used hard data indicator for a population’s mental health status is suicide mortality rate per 100,000 residents. Looking at age-adjusted rates for the total population, in Tompkins County the average annual suicide mortality rate for the 3-year period 2017-2019 is 12.4 per 100,000, up from 8.9/100K in the 2014-2016 period. Across the rest of the state excluding NYC (ROS) the 2017-19 average rate is 9.9/100K, up just slightly from 9.6/100K, ROS average for 2014-16. (Figure 44)

Hospitalizations for self-inflicted injuries are also shown in the graph. For this indicator, rates for Tompkins County and the ROS are equal with 4.6 hospitalizations per 10,000 each (2017-2019 average, age-adjusted).

Suicide mortality and Self-inflicted injury rates

Tompkins County and NYS excl. NYC. 2017-2019 average, for the whole population (age-adjusted) and for ages 15-19 years. Mortality data is rate/100K, hospitalization data is rate/10K.

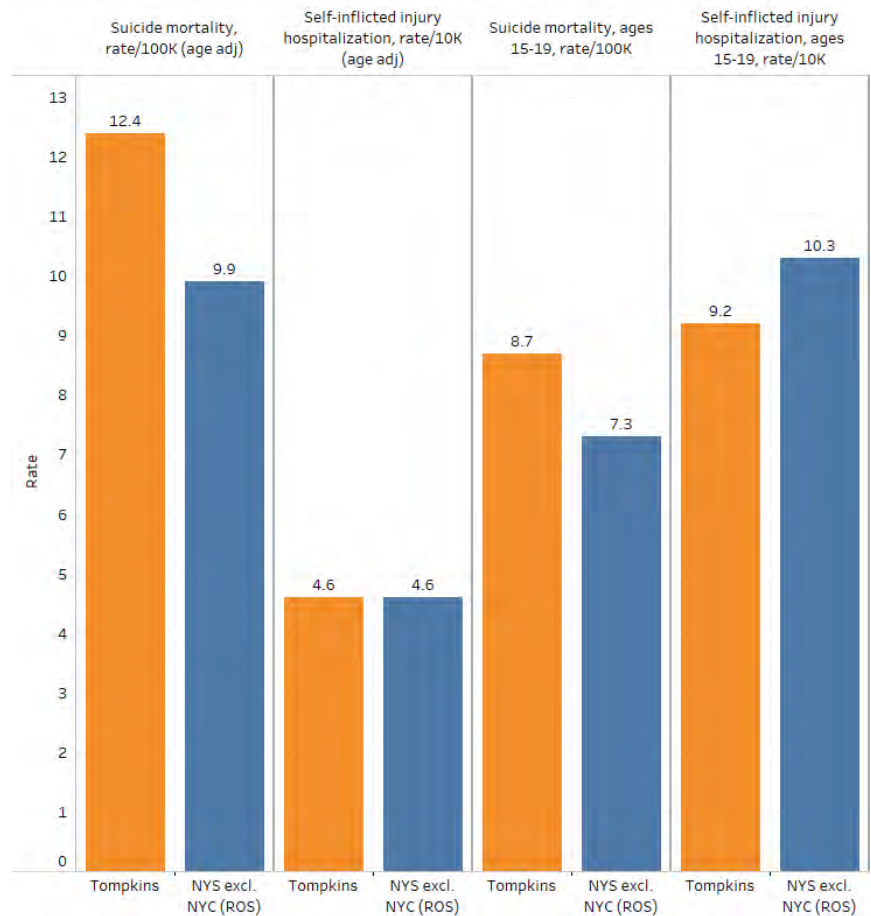


Figure 44

Ages 15-19 years

Similar to the whole population, suicide mortality rates among ages 15-19 years are higher for Tompkins County than for the rest of the state excluding NYC, though the gap is not as wide: 8.7 suicide deaths per 100,000 for Tompkins County teens, and 7.3/100K for the ROS (2017-2019 average). On the other hand, in this age group hospitalization rates for self-inflicted injuries are lower in Tompkins County than for the ROS, 9.2/10K compared to 10.3/10K. (Figure 43)

Finally, an indicator not in the Prevention Agenda, but still noteworthy, is a measure of youth grades 7 to 12 who report feeling depressed. The Community Coalition for Healthy Youth, in partnership with TST-BOCES conducts a bi-annual survey to assess risk and protective factors among students grades 7-12 in all Tompkins County school districts. The survey scheduled for the Fall 2020 was postponed due to COVID-19 and conducted in October 2021. Relevant to risk factors and the well-being and mental disorders priority here, the survey includes the following question: “In the past year have you felt depressed

or sad MOST days, even if you feel OK sometimes.” Response options are, “NO, no, yes, or YES.” In the 2021 survey, 41.4% of all students surveyed answered “yes or YES, I have felt depressed or sad...” This rate was 36% in the 2018 survey. (Table 11)

The 2021 Community-Level Youth Development Evaluation (CLYDE) Survey dashboard for Tompkins County can be accessed here: clyde.catalyst-insight.com/public/dashboard/tompkins_ny

In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes? Percent of respondents, all Tompkins County School Districts, Oct. 2021

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
NO!	33.7	29.7	31.9	24.9	19.5	20.2	26.8
no	30.2	33.5	32.2	28.7	34.8	31.8	31.8
yes	25.7	21.9	19.8	28.9	23.8	30.1	24.9
YES!	10.4	14.9	16.1	17.6	21.9	17.9	16.5

Source: 2021 Community-Level Youth Development Evaluation (CLYDE) Survey

Table 11

PREVENTION AGENDA PRIORITY: PREVENT COMMUNICABLE DISEASE

Focus Area 3: Sexually Transmitted Infections

Total annual cases of sexually transmitted infections (STI) reported in Tompkins County have continued to rise in recent years. The Gonorrhea case rate per 100,000 (/100K) males age 15-44 increased 34% from 213.8 in 2017 to 285.9 in 2019. The rate in 2019 (285.9/100K) is comparable to the case rate for NYS exclusive of NYC of 287.4/100K. Among Tompkins County females in 2019, the Gonorrhea rate is a more modest 131.7/100K, significantly less than the NYS excl. NYC rate, 226.5/100K. (Figure 45)

Chlamydia cases continue to rise in Tompkins County. Although Chlamydia cases are higher in females than males, the case rate in 2019 for males age 15-44 rose 49% from 2017. Chlamydia cases in Tompkins County female residents age 15-44 rose from 980.2/100K cases in 2017 to 1019.6/100K cases 2019. The ratio of cases in females to cases in males in 2019 was 1.2:1 in Tompkins and 1.9:1 in NYS excl. NYC.

