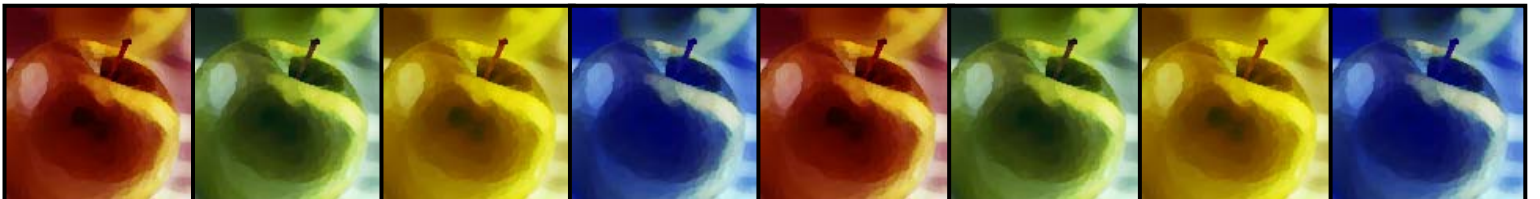
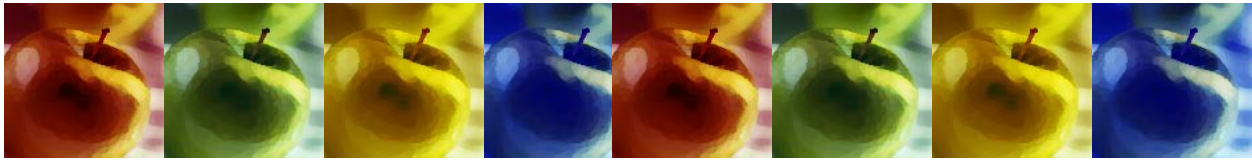


# EXECUTIVE SUMMARY





## EXECUTIVE SUMMARY

### 1. INTRODUCTION AND OVERVIEW

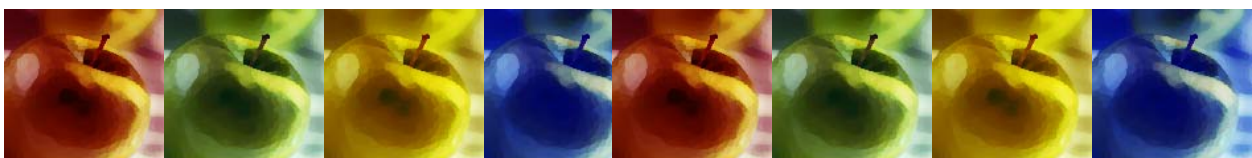
The New York State Department of Health requires counties to undertake a comprehensive community health assessment once every six- (6) years, with updates provided every two years. The Oneida County Health Department recognizes the opportunity that this state requirement presents to improve the health and well being of our community residents. Prompted by the this mandate, the Oneida County Health Department engaged in a process that would result in the development of this *Oneida County Health Assessment Report*

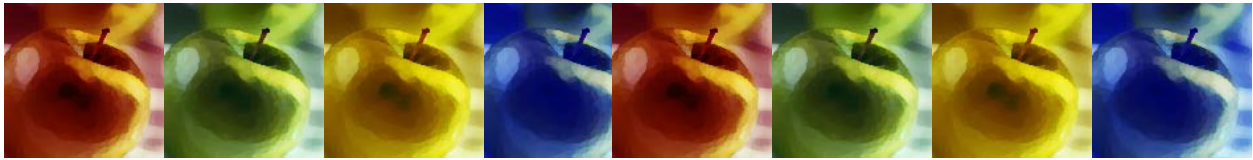
The assessment process was guided by a set of principles and assumptions that would ensure that it stayed focused and in line with its original purpose. To ensure the successful implementation of the assessment process, the participation of key stakeholders committed to improving public health was included. Community participation was achieved through a community forum, community surveys, and community leader interviews that collectively aided in identifying community perceptions about public health and related issues. This structure allowed for input from more than 700 additional persons.

