

Community Health Assessment 2019-2024

Community Health Improvement Plan 2019-2021

Tompkins County Health Department

Cayuga Medical Center

Ithaca, New York

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CONTENTS

EXECUTIVE SUMMARY	3
COMMUNITY HEALTH ASSESSMENT, 2019-2024	5
Description of Community	5
The demographics of the population served	5
Health status of the population and distribution of health issues	10
Prevention Agenda Priority: Prevent Chronic Disease	13
Prevention Agenda Priority: Promote Healthy Women, Infants, and Children	24
Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders	33
Prevention Agenda Priority: Prevent Communicable Disease	37
Prevention Agenda Priority: Promote a Healthy and Safe Environment	39
Equity and Disparities	41
Main Health Challenges	44
Social Determinants of Health	44
Community Survey	44
Other County Departments	46
Summary of Assets and Resources	49
Access to Healthcare Services in Tompkins County	50
Mental Health and Substance Abuse	53
Housing	54
Food and Nutrition	55
Community Agencies, Resources, Initiatives	56
Youth Services	58
Academia	59
Transportation	59
Economic	60
Other Initiatives	61

Process and Methods	62
Data Collection	62
Senior Leadership	62
Steering Committee	63
Community Survey	63
Key Informant Interviews	64
Focus Groups	65
Tompkins County Board of Health	65
Tompkins County Health Planning Council and Tompkins Health Network	65
COMMUNITY HEALTH IMPROVEMENT PLAN, 2019-2021	66
Identification of Prevention Agenda Priorities	66
Disparities and Health Equity	66
Process and Criteria	67
Goals, Objectives, and Intervention Strategies and Activities	68
Hospital Actions and Impacts	69
Chronic Disease Preventive Care and Management: Cancer Screening and Early Detection	69
Promote Well-Being and Prevent Substance Use Disorders	70
Geographic areas of focus	72
Hospital resources to address the need	72
Local Health Department Actions and Impacts	73
Prevent Chronic Disease: Healthy Eating and Food Security	73
Prevent Chronic Disease: Preventive Care and Management	75
Promote Healthy Women, Infants, and Children: Focus Area 4: Cross cutting healthy women, infants, and children	75
Promote Well-Being and Prevent Mental and Substance Use Disorders Focus Area 1: Promote Well-Being	76
Maintaining engagement, tracking progress, making corrections.	80
Presentation, access, and availability of the CHIP	81

Executive Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

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