

Community Health Assessment  
Tompkins County, New York  
2005–2010

Tompkins County Health Department  
Ithaca, New York

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## Foreword

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### Background

The Community Health Assessment (CHA) describes the health of the community by presenting information on the health status, community health needs, resources, and health services infrastructure. It includes a socio-demographic profile of the county and seeks to identify target populations that may be at increased risk of poor health outcomes. The CHA also assesses the larger community environment and how it relates to the health of individuals. New York State public health law requires all local health departments to produce a written community health assessment every six years with biennial updates.

### Sources

The CHA is comprised of core indicators as determined by the New York State Department of Health (NYSDOH) that assess the community in terms of leading causes of morbidity and mortality. The NYSDOH is largely the source of this data. Local core indicator data is compared with the region when ever possible, the rest of New York State and measured by the Healthy People 2010 goals. US Census data and information from other federal sources are also included. This data is supplemented by local data from agencies and organizations that assess the health and well being of their target populations.

### Process

The CHA document provides an interpretation and analysis of the data. It is also a continuous, interactive local process with regular electronic updates of the information. This process allows for a continual scan of the local health environment for changes in conditions and emerging health issues which may result in local strategies. As the lead agency for the CHA, the Health Department seeks input from other organizations, consumers, and health care providers in identifying health issues and concerns and determining focus areas. In the CHA, the Health Department also identifies its priorities as reflected in the Municipal Public Health Services Plan (MPHSP) in safeguarding the public health that may not be as apparent to the community at large.

### Purpose

The CHA may be used for a variety of purposes:

- Planning and evaluation of the progress of community and Health Department programs.
- Documenting the Health Department's fulfillment of legal and regulatory requirements.
- Cataloguing multiple health-related activities in the community, helping to meet a broad community-wide assurance role.
- Justifying budget appropriations and program development.
- Reporting on important health outcome measures.
- Providing technical assistance to other agencies.
- Needs assessment for categorical grants.
- Source of information for researchers and policymakers.

## General Population Description

**T**ompkins County covers 476 square miles at the southern end of Cayuga Lake, the longest of New York’s Finger Lakes. Centered in the county and along the lake’s southern shore is Ithaca, the county’s seat and only city. Ithaca is approximately 24 miles west of the city of Cortland, and 55 miles south and west of Syracuse by road.

### Neighbors and Region

Tompkins County is bordered by 6 other counties (*see Figure 1, page 23.*) From the northern-most border, clockwise they are:

- Cayuga
- Cortland
- Tioga
- Chemung
- Schuyler
- Seneca

Even though Tompkins County residents and businesses — especially tourism-related businesses — often identify with the Finger Lakes region, for the purposes of many New York State statistical data sets Tompkins County is actually the southwest anchor of the Central New York (CNY) region. The 11-county CNY region includes:

- Cayuga
- Cortland
- Herkimer
- Jefferson
- Madison
- Oneida
- Onondaga
- Oswego
- St. Lawrence
- Tompkins

### Population Rank

U.S. Census July 2004 estimates, of 62 counties	
Cayuga .....	34
Chemung .....	52
Cortland .....	32
Schuyler .....	61
Seneca .....	57
Tioga .....	47
Tompkins .....	29

Throughout this report data for Tompkins County is frequently compared with 3 neighboring counties and with the CNY region. The 3 are Cayuga, Cortland and Tioga, the latter of which is not in the CNY region, but rather part of the “New York–Penn” region.

These counties were chosen over Chemung, Schuyler and Seneca because the border with Chemung is very short, and the populations of Schuyler and Seneca are very small, the combined populations of the two equaling just over half of that for Tompkins County.

### 2000 Census population

Cayuga .....	81,963
Cortland .....	48,599
Tompkins .....	96,501

The population of Tompkins County is 100,135 according to the US Census Bureau July 2004 estimate, an increase of 3.8 percent from the 2000 count of 96,501.

From 1990 to 2001 Tompkins’ population grew by 2.6 percent. By



Tioga .....	51,784
CNY.....	1,251,561
NYS.....	18,976,457

comparison, neighboring Cortland County lost 1.0 percent of population between 1990 and 2001; New York state gained 5.7 percent and the United States as a whole gained 14.5 percent.

#### Urban Population

Percent, 2000 census	
Cayuga .....	47.5
Cortland .....	55.2
Tompkins .....	58.4
Tioga .....	34.8
CNY.....	61.3

Tompkins County is subdivided into 9 towns and 6 villages. The Census Bureau classifies just over 58 percent of the Tompkins County population as urban and 42 percent as rural. Only one percent of the latter live on a farm. Cortland County's farm population is 1.8 percent of total while in Cayuga County the farm population is 2.5%. (See *Figure 2, page 23* and *Figure 5, page 25*.)

The City of Ithaca is Tompkins' population center with close to one-third (30.3%) of the county total. The Town of Ithaca is home to nearly 19 percent of the county population; the Town of Dryden 14 percent; the Town of Lansing nearly 11 percent. The six least populated towns combined represent just over one-quarter (25.9%) of the population.

Tompkins County is home to three institutions of higher education: Cornell University, Ithaca College and Tompkins Cortland Community College with a combined population of just over 27,000 students. Many of these students live in the City of Ithaca; college dormitories and apartment complexes with high student populations are also located in the Towns of Ithaca, Dryden and Lansing. Much of the county's demographic profile reflects the weight of this sector, as will be shown by the following details.

#### Median Age (Years)

Percent, 2000 census	
Cayuga.....	37
Cortland.....	34
Tioga .....	38
Tompkins (all).....	27
Tompkins (excl-stu)...	39
NYS.....	36

Tompkins County's population is unusually young: more than one quarter (26%) are age 18 to 24 years. This segment accounts for only 16 percent of the population in Cortland County, 9 percent statewide, and 10 percent nationwide. While the proportion of other age segments trend lower when compared with Cortland, the state and nation, the differences are not as striking. (See *Figure 5, page 25*.)

The Tompkins County Planning Department has obtained U.S. Census 2000 data excluding students (Special Tabulation (Tab) #137.) The figures support the anecdotal evidence that Tompkins' youth stems from the large number of students attending local colleges. Median age for the Tompkins' entire population is 28.6 years. When students are excluded the median age for the remaining population rises to 38.9 years. The latter is very consistent with neighboring counties and the state as a whole.

#### Education.

This is a highly educated population; 9-out-of-10 residents age 25+ years has a high school diploma. Nearly half (47%) of the age 25+

<b>Bachelor's Degree +</b>	
Pct of pop age 25+, 2000	

<b>Tompkins</b> .....	<b>47</b>
Cayuga .....	16
Cortland .....	19
Tioga.....	20
CNY .....	22

population has a 4-year Bachelor's degree, and the majority of that group holds a graduate or professional degree.

By comparison, bachelor's degrees are held by 19 percent in Cortland County, 27 percent for New York State, and 24 percent for the USA. (See *Figure 6, page 26.*)

#### Drop out rates

Another point which may be a reflection of the academic environment is that Tompkins' high school dropout rates are very low, at only 2.5 percent of the 2000 population age 16-19 years. Comparable rates are: Cortland County 5.1%, and New York State 8.8%. (See *Figure 7, page 26.*)

#### Management, professional & related job

Employed pop age 16+ yrs. Pct, 2000 census	
Tompkins .....	50%
NYS .....	37%

Likewise, Tompkins County's workforce is highly skilled: half (50%) of employed residents age 16+ years are classified, "Management, professional & related" according to the 2000 Census, and one-in-six (17%) are "Education, training & library." Figures for New York State are 37 percent for management and professional jobs, and just one-in-fourteen (7%) for educational jobs.

#### Local Industry

Pct. Local Gross Product by type of enterprise, '02	
Education.....	23.0
Manufacturing.....	12.0
Real Estate.....	9.2
Retail Trade.....	7.3
High-Tech.....	7.0
Health Services .....	4.8

Education accounts for 23 percent of Tompkins County's Local Gross Product (LGP), according to Tompkins County Area Development.<sup>1</sup> Other sectors with more than 5 percent of the LGP include manufacturing, real estate, retail, high tech, government and utilities.

Among the county's largest private and public-sector employers, Cornell has by far the biggest workforce with 8600 employees — 43 percent of those employed at the 27 sites with 155 or more employees. (See *Table 2, page 27.*)

#### Unemployment

The unemployment rate has traditionally been low in Tompkins County — often the lowest in the state. The average unemployment rate for the years 2000–2002 was 3.0 percent in Tompkins, compared with 6.5 percent in Cortland County, 5.6 percent across the CNY region, and 5.2 percent statewide. (See *Figure 8, page 28.*)

Though the numbers are lower, the pattern of unemployment ups and downs across recent years in Tompkins County is similar to that of the region and state, as illustrated in *Figure 9 on page 28.*

Discussions among some professionals suggests that Tompkins' low unemployment rate is skewed by students taking part-time jobs and low paying work-study jobs at the college they are attending. Among those out of school, jobs that utilize the full potential of an individual's educational attainment are not always available, leaving many frustrated by *underemployment.*

<sup>1</sup> Tompkins County Area Development Web site <http://www.tcad.org/employers.htm>. Accessed 12/29/03.

Job growth in Tompkins County has been favorable in comparison with bordering counties. The U.S. Census Bureau reports that Tompkins non-farm employment gained by 3 percent from 2000 to 2001. By comparison, Cortland County gained only 1.3 percent and the state as a whole only one percent. Extremes in our neighborhood were a 4.2 percent loss in Schuyler County, and a 4.4 percent gain in Tioga. (See Figure 10, page 29.)

**Living together.**

**Family Households**

Household type in Tompkins County is also indicative of the large student population. Only 53 percent of the full Tompkins County population lives in a family household, as compared to 64 percent in Cortland County and 66 percent statewide.

When the student population is excluded from the Tompkins County count the proportion of family households increases to 63 percent, more in line with the comparison counties. (See Figure 11, page 29.)

More than one quarter (27%) in Tompkins County live in nonfamily households (19% Cortland, 15% NYS) and 11 percent live in noninstitutionalized group quarters (6% Cortland, 2% NYS,) most likely reflecting college dormitory living.

**Population transience**

Pop that lived in a different state 5 years ago. Percent, 2000 census

Tompkins.....	19%
Cortland.....	3%
NYS.....	4%

And the population is highly transient: more than half of Tompkins' residents (2000 population age 5+ years) had lived in a different county or in a different state just five years earlier (34% moved in from a different county and 19% from a different state.) By comparison, just over one-in-five of Cortland County's 2000 census had lived in a different county or state 5 years earlier (19% and 3%, respectively.)

Across New York State between 1995 and 2000, only one-in-six moved from a different county or state of residence (12% and 4%, respectively). (See Figure 12, page 30.)

**Diversity.**

**Foreign born**

Percent, 2000 census

Tompkins.....	11%
Cortland.....	2%
Broome.....	5%
NYS.....	20%
U.S. ....	11%

Thanks to the influences of Cornell University, a world renowned institution, Ithaca and Tompkins County are anecdotally considered to cradle diverse populations. More than one-in-ten (11%) of Tompkins' population is foreign-born and 14 percent speak a language other than English at home. While these groups are not unusual compared to state (20% and 28% respectively) or national (11% and 18%) statistics, they do contrast markedly with neighboring Cortland County (2% foreign-born and 4% foreign language.)

**Asian population**

Percent, 2000 census

Cornell's influence has also had a role in building Tompkins County's Asian population, which accounts for 7.2 percent of the 2000

Tompkins .....	7.2%
Tompkins Ex.Stu .	3.5%
Cortland .....	0.4%
Cayuga .....	0.4%
Tioga.....	0.6%
NYS .....	5.5%
U.S.....	3.6%

census. This tops both the state (5.5%) and national (3.6%) proportion of Asian residents. Less than one percent of Cortland County residents are Asian.

Evidence of the University influence in building the Asian population can be seen when students are factored out of the population data using the U.S. Census Bureau’s Special Tabulation #137 of the 2000 census.<sup>2</sup> The proportion of persons of Asian race in Tompkins County is halved when students are excluded from the sample, from 7.2 to 3.5 percent. This is still high compared to surrounding counties, but more consistent with national figures. *(See Figure 13, page 30.)*

**Black and Hispanic population**

With respect to Black and Hispanic or Latino populations, Tompkins County’s rural setting appears to trump the influence of Cornell and its neighboring colleges. Eighty-six percent of the population is white, 3.6 percent Black, and 3.1 percent of Hispanic or Latino heritage. When the sample excludes students, Tompkins County’s population is 3.4 percent Black and 2.0 percent Hispanic.

Statewide, the figures are 68 percent white, 16 percent Black and 15 percent Hispanic or Latino.

The anecdotal sense of Tompkins’ diversity is not without merit, though. Neighboring Cortland County is 97 percent white. The average of the six counties bordering Tompkins County is 95 percent white. *(See Figure 14, page 31.)*

**Income.**

**Median HHD Income**

.....(\$ ,000)	
Tompkins .....	37.3
Tompkins ex. Stu..	43.7
Cortland.....	34.4
Cayuga .....	37.5
NYS .....	43.4
U.S.....	42.0

At first blush, higher education has not made Tompkins a high income county by statewide standards. Median household income all of New York State is more than 16 percent above that for all Tompkins residents (\$37,272). The national median is nearly 13 percent higher than for Tompkins County. Regionally however, median household income for neighboring counties is as much as 10 percent below Tompkins County (see Table 3, page 31.)

However, the U.S. Census Bureau’s Special Tabulation #137 of the 2000 census presents a different picture. Special Tab 137, which was requested by the Tompkins County Planning Department, generates statistics from a population sample that effectively removes the county’s college students.<sup>3</sup> This shows the median household income for Tomp-

<sup>2</sup> In 2003, the Tompkins County Planning Department requested and received a Special Tabulation from the U.S. Bureau of the Census. This Special Tabulation (#137) provided separate sets of the 2000 Census data for "college students" and "non-college students" for Tompkins County (by municipality). "College student" was defined as those answering "yes" to question 8a of the Census 2000 "long" form questionnaire ("at any time since February 1, 2000, has this person attended regular school or college?" — for ages 17+ years.)

<sup>3</sup> In 2003, the Tompkins County Planning Department requested and received a Special Tabulation from the U.S. Bureau of the Census. This Special Tabulation (#137) provided separate sets of the 2000 Census data for "college stu-

kins County exclusive of college students is \$43,730, which is 0.8 percent higher than the state as a whole and 27 percent higher than Cortland County. (See Figure 15, page 32.)

#### Poverty level

Individuals with Income below poverty level	
Tompkins.....	17.6%
Tompkins ex stu ...	8.9%
Cortland.....	15.5%
Tioga .....	8.4%
NYS.....	14.6%
U.S. ....	12.4%

The student population in Tompkins County exerts an influence on the rate of those with income below the poverty level. While among neighboring counties, the state, and the nation, Tompkins County has the highest rate of population with income in 1999 below the poverty rate, the age distribution of those with income below poverty is quite different from the region, state or nation.

In Tompkins County the rate of population in 1999 with income below the poverty rate is more than one-in-six (17.6%.) Yet, in Tompkins more than 4-out-of-5 (83%) of those below poverty are between age 18 and 64 years. Just under 14 percent are children under age 18 years.

Among Cortland County's 15.5 percent of population below poverty, just over 3-in-5 are ages 18–64 years, and 27 percent are children younger than age 18 years. Statewide, 14.6 percent of individuals are below poverty, and of these 56 percent are age 18–64 and 34 percent are under age 18. (See Figure 16, page 32.)

Data from Special Tab #137 supports the interpretation outlined above. When students are excluded from Tompkins' sample population the rate of individuals below poverty is just about halved, falling to 8.9 percent. (See Figure 17, page 33.)

The student influence may also contribute to the patterns seen when poverty level is sorted by household type and by jurisdiction. (See Figure 19, page 34.) Poverty rates among households of unrelated individuals age 15+ years vary widely between jurisdictions in Tompkins County. The highest rates of poverty among these non-family households are found in the City of Ithaca and the Towns of Ithaca and Dryden, all jurisdictions where Cornell students are likely to reside.

Poverty rates among individuals is highest in the City of Ithaca, where 4-in-10 individuals lives below the poverty level. The Town of Enfield shows the next highest level of poverty among individuals. Enfield, located in the southwest corner of Tompkins County, is not convenient to any of the college campuses and therefore less likely to attract a significant student population. Therefore, the numbers for Enfield are more likely to be reflective of the town's long-term residents.

Among selected household types, single moms with young children

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dents" and "non-college students" for Tompkins County (by municipality). "College student" was defined as those answering "yes" to question 8a of the Census 2000 "long" form questionnaire ("at any time since February 1, 2000, has this person attended regular school or college?" — for ages 17+ years.)

have the highest rate of living below poverty. (See *Figure 20, page 34.*) Poverty strikes these families especially hard in the Town of Dryden where nearly 80 percent of families with children under age 5 years and where no husband is present live below poverty. In Enfield, over 60 percent of this family type lives below poverty.

In Enfield, female householders with no husband present and kids under age 18 years make up 8.8 percent of all households (see Table 4, page 35.)

**Figures and Tables**

Figure 1 — Map of Tompkins County towns and bordering counties

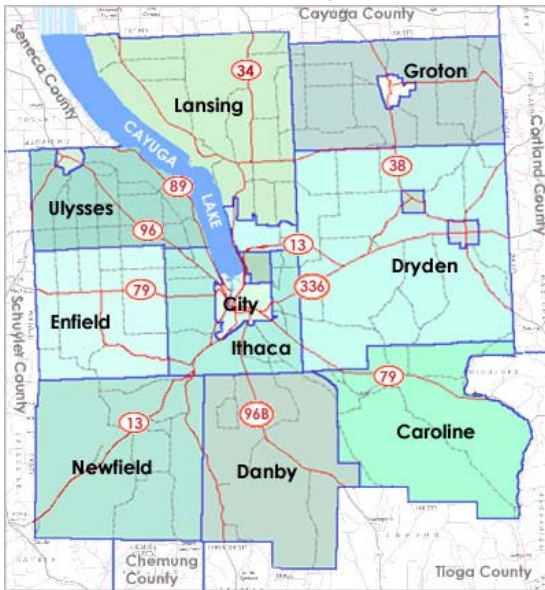


Figure 2 — Urban population, regional comparison

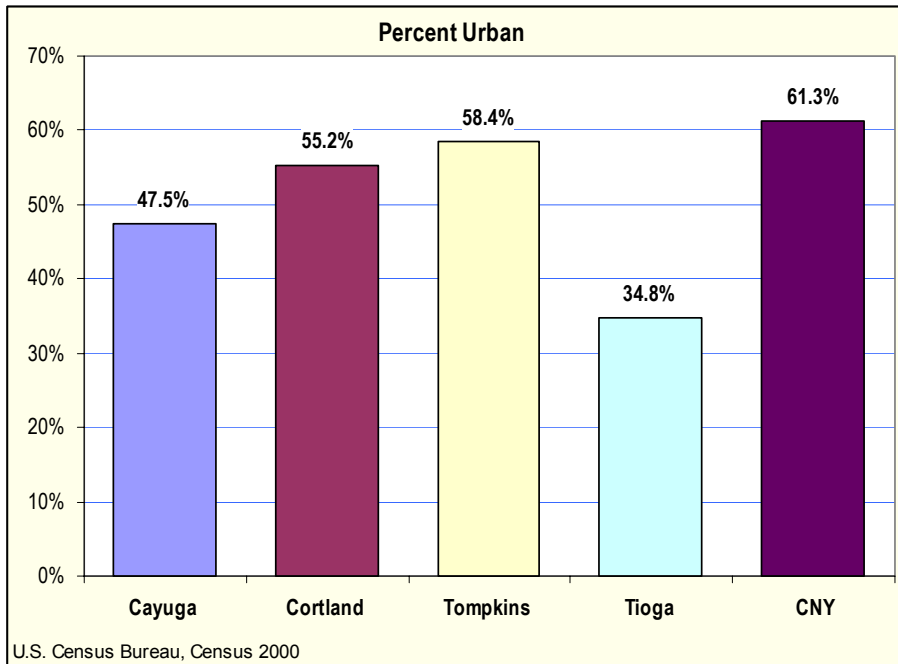


Figure 3 — Urban, farm and nonfarm rural populations, regional comparison

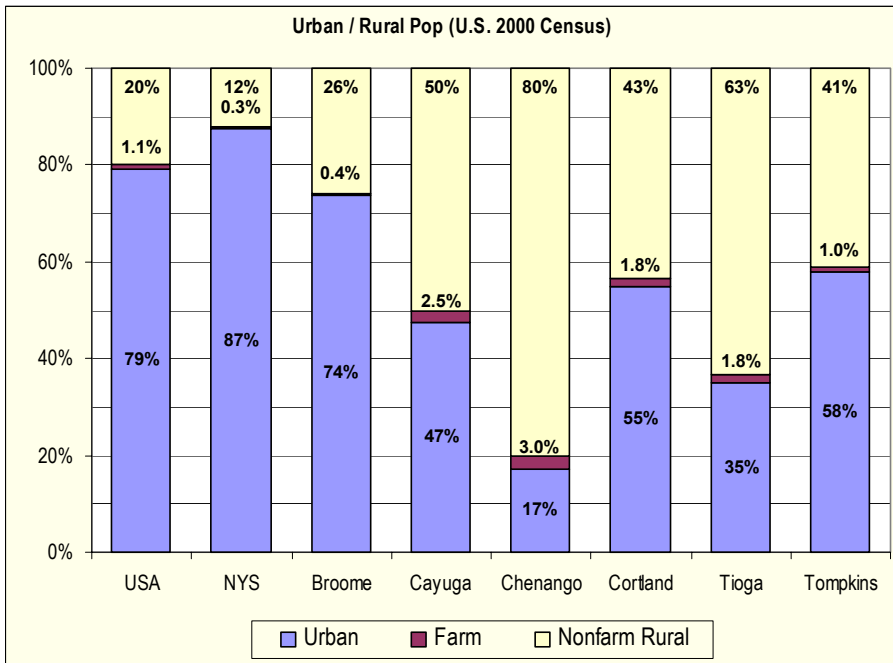


Figure 4 — Median age, regional comparison and Tompkins excluding students

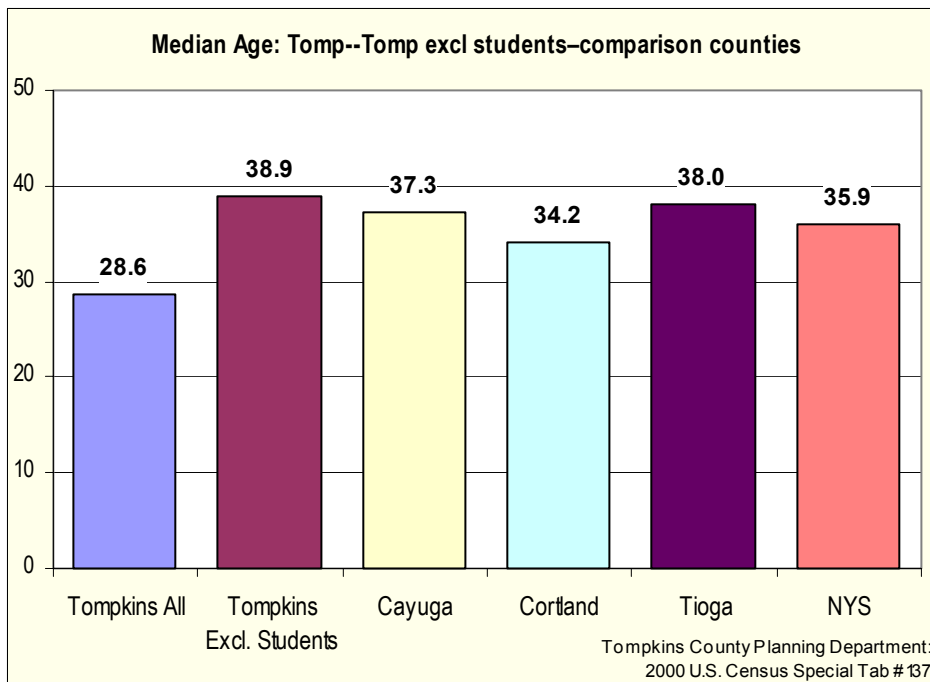
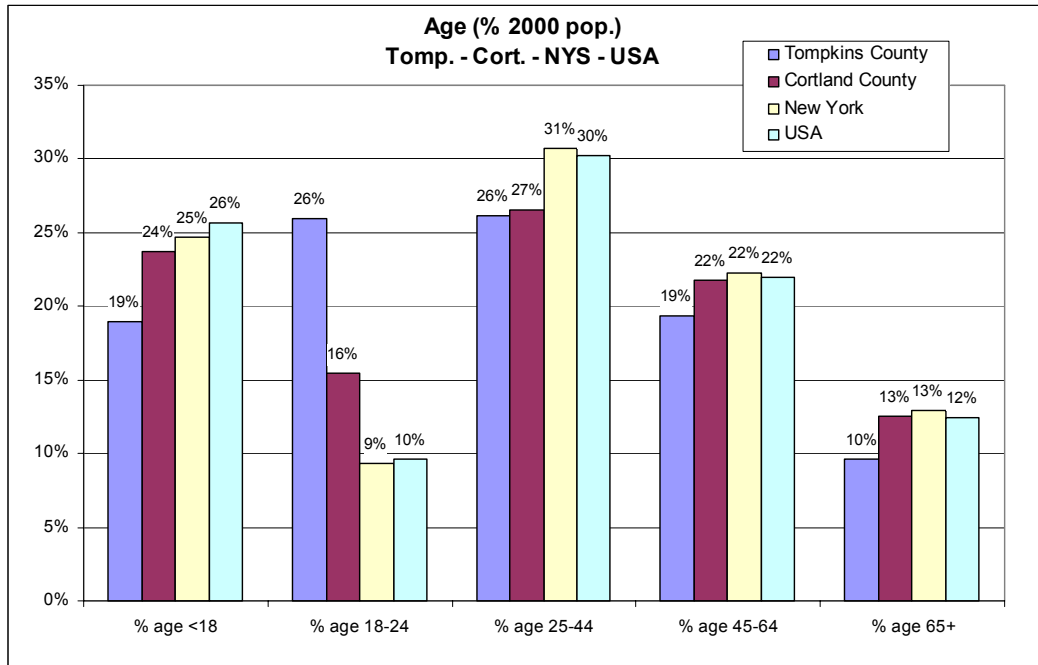




Figure 5 — Population age distribution, regional comparison



Source: US Census Bureau, 2000 Census

Table 1 — Population age distribution by Tompkins County towns

	Percent total population					Media Age	
	<18 yrs	18-24 yrs	25-44 yrs	45-64 yrs	65+ yrs		
Tompkins Cty	100.0%	19.0%	26.0%	26.2%	19.3%	9.6%	28.6
Caroline town	3.0%	27.1	6.6	28.5	27.9	9.9	37.5
Danby town	3.1%	24.5	6.7	30.0	28.9	9.9	39.7
Dryden town	14.0%	25.5	10.0	30.8	24.6	9.2	35.1
Enfield town	3.5%	27.5	7.2	30.3	26.3	8.8	36.4
Groton town	6.0%	28.1	6.4	28.7	23.9	12.8	37.4
Ithaca city	30.3%	9.2	53.8	20.1	10.6	6.3	22.0
Ithaca town	18.9%	15.1	30.1	24.8	17.1	12.9	28.1
Lansing town	10.9%	26.1	7.7	32.7	23.5	10.1	34.8
Newfield town	5.3%	27.2	7.6	31.5	24.9	8.8	35.7
Ulysses town	4.9%	24.7	5.5	25.7	29.5	14.6	41.7

Figure 6 — Educational attainment, regional comparison

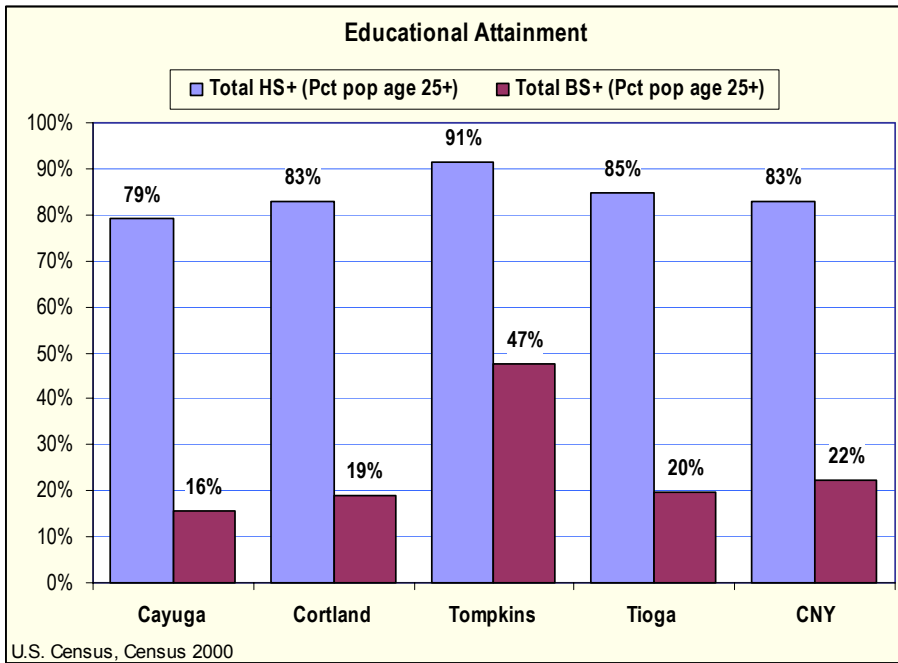


Figure 7 — High school dropout rate, regional comparison

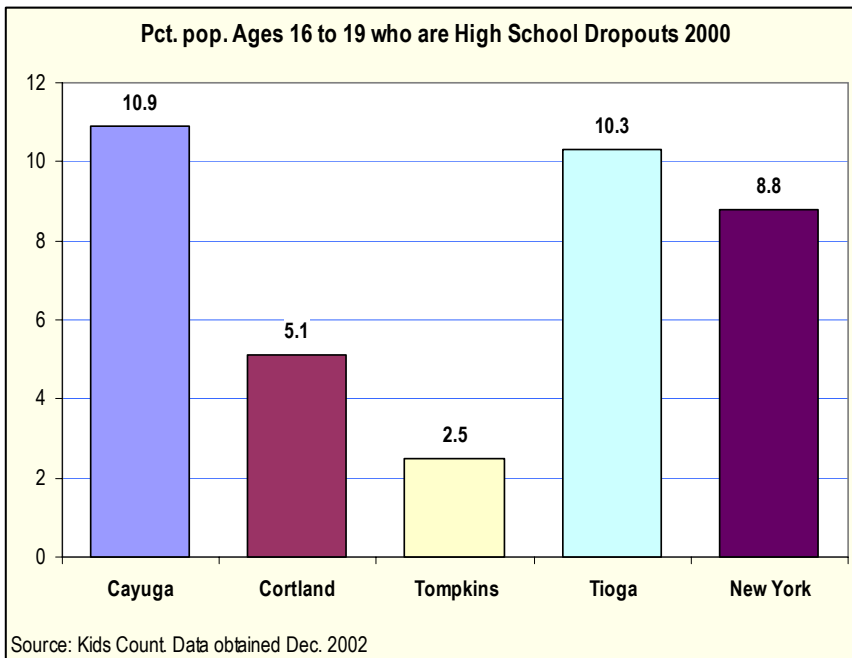


Table 2 — Top employers in Tompkins County (155+ employees)

Source: TCAD 2002	<i>Pct employees of this list of top 27 employers</i>		
1 Cornell University	8,600	Ed	42.7%
2 Borg Warner Automotive	1,460	Mfr	7.3%
3 Ithaca College	1,300	Ed	6.5%
4 Ithaca School District	1,050	Ed-PS	5.2%
5 County of Tompkins	760	Gov	3.8%
6 Cayuga Medical Center at Ithaca	700	Health	3.5%
7 Wegmans	640	Retail	3.2%
8 New York State Electric & Gas	575	Utility	2.9%
9 Emerson Power	550	Mfr	2.7%
10 Axiohm, Inc.	480	Mfr	2.4%
11 City of Ithaca	475	Gov	2.4%
12 TST BOCES	325	Ed-PS	1.6%
13 Lakeside Nursing Center	295	Health	1.5%
14 Wilcox Press	260	Mfr	1.3%
15 George Junior Republic	250	Ed	1.2%
16 Cargill, Inc.	243	Mfr	1.2%
17 Tompkins County Trust Co.	224	Fin	1.1%
18 Tops Supermarket	220	Retail	1.1%
19 Therm, Inc.	219	Mfr	1.1%
20 Tompkins Cortland Comm. Col.	210	Ed-PS	1.0%
21 Trumansburg Schools	210	Ed-PS	1.0%
22 CBORD Group	207	Mfr	1.0%
23 Challenge Industries	205	Mfr	1.0%
24 Dryden Schools	191	Ed-PS	0.9%
25 P&C Market	170	Retail	0.8%
26 H&E Machinery	160	Mfr	0.8%
27 Groton Schools	155	Ed-PS	0.8%
Total for this list of the top 27 employers	20,134		100.0%

Figure 8 — Unemployment rate, regional comparison

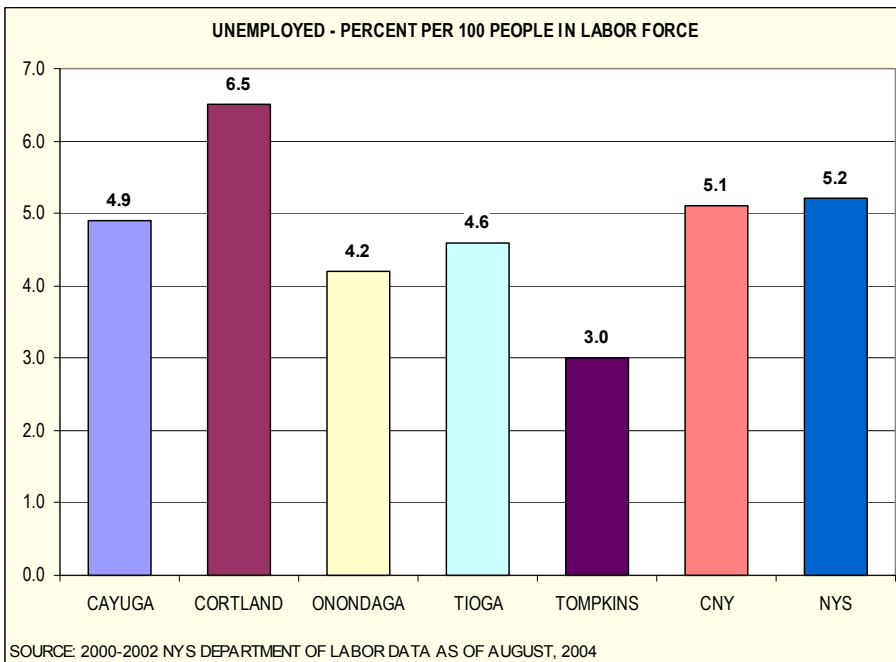


Figure 9 — Unemployment rate, 4-year trends

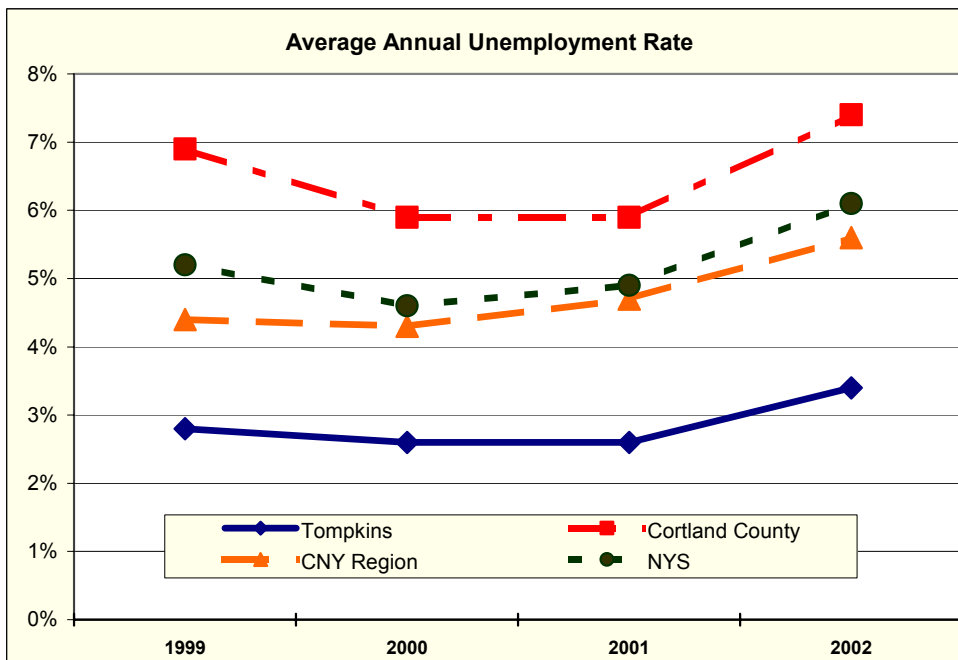


Figure 10 — Change in private nonfarm employment, regional comparison

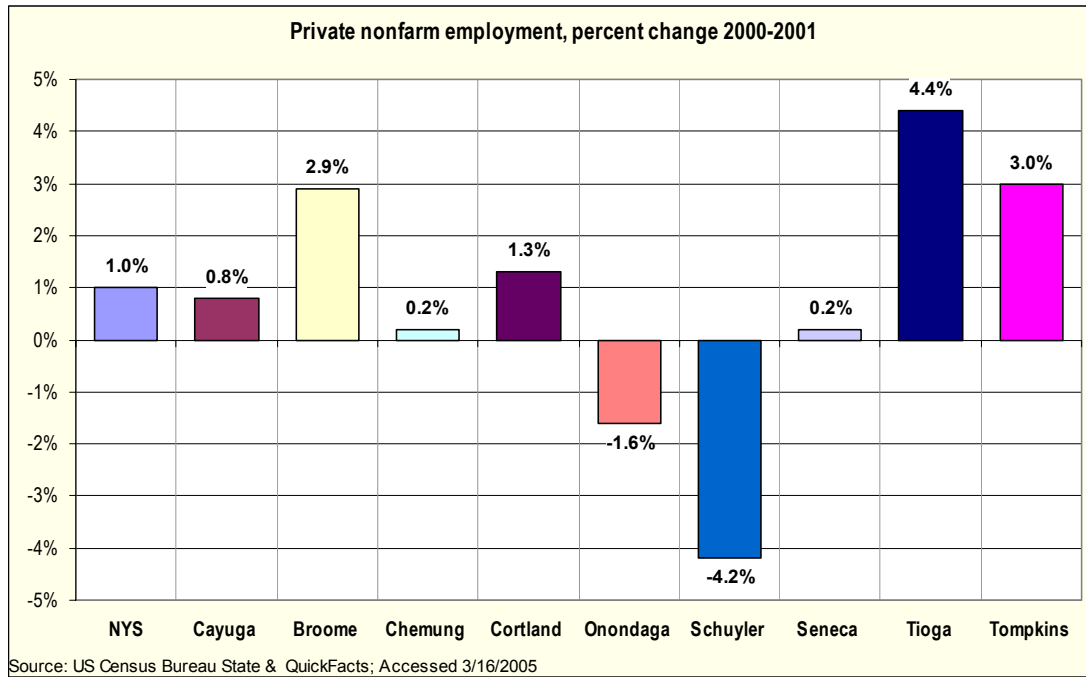


Figure 11 — Percent family households, regional comparison and Tompkins excluding students

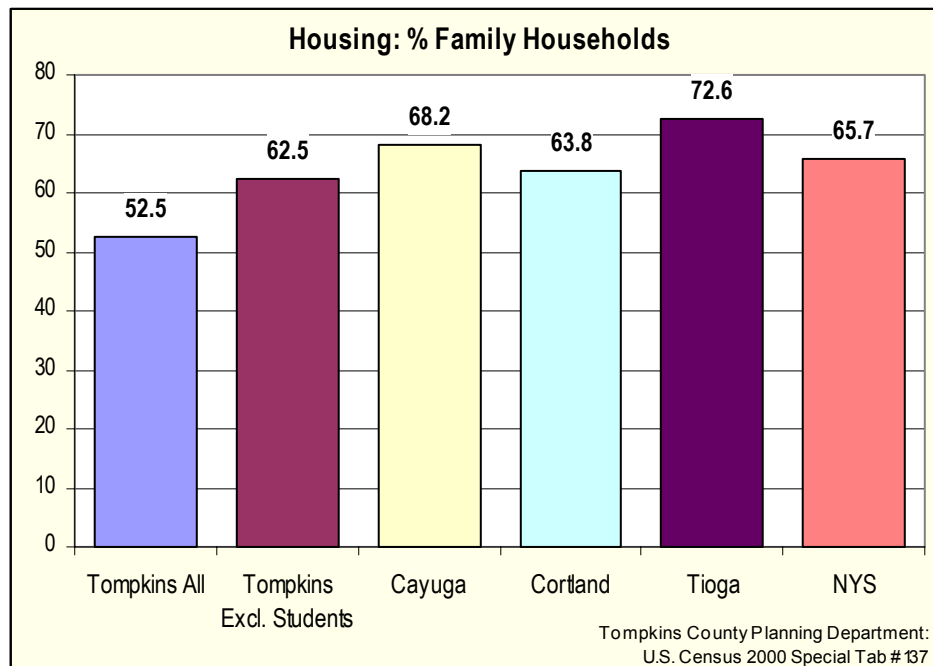


Figure 12 — Population transience, regional comparison

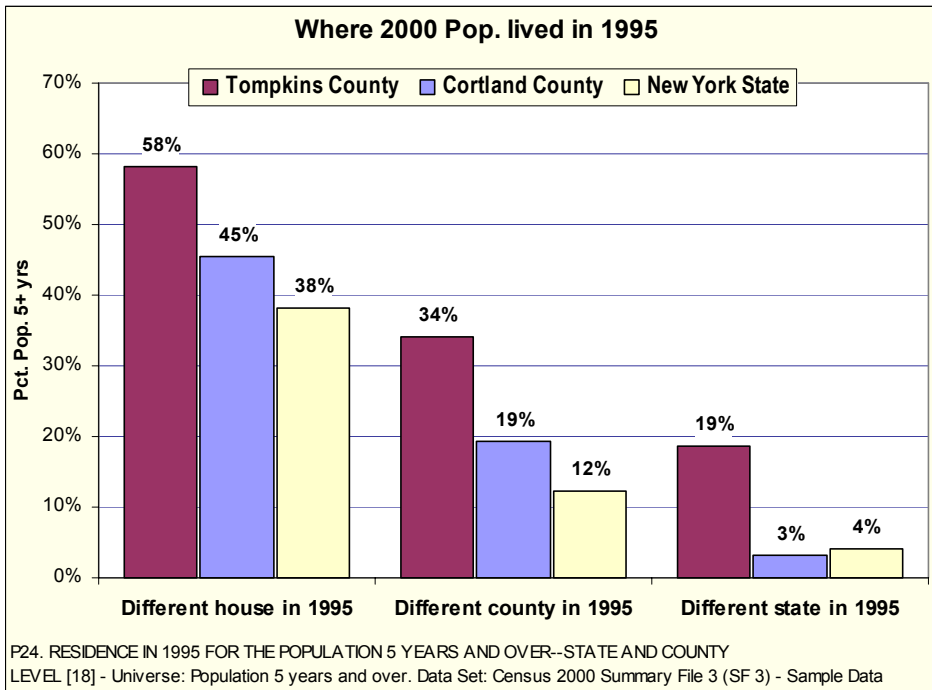


Figure 13 — Asian population, regional comparison

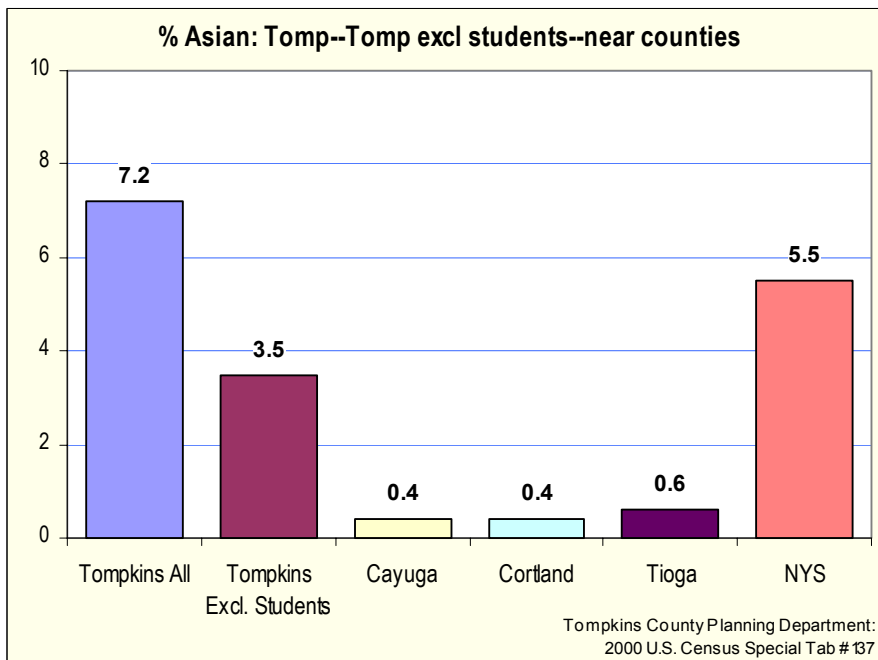


Figure 14 — Black and Hispanic population, regional comparison

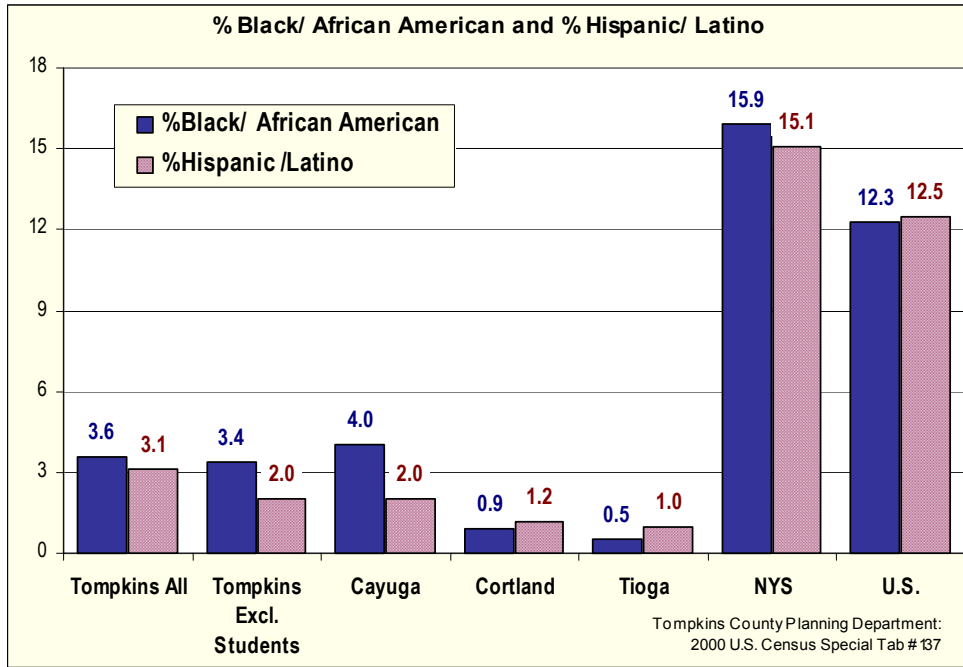


Table 3 — median household income. Source: U.S. Census Bureau, Census 2000.

	USA	NYS	Broome	Chenango	Cortland	Tioga	<b>Tompkins</b>
Median household income in 1999	\$41,994	\$43,393	\$35,347	\$33,679	\$34,364	\$40,266	\$37,272
As a percent of Tompkins	112.7%	116.4%	94.8%	90.4%	92.2%	108.0%	<b>100.0%</b>

Figure 15 — Median household income, regional comparison

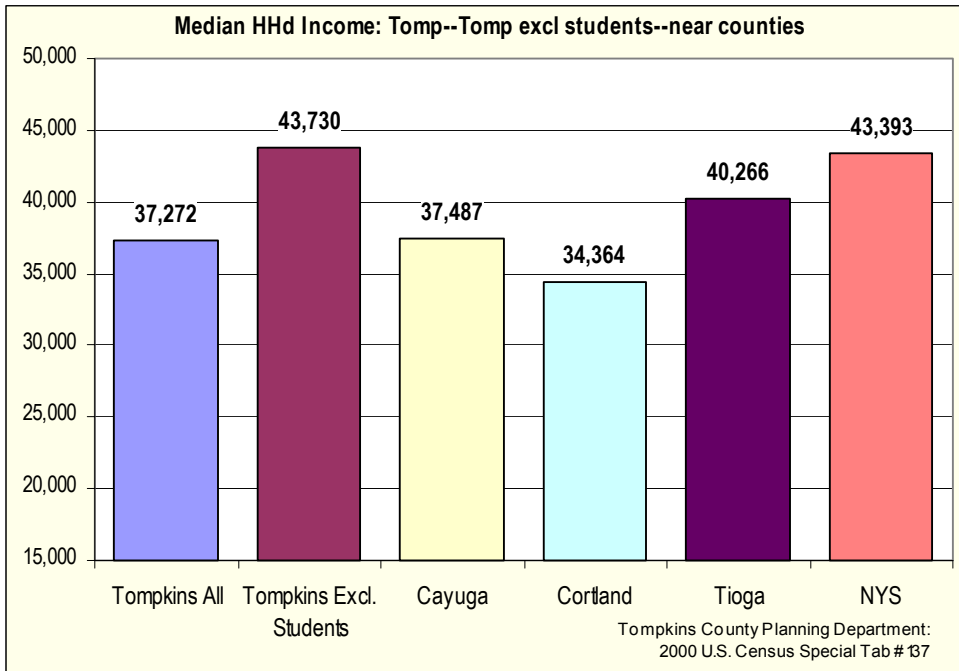


Figure 16 — Population below poverty by age, regional comparison

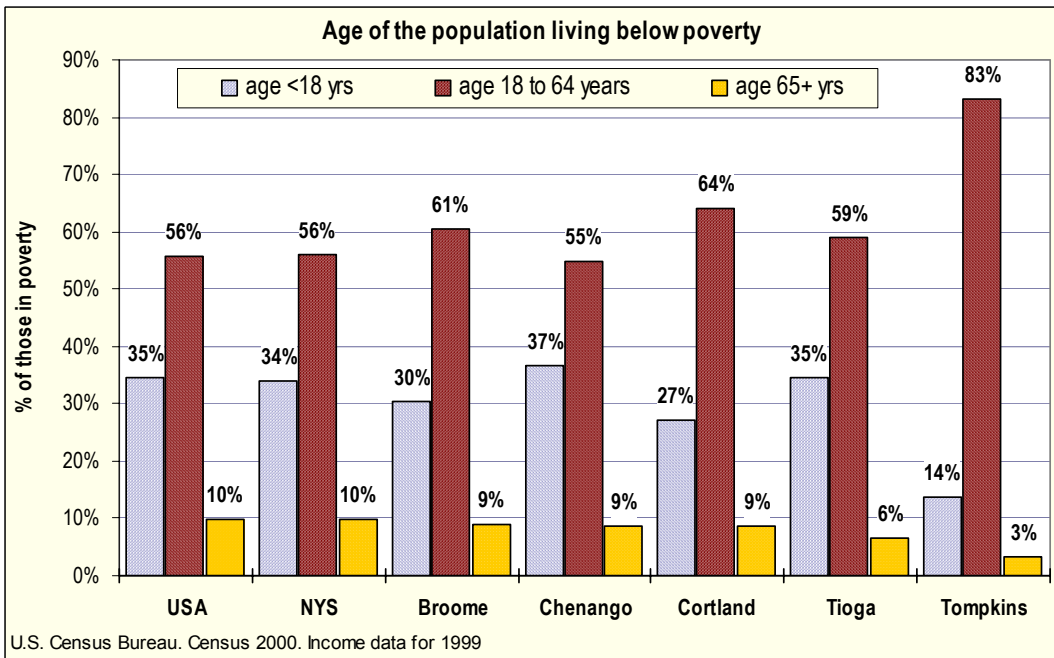




Figure 17 — Individuals below poverty, regional comparison

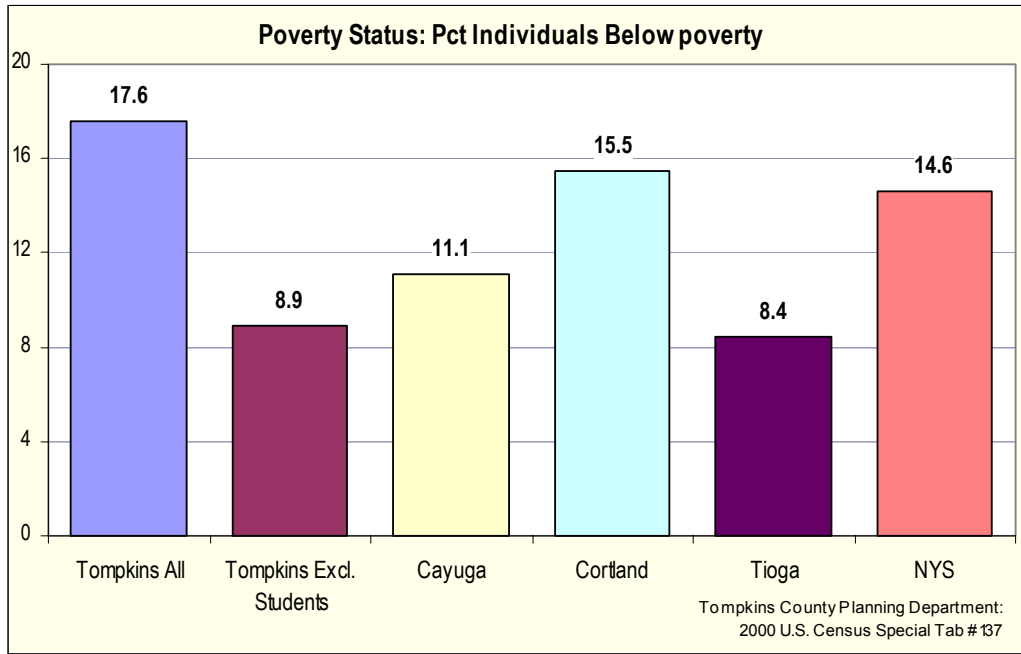


Figure 18 — Families below poverty, regional comparison

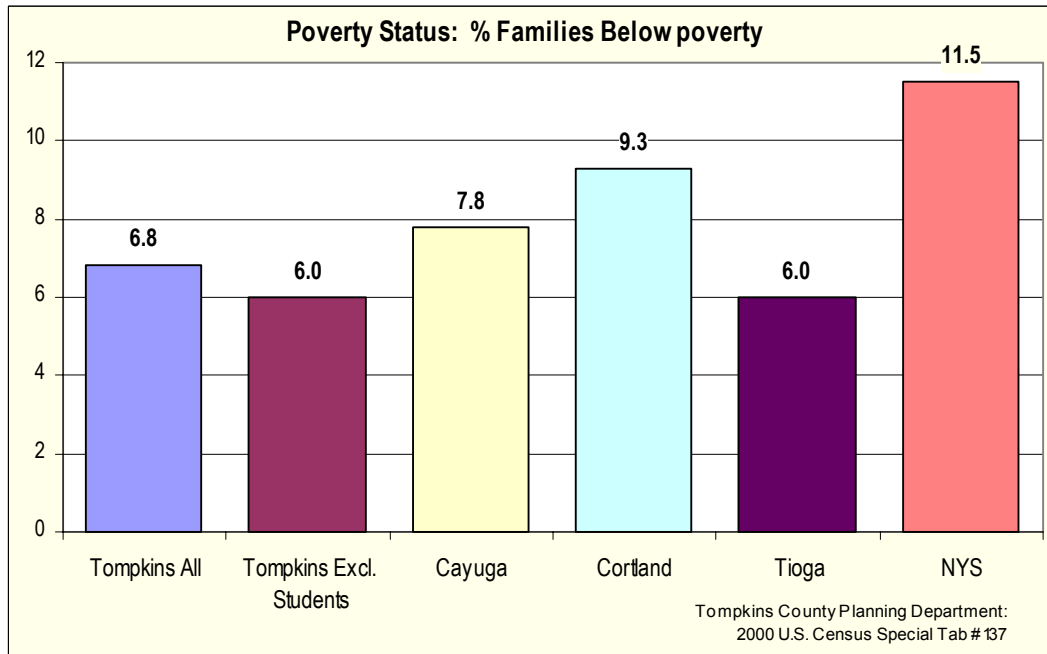


Figure 19 — Population below poverty by household type, regional comparison

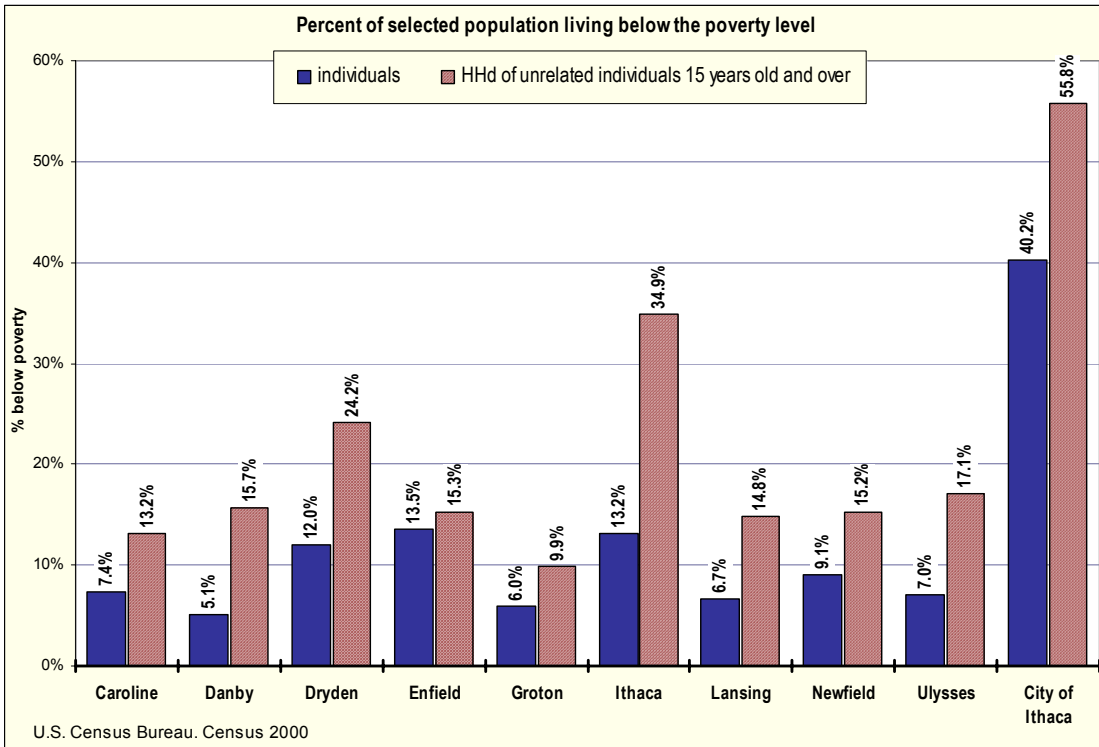


Figure 20 — Population below poverty by family type, regional comparison

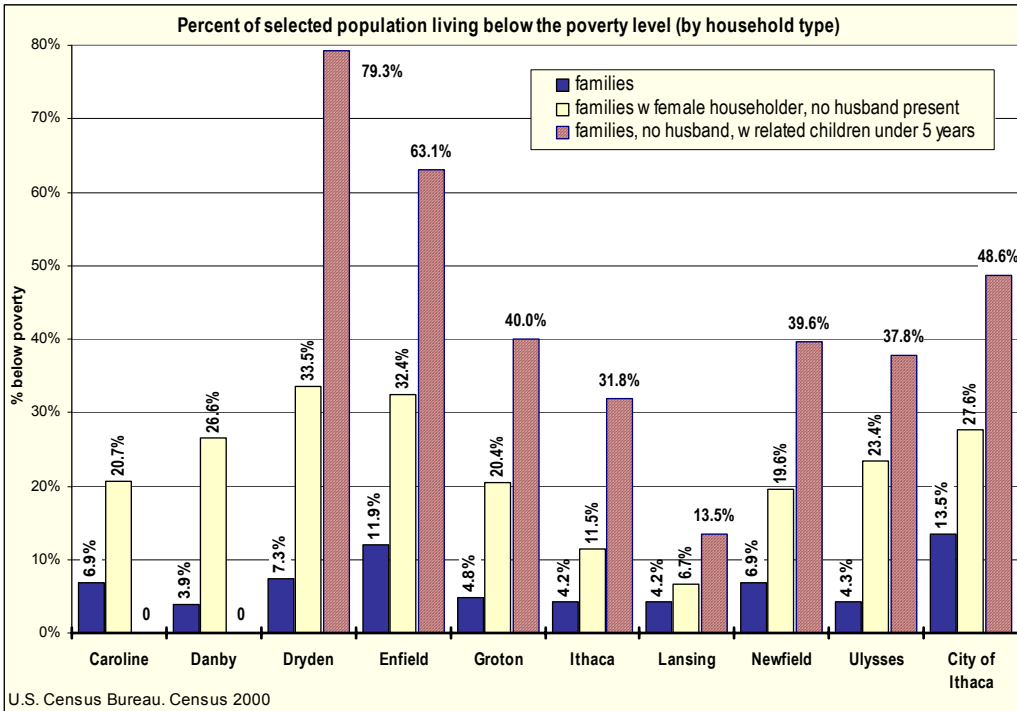


Table 4 — Female householder, no husband present, with own kids under age 18

	Pct all HHds
Tompkins County	5.6%
City of Ithaca	5.1%
T Caroline	6.8%
T Danby	5.6%
T Dryden	5.8%
T Enfield	8.8%
T Groton	7.8%
T Ithaca	3.7%
T Newfield	8.1%
T Ulysses	6.7%
Source: U.S. Census, 2000	

## Health Care Environment and Availability and Access to Services

### Health Care Providers

Tompkins County Health Department is a full-service health department providing the full complement of services as required by public health law.

#### Cayuga Medical Center at Ithaca

Cayuga Medical Center at Ithaca (CMC), a 204-bed acute care facility serves Tompkins and surrounding counties. It is one of 9 rural referral sites in New York State and the only acute care facility in Tompkins County.

In 2003, there were 157,000 patients who used CMC's comprehensive acute and out patient services. There are 180 physicians affiliated with CMC according to its 2003 annual report. In 2005, CMC through an affiliation with Roswell Park began offering radiation oncology services locally at the medical center's new radiation medicine facility.

For various types of specialized care, residents travel to Syracuse, Rochester, Elmira, Sayre, Pennsylvania and major metropolitan areas.

#### Health care providers

Other health care providers and facilities providing direct patient care:

- Five skilled nursing facilities totaling 555 certified beds.
- Two Certified Home Health Agencies (One is located at TCHD)
- Hospicare and Palliative Care Services of Tompkins County (includes a residence)
- Ithaca College and Cornell University health centers
- Planned Parenthood of the Southern Finger Lakes
- Variety of complementary or alternative care practitioners including Ithaca's Integrative Community Wellness Center
- Franziska Racker Centers for children and adults with special needs

#### Health Planning Council

The Health Planning Council (HPC), a program of the Human Services Coalition of Tompkins County conducts comprehensive health planning and promotes the development of health services and resources. TCHD staff is represented on the Board and HPC's Executive, Acute Care and Long Term Care Committees. In 2004 it secured funds from New York State for implementation projects and launched the "Tompkins Health Network", a rural health network and a program of HPC with funds from the New York State Office of Rural Health.

#### Ithaca Health Care Alliance

Tompkins County is home to the Ithaca Health Care Alliance. Members pay an annual fee and as a result have access to the Ithaca Health Fund. The Fund covers expenses of up to \$1,000 for such expenses as broken bones and emergency department visits. The Ithaca

Health Fund makes payments to any practitioner in the world. However, Ithaca area residents may also benefit from discounts with 115 providers and the dental loan fund. [www.ithacahealth.org](http://www.ithacahealth.org)

#### Barriers to service access

#### Health care maintenance and disease prevention

Many factors affect access to health care maintenance and disease prevention. Factors such as transportation, underemployment, parents working multiple jobs, all affect the well being of some residents and contribute to causes that undermine health.

#### Transportation and location

Transportation and the rural nature of the county have been cited as a factor by other community agencies as a barrier to service access. For example, the Day Care and Child Development Council's "Child Care Data Book: Balancing Supply and Demand" (2004) notes that the geographic distribution of (child) care that is available does not always meet the demand of the population needing care.

Likewise, many health care services, notably physicians' offices are located in suburban Lansing and are difficult to reach without a personal vehicle. A few primary care and specialist offices remain in the City of Ithaca and others are located in rural areas. Bus and taxi services are available in the County. However, available bus routes and schedules do not always make this a convenient form of transportation as it might in a metropolitan area.

#### Compass II survey

In 2002, the United Way of Tompkins County sponsored *Compass II*, "an asset-based analysis of the community to build on the strengths of local individuals, associations, and organizations to promote broad participation in the continuous improvement of community life." The Human Services Coalition of Tompkins County was the project coordinator. (For the full report go to [www.uwtc.org](http://www.uwtc.org)) Through various surveys, focus groups and analyses of other data, *Compass II* worked to identify:

- The needs and resources available in the county,
- The gaps between those needs and resources,
- Potential solutions to filling the gaps.

The *Compass II* survey identified health care as one of the top issues facing the county. Some highlights on this issue from *Compass II: Tompkins County, Final Report Fall 2003*:

- Sixty-seven percent of key informants rated a lack of specialty care as a critical problem and 65 percent the lack of affordable primary care as a critical problem.
- Twenty percent of households indicated that not having enough money to pay the doctor or buy prescription drugs was a critical

problem.

However, the availability of care itself does not seem to be a critical issue, the report states. It notes that CMC's annual evaluation of the number of physicians indicates that the County is in a good position in this regard.

**Cost of insurance premiums**

As noted earlier in this assessment and substantiated by the *Compass II* survey, Tompkins County has a greater percentage of its residents covered by insurance compared to the rest of the nation and New York State.

However, the issue seems to be cost. Focus groups conducted by *Compass II* with health care advocates and human service representatives suggested that the high cost of premiums and the burden it places on employers and employees may help to explain why people in the 18 to 64 age range are uninsured. The resulting lack of preventative care for these employees often results in higher costs to individuals and the community.

Indeed, Tompkins County residents are not alone in seeing school, municipal, and state taxes rise as a result of increased health care costs for government employees and retirees. Health care costs have an increasing impact on the economic health of communities as well.

**Poverty and food security**

Poverty and food insecurity are two factors that undermine health. The *Compass II* report noted that nearly 78 percent of key informant respondents and 38.4 percent of household respondents ranked poverty as a critical problem.

The survey asked respondents about difficulty in meeting basic needs as a way to determine the level of poverty experienced by residents. Nearly 10 percent of respondents in the household said that not having enough money for food in the past year was a critical problem. Twelve percent said that not having enough money to buy needed clothing and shoes was critical. And 15 percent reported that not having enough money to pay for housing was a critical problem.

The report refers to the Hunger Data Book, 2002 by the Nutrition Consortium of NYS (NCNYS). The consortium estimates that 8.6 percent of individuals in Tompkins County are in a position of food insecurity (the limited or uncertain availability of nutritionally adequate foods, or the inability to acquire acceptable foods in socially acceptable ways.)

**Local Health Priorities**

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Community priorities were identified through the *Compass II* proj-

ect. This analysis of community assets and needs is comprehensive in scope. It included responses from

- 500 community households,
- 99 community businesses,
- 83 service provider organizations,
- 22 faith community representatives and
- 90 key members of the community.

There were 16 focus group participants as well as members of a downtown business organization that served as a focus group. And data and expertise from a variety of county departments, agencies and the Chamber of Commerce informed the project.

#### Priorities

The *Compass II* project did not specifically address dental care access as an issue. However, health and human service agencies, schools and individual providers have identified the need in many of the people they provide care for. (See dental section.)