The Oneida County Health Department staff used the National Association of County and City Health Officials' community assessment tool *Mobilizing for Action through Planning and Partnerships (MAPP)*, in preparation of this *Oneida County Health Assessment Report*. Through the MAPP process several public health issues challenging our community were identified. The following section highlights the key findings in this report.

### 2. COMMUNITY HEALTH ANALYSIS

- The overall population in Oneida County is aging (~17% are 65 years and older), while simultaneously shrinking in size (-6.1%) between 1990 and 2000. As the proportion of older people in Oneida County increases, the demand for quality long-term care services and facilities also will increase.
- The County's overall mortality rate increased by 8.5% between 1997 and 2000. Mortality rates increased for cirrhosis of the liver, unintentional injuries especially among children ages 1-18, suicide and homicides rates, chronic lower respiratory disease, and selected cancers.
- Although we observe decreases in infant mortality rate, overall sexually transmitted disease rates, and in adolescent pregnancy and premature birth rates, Oneida County rates remain high for these issues among the region, state, and nation.
- From 2001 to 2003, the case rate for Giardia increased from 14.5 to 26.5; Campylobacteriosis rates increased from 13.6 to 16.5; and Salmonella rates decreased from 10.6 to 9.4. Within the same timeframe, for Chronic Hepatitis B, there was a 20.4% increase in morbidity from 49 to 59 and for Chronic Hepatitis A there was a 12% decrease from 123 to 110.
- Rates for sexually transmitted gonorrhea have increased between 1999 and 2003 by 28%.
- For the selected cancers evaluated, Oneida County cancer rates are among the highest in the State.
- Low Birth Weight (<2500 Grams) Birth Percentage per 100 Live Births has gradually increased over the last decade from 6.9 in 1993 to 7.9 in 2002,
- Infant mortality rates for African Americans in Oneida County is five times higher than rates for whites.
- Children (<6 yrs of age) with elevated blood-lead levels increased between 2000 and 2001 by 6.8%. The rates are twice as high in the 13501 and 13502 zip code areas,





- ▣ Adults in Oneida County are more likely to have tried smoking than compared to the State average. In addition, Oneida County adults are less likely to attempt to quit smoking, than others in the State.
- ▣ Oneida County teens are less likely to smoke than they were four years ago.
- ▣ Oneida County adults tend to binge-drink more frequently and drink more heavily when compared to the state average.
- ▣ It is easier for Oneida County residents to access alcohol compared to similar counties and NYS.
- ▣ Overall, we see a significant decline in binge drinking among Oneida County youths from 23% in 1999 to 14% in 2003.
- ▣ Hospitalizations for several ambulatory care sensitive conditions including uncontrolled diabetes and pediatric asthma point to inadequate access to quality primary care services. The rate of uncontrolled diabetes is one of the highest in the Central New York region, and significantly higher than New State and the United States. The rate of pediatric asthma in Oneida County is consistently above the upstate New York State average.
- ▣ Disparities in health status, including those by ethnicity, gender, age, and social-economic status were evident among the majority of the various indicators considered in this profile.
- ▣ With regard to access, approximately 16% of Oneida County residents surveyed have no health insurance.
- ▣ The location of a refugee resettlement program in Oneida County will provide constant challenges to accessing adequate health care that include the introduction of unique health conditions and issues, a lack of knowledge of how the health care system works, a cultural and language barriers.
- ▣ In Oneida County, fourteen census tract areas, thirteen (13) within the City of Utica and one in the City of Rome, are designated as Medically Under served Areas (MUA)
- ▣ Nine areas in Oneida County are designated by the Bureau of Primary Health Care's Division of Shortage Designation as a Health Professional Shortage Area (HPSA).
- ▣ Individuals eligible for Medicaid continues to increase in Oneida County,
- ▣ Oneida County lacks an adequate number of physicians and dentists that accept Medicaid.