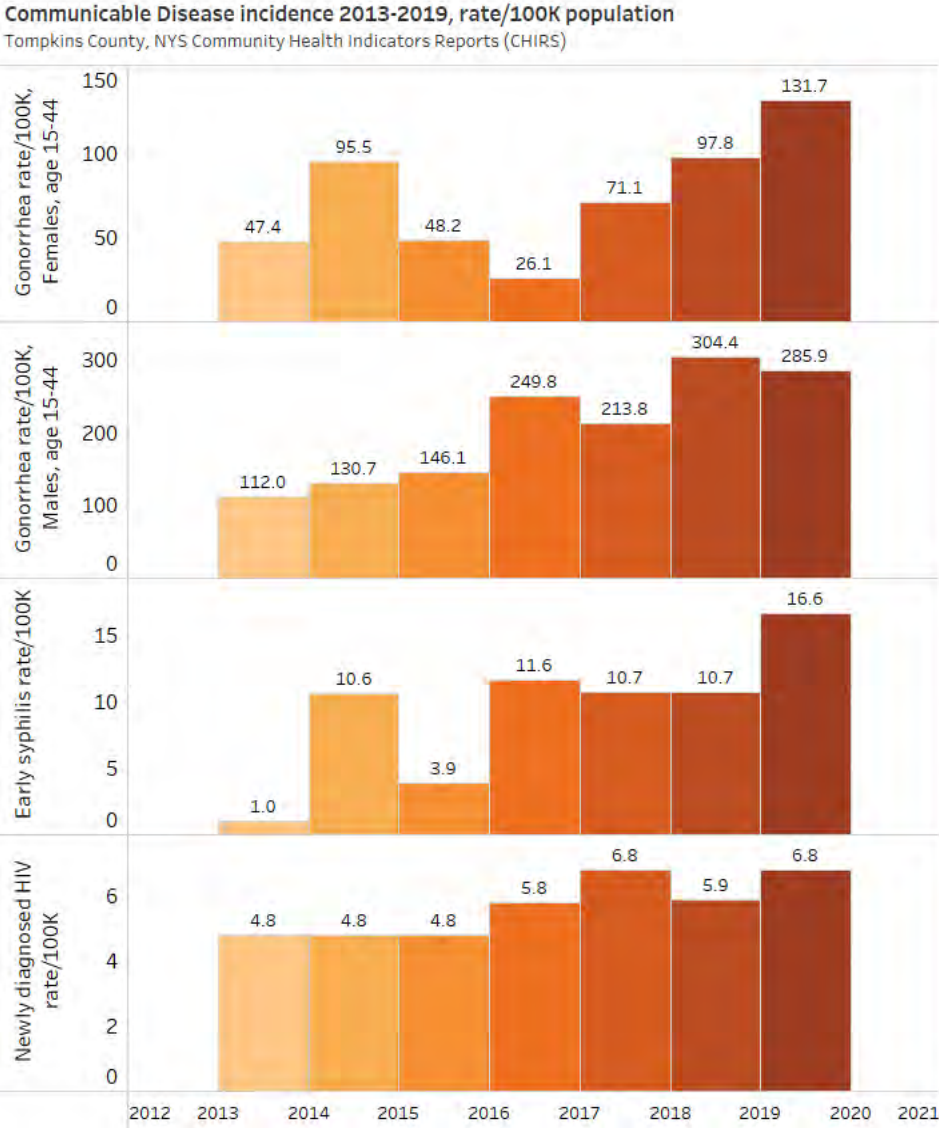


Figure 45

The NYS Bureau of Sexual Health and Epidemiology reports Syphilis cases at three stages: Primary & Secondary, Early Latent, and Late & Late Latent. The indicator reported in the CHIRS is for early syphilis cases as a rate per 100,000. Early Syphilis case rates continue to rise in Tompkins County, from 10.7/100K in 2017 to 16.6/100K in 2019. For comparison, Tompkins County has slightly higher rates than the rest of the state: 2017-2019 data shows the rate in Tompkins is 12.7/100K, and NYS excl. NYC is 11.7/100K. (Figure 46)

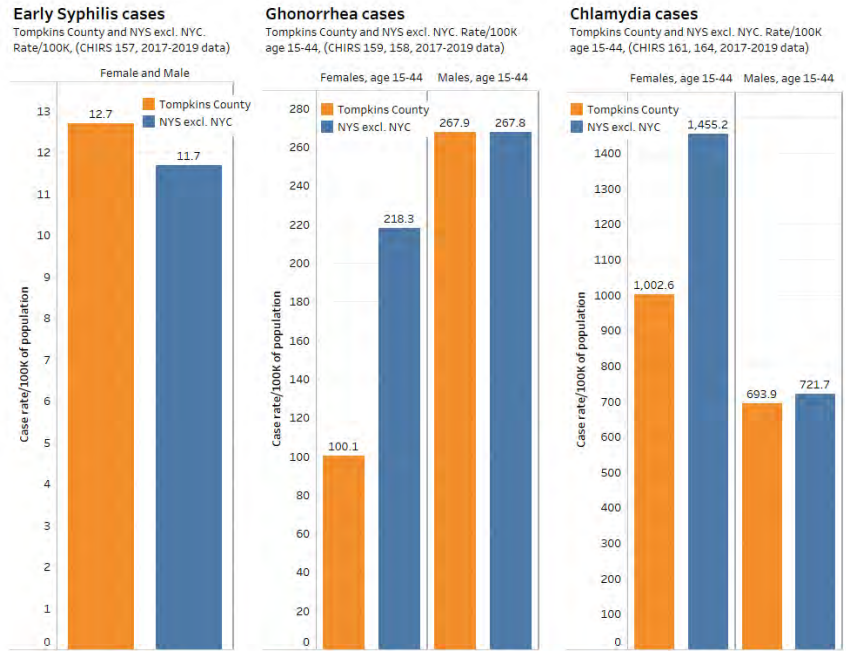


Figure 46

Additional Communicable Disease Prevention Agenda Indicators

While vaccination rates are an important part of the Prevention Agenda priority addressing communicable disease, the indicators lean heavily to incidence of sexually transmitted infections, of which only HIV was not included with the Goal, above. Historically, HIV rates have been among the most tightly held personal health information. Even now, as its protected status is more on par with other STIs, rates in relatively small populations such as Tompkins County are often labeled “unstable” due to the low number of incidents. That said, the “Newly diagnosed HIV case rate” for Tompkins is 6.8/100K in 2019. For comparison, NYS excl. NYC is 5.5/100K.