TCHD's priorities were determined through input from the Department's management and supervisory personnel and presented to the Tompkins County Legislature to inform its strategic planning committee. (See CHAERS section of this document.)

It should be noted that community agencies in the County identify issues particular to their target population. And the reader should consider these factors with regards to a particular population such as seniors, children, and the disabled population, for example.

### Opportunities for Action

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Tompkins County has an informal and formal network of agency and service providers that address community issues including health issues. One way the health and human service community stays abreast of current issues and activity is through the Human Services Coalition of Tompkins County's list serve: [www.hsctc.org](http://www.hsctc.org).

#### Recent initiatives

Some recent initiatives that have addressed community health priorities include:

- Creation of a dental case manager position at the County Department of Social Services to partially address the problem of access to dental care. This was a result of a community task force that met between November 2001 to May 2002. (See dental section.)
- Tompkins County Legislature with the help of the Health Planning Council made available a drug discount card for County residents. Tompkins Rx cards were distributed in early 2005. The card provides an average of 20 percent discount on pre-

scription medications. The program was implemented at no cost to county taxpayers or individuals who use the card.

- In 2004, the Health Planning Council launched PMAP (Prescription Meds Access Program). By December of 2004, staff talked with more than 100 individuals who had difficulty affording prescription medications. Sixty-nine were able to obtain drugs valued at more than \$12,300 free or at low cost from pharmaceutical companies.
- The Commission for a Healthy Central New York is a coalition of eight upstate counties: Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, and Tompkins. The coalition completed a regional health assessment. And, as a result seeks to foster collaborative relationships among regional community leaders and health service providers to improve the health of area residents. Four health priorities have been identified: obesity, stroke, mental health and dental care access.



## Tompkins County Health Department

**T**he mission of the Tompkins County Health Department (TCHD) is to promote, preserve and improve the health of the people of Tompkins County consistent with public health law.

TCHD is a full service health department comprised of the Environmental Health, Community Health Services, and the Children with Special Health Care Needs Divisions. As of March 2005, there were 87 staff providing services and coordinating programs for the benefit of County residents.

### Service Divisions and Programs

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#### COMMUNITY HEALTH SERVICES DIVISION

##### Maternal Child Unit

Maternal Child Unit (MCU) provides health care services for mothers, infants and children and through its communicable disease program, surveillance and care for all residents.

- Mothers
  - Pre- and post-natal care (MOMS)
  - Breastfeeding support
- Children
  - Immunizations
  - Lead poisoning prevention
  - Newborn and child health assessments
- All community residents
  - Immunizations
  - Influenza immunization
  - Communicable disease surveillance and case management
  - Tuberculosis (TB) surveillance, contact investigation and treatment
  - Rabies post-exposure immunizations
  - Anonymous HIV counseling and testing

##### WIC

The Supplemental Nutrition Program for Women, Infants and Children (WIC) improves the nutrition and health status of eligible women, infants and children (up to age 5 years.) WIC achieves this goal through the provision of checks to purchase nutritious foods, nutrition and health education, breastfeeding promotion and support and referrals and connections with local health and human service agencies.

##### Health Promotion Program

The key role of the Health Promotion Program (HPP) is to educate the public, health care practitioners and policymakers about the importance of disease and injury prevention. HPP promotes healthy eating,

physical activity and avoidance of tobacco to reduce the risk of cardiovascular disease, diabetes and cancer. HPP works in partnership with businesses, local media, health providers, schools, health care providers, and human service and community agencies to achieve these objectives. HPP works closely with other CHS programs to market and promote their programs and is actively involved in bioterrorism preparedness. HPP is responsible for coordinating the Municipal Public Health Services Plan (MPHSP) and for developing and maintaining the Community Health Assessment.

#### **Home Health Care**

Home Health Care (HCC) is a Certified Home Health Agency in accordance with the New York State Department of Health (NYSDOH) and Medicare's Conditions of Participation. It is an optional program (under Article 6 of public health law) of the TCHD. HHC's employed and contracted staff includes registered nurses; home health aides and physical, occupational and speech language pathology therapists. HHC provides medically ordered visits for clients in their homes. HHC also partners with local health care providers and agencies to provide other necessary services.

#### **CHILDREN with SPECIAL HEALTH CARE NEEDS**

The programs in this division serve children who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who require a broader variety of health and related services to reach their fullest potential.

The division has 4 programs:

#### **Children with Special Health Care Needs**

Children with Special Health Care Needs is a federal program that offers information and referral services concerning health and related issues to families with special needs up to the age of 21. The program guides and assists families with their social-emotional, financial, medical and transportation needs.

#### **Early Intervention Program**

Early Intervention Program (EIP) is a federally mandated program, regulated by NYSDOH. Children who have a disability or developmental delay are eligible for the program from birth to 36 months.

#### **Physically Handicapped Children's Program**

Physically Handicapped Children's Program ensures access to quality health care for chronically ill and physically handicapped children. This is achieved through program standards requiring access to specialty centers and physician specialists for children enrolled in the program.

**Preschool Special Education Program**

Preschool Special Education Program is responsible for the administrative and fiscal oversight of special education services and programs provided to children three to five years of age who meet eligibility requirements in accordance with the New York State Education Department regulatory standards. Each child has his or her own educational plan. The spectrum of services include speech, physical, occupational and counseling therapies along with special education programs.

**ENVIRONMENTAL HEALTH**

This division is an educational and regulatory agency. It protects, preserves and improves the health of the County's residents through inspections and permits, responses to public health nuisances and education of facility operators and the public.

**EH Programs**

The programs include:

- Inspection of public and private water systems and individual sewage systems
- Food Protection: inspection of restaurants and temporary food establishments
- Rabies control
- Inspection of temporary residences: motels/hotels children's camps, camps and parks, pools and beaches, and mobile home parks
- Adolescent Tobacco Use Protection Act (ATUPA) and Clean Indoor Air Act enforcement
- West Nile Virus surveillance and prevention
- Neighborhood Notification Law for Pesticides enforcement
- Lead Poisoning Control: environmental sampling for case investigation
- Nuisance resolution and other programs

Technical staff spends two-thirds of their time in three programs: Public and private water systems, individual sewage and food service.

**ADDITIONAL PROGRAMS of TCHD****Bioterrorism Preparedness**

Bioterrorism Preparedness focuses on the development and refinement of a comprehensive response plan for agents of bioterrorism. In 2004, TCHD hired a bioterrorism coordinator who is responsible for meeting NYSDOH grant requirements, planning drills and public education.

**Emergency Medical Service**

Emergency Medical Service (EMS) in Tompkins County receives assistance through a program administered by TCHD. The Tompkins County Department of Emergency Response coordinates EMS activities in the County. Five ambulance agencies provide advanced life support treatment and transport services in the County assisted by 13 first response fire department rescue squads.

**Medical Examiner**

TCHD employs one chief medical examiner and two deputy medical examiners to investigate and certify cause of unattended and suspicious deaths.

**Vital Statistics**

Vital Statistics is responsible for filing the records of all births and deaths that occur in Tompkins County with the Bureau of Vital Statistics at the NYSDOH. The Vital Statistics office maintains records from 1881 to the present.

**Key Trends**

Some of the trends that TCHD has identified that will affect the department's mission and service delivery in the next 5 years include:

- Emerging infectious diseases
- Aging of the population and associated need for increased services
- High-tech health care at home
- Need for ancillary providers of services
- Increasing requirements for emergency planning and response that impact the delivery of other programs.
- Regionalization of services. One example is grant funding for chronic disease programs such as heart health and diabetes that often do not address local need adequately.
- Need for contracted ancillary providers of health services: i.e. speech therapists, special education teachers.
- Increasing reliance on computers for information storage and retrieval.
- Increasing State reporting requirements.
- Reduction in State financial support.

For more information on Tompkins County Health Department programs and services, see the Department's annual report and go to [www.tompkins-co.org/health/](http://www.tompkins-co.org/health/).

## Access to Quality Care

### Data Analysis

#### Insurance coverage across all NYS

Over the 10-year period from 1994–2003, the percent of New York State residents under age 18 years without medical insurance has declined nearly 40 percent from a 1997 high. In 2003 fewer than two-in-twenty NYS children were uninsured.

However, when the data includes all ages in NYS, the trend is less encouraging with the number of uninsured remaining essentially flat across the years at about 3-in-20 NYS residents. (*See Figure 21, page 48.*)

<b>Health insurance coverage</b>	
Percent, age 18–64 years	
BRFSS, 2003	
Cayuga-Seneca	
-Wayne .....	85.3
Chemung-Schuyler	
-Tioga .....	82.1
<b>Cortland</b>	
-Tompkins .....	86.6
CNY .....	86.4
NYS .....	83.0
HP2010 target .....	100.0

Closer to home, a survey sample combining Tompkins and Cortland County residents age 18–64 years indicates about 13 percent have no health insurance coverage.

Information on insurance coverage is collected by NYS through the Behavioral Risk Factor Surveillance System (BRFSS) surveys. In order to establish consistent sample sizes and help control sampling error many rural counties — such as Cortland and Tompkins — are surveyed together as one. The fact that our two counties are dissimilar in many socio-economic ways should be taken into account when using these data.

Also, sampling error remains a factor when using the data for comparative analyses. Thus, even though our regional comparison suggests that coverage for individuals age 18–64 in Tompkins–Cortland is better than for the state as a whole, strict interpretation would probably show no statistically significant difference. (*See Figure 22, page 49.*)

#### Demographic profile of those with insurance

Percent age 18–64, Cortland–Tompkins, 2003	
Age 18–34 .....	81.2
Age 35–54 .....	92.2
Age 55+ .....	93.0
High school or less .....	
.....	70.5
More than HS .....	93.1
Avg. 95% CI = 5.7	

A review of the demographic profile of those age 18–64 in Cortland–Tompkins who report having health insurance coverage reveals differences which are likely to be statistically significant for both age and education level. While it is probably safe to conclude that those age 18–34 are less likely to have health insurance coverage than those in either of the 35–54 or the 55+ groups, there is little doubt that those with only a high school education or less are much less likely to be insured than those with educational attainment beyond high school.

The difference between the percent of females covered and the percent of males covered is not significant. (*See Figure 23, page 49.*)

#### Type of coverage in Tompkins County

Pct of those with insurance coverage, age 18+.	
Private .....	80.5

A survey of Tompkins County residents age 18+, conducted in June 2004 for the Tobacco Control Program, included two questions about health insurance coverage. Of particular interest is the consistency of the responses with the BRFSS data discussed above. The to-

Medicare ..... 11.7  
 Medicaid ..... 4.0

bacco survey recorded 87 percent of respondents as having coverage and 13 percent without, the same as the BRFSS with rounding. Note that the latter case is reporting ages 18–64 only, while the tobacco survey was all ages 18 and over. (See *Figure 24, page 50.*)

The Tompkins County tobacco survey also asked those who stated that they do have coverage what type it is. Four-out-of-five adults covered in Tompkins County have private insurance. A little over half of the non-privately insured are covered under Medicare, with the remainder split between Medicaid and other forms. (See *Figure 25, page 50.*)

**CMC patients age 0–17  
 with no insurance**

The Tompkins County Health Planning Council draws data from many sources for its publication, “Tracking the Impact of Health Care Reform in Tompkins County.” The edition released April 2004 covers the years 1997–2003.

Tracking the Impact, 2004 includes records from Cayuga Medical Center (CMC) showing three years of patients age under 18 who did not have health insurance. See *Table 5, page 51* for the raw data. To compare the trends across the years 2001–2003, *Figure 26, page 51* graphs the percent change by venue. In all venues except same day surgery the number of children without insurance coverage has declined during the period, with the decline greatest for the inpatient category. The almost 80 percent rise of uninsured children in same day surgery is misleading by comparison since the number count is so small — 4 individuals in 2001, 6 in 2002 and 7 in 2003.

**Uncompensated care**

Another indicator of access to care is self-pay visits to a medical center. The trend at CMC shows a moderate decline in self-pay visits to both the emergency room and the Convenient Care Center located in the Town of Ithaca’s growing population center known as the “North-east.” Self-pay for inpatient visits showed a decline over the last years of the 1990’s, but crept up again from 2002–2003. (See *Figure 27, page 52.*)

The trend in uncompensated care at CMC is displayed in *Figure 28, page 53*. In 2002 and 2003, uncompensated care at CMC returned to the level seen in 1994–1995 after a rapid spike and gradual decline starting in 1996–1997. This trend coincides with major changes in how hospitals negotiated with insurance providers, including a number of months when CMC was not accepting Blue Cross & Blue Shield.

**Medicaid eligibles as a  
 percent of the total  
 population**

Among the counties cited for comparisons throughout this document, Tompkins County has the lowest rate of Medicaid eligibles, expressed as a percent of the population. Still, like other counties in our region, the rate increased over the period 2000–2003 — 28 percent for

Tompkins County. To our east in Cortland County, the increase was 47 percent. (See *Figure 29 and Figure 30, page 53.*)

The total number of individuals on Medicaid in Tompkins County slid from 1996–2000, but then turned up again increasing by almost 1,000 from 2002–2003. (See *Figure 31, page 54.*) Meanwhile, the percentage of local primary care practices accepting new Medicaid patients without restrictions fell dramatically from 2001–2003, to 13 percent as of November 2003. Twenty-two percent were accepting new Medicaid patients with restrictions at that time. (See *Table 7, page 55.*)

#### **Medicaid and self-pay births**

Across all of Upstate New York, the rate of Medicaid and self-pay births remained relatively flat over the 10-year trend period 1993–2002. Tompkins County saw evidence of an upward trend in this indicator over the same time period. (See *Figure 33, page 56.*)

The MOMS program at the Tompkins County Health Department (TCHD) reported that of the live births at CMC 64 percent were covered by Medicaid in 2002, 62 percent in 2003 and 59 percent of live births were covered by Medicaid in 2004. These residents are below 195 percent of the federal poverty level (FPL.) For a family of three, income at 195 percent of the FPL is \$29,289.

Figures and Tables

Figure 21 — Percent uninsured, NYS, trends by age

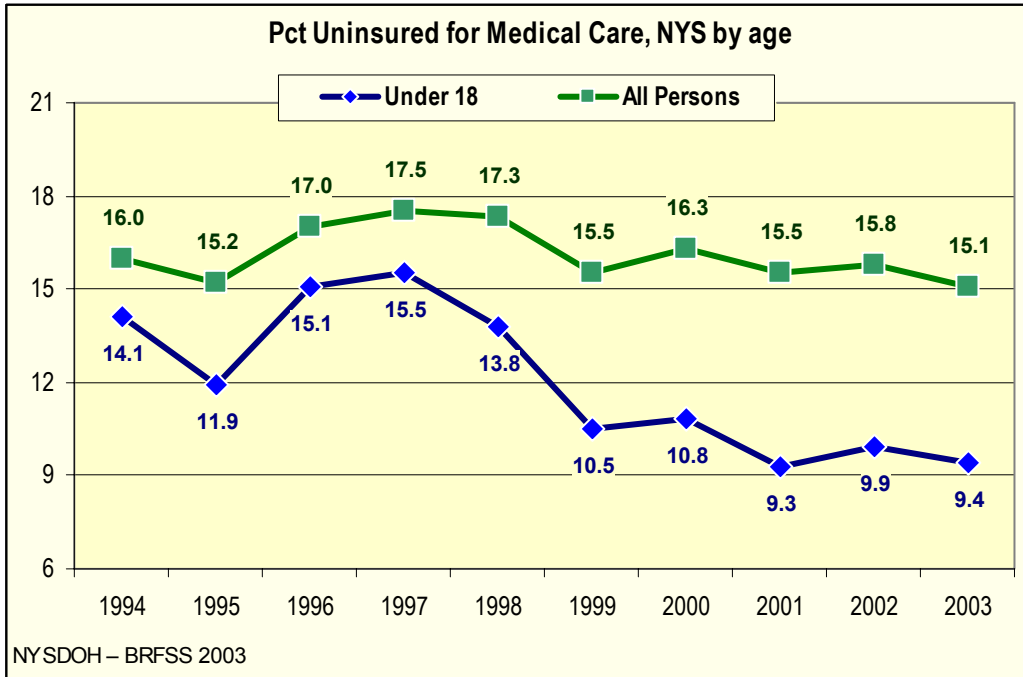




Figure 22 — Insurance coverage, regional comparisons

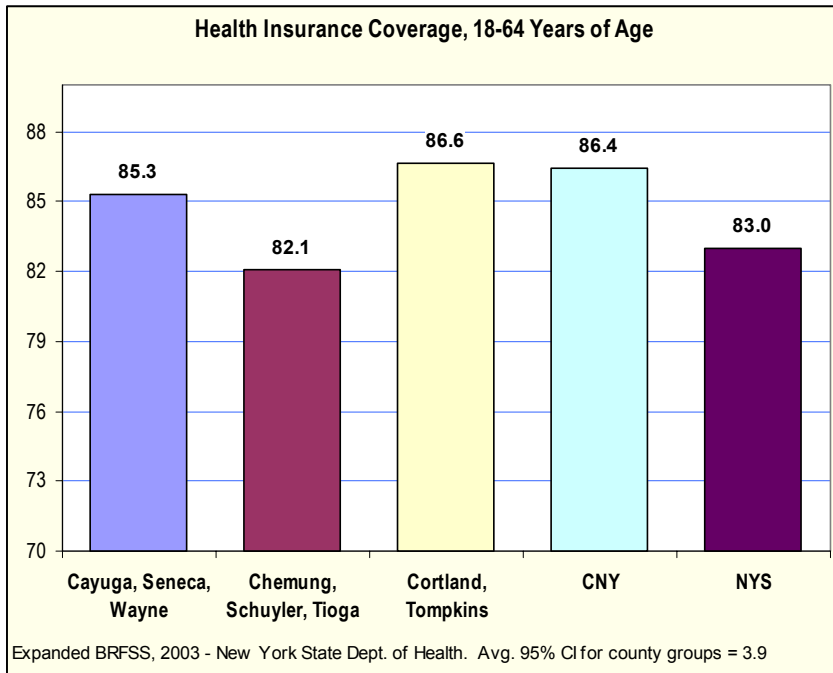


Figure 23 — Insurance coverage, demographic comparison, Cortland–Tompkins

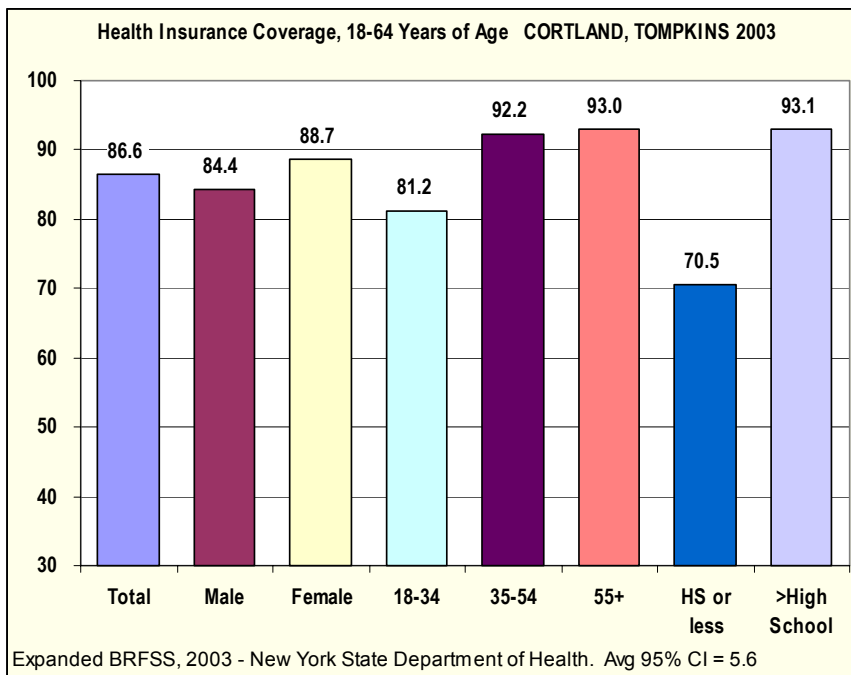


Figure 24 — Insurance coverage, Age 18+ years, Tompkins County

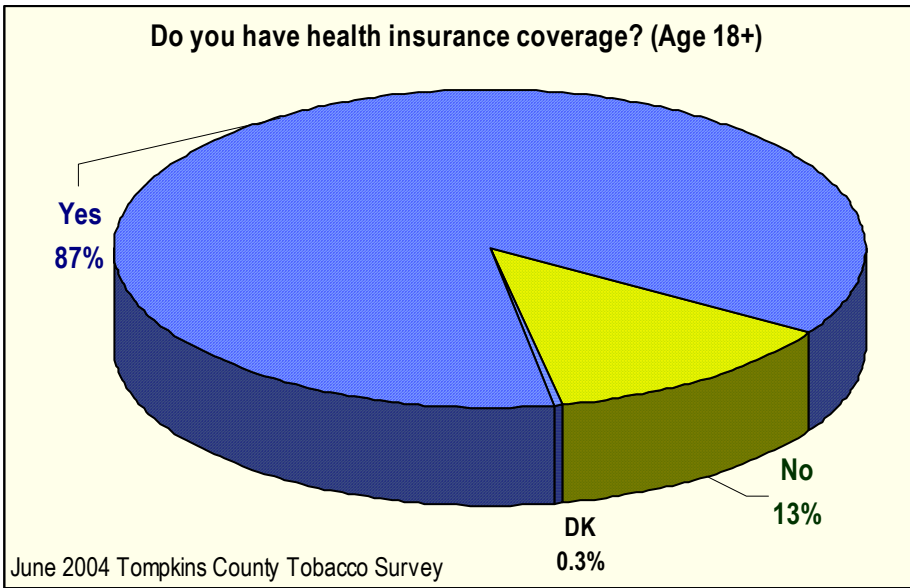


Figure 25 — Type of insurance coverage among those with coverage, Tompkins County

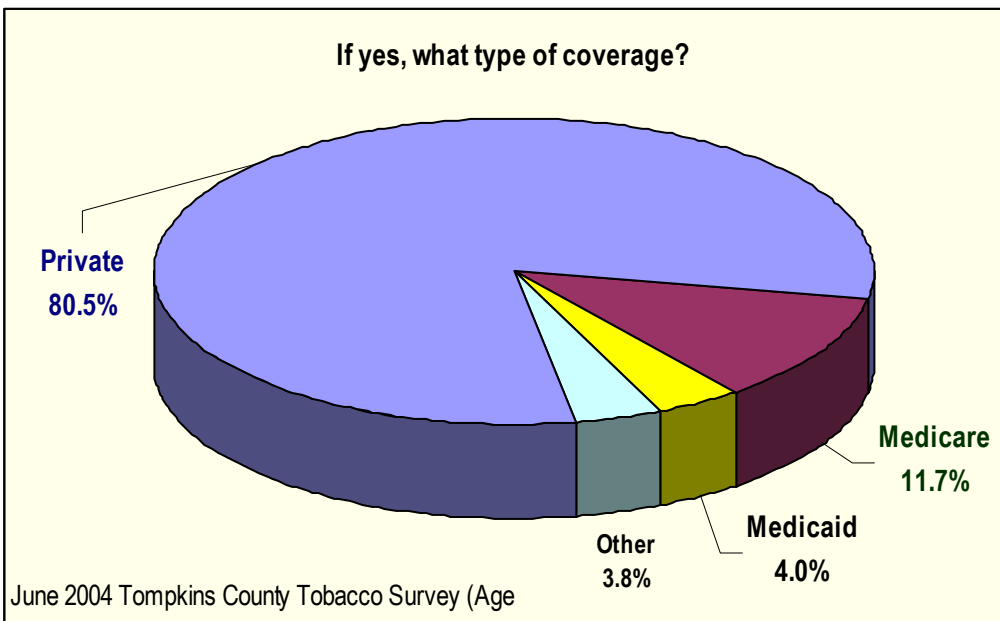


Table 5 — Children without medical coverage, CMC

Children and Health Coverage

**Patients Age 0--17 at Cayuga Medical Center**

Unduplicated # of children (age<18) with no insurance

	2001	2002	2003
Clinic (incl. OBV)	301	341	285
Emergency Room	146	132	124
Referred	225	194	184
Same day surgery	4	6	7
Inpatient	28	17	17
<b>TOTAL</b>	<b>704</b>	<b>690</b>	<b>617</b>

SOURCE: TC Health Planning Council,  
Tracking the Impact 1997-2003

Figure 26 — Children without medical coverage, CMC, percent change over 3 years

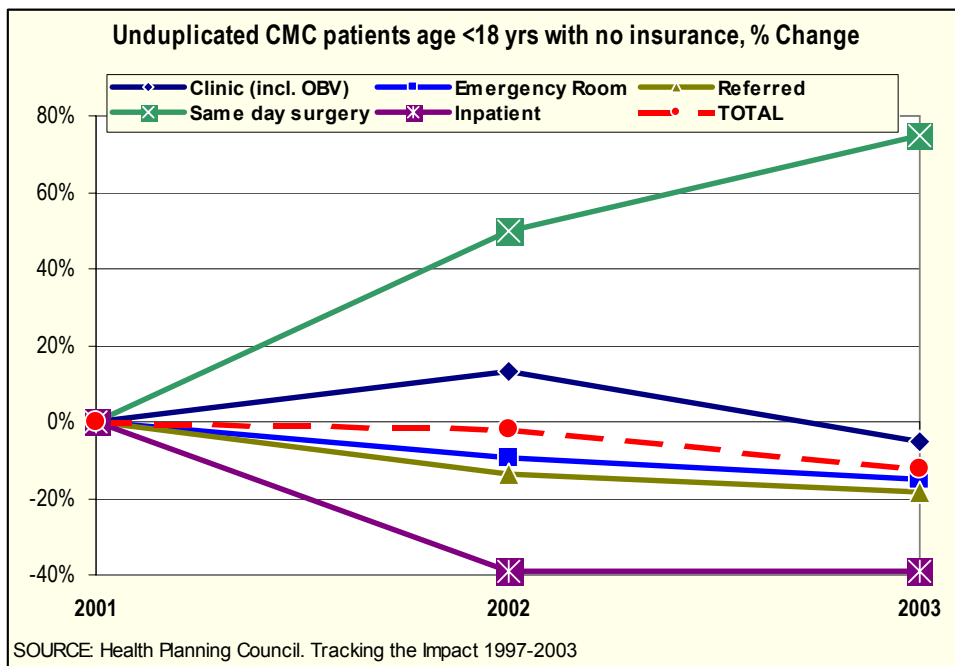


Table 6 — HP 2010 targets for insurance and primary care

DATA2010 ...the Healthy People 2010 Database - November, 2004 Edition - 01/05/05 - 10:45:38AM

<http://wonder.cdc.gov/DATA2010/focus.htm>

**Focus area:01-Access to Quality Health Services**

Code	Objective	Base Yr	Base-line	Target 2010
01-01	Persons with health insurance (age adjusted, aged under 65 years)	1997	83%	100%
01-05	Persons with a usual primary care provider	1996	77%	85%

Figure 27 — Self-pay visits, CMC trend 1998–2003

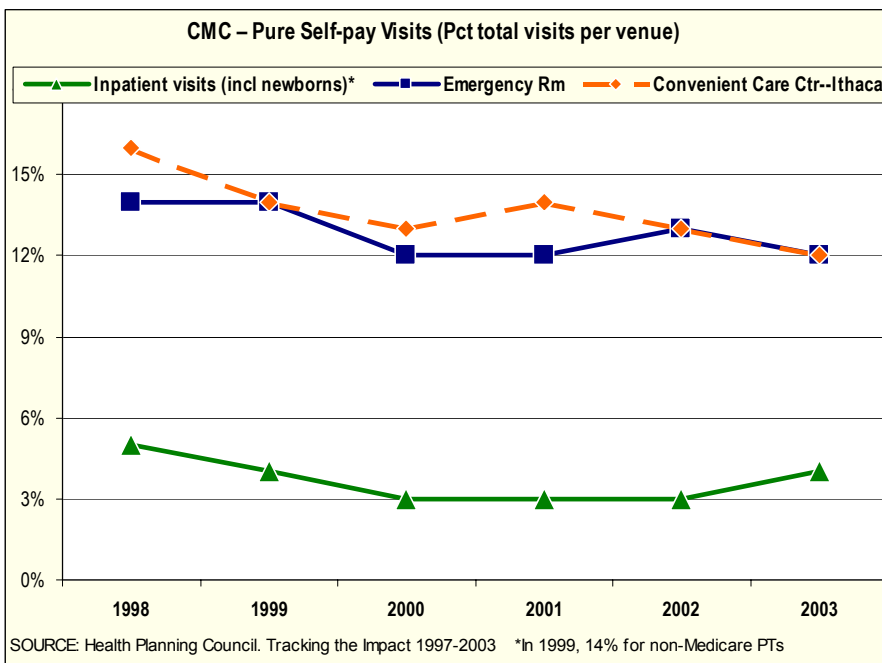


Figure 28 — Uncompensated care, CMC trend 1994–2003

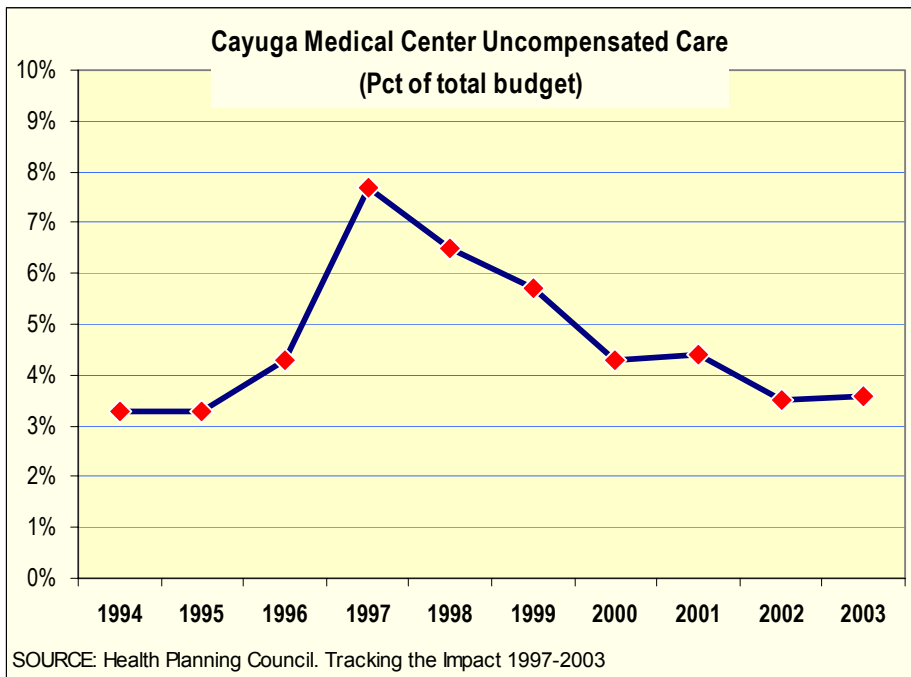


Figure 29 — Medicaid eligibles as percent of population, regional comparison

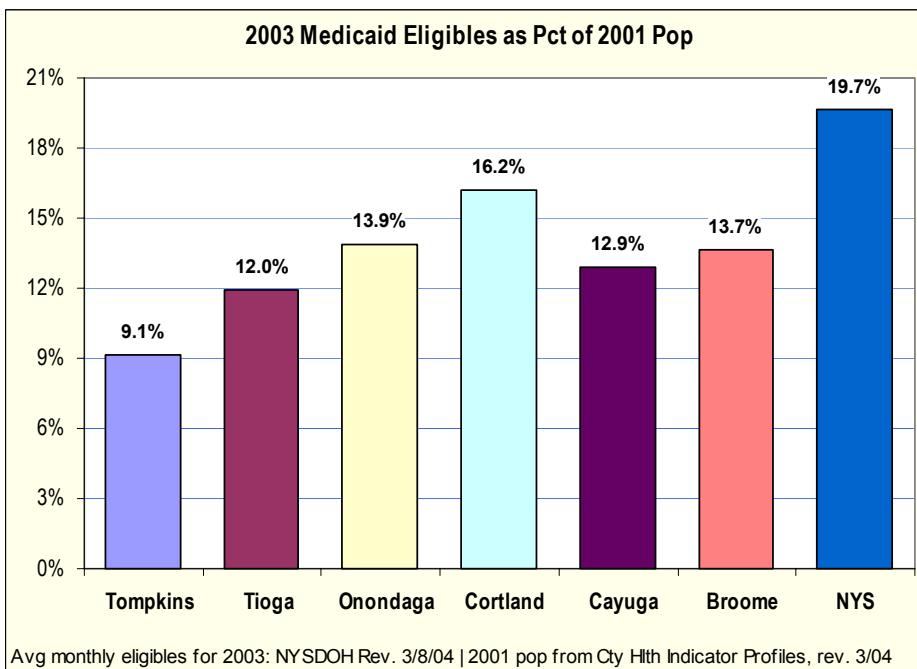


Figure 30 — Medicaid eligibles as percent of population, regional trends, 2000–2003

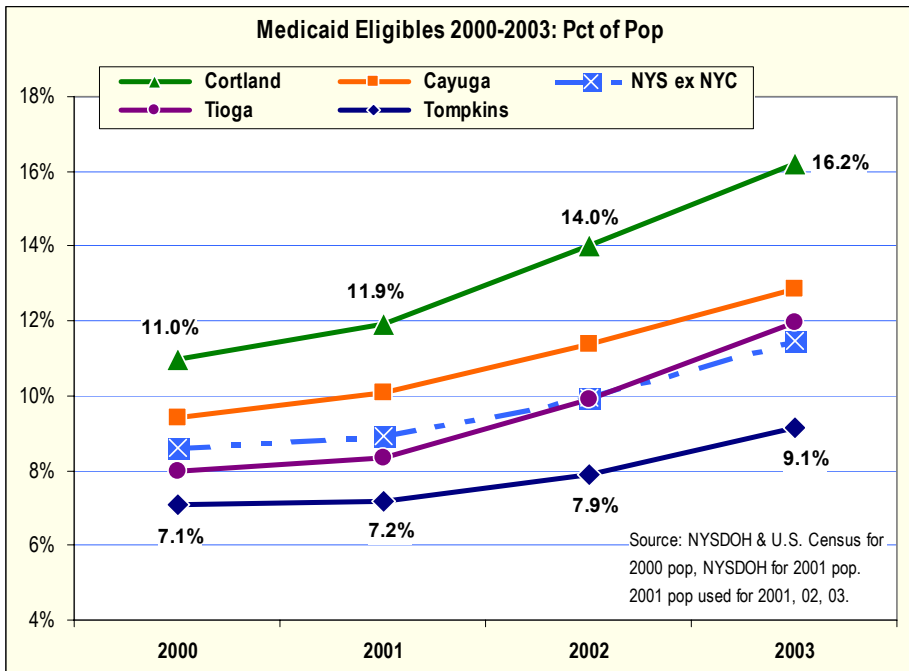


Figure 31 — Total on Medicaid, Tompkins County trend 1996–2003

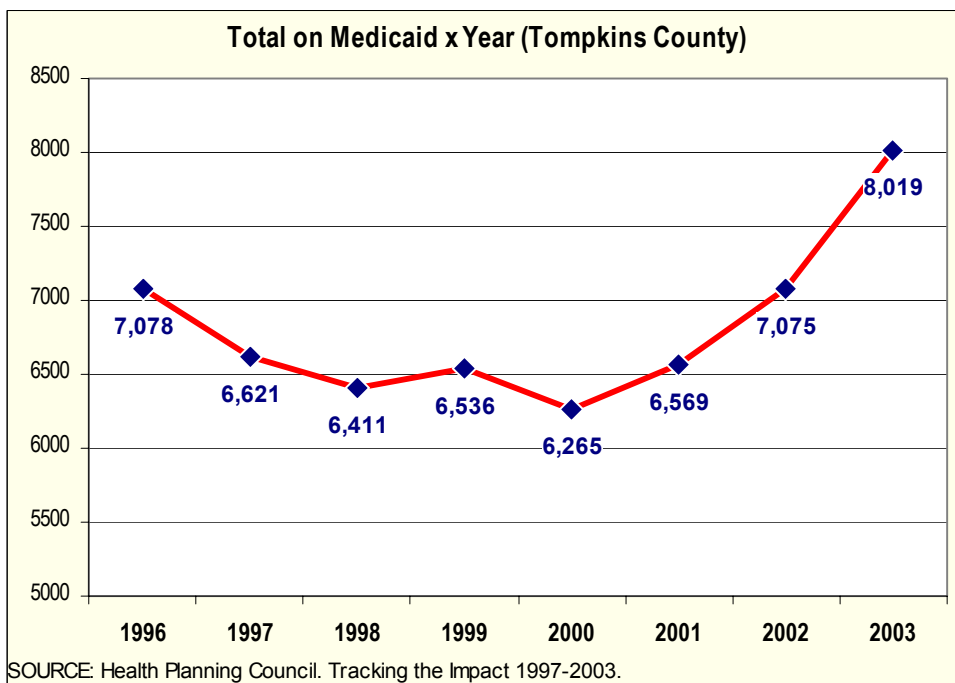


Table 7 — Primary care practices accepting new Medicaid patients, Tompkins County

**Primary Care Practices Accepting New Medicaid Patients**

(includes family practice, internal medicine, pediatrics, OB/GYN)

Year	Primary Care Physicians/ Practices	Pct. Practices taking ANY new patients	Pct. practices taking new Medicaid patients		
			Unrestricted	Yes, with restrictions	
1998	65 / 24	95%	54%	0.04 *	
1999-May	60 / 23	82%	0% *	0%	
2000-June	60 / 24	79%	33%	17%	
2001-Oct	60 / 24	70%	38% **	13%	
2003-Nov	59 / 23	78%	13%	22% **	

\*1999 - at this time there were NO primary care physicians taking new Medicaid PTs

Unrestr. \*\*2001 - of the 22 physicians, 9 are in OB/GYN, 6 in Peds. Only 7 are in GP.

Restrict'd \*1999 - Geographic restrictions \*\*2003 - 22% geographic and 22% other

SOURCE: Health Planning Council. Tracking the Impact 1997-2003

Table 8 — Total individuals on Medicaid, Tompkins County

**Total Individuals on Medicaid (Tompkins County)**

Average per month	1996	1997	1998	1999	2000	2001	2002	2003
MA (Medicaid only)	4,513	3,147	3,161	3,456	3,347	3,657	4,099	4,867
MA SSI (on MA due to SSI)	2,417	1,522	1,521	1,527	1,515	1,503	1,528	1,532
Total PA (on MA due to cash)		1,806	1,576	1,419	1,260	1,170	1,200	1,356
ADC-FC (foster care/ adoptive)	146	146	153	134	143	239	248	264
<b>Total on Medicaid</b>	<b>7,078</b>	<b>6,621</b>	<b>6,411</b>	<b>6,536</b>	<b>6,265</b>	<b>6,569</b>	<b>7,075</b>	<b>8,019</b>

SOURCE: Health Planning Council. Tracking the Impact 1997-2003.

Figure 32 — Medicaid /Self-Pay births, regional comparison

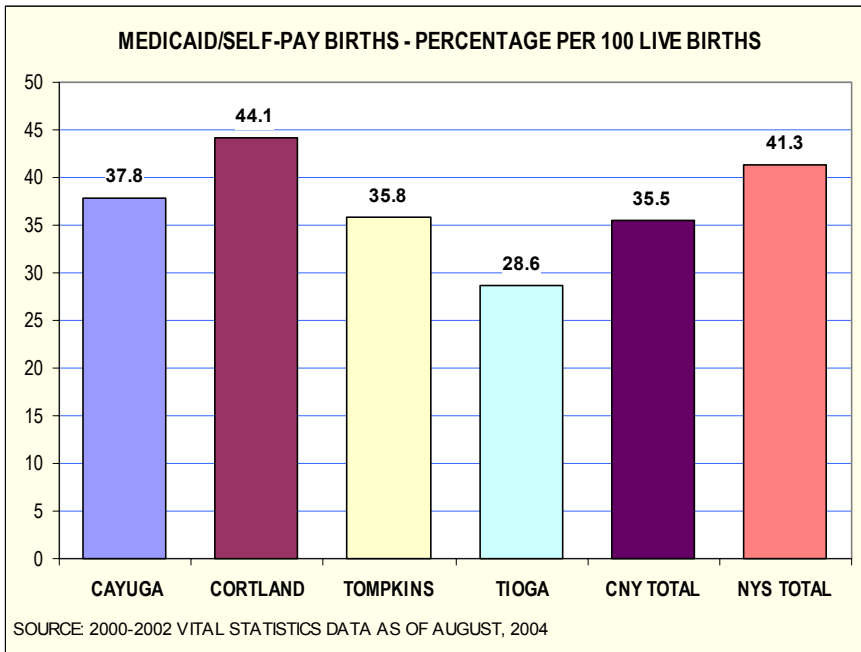
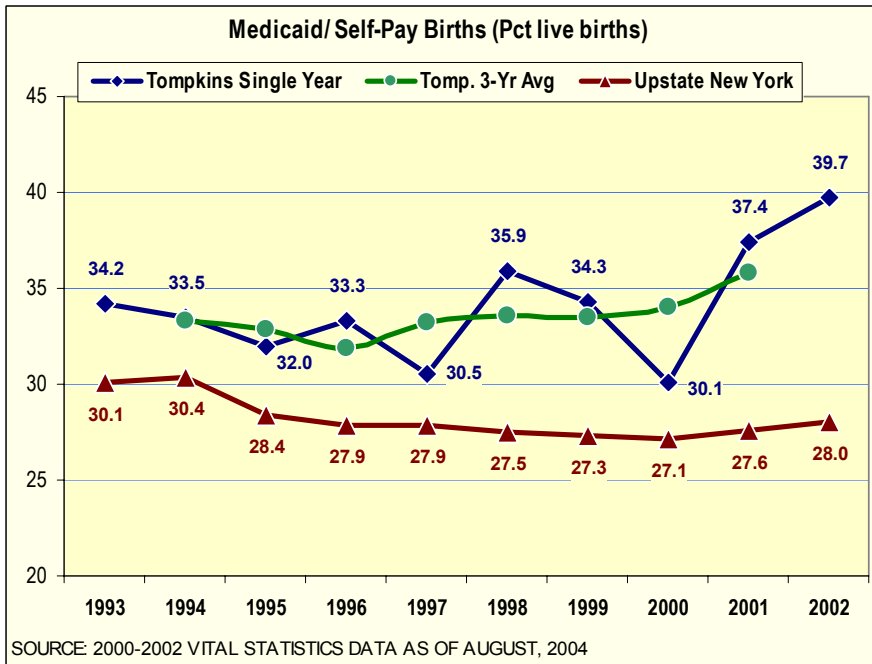


Figure 33 — Medicaid /Self-Pay births, trends





## Cancer

One of every 4 deaths in the United States and New York State is due to cancer. One in three people will be diagnosed with cancer at some point in their lifetime. Cancer occurs at any age, but most often in middle-aged and older people. The number of people diagnosed with cancer has increased over the past 40 years. Most of this is due to the increase in the population and because people are living longer.

Cancer is a group of more than 100 different diseases caused by abnormal growth of cells in the body. Therefore the cause, detection, treatment and cure vary among the many different cancers. The environment, lifestyle behaviors and genetics can cause cancer. Cigarette smoking is the leading preventable cause of cancer. And for those who do not use tobacco products, dietary choices and physical activity are the most important modifiable determinants of cancer risk demonstrated to date. Many cancer deaths can be prevented and the number of new cases can be reduced with early screening and treatment. It is commonly known that there is scientific agreement that cancer can be caused by long term contact with carcinogens. These include second-hand smoke, sunlight, x-rays, and certain chemicals that can be found in the air, water, food and workplace.

While Tompkins County is not generally considered a cancer hotspot, there are certain cancers for which the population may be considered to be at higher than average risk. This section will review available cancer data by cancer type, including lung, breast, cervical colorectal, and prostate cancers.

Four cancer sites: breast, prostate, lung and colorectal represent 57.2 percent of all cancer cases and 54.6 percent of all cancer deaths in Tompkins County, according to the American Cancer Society.

### Data Analysis

#### Lung Cancer Mortality

• Avg. age-adj. rate per 100,000 pop, 2000–2002	
<b>Tompkins</b> .....	<b>52.3</b>
Cayuga .....	53.4
Cortland.....	53.7
Tioga .....	55.0
CNY .....	59.8
NYS .....	49.5
<b>HP2010</b> .....	<b>44.9</b>

#### Cancer Mapping

While the current lung cancer mortality rate in Tompkins County is in line with neighboring counties, it is slightly higher than the state as a whole, and more than 16 percent higher than the target rate established for Healthy People 2010 (HP2010.) The 10-year trend for Tompkins swings widely by single year, and even shows variability when viewed as 3-year averages (*see Figure 36, page 63.*)

Note that the values shown in Figure 36 are different than those displayed in the left column and in Figure 35. This is because the trend lines are based on crude rates, and the county-to-county comparisons are age adjusted to the 2000 U.S. Census. Age adjusted rates for Tompkins County are typically higher than the crude rates due to Tompkins' young, student-rich population (*see Figure 34, page 62.*)

The New York State Department of Health (NYSDOH) maps cancer incidence by ZIP code. The maps provide a comparison of actual to expected incidence of a specified cancer, both by ZIP code and for the state as a whole. Neither the maps, nor this document attempt to pro-

vide any explanation or speculation as to the reasons for the variations in cancer incidence displayed by the maps.

The NYSDOH web site defines “expected incidence” this way:

Expected incidence is the number of people in a given ZIP Code that would be expected to develop cancer within a five-year period if the ZIP Code had the same rate of cancer as the State as a whole. The cancer rate for the entire state and the number of people in a ZIP Code are used to estimate the expected incidence. Age and population size are also taken into account because you would expect to see more people develop cancer in a ZIP Code with a larger population or a higher percentage of older residents. This process is called age adjustment. For the prostate cancer maps, race is also taken into account in determining expected incidence.<sup>4</sup>

A map of lung cancer incidence in males for Tompkins County ZIP codes is shown on page 64 (*Map 1.*) Map 2 (*page 65*) shows incidence for Tompkins females. The difficulty in interpreting these maps is demonstrated by the latter: Freeville (ZIP 13068) is shown to have lung cancer incidence more than 50% below expected, whereas bordering to the north, Groton (13073) shows incidence 50%–100% above expected.

Comparative values for lung cancer incidence in neighboring counties is shown in *Figure 37, page 64.*

When cancers are diagnosed at an early stage the chances for survival are greatly increased. The NYSDOH tracks early stage diagnosis of some cancers, and this data for lung cancer is shown in *Figure 38, page 65.*

Awareness of breast cancer as an important women’s health issue has risen dramatically over recent years. Breast cancer rates for mortality and incidence are gender specific and expressed per 100,000 of the gender-specific population. Rates for female populations are more commonly tracked than those for male populations

In Tompkins County, breast cancer mortality rates are very close — and likely statistically equal — to the HP2010 target rate of 22.3 deaths per 100,000 female population. Rates for Cortland County and for the 11 county Central New York region<sup>5</sup> are also similar, while those for Cayuga County and Tioga County are somewhat lower. (*See*

#### Lung Cancer Incidence

• Avg. age-adj. rate per 100,000 pop., 1997–2001.

<b>Tompkins</b> .....	<b>61.3</b>
Cayuga .....	74.2
Cortland .....	72.7
Tioga.....	70.7
CNY .....	81.4
NYS .....	67.2

#### Early Stage Diagnosis of Lung Cancer

• Pct cases, 1995–1999.

<b>Tompkins</b> .....	<b>36.4</b>
Cayuga .....	48.2
Cortland .....	44.6
CNY .....	34.4

#### Breast Cancer Mortality

• Avg. age-adj. rate per 100,000 female pop., 1998–2002

<b>Tompkins</b> .....	<b>24.0</b>
Cayuga .....	16.4
Cortland .....	22.8
Tioga.....	18.9
CNY .....	25.9
NYS .....	27.7
<b>HP2010</b> .....	<b>22.3</b>

<sup>4</sup> <http://www.health.state.ny.us/nysdoh/cancer/csii/nyscsii.htm>. Accessed 3/25/05.

<sup>5</sup> NYSDOH statistical regions close to Tompkins County are as follows (counties bordering Tompkins are in bold): *Region 3 (Central New York):* **Cayuga, Cortland**, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, **Tompkins**

*Region 4 (New York-Penn):* Broome, Chenango, **Tioga**

*Region 2 (Finger Lakes):* **Chemung**, Livingston, Monroe, Ontario, **Schuyler, Seneca**, Steuben, Wayne, Yates

*Figure 39, page 66.)*

The 10-year trend for breast cancer mortality in Tompkins County swings widely between 1993 and 2002. Even reviewing the 3-year averages to moderate the peaks and valleys does not show a steady trend. By contrast, the trend for Upstate suggests a steadily declining mortality rate across a wider portion of the state. *(See Figure 40, page 66.)* The decline in the mortality rate may be attributed to more effective treatment options that have become available in recent years.

#### Breast Cancer Incidence

- Avg. age-adj. rate per 100,000 female pop., 1997–2001

<b>Tompkins</b> .....	<b>133.7</b>
Cortland .....	124.6
Tioga .....	117.4
CNY .....	137.6
NYS .....	131.4

Incidence of breast cancer in Tompkins County tends to be at or slightly below that which would be expected based on the frequency of cases statewide. Regionally, the incidence rate for Tompkins County is below the total for Central New York, though higher than for neighboring counties, Cortland and Tioga. *(See Map 3, page 67, and Figure 41, page 67.)*

Similarly, while breast cancer in Tompkins County women is diagnosed early at a higher rate than for all CNY counties combined, the rate is not as favorable as that for either Cayuga or Cortland County. *(See Figure 42, page 68.)*

#### Cervical Cancer Mortality

- Avg. age-adj. rate per 100,000 female population, 1998–2002.

<b>Tompkins</b> .....	<b>1.5</b>
Cayuga .....	1.3
Cortland .....	5.7
Tioga .....	0.0
CNY .....	2.3
NYS .....	2.8
<b>HP2010</b> .....	<b>2.0</b>

The picture for cervical cancer in Tompkins County is quite favorable. The age adjusted rates of both mortality and incidence are below those of neighboring counties, the CNY region and the state as a whole. In the case of mortality rates, Tompkins is 25 percent below the HP2010 target. *(See Figure 43, page 68, and Figure 45, page 69.)*

Cervical cancers are also diagnosed at an early stage significantly more frequently in Tompkins County than in bordering counties, the region or statewide. *(See Figure 46, page 70.)*

The 10-year trend for Tompkins County cervical cancer deaths goes almost year-by-year from zero to about 2 per 100,000 female population, and back to zero. As far as identifying a predictable trend, there is little more to be gained from studying the 3-year averages. *(See Figure 44, page 69.)*

#### Colorectal Cancer Mortality

- Avg. age-adj. rate per 100,000 population, 1998–2002.

<b>Tompkins</b> .....	<b>23.4</b>
CNY .....	22.8
<b>HP2010</b> .....	<b>13.9</b>

Colorectal cancer mortality in Tompkins County is declining. Three-year averages in crude mortality rates have dropped nearly 25 percent since the mid-nineties. *(See Figure 48, page 71.)* A comparison of age adjusted death rates within the region shows Tompkins at about the same level as other jurisdictions. Still, Tompkins County needs to cut colorectal cancer mortality by over 40 percent to reach the established HP2010 target. *(See Figure 47, page 70.)*

Incidence rates for colorectal cancer among Tompkins County residents are about what would be expected, based on statewide data. Actual age-adjusted rates indicate that cases of colorectal cancer are neither more nor less common in here than throughout the CNY region.

(See Figure 49, page 71; Map 4, page 72; and Map 5, page 72.)

### Prostate Cancer Incidence

• Avg. rate per 100,000 pop, 1997–2001.	
Tompkins .....	204.5
Cayuga .....	99.3
Cortland .....	135.8
Tioga .....	175.0
NYS ex. NYC ....	166.7
NYS .....	163.6

The impact of prostate cancer in Tompkins County is not easy to assess using the available, sometimes inconsistent data. The most recent state cancer registry data shows that the mortality rate in Tompkins County is somewhat higher than neighboring counties — about 28 percent higher than Cortland County, and the incidence rate is considerably higher — about 51 percent higher than Cayuga County.

Comparing Tompkins County to the state exclusive of New York City, the local mortality rate is just over 10 percent higher and the incidence rate is close to 23 percent higher. However, the ratio of mortality rate to incidence rate is lower for Tompkins County than for Cortland County or the state. (See Figure 50, page 73.)

Where the interpretive uncertainty comes is when two cancer maps are compared. The map for prostate cancer incidence by ZIP code shows below expected incidence in the Town of Dryden on the eastern side of the county, and above expected incidence in the Town of Lansing to the north (see Map 6, page 73.) However, a second, more generalized map dedicated to late stage prostate cancer shows that the entire eastern side of Tompkins County has an above expected incidence, including, one would assume, the Town of Dryden (see Map 7, page 74.)

## Community Resources

### Tompkins County Health Department (TCHD)

The TCHD heads the local tobacco control partnership and participates in central New York regional efforts to reduce exposure to second-hand smoke, encourage tobacco cessation and reduce initiation of tobacco use. It adheres to the New York State Department of Health's Strategic Tobacco Control Plan to achieve these objectives. (see tobacco)

### Healthy Living Partnership

New York State Department of Health provides funding for cervical screening for women over 18 years of age and includes clinical breast exams and mammogram screening for women over the age of 40 who are uninsured or underinsured. The program also provides colorectal screening for any man or woman over the age of 50 who are uninsured or underinsured. In Tompkins County, the Cayuga Medical Center is the lead agency for the partnership comprised of physicians, community agencies and other health care providers including TCHD. In the 2003–2004 grant year the Partnership exceeded its breast and cervical screening goal by 231%, screening 346 women. The colorectal screening target continues to be a challenge with only 35 people screened in the same time period. The program provides prostate cancer

<b>Ithaca Breast Cancer Alliance (IBCA)</b>	<p>information but not screening.</p> <p>is a local organization founded by a group of breast cancer survivors in 1994. IBCA’s staff and volunteers provide support, guidance and information on breast cancer and treatment options. Women diagnosed with breast cancer or anyone concerned about or affected by breast cancer are welcomed. Services and programs include, support groups, professional counseling, peer information network, the “Helpline” and a library of books and resources and educational sessions.</p>
<b>Hospicare</b>	<p>Hospicare now offers palliative care services. These services address the needs of people with life-threatening illnesses who may still be pursuing curative care, or whose longer prognosis makes them ineligible for treatment. It is not limited to people with cancer. When I-CAN dissolved a few years ago, Hospicare accepted its library and facilitates support groups for people with cancer.</p>
<b>Cayuga Medical Center at Ithaca (CMC)</b>	<p>CMC opened a state-of-the-art radiation medicine facility in January 2005. It combines the expertise and resources of the medical center and Roswell Park Cancer Institute (RPCI) which has been designated a Comprehensive Cancer Center by the National Cancer Institute. This affiliation is linked by high-speed digital technology that allows physicians in both facilities to treat patients at CMC using the latest radiation protocols and treatments. CMC is in the process of recruiting more oncologists for other cancer services.</p>

## Opportunities for Action

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Tompkins County residents must do what they can to prevent cancer. This includes supporting smoke-free environments and quitting tobacco use. In order to assist in making better lifestyle choices such as healthy eating and physical activity, societal support structures must be in place. Schools, colleges, worksites, faith communities, local government, health care providers are all part of this effort.

When the Tompkins County population is viewed without the college students, the median age is 38.9 years. As stated earlier, cancer generally occurs in middle aged and older people. As the County’s population ages — and assuming that retirees continue to find Tompkins County a desirable place to live — it is important to keep in mind the impact on the health care environment.

## Figures and Tables

Figure 34 — Median age, Tompkins, Tompkins excluding students and regional comparison

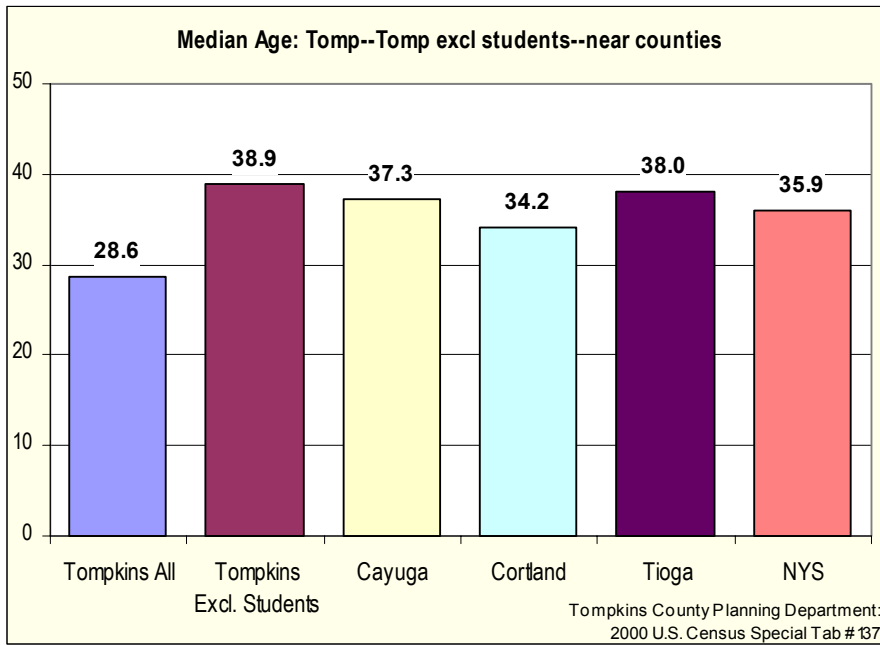


Figure 35 — Lung and bronchus cancer mortality, age adjusted rates, regional comparison

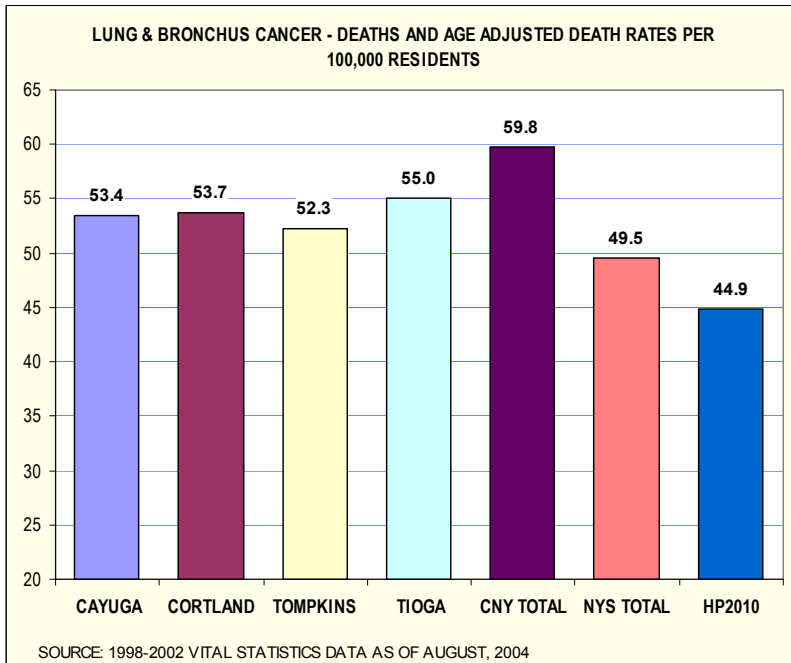


Figure 36 — Lung and bronchus mortality, crude rates, 10-year trend

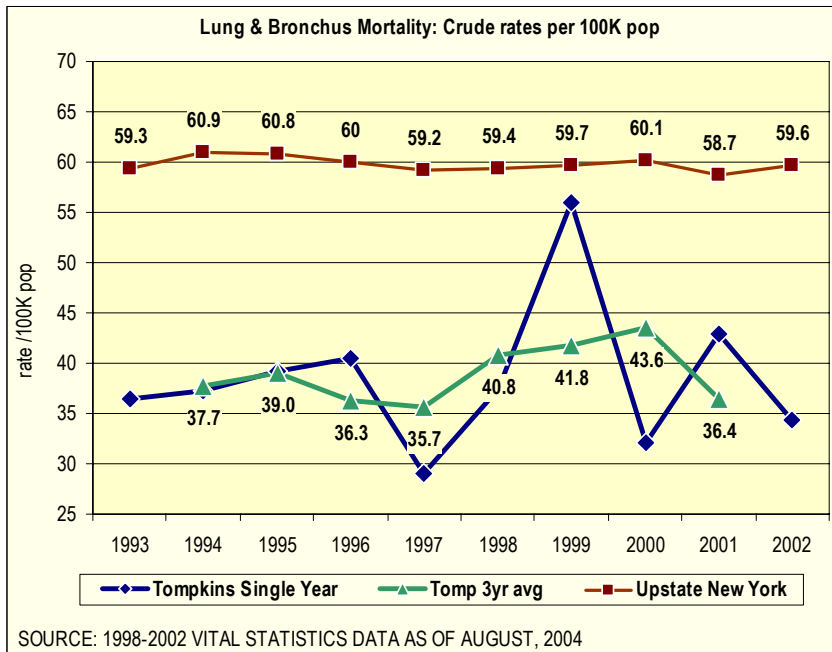
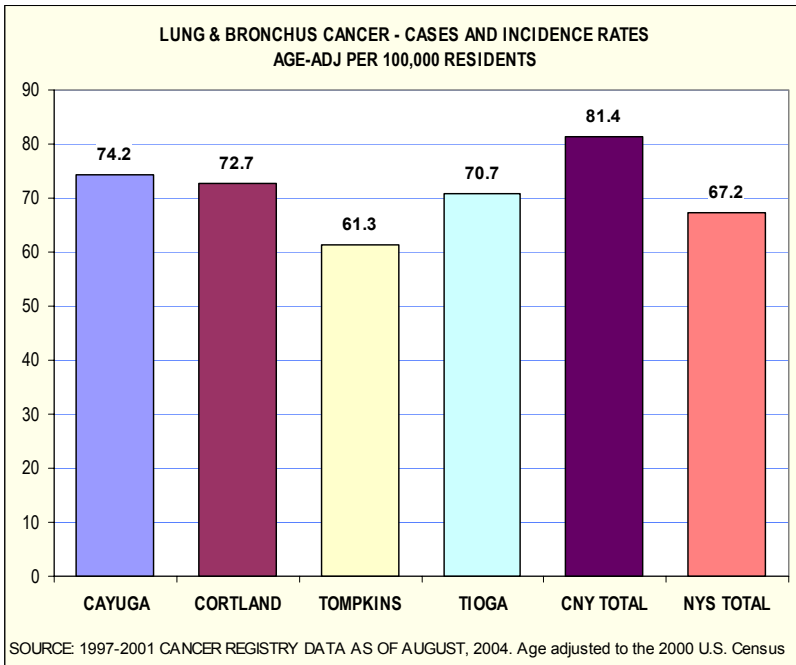
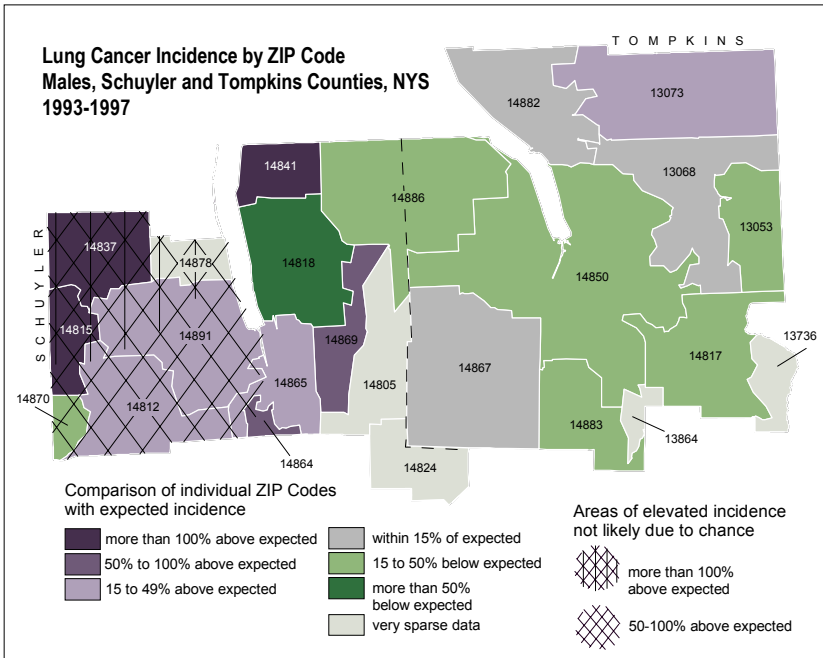


Figure 37 — Lung and bronchus cancer incidence, age-adjusted rates, regional comparison



Map 1 — Lung cancer incidence in males, by ZIP code, Tompkins & Schuyler Counties





Map 2 — Lung cancer incidence in females, by ZIP code, Tompkins & Schuyler Counties

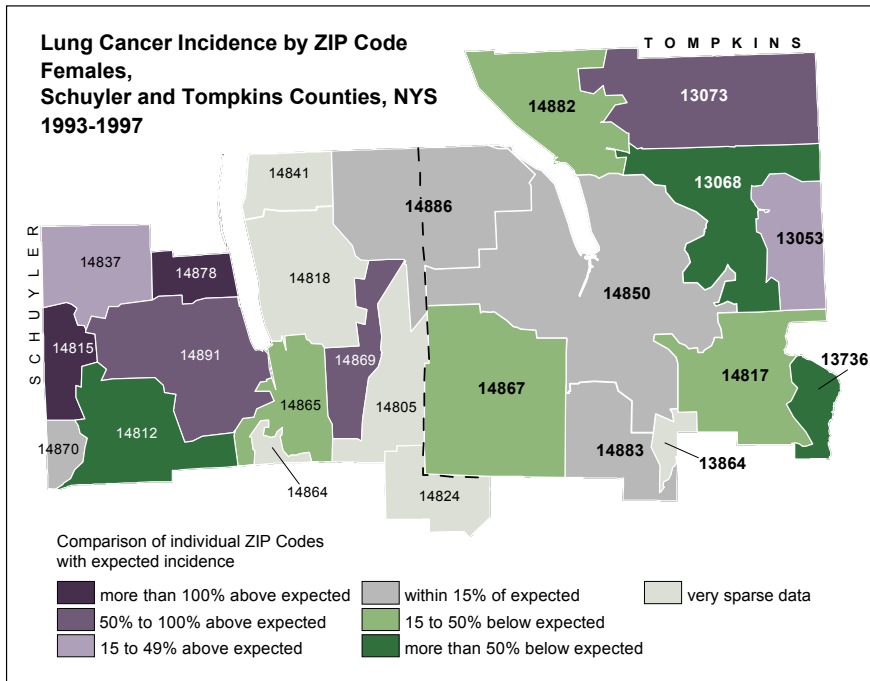


Figure 38 — Lung and bronchus cancer, early stage diagnosis, regional comparison

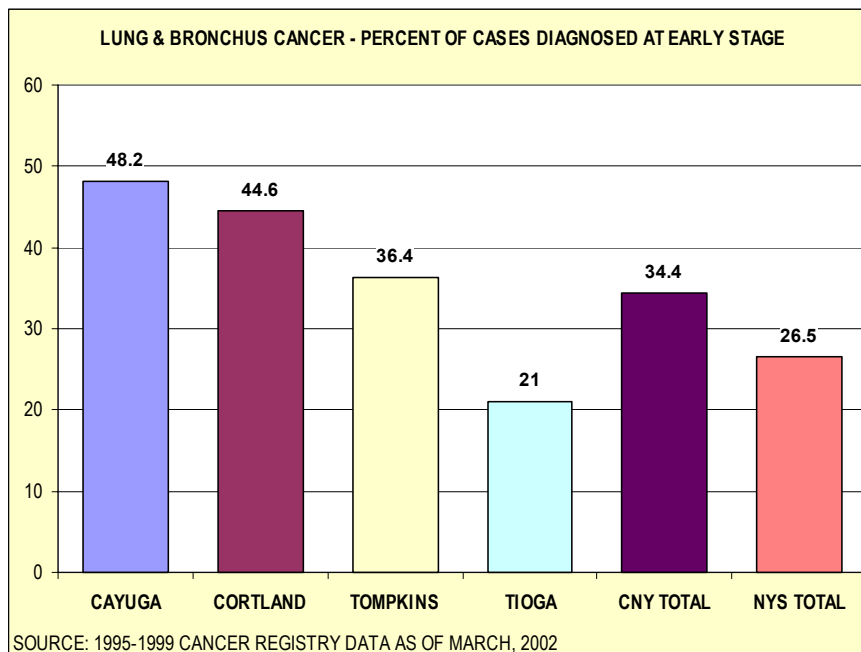


Figure 39 — Breast cancer mortality in females, age-adjusted rate, regional comparison