### **Community Perceptions**

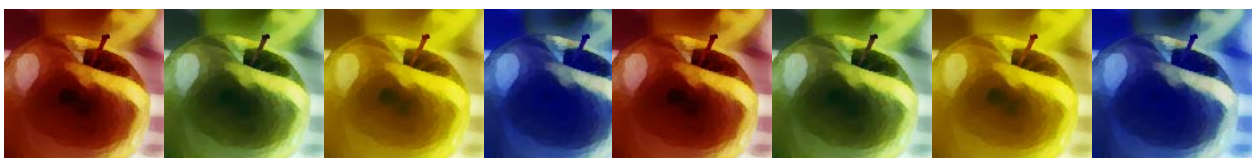
When asked about the most pressing health status and related issues, participants from the community survey and individual leader interviews identified the following top ten health issues challenging Oneida County: Cancer, Heart Disease, Diabetes, Access to quality services, Arthritis, HIV/AIDS, Education/Community Based Program, Mental Health, Nutrition/Obesity, Environmental Health.

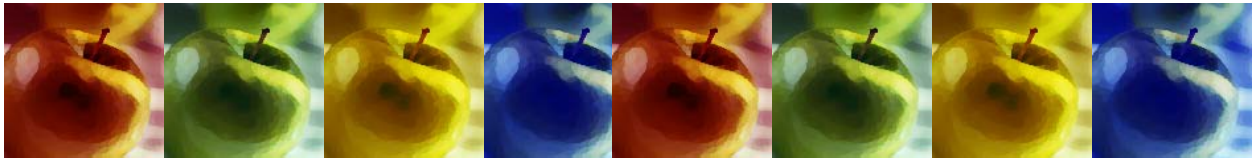
Respondents also indicated that factors such as low crime and safe neighborhoods, good schools, good jobs, and a healthy economy were important aspects towards improving the quality of life in the County. The respondents also consider substance abuse, nutrition and exercise, dropping out of school, and not using seatbelts to be those risky behaviors that impact our community's health the most. The majority of respondents rated the community's health was "somewhat healthy, with their personal health to be better than that of the overall community.

The Oneida County Health Department appears to be somewhat of an unknown entity to the community. What is known about the department tends to be based on personal experience with a particular service or program (e.g., food inspections, flu shots, etc.).

### **Forces and Trends in Public Health**

The OCHD, through the community forum process, identified six categories of trends and forces that are currently or could potentially impact the local public health system. While some of these trends may pose threats to public health, others may create opportunities that would strengthen the system.





### **Public Health System Assessment**

The public health system assessment revealed providers in 9 categories carrying out a broad range of activities within the framework of the Ten Essential Services. Providers in most of the categories report that they (a) inform, educate and empower people about health issues, (b) mobilize community partnerships to identify and solve health problems, (c) enforce laws and regulations that protect health and ensure safety, and (d) link people to needed personal health care services and assure provisions of health care when otherwise unavailable.

Providers in all 9 categories reported conducting the majority of the Ten Essential Services. The efforts of many agencies are focused on specific health status issues (e.g., cancer, HIV) or population groups (e.g., women), however, many other providers address public health issues in a broader context. While the local and state governmental public health agencies deliver a majority services in Oneida County, there are several other governmental agencies that play some role in the delivery of public health services. Within the County, these include the Departments of Mental Health, Office for Aging and Continuing Care, Department of Social Services, and Municipal Building Codes Offices. Public health efforts both across and within sectors could benefit from greater coordination.

### **3. GOALS AND OBJECTIVES**

Considering the findings of the four components of the Community Health Analysis, the Oneida County Health Department Committee developed two levels of goals and objectives affecting Oneida County's public health.

*Crosscutting Health Infrastructure:* Crosscutting goals represent predominant issues pertaining to our public health system infrastructure that must be addressed to achieve our vision for public health in Oneida County.