The PA reports two immunization/vaccine indicators, one for children 24-35 months and one for adolescents. During 2020, in Tompkins, 81.4% of children age 24-35 months have received the 4:3:1:3:3:1:4 immunization series, notably higher than NYS 66.1%, and above the Prevention Agenda 2024 objective of 70.5%. (Table 12)

Children and adolescent vaccinations

	Tompkins County	ROS	PA 2024 Objective
Children age 24-35mo with 4:3:1:3:3:1:4 immunization series	81.4%	66.3%	70.5%
Adolescents with a complete HPV vaccine series, age 13+, pct	39.7%	32.80%	37.4%

Source: NYS Prevention Agenda #51-52, 2020 data as of Feb 2022

Table 12

Adolescents age 13 are followed by whether they receive a complete series of HPV vaccine, and here the comparison rates in are more closely aligned. During 2020, in Tompkins, 39.7% of adolescents age 13 with a complete HPV vaccine series and the NYS 39.8%. The state PA 2024 objective is 37.4%. (Table 12)

COVID-19 Pandemic

COVID-19, the disease caused by SARS-CoV-2, has impacted Tompkins County, though often not as deeply on a per capita basis as in other NYS counties. The first positive test in a resident of Tompkins County came on March 13, 2020. This number has continued to rise since then at varying rates. As of December 1, 2022, there have been a total of 25,394 positive cases in Tompkins County residents. Tompkins County reported 71 county resident deaths caused by COVID-19 of as of 12/1/2022, based on death certificates filed with Vital Records. With access to death certificates statewide, the NYSDOH reported 97 deaths of Tompkins County residents. Counties only file death certificates for county residents whose death occurs in county, or if they are informed by an out-of-county entity. (Figure 47)

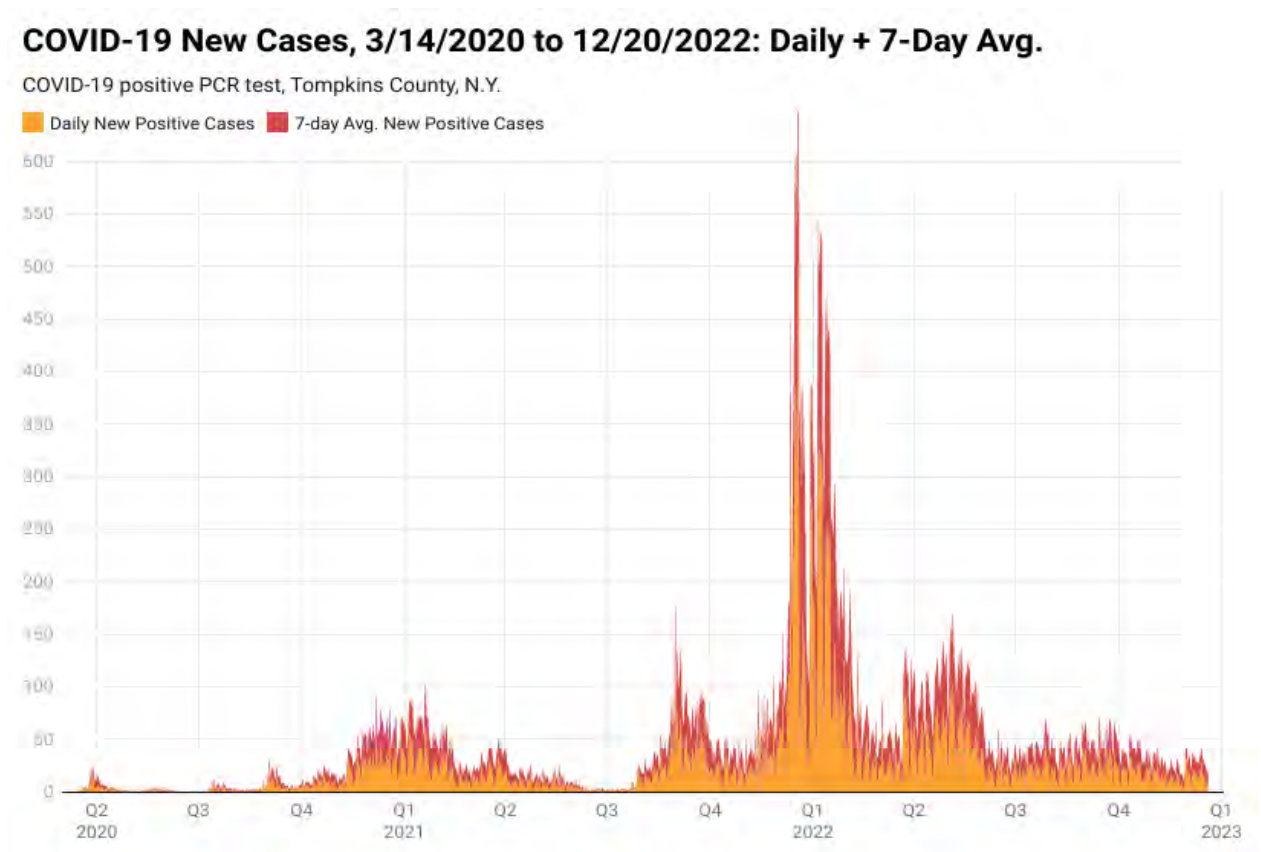


Figure 47

PREVENTION AGENDA PRIORITY: PROMOTE A HEALTHY AND SAFE ENVIRONMENT

Focus Area 1: Injuries, Violence and Occupational Health

Falls are the number one reason for ambulance calls in Tompkins County. The Prevention Agenda (PA) indicator for these occurrences is the rate of hospitalizations for injury due to falls per 10,000 (/10K) adults age 65 and over. In Tompkins County, the 2019 rate was 221.6/10K individuals age 65+. This is an increase from the 2017 of 164.7/10K. The 2019 rate is higher than the NYS rate of 193.9/10K and the PA 2024 goal of 173.7/10K. (Figure 48)

Reducing the number of assault-related hospitalizations is a factor contributing to a healthy and safe environment and is provided in the PA as a rate per 10,000 residents. The 2019 rate for Tompkins County, 0.6/10K -- the numerator for the calculation is 6 -- is marked “unstable because there are fewer than 10 events in the numerator. The PA also lists the ratio of rates between Black non-Hispanics and White non-Hispanics, between Hispanics and White non-Hispanics, and between low-income ZIP Codes and non-low-income ZIP Codes. The values for all of these indicators is marked “Supressed” because the data do not meet reporting criteria.

The Healthy Neighborhoods Program (HNP) is a grant-funded service offered by local health departments across New York State. In it, household residents may request a free assessment of the indoor environment in order to identify situations that trigger asthma (such as air pollutants or harsh cleaning chemicals), hazards that may cause falls, and the presence of working smoke alarms, carbon monoxide detectors, and fire extinguishers.