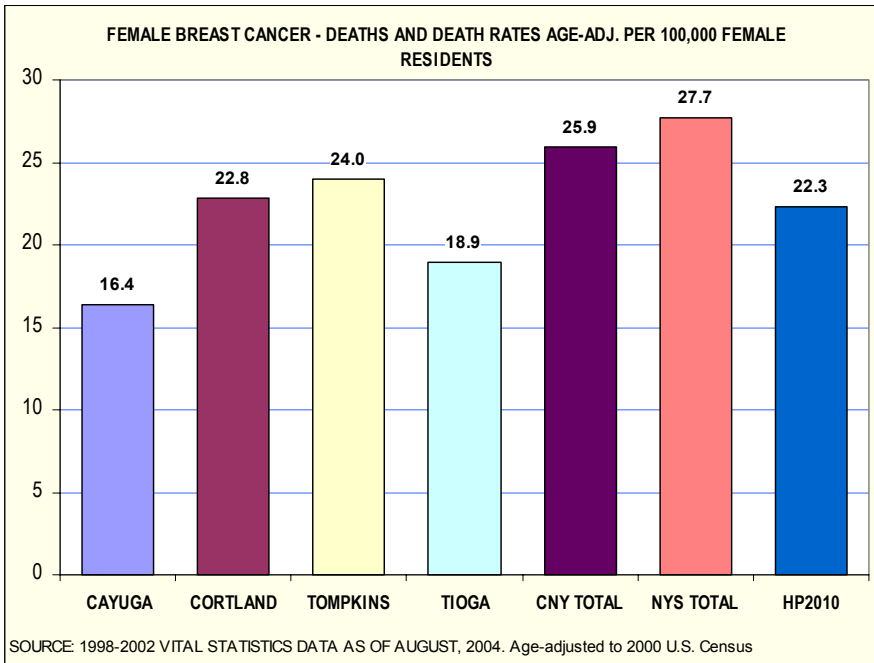


Figure 40 — Breast cancer in females, crude rate, 10-year trend

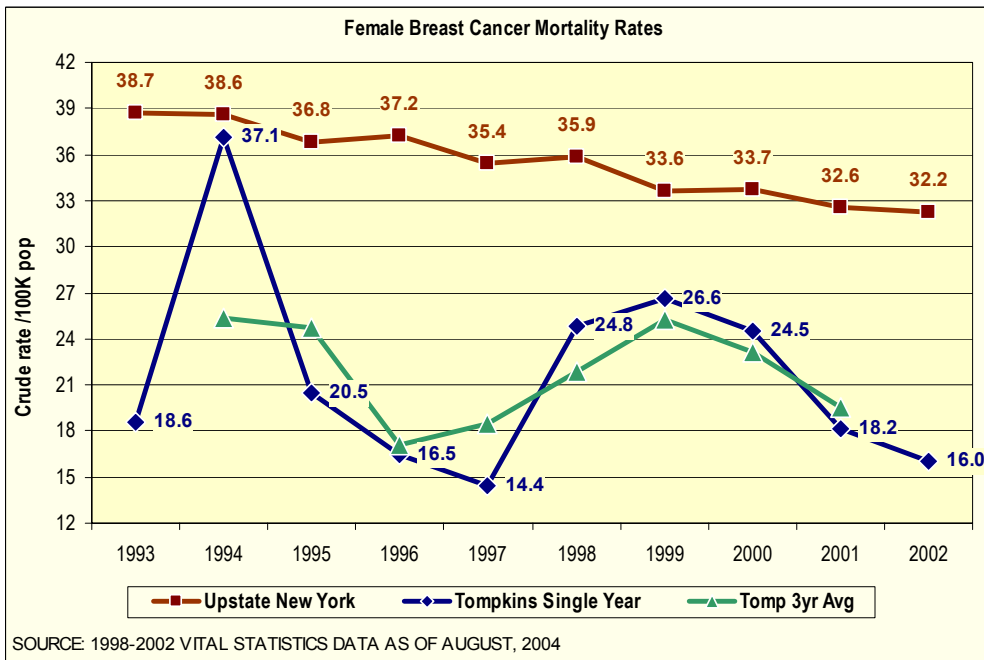
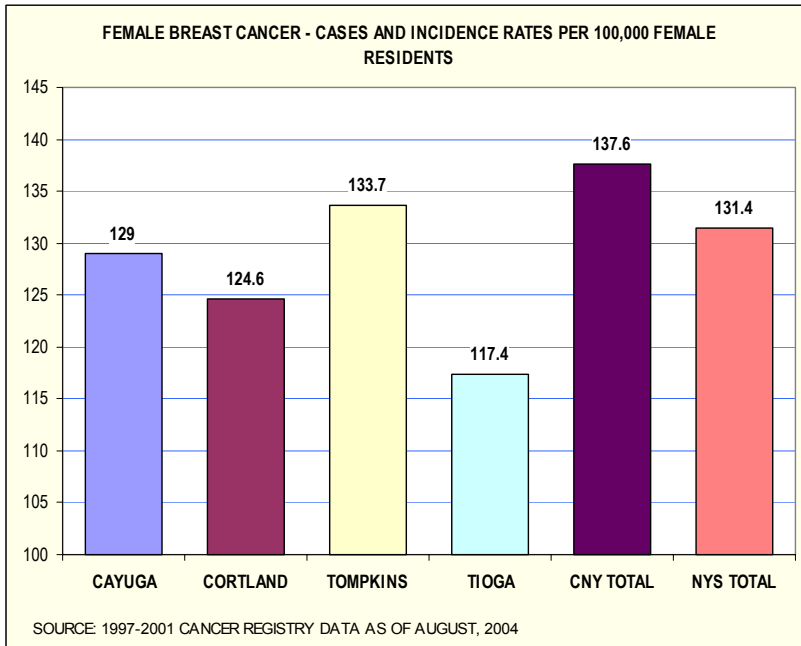


Figure 41 — Breast cancer incidence in females, regional comparison



Map 3 — Breast cancer incidence in females, by ZIP code, Tompkins & Schuyler

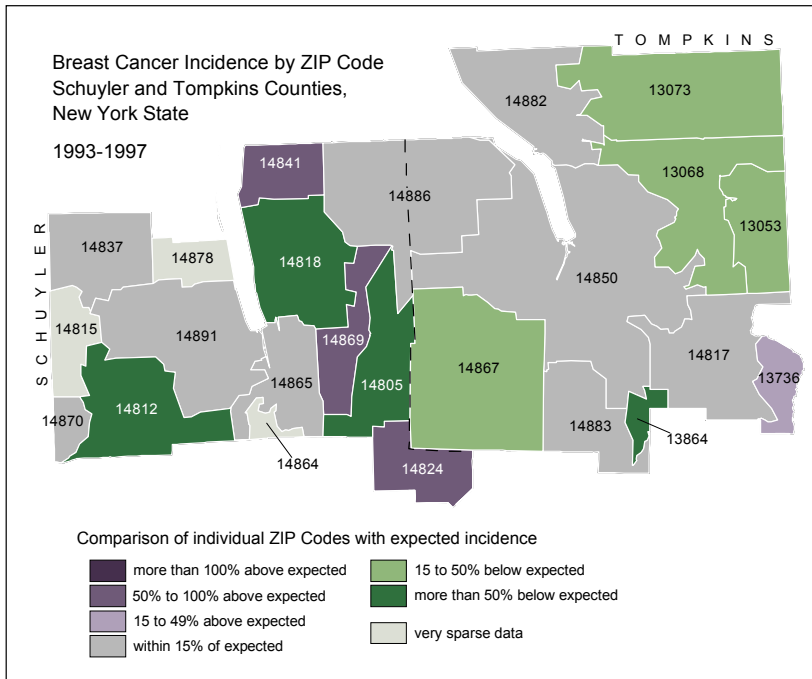


Figure 42 — Breast cancer incidence in females, early diagnosis, regional comparison

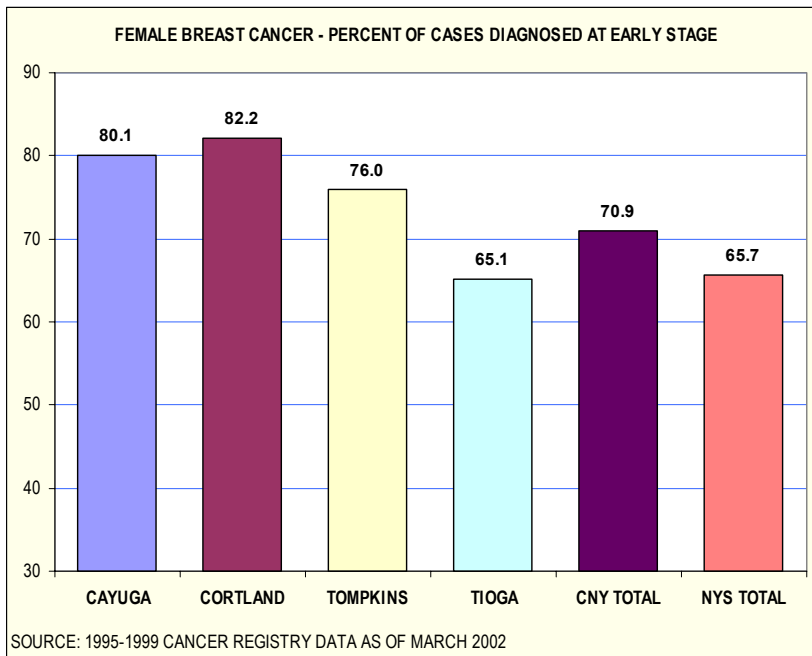


Figure 43 — Cervical cancer mortality in females, age-adjusted rates, regional comparison

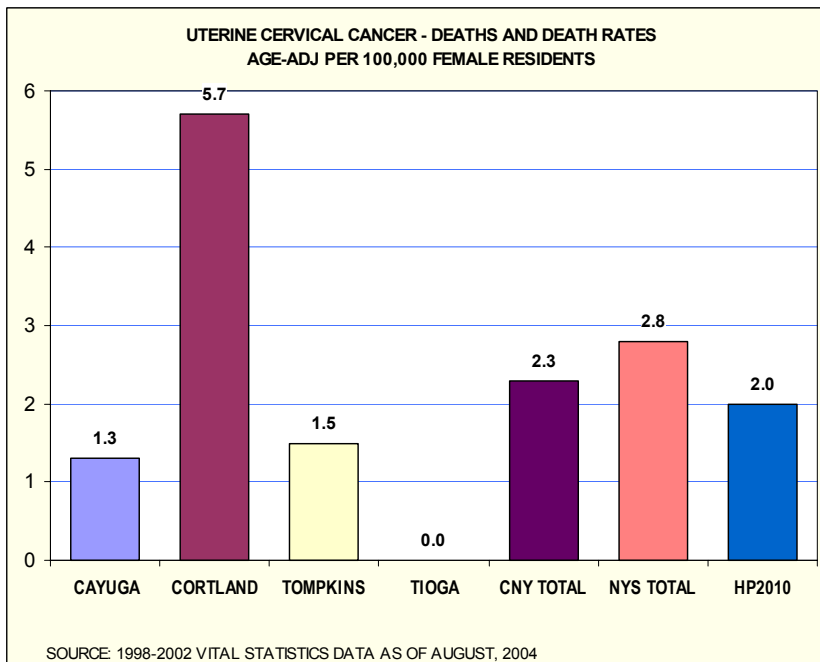


Figure 44 — Cervical cancer mortality in females, crude rates, 10-year trend

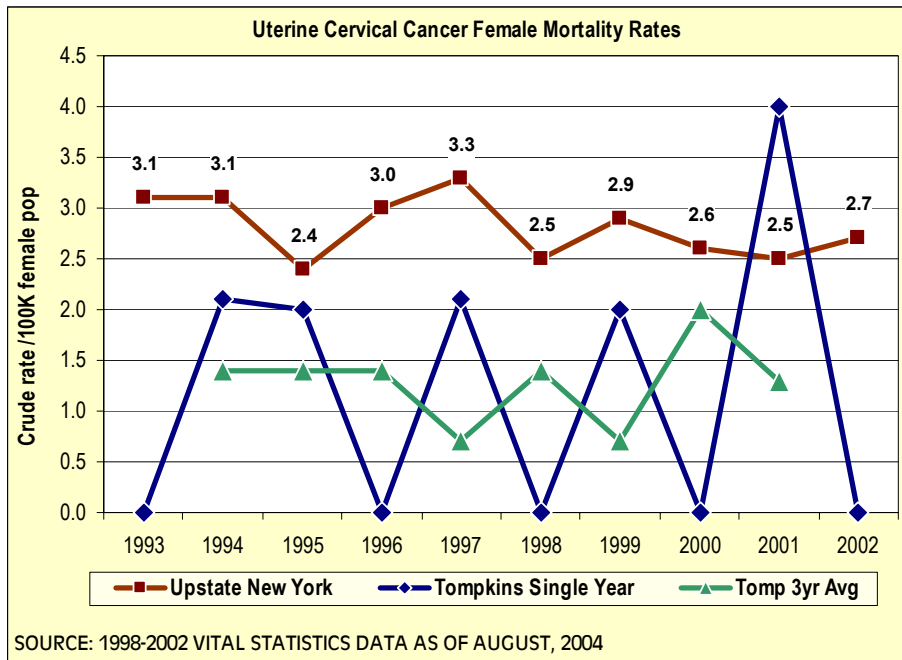


Figure 45 — Cervical cancer incidence in females, age-adjusted rates, regional comparison

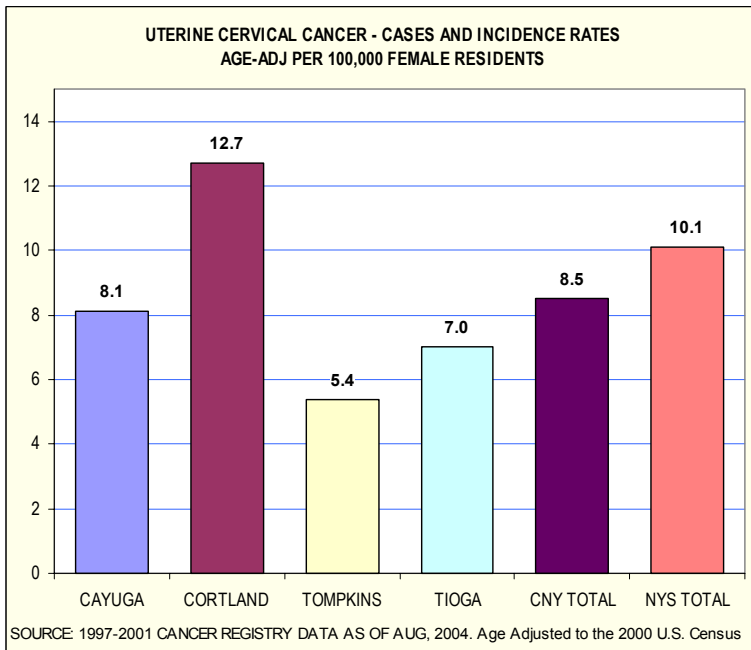


Figure 46 — Cervical cancer incidence in females, early diagnosis, regional comparison

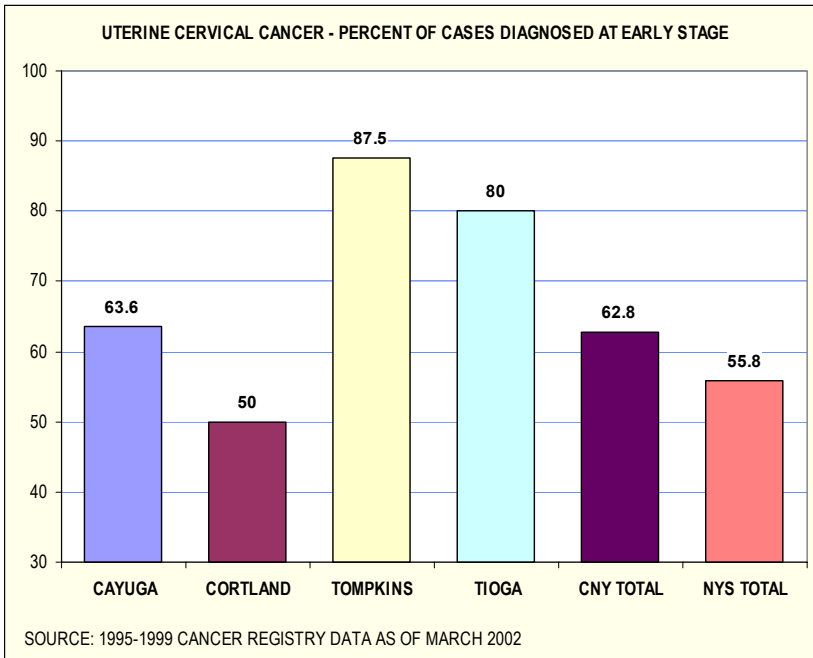


Figure 47 — Colorectal cancer mortality, age-adjusted rates, regional comparison

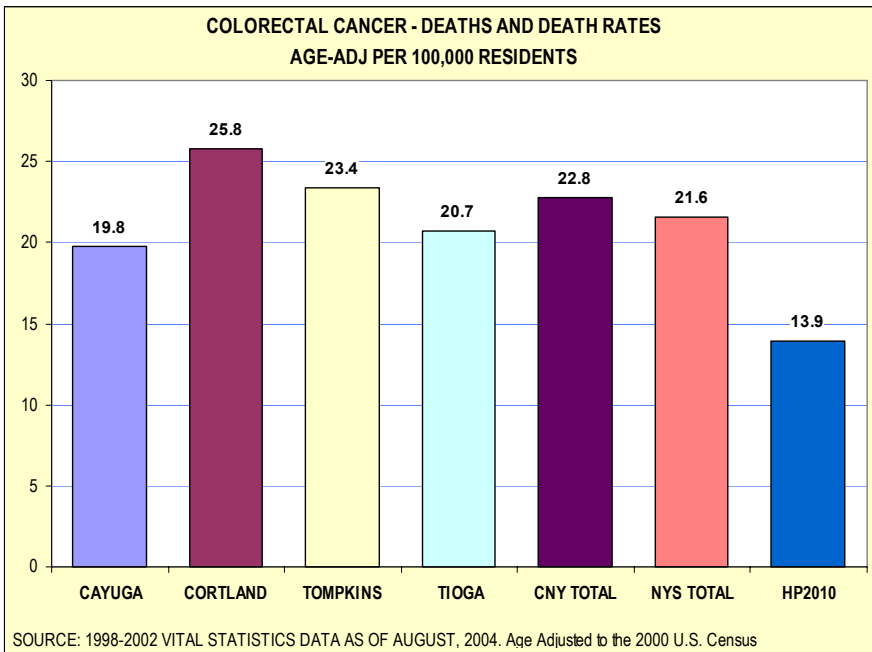


Figure 48 — Colorectal cancer mortality, crude rates, 10-year trend

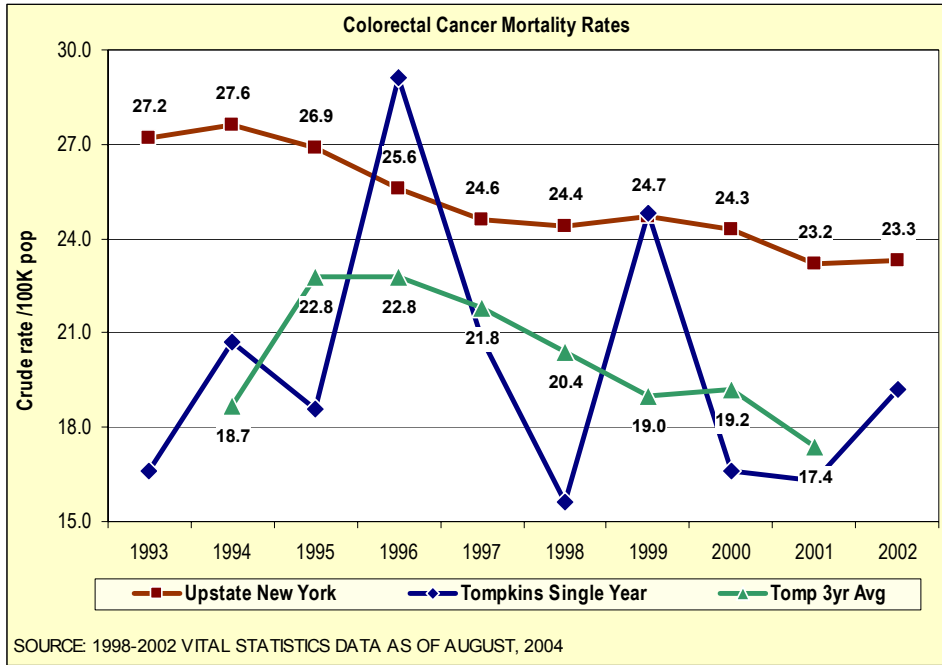
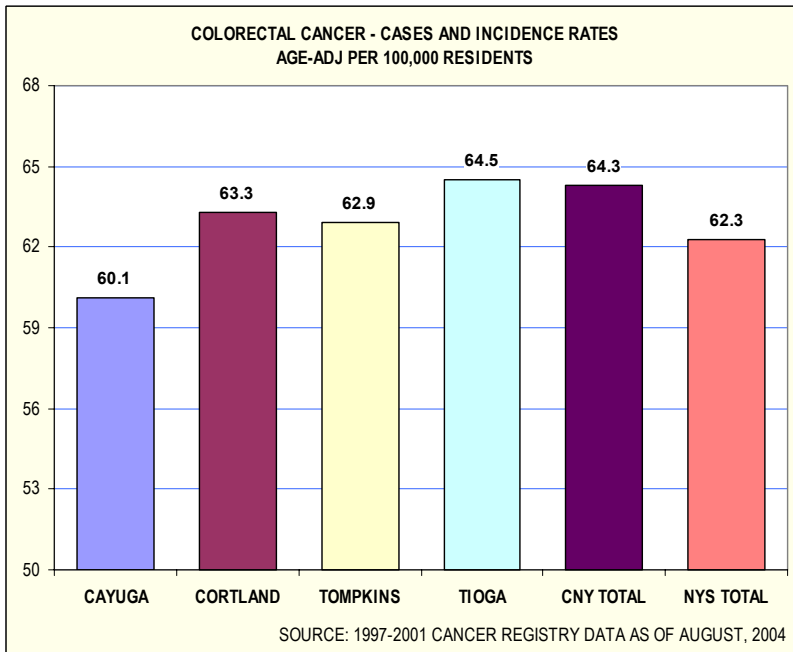
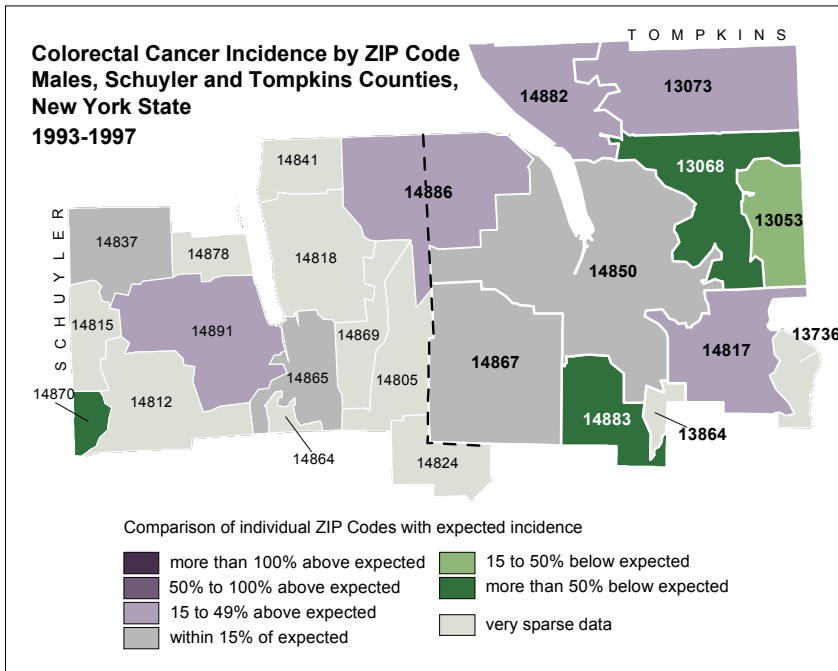


Figure 49 — Colorectal cancer incidence, age-adjusted rates, regional comparison



Map 4 — Colorectal cancer incidence in males, by ZIP code, Tompkins & Schuyler



Map 5 — Colorectal cancer incidence in females, by ZIP code, Tompkins & Schuyler

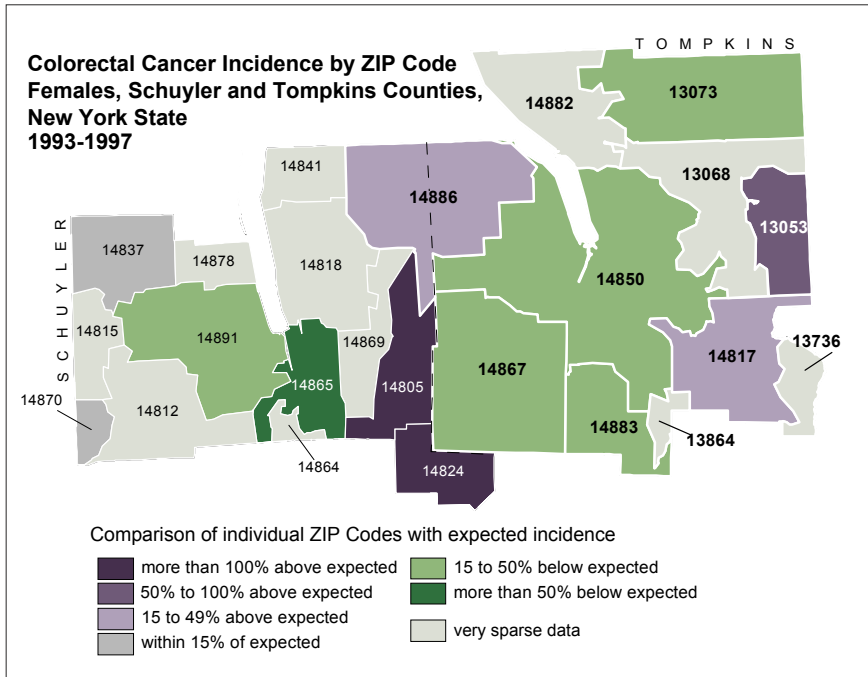
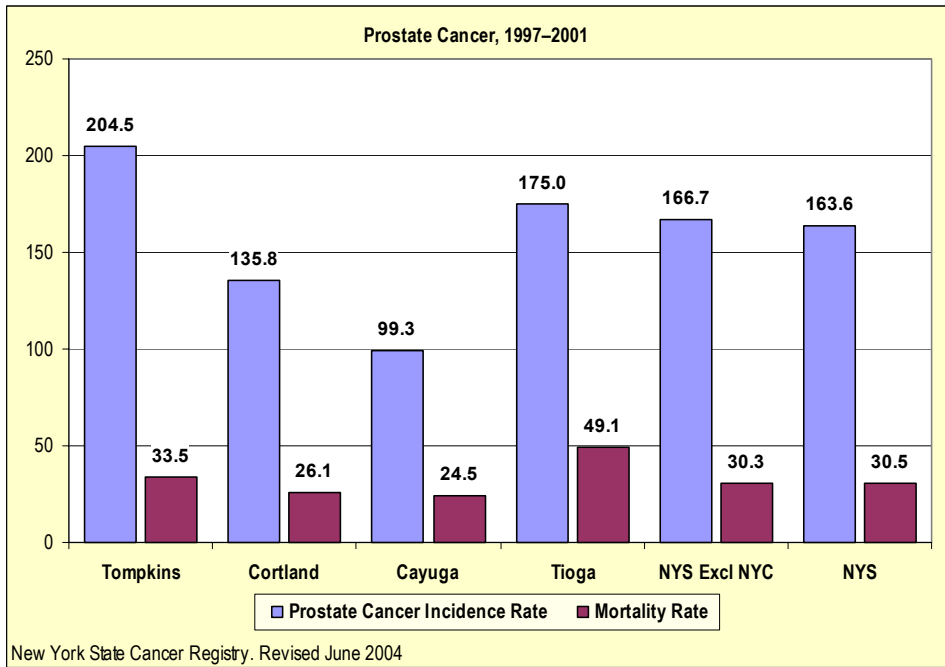
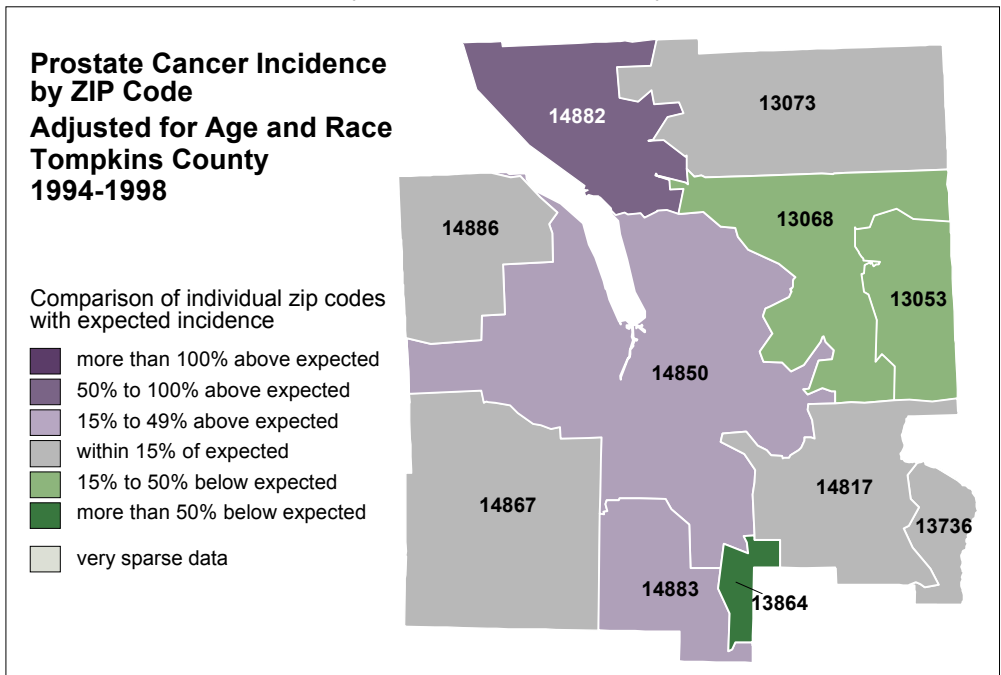




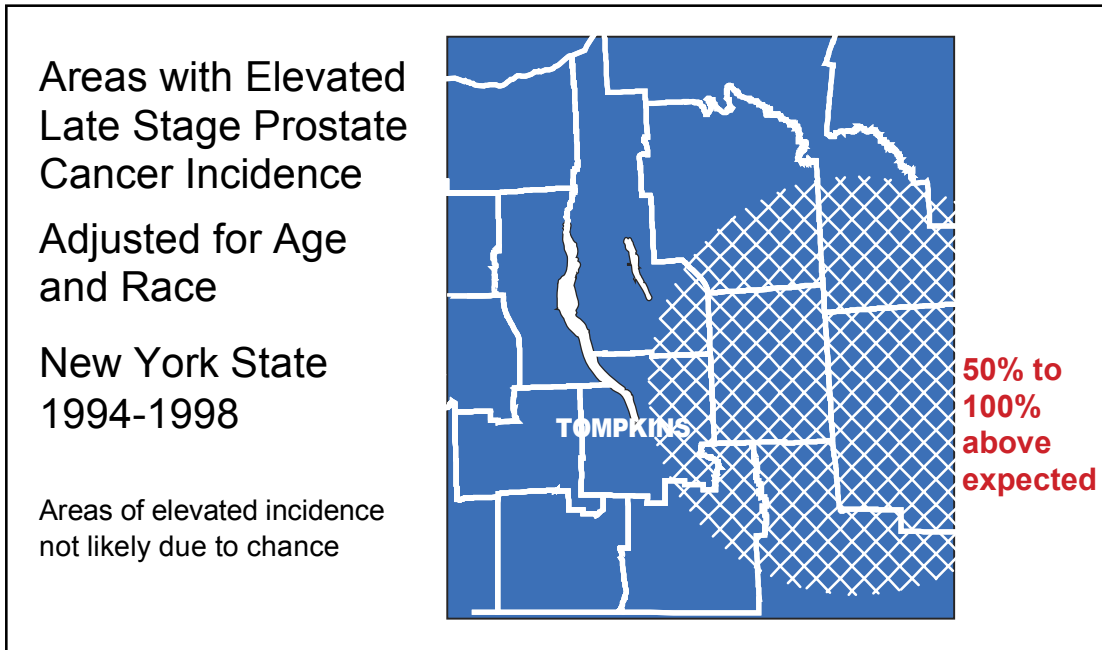
Figure 50 — Prostate cancer incidence and mortality, regional comparison



Map 6 — Prostate cancer incidence, by ZIP code, Tompkins County



Map 7 — Prostate cancer, areas with elevated late stage incidence, adjusted for age and race



## Diabetes

**D**iabetes is a heterogeneous group of metabolic disorders characterized by high blood glucose levels. Type 1 and Type 2 are the most common forms. Type 1 accounts for 5 to 10% of the cases and 85 – 90% are Type 2. The rest are either gestational diabetes or diabetes secondary to other conditions. Complications that can result from poorly managed diabetes represent a significant cause of morbidity and mortality that include heart disease, stroke, blindness, kidney failure, leg amputations, pregnancy complications and deaths related to flu and pneumonia.

Many adults have pre- diabetes, a condition in which blood glucose levels are higher than normal but are not high enough for a diagnosis of diabetes. People with pre-diabetes are at increased risk for developing Type 2 diabetes and for heart disease and stroke. Over the past decade, primary prevention research studies have demonstrated that modest lifestyle changes can prevent or delay the onset of Type 2 adults among high-risk adults.

A disheartening trend has been the increase of Type 2 diabetes diagnosed in children and adolescents. There is no New York State or local data as there is for adults. Anecdotal data from providers and school health officials substantiate this observable trend, however.

### Data Analysis

#### Diabetes mortality

Rate per 100,000 pop., 2000–2002.	
..... Age-adj. (Crude)	
<b>Tompkins .. 18.6 (15.0)</b>	
Cayuga..... 19.1 (22.5)	
Cortland..... 19.2 (19.2)	
Tioga ..... 17.6 (18.8)	
CNY..... 20.7 (22.4)	
NYS..... 19.7 (20.5)	
HP 2010..... 45.0 (—)	

Diabetes mortality rates — situations where diabetes is indicated as the primary reason for death — when adjusted for age, do not vary widely within the Central New York (CNY) region. Most CNY rates cluster around 20 per 100,000 residents. The Adirondack counties in the CNY region have markedly higher rates — the rate for St. Lawrence county is 26.8.

Within the close regional comparison used throughout this document, Tompkins has the second lowest age adjusted rate of diabetes mortality. (*See Figure 51, page 78.*)

Tompkins' crude rate is the lowest thanks to the county's median age which is over 7 years younger than the state as a whole. See table at left.

Early on in the 10-year span from 1993–2002, the crude rate for diabetes mortality dropped 61 percent in Tompkins County, hitting its low in 1996. Since then the yearly rate has varied. A review of the trend by 3-year averages shows that the local rate remained relatively steady from 1996–2002. Over the complete 10-year cycle the rate for all of Upstate has climbed steadily with an overall rise of nearly 22 percent. (*See Figure 52, page 79.*)

Across New York State, diabetes prevalence among adults more than doubled from 1996–2003 to 7.4 percent according to behavioral Risk Factor Surveillance System (BRFSS) surveys. (*See Figure 53,*

<b>Physician diagnosed</b>	
Diabetes	
BRFSS 2003, Percent.	
<b>Tomp-Cort</b> .....	<b>4.0</b>
Cayuga-Sen-Way ...	7.4
Che-Sch-Tioga .....	8.3
CNY .....	8.1
NYS .....	7.2
.....95% C.I. =	2.0
.....0.6 for NYS.	
<b>HP 2010</b> .....	<b>2.5</b>

page 79.) BRFSS data are self-reported responses to random telephone surveys. Diabetes prevalence is based on respondents who report that a doctor has told them that they have diabetes.

Local BRFSS data for 2003 show that the Tompkins–Cortland sampling group has the lowest prevalence of diabetes in the CNY region: half the CNY rate. (See Figure 54, page 80.) Note that these data are not age adjusted which, as noted above, may skew the Tompkins County data downward and to a lesser extent, the Cayuga County data upward. The Healthy People 2010 target for diabetes prevalence is 2.5 percent.

Another caution when interpreting BRFSS results is that unlike vital statistics and SPARCS counts, these data are subject to sampling error, which varies depending on the sample size. BRFSS error is expressed using a 95% confidence interval (C.I.) In the situation under discussion here there appears to be no significant difference in diabetes prevalence among all groups shown except for Cortland–Tompkins.

Within the Tompkins–Cortland sampling group there are apparent differences in diabetes diagnosis by age and by education. Although some of the sample sizes are especially small and the CI's high, it is very tempting to conclude that individuals age 55+ are significantly more likely to have had a physician tell them they have diabetes than those from age 18–54 years. Though not quite as pronounced, there is a strong suggestion that those with only a high school education or less are more likely to have been diagnosed than those whose education went beyond high school. (See Figure 55, page 80.)

Diabetes prevalence is also recorded using diabetes related hospitalizations. While these data are not subject to sampling error, they are limited to situations requiring admission to a hospital. Not included are emergency room treatments or, of course, individuals managing their diabetes to the degree that hospitalization is not required.

Regional comparisons for diabetes related hospitalizations are presented in three tables: average rate for 1998–2003, trends for 1998–2003, and average rate by age, 2000–2003. (See Figure 56, Figure 57, Figure 58, page 81 and following.) There is no adjustment for age in the first two.

In almost all of these data sets, the rates of diabetes related hospitalizations in Tompkins County is by comparison, extremely low. The exception is Tioga County, which runs very close to Tompkins in all sets. In the first set, all diabetes related hospitalizations 1998–2003 (Figure 56) Tompkins' rate is better than half that of Cortland, Cayuga and CNY, and more than one-third the statewide rate.

One instance where Tioga County has more favorable data than Tompkins County is in the comparisons by age (Figure 58.) Here the

<b>Diabetes related hospitalizations</b>	
Rate per 10,000 pop., 1998–2003	
Tompkins .....	5.9
Cayuga .....	15.1
Cortland .....	12.5
Tioga .....	5.2
CNY .....	13.3
NYS .....	18.9

sharp rise in hospitalizations for those age 65+ in Tompkins County follows closely the pattern seen in the other counties and regionally. The sharp difference is not seen in Tioga.

A lower rate of hospitalizations in the younger age groups is also seen in Tioga as compared to Tompkins County, most prominently in the under age 18 group.

Note should also be taken of the trend in hospitalizations 1998–2003 (*Figure 57.*) While Tompkins and Tioga are both running far below Cayuga and Cortland, the latter two have shown some downward turns while the former two have maintained a slight, though steady upward trend.

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## Community Resources

### Diabetes Control Coalition

TCHD's Health Promotion Program and the diabetes educator at Cayuga Medical Center (CMC) collaborate with regional partners in a diabetes control coalition funded by the New York State Department of Health. For the past 5 years, TCHD and CMC have targeted primary care providers. Diabetes care manuals were given to providers for distribution to their patients and enrollment in diabetes education classes at CMC increased as result of the effort. In the past year effort have been directed to reach the community with educational sessions on pre-diabetes.

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## Opportunities for Action

Reducing obesity in adults and children through regular physical activity and healthy eating are the most effective strategies in reducing diabetes in the community.

## Figures and Tables

Figure 51 — Diabetes mortality, regional comparison

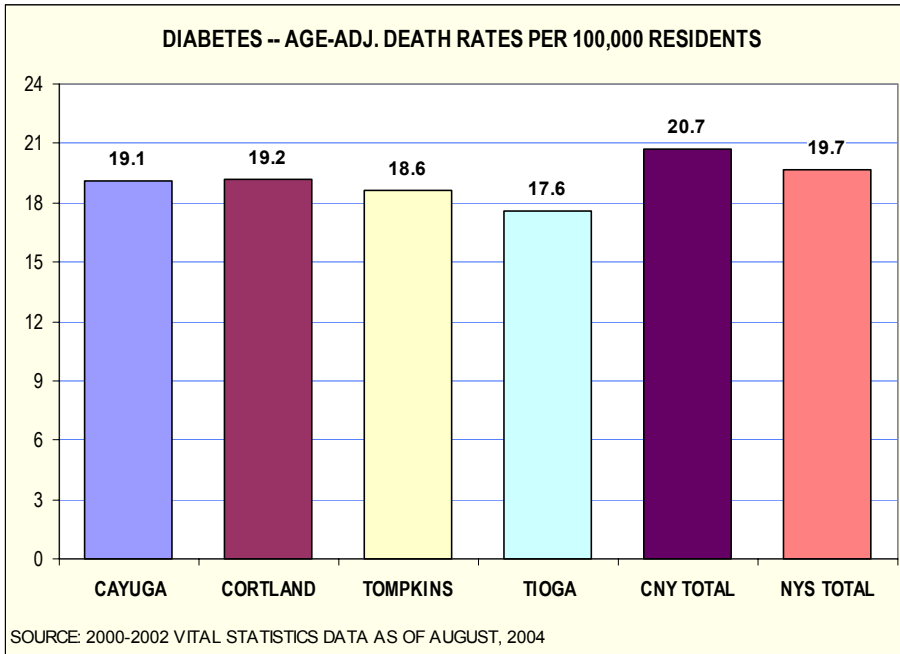


Figure 52 — Diabetes mortality, 10-year trend

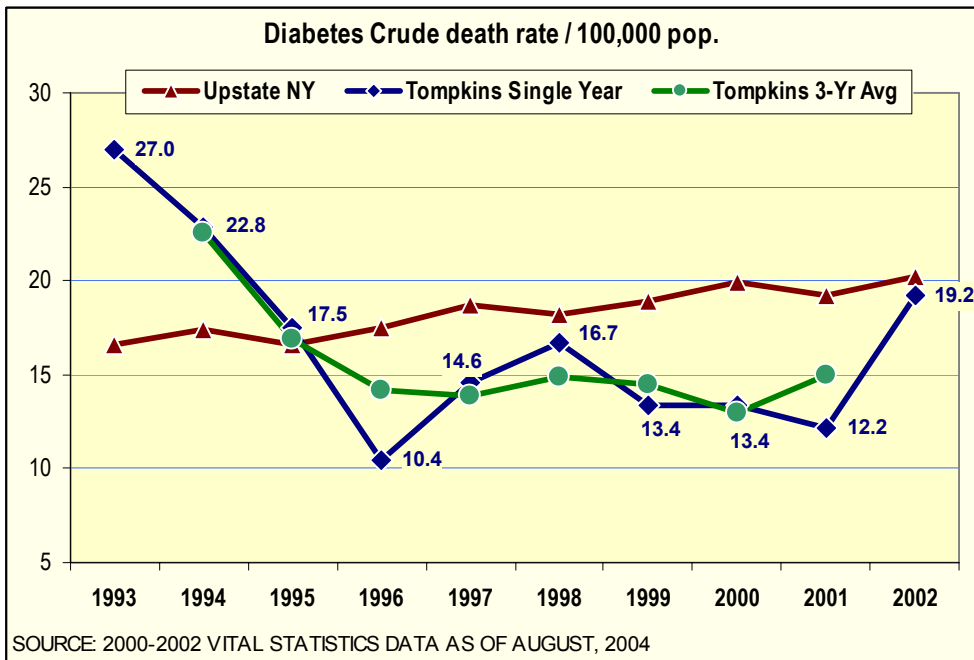


Figure 53 — Diabetes prevalence age 18+, NYS, 11-year trend (BRFSS)

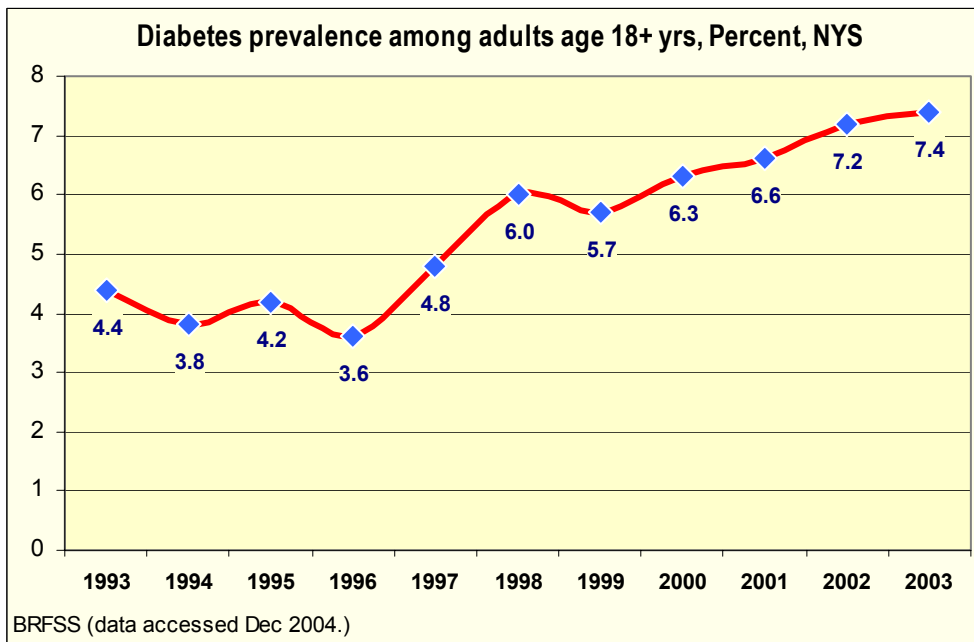


Figure 54 — Physician diagnosed diabetes (BRFSS), regional comparison

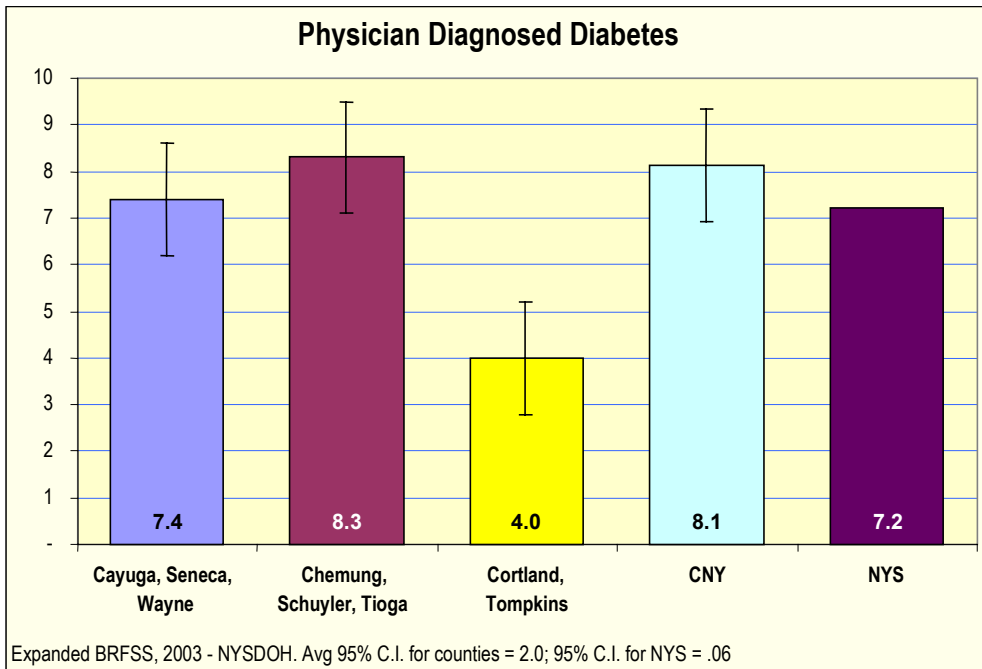
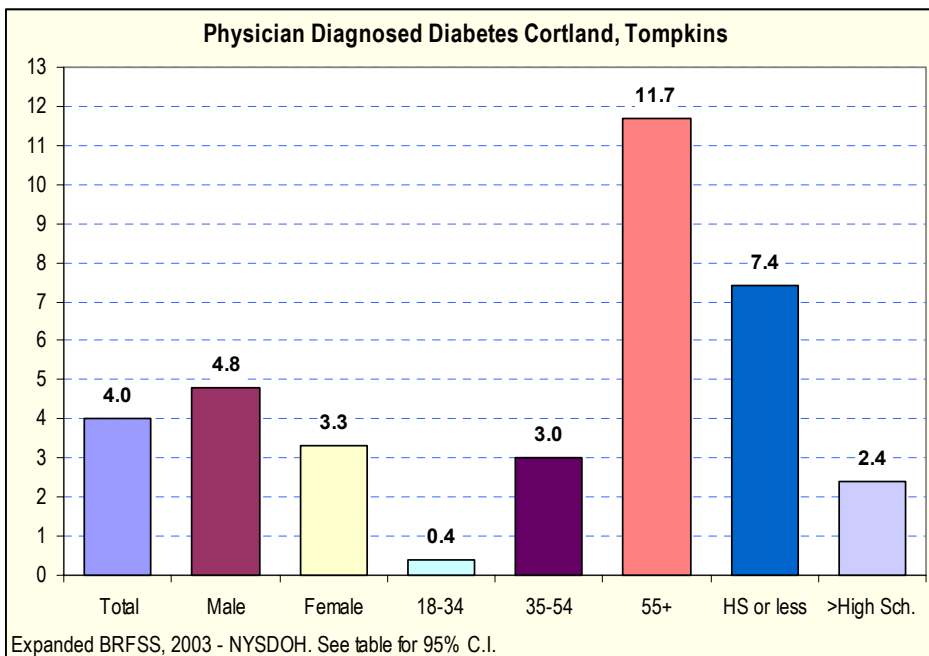


Figure 55 — Physician diagnosed diabetes, Cortland-Tompkins, demographic comparison.





**Physician Diagnosed Diabetes**

Cortland, Tompkins

Expanded BRFSS, 2003 – NYSDOH

Demographic Groups	n <sup>1</sup>	Yes % <sup>2</sup>	n	No %	C.I. <sup>3</sup>
Total	33	4	611	96	1.5
Male	15	4.8	247	95.2	2.5
Female	18	3.3	364	96.7	1.6
18-34	1	0.4	175	99.6	0.8
35-54	9	3	237	97	2
55+	23	11.7	193	88.3	4.9
HS or less	19	7.4	193	92.6	3.6
>High Sch.	14	2.4	418	97.6	1.4
Avg.					2.3

<sup>1</sup>Pcts based on row denominators of less than 50 are unstable and should be used with caution

<sup>2</sup>Weighted Percent

<sup>3</sup>95% Confidence Interval

Figure 56 — Diabetes related hospitalizations, regional comparison

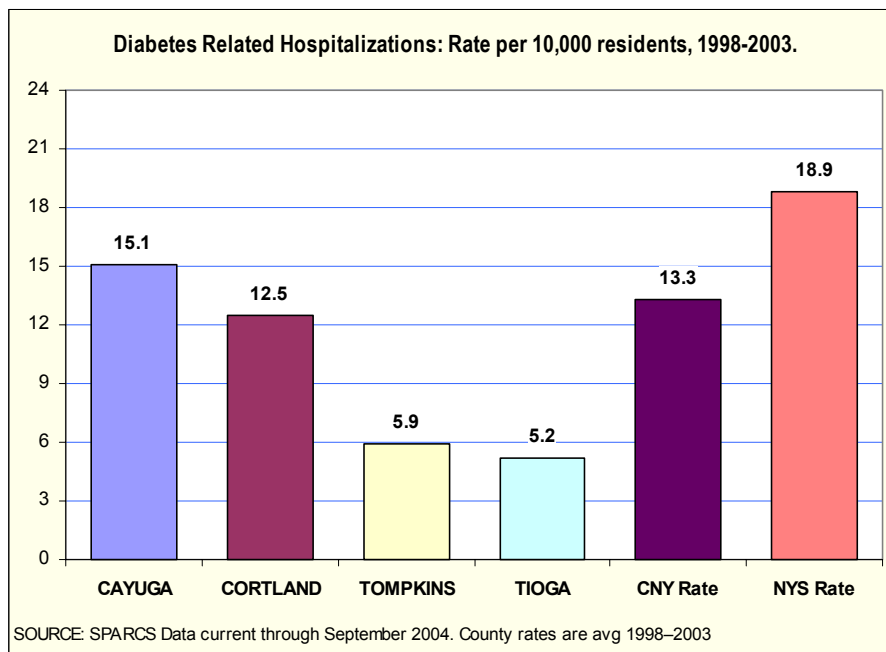


Figure 57 — Diabetes related hospitalizations, 6-year trend by county

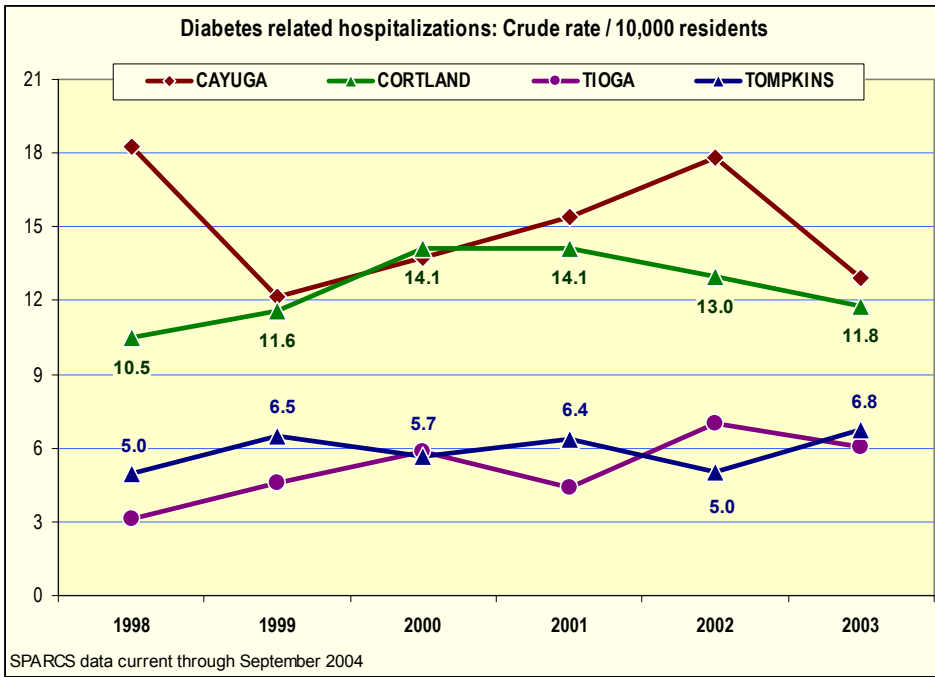
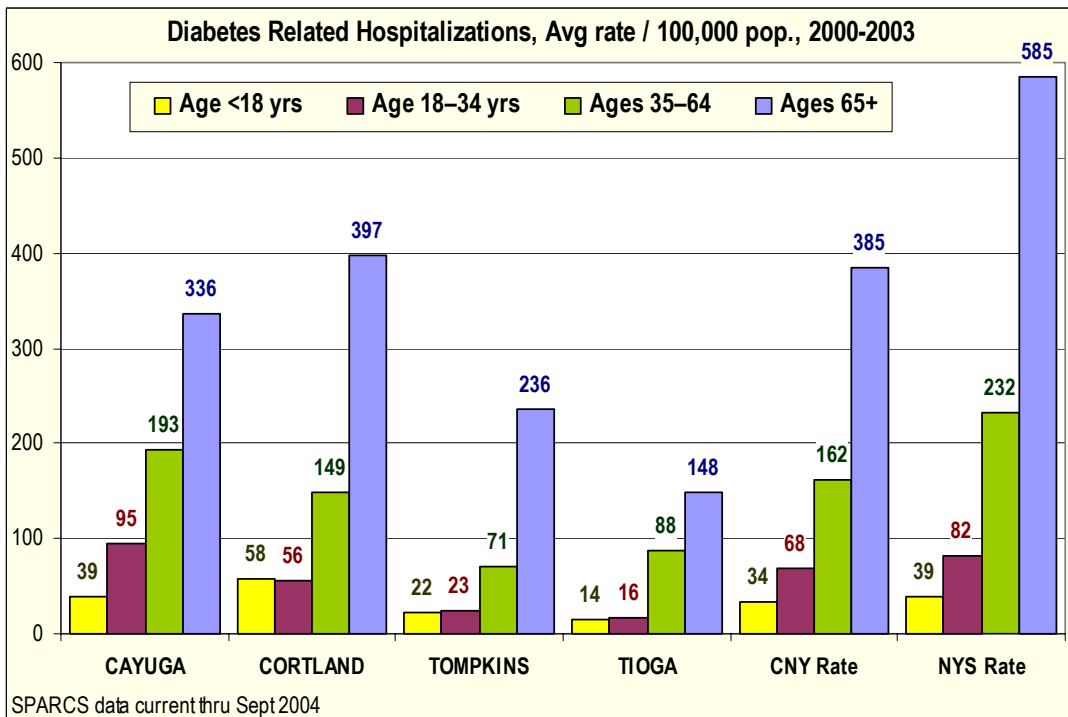


Figure 58 — Diabetes related hospitalizations by age, regional comparison



## Family Planning

The teenage pregnancy rate continues to decline in the County, the region, the rest of New York State, and the country. The CDC attributes this decline to several possible factors that could reasonably be applied to this County. One is that current educational efforts have focused on the importance of pregnancy prevention through abstinence and responsible behavior. The adoption of new easier to use effective birth control methods by sexually active teenagers is another factor. Also, economic opportunity may have given teenagers a reason to place a greater focus on higher education and work.<sup>6</sup>

Trends in the three components of pregnancy rates — live births, induced abortions and fetal losses — have declined in the country since 1990. The generally downward trend in live births (fertility rate) reflects generally stable or declining birth rates for women in all age groups under 30 years. The only age groups for which birth rates have consistently increased are women aged 30 years and over.

### Data Analysis

#### Birth Rate, ages 15–44

• Rate of births per 1,000 females age 15–44, 2000–2002.

<b>Tompkins</b> .....	<b>31.1</b>
Cayuga .....	54.7
Cortland.....	47.8
Tioga .....	57.4
CNY .....	54.0
NYS .....	60.4

• Percent of female population who are age 18–24, 2002 estimate.

<b>Tompkins</b> .....	<b>25.2</b>
Cayuga .....	9.0
Cortland.....	17.3
Tioga .....	7.8
NYS (ex. NYC) .....	9.0

Among counties, the birth rate for Tompkins County is the lowest in the state. It is nearly half that of New York State, 42 percent of the rate for Central New York<sup>7</sup>, and 22 percent below the county with the next-to-lowest rate. The birth rate is calculated as the number of births per 1,000 females age 15–44 years. (see *Figure 59, page 87.*)

Tompkins County's high student population is the most likely cause of the low birth rate. One-in-four of the women in Tompkins County are age 18–24 years. In Cortland County, about one-in-six women are in this age group. Upstate the number is less than one-in-ten. (See *Figure 61, page 88.*)

It is fair to postulate that a high number of the Tompkins women in this age group are students, that these students are not having babies, and that they will leave Tompkins County before they do settle down to have a family.

This postulate is supported by Tompkins demographic data that separates the college students from the general population. These data are in the U.S. Census Bureau's Special Tabulation #137 for the 2000 census.<sup>8</sup> Although this tabulation does not break out narrow age or gen-

<sup>6</sup> Centers for Disease Control and Prevention, National Vital Statistics Reports, Vol.47, No.29, December 15, 1999.

<sup>7</sup> NYSDOH statistical regions close to Tompkins County are as follows (counties bordering Tompkins are in bold):  
Region 3 (Central New York): **Cayuga, Cortland**, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, **Tompkins**

Region 4 (New York-Penn): Broome, Chenango, **Tioga**

Region 2 (Finger Lakes): **Chemung**, Livingston, Monroe, Ontario, **Schuyler, Seneca**, Steuben, Wayne, Yates

<sup>8</sup> In 2003, the Tompkins County Planning Department requested and received a Special Tabulation from the U.S. Bureau of the Census. This Special Tabulation (#137) provided separate sets of the 2000 Census data for "college stu-

der segments, it does show that 38 percent of Tompkins residents under age 21 are college students, and 27 percent of those age 21–64 years are college students.

#### Birth Rate, ages 18–19

• Rate of births per 1,000 females age 18–19, 2000–2002.

<b>Tompkins</b> .....	<b>8.8</b>
Cayuga .....	55.4
Cortland .....	28
Tioga.....	68.7
CNY .....	43.6
NYS .....	53.0

Finally, the birth rate for Tompkins County women age 18–19 years is less than one-third that of Cortland County, one-fifth that of CNY, and one-sixth that of the state as a whole. (See *Figure 65, page 90.*)

In summary, piecing together an high percentage of women in the age 18–24 group, a high percentage of college students in the under age 21 years group, and a very low birth rate for age 18–19 women provides a plausible explanation that Tompkins County's very low birth rate is a result of the high college student population.

Similar to trends elsewhere, Tompkins County's overall birth rate for women age 15–44 years is falling. In the 10 year period from 1993–2002, the rate fell over 9 points, or almost 25 percent. Most of that decline came from 1993–1998, with the rate essentially level since then. The Upstate NY birth rate has dropped about 5 points, or 8 percent over the same 10 year period. (See *Figure 60, page 87.*)

#### Teenage Births, age 15–17 years

• Rate per 1,000 females age 15–17, 2000–2002

<b>Tompkins</b> .....	<b>8.7</b>
Cortland .....	14.2
CNY .....	17.8

Tompkins County's birth rate among teens age 18–19 — cited earlier — is the lowest in the state. The birth rate for girls age 15–17 years is also among the lowest in the state. And, as a percentage of all births, live births to girls age 15–17 has shown a downward trend. (See *Figure 62, page 89, and Figure 64, page 90.*)

As a percentage of live births, out-of-wedlock births are also low in Tompkins County; about 28 percent less than the rate for the Central New York region. (See *Figure 66, page 91.*)

#### Births to women age 30–44 years

• Percent of all live births, 2000–2002.

<b>Tompkins</b> .....	<b>47.1</b>
Cayuga .....	38.1
Cortland .....	33.7
Tioga.....	36.4
CNY .....	38.4
NYS .....	46.5

The trend in births to women age 30–44 years has increased slightly in Tompkins County over the ten year period 1993–2002, while in neighboring Cortland County the increase has been more pronounced (up 9.5 percent in Tompkins and 15 percent in Cortland County. See *Figure 68, page 92.*) Still, *Figure 68* and *Figure 67 (page 91)* show that the rate of births to women age 30–44 is quite a bit higher in Tompkins County than in nearby counties or the CNY region as a whole. In fact, this rate is higher in Tompkins than all other Upstate counties west of Albany, Saratoga and the Hudson Valley.

#### Pregnancy Rate

• Rate per 1,000 females

Continuing its streak of extremes in the family planning category, Tompkins County has the state's lowest pregnancy rate; a rate 15 per-

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dents" and "non-college students" for Tompkins County (by municipality). "College student" was defined as those answering "yes" to question 8a of the Census 2000 "long" form questionnaire ("at any time since February 1, 2000, has this person attended regular school or college?" — for ages 17+ years.)

age 15–44 years, 2000–2002.

<b>Tompkins</b> .....	<b>44.1</b>
Cayuga .....	65.8
Cortland .....	60.3
Tioga .....	68.0
CNY .....	66.7
NYS .....	90.3

#### Abortions

• Rate per 1,000 live births, 2000–2002.

<b>Tompkins</b> .....	<b>415</b>
Cayuga .....	198
Cortland .....	251
Tioga .....	183
CNY .....	226
NYS .....	486

#### Teen Pregnancies

• Rate per 1,000 females age 15–17 years, 2000–2002.

<b>Tompkins</b> .....	<b>21.5</b>
Cayuga .....	25.9
Cortland .....	21.6
Tioga .....	24.8
CNY .....	29.1
NYS .....	41.2
<b>HP2010</b> .....	<b>43.0</b>

cent below the next higher Otsego County (Cooperstown,) 34 percent lower than the CNY region, and less than half of the state as a whole. (See Figure 69, page 92.)

The trend for pregnancies has been a steady decline in Tompkins County — about 30 percent from 1993–2002. Upstate has seen an 11 percent decrease over that 10-year period. (See Figure 70, page 93.)

Opposite the pregnancy rate, Tompkins County has the second highest rate of induced abortions statewide, exclusive of New York City. Outside NYC, Erie County (Buffalo) has the highest rate — about 4 percent above Tompkins, while the abortion rate for the five boroughs is 76 percent above Tompkins. The abortion rate is calculated as a ratio of induced abortions to live births.

After peaking in the mid-1990's, Tompkins County's abortion rate has trended toward a decline. Since the abortion rate is tied to the number of births, a downward trend in both birth and abortion rates presumes an overall decline in the number of abortions in Tompkins County.

The pregnancy rate among teenage girls age 15–17 years is low in Tompkins County, though comparisons with other regions are not as extreme as for some of the statistics described earlier. However, the downward trend for pregnancies among Tompkins' 15–17 year olds is dramatic, dropping by nearly half from a high in 1995 to 2002. For all of Upstate the rate fell 38 percent from 1993–2002.

In every Upstate county, the current rate of pregnancies among girls age 15–17 is comfortably below the Healthy People 2010 (HP2010) target rate of 43.0. (See Figure 75, page 95, and Figure 75, page 95.)

## Community Resources

#### Tompkins County Health Department

Tompkins County Health Department community health nurses discuss family planning practices with Medicaid Obstetrics and Maternal Services (MOMS) clients and provides education on the topic at childbirth education classes and post-natal visits.

#### Planned Parenthood of the Southern Finger Lakes

Planned Parenthood of the Southern Finger Lakes (PPSFL) provides sexuality education programs for the community and in-service training for professionals. Programs may be arranged for schools, community groups, faith communities, youth services agencies, families and parents.

Mothers and Babies perinatal network of the Southern Tier pro-

**The Teen Pregnancy  
/Parenting Program**

vides some of the same services as PPSFL.

The Teen Pregnancy/Parenting Program is a voluntary program of the Day Care and Child Development Council. It provides case management to pregnant and/or parenting teens under the age of 21 in Tompkins County. TP3 provides information on all pregnancy choices and supports teens in their decisions. Among the varied services it provides, TP3 maintains a teen parent panel, which speaks out on the hardships of being a parent at a young age.