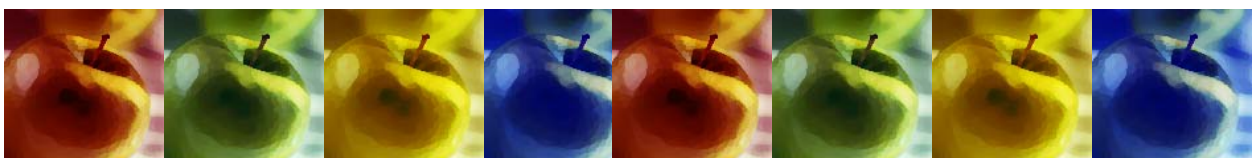
*Health Issue-Specific:* Health issue-specific goals pertain to the community's top ten health issues identified from the community survey.

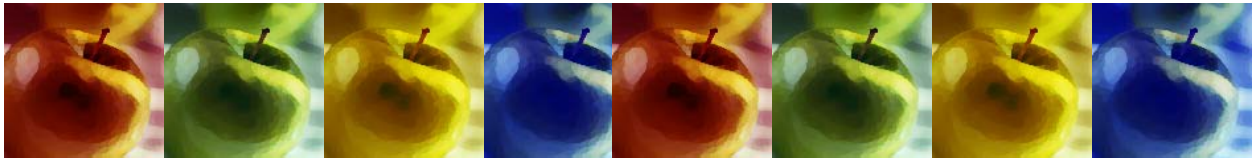
### **4. STRATEGY DEVELOPMENT**

The Oneida County Health Department developed a series of strategies for each level designed to address the goals and objectives. These included several cornerstone activities, critical to improving the local public health infrastructure and overall health and wellbeing of our residents.

#### **Crosscutting Health Infrastructure**

- ▣ *Improving the Public Health System through Coalition Development:* Key to efforts to utilize this report as a stimulus for improving and strengthening the Oneida County's public health Infrastructure is the continuation and expansion of the Oneida County Health Coalition's public health's activities.
- ▣ *Building Community Capacity and a Constituency for Public Health:* To encourage community action on health and social reform, the Oneida County Health Coalition should establish and support a countywide network of sustainable community partnerships comprised of residents and representatives of formal and informal community institutions to include local schools, block clubs, religious institutions, businesses, public health and social service providers.
- ▣ *Strengthening the Public Health Workforce:* The public health workforce is the most visible presence for public health in Oneida County and the most visible means of service delivery. In addition to the staff of health department, the broad public health workforce includes employees and volunteers of





multi-sector agencies – health care, social service, education, religious institutions, etc. Accordingly, the strategies in this section consider the needs for workforce development at the larger systems level and from the perspective of the countless community-based public health workers.

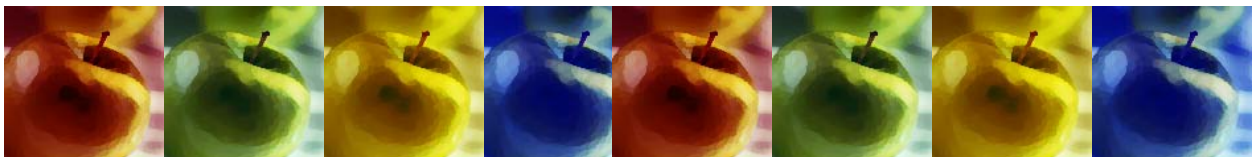
- *Strengthening the System through Information:* The Oneida County Health Coalition, working with local universities, the NY State Department of Health, and other essential partners should function as a clearinghouse and central repository for health and public health data in Oneida County.
- *Advancing the Public Health Agenda through Research:* Community providers and Oneida County's academic community should work collaboratively and in partnership to conduct qualitative and quantitative community-based research on relevant public health issues, including access to care. Research findings should be linked to program development.
- *Getting the Word out: Marketing Public Health Messages & Services:* Although we live in an information-rich age, many of our residents, agencies and businesses are still unaware of what public health is and what services are available to meet their needs. The various independent information dissemination efforts carried out by agencies and organizations in our community must be harnessed in a manner so the messages facilitate and otherwise motivate healthy behaviors.