Focus Area 4: Water Quality

Currently, the Prevention Agenda includes just one indicator for water quality: the percent of residents served by community water systems with optimally fluoridated water, which

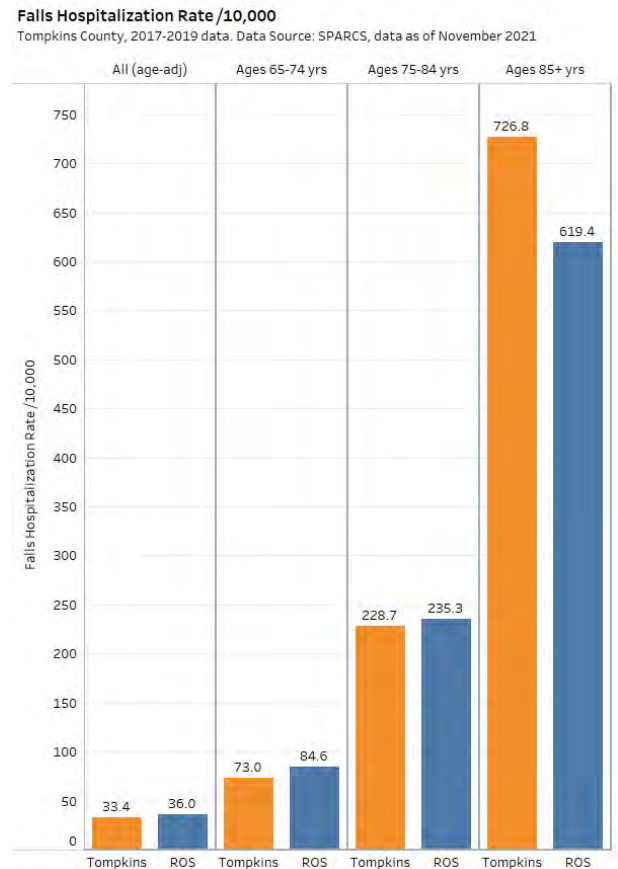


Figure 48



Figure 49

in Tompkins County is zero. However, one of 12 Principles in the Tompkins County Comprehensive Plan (2015) is that “Tompkins County should be a place where water resources are clean, safe, and protected.” Furthermore, the five-year review of the 2015 Plan includes new action items to be initiated by 2023, including to “Establish a detailed countywide Harmful Algal Blooms (HABs) strategy.” In April 2021, Tompkins County released a draft Harmful Algal Bloom Strategy. [[Tompkins County Comprehensive Plan 2015: Five-Year Review, 11/7/2019](#) and [Tompkins County Harmful Algal Bloom Strategy, draft 4/19/2021.](#)]

Additional Environmental Prevention Agenda Indicators

Traffic crashes involving pedestrians and bicycles is an ongoing concern in Tompkins County and across the state. The Ithaca-Tompkins County Transportation Council (ITCTC) publishes a Vehicular Crash Summary Report, which includes comprehensive data on pedestrian and bicycle crashes, and is available on the Tompkins County website (link at the end of this section). (Figure 50)

In 2018, there were 50 crashes involving pedestrians. This is a 63% increase from the average of the prior 3 years (2015-2017

average is 30.7). Of the 50 crashes in 2018, 10 resulted in a serious injury and 1 resulted in a fatality. 84% of the 50 pedestrian crashes occurred in the City of Ithaca. In 2020, the City of Ithaca received a grant of \$590,000 through Pedestrian Safety Action Plan (PSAP) project to provide safety improvements at local intersections. These improvements include installing new,

accessible push button pedestrian signals, new pedestrian crossings, enhanced crosswalk striping, installation of a refuge island, and installing/replacing curb ramps. [[PSAP Project](#)]

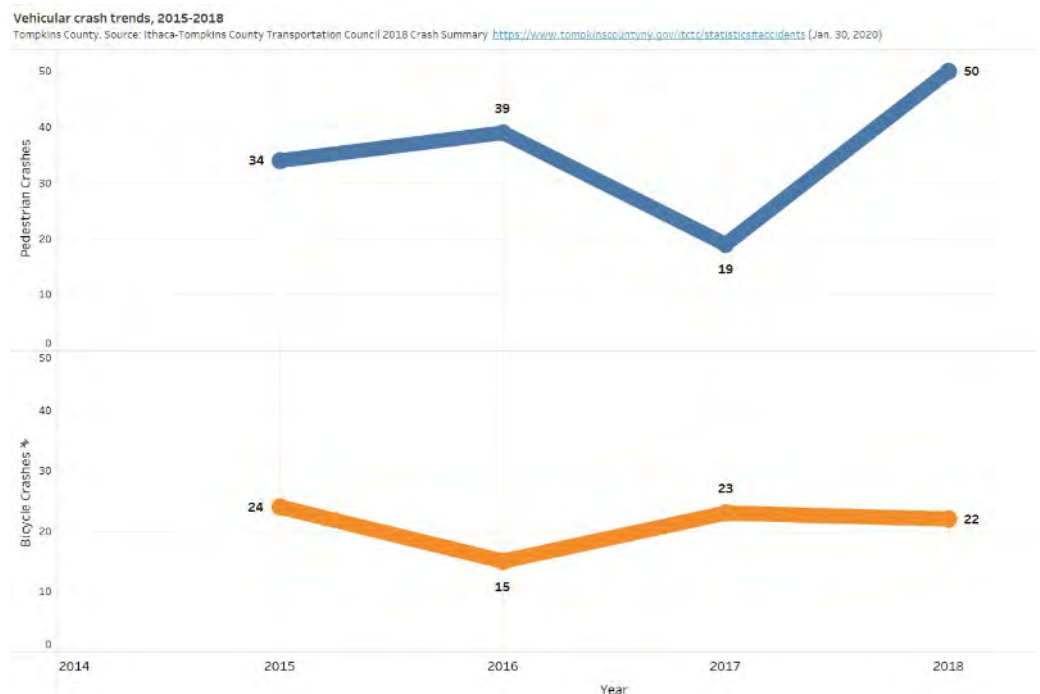


Figure 50

During the same year, 2018, there were 22 traffic crashes involving bicyclists in Tompkins County, a 6.5% increase over the 2015-2017 average of 20.7. Three of the 2018 bicycle incidents resulted in a serious injury or fatality. Just over one-quarter (27%) of 2018 crashes involving bicyclists occurred when the vehicle was making a left turn, one of which resulted in a bicyclist fatality. Pedestrian and bicycle data are from the [ITCTC Crash Summary Report](#) released in January 2020.