Figures and Tables

Figure 59 — Birth rate, age 15–44, regional comparison

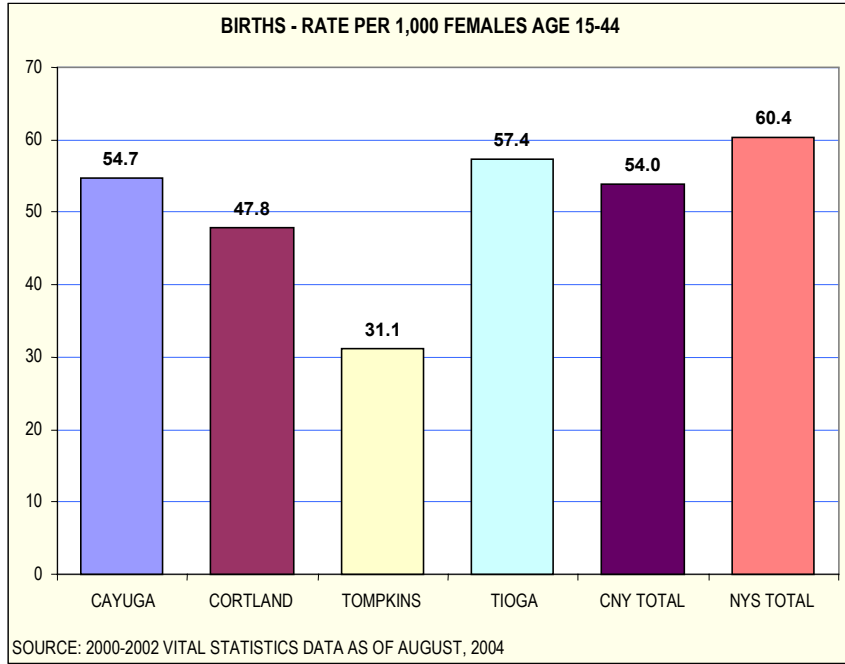


Figure 60 — Birth rate, age 15–44, 10-year trend

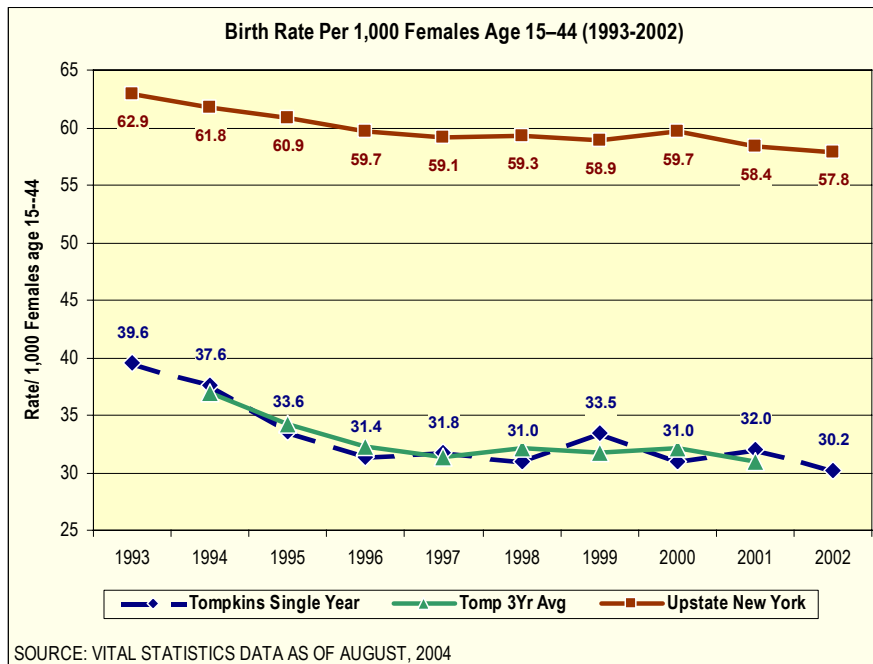


Figure 61 — Female population by age, regional comparison

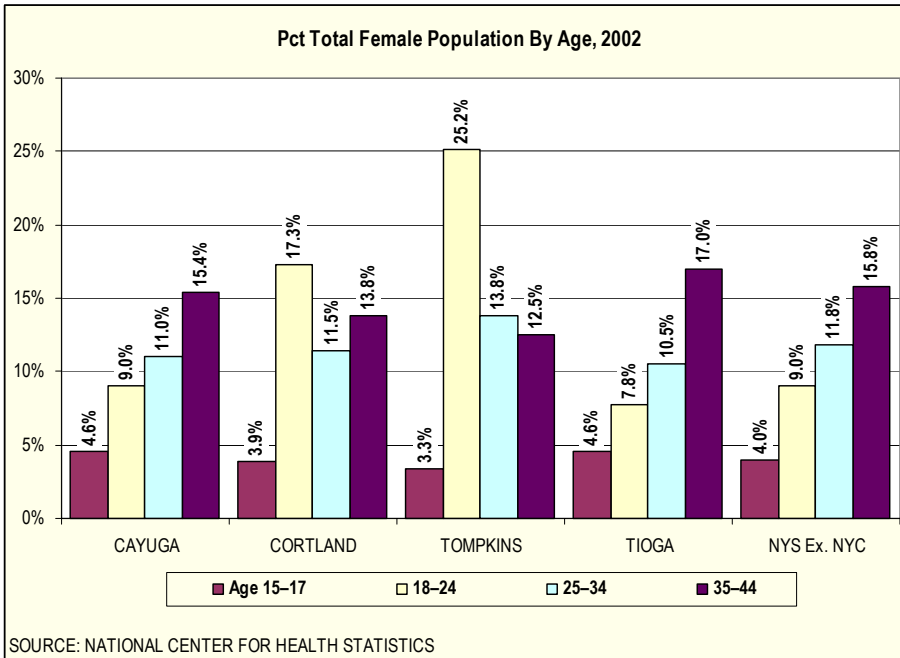


Table 9 — Tompkins County population by gender, age, student status

Tompkins County Population Characteristics					
Source: U.S. Census 2000, Sp. Tab #137	All residents		Excluding college students		Pct All Res that are College Students
	96,501		69,295		
<b>Sex</b>					
Male	47,667	49%	NA		
Female	48,834	51%	NA		
<b>Age</b>					
Under 21	32,036	33%	19,975	29%	38%
21 – 64	55,208	57%	40,140	58%	27%
65 or older	9,257	10%	9,180	13%	1%



Figure 62 — Teenage births, age 15–17, rate per female pop. age 15–17, regional comparison

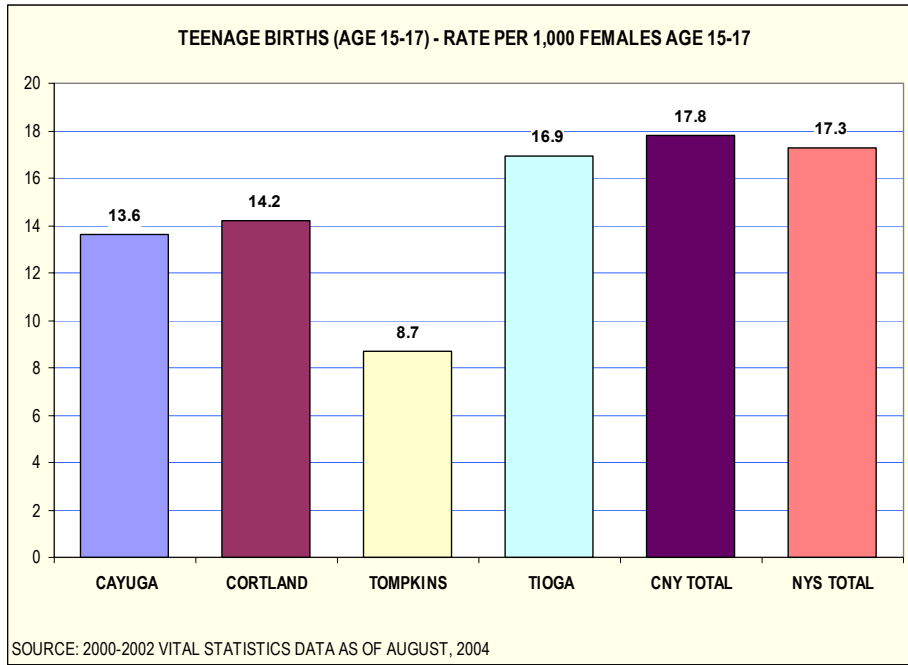


Figure 63 — Teenage births, age 15–17, rate per live births, regional comparison

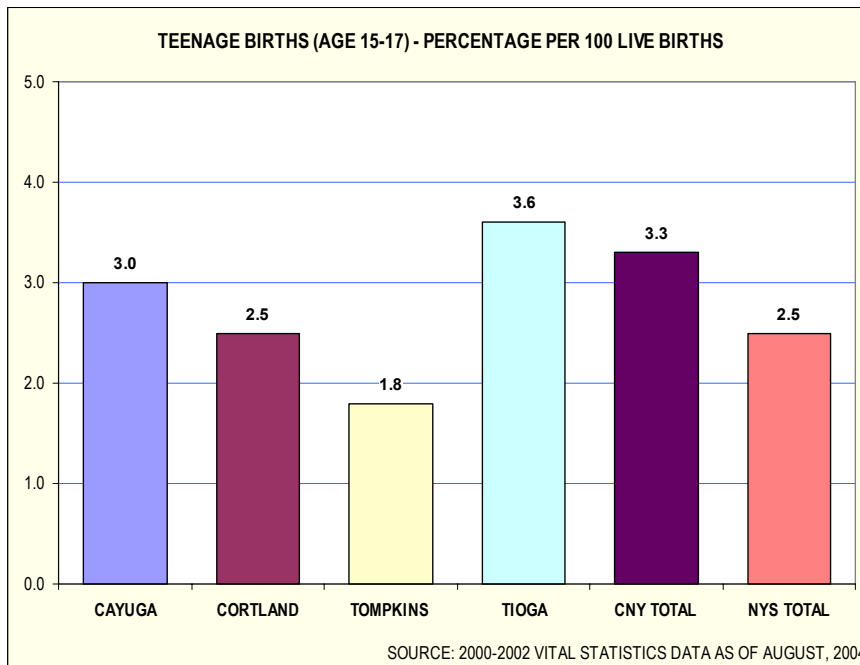


Figure 64 — Teenage births, age 15–17, rate per live births, 10-year trend

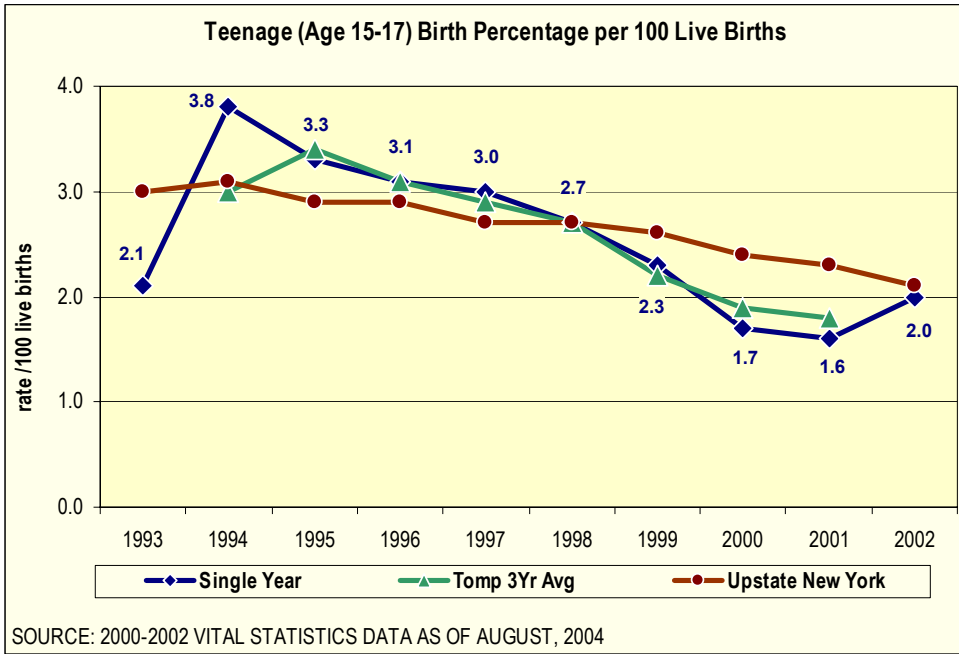


Figure 65 — Teenage births, age 18–19, rate per female pop. age 18–19, regional comparison

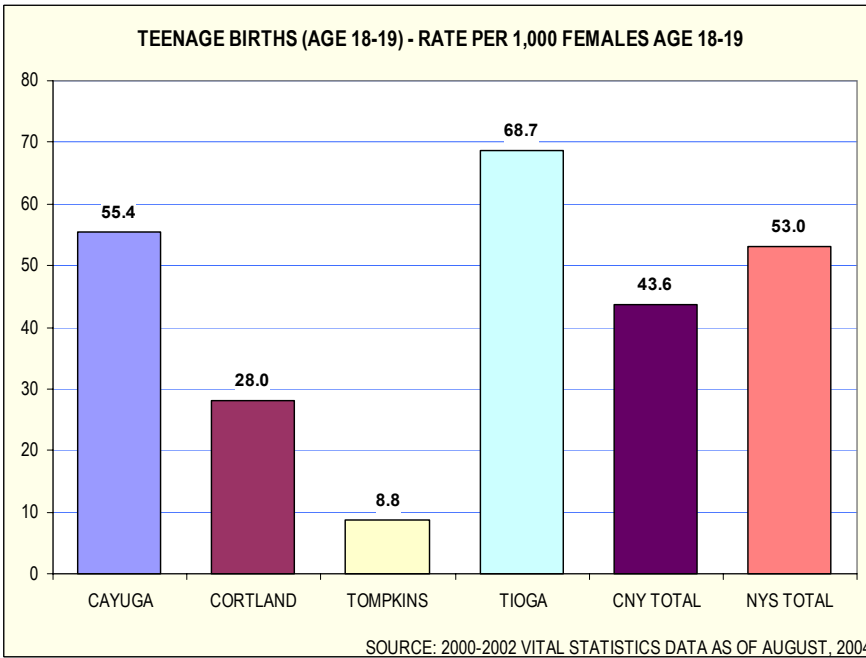


Figure 66 — Out-of-Wedlock births, regional comparison

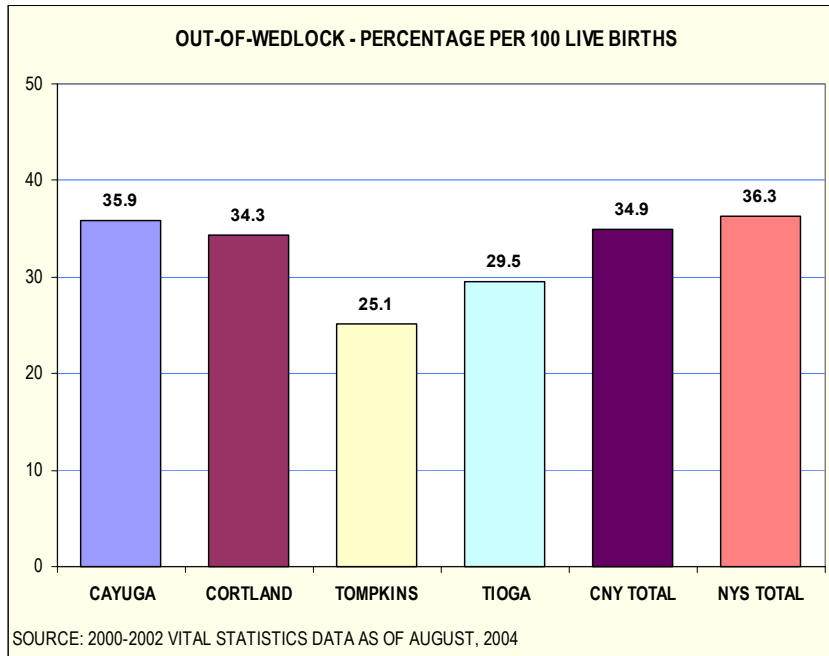


Figure 67 — Births to mothers age 30–44, regional comparison

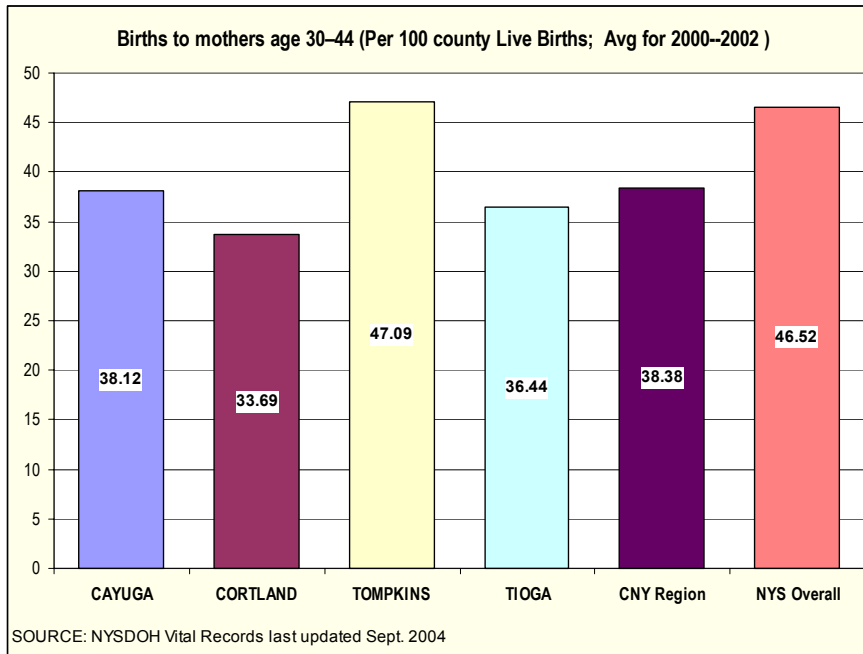


Figure 68 -- Births to mothers age 30–44, 10-year trend

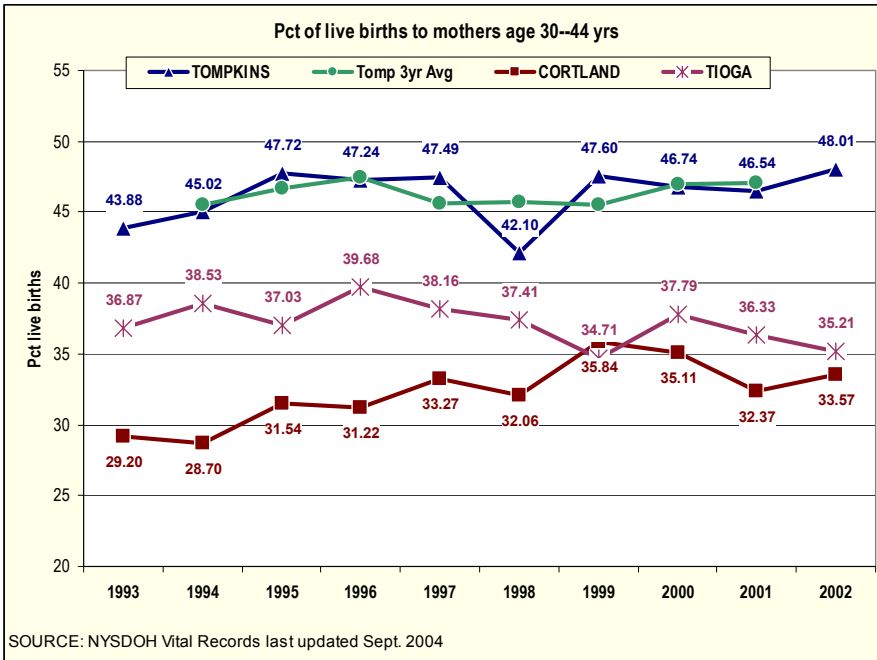


Figure 69 -- Pregnancies, regional comparison

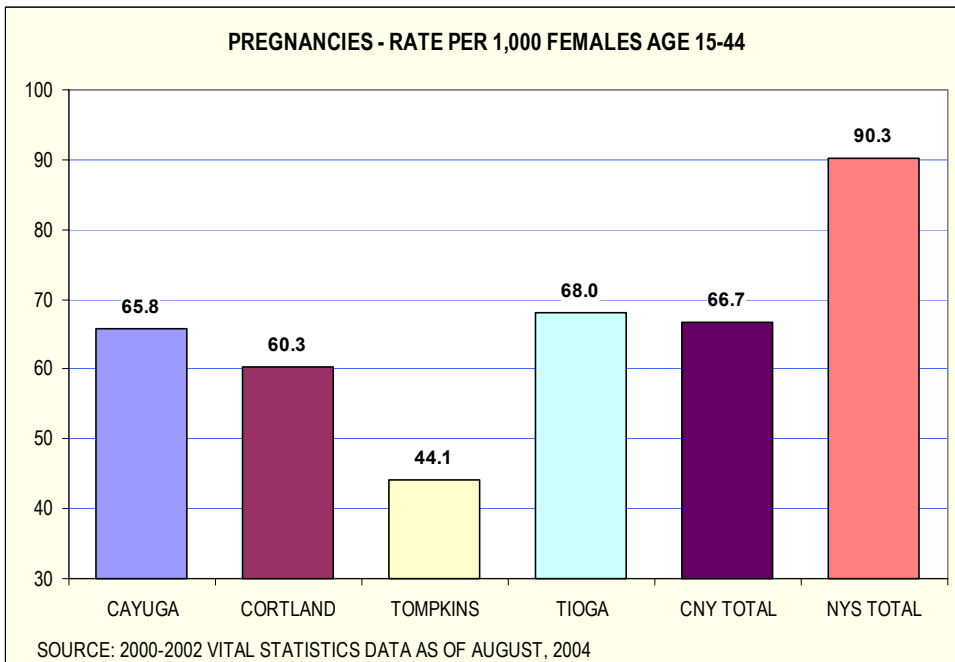


Figure 70 — Pregnancies, 10-year trend

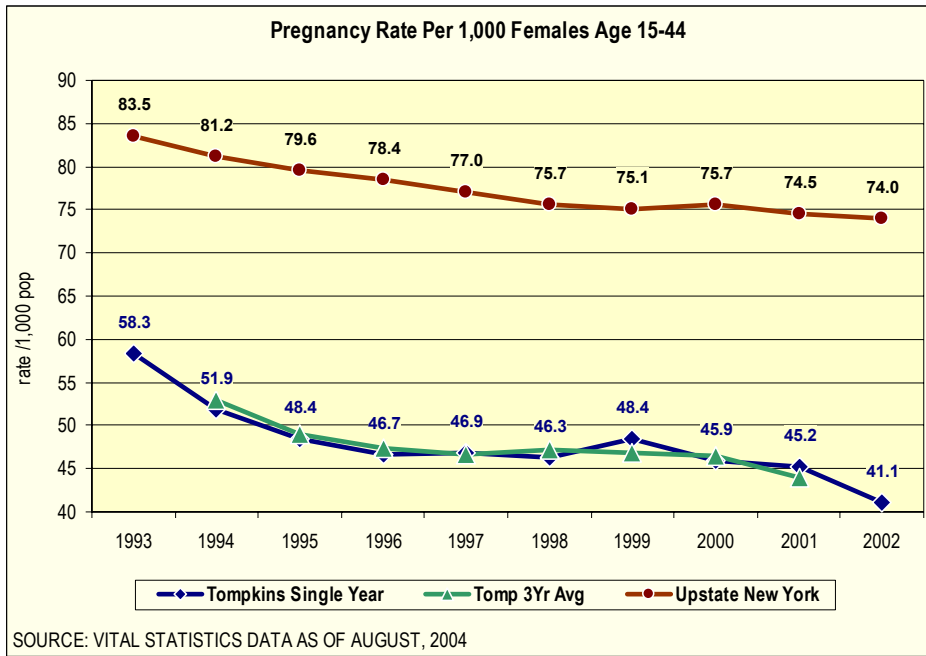


Figure 71 — Induced abortions, regional comparison

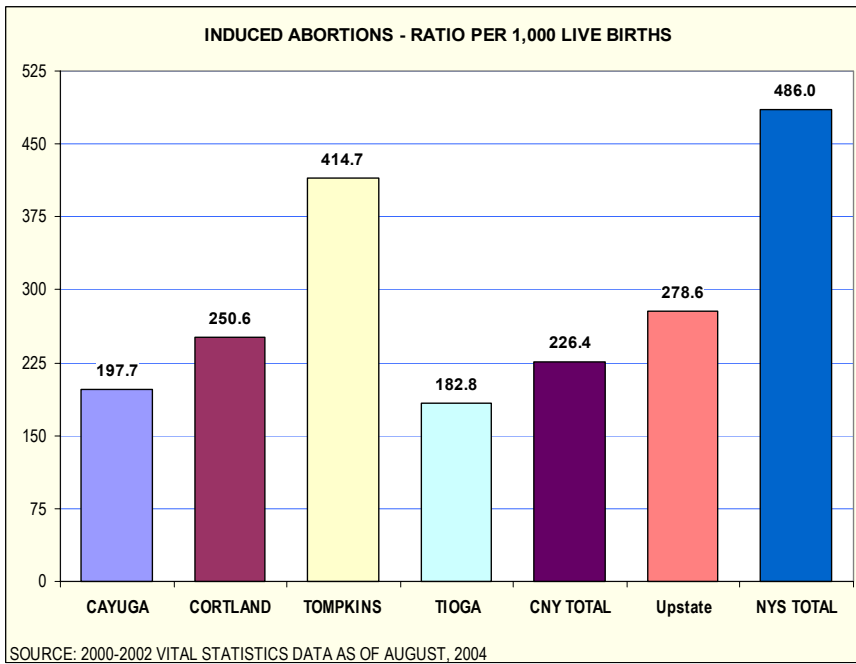


Figure 72 — Abortions, 10-year trend

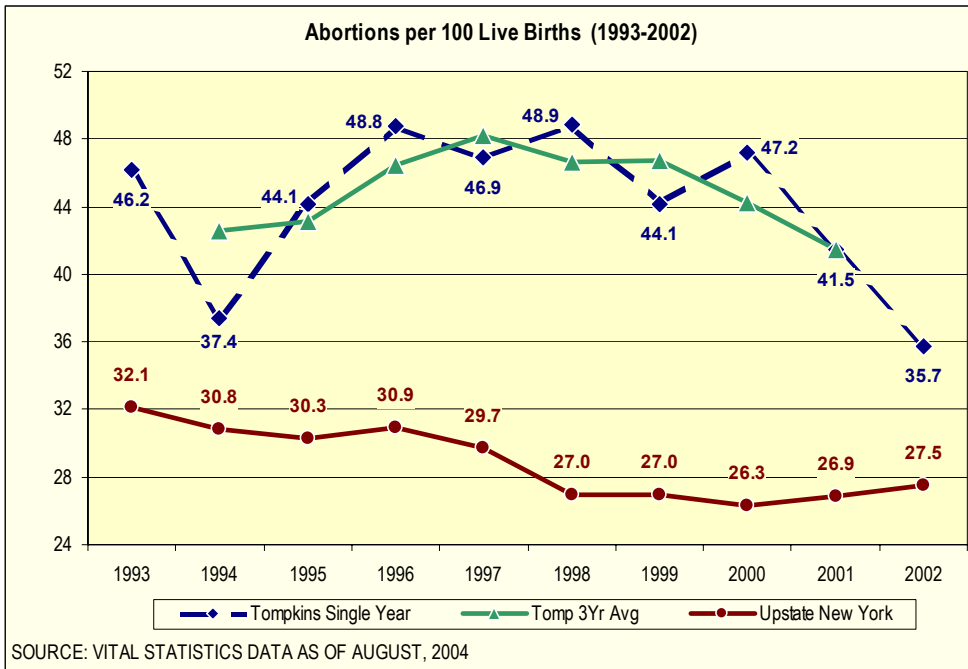


Figure 73 — Teenage pregnancies, age 15–19, regional comparison

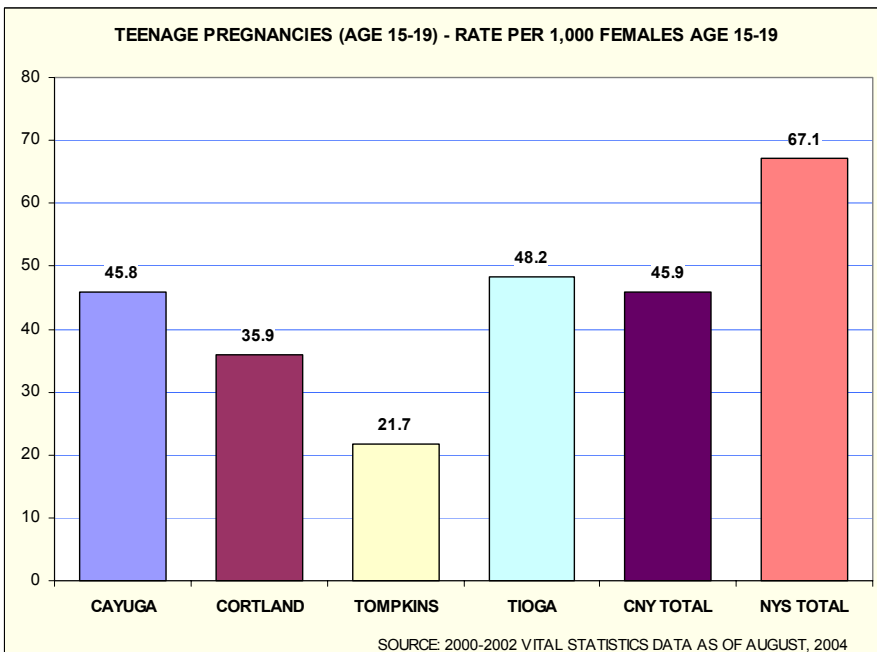


Figure 74 — Teenage pregnancies, age 15–17, regional comparison

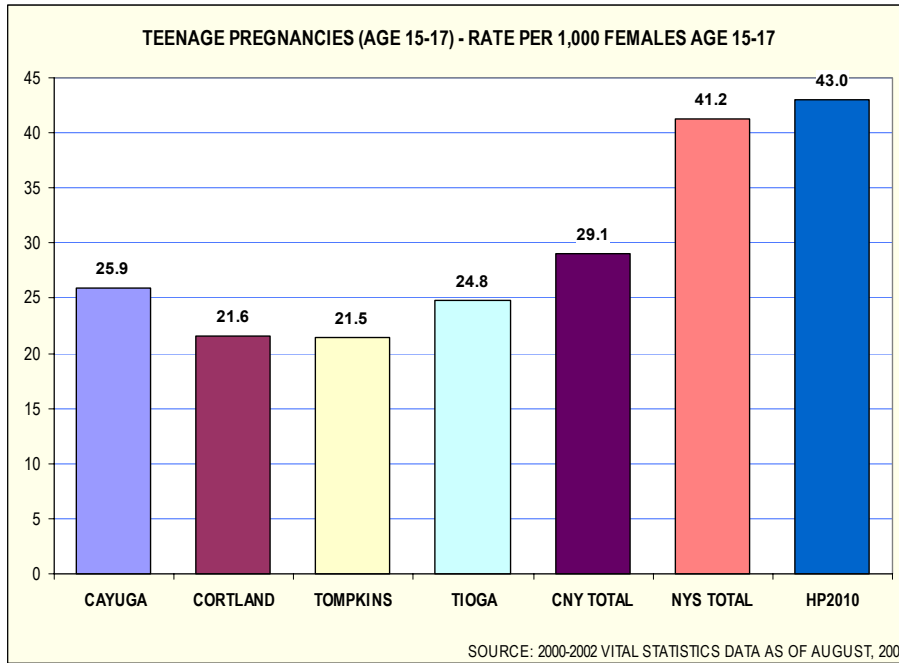
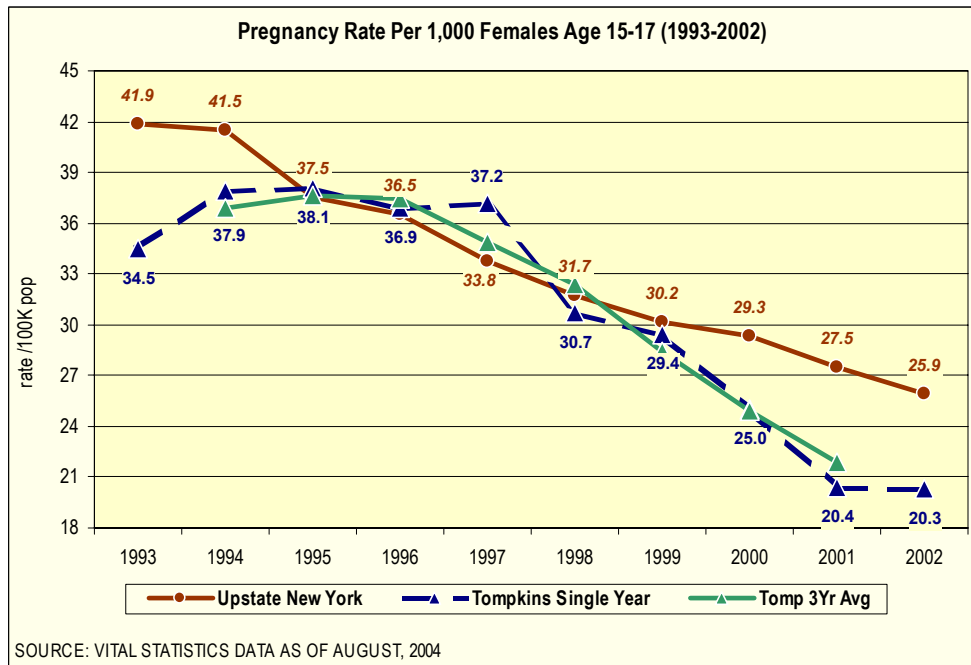


Figure 75 — Teenage pregnancies, age 15–17, 10-year trend



## Heart Disease and Stroke

Cardiovascular disease (CVD) is any disease of the circulatory system. Most of the deaths from CVD relate to coronary heart disease (CHD) or heart attack, stroke (cerebrovascular disease) and other diseases of the circulatory system including heart failure and diseases of the artery.<sup>9</sup>

CVD remains the leading cause of death in the United States despite improvements in prevention, detection, and treatment. New York ranks 16<sup>th</sup> in the United States in age-adjusted deaths due to CVD.

CVD is no longer thought of most as a disease that affects men as they age; more than half the deaths occur among women. While the premature mortality rate is higher in men, more women than men have died from heart disease in every year since 1984 and this trend is increasing.

Cardiovascular diseases are the leading causes of death in New York State, killing more than 70,000 residents each year (43% of all deaths). For every person who dies from a heart attack or angina, 18 people live with these conditions. For every person who dies from a stroke, seven people cope with the consequences of a non-fatal event. Many of these survivors are disabled and cannot lead productive lives.

They also are at high risk for additional events. CVD remains the leading cause of disability among working adults. Stroke alone accounts for the disability of more than one million Americans.<sup>10</sup>

The health burden of CVD is matched by its economic burden. In 2002, the estimated direct and indirect (medical care + lost productivity) cost of cardiovascular disease in New York was almost \$16 billion. This is approximately \$860 for each person in New York.

More than 20,000 coronary artery bypass surgeries are performed each year in the state, with a mean cost of approximately \$32,000. A conservative estimate of the cost for treating one person with heart disease over 20 years is \$121,200. These medical expenses include diagnostic tests, surgeries, hospital and doctor visits, physical therapy and drugs.<sup>11</sup>

### Data Analysis

#### CVD Mortality

• Avg. age-adj. rate per 100,000 pop, 2000–2002.	
Tompkins .....	279
Cayuga .....	297
Cortland .....	345
Tioga .....	266
CNY .....	316
NYS .....	341

The cardiovascular disease age adjusted death rate for the County is 278.5 per 100,000 population. The rate is lower than that of New York State and neighboring counties except for Tioga County which has an age adjusted CVD death rate of 265.7 per 100,000. (See Figure 76, page 100.)

Note that the crude rates for CVD death Tompkins County are considerably lower than are the age adjusted rates, a reflection of the young population. (The median age in Tompkins County is 28.6 years.)

<sup>9</sup> from "The Burden of Cardiovascular Disease in New York: Mortality, Prevalence, Risk Factors and Selected Populations," April 20, 2004.

<sup>10</sup> [http://www.health.state.ny.us/nysdoh/heart/heart\\_disease.htm](http://www.health.state.ny.us/nysdoh/heart/heart_disease.htm)

<sup>11</sup> NYSDOH and CDC.



**Diseases of the Heart****Mortality**

• Avg. age-adj. rate per 100,000 pop, 2000–2002.	
Tompkins.....	207
Cayuga.....	230
Cortland.....	267
Tioga.....	198
CNY.....	240
NYS.....	284
HP2010.....	166

**Cerebrovascular****Disease (stroke)****Mortality**

• Avg. age-adj. rate per 100,000 pop, 2000–2002.	
Tompkins.....	50.0
Cayuga.....	42.8
Cortland.....	56.9
Tioga.....	47.3
CNY.....	54.3
NYS.....	38.4
HP2010.....	48.0

**Risk factors****Hypertension**

Heart disease and stroke are the two commonly reviewed components of CVD. The rate of deaths from diseases of the heart in Tompkins County is the lowest in the Central New York (CNY) region. Tioga County, which is outside of the CNY region, has the lowest age adjusted rate of heart disease deaths in the state. (*See Table 10, page 100.*)

While the crude death rate for Tompkins County is not a good way to compare against other counties and regions due the Tompkins' low median age, it is a valid way to view trends in county death rates across years. For the 10 year period from 1993 to 2002 the crude rate for deaths due to heart disease in Tompkins County declined 36.3 points, or close to 19 percent. Upstate New York rates dropped 41.5 points, or just over 12 percent. (*See Figure 77. Page 100.*)

There is still room for improvement even with Tompkins' low rate. The Healthy People (HP) 2010 objective is to reduce coronary heart disease deaths to 166 per 100,000 population. Diseases of the heart age-adjusted mortality rates in the U.S. have declined 59 percent, from 587 per 100,000 in 1950 to 241 per 100,000 in 2002. (*See Figure 78, page 100.*)

The HP 2010 objective is to reduce stroke deaths to 48 per 100,000 population. Tompkins County's age-adjusted death rate for cerebrovascular disease is 50. This is 30 percent higher than New York State as a whole and about mid-range among neighboring Central New York counties. (*see Figure 79, page 100.*)

Epidemiological and statistical studies have identified a number of factors that can impact the risk of heart disease and stroke. Two discussed here are blood pressure and blood cholesterol levels.

The HP 2010 objective is to increase to 95 percent the proportion of adults who have had their blood pressure measured in the preceding two years and can state whether their blood pressure was normal or high.

In Tompkins and Cortland Counties, 17.6 percent of adults reported having been told by a medical professional that they have high blood pressure, according to the most recent results from the Behavioral Risk Factor Surveillance System (BRFSS.) This is the only data currently available on blood pressure measurement for Tompkins County and is open to broad interpretation because it is self-reported and it represents both Tompkins and Cortland Counties. Compared to neighboring counties this rate is quite low (*see Figure 80, page 102.*)

In New York State, between 1995–2003, the percent of adults diagnosed with high blood pressure increased. (*see Figure 81, page 103.*) This increase could be a reflection of the introduction of the new classification of elevated blood pressure—“prehypertension”—defined as systolic pressure between 120–139 mm Hg and diastolic pressure 80–90 mm Hg.

The HP 2010 objective is to reduce to 16 percent the proportion of adults with high blood pressure.

In 2003, 67 percent of Tompkins and Cortland County residents reported having had their blood cholesterol levels checked in the past 5 years (*see Figure 82, page 103.*) This is the lowest number of all available CNY counties, though statistical differences are not significant. The number for all New York residents is 77 percent, 14 percent higher than Tompkins-Cortland. The HP 2010 objective is to increase to 80 percent the number of adults who have had their blood cholesterol levels checked in the past 5 years.

#### Blood cholesterol

- Report having checked in last 5 years. Expanded BRFSS, 2003
- Tompkins–
- Cortland ..... 67%
- CNY Avg..... 73%
- NYS ..... 77%
- HP2010..... 80%

## Community Resources

### NYSDOH

The New York State Department of Health is working to reduce cardiovascular risk through its comprehensive plan that promotes healthier behaviors and reduce known disease risks. The plan promotes interventions in four sectors: communities, schools, worksites and health care settings. Its aim is to decrease tobacco use, increase daily physical activity, increase consumption of fruits and vegetables and low-fat milk and reduce high blood pressure.

### Health Promotion Program, TCHD

The Health Promotion Program (HPP) at the Tompkins County Health Department (TCHD) completed a five-year grant in March 2004 addressing worksite wellness. The goal was to encourage a worksite environment that provides support for healthy eating and regular physical activity. The program continues to provide technical assistance upon request and maintains a web site: [www.tompkins-co.org/wellness](http://www.tompkins-co.org/wellness) for online support and information. ( See other sections in this document for information on physical activity, tobacco, nutrition.)

TCHD responds to community requests for blood pressure screenings, information and presentations on nutrition, physical activity campaigns, women and heart disease, and tobacco control.

### Cayuga Medical Center

Cayuga Medical Center (CMC) in Ithaca offers a full-range of non-invasive cardiac diagnosis treatments using the most advanced ultrasound and imaging technology currently available. Cardiac catheterization began in 2000. Residents travel to out-of-town hospitals specializing in heart surgery for those procedures. There are five cardiologists practicing

in Tompkins County.

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## Opportunities for Action

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### Healthy lifestyle

County residents should maintain awareness of the causes of cardiovascular disease and expand opportunities for heart healthy choices. These include incorporating physical activity and healthy eating into daily routines and avoiding tobacco. Monitoring blood pressure and cholesterol levels and taking action to lower elevated levels will reduce the future risk of heart disease in many adults. Physicians and other health professionals have a unique and important role to play in the effort against heart disease and stroke. The evidence is clear that people advised by their doctors to be active, eat more healthfully or avoid tobacco are more likely to do so.

Figures and Tables

Figure 76 — Cardiovascular disease mortality, age-adjusted rates, regional comparison

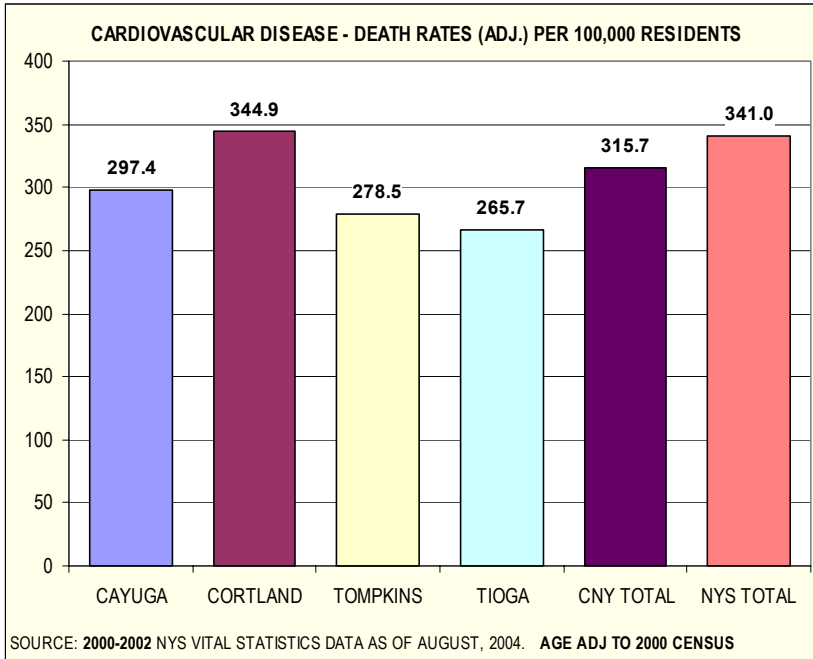


Table 10 — Diseases of the Heart mortality, crude and age-adjusted rates, regional comparison

DISEASES OF THE HEART - DEATHS AND DEATH RATES PER 100,000 RESIDENTS

SOURCE: 2000-2002 VITAL STATISTICS DATA AS OF AUGUST, 2004

ADJUSTED RATES ARE AGE ADJUSTED TO THE 2000 U.S. POPULATION

REG-3 CENTRAL NEW YORK

COUNTY	DISEASES OF THE HEART DEATHS				CNY Rank (Adj Rate)
	TOTAL 2000-02	POP 2001	CRUDE RATE	AGE ADJ. RATE	
CAYUGA	671	81,412	274.7	230.4	4
CORTLAND	396	48,639	271.4	266.9	8
HERKIMER	752	64,170	390.6	276.8	11
JEFFERSON	748	110,212	226.2	243.4	6
LEWIS	188	26,941	232.6	213.4	2
MADISON	494	69,795	235.9	235.2	5
ONEIDA	2,451	234,635	348.2	255.5	7
ONONDAGA	3,282	459,288	238.2	214.6	3
OSWEGO	922	122,639	250.6	276.3	10
ST. LAWRENCE	937	111,385	280.4	272.0	9
TOMPKINS	495	97,998	168.4	206.5	1
CNY TOTAL	11,336	1,427,114	264.8	240.1	—
TIOGA (REG-4)	320	51,535	207.0	198.2	

Figure 77 — Diseases of the Heart mortality, crude rates, 10-year trend

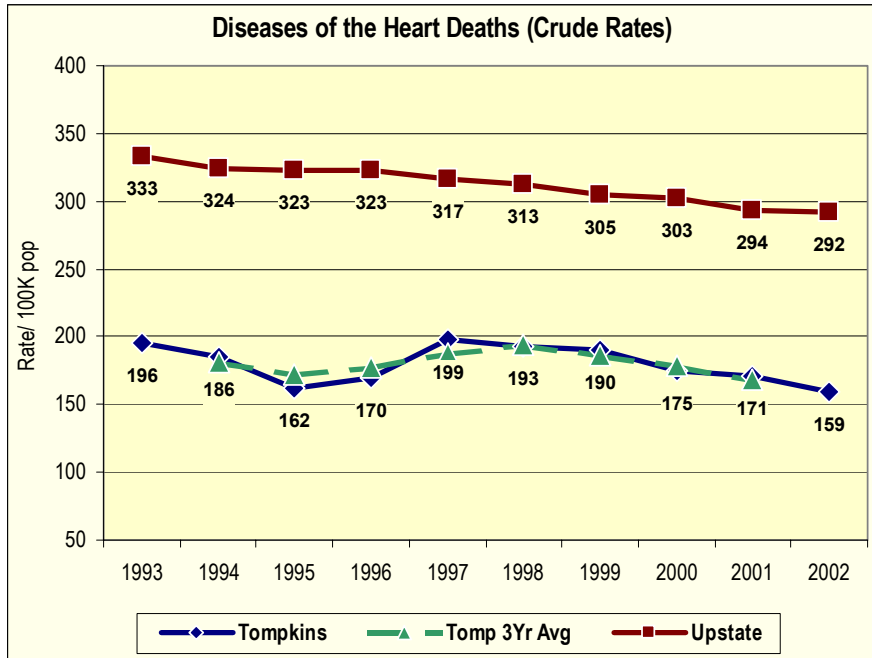


Figure 78 — Diseases of the heart mortality, age-adjusted rate, United States, 50-year trend

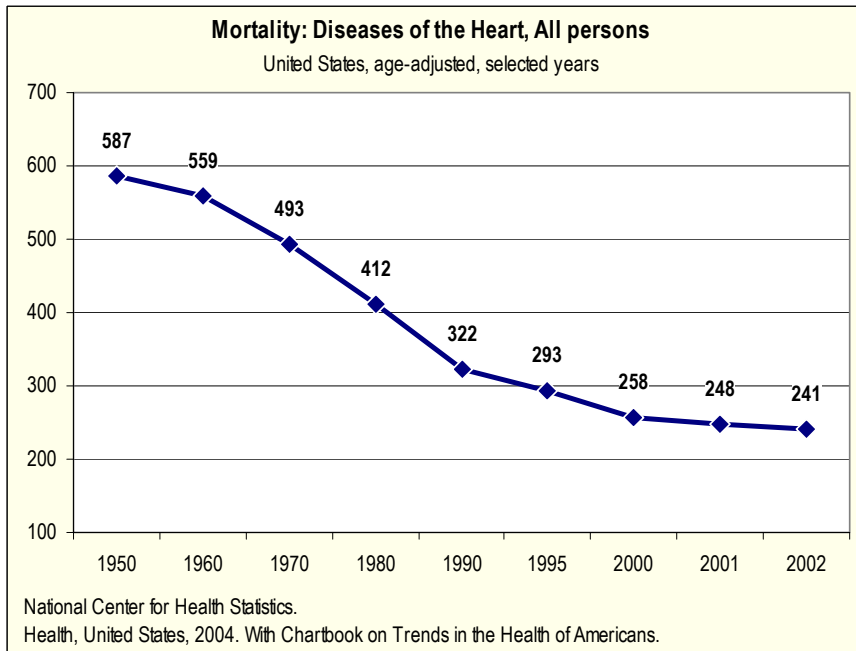


Figure 79 — Cerebrovascular disease mortality, age-adjusted rates, regional comparison

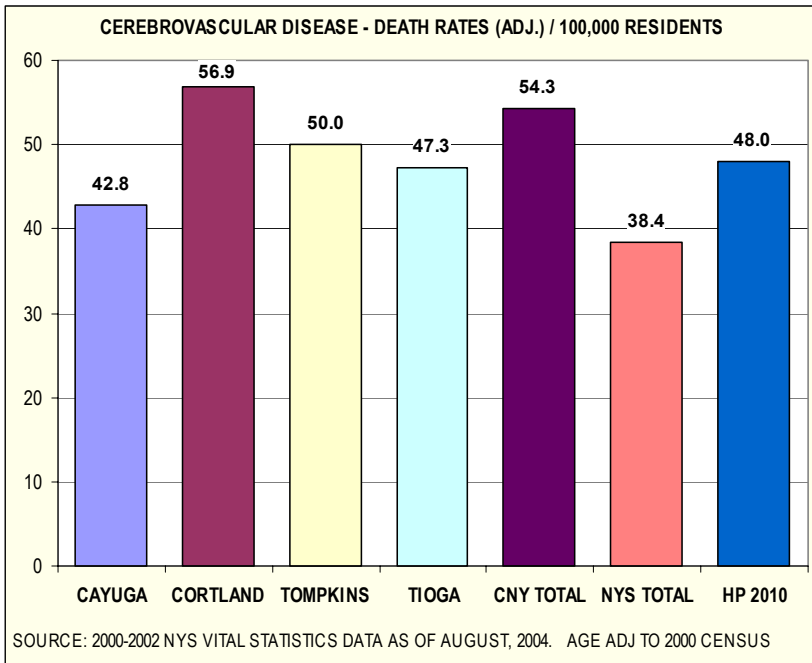


Figure 80 — Ever diagnosed with high blood pressure, regional comparison

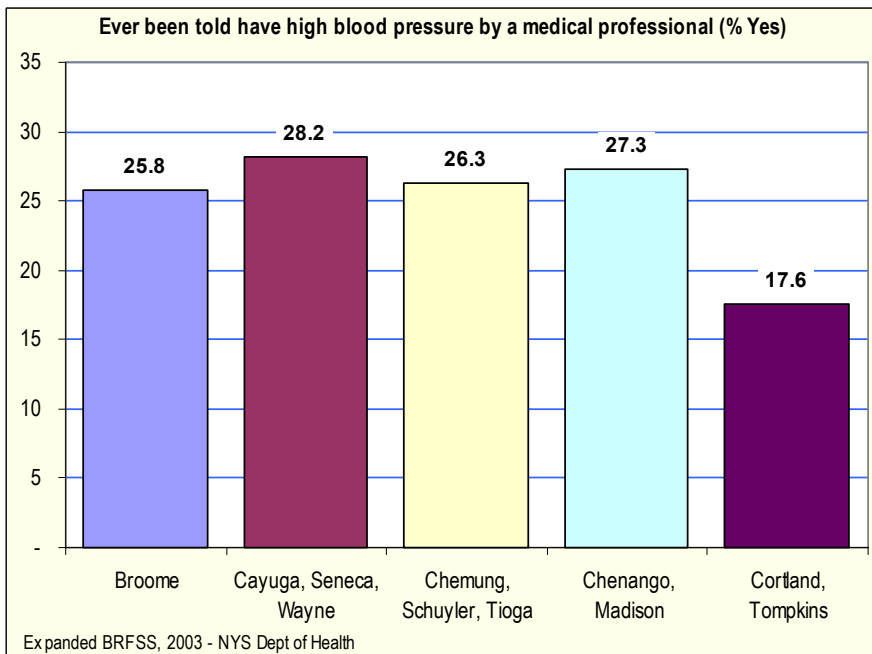


Figure 81 — Diagnosed with high blood pressure, NYS 8-year trend

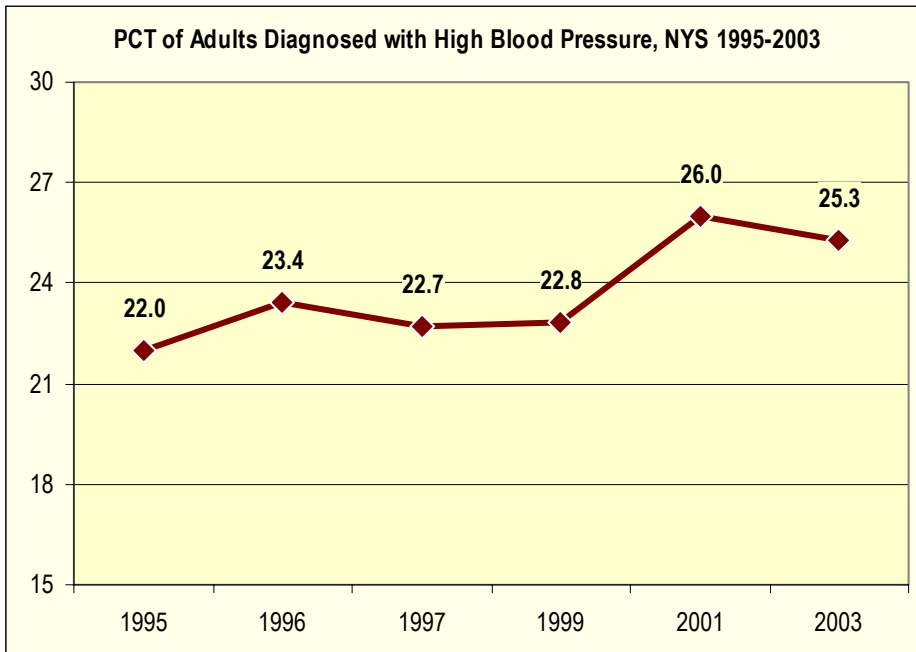


Figure 82 — Had blood pressure checked, regional comparison

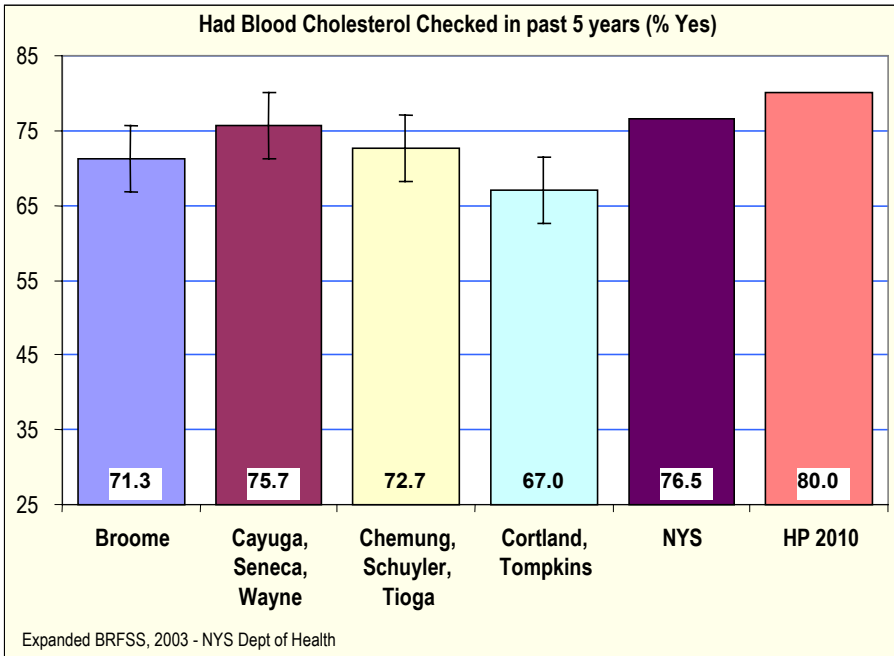
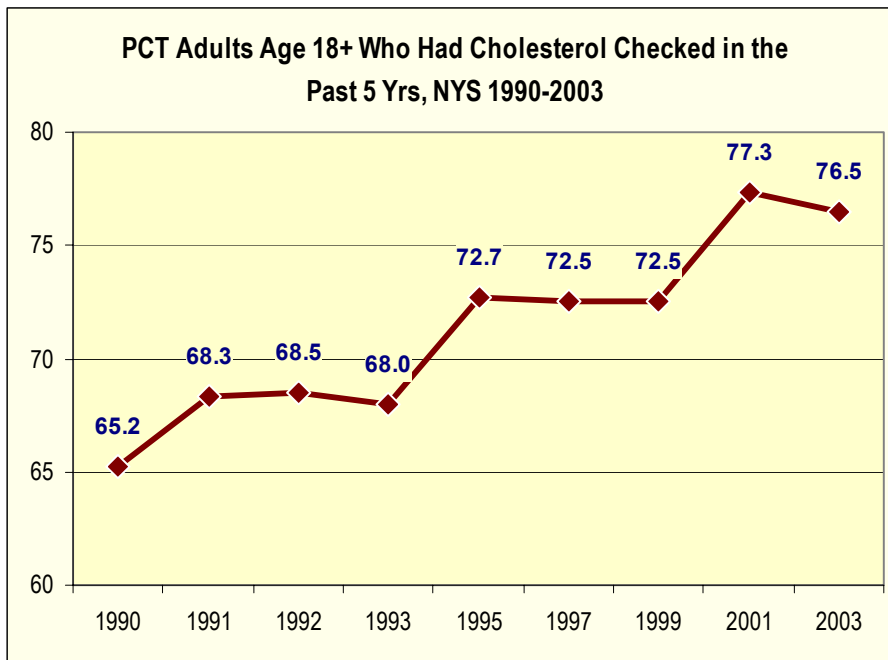


Figure 83 — Had blood cholesterol checked, NYS 14-year trend





## AIDS – HIV – STD's

Despite the burdens, costs, complications, and preventable nature of STD's, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and health care professionals in the United States. STD's cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STD's to a causal chain of events in the sexual transmission of HIV infection.<sup>12</sup>

### Data Analysis

#### AIDS Mortality

Total cases, 2000–2002	
<b>Tompkins</b> .....	<b>1</b>
Cayuga .....	3
Cortland .....	1
Tioga .....	2
Broome .....	11
Jefferson .....	1
Oneida .....	8
Onondaga .....	33

#### AIDS Cases

Rate per 100,000 pop, 2000–2002	
<b>Tompkins</b> .....	<b>4.4</b>
Cayuga .....	7.4
Cortland .....	3.4
Tioga .....	1.3
CNY .....	6.0
NYS .....	25.5

The face of AIDS and HIV in Tompkins County appears to be contradictory when viewed using the county and regional comparisons employed throughout this document — Cayuga, Cortland and Tioga counties, the total for the 11-county Central New York (CNY) region,<sup>13</sup> and the total for New York State (NYS.)

In the comparison, Tompkins County has the lowest death rate from AIDS — half of the rate for Cortland, and one quarter of that for Cayuga, for Tioga and for CNY. Yet the statistics for the comparison group puts Tompkins in the mid-range for AIDS cases, and near the top for incidence of newborns that test positive for HIV antibodies, the latter indicating infection of the mother and possibly the infant.<sup>14</sup> (See *Figure 84 through Figure 87, pages 108–109.*)

The caveat is however that statistics expressed as rates per 100,000 population should always be interpreted cautiously in situations where the actual numbers are low. In the case of AIDS deaths over the 3-year rating period 2000–2002, there were just 23 deaths among the almost 1 million population of CNY excluding Onondaga County. Onondaga, with close to half-a-million residents, tallied 33 AIDS deaths 2000–2002.

One of the CNY AIDS deaths was in Tompkins County, which also recorded 13 AIDS cases and 2 HIV-positive newborns over the 3-year rating period. Over the 10-year period 1993–2002 Tompkins County showed a marked drop in the number of AIDS deaths. This pattern was consistent with the trend across all of Upstate (see *Figure 85, page 108.*)

<sup>12</sup> Healthy People 2010

<sup>13</sup> CNY region counties are Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins. Tioga is in the “New York–Penn” region along with Broome and Chenango.

<sup>14</sup> NYSDOH tests specimens from the Newborn Screening Program for HIV antibodies. The seropositive rate is the percent of positive results. The presence of HIV antibodies in newborns indicates infection of the mother and not necessarily infection of the infant.

**Syphilis Incidence**

The incidence of Early Syphilis across Central New York is extremely rare outside of Onondaga County. In the 3 years of 2000–2002, NYS Department of Health (DOH) data shows 21 CNY cases, 15 of which were in Onondaga. This source also shows that CNY had no Early Syphilis cases among youth age 15–19 years. (See *Figure 89 and Figure 90, pages 110 and 111.*)

Congenital Syphilis is expressed as a rate per 100,000 births. In all of CNY 2000–2002, just one case was reported — in Cortland County. (See *Figure 91, page 111.*)

Another source of Syphilis incidence is the Tompkins County Health Department annual report. This data shows that total Syphilis incidence dropped dramatically from 1992–2000, then began an upswing 2001–2003. Again, the numbers are not high — 3 cases in 2003 — but the new trend should be noted. (See *Figure 88, page 110.*)

**Gonorrhea Incidence**

In Upstate New York, Gonorrhea incidence appears to be highest in counties with major urban areas such as Rochester, Buffalo, Syracuse and Albany. Monroe County has the highest rate of Gonorrhea incidence statewide, followed by Bronx, Erie and Onondaga. By comparison, the rate of Gonorrhea incidence in Tompkins County is quite low. The pattern is essentially repeated for the age 15–19 population, though the numbers are much higher. (See *Figure 93 and Figure 94, pages 112 and 113.*)

Tompkins County Health Department data shows that locally, Gonorrhea cases have varied widely over the 13 years 1999–2003, from 61 cases in 1999 to 15 cases in 2003. The average during this period was 34 cases per year. (See *Figure 92, page 112.*)

**Chlamydial Infections**

Though state DOH data on Chlamydial infections are not available — Chlamydial infections became a reportable disease in September 2002 — local health department records show a dramatic increase in this STD from 1999–2003. (See *Figure 95, page 113.*)

**Pelvic Inflammatory Disease**

Discharge rate /100,000 females age 15–44.	
<b>Tompkins.....</b>	<b>30.8</b>
Yates.....	81.4
Franklin.....	71.1

The state also tracks Pelvic Inflammatory Disease with STD's. Hospital discharge rates for this condition among women of child-bearing age were in steady decline across Upstate 1993–2002, yet took an upswing locally in the early part of this decade (see *Figure 96 and Figure 97, page 114.*) Interestingly, the highest Upstate rates appear in the very rural Yates and Franklin Counties.

**Safe sex among adults**

One of the questions of the expanded Behavioral Risk Factor Surveillance System (BRFSS) 2003 survey asked if a medical professional has ever counseled on condom use for STD prevention. Local results

are shown in *Figure 98, page 115*. While the percent of those responding “yes” was higher for Cortland-Tompkins — the BRFSS grouped the two counties as a way to help control for the error inherent in small population samples — than for other counties close-by, it is still quite low, and 25 percent less than for the state as a whole.

The BRFSS survey data also indicates that in the Tompkins-Cortland bi-county region more than 4 out of 5 adults age 18-64 are sexually active. (*See Table 11, page 115.*)

## Community Resources

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### STD testing and treatment

Planned Parenthood of the Southern Finger Lakes provides STD testing and treatment for men and women. TCHD contracts with the agency to provide those services for its eligible clients. Planned Parenthood also provides confidential HIV testing and counseling.

### HIV testing and counseling

Gannett Health Center at Cornell University and Hammond Health Center at Ithaca College provide STD, sometimes referred to as STI (sexually transmitted infections), testing and treatment for their student populations. The health centers also provides confidential HIV testing and counseling.

TCHD provides free and anonymous testing on site and at sites in the community. There were no positive results in 2003 as reported in TCHD’s annual report.

### HIV case management services

In 2002, AIDS WORK merged with the Southern Tier AIDS Program (STAP). In March of 2005, the agency reported that it was providing case management services to 43 HIV positive clients from Tompkins and Cortland Counties. And 62 participants were enrolled in STAP’s syringe exchange program.