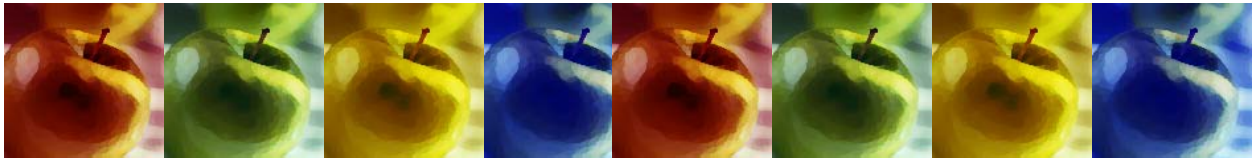
### **Health Issue-Specific**

- *Strategies across all focus areas:*
  - *Develop comprehensive Oneida County Health Issue Profiles including action plans that build upon the data presented in this document and expand to include the knowledge about the ever-increasing impact on our community's health by social and environmental determinants such as behavioral, economic, education, employment, environmental, governmental, housing, medical, political, psychosocial, public health, religious/spiritual, and transportation dimensions.*
  - Develop health education campaigns utilizing social marketing practices to educate the community about health risk factors and available local programs and services specific to each health profile.
- *Strategies pertinent to several health issues* Tobacco use, alcohol and substance use, nutrition and weight, and access to health care represent underlying risk factors affecting several of the focus area health issues. Strategies directed towards these factors should affect positive health outcomes for several of the health issues, e.g., cancer and heart disease.
- *Strategies specific to each health issue:* Strategies specific to the top ten issues that the community identified as the most important health issues in Oneida County - Cancer, Heart Disease, Diabetes, Access to quality services, Arthritis, HIV/AIDS, Education/ Community Based Program, Mental Health, Nutrition/Obesity, Environmental Health.

## **5. FROM PLANNING TO IMPLEMENTATION**

The *Oneida County Health Assessment Report* outlines the current health status of Oneida County and puts forward fundamental activities that are needed to improve health in Oneida County. It recognizes the Oneida County Health Coalition in a prominent role to direct the charge to improve public health in Oneida County and begin its implementation activities with several cornerstone activities. Yet while implementation in some areas begins, the Coalition will at the same time continue to tackle some of the issues where the answers are either not yet clear or agreed upon. The activities in 2005 focus primarily





on three areas: health infrastructure development, health issue profiles development, issue specific actions.

**Health Infrastructure Development**

■ **Coalition Development:**

At the core of this plan for a strengthened public health infrastructure is active involvement of various community-based agencies and individuals in the Coalition. To begin, the Coalition should establish a Coalition Partners Committee. The primary duties of this Committee will be to: (a) identify and recruit representatives from local agencies and organizations for membership on the Coalition, (b) monitor the establishment of Coalition membership, and (b) assist as able in identifying membership sponsors. Both the commitment of resources and a structure are in place to begin implementation on this first set of strategies. As a leadership activity the Oneida County Health Department (OCHD) will continue to facilitate the Coalitions activities and provide staffing to support its work. Because of its importance to the success of the public health system, the Coalition should focus efforts to obtain funds to support activity. The Committee should engage a community organizer who will work to (a) mobilize the development of local members, (b) conduct outreach to identify potential sponsors to provide financial and other support to Coalition, and (c) arrange for the technical assistance needed. The community organizer will also provide staff support to the Coalition Partners Committee.

■ **Planning**

Planning activities in 2005 will focus both on further system-focused planning and action planning for those strategies already identified. While the Coalition’s strategic planning process led to the identification of several concrete actions designed to strengthen Oneida County’s public health system, there remain issues that have yet to be considered and whose resolution are key to the system’s success. Many of these issues pertain to coordination and service delivery in very specific areas of the system. Specific action plans must also be developed to foster implementation of the Report’s strategies. Many of the strategies developed by the Coalition are broad in scope and could be advanced by any number of activities. Action planning will help to determine specific activities, implementers, timeframes and needed resources.