EQUITY AND DISPARITIES

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

In Tompkins County, premature death (death before age 75, 2017-2019) within the Black non-Hispanic population is 51% higher than it is within the White non-Hispanic population, and for Hispanics nearly twice as prevalent (94%) compared to White non-Hispanics. (Figure 50)

Looking at premature death across all NYS (excl. NYC) sorted by quartile, four Tompkins County towns are in the fourth quartile, meaning their premature death rate is in the highest 25% compared with the ROS (in this presentation defined as <65 years, 2016-2019). These are Enfield, Newfield, Caroline, and Dryden. Ulysses, Ithaca, Danby, and Groton are in the combined first and second quartiles, meaning the lower half (below the median) of all across the ROS. (Figure 52)

The difference in the rate of potentially preventable hospitalizations between Black non-Hispanic adults and White non-Hispanic adults has been on an upward trajectory in Tompkins County, from a low of 10 per 10,000 in 2016 to 104/10K in 2019 (age-adjusted rates). The 2019 ROS rate difference was 128.4/10K, and the Southern Tier Region was 174.5/10K. The PA 2024 objective is 94/10K. (Figure 53)

Premature death rate X Race

Tompkins County. Percentage of premature deaths (< 75 years)

Source: CHIRS by Race/Ethnicity, 2017-2019

(health.ny.gov/statistics/community/minority/county/tompkins.htm)

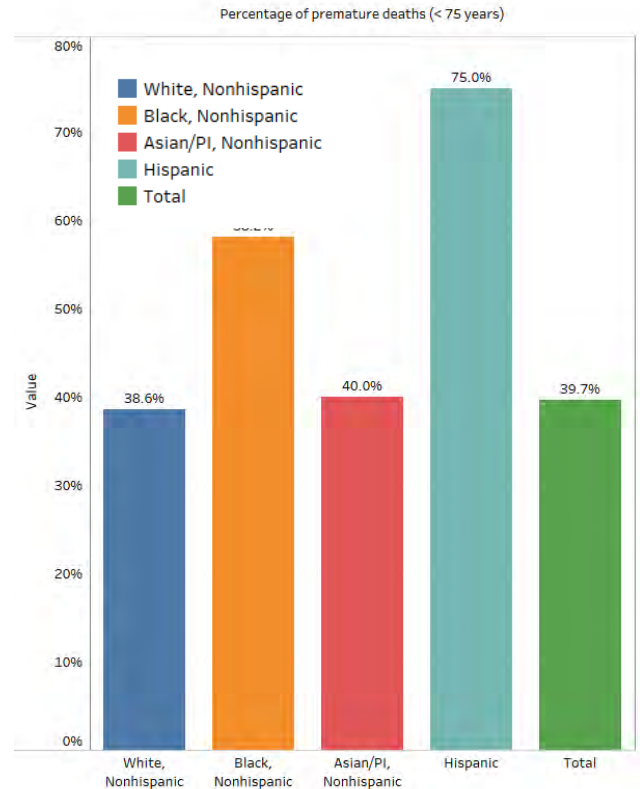


Figure 51

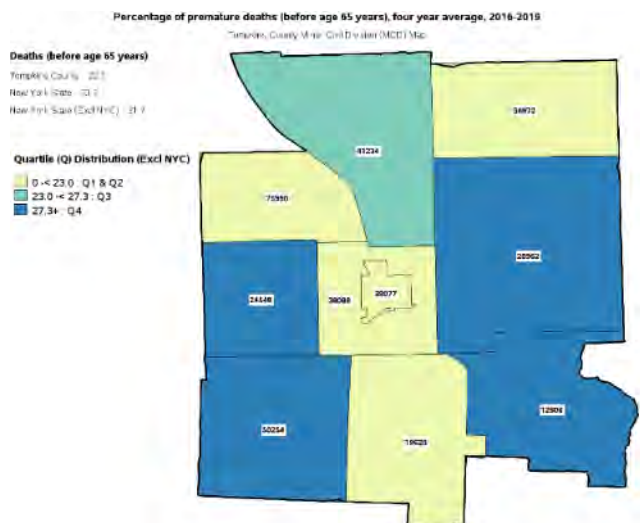


Figure 52

For all Tompkins County adults, the 2019 rate for potentially preventable hospitalizations was 80.6/10K (age-adjusted); the 2019 ROS rate was 120.4/10K (all adults age-adjusted). All Tompkins County towns are in the combined first and second quartile.

Among the indicators used to track basic access to care are adults and children with health insurance, and adults with a regular health care provider. Data for both of these indicators are self-reported through the Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey conducted by the state.

The percentage of adults age 18-64 with health insurance is 95% in Tompkins County (2019), compared to 93% for all of NYS. Among the population of children under age 19, in Tompkins 97.3% have insurance, not significantly different from the state rate as a whole (97.7% for all NYS). (Figure 54)

Regarding a health care provider, 77% of Tompkins adults reported having a regular provider in 2018, down from 83% in 2016 and 87% reported in 2014 (BRFSS, 2014, 2016, 2018). The Prevention Agenda 2024 objective is 87%. (Figure 55)

Potentially preventable hospitalizations among adults, the difference between races, 2016-2019.
Tompkins County. Age-adjusted rate/10,000 population: Potentially preventable hospitalizations among adults, difference between Black non-Hispanics and White non-Hispanics. Data Source: SPARCS, as of November 2021.

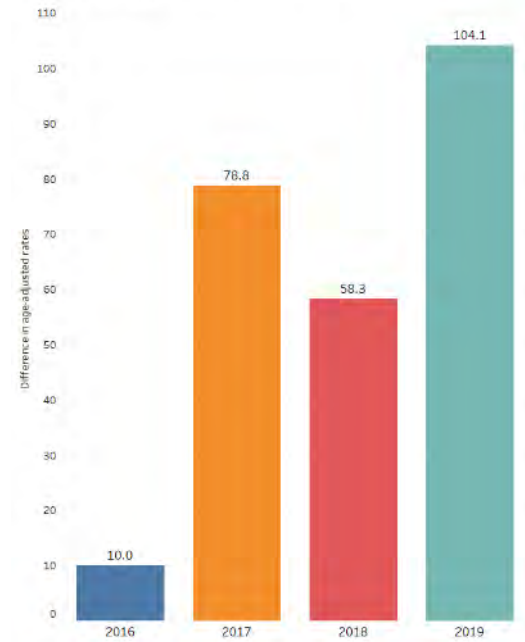


Figure 53

Preventive care and a regular health care provider
(Orange) Pct women with a preventive medical visit in the past year, age 45+ yrs (PA 2024: 85%)
(Blue) Pct adults who have a regular health care provider, age-adJ. (PA 2024: 86.7)
Tompkins County BRFSS data as of Aug 2020

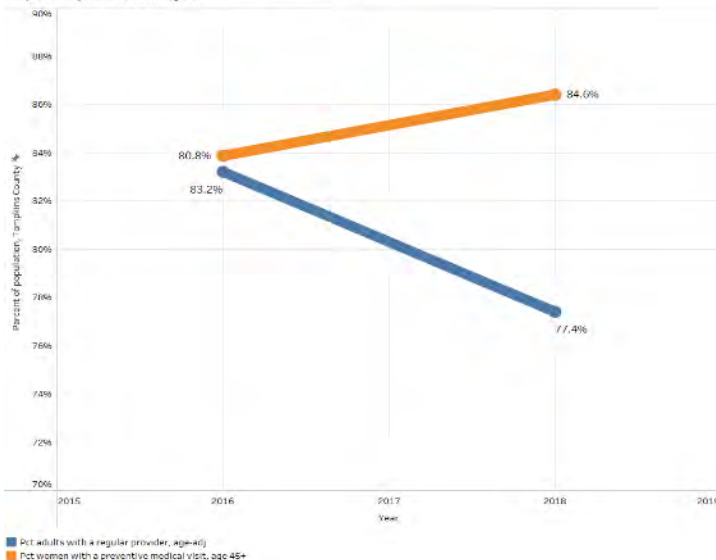


Figure 55

Health Insurance, adults and children
Tompkins County and NYS populations with health insurance. NYS CHIRS #s 322 & 321 (US Census 5AHE, 2019 data)