### Syringe exchange program

Figures and Tables

Figure 84 — AIDS mortality, regional comparisons

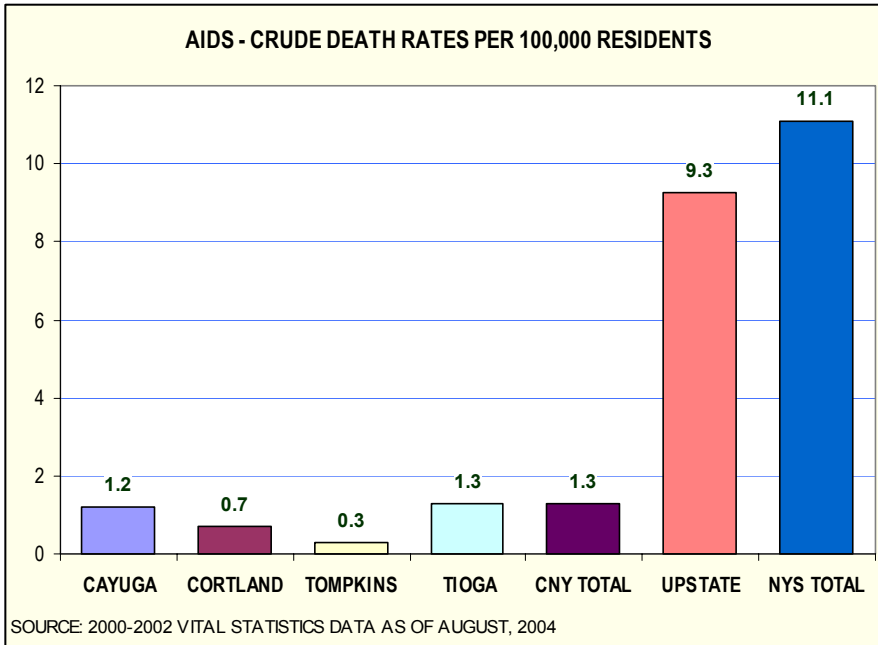


Figure 85 — AIDS Mortality, 10-year trend

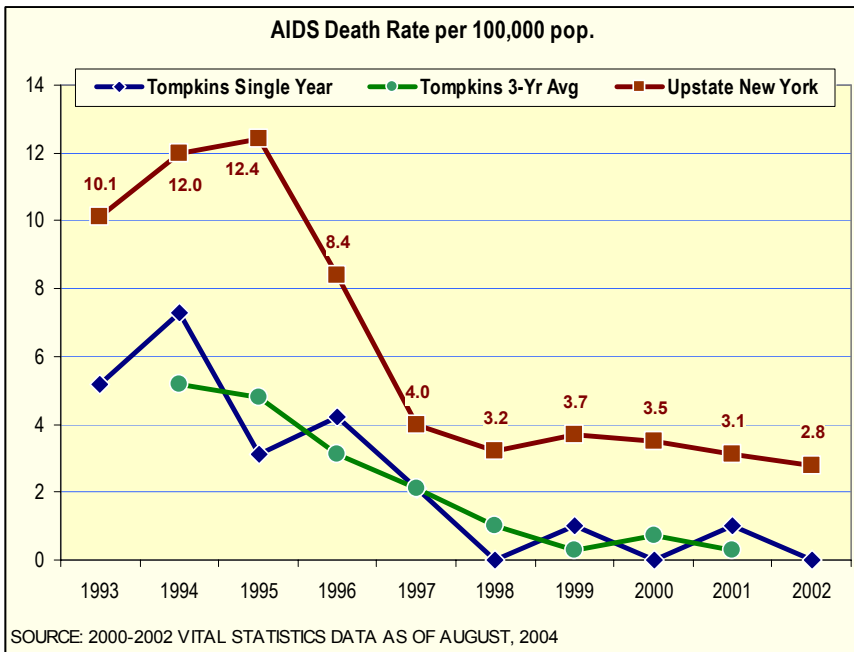


Figure 86 — AIDS Cases, regional comparisons

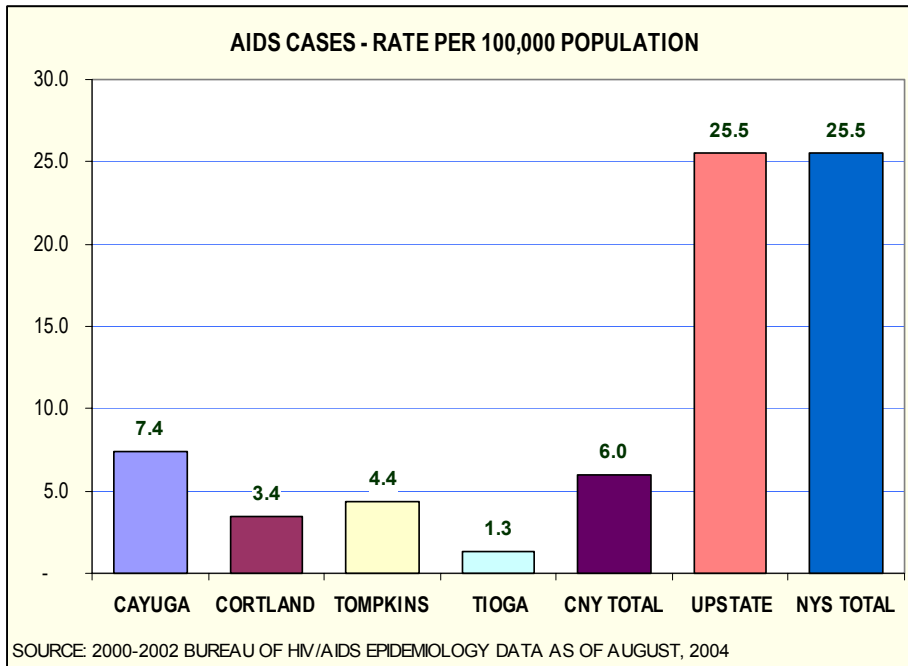


Figure 87 — Newborns testing positive for HIV antibodies, regional comparisons

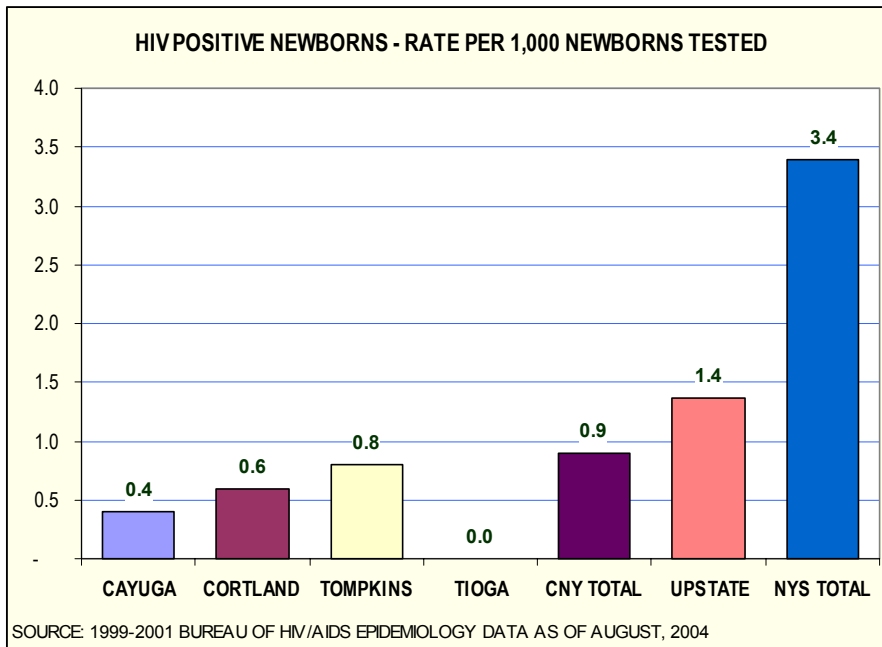


Figure 88 — Syphilis cases, Tompkins County 13-year trend

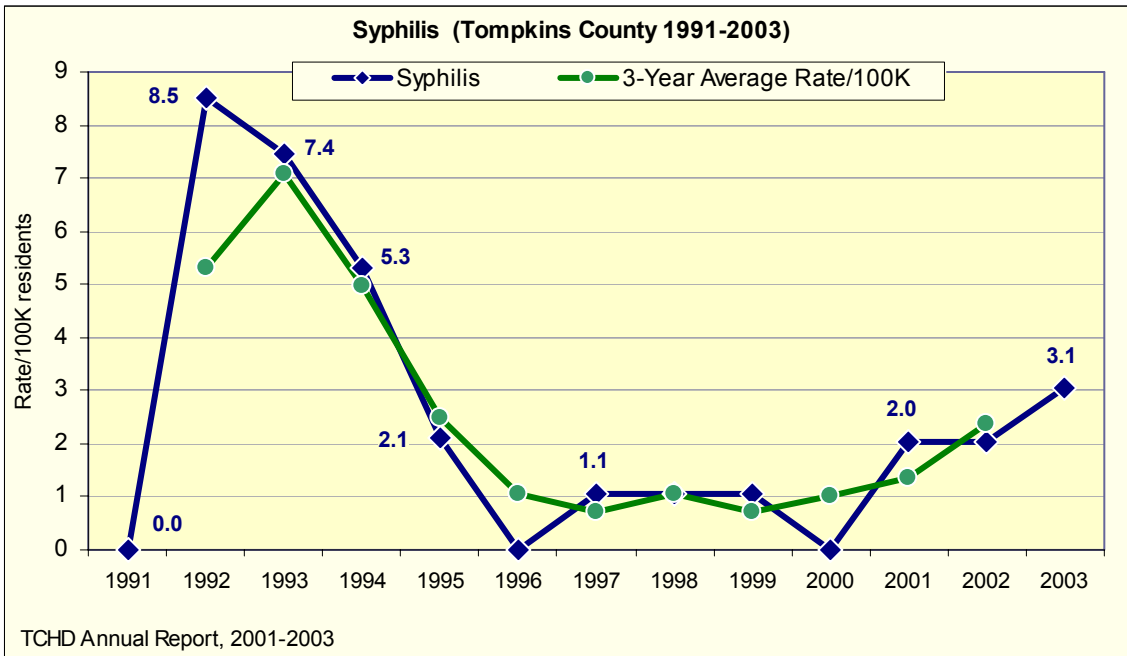


Figure 89 — Early syphilis incidence, regional comparison

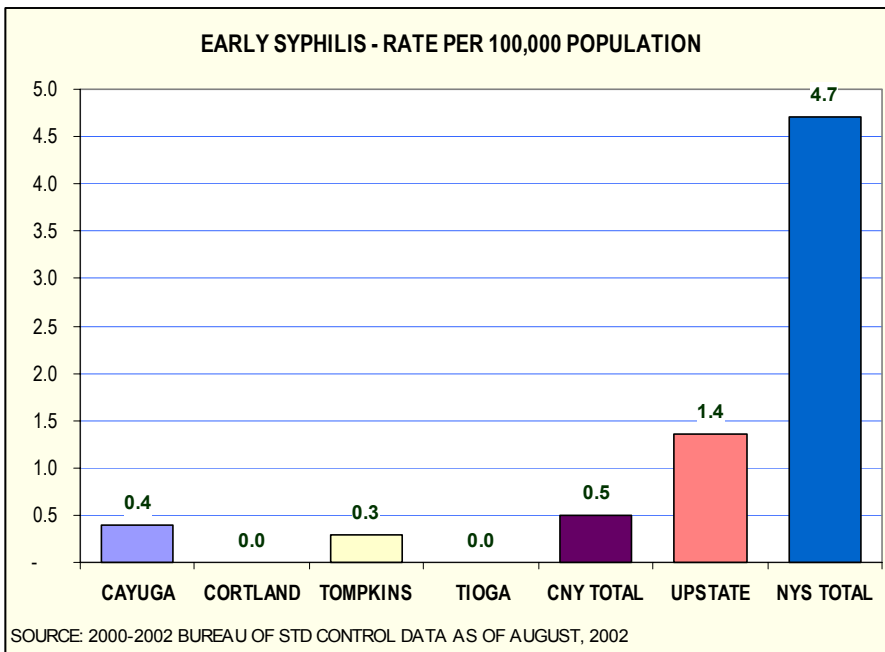


Figure 90 — Early syphilis incidence, Ages 15–19, regional comparison

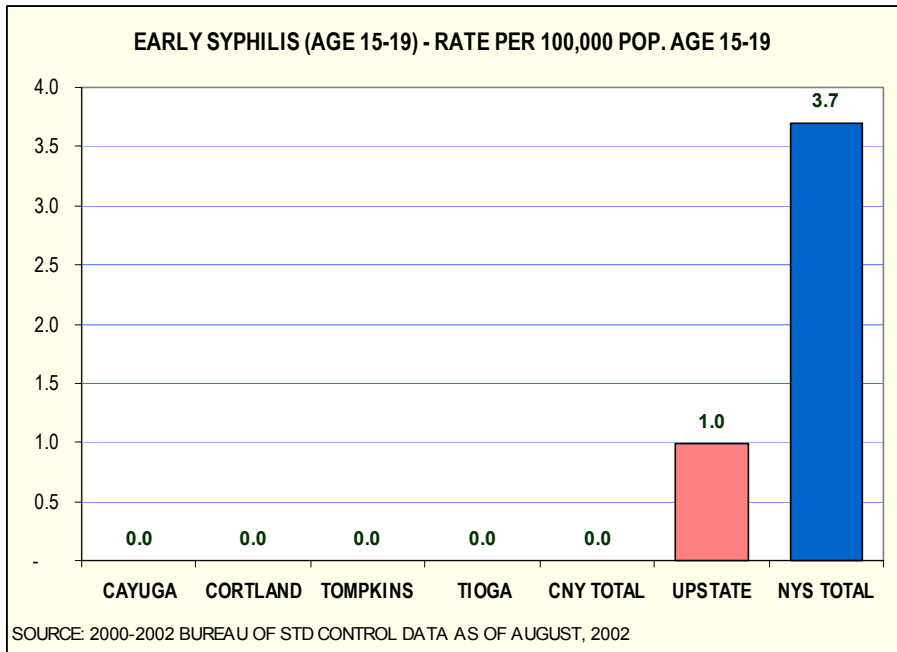


Figure 91 — Cortland County recorded a single case of congenital syphilis in 2002.

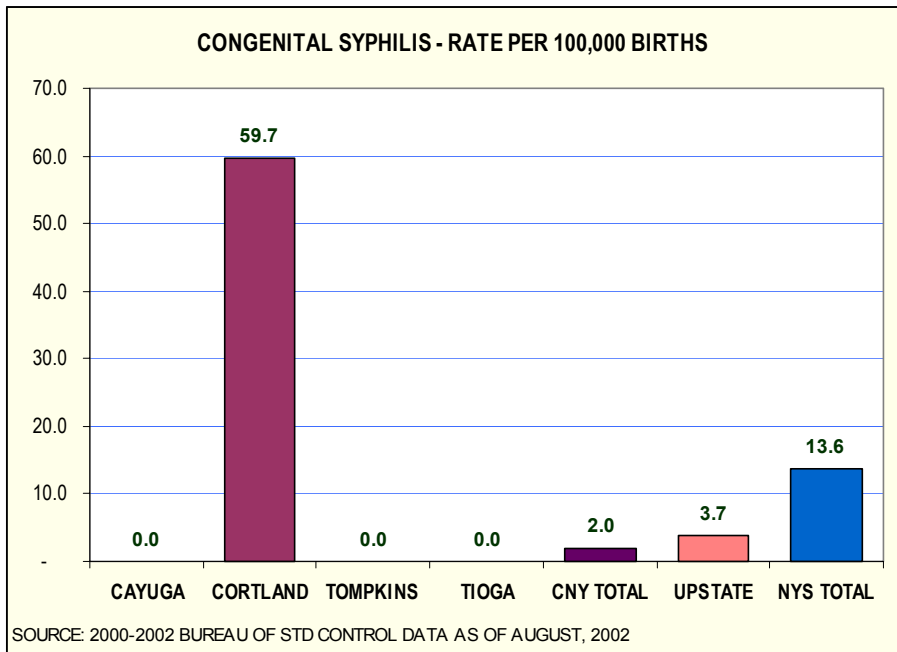


Figure 92 — Tompkins County averaged 34 gonorrhea cases per year 1991–2003.

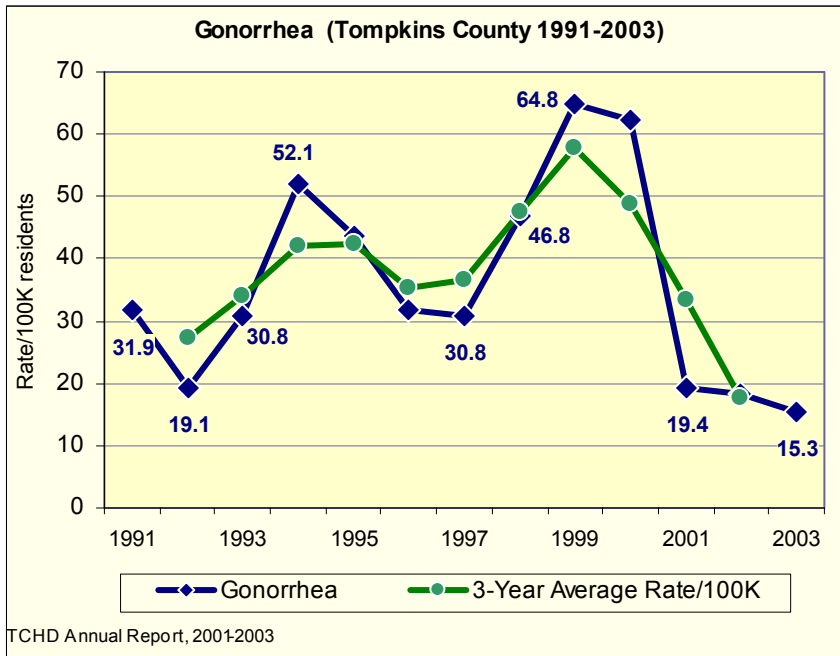


Figure 93 — Gonorrhea cases, regional comparison

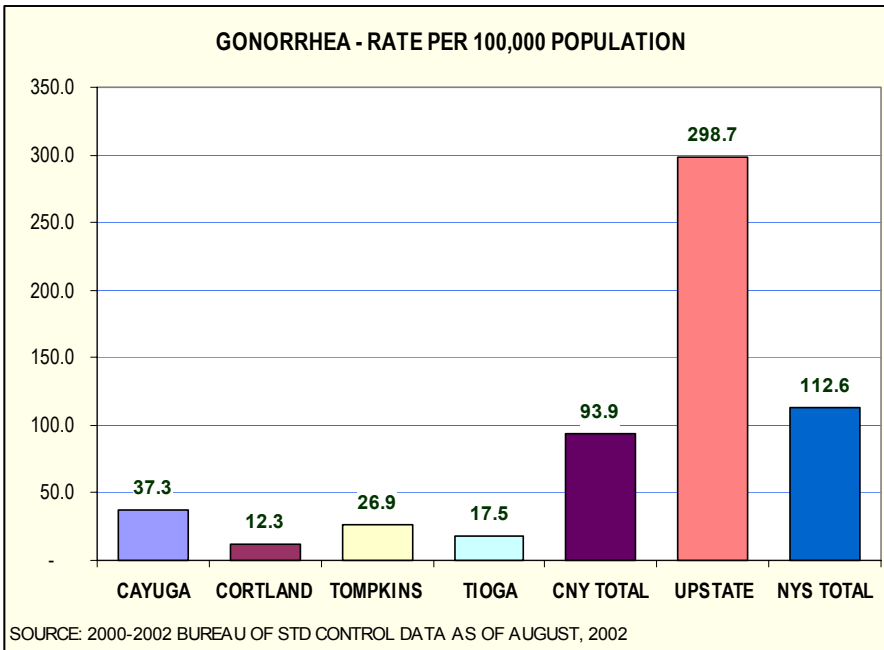




Figure 94 — Gonorrhea cases ages 15–19 years, regional comparisons

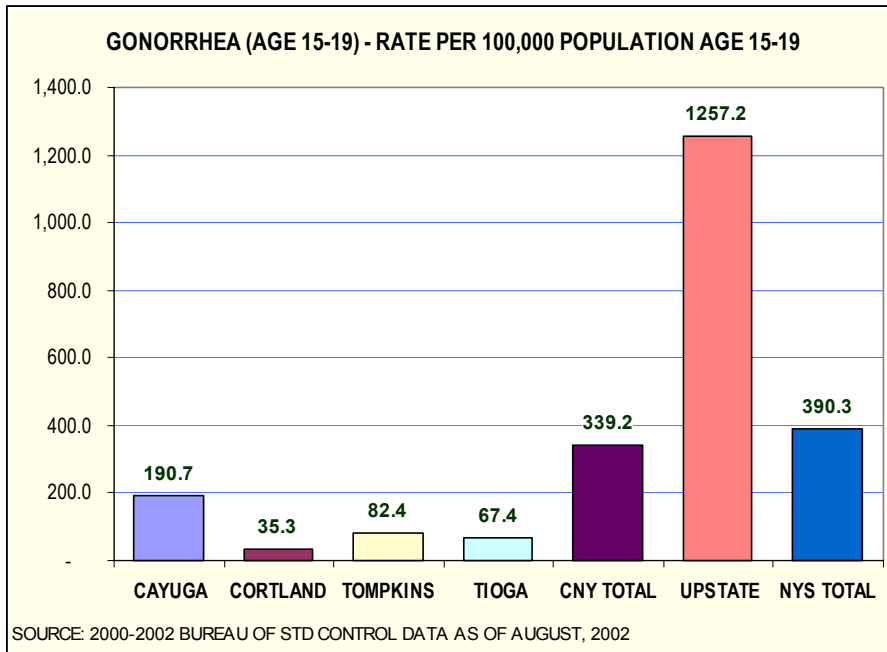


Figure 95 — Chlamydial infections, Tompkins County 1991–2003

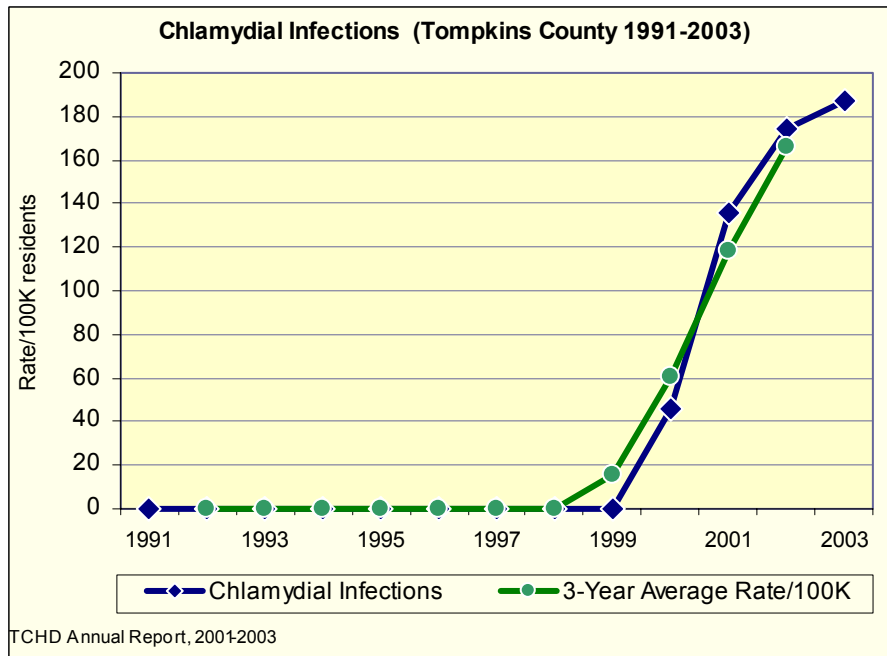


Figure 96 — Pelvic inflammatory disease hospitalizations, regional comparison

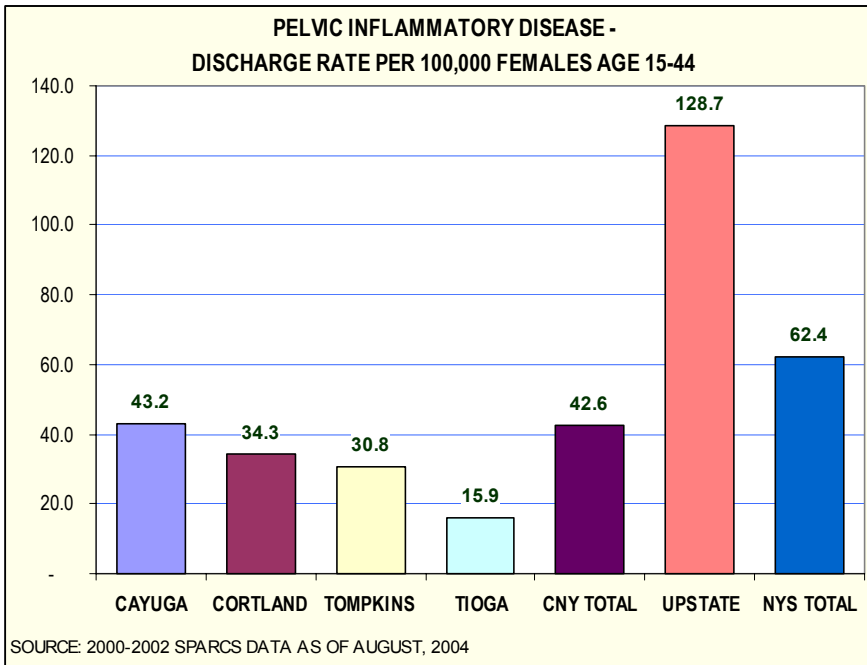


Figure 97 — Pelvic inflammatory disease hospitalizations, 10-year trend

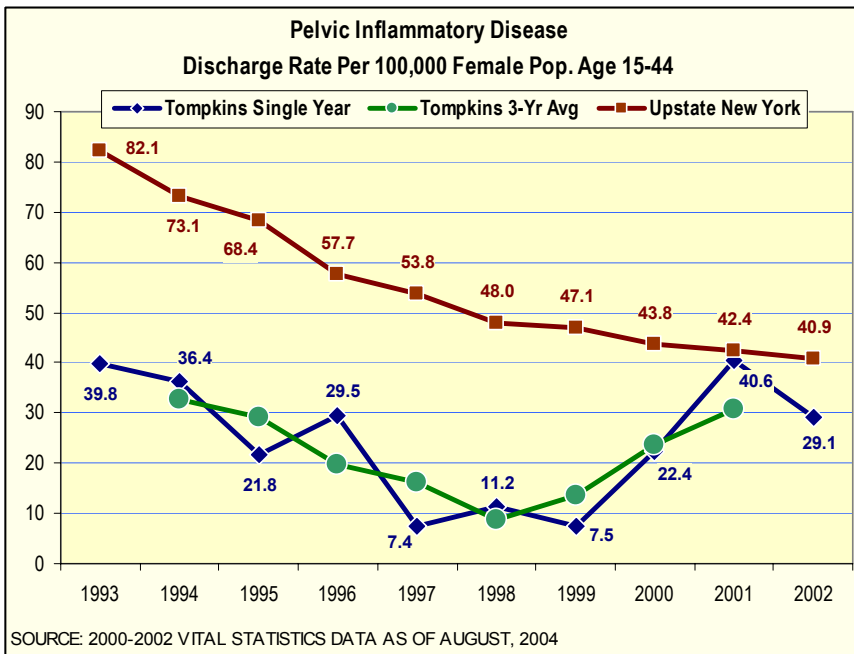


Figure 98 — Occurrence of STD prevention counseling, regional comparison

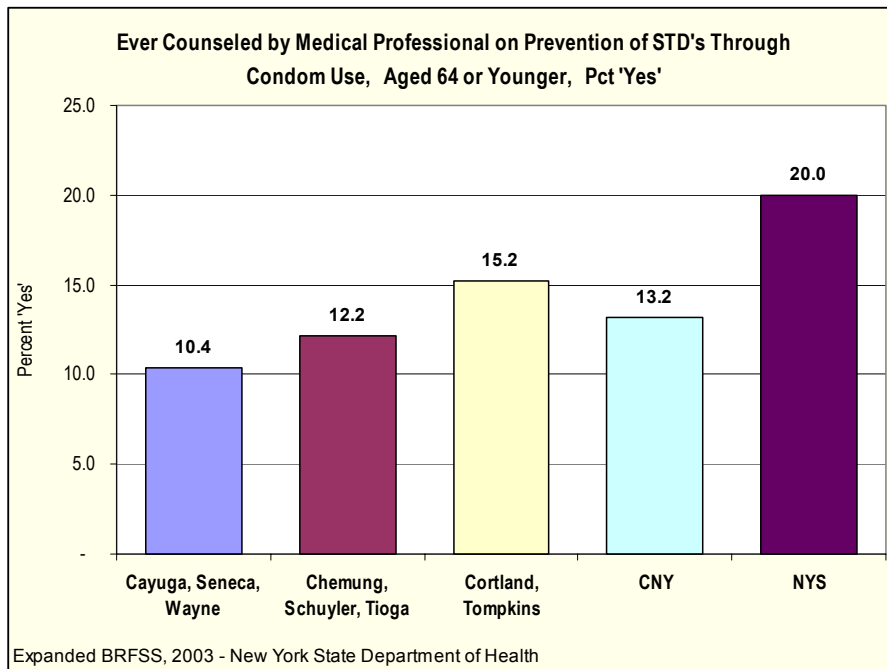


Table 11 — Percent sexually active individuals, Cortland–Tompkins

**Sexually Active, Age 18-64 Years Old**

**CORTLAND, TOMPKINS 2003**

Dem Groups	n <sup>1</sup>	Yes % <sup>2</sup>	n	No %	C.I. <sup>3</sup>
Total	389	82.7	102	17.3	4.0
Male	175	83.7	40	16.3	5.7
Female	214	81.7	62	18.3	5.5
18-34	141	82.2	32	17.8	6.5
35-54	190	88.2	36	11.8	4.1
55+	58	71.2	34	28.8	9.5
HS or less	113	82.1	33	17.9	7.0
>High School	276	82.9	69	17.1	4.8

Expanded BRFSS, 2003 - NYS Dept of Health

<sup>1</sup>Use pct's based on row denominators <50 with caution

<sup>2</sup>Weighted Percent

<sup>3</sup>95% Confidence Interval

## Immunization and Infectious Disease

### Data Analysis

#### Flu Shot

Pct who had a flu shot in the past 12-months

- those age 65+
  - Tompkins–
    - Cortland ..... 70%
    - Avg. of CNY ..... 70%
    - NYS ..... 68%
    - HP2010 ..... 90%

- those age 18+
  - Tompkins–
    - Cortland ..... 31%
    - Avg. of CNY ..... 33%

–Source: BRFSS, 2003

An annual influenza vaccination is recommended for the majority of the population, especially those age 65 and over and those for whom chronic conditions put them at increased risk for developing complications from the flu. The Healthy People 2010 (HP2010) target is for 90 percent of individuals age 65+ to be vaccinated annually, and 60 percent of people age 18–64. Although very young children are an increasingly important segment of the high risk group, there is no HP2010 target for those under age 18.

The New York State Department of Health (NYSDOH) tracks flu immunizations through the Behavioral Risk Factor Surveillance System (BRFSS.) The BRFSS is a randomly selected telephone interview that covers a wide variety of lifestyle and behavior factors. In the most recent BRFSS survey, taken in 2003, data for Tompkins County was pooled with data from Cortland County in an effort to increase sample sizes and thereby achieve a more consistent margin of sampling error. In the case of some smaller populations, data from three counties was pooled.

According to the BRFSS polls, flu shot rates for ages 65+ in Tompkins and Cortland Counties are in line with neighboring counties, the average rate across the Central New York (CNY) region, and the state as a whole (*see Figure 99, page 120.*) None of the areas included in Figure 99 have achieved the HP2010 target rate.

Tracking of individuals who have ever received a pneumonia vaccination is also carried out through the BRFSS. *Figure 101, page 121* shows local and regional results for people age 65+. These rates are also relatively uniform across the region, and all about 20 percent or more below the HP2010 target of 90 percent.

Immunization status is an important health indicator because it is closely linked to rates of specific childhood disease — diseases that cause disability or death. The following childhood diseases are preventable with proper immunization:

- diphtheria
- pertussis
- tetanus
- measles mumps rubella
- polio
- Haemophilus influenza type B (Hib)

**Child immunization**

- Rate of complete immunization for children age 24–35 months, Tompkins County.
- 2000 .....93%
- 2001 .....93%
- 2002 .....88%
- 2003 .....90%
- HP2010 .....90%

One of the HP2010 objectives is to “achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.” In 2003, the Tompkins County Health Department (TCHD) had a 90 percent rate of complete immunization for those children ages 24–35 months who participated in the Department’s program. The HP2010 target is 90 percent. *Table 12, page 122* shows recent child immunization rates for Tompkins County.

**Measles Incidence**

- Tompkins County cases
- 1991–2000 .....0
- 2001 .....0
- 2002 .....0
- 2003 .....1

The incidence of measles is very low in the region, in Tompkins County, and in New York State. There were no cases in the County from 1991 to 2002 and only 6 cases statewide in 2002. (*See Table 13, page 122.*)

In 2003 Tompkins County had one measles case. That person had an unknown immunization history and no known exposure to another case. Contacts were appropriately immunized and medical providers were alerted. (*See Figure 103, page 122.*)

**Pertussis Incidence**

- Tompkins County cases
- 1991–2000 .....10
- 2001 .....0
- 2002 .....88
- 2003 .....17

Pertussis remained relatively quiet in Tompkins County throughout the 1990’s, with only 10 cases reported from 1991–2000. In July 2002 an outbreak began and a total of 88 cases were logged by the end of the year. Ongoing transmission of pertussis occurred in early 2003 with a total of 103 cases reported in the 15-month period from July 2002 to September 2003. (*See Figure 105, page 123.*)

Most cases in the 2002–2003 outbreak occurred in adolescents age 10–14 years who had been previously vaccinated. There are several explanations for the increased incidence:

- Waning immunity in adolescents
- No licensed pertussis containing vaccine for children 7+ years of age
- Increased vigilance of local health care providers in assessing, testing and reporting suspected pertussis cases.

There were few pertussis cases in the CNY region or the state as a whole over the 3-year period 2000–2002 (*see Figure 104, page 123.*) There were no reported pertussis outbreaks in contiguous counties in 2003.

**Tuberculosis Incidence**

- Tompkins County cases
- 1991–2000 .....40
- 2001 .....4
- 2002 .....1

Tuberculosis incidence in Tompkins County has had peaks and valleys over the last decade-plus. From 1991–2003 there were 49 cases, with high points in 1993 and 2000. (*See Figure 109, page 125.*)

In 2004, there were 4 new active TB cases in the County. Three of the four people were foreign-born; none were epidemiologically linked.

2003..... 4

**Hepatitis Incidence**

There was a steady decline in the appearance of Hepatitis A and Hepatitis B in Tompkins County from the mid-1990’s to 2003. By contrast, Hepatitis C, with a very low incidence rate throughout the 1990’s and into the new decade, shows a dramatic increase in 2003. (See *Figure 106, Figure 107 and Figure 108, beginning on page 124.*)

**Changes in reporting parameters for Hepatitis B and C**

The 2003 increase in Hep. C cases shown in *Figure 108, page 125* occurred due to a NYSDOH request that all positive results for Hepatitis C antibody be reported. New tests became available and NYSDOH changed the confirmed case definition in 2003. Most of the cases in 2003 were subsequently downgraded by NYSDOH to “suspect” or “unknown.”

- Hepatitis B cases in Tompkins County, 2003
- Acute ..... 1
- Chronic ..... 4
- Pregnant..... 8

With respect to Hepatitis B, the data may have included chronic cases of Hep. B under new case definitions of 2003. Now there are 3 categories for Hepatitis B reports: Acute, Chronic and Pregnant. Also, some cases reported as “confirmed” have been downgraded by the NYSDOH to “suspect” or “unknown.”

**Lyme Disease Incidence**

- Avg. cases per year, 2000–2002
- Tompkins ..... 5.3
- Cayuga ..... 2.0
- Cortland ..... 0.3
- Broome ..... 2.0
- Tioga ..... 3.0
- Columbia..... 747.0
- Dutchess..... 1309.0

When viewed by 3-year averages, the presence of Lyme Disease in Tompkins County was relatively steady over the period 1991–2003. A peak in 1994 does not appear to have signaled a trend, and time will tell if a second peak in 2003 has the same fate (*see Figure 111, page 126.*)

Although Tompkins County had the highest rate of Lyme Disease of the eleven Central New York (CNY) counties (*see Figure 110, page 126,*) the disease is off the radar locally when compared to counties close to the historic center of the problem. Two New York counties on the east shore of the Hudson River, Columbia and Dutchess, had a combined average rate of 592 cases per 100,000 for 2000–2002.

**Rabies Exposure**

The number of incidences of rabies exposure swung widely through most of the 1990’s in Tompkins County, but has showed a steady increase over the present decade. (*See Figure 112, page 127.*)

**Community Outreach**

**Flu immunization clinics**

TCHD conducts annual flu immunization clinics in community settings targeting people 50 years of age and older and those with chronic disease whose health would be compromised by complications from the flu. In 2003, the Department provided 50% more immunizations to Tompkins County residents (3,513) than it did in 2002. This increase was due in large part to the marketing and education campaign

directed to the target population. Residents 50 years of age and over were urged to get a flu shot at the clinics or their physician's office.

Due to the national vaccine shortage in 2004, the New York State Health Department required all local health departments and health care providers to limit vaccine to nursing homes and assisted care facilities, homebound residents and people over 65 years of age and other high risk groups. In 2004, TCHD provided 2,331 influenza immunizations.

**CNY Immunization Registry**

TCHD has been an active participant in the central New York Immunization Registry since its inception in 1995. The Registry's goal is to provide easy access to immunization records for parents, providers, and schools across the region. To date, both pediatric practices, five of nine family medicine practices, two of six school districts, and Head Start participate in the registry.

Parents are encouraged to have their children vaccinated at their physician's office. Physicians may obtain vaccine at no cost through the Vaccine for Children's (VFC) program for their uninsured or underinsured patients who are 19 years of age and younger. Approximately 26 provider offices and 6 health care facilities, including TCHD participate in VFC program.

**Tick identification**

To eliminate the possibility of Lyme Disease, TCHD provides tick identification services. Ticks are sent to an NYSDOH lab for identification.

**Rabies services**

Calls to TCHD concerning rabid wild animals and pets are handled by the Department's Environmental Health (EH) division. EH also conducts a series of pet rabies vaccination clinics twice a year. The Community Health Services (CHS) division provides post-exposure rabies immunization to community residents.

Figures and Tables

Figure 99 — Had a flu shot, age 65+, regional comparison

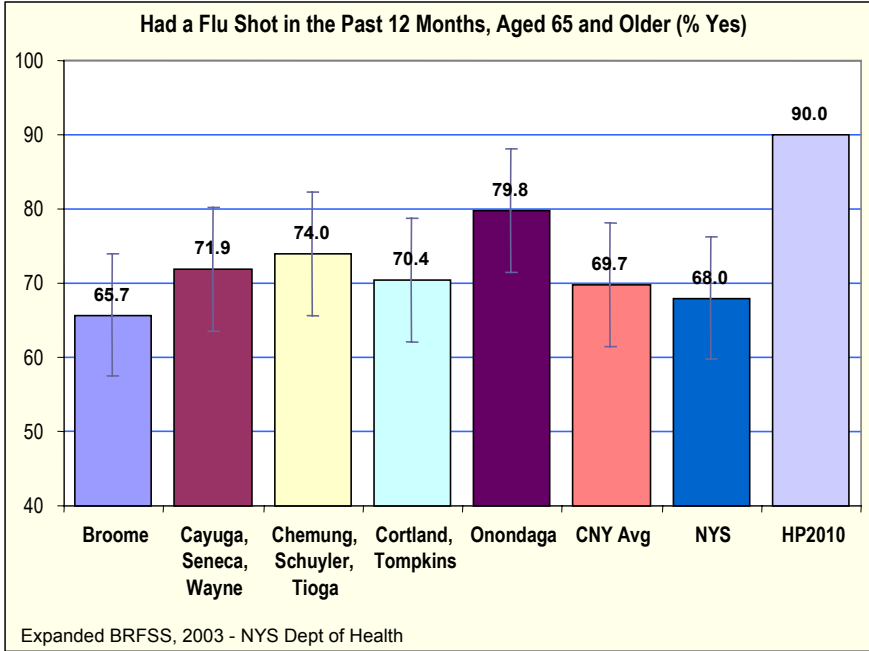


Figure 100 — Had a flu shot, age 18+, regional comparison

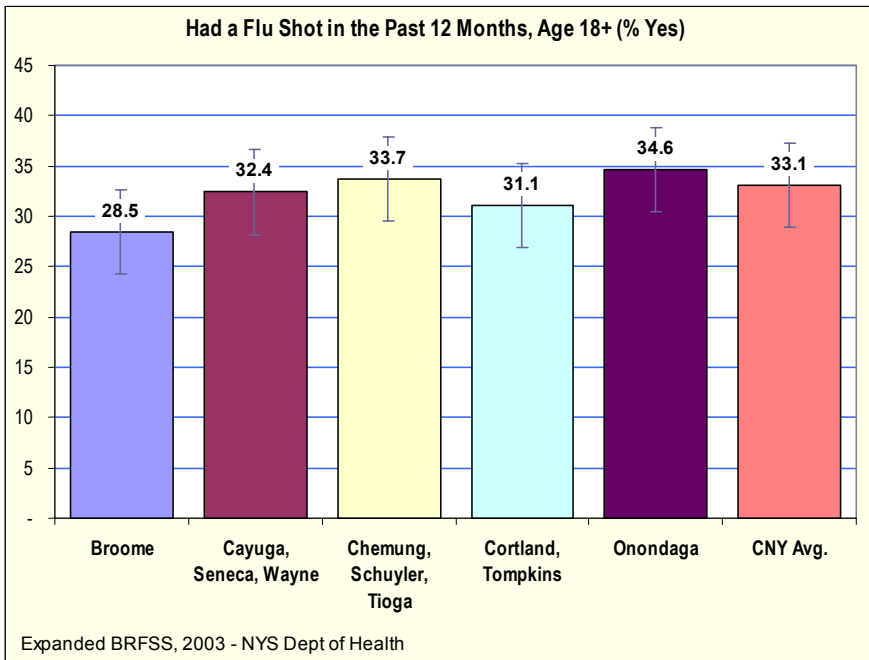




Figure 101 — Had a pneumonia shot, age 65+, regional comparison

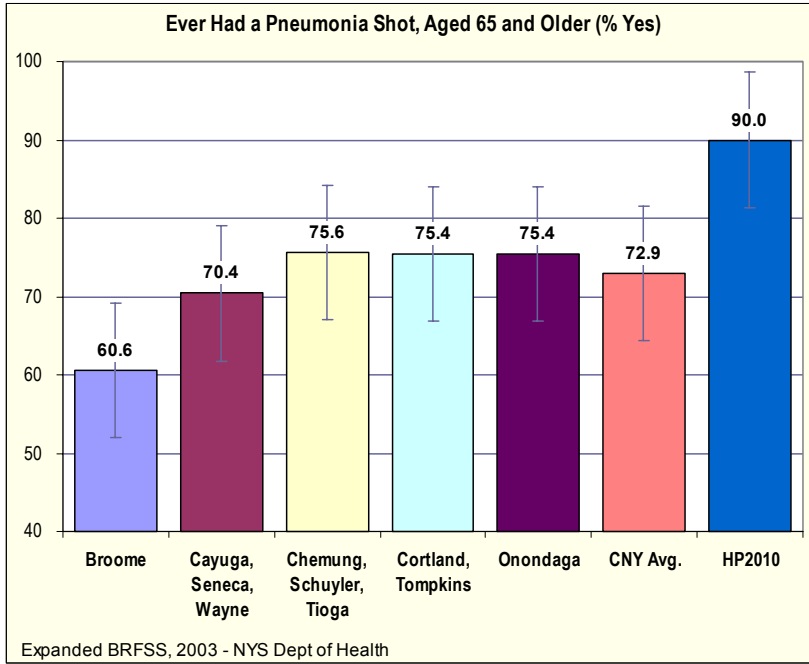


Figure 102 — Had a pneumonia shot, age 18+, regional comparison

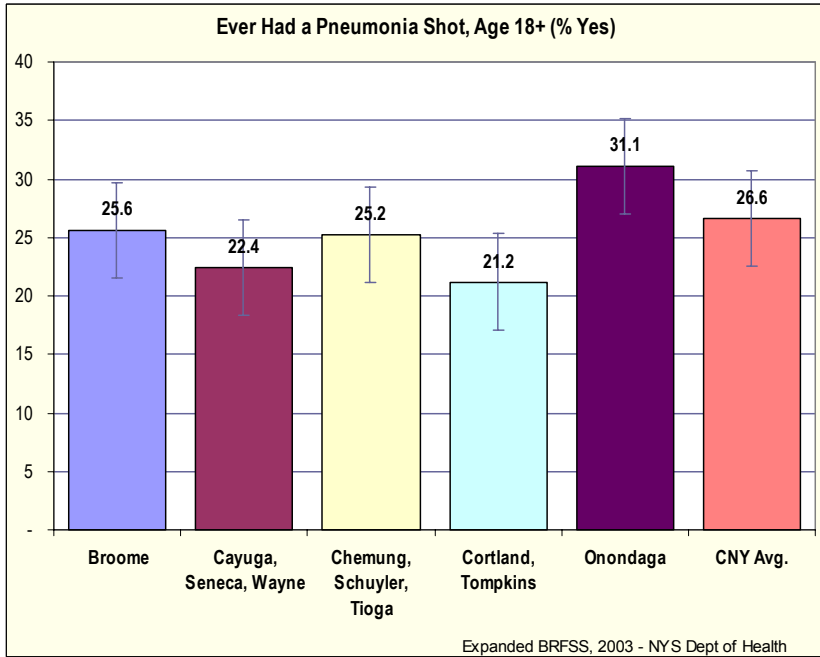


Table 12 — Complete immunizations, age 24–35 months, Tompkins County

Rate of complete immunization for children age 24–35 months Tompkins County				
2000	2001	2002	2003	HP2010
93%	93%	88%	90%	90%
Source: TCHD Annual Reports				

Table 13 — Measles cases, regional comparison

REGION/COUNTY	MEASLES CASES				POPULATION 2001	RATE /100K
	2000	2001	2002	TOTAL		
TOMPKINS	0	0	0	0	97,998	0
CNY TOTAL*	8	0	0	8	1,427,114	0.19
ROS TOTAL	10	4	1	15	11,022,323	0.05
NYS TOTAL	23	11	6	40	19,084,350	0.07

\*CNY cases were in 2000: 4 cases in Onondaga + 4 cases in Oswego Co's.

Figure 103 — Measles cases, rate per 100,000 population, 13-year trend

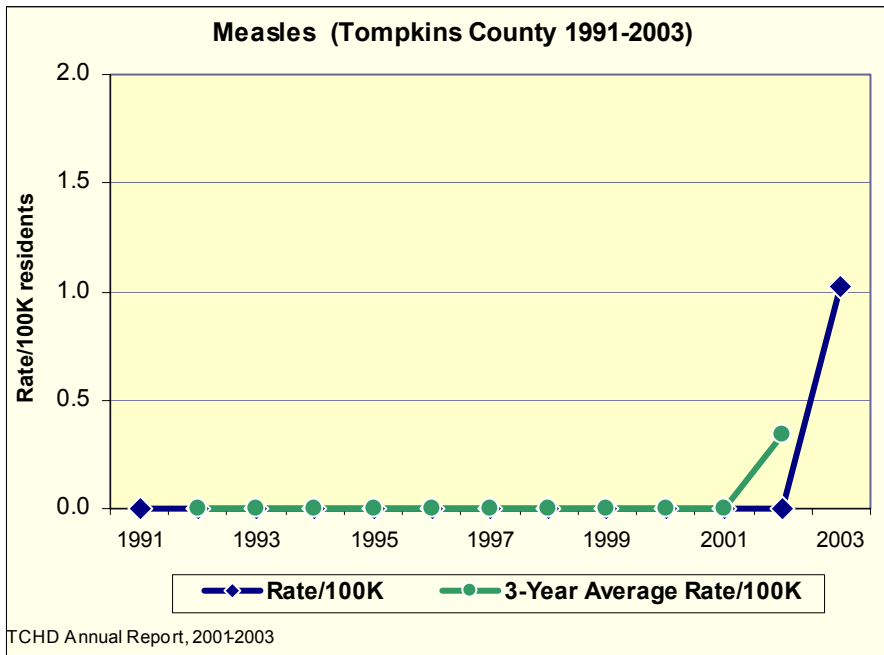


Figure 104 — Pertussis cases, regional comparison

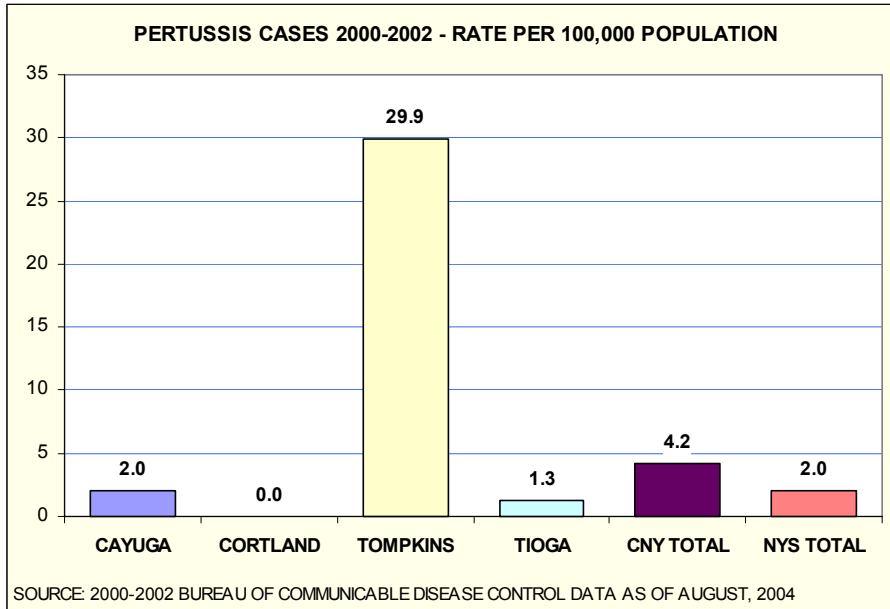


Figure 105 — Pertussis cases, rate per 100,000 population, 13-year trend

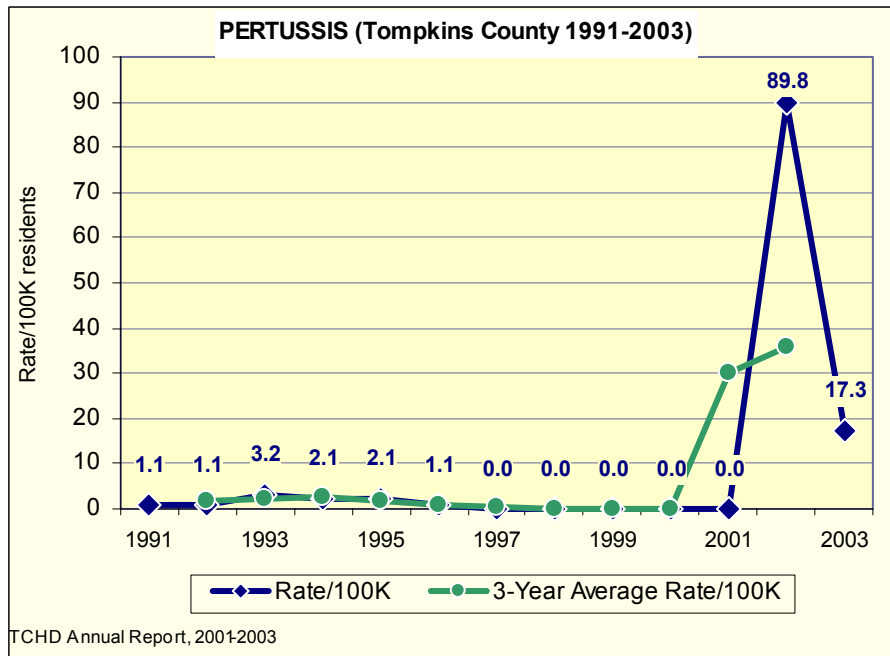


Figure 106 — Hepatitis A cases, rate per 100,000 population, 13-year trend

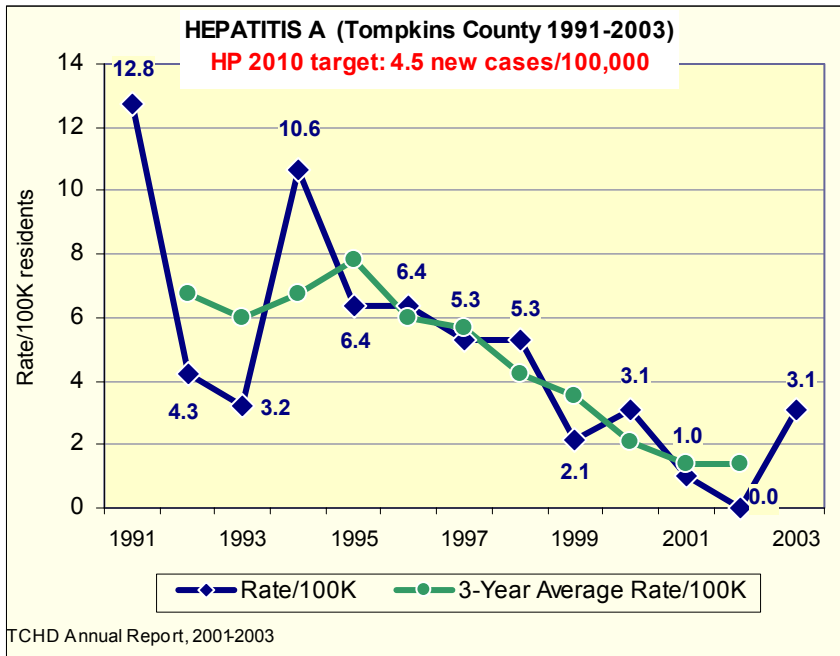


Figure 107 — Hepatitis B cases, rate per 100,000 population, 13-year trend

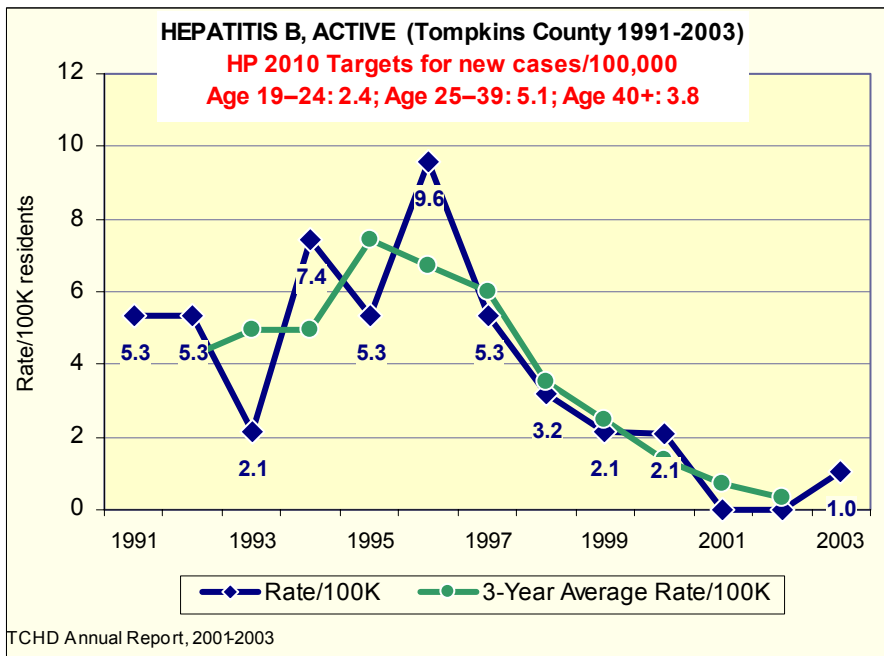


Figure 108 — Hepatitis C cases, rate per 100,000 population, 13-year trend

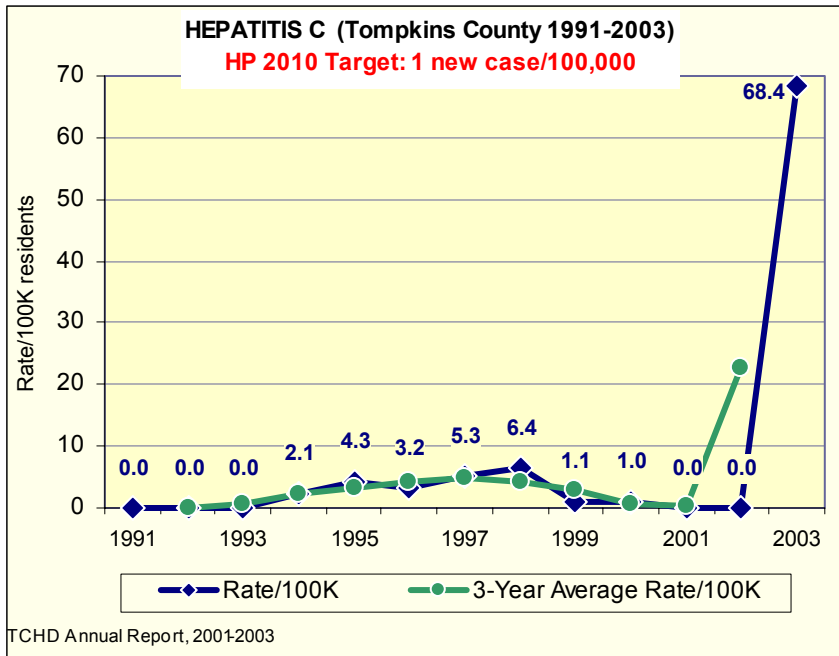


Figure 109 — Tuberculosis cases, rate per 100,000 population, 13-year trend

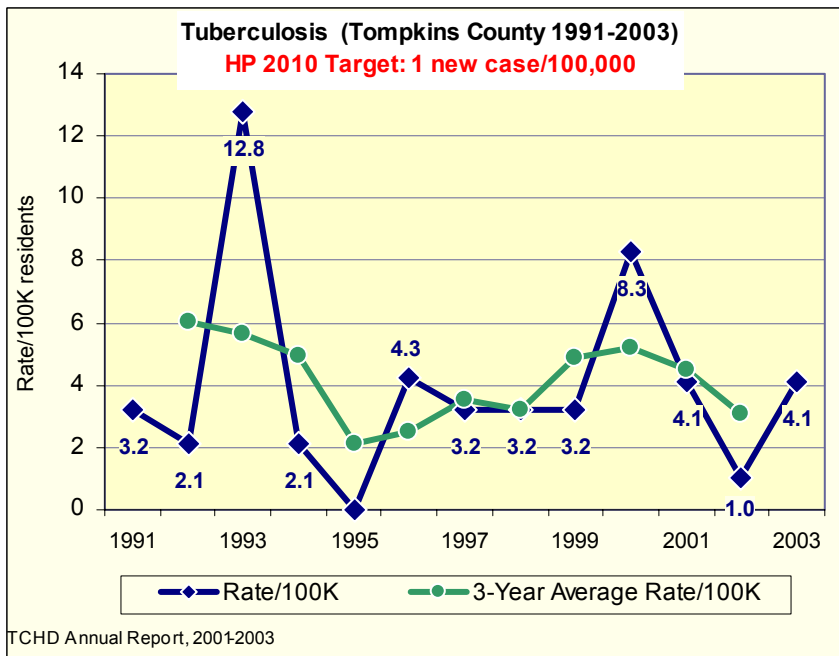


Figure 110 — Lyme disease cases, regional comparison

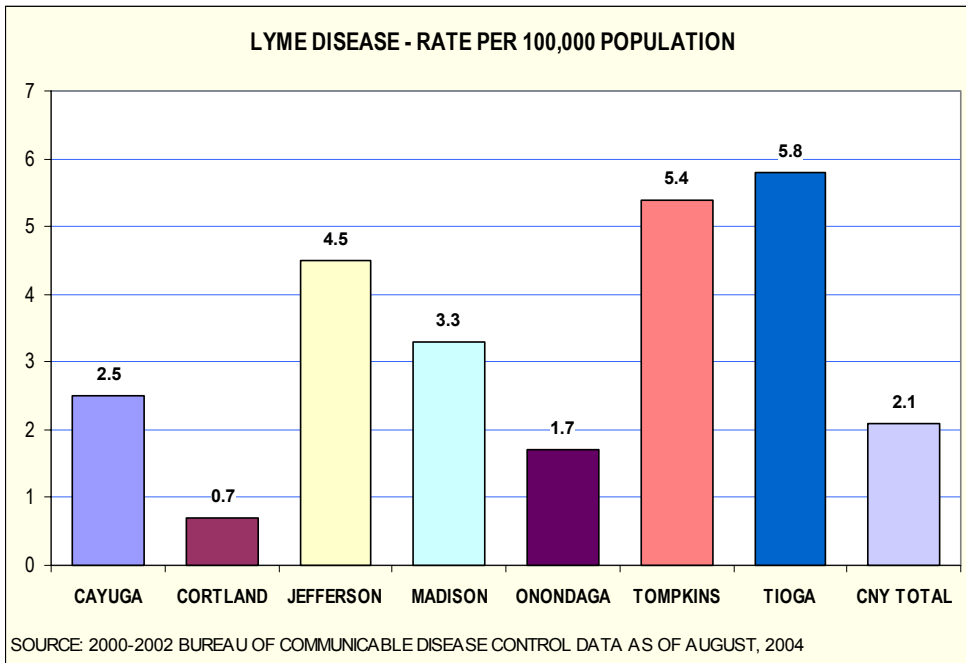


Figure 111 — Lyme disease cases, rate per 100,000 population, 13-year trend

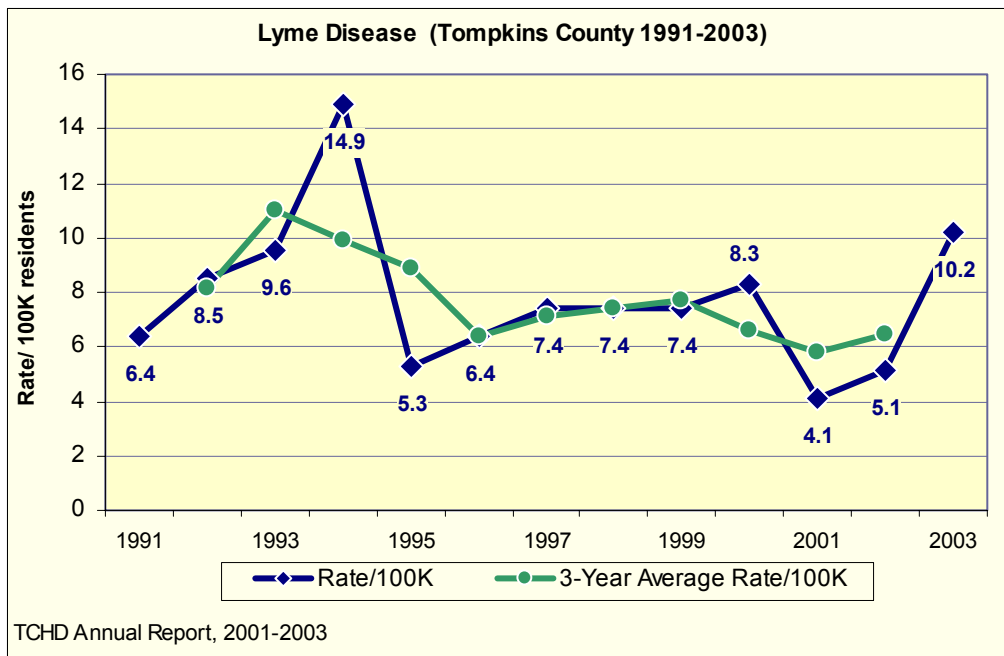
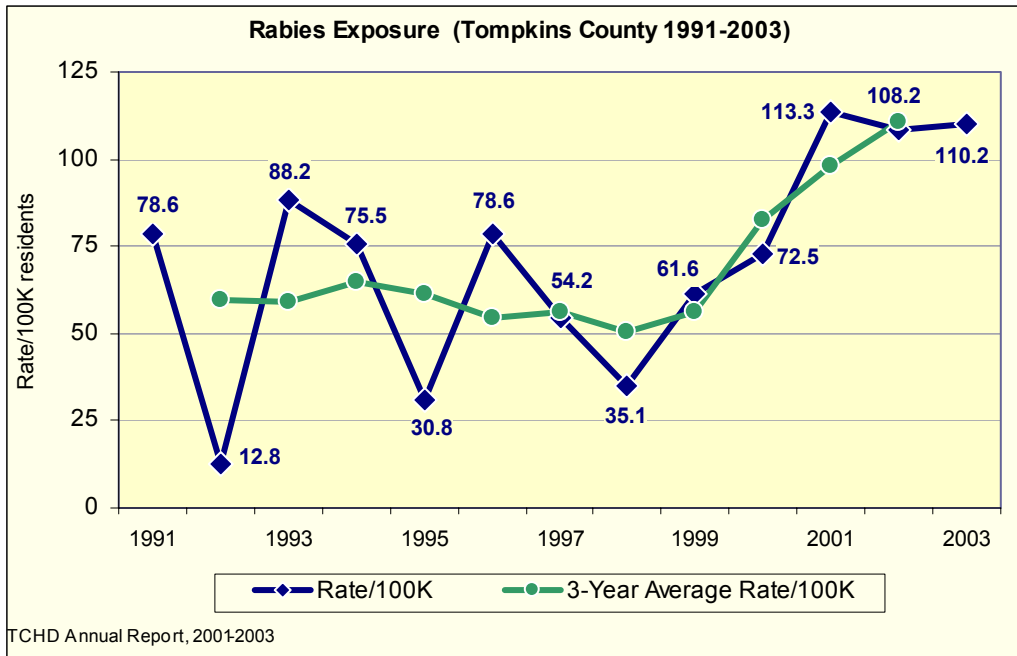


Figure 112 — Rabies exposure, rate per 100,000 population, 13-year trend



## Injury Prevention

The importance of this category of indicators is to determine underlying causes of injuries in a community that impact the health and well being of its citizens. However, the only measures for injury incidence are hospitalization and death rates. Hospitalizations include only inpatients; those patients treated in the emergency department and then released are not included. And there is no way to determine the number or type of injuries that occur in people who do not seek treatment at the hospital or at their physician's office.

### Data Analysis

#### Population (2001)

• NYSDOH .....x 1,000	
<b>Tompkins.....</b>	<b>98.0</b>
Cayuga .....	81.4
Cortland .....	48.6
Tioga.....	51.5
CNY .....	1,427.1
Upstate .....	8,239.7
NYS .....	19,084.4

An important point to remember when reviewing statistical rates such as the mortality rates discussed below, is that the raw numbers in play are often very low. In these cases one or two incidents can cause a wide swing in the rate per population constant. As the jurisdictional population increases — town—county—region—state — the effect becomes less pronounced. Still, even in Tompkins County with a population of nearly 100,000, one exceptional incident can translate as a major change in accidental injury mortality rates.

#### Suicide deaths

• Age-adj. rates per	
100,000 pop, 2000–2002.	
<b>Tompkins.....</b>	<b>12.0</b>
Cayuga .....	4.8
Cortland .....	6.6
Tioga.....	6.1
CNY .....	9.1
NYS .....	6.6

The rate of suicide deaths in Tompkins County is relatively high. When adjusted for age, the rate per 100,000 population is the twelfth highest in the state. The counties with a higher rate are all significantly less populous. (Franklin County's age adjusted suicide rate of 16.2 is based on a population of 51,000.)

While those familiar with the local terrain might speculate that there is a link between the County's famous gorges and the suicide rate, in fact of the 60 suicides from 1998–2003 only 7 were recorded as jumps. Over one-third (22) were gunshot wounds.

Across Upstate New York the crude suicide rate remained flat over the 10 year period, 1993–2002. During the same period Tompkins County ranged from a crude rate of 4.1 in 1995 to 13.3 in 2001. The trend of 3-year averages, calculated to smooth out the extremes, increased by more than 60 percent from 1993–2003. (See *Figure 113, page 132, and Figure 114, page 133.*)

New York State also provides data for suicide deaths among young adults age 15–19 years. In Tompkins County the suicide rate for this age group is much more consistent with rates across the rest of the region. However, while the 10-year trend for all of Upstate is flat to declining, the 3-year averages for Tompkins County show a significant rise in young adult suicides. (See *Figure 115, page 133, and Figure 116, page 134.*)



**Homicides**

• Rates per 100,000 pop, 2000–2002.

<b>Tompkins</b> .....	<b>3.3</b>
Oneida .....	3.5
Onondaga .....	4.9
Seneca .....	7.1
Monroe .....	6.8
Broome .....	1.9
Chemung .....	0.8

The homicide rate in Tompkins County is the highest among the regional counties that are the basis of comparisons throughout this document — Cayuga, Cortland, Tioga, and CNY total. A broader view shows that in counties where homicide rates are higher there is often a large city. The standard comparisons are shown in *Figure 121, page 136*, and some additional comparisons are shown at left.

The 1993–2003 trend for homicides in Tompkins County is shown in *Figure 122, page 137*. The rates are so erratic from year-to-year that not even the 3-year averages offers any hints of what has been or what's to come. Across the whole of Upstate NY the trend was decidedly downward from 1993–1999, but since has taken an upward tick.

**Work related injury mortality**

The NYSDOH data for this indicator was not available at the time this report was prepared.

**SPARCS**

The Statewide Planning and Research Cooperative System (SPARCS) collects data on hospital inpatient discharges and the New York State Department of Health (NYSDOH) provides the data as a way of tracking injury incidence. If hospital admission was not required — emergency room treatment and release for example — the event is not recorded in these data sets.

An ICD-9 code is assigned to every case at discharge. The code, which indicates the primary reason for hospitalization, forms the basis of the injury data.

**Self-inflicted injuries**

ICD code: E950-E959

• Hospitalization rate per 100,000 pop, 2000–2002.

<b>Tompkins</b> .....	<b>51.7</b>
Cayuga .....	69.2
Cortland .....	53.5
Tioga .....	31.7
CNY .....	60.1
NYS .....	41.9

An interesting contrast can be found in comparing the suicide rates outlined above with non-fatal, self-inflicted injuries (expressed as hospital discharge rates per 100,000 population.) Because while Tompkins' suicide rates are high (fatal, self-inflicted injuries) the latter statistics are quite the opposite in some respects.

For example, Cayuga County has one of the very lowest suicide rates in the state, yet among the highest self-inflicted injury rates. On the other hand the rate for Tompkins County is below that of the CNY region. Furthermore, the local rate has shown a marked decline — close to 24 percent — over the 1993–2002 trend period. (*See Figure 117, page 134, and Figure 118, page 135.*)

The pattern of comparisons is similar for self-inflicted injury rates among the age 15–19 population group. (*See Figure 119, page 135, and Figure 120, page 136.*)

**Assault incidence**

ICD code: E960-E969

The NYSDOH tracks assault victims through hospital discharges. When compared regionally as rates per 100,000 population, Tompkins

County shows a low incidence of assault. And while the local 10-year trend has not fallen as many points as that of Upstate NY, Tompkins' 3-year averages for assault incidence declined 45 percent from 1993–2002. (See *Figure 123 and Figure 124, page 138.*)

## Unintentional Injury

### Motor vehicle deaths

Motor vehicle death rates in Tompkins County are relatively low by regional comparison. The 10-year trend shows that a decline through the latter half of the 1990's plateaued in the early years of the new decade. The annual rate for all of Upstate has remained relatively flat over the 1993–2002 period. (See *Figure 125 and Figure 126, page 138.*)

Alcohol-related motor vehicles deaths and injuries are shown in *Figure 127, page 139.* The current rate for Tompkins County is as much as 41 percent lower than others in the regional comparison, though it is just above the statewide rate of just under 50 fatal and non-fatal alcohol-related motor vehicle injuries per 100,000 population.

### Unintentional injury hospitalizations

ICD Code: E800–E949

• Difference of Tompkins County rate compared to rate for total CNY (2000–2002):

All ages.....	–30%
Age <10 yr.....	–19%
Age 10–14.....	–45%
Age 15–24.....	–46%
Age 25–64.....	–27%
Age 65+.....	+1%

The NYSDOH reports non-motor vehicle related unintentional injury data in 5 different age groupings: under age 10 years, age 10–14, age 15–24, age 25–64, and age 65 years and over. The data is displayed in *Figure 131, page 141, through Figure 135, page 144.*

In regional comparisons, and across the age groups under age 65 years, Tompkins County typically has a relatively low incidence of hospitalizations due to unintentional injury. And in fact, in most age groups the local rates are considerably below the CNY total. Statewide, Tompkins County has among the lowest rates of unintentional injury in all age categories under age 65 (the lowest statewide for the age 15–24 group.)