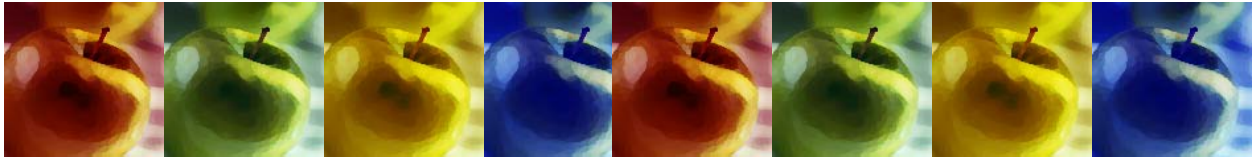
■ **Workforce Development:**

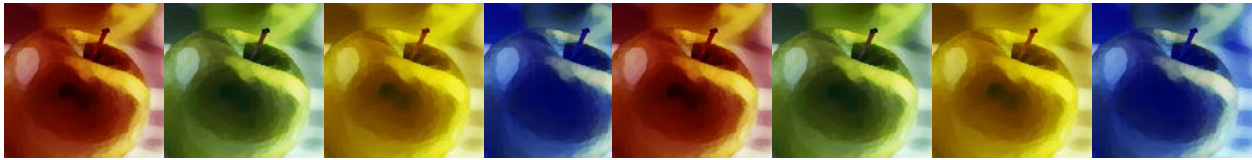
Our County is challenged to improve the health of County residents and the capacity of the local health workforce to meet those challenges. Successful provision of the essential public health services requires a trained and competent health workforce among public and private partners i.e., all agencies and private or voluntary organizations in the areas of health, mental health, substance abuse, environmental health and protection, and public health, within a given community and across various levels of government. A Coalition lead Workforce, Training, and Education Committee should be established and use these essential services as a framework for their respective activities.

**Health Issue-Specific Development**

■ **Health Issue Profiles:**

Establish “Health Councils” with Coalition members represented for each of the ten community-identified health issues (e.g., Council for Sports, Fitness and Health to address nutrition and obesity). Each Council would be comprised of key community stakeholders relevant to the specific health issue. The Coalition could serve as a coordinating body for the ten Councils to facilitate planning efforts and ensure communication linkages between Councils. The Councils would be responsible for developing the comprehensive health profiles and action plans, and overseeing their implementation.





■ Community Education

Coalition should establish a Community Outreach and Education Committee to develop and implement a coordinated promotion of the public health system programs and services, along with pertinent health information to Oneida County community. The OCHD Public Education Coordinator will chair a Coalition Community Outreach and Education Committee that should be comprised of individuals who is responsible for this function within their individual agency. Representatives from local media organizations, i.e., TV, newspaper, radio should be included on this committee.

■ Childhood Lead Poison Prevention:

The formation of an Oneida County Lead Coalition, chaired by OCHD Director of Environmental Health and facilitated by NYSDOH Lead Staff. OCHD EH division staff would provide necessary staff support for coalition meetings and activities. Other agencies contribute as their resources allow. Focus coordination of county environmental health, city building codes, and DSS, non-governmental agency inspection activities with HOPE VI project activities to identify lead homes in high risk zip code areas of Utica for targeted abatement and lead reduction activities that include lead education and training and provide policy recommendations in such areas as certificate of occupancy, enforcement and compliance, abatement, planning and zoning.

■ Clinical Services:

A special task force should be established to evaluate the needs of clinical services in Oneida County. The OCHD Director of Clinical Services will chair a task force comprised of key stakeholders including health care agencies, policy and political leaders, and community representatives. The task force will be charged with assessing the County's clinical service delivery system and identify strengths and gaps, unmet service needs, access to care, availability of providers, and applicable local, state and federal policies, determine which providers within the system are best suited to provide the services needed in the community, and develop an action plan that may include steps and timetables, human resource issues, communication plan, transition and partnership models, funding support, and monitoring and performance evaluation elements.