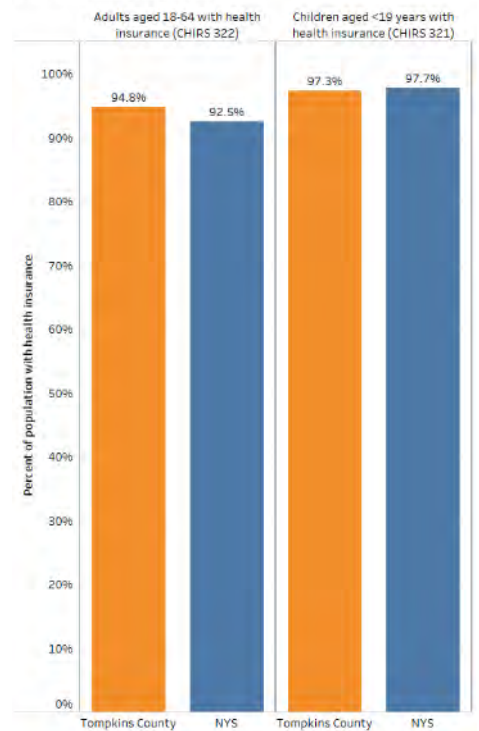


Figure 54

Incarceration

Research demonstrates that incarceration causes negative health risks and outcomes for individuals. Incarceration was declared a public health crisis during the COVID-19 pandemic. Incarceration is associated with chronic disease, including HIV, mental health diagnoses, hypertension, heart-related problems, diabetes, asthma, stroke, and overall lower life expectancy, both due to the experience of incarceration itself, as well as pre-incarceration exposure to structural determinants of health such as poverty, houselessness, and racism. [<https://info.primarycare.hms.harvard.edu/review/incarceration-covid-19>]

The total in-house population of the Tompkins County Jail has declined from 2019 to 2020. The high point was 73 in April 2019, while a year after that in May 2020 the population was just 28. More recently, the in-house population was 29 in June 2022, and 46 in November 2022. (Figure 56)

Tompkins County Jail Population

Jan 2019 to Dec 2022, In-House only. Source: Tompkins County Sheriff's Office, Corrections Division.

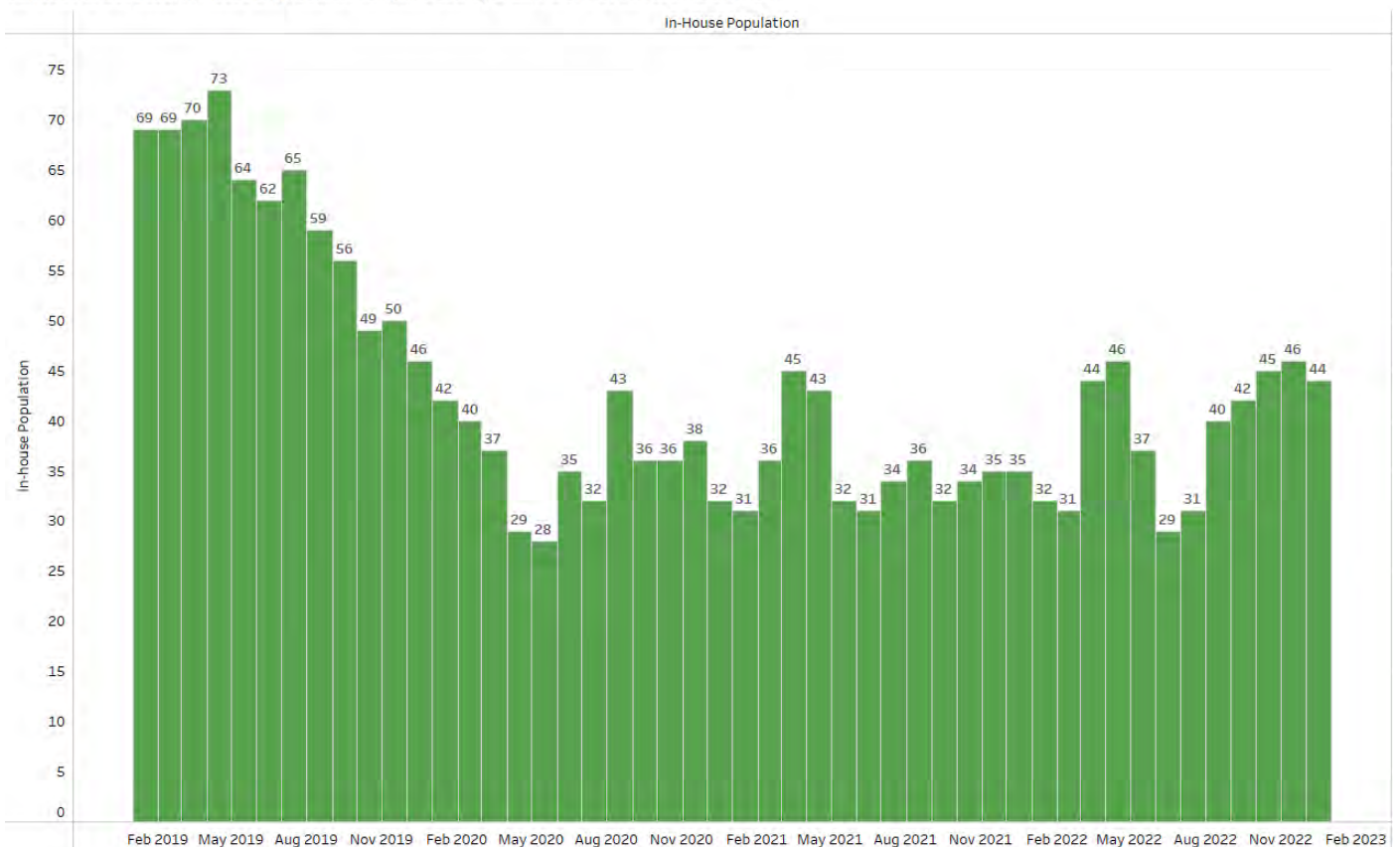


Figure 56

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

By contrast, only about 4% of the county population identify as Black only. The report states the following (p. 37): “For both arrests and jail admissions, the rate for blacks is overwhelmingly disproportionate to the black proportion in the overall county adult population. Blacks comprise only 4 percent of the total county population age 16-plus, but about 14.5 percent of female jail admissions and 24 percent of all male admissions [are Black].