This pattern is broken in the age 65+ group where Tompkins is about equal to the CNY total, and the 23rd highest out of New York's 62 counties. (See *Figure 136, page 145.*)

Reading the 3-year averages for Tompkins County in order to smooth out the swings in annual data, local 10-year trends are not consistently up or down across the age groups. In fact, while all under age 65 trend lines for Upstate show declines over the 1993–2002 period, for Tompkins this is only evident for 2 of 4 under age 65 groups. Trends for age <10 years and age 25–64 show increases in unintentional injury hospitalizations during the early years of this decade.

In the case of the age 65+ group, an upward trend is visible in the Upstate data, and a wide increase for Tompkins is seen over the later 1990's. Note that in the case of Tompkins County, the rate of 2,471 hospitalizations per 100,000 persons age 65+ years indicates about one hospitalized due to unintentional injury for every four in the over 65

population. Again, refer to the data displayed in *Figure 131, page 141, through Figure 136, page 145.*

**Osteoporosis  
assessment in TC**

The County Office for the Aging reports that there are 11,967 residents in Tompkins County sixty years of age and older. In its “2004 Senior Needs Assessment Survey” COFA reports that 20.10% of survey respondents reported that they had osteoporosis. This percentage would translate into an actual number of 2,040 residents with the condition. Given that falls are the most common injury in seniors, the incidence of osteoporosis may offer some explanation for the injury rate in this population. For more information on the health of seniors in Tompkins County: [www.tompkins-co.org/cofa](http://www.tompkins-co.org/cofa)

**Traumatic brain injury**  
ICD-9 codes 800-801.9,  
803-804.9, 850-  
854.1, 950.1-950.3,  
959.01 and 995.55.

Traumatic brain injuries are much less common in Tompkins County than in other of the comparison areas. The local rates remained relatively steady over the trend period, 1993–2002. (*See Figure 129, page 140, and Figure 130, page 141.*)

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## Community Resources

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**Child safety seats**

The Tompkins County Sheriff’s Department with funds from the Governor’s Council on Traffic Safety provides car and booster seats to children whose families are financially unable to purchase them. And all parents in the County may have the Sheriff’s Department check their children’s car seats for proper installation.

**Pedestrian safety**

Concern about pedestrian safety in the City of Ithaca has been increasing recently. Mayor Carolyn Peterson has appointed a Pedestrian Awareness Committee to study problems and find solutions to the pedestrian situation in the city.

## Figures and Tables

Figure 113 — Suicide deaths, regional comparison

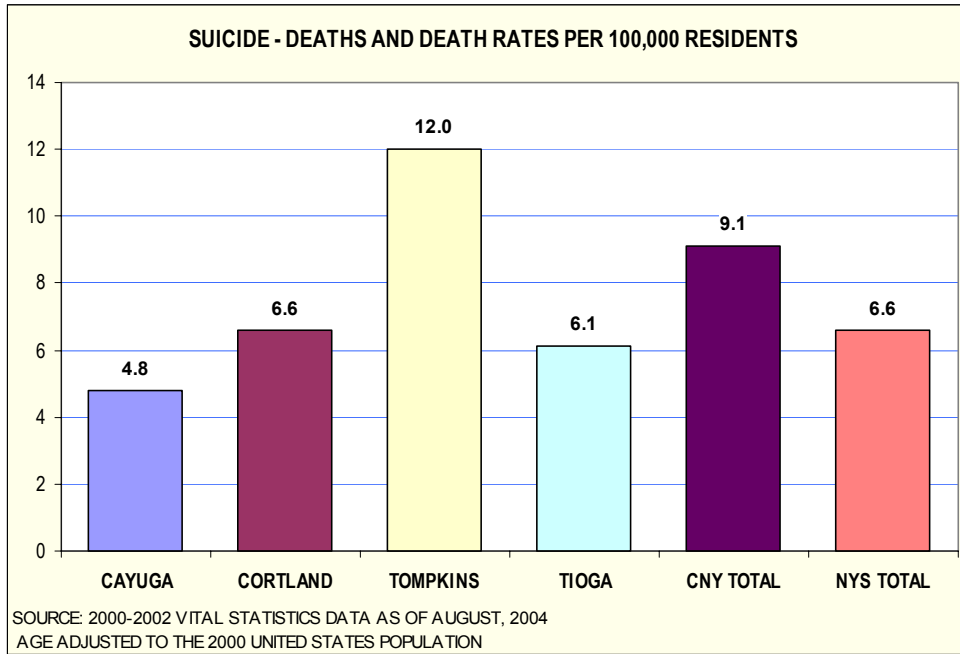


Figure 114 — Suicide deaths, 10-year trend

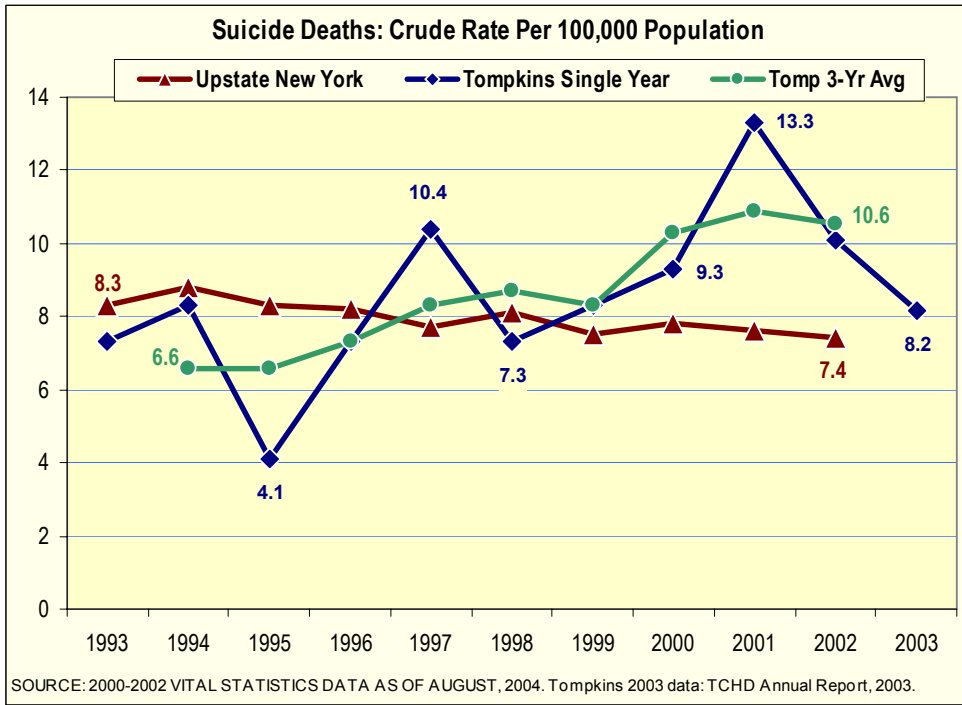


Figure 115 — Suicide deaths, ages 15–19 years, regional comparison

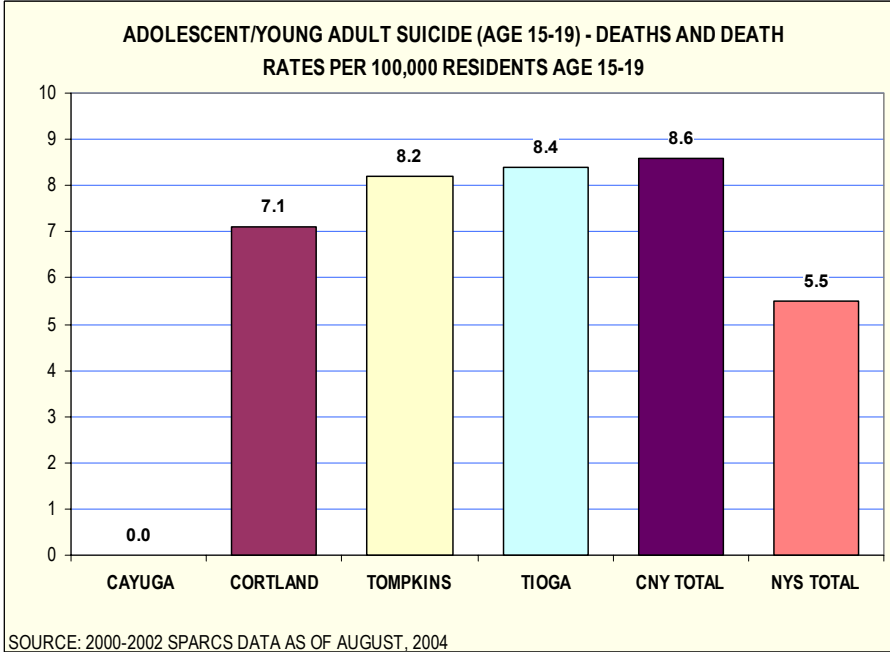


Figure 116 — Suicide deaths, ages 15–19 years, 10-year trend

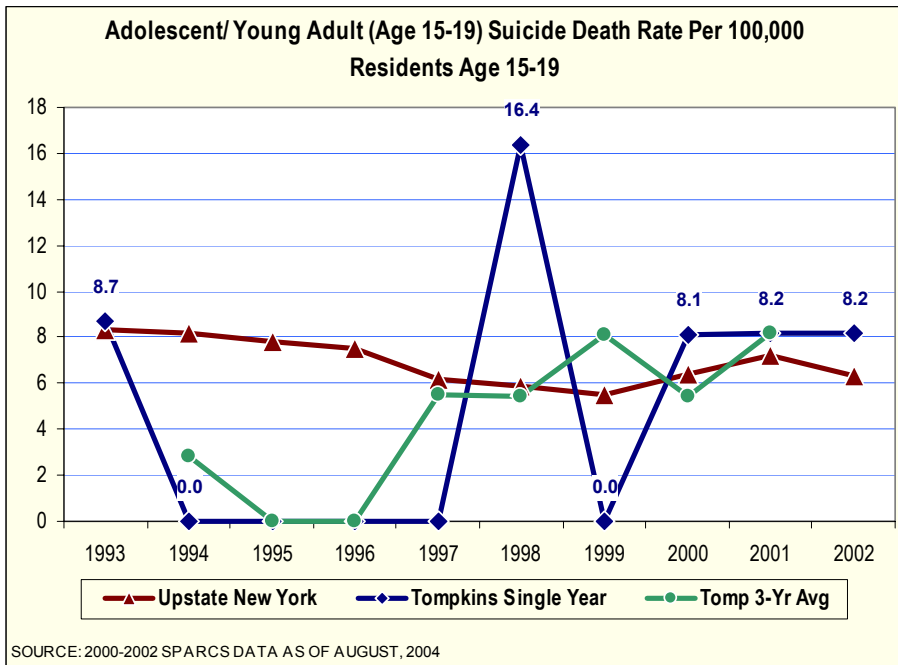


Figure 117 — Self-inflicted injury discharges, regional comparison

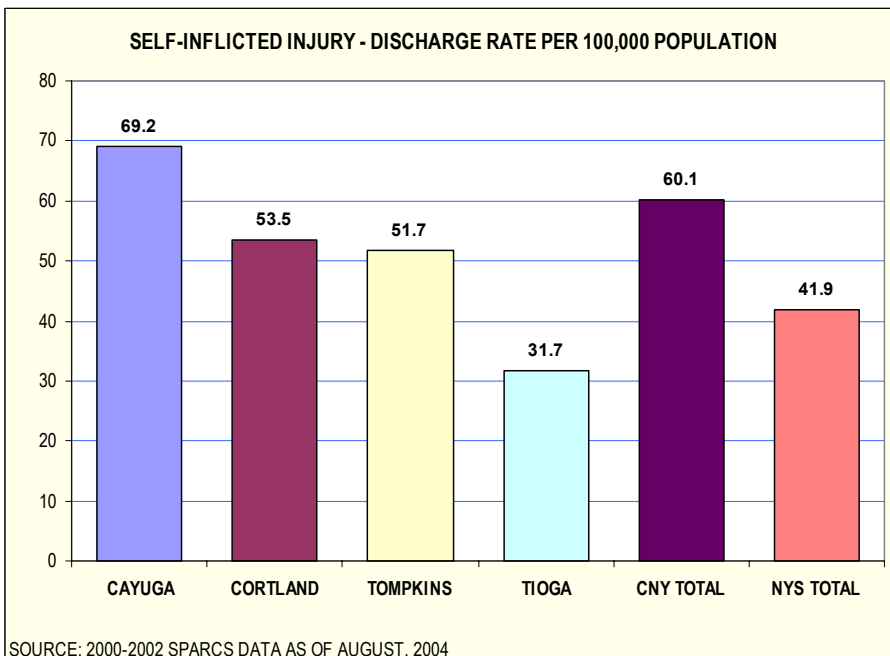


Figure 118 — Self-inflicted injury discharges, 10-year trend

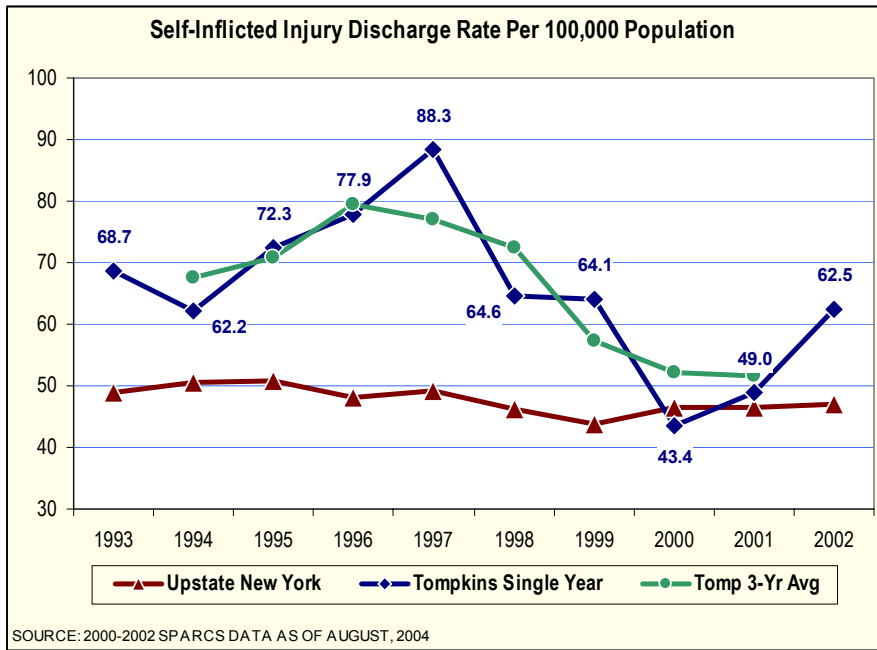


Figure 119 — Self-inflicted injury discharges, Age 15–19, regional comparison

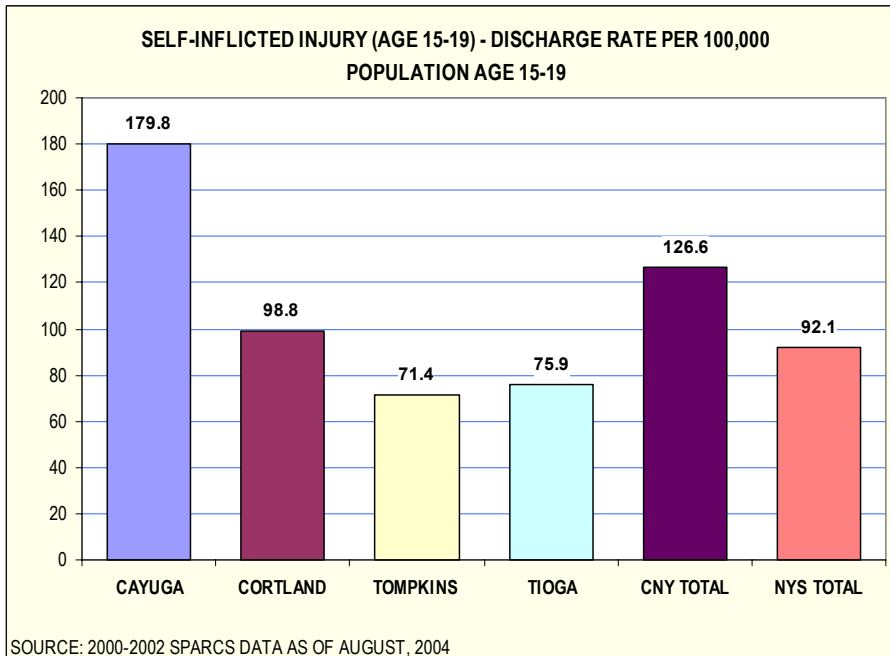


Figure 120 — Self-inflicted injury discharges, Age 15–19, 10-year trend

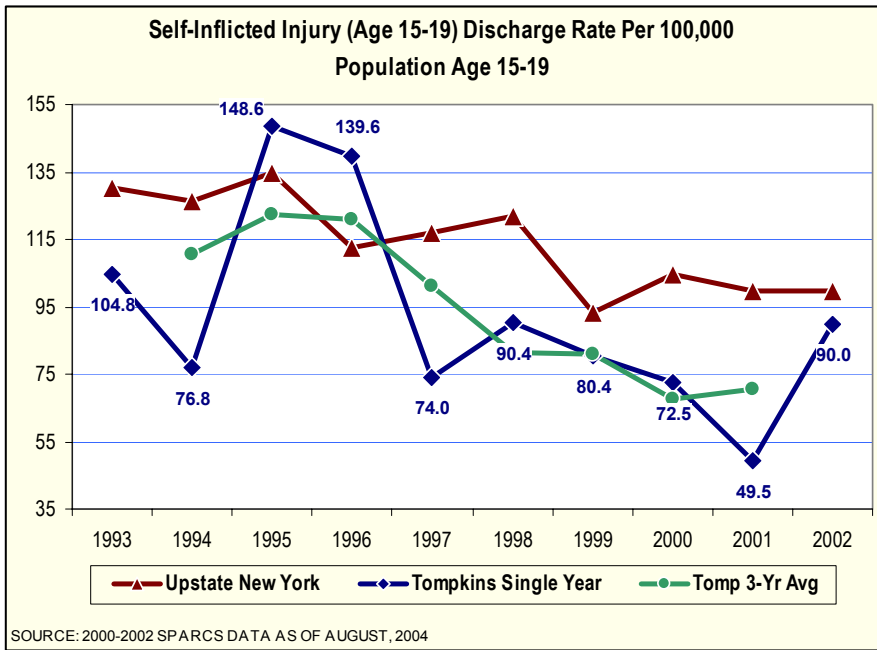


Figure 121 — Homicide deaths, regional comparison

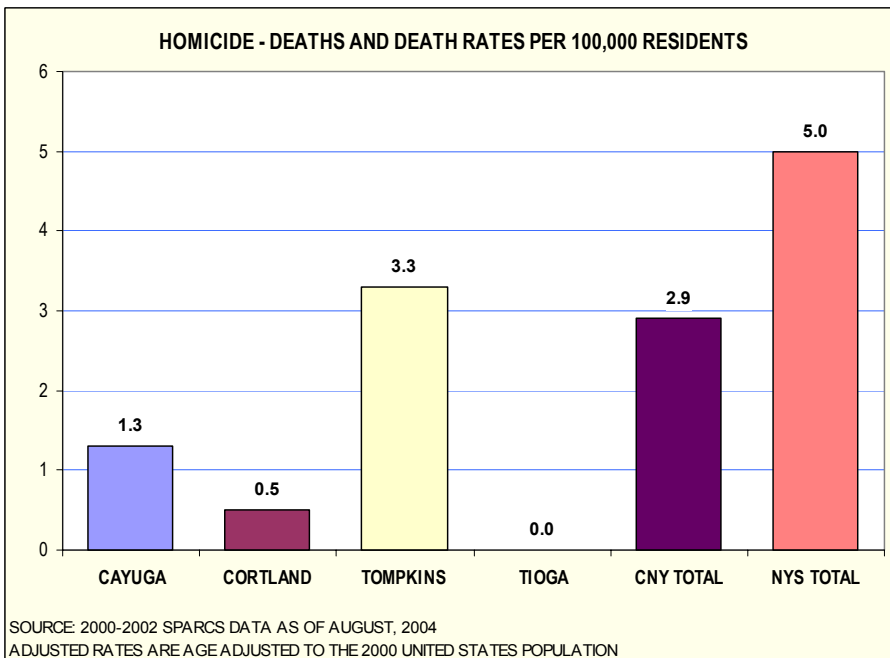




Figure 122 — Homicide deaths, 10-year comparison

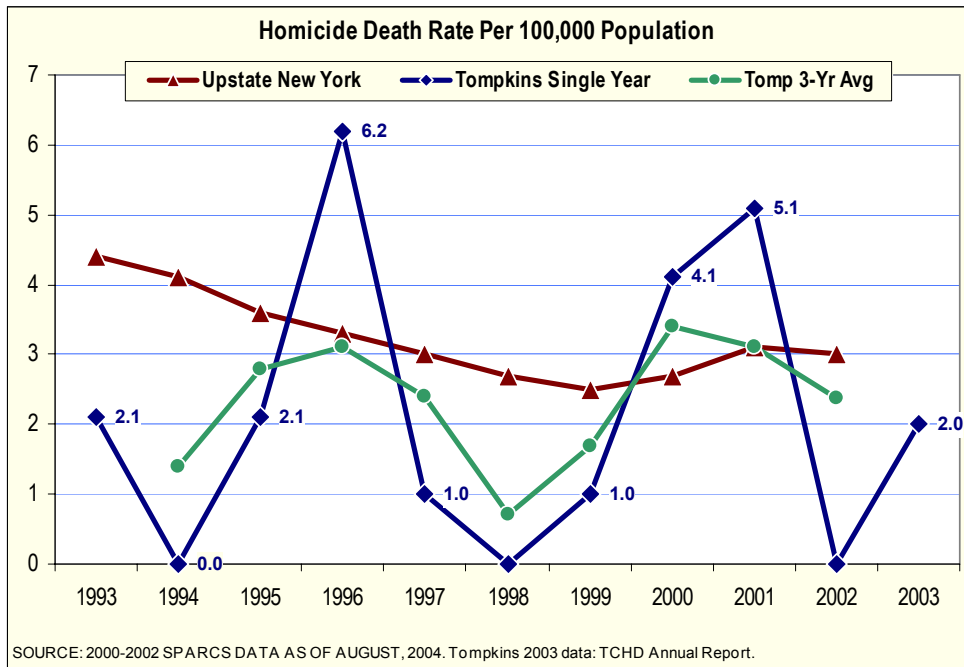


Figure 123 — Assault discharges, regional comparison

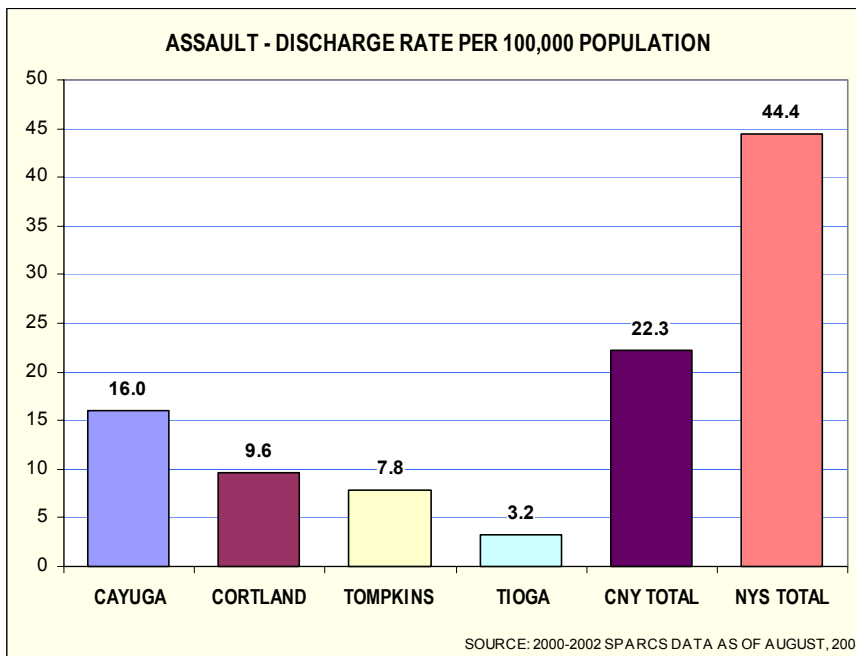


Figure 124 — Assaults: Upstate rates have fallen 39%; Tompkins' 3-yr avgs. have fallen 45%

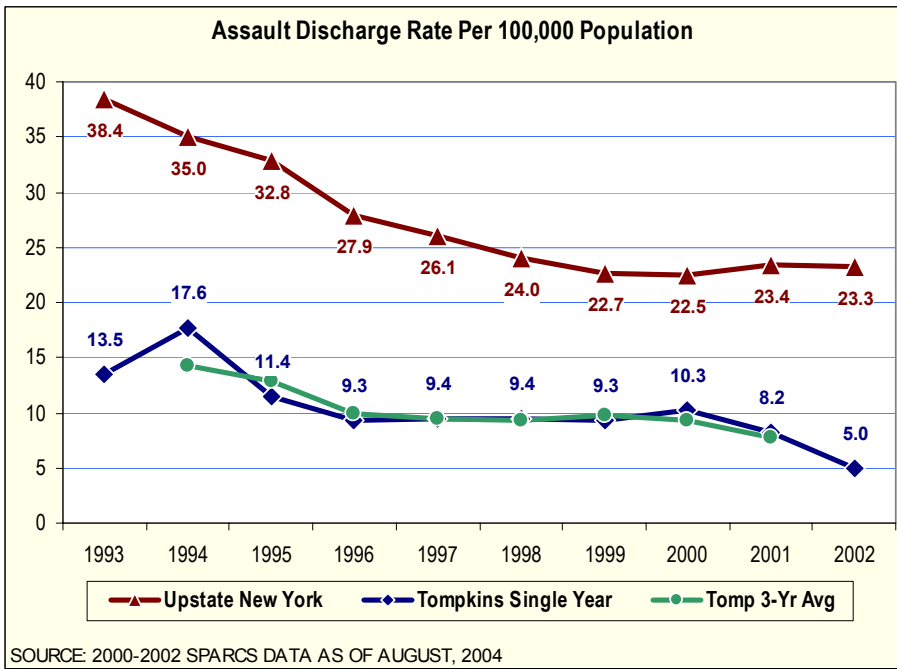


Figure 125 — Motor vehicle deaths, regional comparison

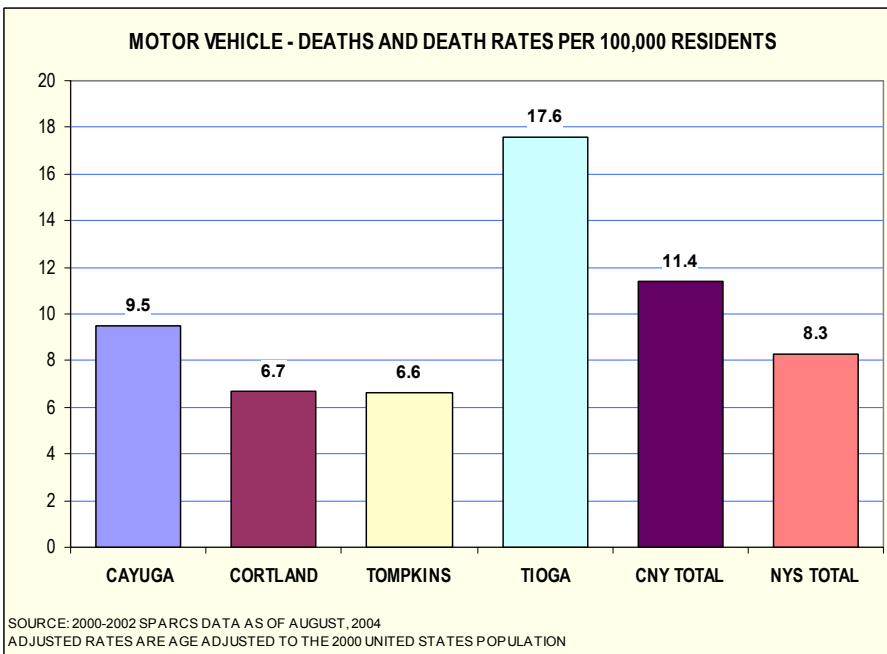


Figure 126 — motor vehicle deaths, 10-year trend

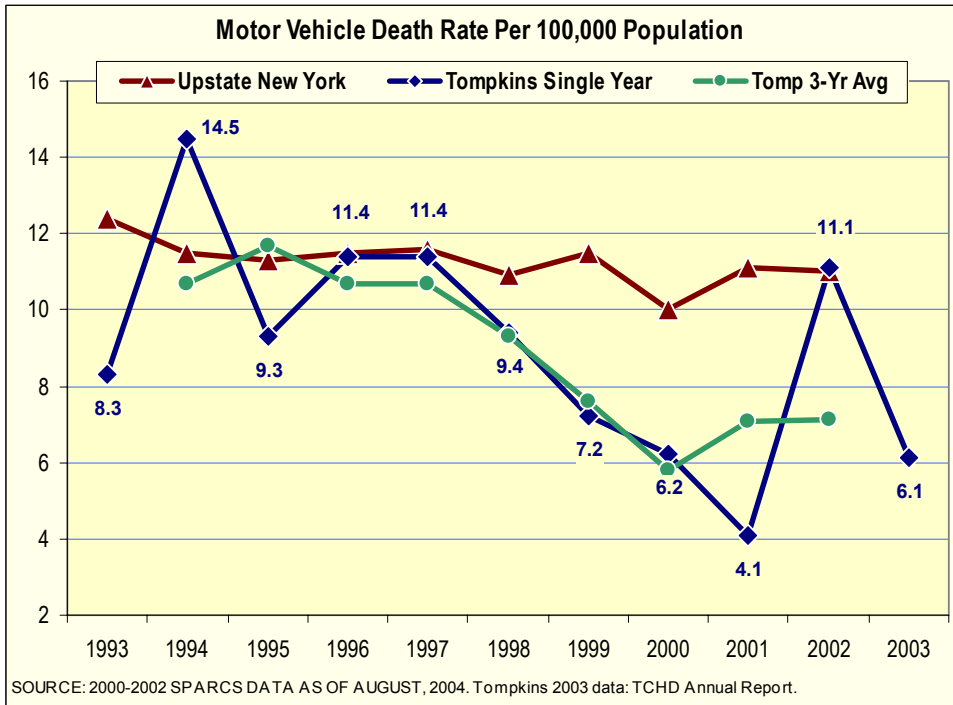


Figure 127 — Alcohol-related M.V. deaths, regional comparison

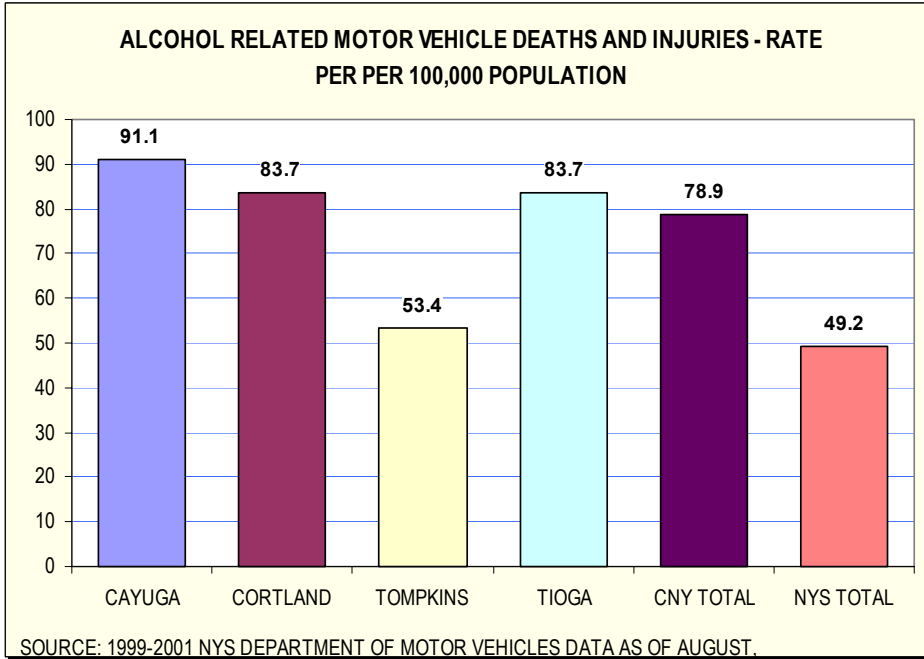


Figure 128 — Drug related hospitalizations, regional comparison

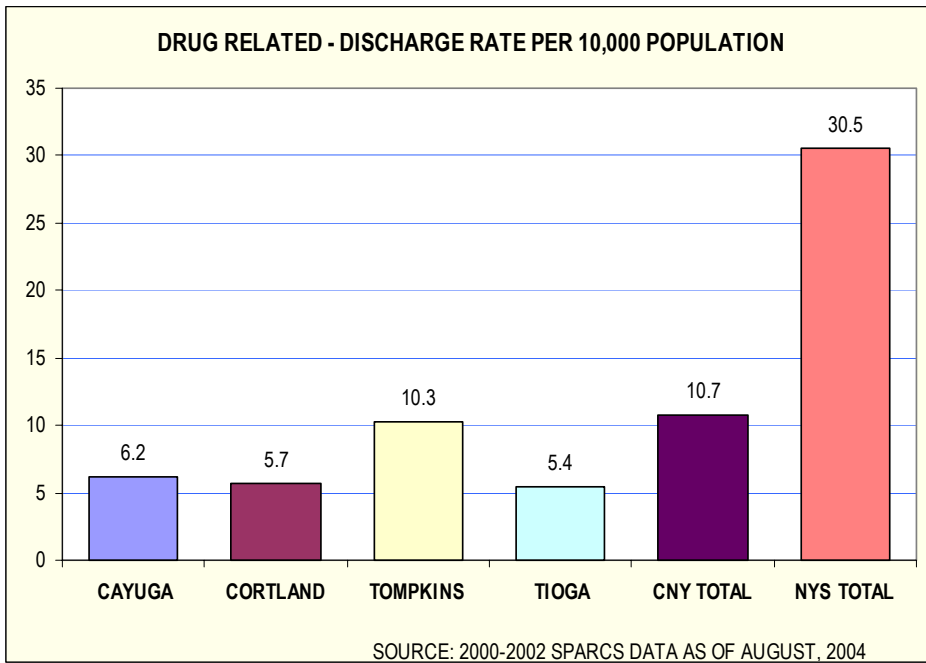


Figure 129 — Traumatic brain injury, regional comparison

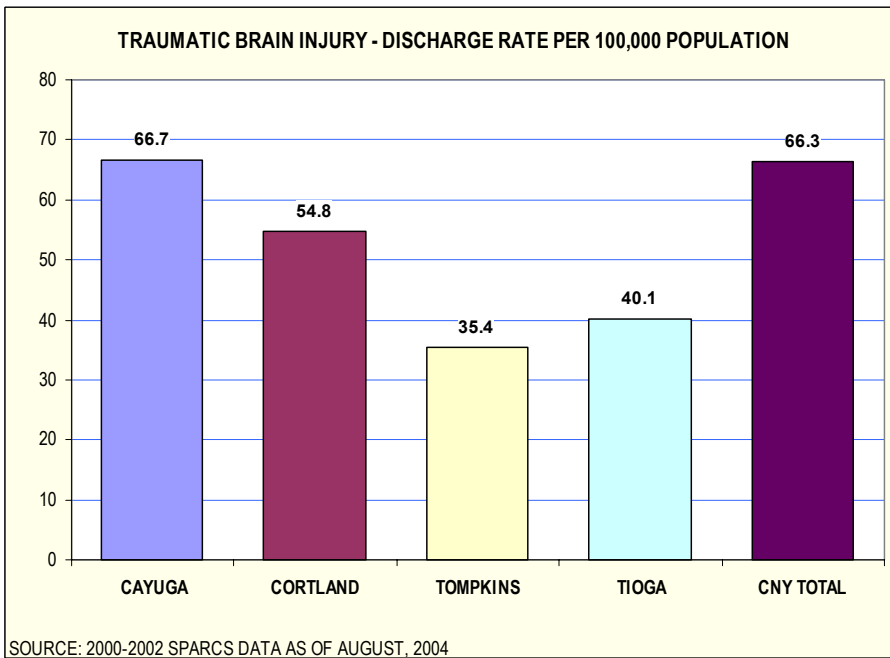


Figure 130 — Traumatic brain injury, 10-year trend

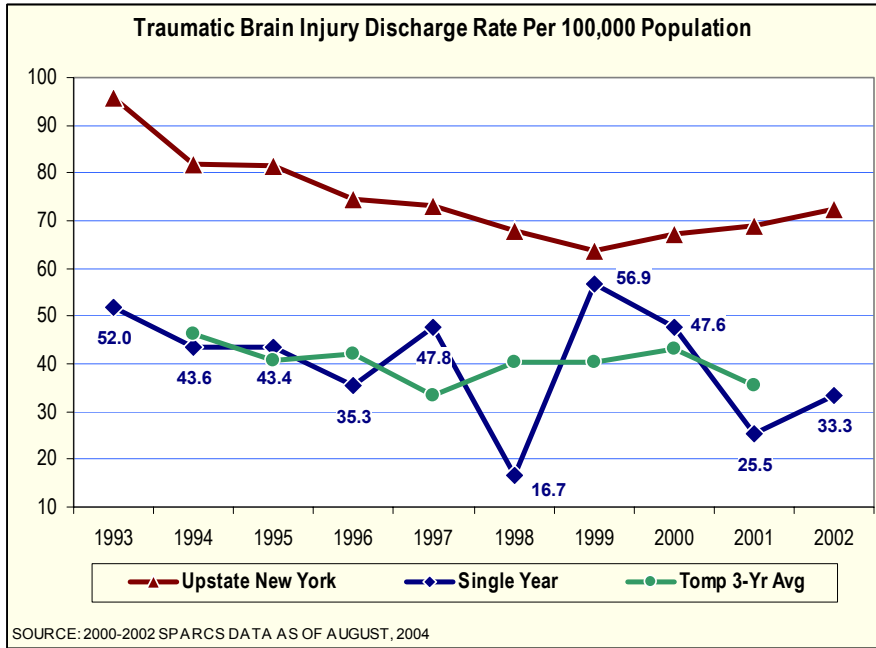
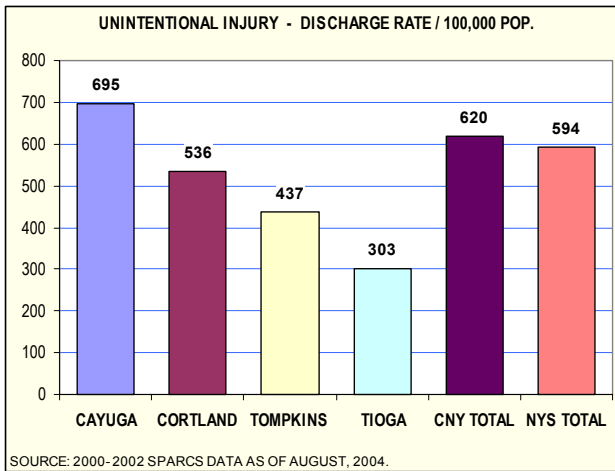


Figure 131 — Unintentional injury discharges, regional comparison and 10-year trend



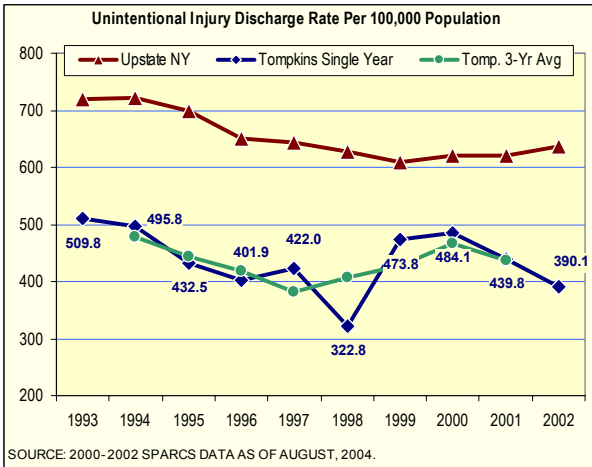


Figure 132 — Unintentional Injury discharges, Age <10 yr.; regional comparison and 10-year trend

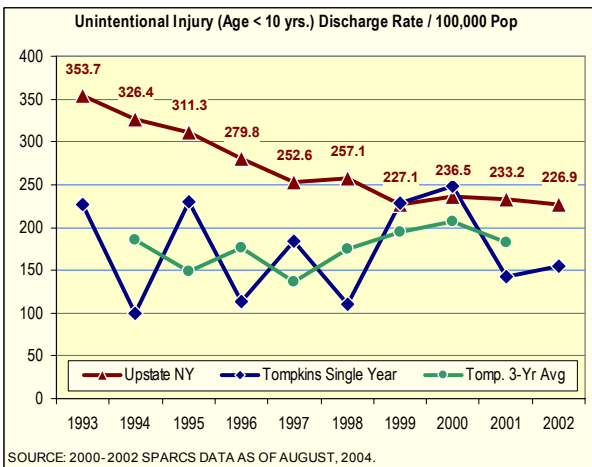
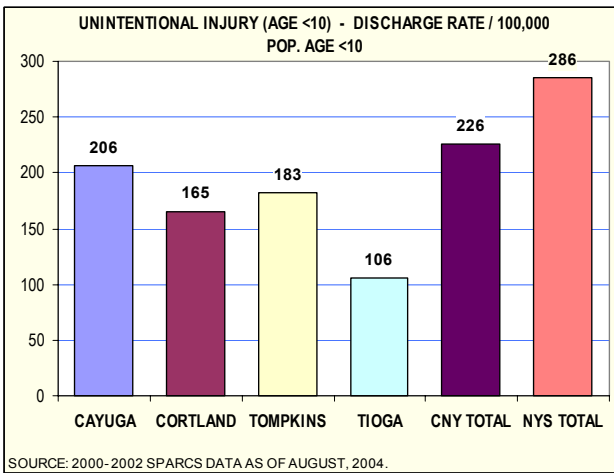


Figure 133 — Unintentional Injury discharges, Age 10–14 yr.; regional comparison and 10-year trend

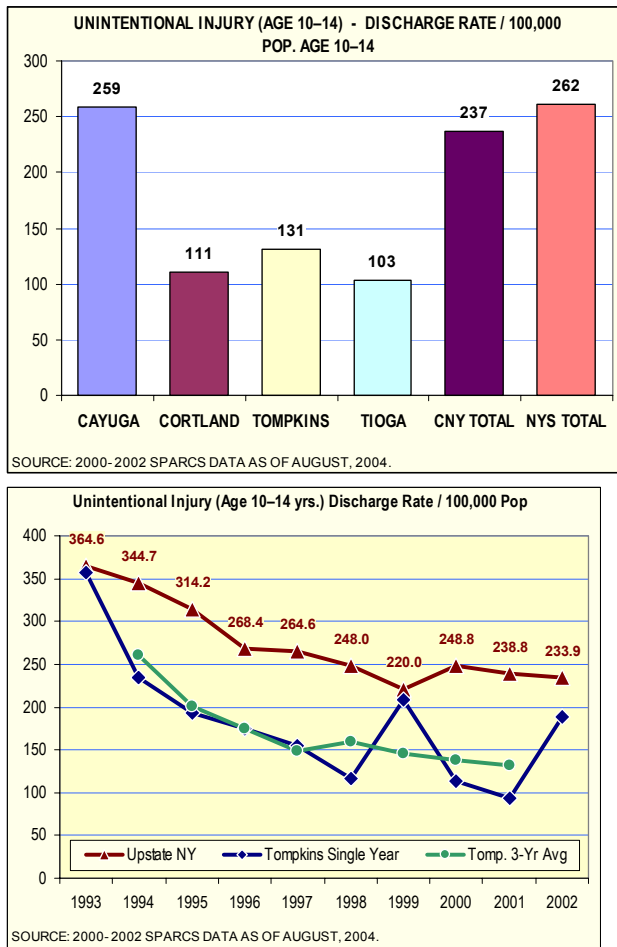
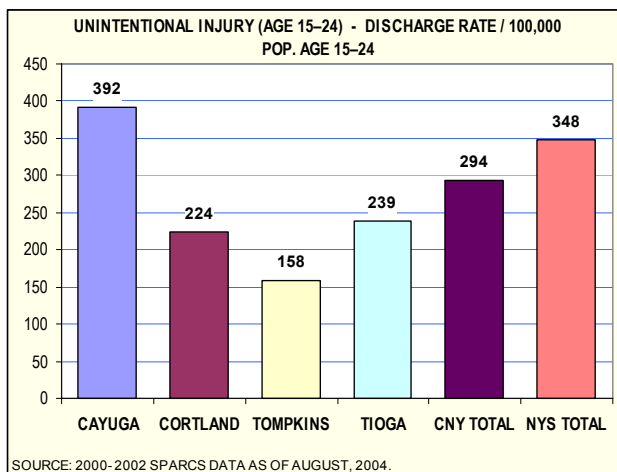


Figure 134 — Unintentional Injury discharges, Age 15–24 yr.; regional comparison and 10-year trend



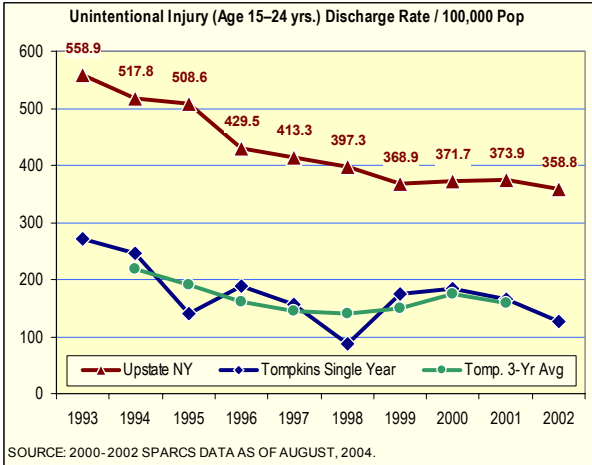


Figure 135 — Unintentional Injury discharges, Age 25-64 yr.; regional comparison and 10-year trend

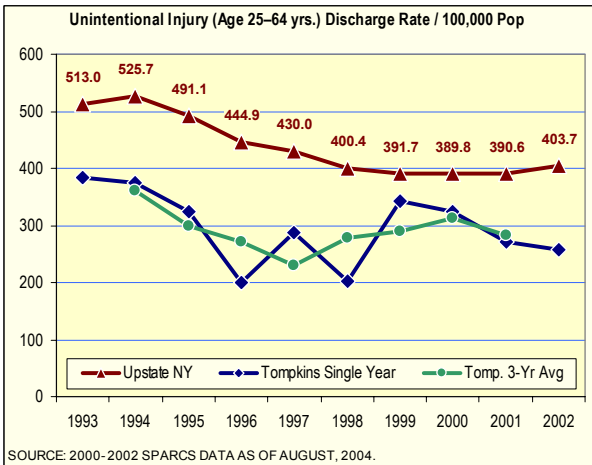
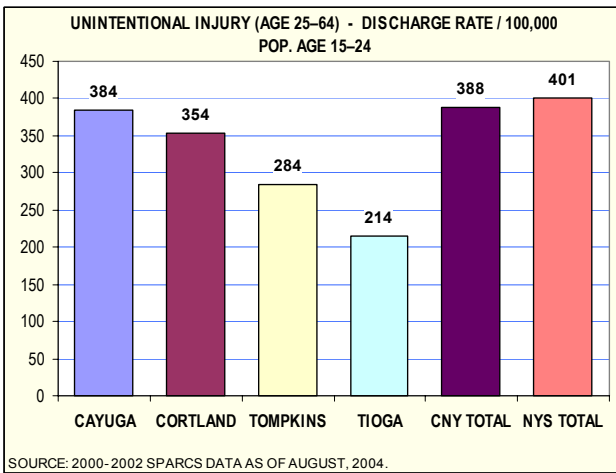
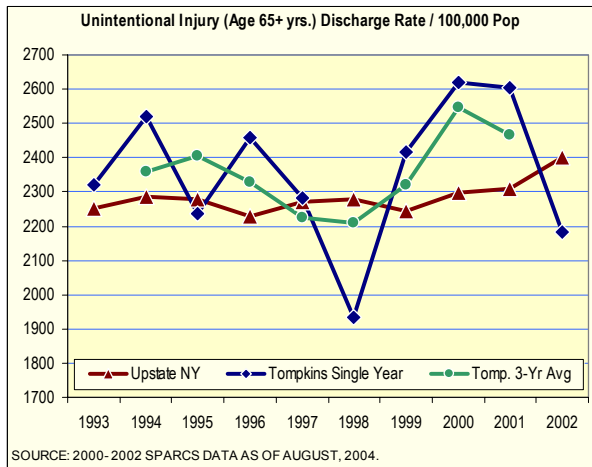
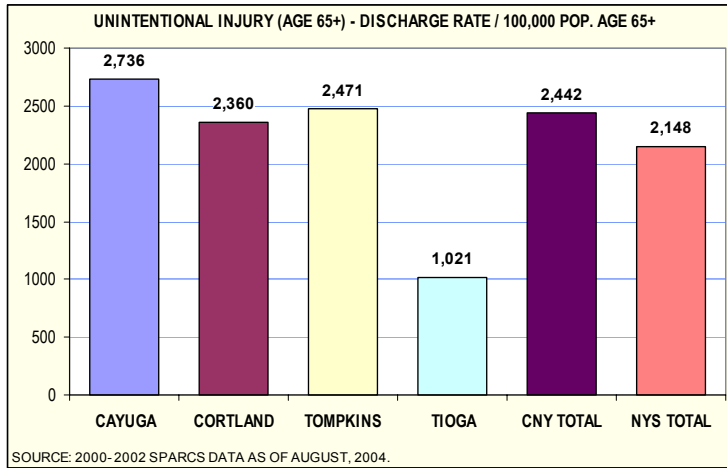




Figure 136 — Unintentional Injury discharges, Age 65+; regional comparison and 10-year trend



## Maternal, Infant and Child Health

### Data Analysis

#### Early prenatal care

• Avg. rate per 100 live births, 2000–2002.	
Tompkins .....	77
Cayuga .....	79
Cortland .....	83
Onondaga.....	76
Tioga.....	80
CNY .....	77
NYS .....	73
HP2010.....	90

#### Early prenatal care

• Avg. rate per 100 live births, 1993–2002.	
Groton.....	79.5
Tompkins total ....	75.1
Caroline .....	70.6

#### Postneonatal mortality

•(Age 28 days–1 yr.)	
Avg. rate per 1,000 live births, 2000–2002.	
Tompkins .....	3.6
Cayuga .....	1.1
Cortland .....	1.2
Tioga.....	1.7
CNY .....	2.2
NYS .....	1.8
HP2010.....	1.2

Early prenatal care — mothers who visit a health care provider within the first 3 months of a pregnancy — is an important health indicator for infants and mothers. It is considered a significant measure of healthy birth outcomes. The healthy People 2010 (HP2010) target, recorded as a percentage of live births, is 90.

Tompkins County women get early prenatal care at about the same rate as women in neighboring counties, and the Central New York (CNY) region as a whole. Over a ten year span from 1993 to 2002, the rate for Tompkins County has remained relatively steady; up a little in the mid nineties, down a little in the latter part of the period. (See *Figure 137 and Figure 138, page 150.*) Considering this pattern, the HP2010 target may be considered an elusive goal for Tompkins County.

Data for early prenatal care is also available by ZIP code for Tompkins County. In *Figure 139, page 151*, where ZIP codes have been combined by Town, it can be seen that this health indicator is relatively uniform across the county; a little higher in Groton, a little lower in Caroline. *Table 14, page 152* shows the data in greater detail. Note that these data are averaged over the period 1993–2002.

Infant mortality refers to deaths of children under age one year. This indicator is further divided into Neonatal (age 0–28 days) and Postneonatal (age 28 days to one year) mortality. These data are recorded as rate of deaths per 1,000 live births.

In Tompkins County the postneonatal mortality rate is 63 percent higher than the total for Region 3, Central New York (CNY.) Statewide, Tompkins has the eighth highest postneonatal mortality rate, based on the average for 2000–2002. Since postneonatal mortality is a component of infant mortality, the latter rate is also elevated in comparison to neighboring counties. (See *Figure 140, page 152 through Figure 142, page 153.*)

A review of the ten years between 1993 and 2002 shows wide fluctuations in Tompkins' postneonatal mortality rate (see *Figure 143, page 154*), with an especially apparent spike in the year 2000. Because the relatively small, single county numbers are prone to show prominent dips and spikes, it is often useful to look at trends by 3-year averages. However, even here the rates remain above the Upstate New York totals over the 10 year period.

Neonatal mortality trends are shown in *Figure 144, page 154*. Infant mortality is the total of neonatal and postneonatal deaths.

**Spontaneous fetal deaths**

- Avg. rate per 1,000 live births, 2000–2002.
- Tompkins.....3.6
- Cayuga.....4.9
- Cortland.....8.9
- Tioga.....2.2
- CNY.....6.9
- NYS.....7.7
- HP2010.....4.1

Spontaneous fetal deaths are deaths that occur at 20 or more weeks of gestation and are reported as a rate per 1,000 live births. Although the records show a couple of years when the spontaneous fetal death rate was relatively high in Tompkins County (1993 and 2000,) the general trend is for this rate to be below those for neighboring counties, the CNY region, and the state as a whole. (See Figure 145, page 155 and Figure 146, page 155.)

Tompkins County is also under the HP2010 target rate of 4.1 spontaneous fetal deaths per 1,000 live births.

**Short Gestation**

- Avg. rate per 100 live births, 2000–2002.
- Tompkins.....9.9
- CNY.....11.3
- NYS.....11.5
- HP2010.....7.6

Pregnancies that last under 37 weeks (about eight and a half months) are tabulated as “Short gestation,” and expressed as a rate per 100 live births. In Tompkins County the rate for short gestations is below that of neighboring counties, though it is likely that the difference is not significant. Tompkins County is not yet as low as the HP2010 target, and the 10 year trend, which is essentially flat, shows no track toward achieving that target. (See Figure 147, page 156 and Figure 148, page 156.)

**Maternal Mortality**

- Avg. rate per 100,000 live births, 2000–2002.
- Tompkins.....39.6
- Onondaga.....11.5
- CNY.....8.0
- NYS.....16.1
- HP2010.....3.3

Maternal mortality is very rare in New York State. In fact, among the 55 Upstate counties only 20 maternal deaths were recorded during the 3-year period, 2000–2002. Unfortunately, one of those deaths occurred in Tompkins County in 2002. Records show maternal mortality here was zero from 1991–2001.

Incidence rates for maternal mortality are calculated per 100,000 live births. In Tompkins County where there were 2,525 births from 2000–2002, one maternal death resulted in an average rate of 39.6. Taking into account the raw data of one death in 12 years, the 2000–2002 rate should probably be interpreted cautiously.

**Birthweight**

Birth weight is recorded at every delivery, making this one of the most reliable of all community health indicators. The cut-off number for classification as “Low Birthweight” (LBW) is 2500 grams (about five and a half pounds.) Infants weighing in under 1500 grams (about 3-1/3 pounds) are considered to be “Very Low Birthweight,” or VLBW. Both indicators are described as a rate per 100 live births.

**Very Low Birthweight**

- Avg. rate per 100 live births, 2000–2002
- Tompkins.....1.5
- CNY.....1.5
- HP2010.....0.9

In Tompkins County the rate for VLBW is right in line with neighboring counties, the CNY region and the state as a whole. And this rate has remained essentially constant over the 10 year period, 1993–2002. The Tompkins County rate needs to decline by about 40% to reach the HP2010 target.

For the LBW indicator Tompkins shows somewhat better regionally, though it still surpasses the HP2010 target. The 10 year trend is flat. (See

**Low Birthweight births**

- Avg. rate per 100 live births, 1993-2002.
- Tompkins ..... 6.3
- T-Caroline ..... 7.6
- T-Danby ..... 10.2
- T-Enfield ..... 8.2
- HP2010 ..... 5.0

*Figure 149, page 157, and Figure 150, page 157.)*

LBW data is also available in greater detail within the county. *Figure 151, page 158*, shows 10-year data by Tompkins County town. For the most part there is little variation among towns. The exception is the Town of Danby, and to a lesser extent the Towns of Enfield and Caroline. All areas are above the HP2010 target of 5.0 percent low birthweight births, though some by such a narrow margin that it maybe within a margin of error.

It is difficult to attempt an explanation for these data. Typically, low birthweight births can be an indicator of lower socio-economic status. Low birthweight can also result from later initiation of prenatal care, maternal smoking or maternal age.

In this case, poverty data does not seem to correlate (*see Figure 152, page 158.*) However, caution is advised in this comparison since the poverty data shown is from 1999 (2000 U.S. Census) and the LBW data is averaged over 10 years, from 1993–2002. Also, as pointed out in an earlier section, the influence of students on Tompkins County poverty statistics can add to uncertainty in how to interpret data.

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## Community Resources

**WIC**

In Tompkins County, the federally funded Supplemental Nutrition Program for Women, Infants and Children (WIC) is administered by the Tompkins County Health Department. TC WIC nutrition staff emphasize the benefits of breastfeeding with all prenatal women. Using a locally developed questionnaire, detailed information in breastfeeding is collected from all prenatal women who enroll in WIC.

Data collected from 1997–2003 is shown in *Figure 153, page 159*. The 7-year trend shows some increase in the number of WIC mothers who initiate breastfeeding, though a decrease in the women who are still breastfeeding at 6 months.

Though these data provide a valuable addition to the cache of community health indicators the reader should remember that they only represent those women who are eligible and have enrolled in the TC WIC program. This is the only measure available and does not account for breastfeeding initiation and maintenance of other women not enrolled in WIC.

**Medicaid Obstetric and Maternal Services (MOMS)**

This program located at the Tompkins County Health Department

(TCHD) provides services for prenatal women and their partners. Income eligibility for this program is less stringent than typical Medicaid requirements. Clients receive education through class instruction and nurses provide one on one counseling. The unduplicated client count in 2002 was 509; in 2003 it was 574. The total number of births to women in Tompkins County in 2002 was 794; in 2003 it was 920.

#### **Maternal Child Home Visiting Program**

Nurses in TCHD's Maternal Child Unit visit mothers, babies, and children in their homes upon physician requirement. During home visits, nurses assess blood pressure, pulse respiration, lung sounds, weights, and fetal heart sounds. Mothers are taught about healthy pregnancy, breast-feeding, infant care, childhood health and development, immunization, chronic disease. In 2002 the unduplicated client count was 196 with 572 home visits. In 2003 the client count was 141 with 407 home visits.

#### **Medical Care — Highlights**

There are 2 obstetrical/gynecological medical practices in Ithaca and one family practice office that provide obstetrical care.

Cayuga Medical Center at Ithaca's Special Care Nursery acquired a Level II designation from the New York State Department of Health. This means that babies born at the medical center who require short-term assistance breathing and other neonatal services such as oxygen support and intravenous therapy can receive their care in Tompkins County. As of 2003, the Special Care Nursery cares for babies born up to eight weeks premature or at a minimum weight of 1,500 grams (the equivalent weight of 3 pounds, 5 ounces). Babies weighing less than 1,500 grams or who need surgery are transferred to a regional medical center with Level III Nursery designation.

TCHD partners with Mothers and Babies Perinatal Network of the Southern Tier regarding access to prenatal care and smoking cessation among prenatal women. They provide the education and support to make smoking cessation a success.

#### **Opportunities for Action**

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I'm not going to include any here, unless we state the obvious of continuing to work on achieving the HP 2010 goal of 90% prenatal care and continuing to urge pregnant women to quit smoking. Alice, Sigrid, any comments here?

## Figures and Tables

Figure 137 — Early prenatal care, regional comparison

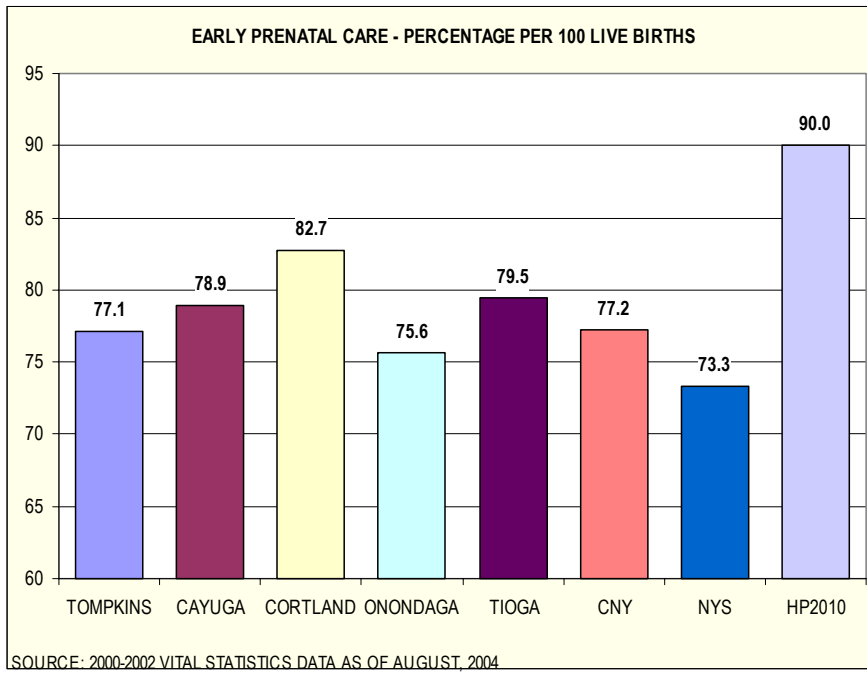


Figure 138 — Early prenatal care, 10-year trend

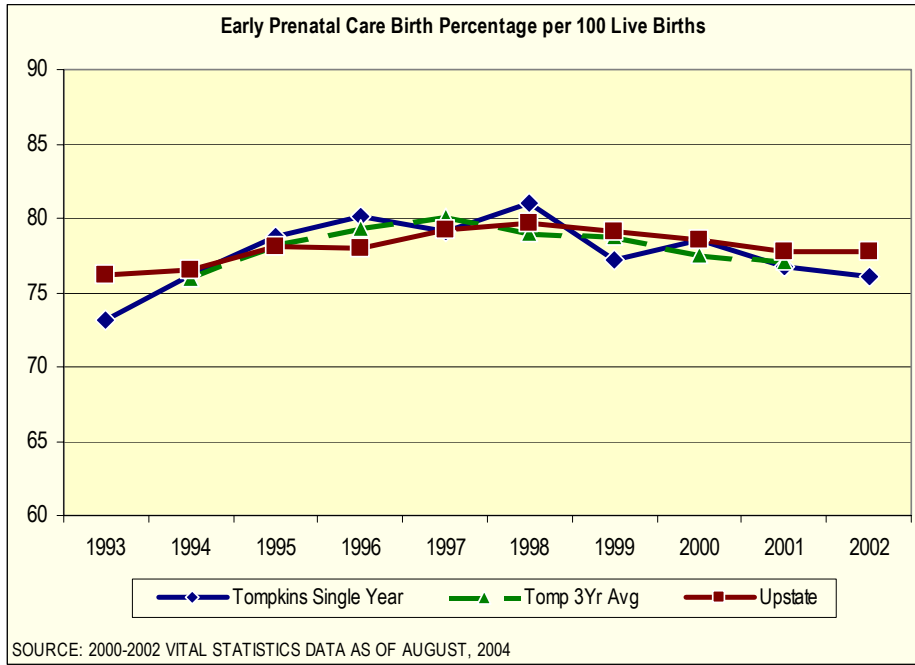


Figure 139 — Early prenatal care, by Tompkins County ZIP code

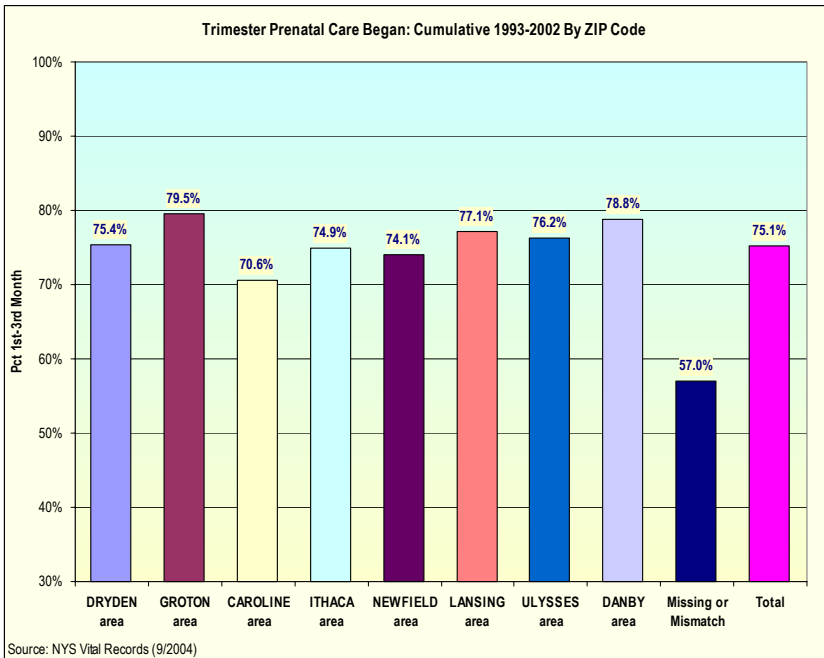


Table 14 — Early prenatal care, by Tompkins County ZIP code

Total Births 1993-2002	1st-3rd Month			
	Freq	Pct		
1,194	900	75.4%	DRYDEN-ETNA-FREEVILLE	DRYDEN area
708	563	79.5%	GROTON-MC LEAN	GROTON area
327	231	70.6%	BROOKTONDALE-BERKSHIRE-SLATERVILLE SPRINGS	CAROLINE area
5,042	3,777	74.9%	ITHACA	ITHACA area
772	572	74.1%	NEWFIELD	NEWFIELD area
398	307	77.1%	LANSING	LANSING area
391	298	76.2%	TRUMANSBURG-MECKLENBURG-JACKSONVILLE	ULYSSES area
99	78	78.8%	WEST DANBY-SPENCER-WILLSEYVILLE	DANBY area
79	45	57.0%	Missing Zipcode-Zipcode and County Mismatched	Missing or Mismatch
9,010	6,771	75.1%	TOTAL	Total

NYS Vital Statistics (Sept 2004)

Figure 140 — Postneonatal mortality, regional comparison

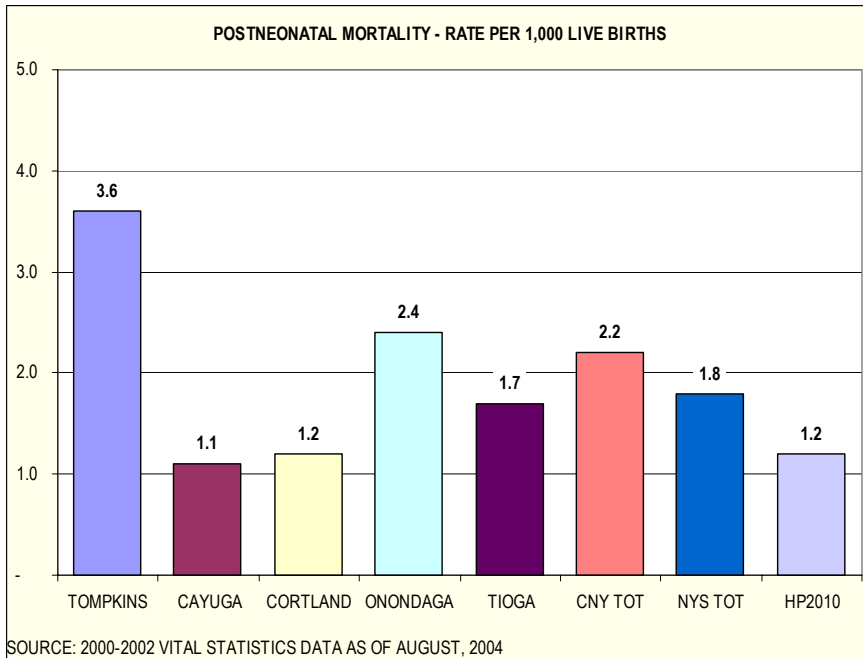




Figure 141 — Neonatal mortality, regional comparison

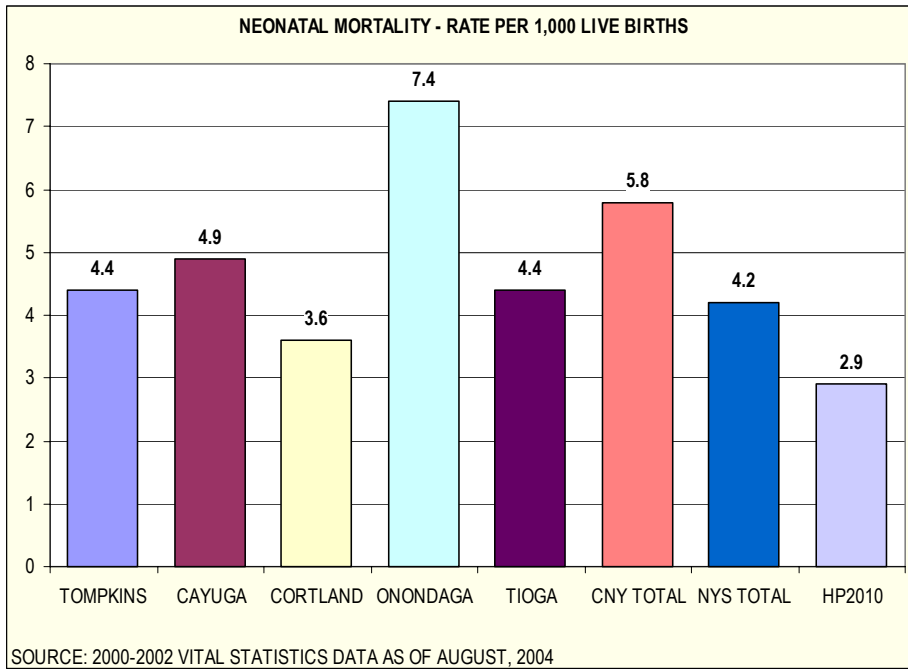


Figure 142 — Infant mortality, regional comparison

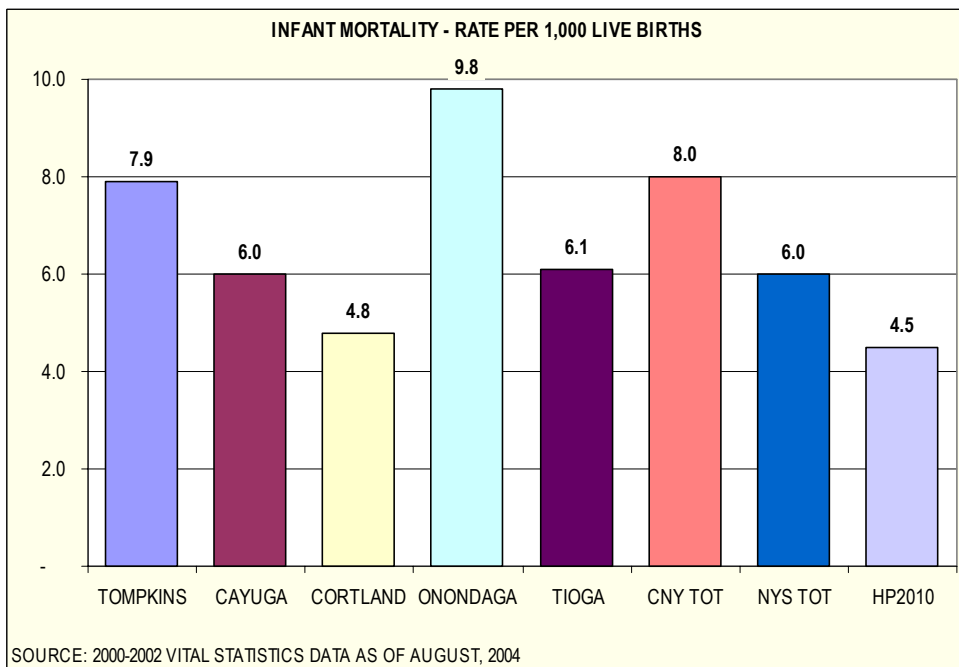


Figure 143 — Postneonatal mortality, 10-year trend

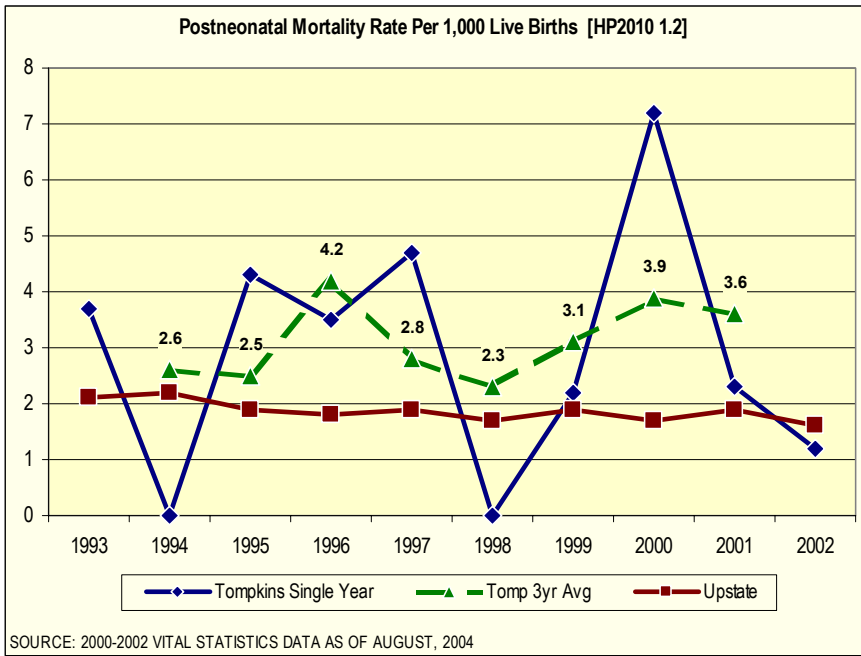


Figure 144 — Neonatal mortality, 10-year trend

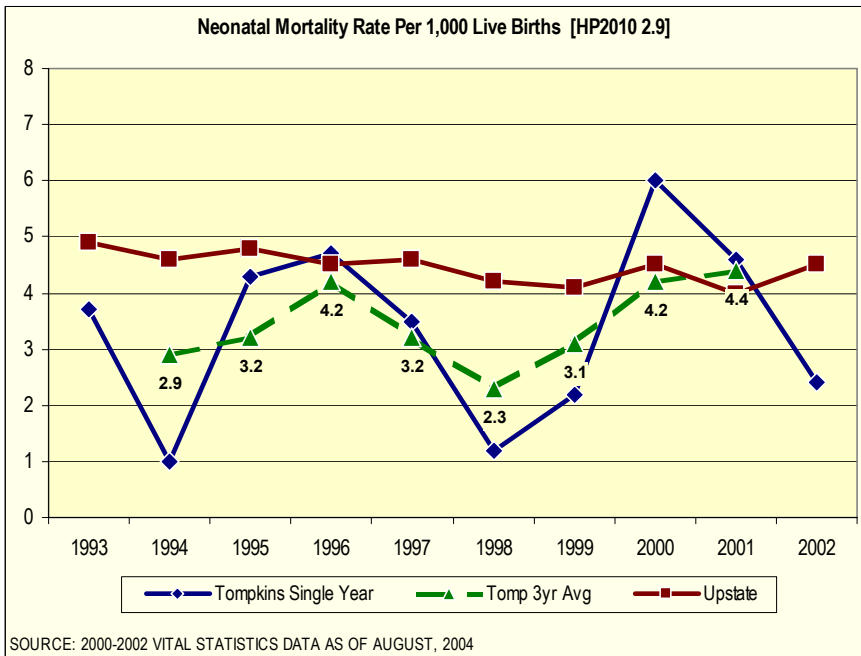


Figure 145 — Spontaneous fetal deaths, 10-year trend

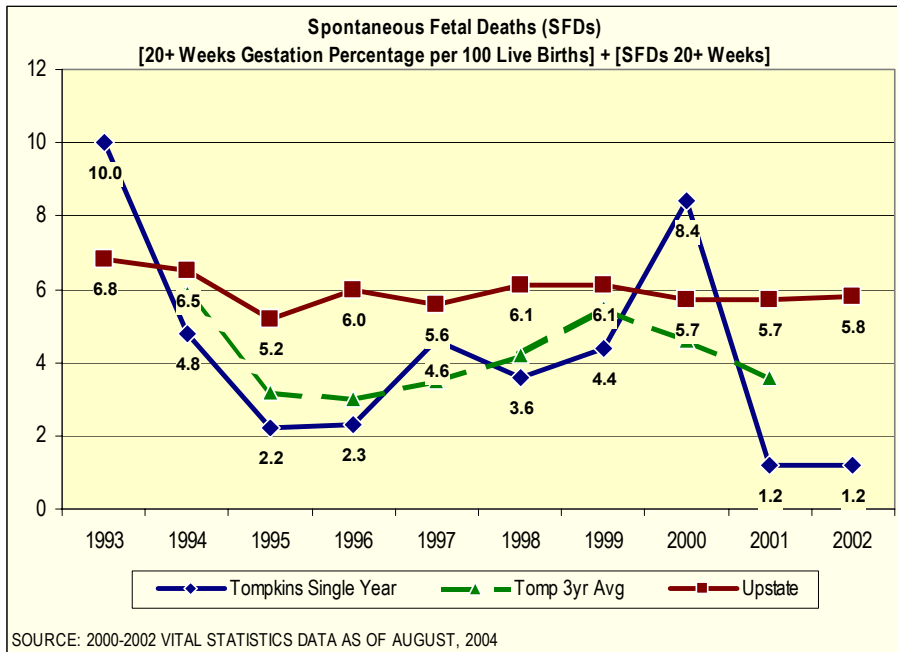


Figure 146 — Spontaneous fetal deaths, regional comparison

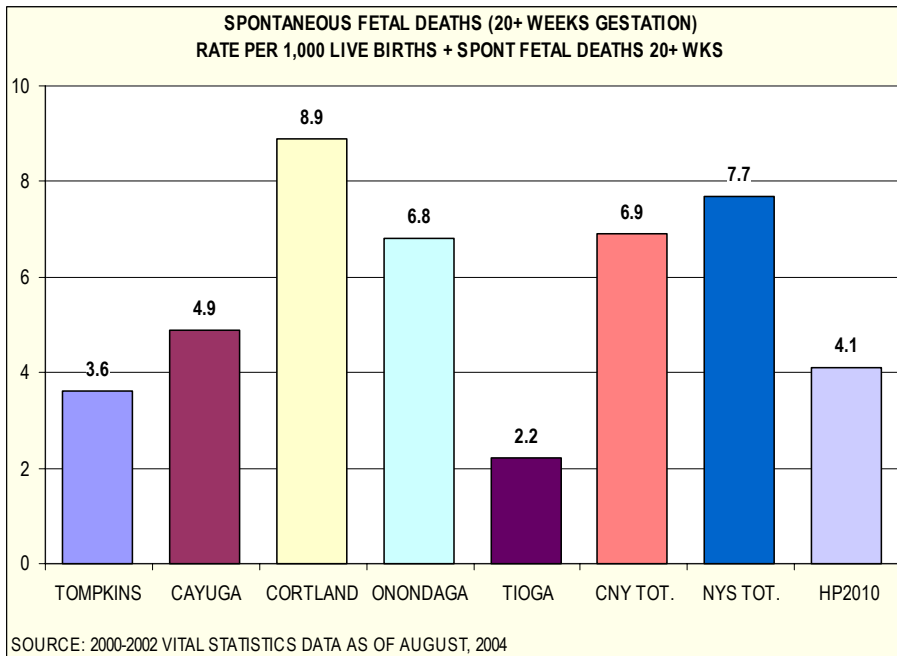


Figure 147 — Short gestation, regional comparison

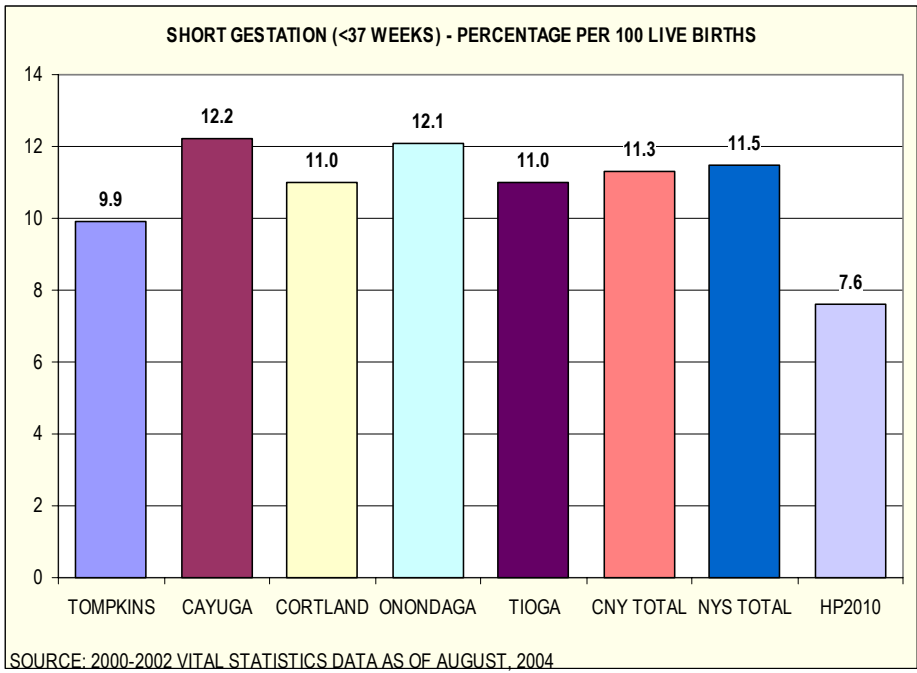


Figure 148 — Short gestation, 10-year trend

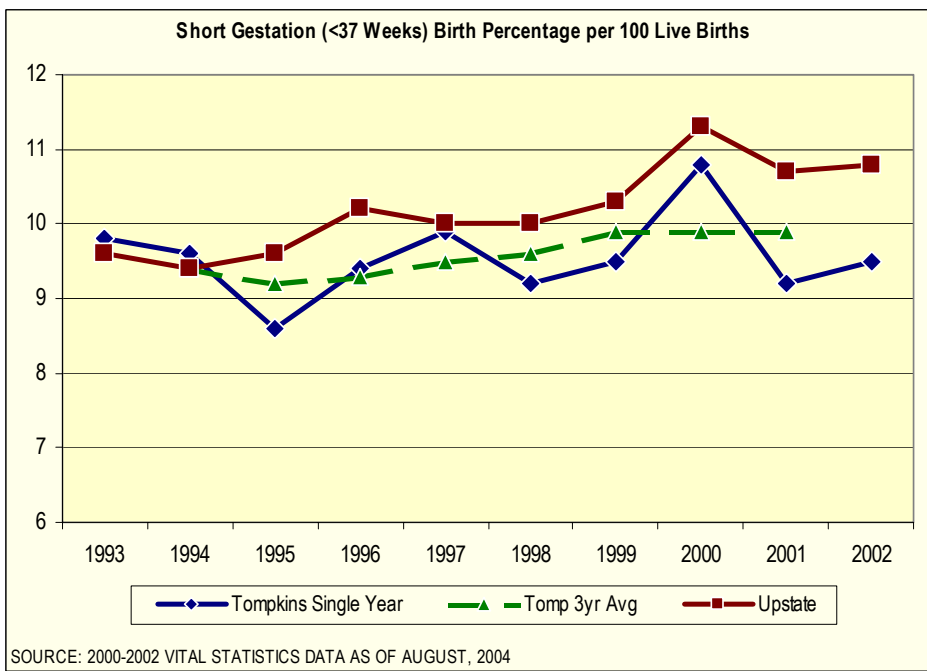


Figure 149 — Low birthweight births, regional comparison

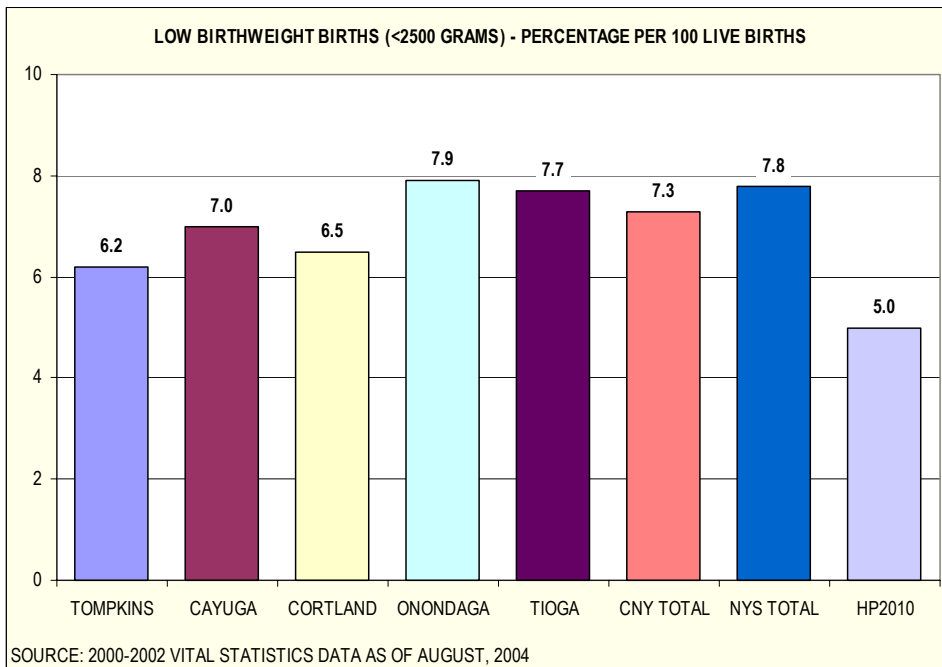


Figure 150 — Low birthweight births, 10-year trend

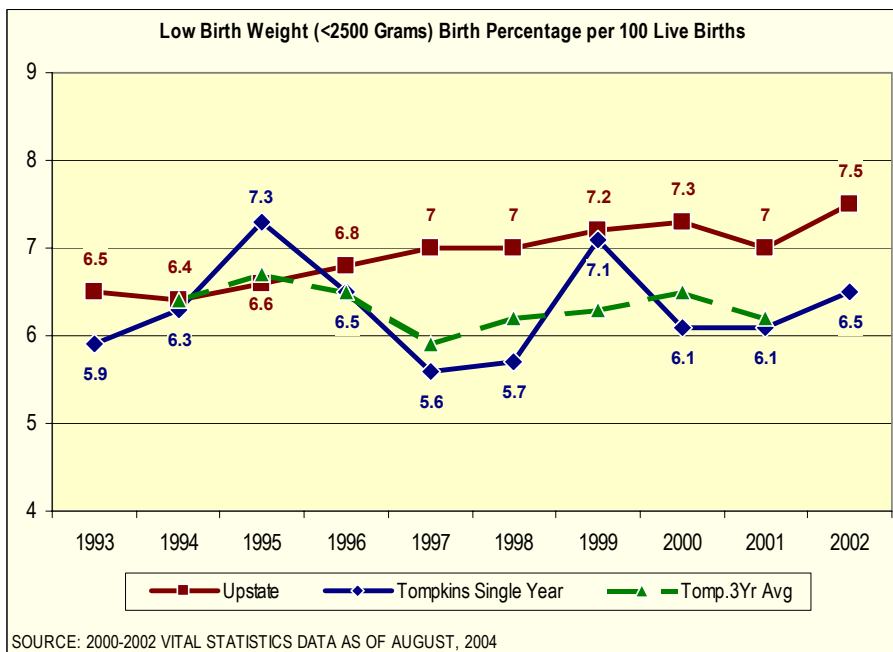


Figure 151 — Low birthweight births, by Tompkins County town

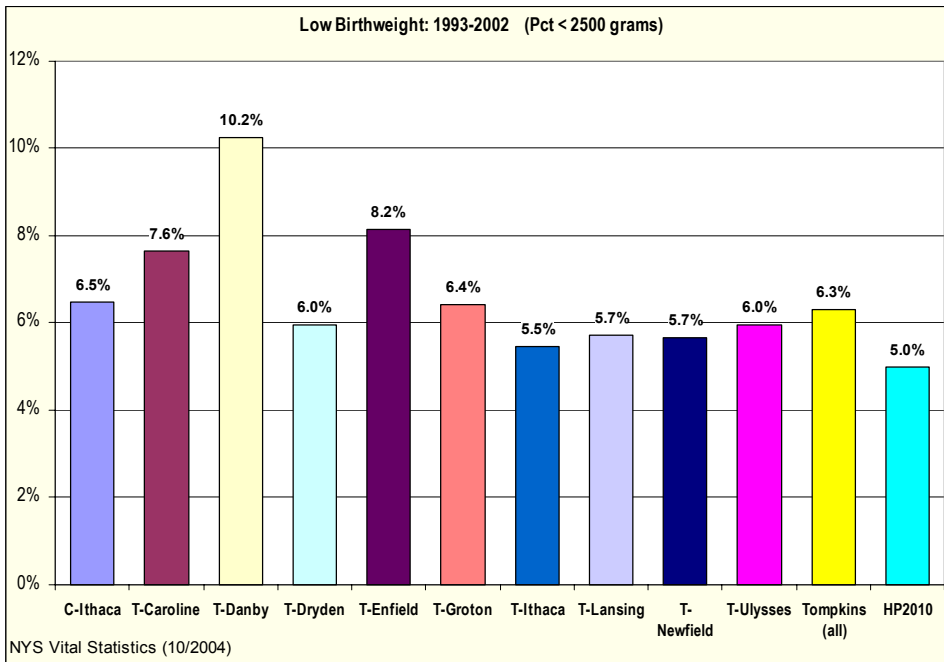


Figure 152 — Families in poverty, by Tompkins County town

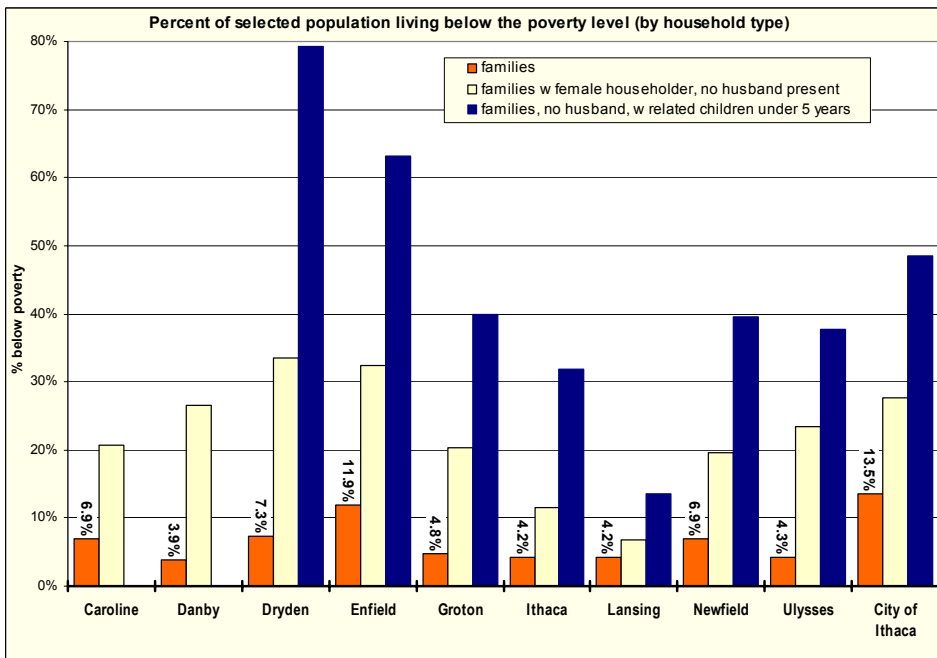


Figure 153 — Breastfeeding, Tompkins County

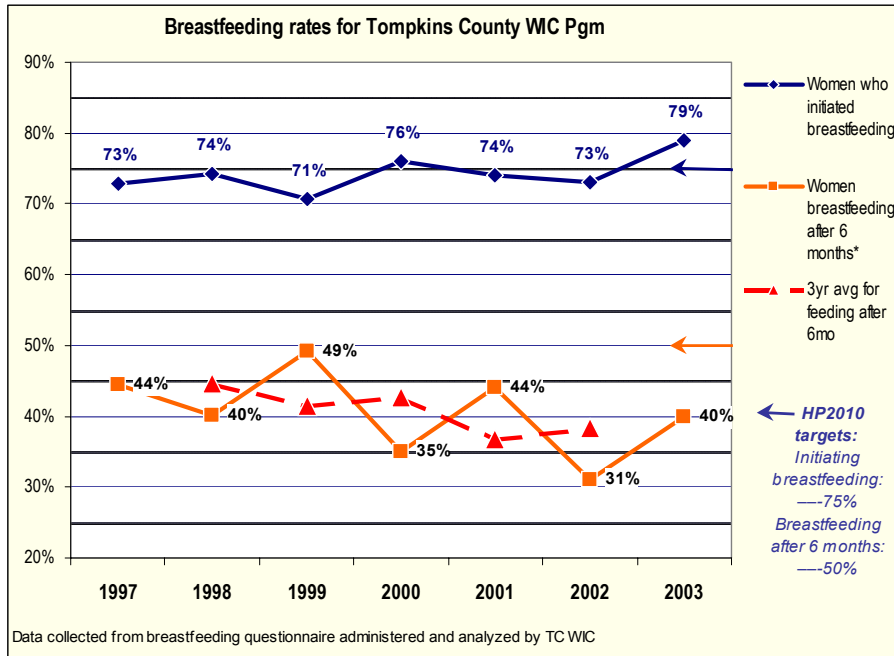


Table 15 — Lead poisoning incidence, Tompkins County

**Lead Prevention Program in Tompkins County**

Year	1998	1999	2000	2001	2002	2003
Children (<6yrs) tested for lead	1,081	NA	NA	1,272	1,273	1,258
Blood level >10 mcg/dl		6	8	3	14	6
Blood level >20 mcg/dl	2	1	-	2	-	-
Sites inspected related to >10 cases		6	7	3	13	8
Abatements completed		-	-	-	-	-
Interim controls completed		-	-	1	-	-
Lead source identified				4	9	6

Source: TCHD Annual Reports (EH, MCU)

## Nutrition and Overweight

**N**utrition is essential for growth and development, health, and well being. Behaviors to promote health should start early in life with breastfeeding and continue through life with the development of healthful eating habits. Nutritional, or dietary, factors contribute substantially to the burden of preventable illnesses and premature deaths in the United States. Indeed, dietary factors are associated with 4 of the 10 leading causes of death: coronary heart disease (CHD), some types of cancer, stroke, and type 2 diabetes. Dietary factors also are associated with osteoporosis, which affects more than 25 million persons in the United States and is the major underlying cause of bone fractures in postmenopausal women and elderly persons. (Healthy People 2010)

The Dietary Guidelines for Americans, 2005 recommends consuming fewer calories, becoming more physically active and making wiser choices within and among food groups. Visit [www.health.gov/dietaryguidelines](http://www.health.gov/dietaryguidelines) to see the full report.

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### Data Analysis

#### BRFSS

Relatively little data is available by which to judge the state of nutritional behavior and bodyweight levels in a community. Currently the state provides only data collected through the Behavioral Risk Factor Surveillance System (BRFSS) surveys. The most recent local level survey was conducted in 2002 and carries a citation date of 2003. The BRFSS only surveys adults age 18 years and over.

In the most recent survey Cortland and Tompkins Counties were surveyed together and are reported as a single data point. Many other rural counties were also grouped in twos and threes for the survey and the data is reported as such. This is done in order to maintain a consistency, to the extent possible, of sample size across the state. This in turn is a way to improve the confidence intervals and thereby the reliability of the data as true and not just do to random occurrence.

Almost all data detailing the current national “obesity epidemic” is obtained through self-reporting systems like the BRFSS survey. A common concern of these survey data is that respondents stretch their answers towards “normal”; that is, overweight and obesity are under-reported.

Even given the inherent statistical problems, the data is worth reviewing on a comparative basis. Local level data is not available over a span of years, so only regional comparisons are offered along with some breakout by demographic groups within the Cortland–Tompkins sample set.

#### Obese or Overweight Cortland–Tompkins,

About half of the Cortland–Tompkins population is overweight or obese according to the 2003 BRFSS. This is the best score regionally



BMI=25+, 2003	
Male .....	61.6
Female .....	41.7
High school edu or less .....	61.8
Edu more than high school .....	47.2
[95% C.I. 5.8–7.9]	

### Fruit and vegetable consumption

#### HP 2010

Target daily consumption	
Veg: 3 srvgs .....	50%

and statewide though the closer comparisons may not be statistically significant. (See *Figure 154, page 163.*)

A demographic breakout for Cortland–Tompkins is shown graphically in *Figure 155, page 164.* The data is also presented in table form to show the 95% confidence intervals (C.I.) which vary widely among the different groups.

Still, two of the comparisons appear to be statistically significant: the gender gap and the education gap. Cortland–Tompkins men have a higher incidence of overweight than do women. Similarly, those whose education went no farther than high school are more likely to be overweight than those with schooling beyond high school.

Additional graphics showing regional comparisons for different Body Mass Index (BMI) levels are shown in *Figure 156, Figure 157 and Figure 158, starting on page 165.*

The BRFSS tracks nutritional behavior through questions about fruit and vegetable consumption and about an individual's attempts to lose or maintain weight.

A number of years ago the National Cancer Institute (NCI) established that consuming a minimum of 5 servings a day of fruits and vegetables was important for maintaining health. More recently the recommendation has been upgraded to eating from 5–9 servings a day, with the emphasis on the higher level. The BRFSS asks respondents whether or not they eat at least 5 fruit or vegetable servings a day.

Regionally the responses do not vary within the margins of error, with plus-or-minus a quarter of the population confirming that they eat “five-a-day.” The rate for Cortland–Tompkins is 27 percent. See *Figure 159, page 166* for details. One thing that is indisputable regarding this data is that fruit and vegetable consumption is extremely low based on the NCI recommendation.

Of further interest — due to statistical significance — is the demographic differences within Cortland–Tompkins. There may be a significant difference between those age 18–34 years and those age 55 and over, with greater numbers of the older population eating their 5-a-day. More well defined is the difference between education levels: those with high school or less appear to be far less likely to include the recommended numbers of fruits and vegetables in their diet than those with an education beyond high school. (See *Figure 160, page 167.*)

The implication would be that any interventions to increase fruit and vegetable consumption may better serve the constituency by targeting younger populations and those with fewer years of school.

Healthy People 2010 (HP2010) has set targets for fruit and vegetable consumption among those age 2 years and older. They are for 50 percent of the population to eat at least 3 servings of vegetable daily

Fruit: 2 srvgs..... 75% and 75 percent to eat a minimum of 2 daily servings of fruit.

## Community Resources

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- TCHD** TCHD’s Health Promotion Program promotes worksite programs that encourage healthy eating. Technical assistance is provided upon request or through the web site. Employers can learn how to implement a “5 a day Challenge,” institute a healthy “snack bowl” or how to include healthy menu choices at worksite functions. [www.tompkins-co.org/wellness](http://www.tompkins-co.org/wellness)
- WIC** The Supplemental Nutrition Program for Women, Infants and Children at TCHD strives to improve the nutrition and health status of participating women, infants and children through the provision of nutritious foods, nutrition and health education, breastfeeding promotion and support and connections with health and human service organizations.
- Healthy CNY** In 2004, The Commission for a Healthy Central New York conducted a regional health assessment of eight counties: Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, and Tompkins Counties. Obesity was identified as a problem in the region. The Commission is seeking to establish collaborative relationships of stakeholders and health care providers to tackle the problem on a regional basis.

Figures and Tables

Figure 154 — Overweight or obese, regional comparison

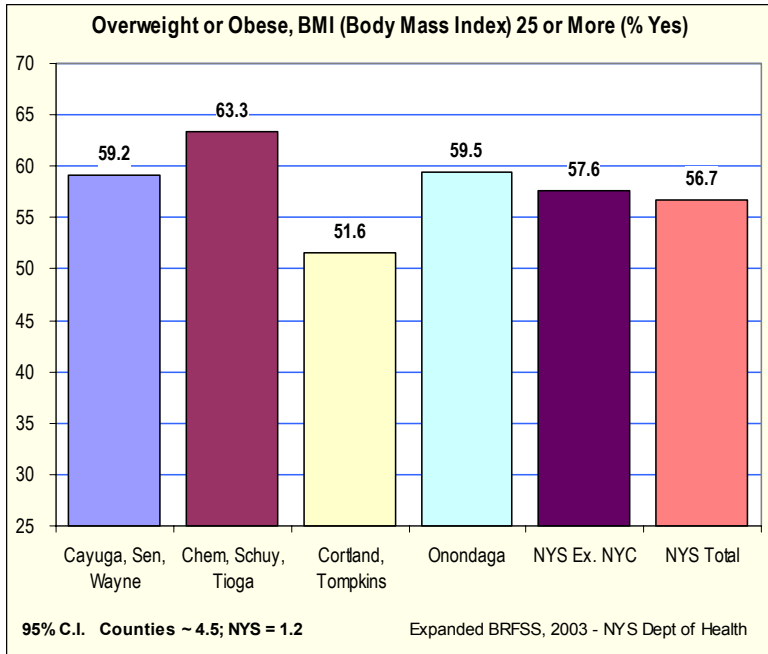
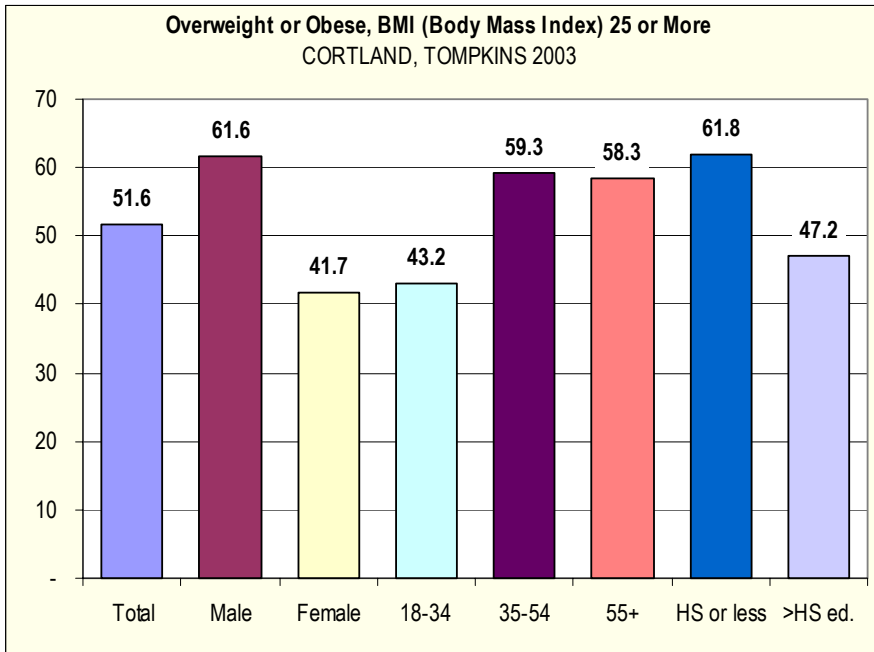


Figure 155 — Overweight or obese, Tompkins–Cortland



**Overweight or Obese, BMI (Body Mass Index) 25 or More**  
CORTLAND, TOMPKINS 2003

Dem Groups	n <sup>1</sup>	Yes % <sup>2</sup>	n	No %	C.I. <sup>3</sup>
Total	326	51.6	294	48.4	4.7
Male	163	61.6	99	38.4	6.8
Female	163	41.7	195	58.3	6.2
18-34	67	43.2	103	56.8	8.6
35-54	134	59.3	104	40.7	6.7
55+	125	58.3	85	41.7	7.4
HS or less	125	61.8	77	38.2	7.9
>HS ed.	201	47.2	217	52.8	5.8

Expanded BRFSS, 2003 - NYS Dept of Health

<sup>1</sup>Use pct's based on row denominators <50 with caution

<sup>2</sup>Weighted Percent

<sup>3</sup>95% Confidence Interval

Figure 156 — Underweight /Normal, regional comparison

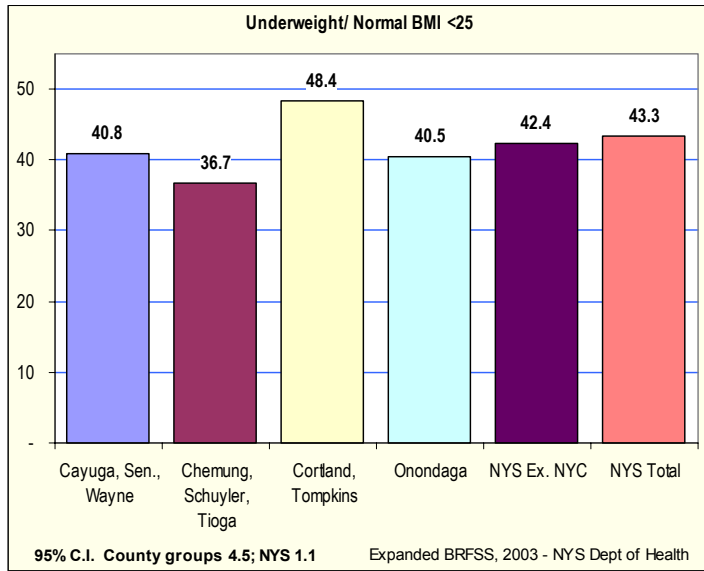


Figure 157 — Overweight, regional comparison

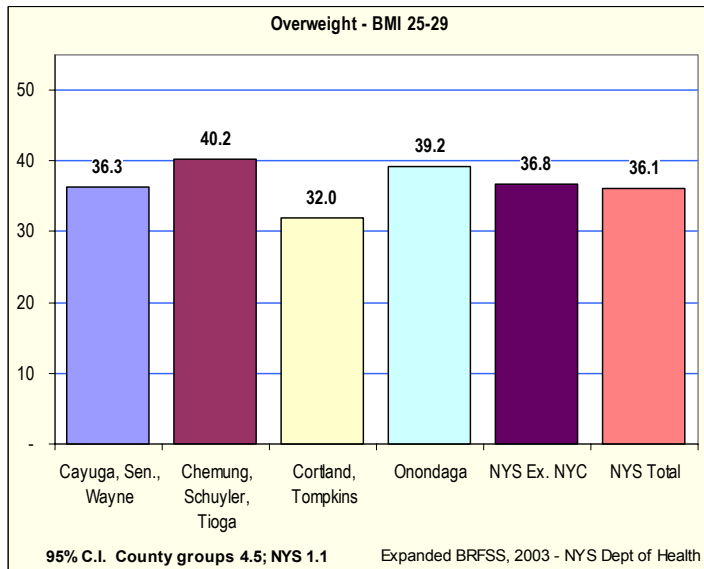


Figure 158 — Obese, regional comparison

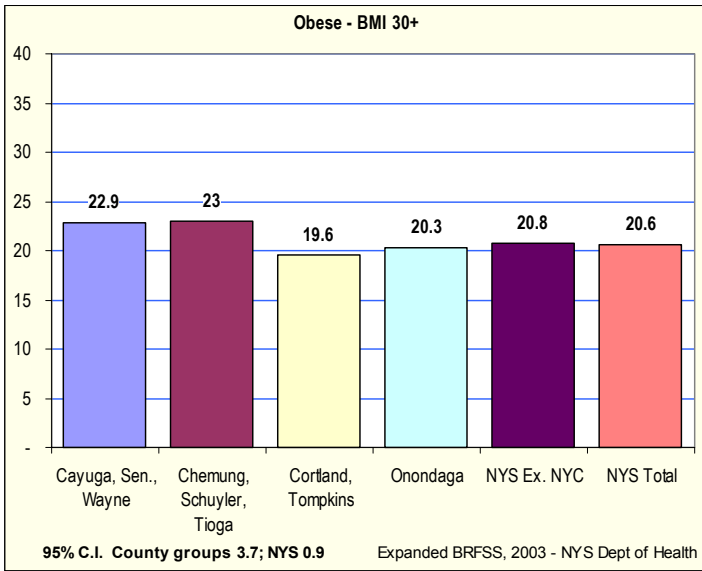


Figure 159 — Eat 5-A-Day, regional comparison

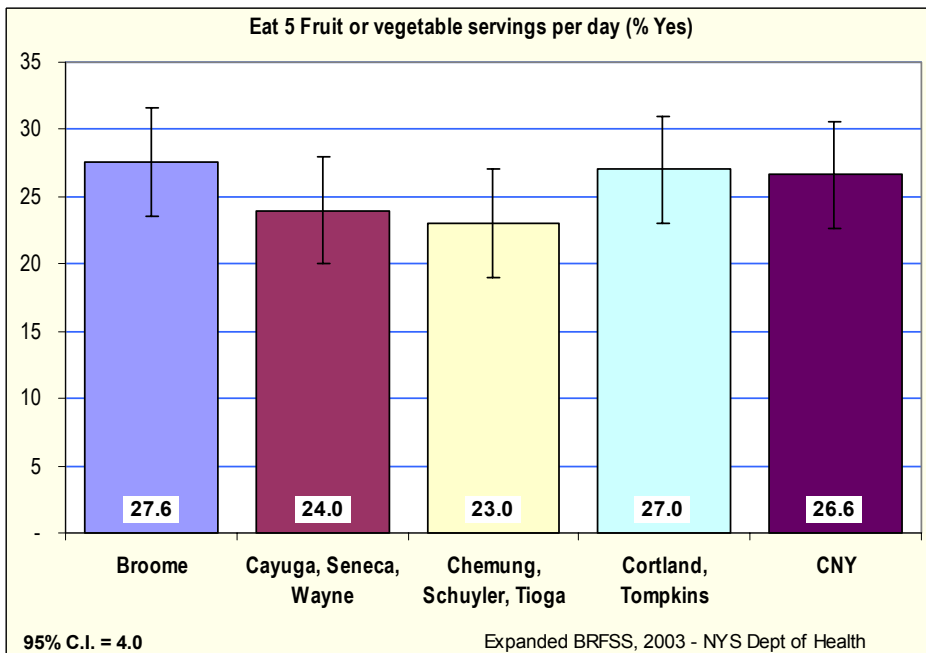


Figure 160 — Eat 5-A-Day, Tompkins–Cortland

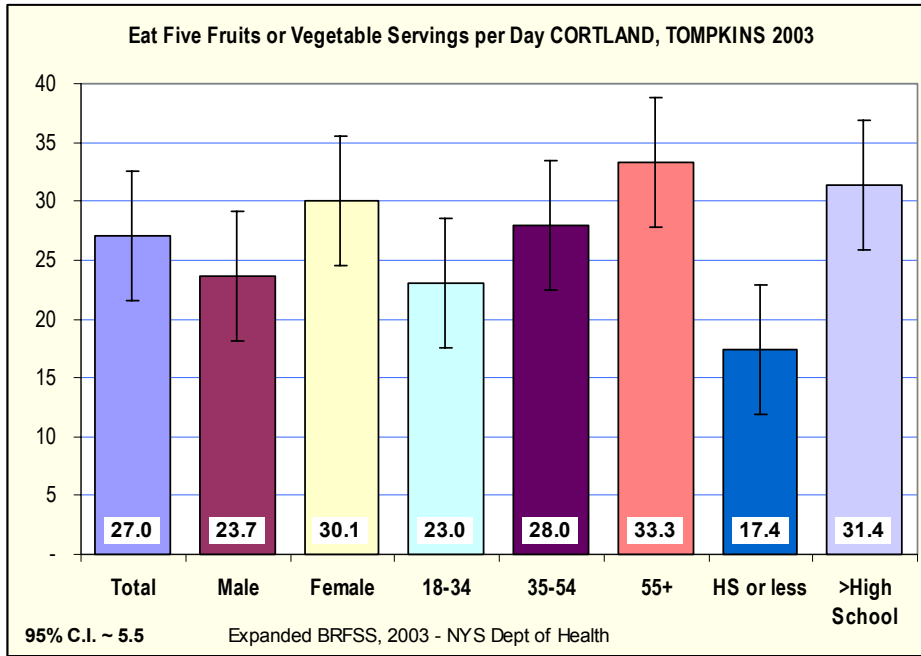


Figure 161 — Trying to lose weight, regional comparison

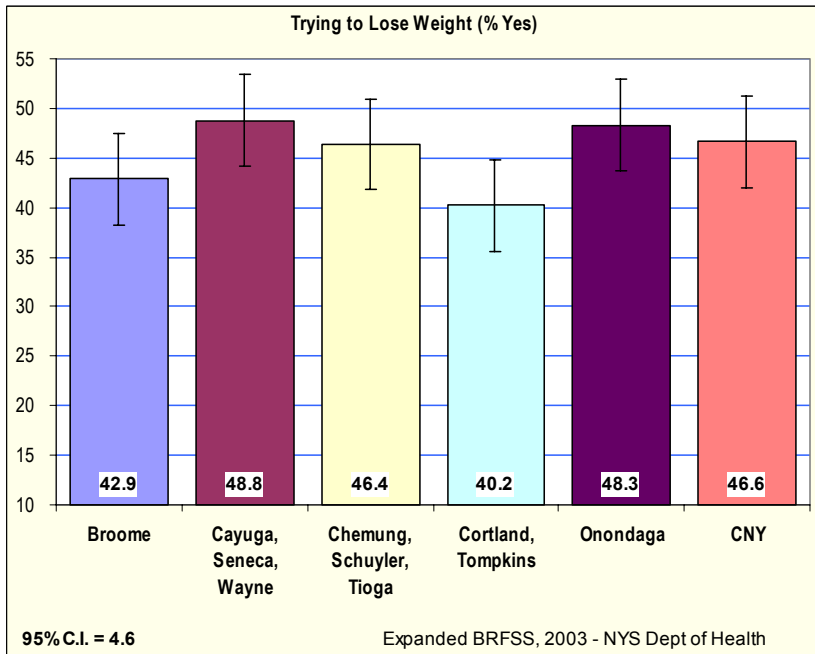


Figure 162 — Trying to maintain current weight, regional comparison

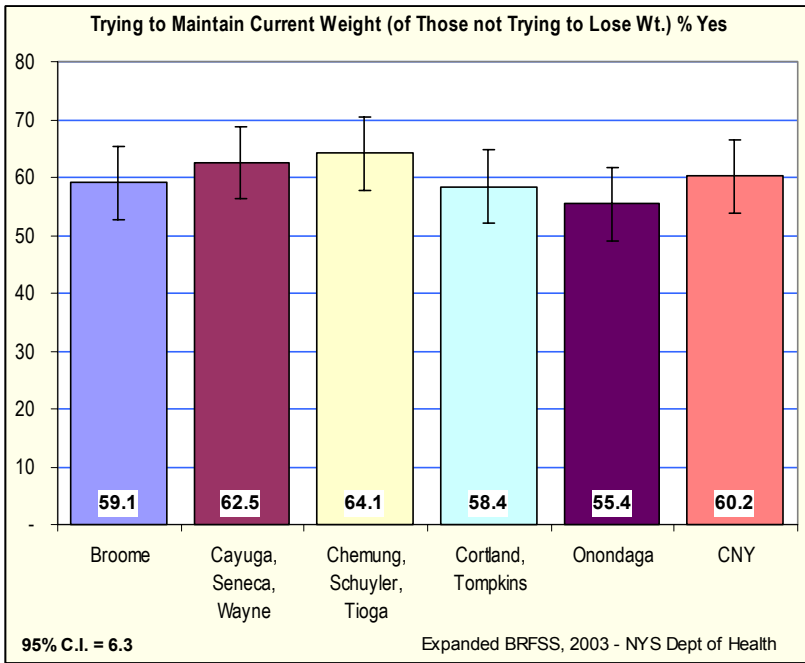


Figure 163 — Changing diet to lose or maintain weight, regional comparison

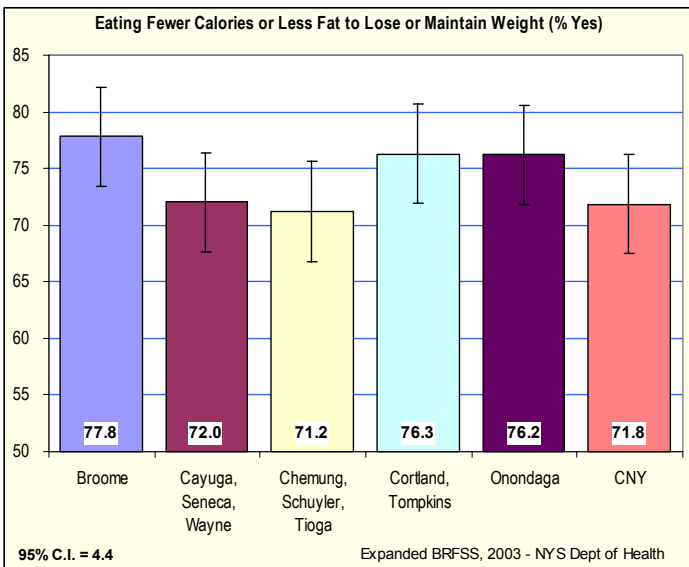
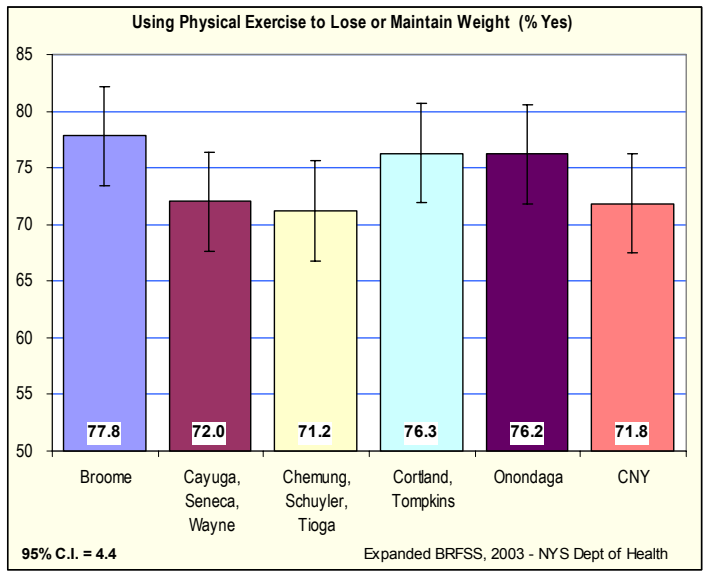




Figure 164 — Changing physical exercise to lose or maintain weight, regional comparison



## Oral Health

The New York State Department of Health (NYSDOH) reports that dental caries is the most common chronic childhood disease. It impacts children's functions including eating, growth, speaking, and learning. Oral diseases in adults negatively impact their employability and systemic health. Although dental caries is preventable, almost 80% of children will have experienced tooth decay by the time they finish high school.

### Community priority

In Tompkins County, dental health and insufficient access to dental health care has long been identified as a priority health issue. (The 1998 Community Health Assessment listed it as such based on community input.) School nurses, teachers, principals continually report that certain children in their schools are in need of dental care. Community health nurses at TCHD have identified clients similarly. And various community health and human service agencies respond to regular inquiries from people in need of emergency dental care. In most cases the callers have not been able to afford preventative care and are compelled to seek care when the condition is acute. People unfamiliar with the services that TCHD provides call the health department in the hope or expectation of a no-cost public dental clinic.

In 2001, the Tompkins County Department of Social Services (DSS) convened a task force of interested and concerned community members, dental health providers and health and human service agency and school representatives to address the problem. After seven months of study and discussion the task force agreed on several recommendations that were presented to the Tompkins County Legislature for decision and action.

### Data Analysis

#### NYSDOH /CDC Survey

The NYSDOH collaborated with the Centers for Disease Control and Prevention (CDC) to establish a surveillance system for monitoring oral health status, risk factors, workforce and the use of dental services.

To collect data on tooth decay or dental caries in children, NYSDOH conducted surveys in 2003 of 3rd grade children in counties in New York State. A sample of schools was selected in each county; parental permission was required for participation. The 3rd graders were categorized into two socioeconomic strata based on participation in the free or reduced cost school lunch program. A dental hygienist or dentist conducted the oral screening.

#### Limitations in the survey

There are several limitations in the NYSDOH surveys.

- First, the screenings were conducted without the benefit of radiographs. Therefore the findings may differ from those observed by clinicians.
- Second, the possibility of bias from selective participation should be considered in applying the results to all children.

**Survey results**

- Third, direct comparisons with other areas should be avoided because of the differences in the underlying samples and populations and data collection methods.
- Finally, smaller numbers of schools and children in some areas may have resulted in unstable rates and invalid standard areas.

Results of the oral health survey of grade 3 students in Tompkins County are shown in *Figure 165, page 172*. The indicators are defined as follows:

- *Caries experience (history of tooth decay)* reflects the presence of a cavity or a filling, or a history of extraction of a permanent tooth. It indicates that opportunities for primary prevention may have been missed.
- *Untreated caries* reflects the presence of a cavity. It indicates that treatment has not been obtained in a timely manner.
- *Dental Sealants* is reflection of use of preventive services.

The data suggests that access to dental care in Tompkins County does vary based on the economic status of the child.

**HP 2010**

Additional data also shows the spread between the oral health of Tompkins County children and the Healthy People 2010 (HP2010) targets for caries and sealants. The caries experience data for Tompkins County is about 34 percent above the HP2010 target, untreated caries is 60 percent higher than the HP2010 target, and use of sealants about 29 percent below the target rate for children. (*See Figure 166, page 173.*)

**Community Resources**

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**Dental Case Manager**

The Tompkins County Legislature responded to the Dental Care Task Force mentioned above by permitting a grant application for the funding of a dental case manager program. Funding was awarded to TCHD and the case manager is based at DSS. The program is designed to enhance access to dental care for people who qualify for Medicaid and for a small number of senior citizens.

Along with case management, the program provides appointment reminders and transportation as needed. Participants receive dental exams, cleanings, x-rays, fillings, sealants, and emergency care. Dentures are also provided if necessary.

Figures and Tables

Figure 165 — Oral health status of 3rd grade students, Tompkins County

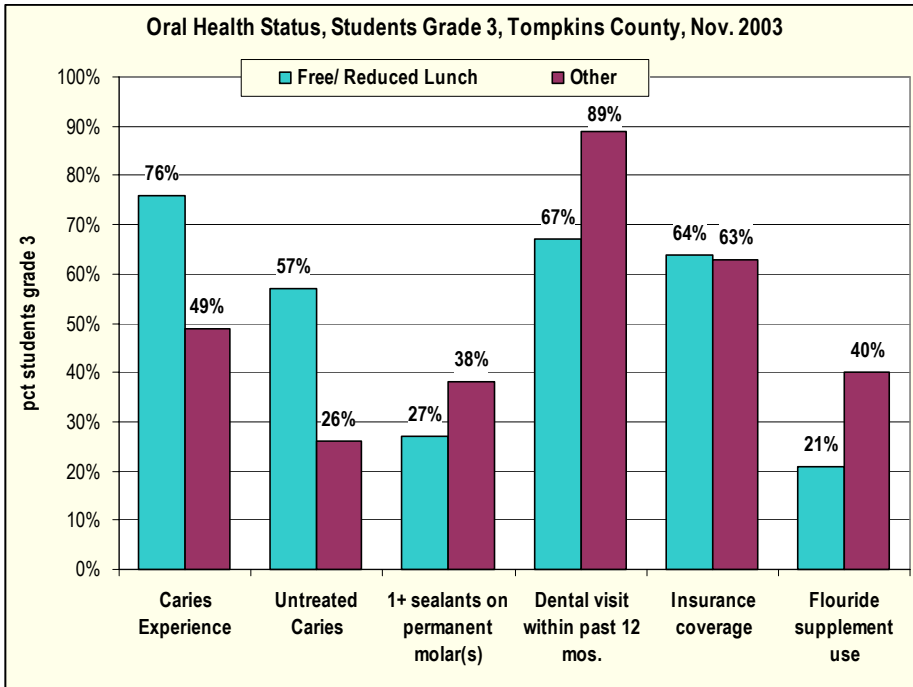
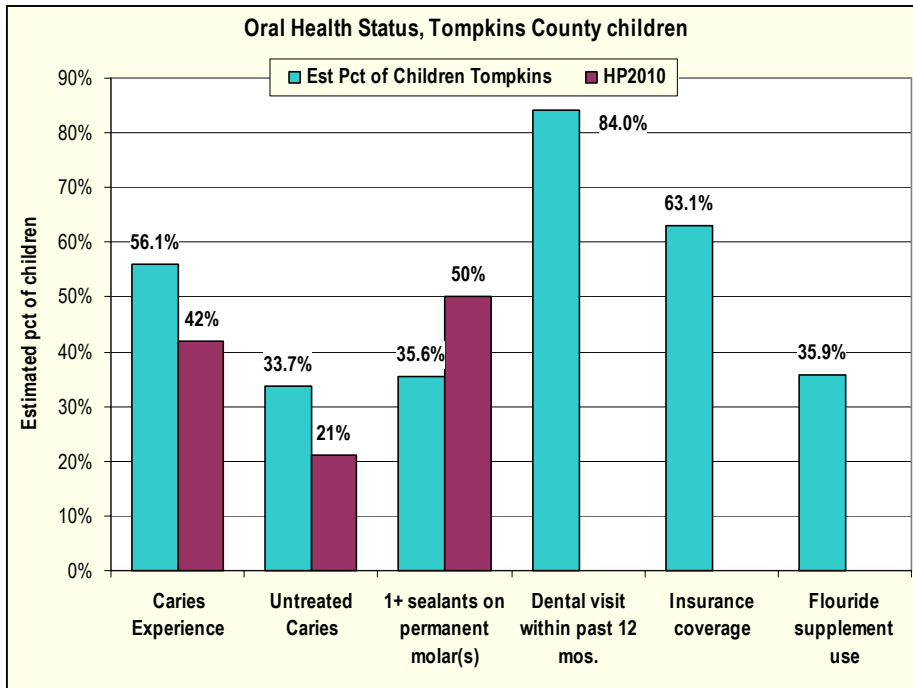


Figure 166 — Oral health status, Tompkins County children and HP 2010



## Physical Activity

Regular physical activity, fitness, and exercise are critically important for the health and well being of people of all ages. There is ample evidence that people who exercise regularly may benefit by lowering their risk of developing heart disease, stroke, Type 2 diabetes, high blood pressure and colon cancer. It also contributes to psychological well-being and reduces feelings of stress. And regular physical activity is integral in maintaining a healthy weight. The 2005 U.S. Dietary Guidelines includes the recommendation of regular physical activity as a means to reduce the risk of obesity along with a healthy diet.

Despite the well-known benefits of physical activity, most adults and many children lead a relatively sedentary lifestyle and are not active enough to achieve these health benefits. A sedentary lifestyle is defined as engaging in no leisure-time physical activity (exercises, sports, physically active hobbies) in a two-week period.<sup>15</sup>

### Data Analysis

Relatively little data is available by which to judge the state of physical activity (PA) in a community. Currently the state provides only data collected through the Behavioral Risk Factor Surveillance System (BRFSS) surveys. The most recent local level survey was conducted in 2002 and carries a citation date of 2003. The BRFSS only surveys adults age 18 years and over.

In the most recent survey Cortland and Tompkins Counties were surveyed together and are reported as a group. Other rural counties were also grouped for the survey and the data is reported as such. This is done in order to maintain a consistency, to the extent possible, of sample size across the state. This in turn is a way to improve the confidence intervals and thereby the reliability of the data.

The PA question in the BRFSS survey asks if the respondent has participated in any leisure time activity or exercise in the past 30 days. In the regional comparison which has been routinely employed throughout this document, Cortland–Tompkins have the highest level of PA as seen in the bar chart, *Figure 167, page 177*, and at left.

Note that for strict interpretation of this data the confidence interval (C.I.) should be included. Most of the county groupings have a 95% C.I. of about 3.5. The statewide C.I. is 1.0. Accordingly, a strict interpretation may confirm that Cortland–Tompkins residents have a higher level of leisure-time PA than that state as a whole, after accounting for sampling error. However, this level of certainty is risky when making

Leisure-time physical activity in past 30 days	
Cort-Tomp .....	79.9
Cay-Sen-Way .....	77.1
Che-Sch-Tio .....	75.3
CNY .....	74.6
NYS Excl. NYC.....	77.6
NYS .....	74.6

<sup>15</sup> U.S. Department of Health and Human Services. Leisure-time physical activity among adults: United States, 1997-98. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2002.

regional comparisons.

A breakdown of this indicator along demographic lines is also available (*see Figure 168, page 178, and Table 16, page 178.*) The data table includes confidence intervals, which are quite high for some of the categories. Never-the-less, there can be little doubt of the striking difference in PA participation levels between those with better than a high school education and those with only high school or less — the former being almost 40 percent greater than the latter.

Taking sampling error into account, the gap between males and females — 82.1 vs. 77.8 percent — is probably not significant. And though the differences among age groups also probably lacks statistical significance, the visible trend toward less activity for older groups is not inconsistent with anecdotal evidence.

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## Community Resources

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### Health Promotion Program

The Tompkins County Health Department's (TCHD) Health Promotion Program (HPP) encourages regular physical activity in its outreach efforts regarding the prevention of cardiovascular disease and diabetes. It provides technical assistance to worksites interested in worksite wellness programs that promote physical activity among their employees. HPP maintains a web site with information on worksite physical activity campaigns and incentive programs. [www.tompkins-co.org/wellness](http://www.tompkins-co.org/wellness). (*See Figure 169 and Figure 170, page 179.*)

### Activity environment

Tompkins County has a rich infrastructure that provides ample opportunity for participation in a variety of seasonal and year-round activities. These include (but are not limited to) 4 state parks, city parks, ice arenas, a skateboard park, numerous walking trails and fitness clubs. The Cayuga Waterfront Trail is a recent endeavor that will eventually connect with the City of Ithaca downtown, the Farmers' Market, Buttermilk Falls State Park and the Black Diamond Trail. The Chamber of Commerce with local businesses, TCHD, community members and planners as participants heads the effort.

Tompkins County has numerous clubs and organizations to suit a variety of interests. These include track, rowing, cycling, running, hiking and triathlon, clubs and hockey, softball, swimming and tennis associations available to a range of age groups.

### Healthy City initiative

City of Ithaca Mayor Carolyn Peterson invited a number of health professionals, citizens, agency representatives to participate in a "Healthy City" initiative. Promoting regular physical activity to the people who live, work and visit Ithaca is a primary focus.

### **Opportunities for Action**

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As noted above, Tompkins County offers numerous opportunities not all of which are mentioned here, to be physically active. And yet there are many residents who remain sedentary. Worksites, schools, community groups, faith communities can provide a supportive environment where daily physical activity becomes the norm. This can be achieved through worksite policies; physical education classes that focus on activities that appeal to students of all abilities and interests and neighborhood walking groups.



Figures and Tables

Figure 167 — Leisure-time physical activity, regional comparison

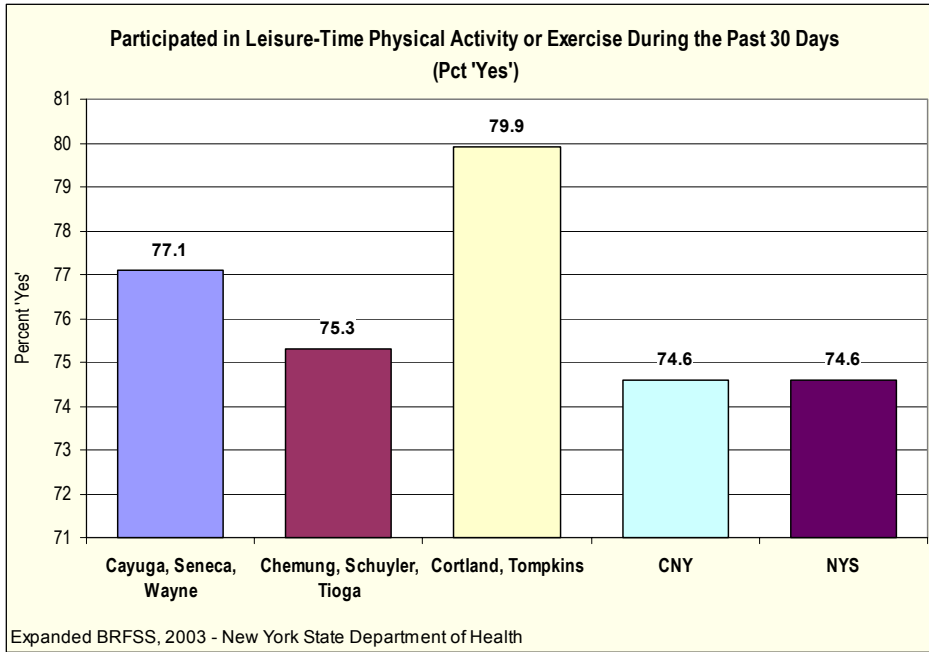


Figure 168 — Leisure-time physical activity, Cortland–Tompkins

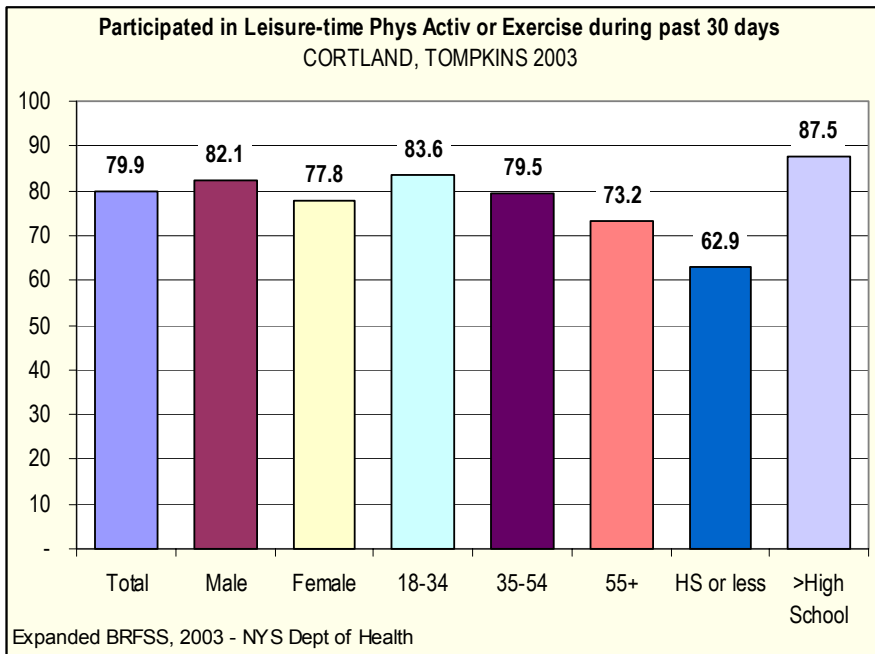


Table 16 — Leisure-time physical activity, Cortland–Tompkins

**Participated in Leisure-Time Physical Activity  
or Exercise During the Past 30 Days**  
CORTLAND, TOMPKINS 2003

Dem Groups	n <sup>1</sup>	Yes % <sup>2</sup>	n	No %	C.I. <sup>3</sup>
Total	505	79.9	138	20.1	3.5
Male	209	82.1	53	17.9	4.9
Female	296	77.8	85	22.2	5.0
18-34	147	83.6	29	16.4	5.8
35-54	196	79.5	50	20.5	5.5
55+	157	73.2	58	26.8	6.5
HS or less	132	62.9	79	37.1	7.7
>High School	373	87.5	59	12.5	3.4
NYS Total	18,057	74.6	6,115	25.4	1.0

Expanded BRFSS, 2003 - NYS Dept of Health

<sup>1</sup>Use pct's based on row denominators <50 with caution

<sup>2</sup>Weighted Percent                      <sup>3</sup>95% Confidence Interval

Figure 169 — WWTC Web site home page

Figure 170 — “Physical Activity Counts” scoresheet

## Respiratory Diseases

### Data Analysis

The International Classification of Diseases (ICD) was revised in 1994. During the transition between ICD9 and ICD10 codes, certain conditions are dual coded. Therefore in this document hospitalization data for categories of respiratory diseases are interchangeably referred to as Chronic lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD.) For the most part Tompkins County shows relatively low incidence in these categories and in asthma.