A report commissioned in 2018 by the Ultimate Reentry Opportunity initiative, examines systemic barriers to effective reentry in Tompkins County. This qualitative research study illustrates the impact incarceration has on individual health. One obstacle incarcerated individuals face is the suspension of their health insurance while incarcerated.

Specifically, upon release, there may be a delay in reactivation of an individual's Medicaid leading to difficulty obtaining prescriptions in a timely manner upon release.

<https://docs.google.com/document/d/1948V7c0IH4SyGVJQSsTsKSgMvy5wrSpv-AuwGHicTAU/edit>

Community Survey

Results from the Community Health Survey's Health Status section demonstrated how disparities and inequity may have some impact on an individual's perception of health.

Perception of personal health was accessed by how participants responded to the question, “How do you rate your health in the following categories?” Categories were Physical and Mental. Ratings were 1 (poor) to 5 (excellent). N=1,569. Demographic questions allowed perceptions of personal health to be compared by race, health insurance status, employment status, gender, disability status, and location of current residence. Graphs for these cross-tabs are below, and show a lower self-perception rating for the population identifying as Black or African American, for both physical and mental health. Among age groups, the mental health rating is lowest for age 25-34, and highest for age 75 and over. And those earning less than \$15,000 annually have the lowest ratings for both physical and mental health.

Mental health is rated lower by those without or not sure if they have a primary care provider, by those who are or not sure about living with a chronic condition, and by those who do not own their housing (renters and those not living in a private home or apartment), by those with less than a high school education, and by those who rate the safety of their neighborhood for outdoor activity either poor or fair.

Health Rating by Race (Average where 1=Poor & 5=Excellent)
 How do you rate your health in the following categories: Physical health and Mental health? N=1569
 Source: Tompkins County Health Department Community Health Survey, July 2022.

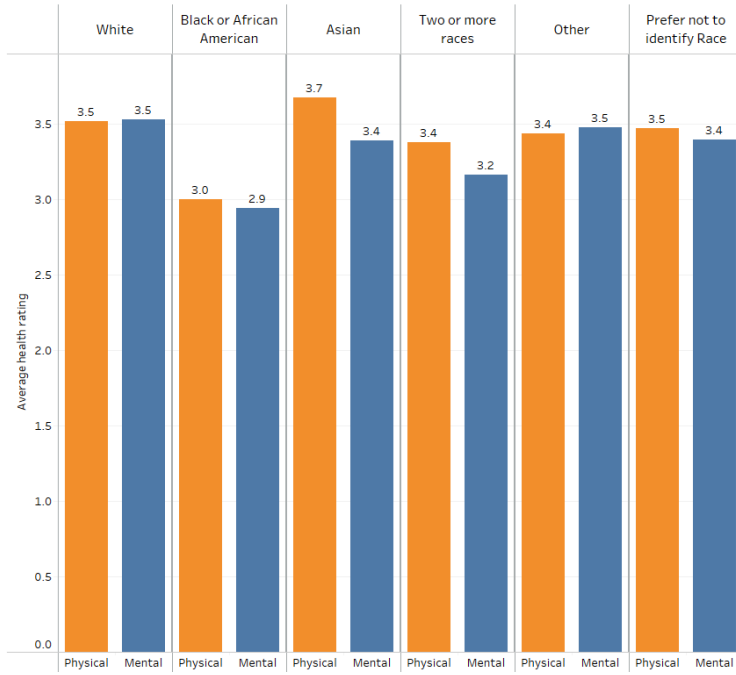


Figure 57

Health Rating by Income (Average where 1=Poor & 5=Excellent)
 How do you rate your health in the following categories: Physical health and Mental health? N=1,569
 Source: Tompkins County Health Department Community Health Survey, July 2022.

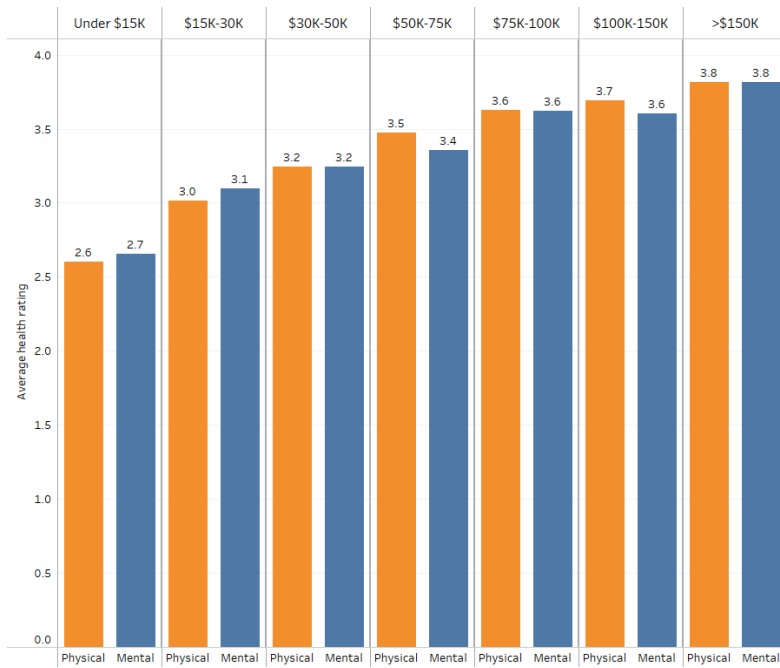


Figure 58

Health Rating by Age (Average where 1=Poor & 5=Excellent)
 How do you rate your health in the following categories: Physical health and Mental health? N=1569
 Source: Tompkins County Health Department Community Health Survey, July 2022.

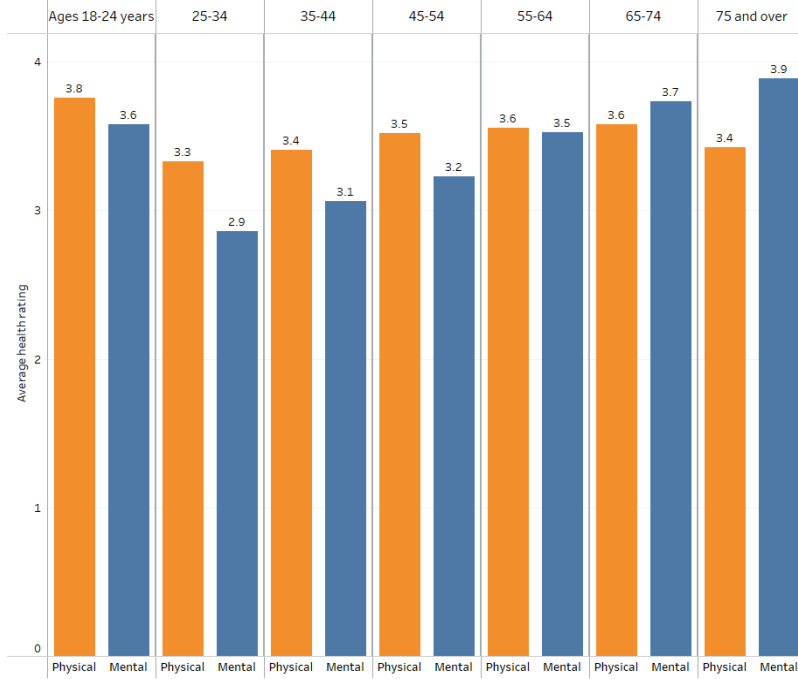


Figure 59

Average Health Ratings (Average where 1=Poor & 5=Excellent)
 Tompkins County Health Department Community Health Survey, July 2022. N=1,568

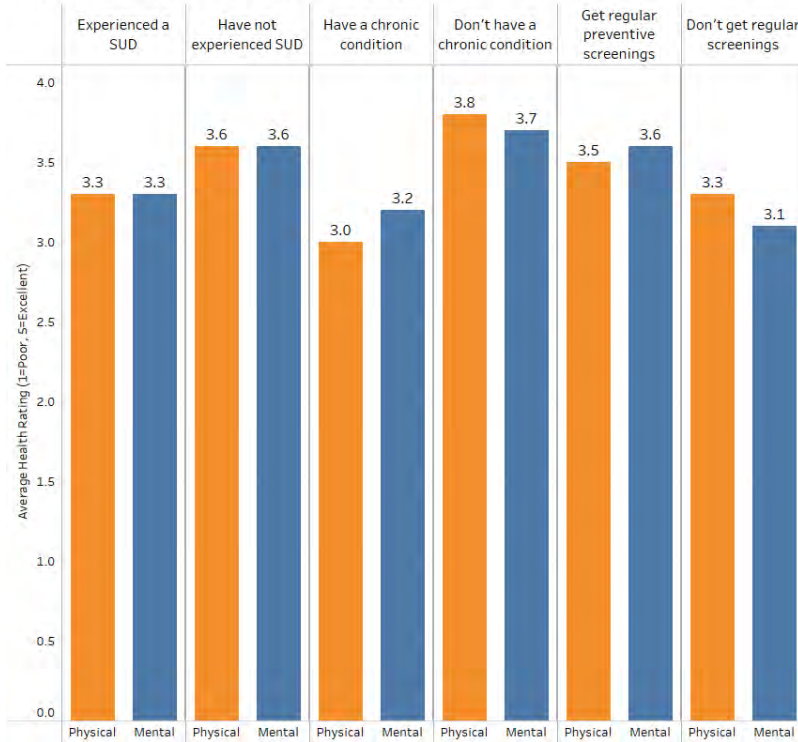


Figure 60

MAIN HEALTH CHALLENGES

Social Determinants of Health

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

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

The Healthy People 2030 website states the following

One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all." ([health.gov/healthypeople](https://www.health.gov/healthypeople), accessed 12/1/22.)

The HP2030 framework includes five key areas of social determinants of health ([health.gov/healthypeople/priority-areas/social-determinants-health](https://www.health.gov/healthypeople/priority-areas/social-determinants-health), accessed 12/1/22)

- Economic Stability (employment, food insecurity, housing instability, and poverty)
- Education Access and Quality (Early Childhood Development and Education, Enrollment in Higher Education, High School Graduation, Language and Literacy)
- Health Care Access and Quality (Access to health services, Access to primary care, Health literacy)
- Neighborhood and built environment (Access to foods that support healthy dietary patterns, Crime and violence, Environmental conditions, Quality of housing)
- Social and Community Context (Civic participation, Discrimination, Incarceration, Social cohesion)



Within each of these areas social determinants influence health-related disparities. This framework establishes a common language that will be referred to throughout this report.

Community Survey

The most important health challenge facing the community is the connection between a favorable perception of personal health and broad social determinants of health. Often in matters of health, self-perception is reality. In July 2022, the Health Department in partnership with Cayuga Health conducted a community survey, which included asking respondents how they rate their own health, both physical and mental.

As described elsewhere in this report, rating levels are apparent across social determinants of health for the following

- Age
- Race
- Income
- Education level
- Homeownership status.
- Assessment of neighborhood safety and opportunities for children to play outdoors.
- Whether or not respondents had a primary care provider.
- Whether or not the respondent had a chronic disease.
- Whether or not the respondent gets preventive screenings.

Other County Departments

While the concept of social determinants has been well documented for years, it was fully integrated into 2019-2024 Prevention Agenda for the first time. And, as was the case with the TCWH's March 2019 community survey, the July 2022 survey clearly shows that social determinants are a reality in Tompkins County.

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

Planning & Sustainability

In mid-2019, the Tompkins County Department of Planning and Sustainability conducted a five-year review of their 2015 Comprehensive Plan. Among the principles and policies that the

Department determined to be still appropriate were housing options for an aging population and for people requiring supportive services, transportation systems that consider the needs of populations that are challenged by transportation, and neighborhoods that encourage opportunities for daily activity, recreation, and social interactions.¹⁰ [[Source](#)]

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

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

Office for the Aging

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

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

The Age Friendly Ithaca and Tompkins County Action Plan, published by COFA in December 2016, maps out Goals and Tasks across seven designated domains: outdoor spaces and buildings, transportation, housing, respect and social inclusion, civic participation and employment, community and health services, and communication and information. The document's timeline runs through 2019.¹¹

In 2019, COFA conducted a needs assessment to understand the current needs of Tompkins County residents 60 years and over. Health specific concerns indicated by survey respondents included: having a way to get to medical appointments (both in county and out of county), being lonely or socially isolated, understanding Medicare, preventing falls in and out of the home, and being able to safely cross the street. Nearly 40% of respondents indicated that they are familiar with Age Friendly and Livable Communities while 61.6% said they are aware of

programs and services provided by COFA. ([COFA 2019 Needs Assessment Report Final.pdf \(tompkinscountyny.gov\)](#))

TC Whole Health - Mental Health Services

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

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

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

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

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

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

A survey was conducted as part of the planning for 2023 in which county mental health providers were asked about racial equity. Local providers demonstrated a commitment to addressing racial equity with 21% currently implementing a plan to address racial equity and 16% having begun the process of implementing a plan for racial equity. When asked what resources are needed to assist in planning efforts to address racial equity, respondents highlighted a need for local data with more accessible demographics, training and toolkits, Tompkins County specific data from the State, and support for analysis of data. The survey also asked what racial equity issues are of most concern regarding their impact on children and adults. For children, respondents were most concerned with access to mental hygiene service and physical health and safety. For adults, respondents were most concerned with housing and access to and quality of mental hygiene services. Overall, the survey responses indicate a desire to address racial equity as it related to mental health hygiene, but additional support is needed to accomplish this objective.

Tompkins County's mental hygiene subcommittee identified non-clinical supports as an area of need. By doing so, mental health providers recognize the importance of social determinants of health, health equity and the importance of peer supports. The subcommittee will work to identify strategies to improve health equity across Tompkins County.