#### CLRD Mortality

Age-adj. rates /100,000 pop., 2000–2002.	
<b>Tompkins.....</b>	<b>42.7</b>
Cayuga .....	57.0
Cortland .....	71.2
Tioga.....	48.9
CNY .....	53.6
NYS .....	34.8

It is interesting to note that the Central New York (CNY) region — driven by Cortland, St. Lawrence and Oswego Counties — has the highest age adjusted CLRD mortality rate among the eight NYSDOH designated regions. In fact, Cortland County is the highest statewide.

By contrast, Tompkins County has among the lowest age-adjusted rates of CLRD death. And though local CLRD deaths have varied over the 10-year period 1993–2002, the end of the period is about the same as the start. Upstate rates over the period have plateaued after a rise over the latter part of the 1990's. (See *Figure 171 and Figure 172, page 185.*)

The Healthy People 2010 (HP2010) target, expressed as deaths from COPD, rate age-adjusted per 100,000 population age 45 years and over, is 60.0.

#### CLRD Hospitalizations

Rate per 100,000 pop., 2000–2003.	
..... <u>All Ages</u>	
<b>Tompkins.....</b>	<b>184</b>
Cayuga .....	400
Cortland .....	400
Tioga.....	94
CNY .....	335
NYS .....	391

Hospitalizations caused by COPD are also relatively low in Tompkins County in comparison to neighboring counties, the region and state. The rate in Tioga County however, is about half that in Tompkins.

The vast majority of CLRD/COPD hospitalizations occur for individuals age 65 and over. COPD hospitalizations by age are shown in *Figure 173, page 186*. When reviewing these data remember that the base of each rate is specific to the segmented population; rates across age groups should not be compared directly, but relatively.

Accordingly, where Tompkins County has seen a per-100,000 rate of 184 COPD hospitalizations for the population that includes all age groups, the per-100,000 rate is over 1,000 for the smaller population subset of those age 65+. The actual number counts in these cases, averaged across 2000–2003, are 190 for all ages and 104 for age 65+. Still, although the actual count for the 65+ population is within sight of half that of the general population, within their group of fewer members the relative impact is more than 5 times greater.

#### Tioga County rates

At this time, mention should be made of a statistical uncertainty

which is particularly evident in the data for CLRD and asthma hospitalizations. The Tioga County rates for these indicators are by comparison as to beg an explanation..

For the residents of western Tioga County, Robert Packer Hospital in Sayre, Pennsylvania is likely to be the destination of choice for medical services. The hospital is one mile away from the state border. The statistical uncertainty comes into play because NYSDOH hospitalization data does not include data from hospitals in other states, even if the patient is a resident of New York State. As such, this data is lost with respect to the statistics quoted throughout this section and the entire document.

Mortality rates are not affected by this circumstance, and the exact degree to which the hospital discharge rates are affected has not been investigated for the purposes of this document.

#### Asthma mortality

While our region sees annual age-adjusted rates for CLRD deaths averaging around 50–60 per 100,000 population, age-adjusted asthma death rates rarely break 2 per 100,000. Among the counties and regions compared throughout this document, Cortland County has the highest age-adjusted rate for asthma mortality, and Cayuga County the lowest, the latter being about one-fifth of the former.

Still, the number counts are small — total deaths for 2000–2002 are 3 in Tompkins County, 3 in Cortland County, one in Cayuga and 2 in Tioga. See *Figure 174, page 187* for age-adjusted death rates and *Figure 175* for crude (not adjusted) rates. The latter adds the Upstate region to the mix. The reason for this — which will become more evident as hospitalization data are reviewed later in this section — is to provide a statewide comparison that excludes the asthma-heavy weight of New York City.

The 10-year trend for asthma mortality in Tompkins County is shown in *Figure 176, page 188*. While the entire Upstate region shows an overall decrease in asthma mortality rates, the path for Tompkins County cannot be reasonably determined from these data.

#### Asthma diagnosis: BRFSS

The extent of the population that is living with asthma is revealed through the Behavioral Risk Factor Surveillance System (BRFSS) survey and through hospital discharge records. The BRFSS asks respondents if they have ever been diagnosed with asthma by a medical professional and if they are currently diagnosed as having asthma.

The limitations of the BRFSS — discussed in sections throughout this document — are evident here, too. These are the high levels of sampling error and the grouping of counties into single data sets (as a way to reign in the error potential.)

From the 2003 BRFSS survey, Tompkins County grouped with

Cortland County has the highest level of ever-diagnosed in CNY (*see Figure 177, page 188.*) When the 95% Confidence Intervals (C.I.) are taken into account, the best interpretation of *Figure 177* is that all populations in the comparison have an equal percent of diagnosis. As for the Cortland–Tompkins sample group, it is difficult to reconcile this with other county specific asthma data, for example *Figure 181* and *Figure 184* that show hospitalization rates for Cortland are much higher than for Tompkins.

As for those with a current asthma diagnosis, the BRFSS data shows no real difference across the regional comparison; about 8–9 percent of the population reports being currently diagnosed with asthma (*see Figure 179, page 189.*)

Looking within the Tompkins–Cortland sampling area, some demographic differences may prove to be statistically significant for ever-diagnosed and/or currently-diagnosed. These cautiously include: more females diagnosed than males, fewer age 55+ than age 18–34 ever-diagnosed, and that a current diagnosis is less prevalent among those with an education above high school. (*See Figure 178, page 189, and Figure 180, page 190.*)

The asthma hospitalization rate in the New York City (NYC) region is 3-times that of the Upstate New York area. The NYC region includes the counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens and Richmond (Staten Island.) The Upstate area excludes the NYC counties and the Long Island counties of Nassau and Suffolk. As suggested above, the extremely high rate of asthma hospitalizations in NYC skews the total rate for New York State (NYS) making the latter less useful as a reference point for comparison with local rates. For that reason Upstate area totals replaces NYS totals in some of the asthma hospitalizations presentations. Refer to *Figure 181, page 190* and *Figure 185, page 192* for clarification.

Tompkins County has among the lowest rates of asthma hospitalizations in the state — less than half that of the total CNY rate. (Tioga has the lowest rate statewide. See the discussion about the uncertainty of some Tioga County rates on page 180, above.) The 10-year trend for asthma hospitalizations has shown a steady decline. From 1993–2002 the Upstate rate has dropped 33 percent, and Tompkins County’s 3-year average rate has declined 31 percent. Most of that decline came in the first half of the period and the Tompkins 3-year average has been relatively flat since 1997. (*See Figure 182, page 191.*)

The single year difference between the high mark in 1993 and the low in 2002 is actually greater, however see-sawing rates from 1997–2002 suggest the 3-year average is a better tool for reading the long-term trend in Tompkins County.

<b>Asthma hospitalizations</b>	
Avg. discharge rate per 100,000 pop, 2000–2002.	
<b>Tompkins.....</b>	<b>56.1</b>
Cayuga .....	132.2
Cortland .....	115.1
Tioga.....	29.1
CNY .....	116.5
NYS .....	205.9

trend in Tompkins County.

As was described for COPD/CLRD, hospital discharge rates for asthma vary widely by age group (*see discussion for CLRD Hospitalizations, page 180.*) However, whereas CLRD hospitalization rates were highest among the age 65+ population, the asthma rates are highest among children age under 5 years.

#### Asthma discharges by age

Tompkins 2000–2002.

Avg. number /yr.	(Rate)
Age <5.....	10 (245)
05–14 .....	5 (49)
15–24 .....	3 (10)
25–44 .....	15 (57)
45–64 .....	11 (57)
Age 65+.....	11 (118)

*Figure 183, page 191* displays Tompkins County discharge rates across all age groups with a comparative reference to CNY. The full six-way regional comparison is shown in *Figure 184*, though for only 3 age groups: under 5, 5–14, and 65+ years. When reviewing the comparisons by age remember that comparisons across ages demonstrate the differing degree of impact — or probability of impact — the disease has on a particular age group, not a difference in volume of incidents. See *Asthma discharges by age* at left to compare the numbers for count vs. rate in Tompkins County.

As discussed above, overall asthma hospitalizations have been declining or steady over the 10-year trend period, 1993–2002 (*see Figure 182, page 191.*) The course of hospitalizations by age group are relatively consistent with the overall finding.

The 3-year average discharge rates for Tompkins County children under age 5 dropped through the mid-1990's and then flattened or rose slightly from 1997–2002. Three-year rates for the age 5–14 group fell steadily and markedly from 1996 through the period, though the single year rate doubled from 2001–2002 (*see Figure 186, page 193 and Figure 187.*) Ages 15–24 and 45–64 have also shown declines in asthma hospitalization discharge rates (*see Figure 188 and Figure 190.*) Upstate rates have followed similar patterns.

In opposition to the Tompkins County and Upstate area trends, asthma discharge rates for the local age 25–44 group and age 65 and over group have seen increases over the 10-year review period. (*See Figure 189, page 194 and Figure 191, page 195.*)

## Community Resources

#### Unrecorded asthma incidence

The low asthma hospitalization rate in Tompkins County may lead to the assumption that asthma is not a problem here. It should be noted that hospitalization data is the only source of measurable data. One explanation for the low rates in this county is that asthma is medically well managed here, particularly pediatric asthma. However, there are certain schools within the county where children lack the necessary

medical equipment to manage their asthma due to their family's financial circumstances. These children often require more frequent and direct care from school nurses to help them manage their condition.

**CNY Asthma Coalition**

In early 2005, TCHD's Health Promotion Program began working with the Central New York Asthma Coalition. The American Lung Association in Syracuse serves as the lead agency with funds provided by the NYSDOH. Activities are in discussion at the time this document is being prepared.



## Figures and Tables

Figure 171 — Chronic lower respiratory disease mortality, regional comparison

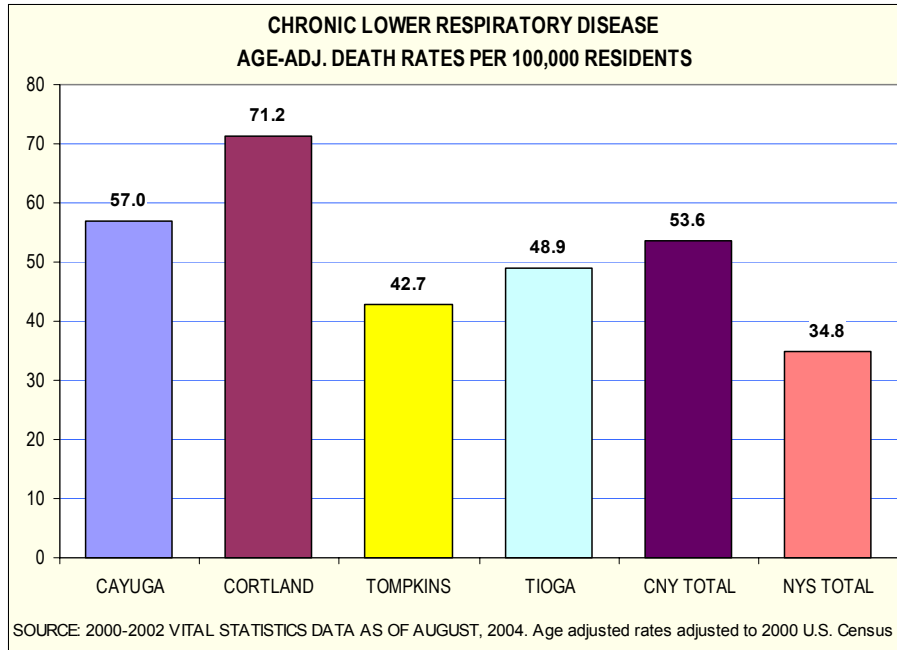


Figure 172 — Chronic lower respiratory disease mortality, 10-year trend

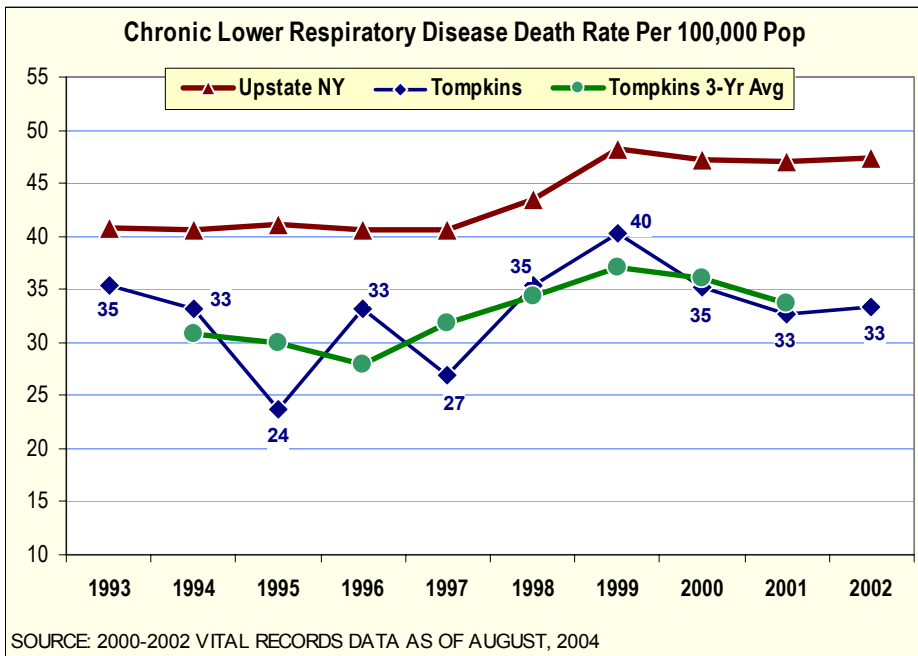


Figure 173 — COPD hospitalizations by age, regional comparison

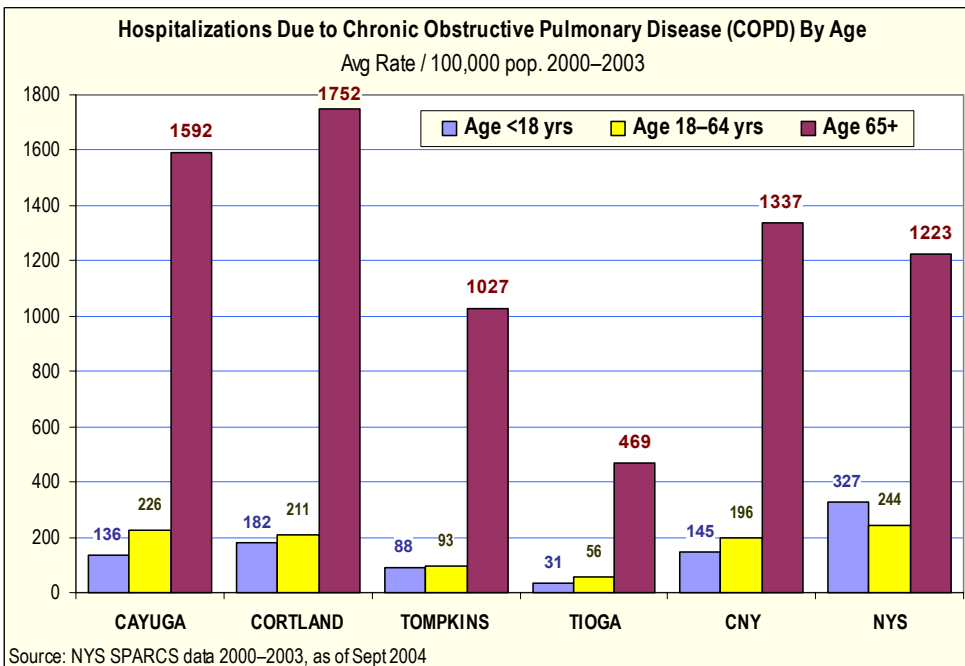


Figure 174 — Asthma mortality, age adjusted rates, regional comparison

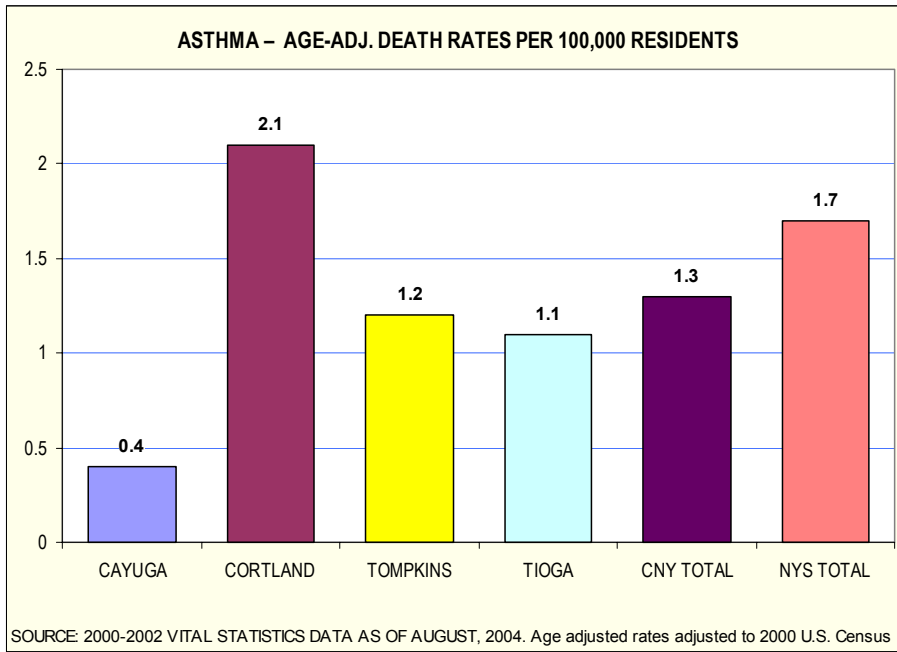


Figure 175 — Asthma mortality, crude rates, regional comparison

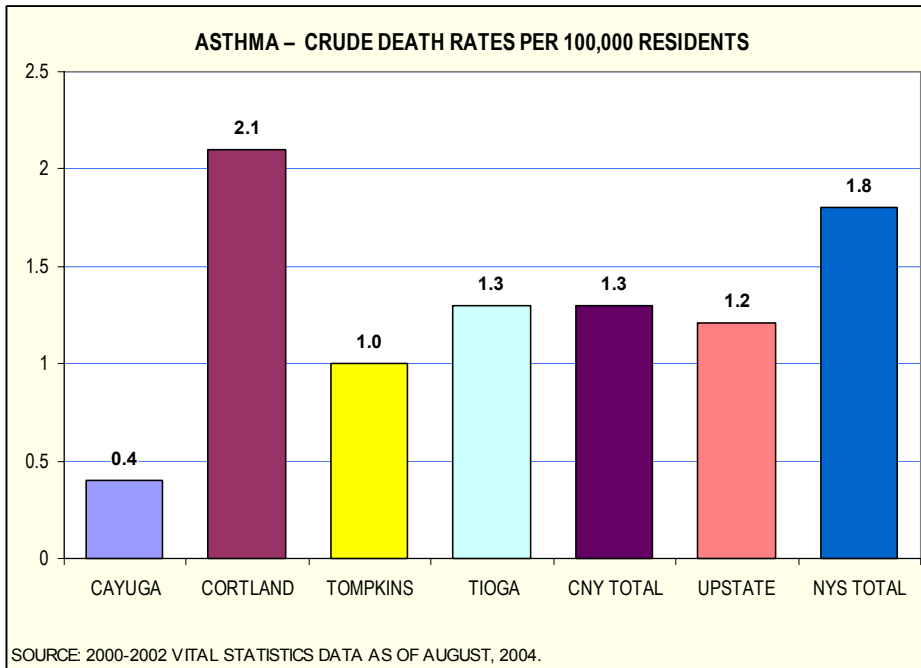


Figure 176 — Asthma mortality, 10-year trend

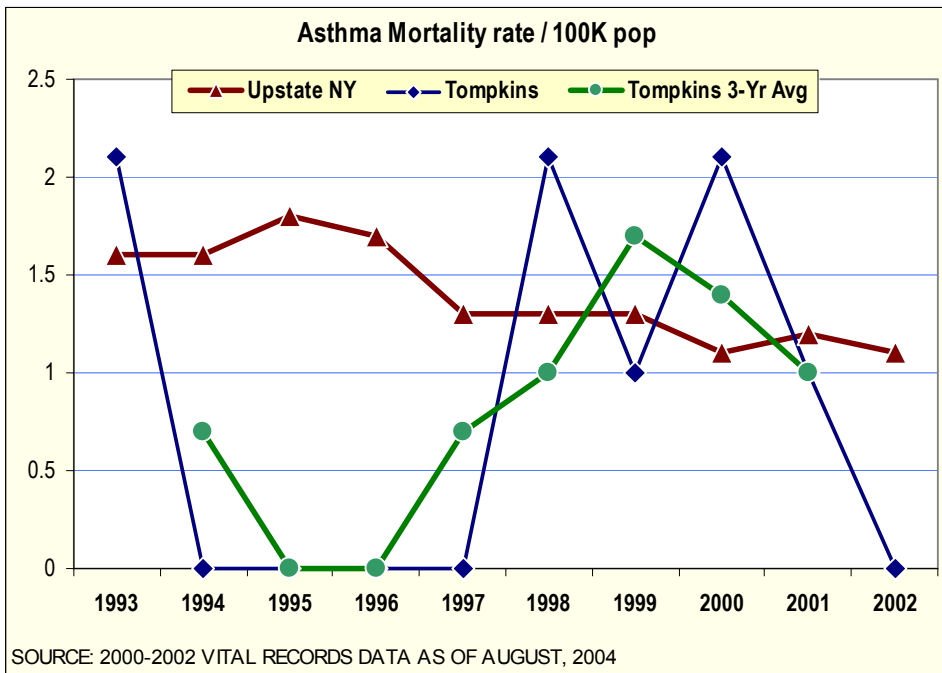


Figure 177 — Ever had Asthma diagnosis (self-report), regional comparison

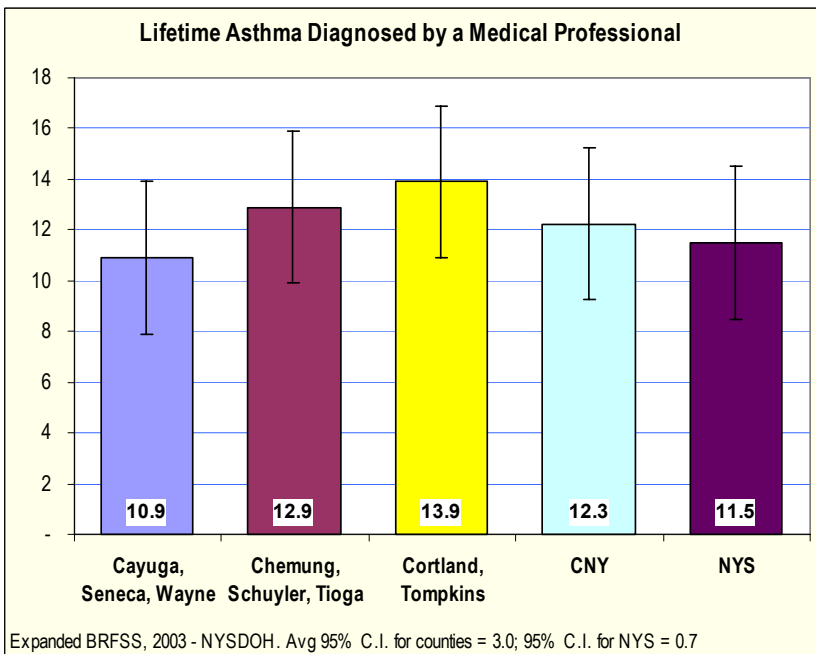


Figure 178 — Ever had Asthma diagnosis (self-report), Cortland–Tompkins demographic comparison

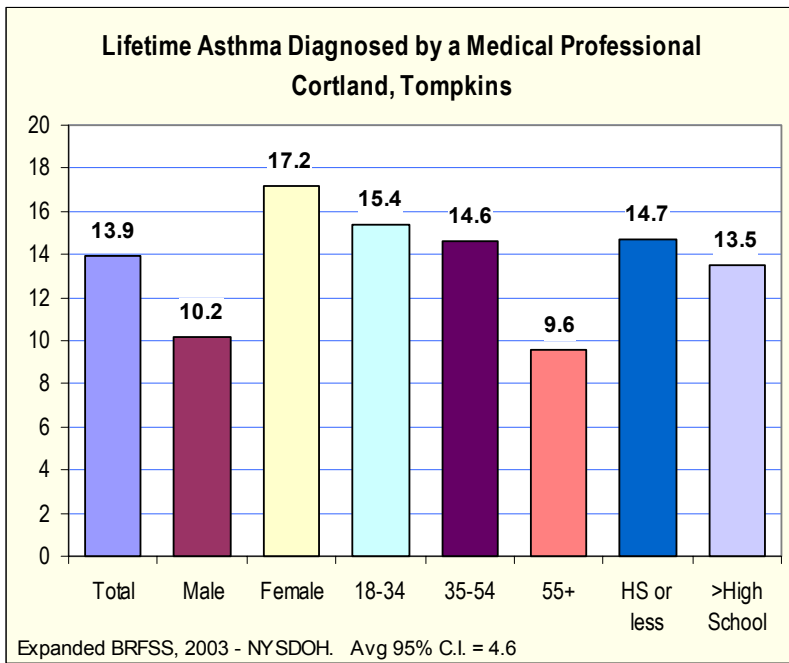


Figure 179 — Current Asthma diagnosis (self-report), regional comparison

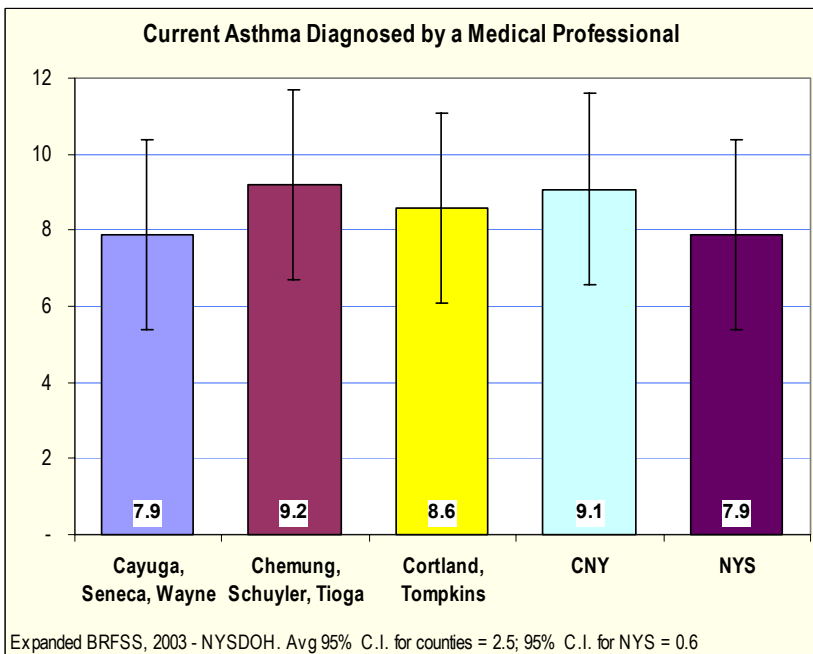


Figure 180 — Current Asthma diagnosis (self-report), Cortland–Tompkins demographic comparison

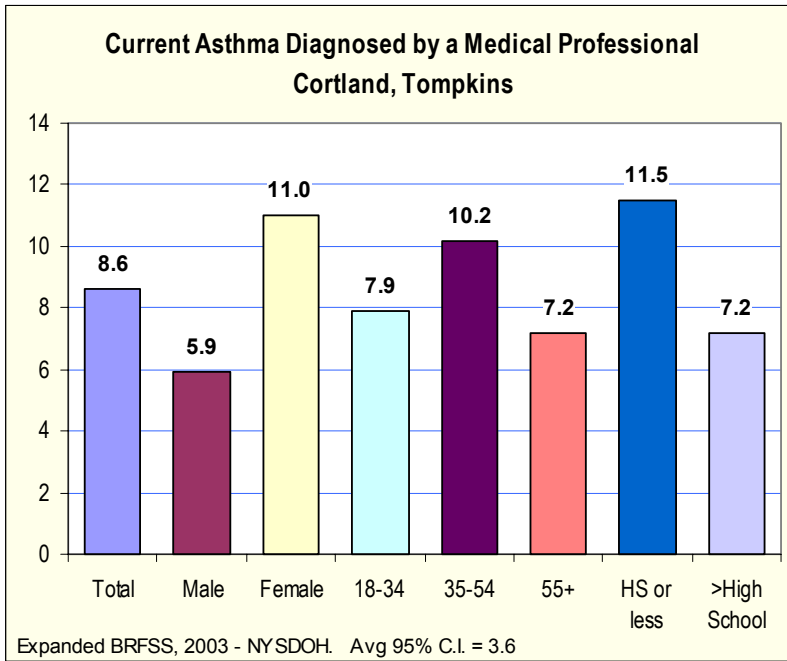


Figure 181 — Asthma hospitalizations, regional comparison

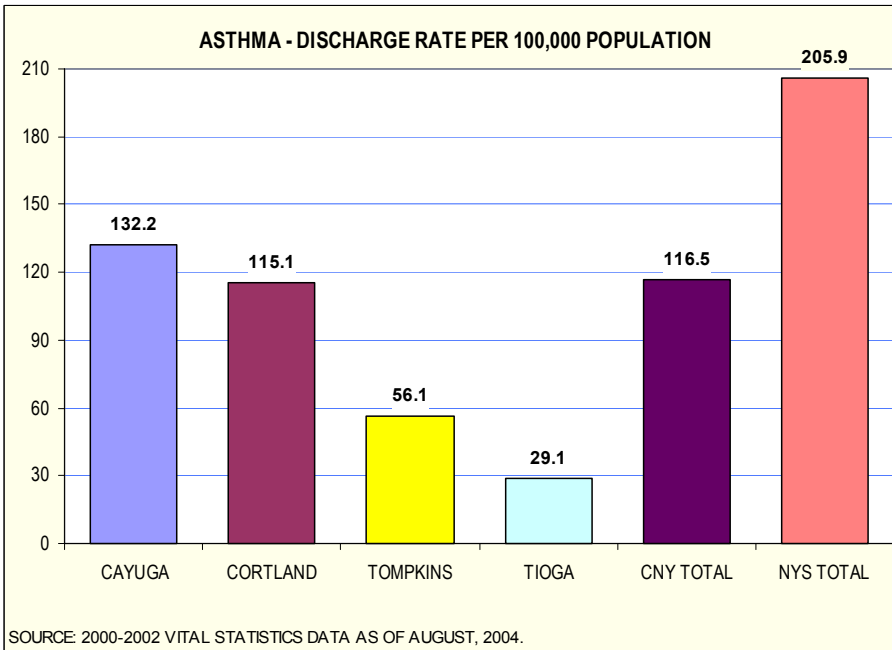


Figure 182 — Asthma hospitalizations, 10-year trend

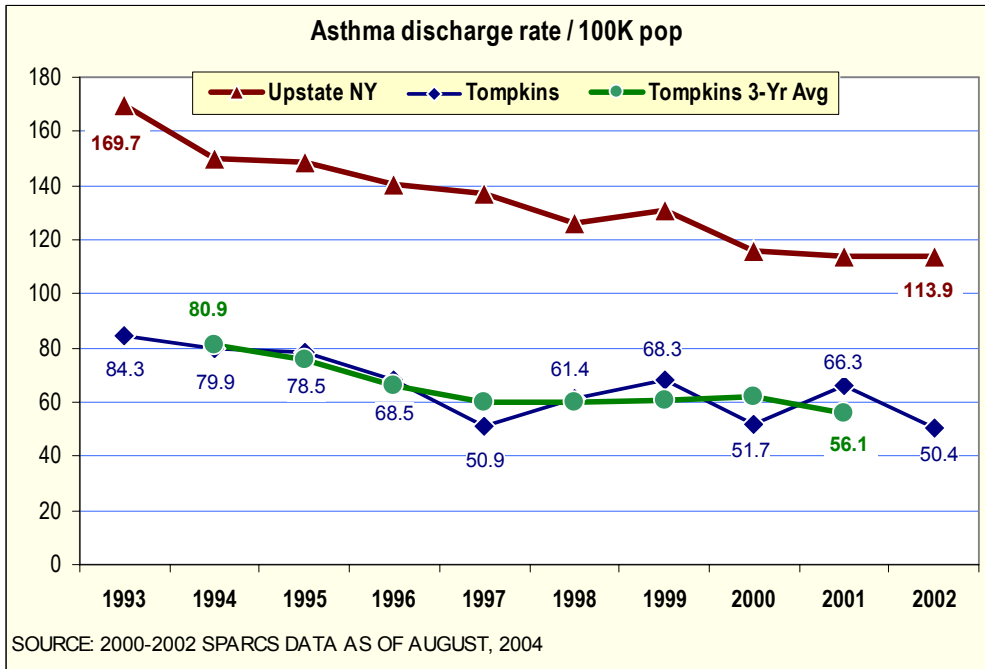


Figure 183 — Asthma hospitalizations, comparison by age, Tompkins

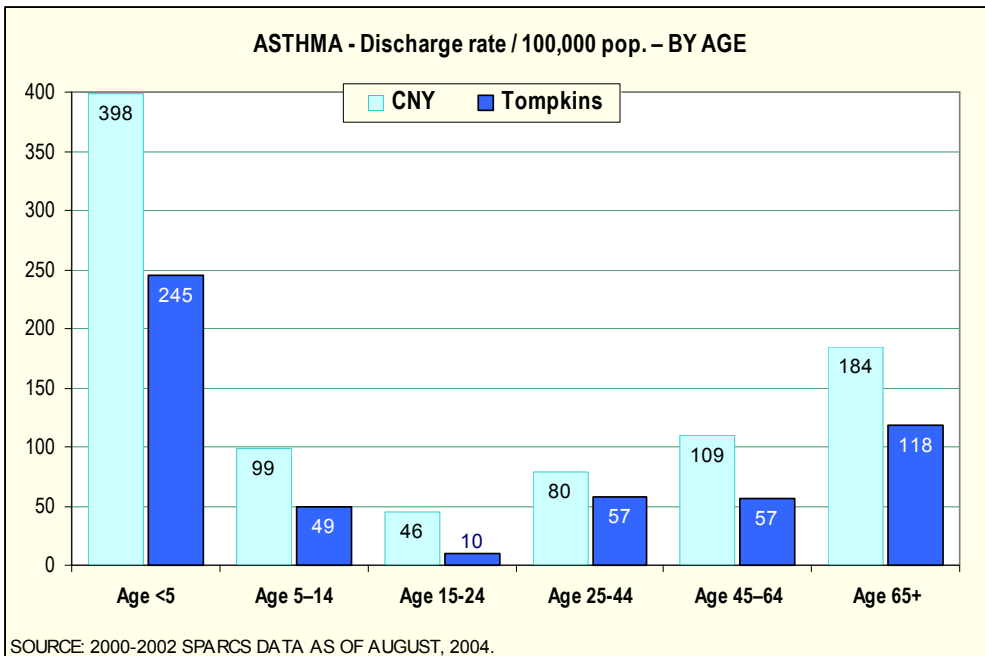


Figure 184 — Asthma hospitalizations by age, regional comparison

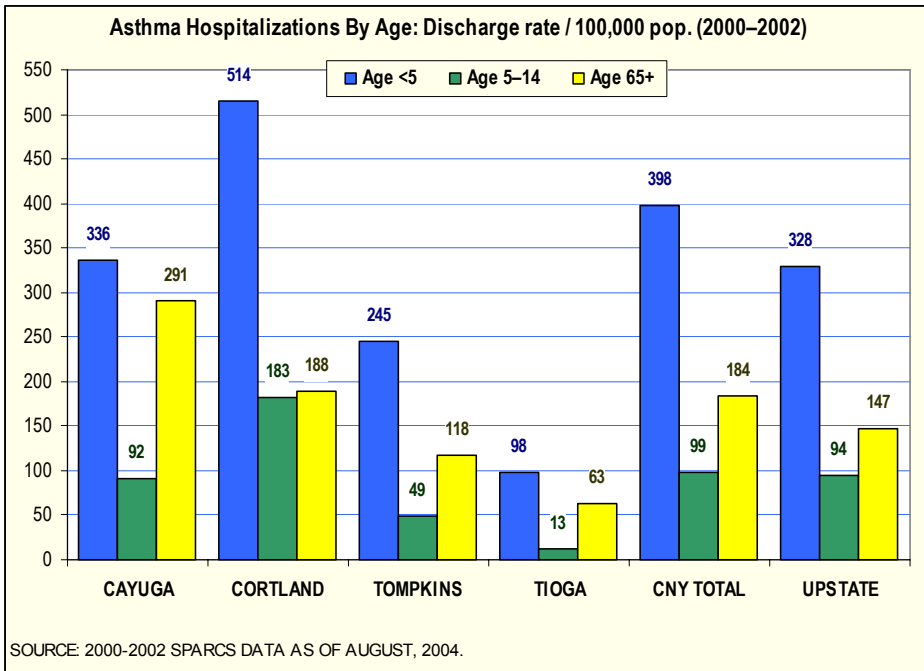


Figure 185 — Asthma hospitalizations by age, statewide comparison

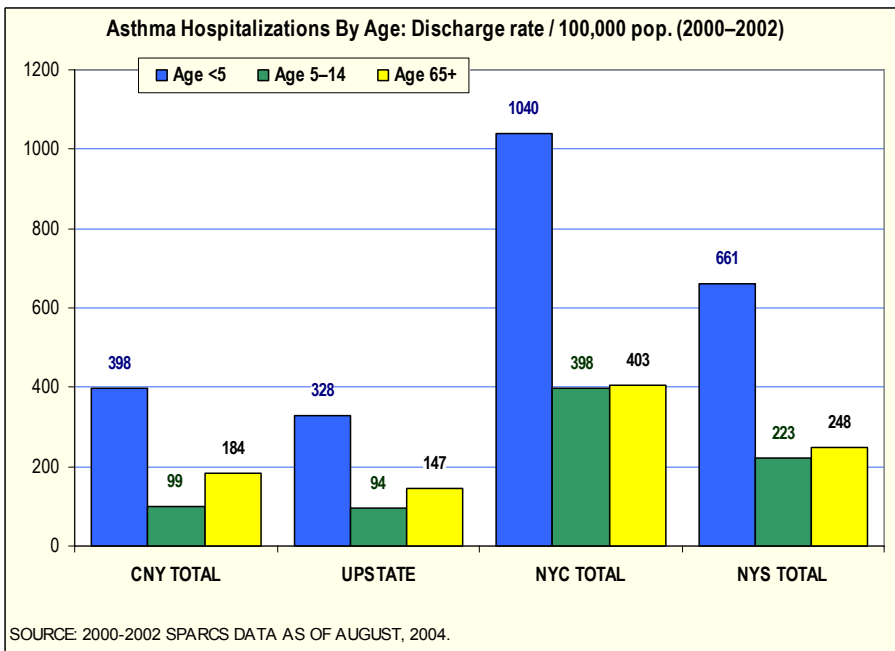




Figure 186 — Asthma hospitalizations age <5, 10-year trend

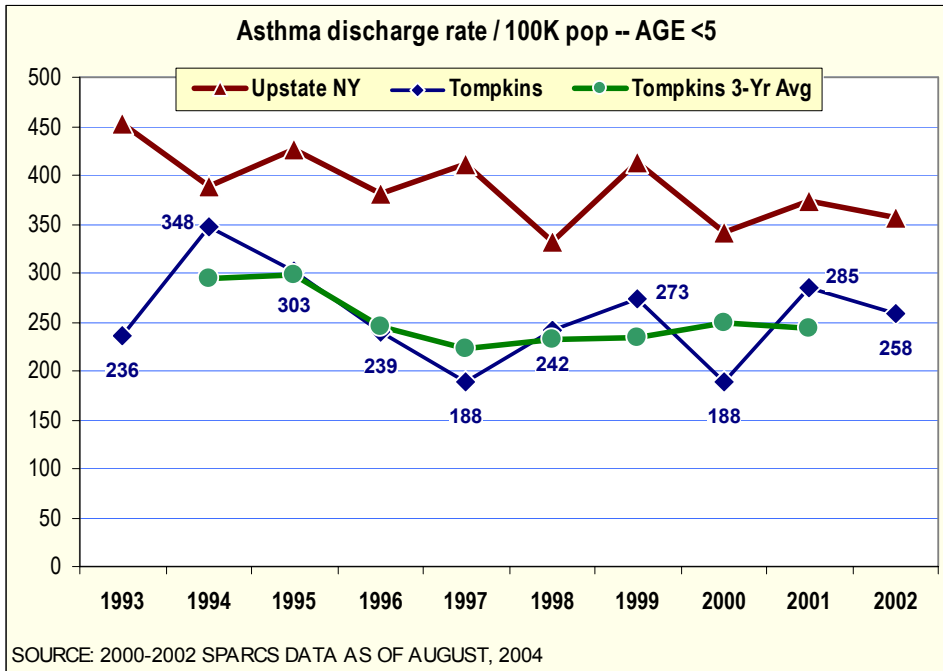


Figure 187 — Asthma hospitalizations age 5–14, 10-year trend

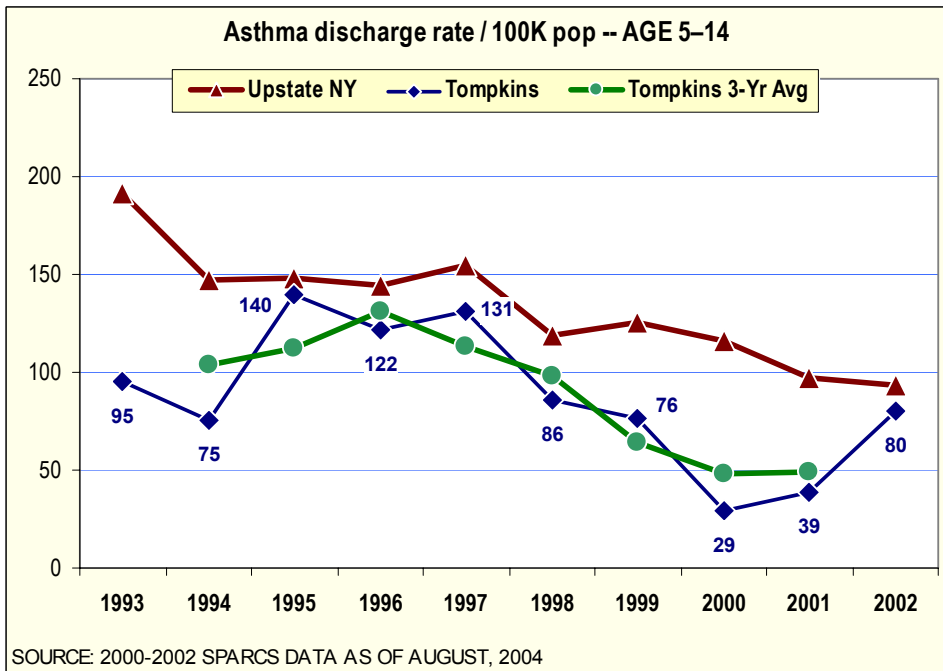


Figure 188 — Asthma hospitalizations age 15–24, 10-year trend

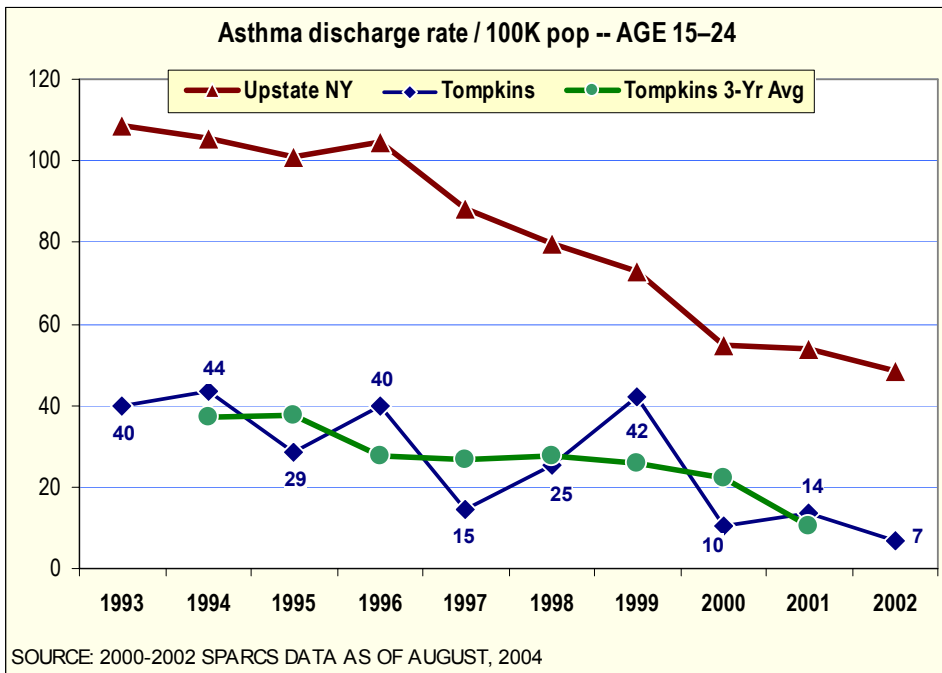


Figure 189 — Asthma hospitalizations age 25–44, 10-year trend

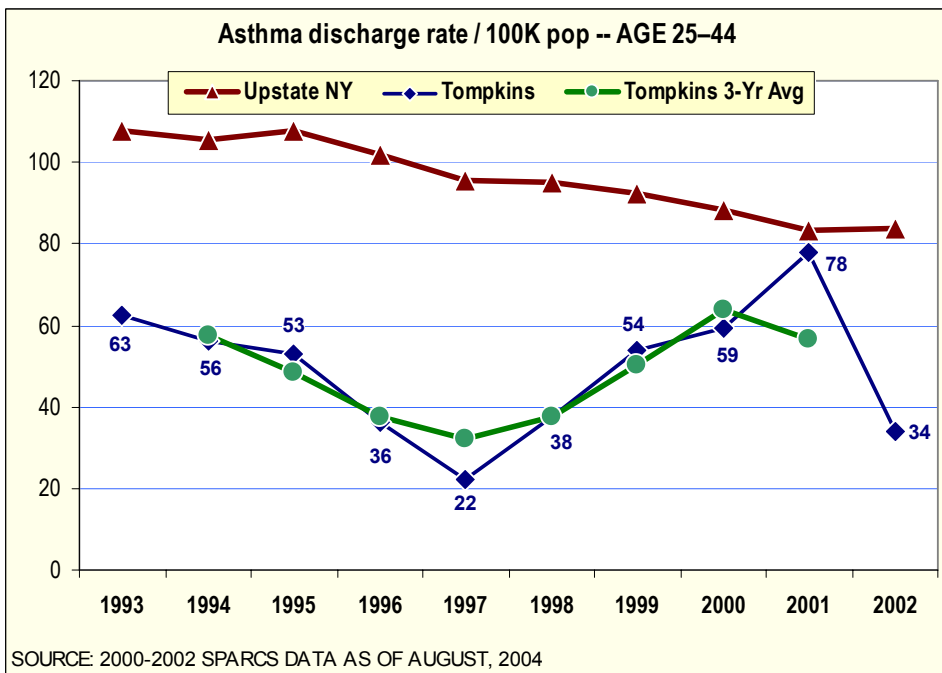


Figure 190 — Asthma hospitalizations age 45–64, 10-year trend

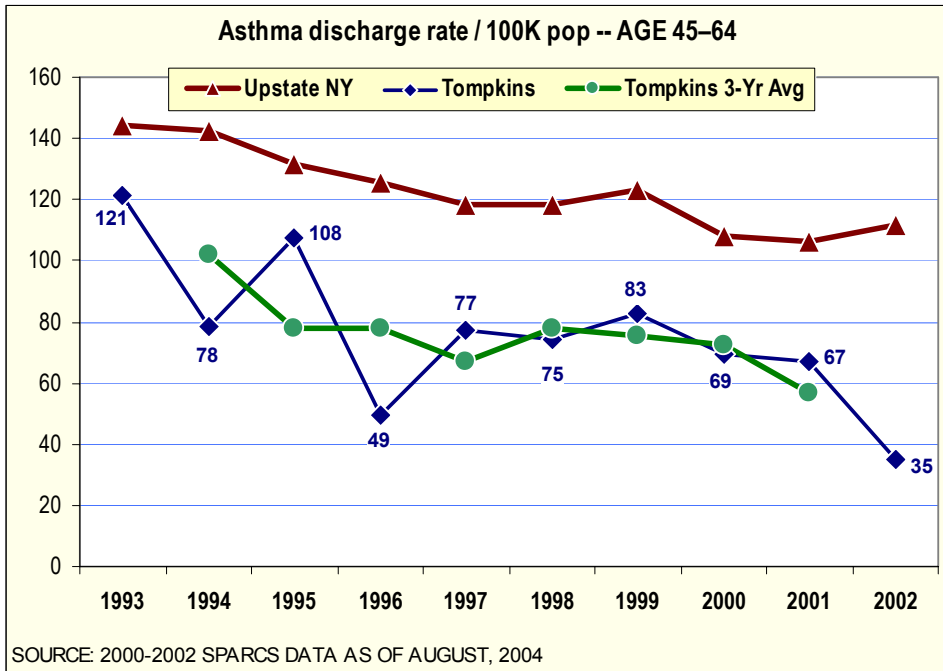
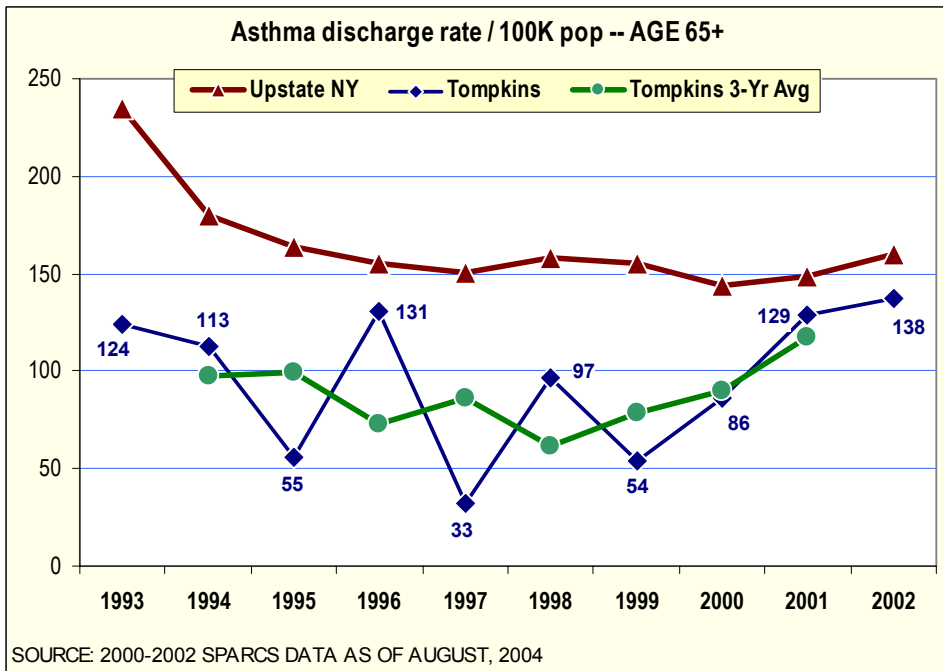


Figure 191 — Asthma hospitalizations age 65+, 10-year trend



## Tobacco Use

**T**obacco use is the single most preventable cause of death and disease, causing more than 440,000 premature deaths annually in the United States and nearly 25,000 deaths in New York State, according to the U.S. Centers for Disease Control and Prevention (CDC.) Smoking can cause chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lungs, larynx, esophagus, mouth, and bladder. In addition, smoking contributes to cancer of the cervix, pancreas, and kidneys.

Secondhand smoke, a known human carcinogen, is associated with an increased risk for lung cancer and coronary heart disease in nonsmoking adults. The CDC reports that exposure to secondhand smoke results in an estimated 3,000 lung cancer deaths and 35,000 coronary heart disease deaths annually among adult nonsmokers in the U.S.

The public financial burden of smoking is staggering. The CDC calculates that direct medical expenditures attributed to smoking total more than \$75 billion per year nationwide. In addition, smoking costs an estimated \$80 billion per year in lost productivity. According to the New York State Department of Health, direct medical expenses and lost productivity costs amount to \$9.82 per pack of cigarettes sold in the state, a total of \$11.7 billion in 1998. A significant portion of these costs comes directly out of local budgets in the form of payments to Medicaid.

### Data Analysis

One-in-five Tompkins County adults uses tobacco. Of these, 90 percent smoke cigarettes. Those who do not smoke cigarettes use spit tobacco, cigars or other tobacco products. (See *Figure 192 and Figure 193, page 200.*) These data come from a survey of Tompkins County residents conducted in June 2004 for the Tobacco Control Program of Tompkins County (now called Tobacco Free Tompkins.)

#### Overall tobacco use

Pct residents age 18+ yrs who use tobacco at least some days, 2004	
Cayuga .....	25.6
Cortland .....	27.5
Madison .....	22.0
Onondaga .....	20.0
Oswego .....	23.9
Tompkins .....	19.8

The survey conducted in Tompkins County was one of six contracted by Central New York (CNY) counties in the spring of 2004. All surveys were funded by community coalition grants from the New York State Department of Health (NYSDOH) Tobacco Control Program (TCP) in the respective county. The Tompkins County Health Department (TCHD) has the TCP grant in Tompkins County.

Among the participating counties — Cayuga, Cortland, Madison, Onondaga, Oswego and Tompkins — Tompkins County both had the next-to-lowest rate of cigarette use and tied for the highest rate of cigar use among adult residents. (See *Figure 194, page 201.*) An individual is identified as a smoker if they (1) have smoked at least 100 cigarettes in their lifetime, and (2) currently smoke every day or some days.

#### Youth Tobacco Survey

The Tompkins County Youth Services Department (TCYS) is conducting a survey of students in grades 6–12 in April 2005. The survey will provide valuable, up-to-date data on youth tobacco use in the

County.

Statewide data on youth tobacco use is available from the NYS-DOH biennial Youth Tobacco Survey (YTS.) The most recent survey, conducted in 2002 among youth grades 6–12, shows some reductions in tobacco use among both middle and high school students.

For the state excluding New York City (NYC), significant differences from the 2000 survey were seen among high school students for both ever use of cigarettes — from 63.5 percent to 57.3 percent — and current use of cigarettes — from 32.9 percent to 22.6 percent.

Currently, among New York’s middle school students outside of NYC 29.0 percent report ever using cigarettes and 7.0 percent report they currently use cigarettes. In NYC the figures are more favorable, at 26.1 percent and 5.1 percent, respectively according to the 2002 survey.

The full report of the YTS is available on the NYSDOH web site, <http://www.health.state.ny.us/>.

#### Tobacco use by age, gender, and education

Returning to Tompkins County adults age 18+, the highest rate of tobacco use is among men age 25–34 years: 44 percent. Among women, those age 55–64 are most likely to be tobacco users, though the 3-point difference between this group and women age 25–34 may not be significant. (See *Figure 195, page 201.*)

#### Tobacco use by educational attainment

• Tompkins County adults age 18+, 2004	
Less than high school.....	14%
High school grad ...	26%
Less than 4 yrs college .....	28%
4+ yrs college .....	11%

One of the more interesting bits of information to emerge from the 2004 TCP survey of Tompkins County adults is the differences in tobacco use by educational attainment.

As can be seen in *Figure 196, page 202*, those who have some college — though less than 4 years — are twice as likely to be tobacco users than those who did not receive their high school diploma. High school grads with no college are nearly as likely to be users as those in the some-college group. Those with 4 or more years of college are the least likely to use tobacco.

#### College student smoking

Gannett Health Services at Cornell University has studied smoking habits among its student population and found that self-description and actual behavior do not always coincide. For example, while 5 percent of students report smoking more than 6 cigarettes a week, only 4 percent describe themselves as smokers. More dramatic, 19 percent of students report smoking between 1 and 6 cigarettes a week, yet only 9 percent describe themselves as an “occasional smoker.” Eighty-four percent describe themselves as non-smokers, yet only 76 percent report smoking no cigarettes per week. (See *Figure 197, page 202.*)

#### Local TCP programs

The NYSDOH TCP began a new round of 5-year grants in August 2004. In Tompkins County, Cornell Cooperative Extension of Tompkins County is the funded Youth Partner and coordinates the teen-based

Reality Check program. TCHD coordinates the Community Partner (coalition) program under subcontract to the Cortland County Health Department.

Both the Community and Youth Partner programs develop their workplans around the TCP's Draft Strategic Plan for Tobacco Control. The most recent version is dated January 2005. The six goals of the Strategic Plan are:

- Eliminate exposure to secondhand smoke.
- Decrease the social acceptability of tobacco use.
- Promote cessation from tobacco use.
- Prevent the initiation of tobacco use among youth and young adults.
- Build and maintain an effective tobacco control infrastructure.
- Contribute to the science of tobacco control.

According to the June 2004 survey neither Reality Check nor the community coalition are well recognized in Tompkins County (*see Figure 198, page 203.*) Broadening local awareness of their organizations is an important part of the local TCP activities.

Another major activity planned by the community partner program is promoting use of the NYS Smokers' Quitline, a free resource that two-thirds of Tompkins County adults are not familiar with. (*See Figure 199, page 203.*) Use of Quitlines as a cessation tool has been shown to be effective and is recommended based on strong evidence by The Task Force on Community Preventive Services ([www.thecommunityguide.org/tobacco/](http://www.thecommunityguide.org/tobacco/).)

#### Clean Indoor Air Act

Percent adults age 18+ who favor or strongly favor the CIAA, 2004.

Cayuga .....	55.4
Cortland .....	59.5
Madison .....	60.9
Onondaga .....	62.5
Oswego .....	59.6
Tompkins .....	71.6

The Expanded Clean Indoor Air Act (CIAA) that bans smoking in almost every workplace in NYS effective July 24, 2003, has been well received by Tompkins County adults by comparison with other CNY communities. While the proportion of those favoring or strongly favoring the Act nears three-quarters in Tompkins, within the other five counties that participated in the 2004 community surveys, favorable impressions fall short of the two-thirds mark. (*See Figure 200, page 204.*)

Just as the CIAA was nearing its July 2003 effective date, a Tompkins County Legislator introduced a local law that included the same provisions for smoke free worksites as the state law. Given the possibility that the state law might be weakened in future state Legislative sessions, this was done to insure that Tompkins County worksites would remain smoke free. Local Law No. 3 of 2003 was passed by the county Legislature in August of 2003.

#### Sales to minors

Tompkins County bars installation of cigarette vending machines

in any location except bars, and requires that access to all retail tobacco products be restricted to a locked cabinet or to employee-only areas. Compliance with the provisions of the Adolescent Tobacco Use Prevention Act (ATUPA) that bans sale of any tobacco products to minors age 17 and under is checked annually by the TCHD Environmental Health (EH) division. ATUPA violations have declined in recent years, a tribute to the county's strict enforcement policies.

EH also monitors compliance with the CIAA and LL No. 3.

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## Community Resources

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The NYSDOH-TCP funded partners — the Youth Partner program Reality Check and the Community Partner coalition, Tobacco Free Tompkins — are working within the community to increase awareness of the health risks of tobacco both to smokers and nonsmokers, especially those living with a smoker. Key demographic targets are preventing initiation of tobacco use by youth and cessation among the population groups shown by the 2004 survey to be most at risk.

Mothers and Babies Perinatal Network of the Southern Tier has an active program targeting smoking among pregnant women and new mothers. The Tompkins County WIC program also addresses smoking with those enrolled in their program.

Tompkins County is also in the catchment area for the state TCP's south-central area Cessation Center. United Health Services in Broome County coordinates the Cessation Center, which focuses on training health care providers to directly address tobacco use and cessation with their patients.

## Figures and Tables

Figure 192 — Tobacco use, Tompkins County adults

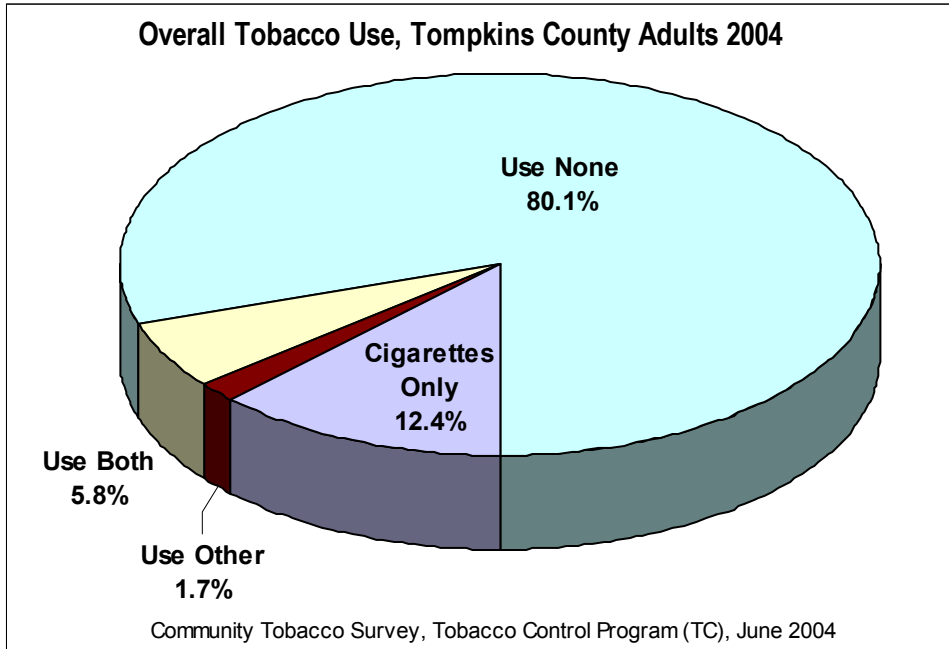


Figure 193 — Cigarette use, Tompkins County adults

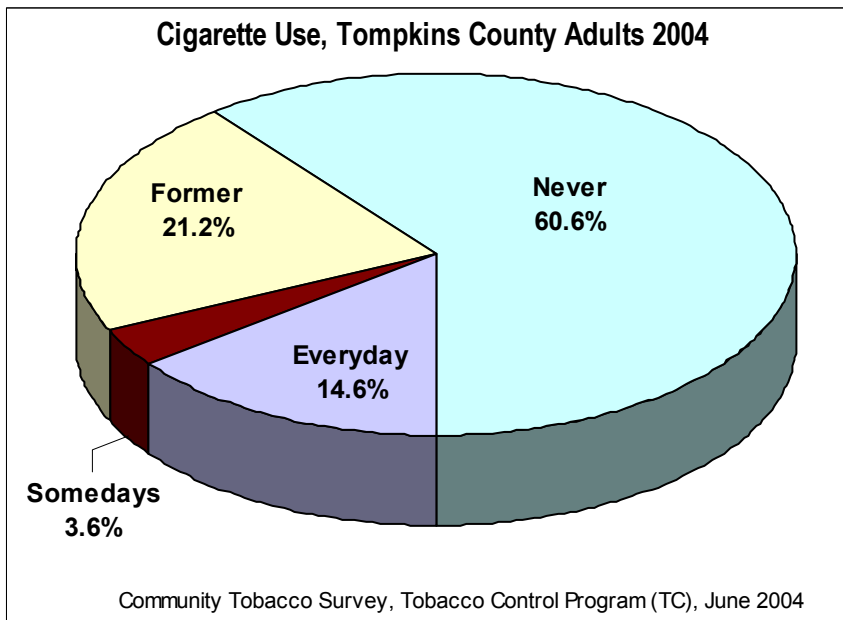




Figure 194 — Tobacco use, adults, regional comparison

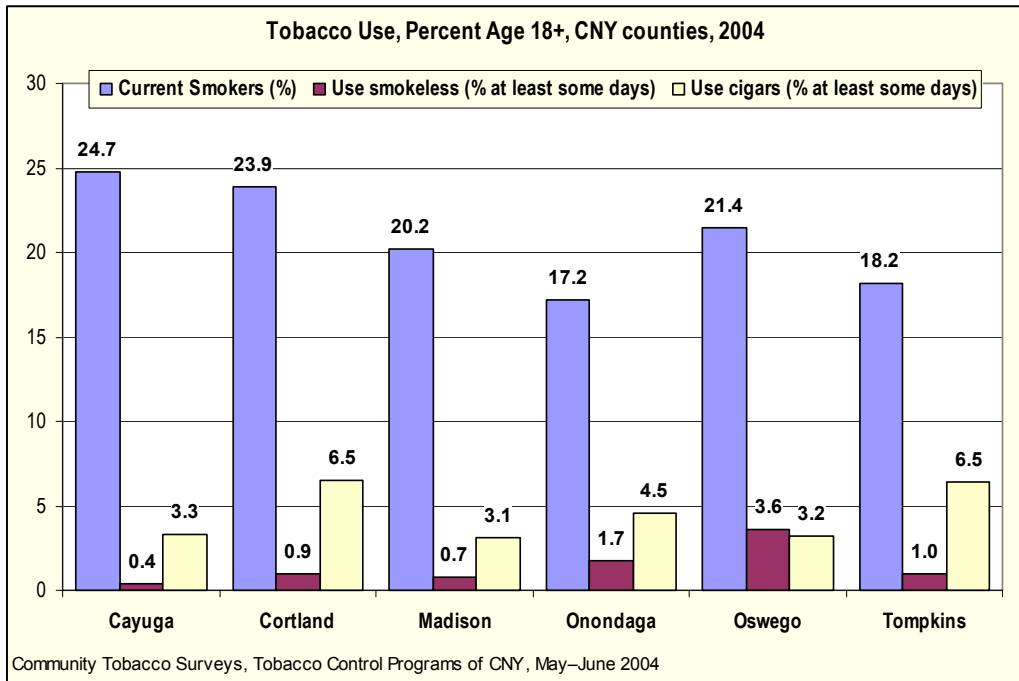


Figure 195 — Tobacco use, Tompkins County adults, by age and gender

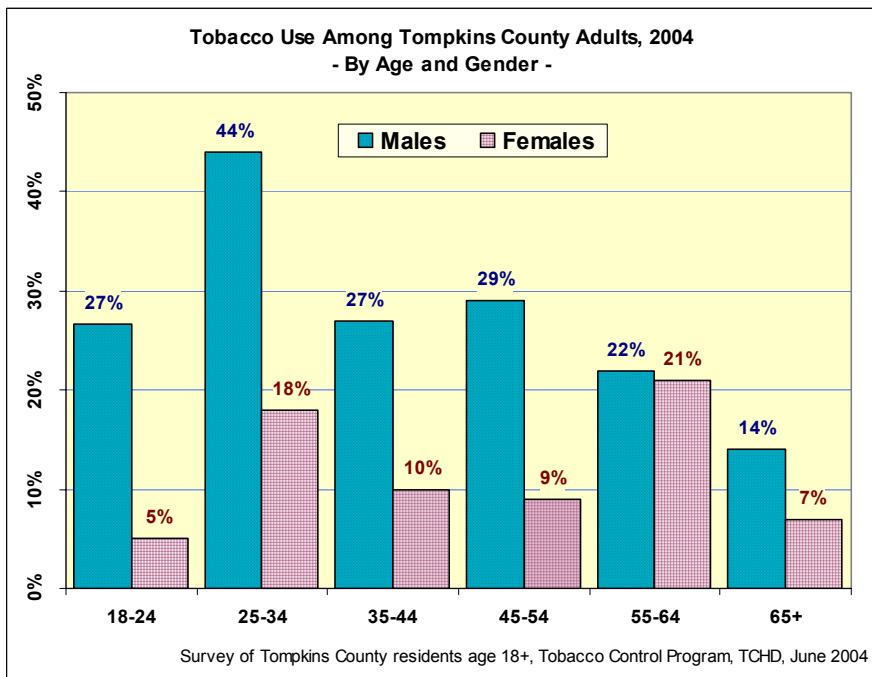


Figure 196 — Tobacco use, Tompkins County adults, by educational attainment

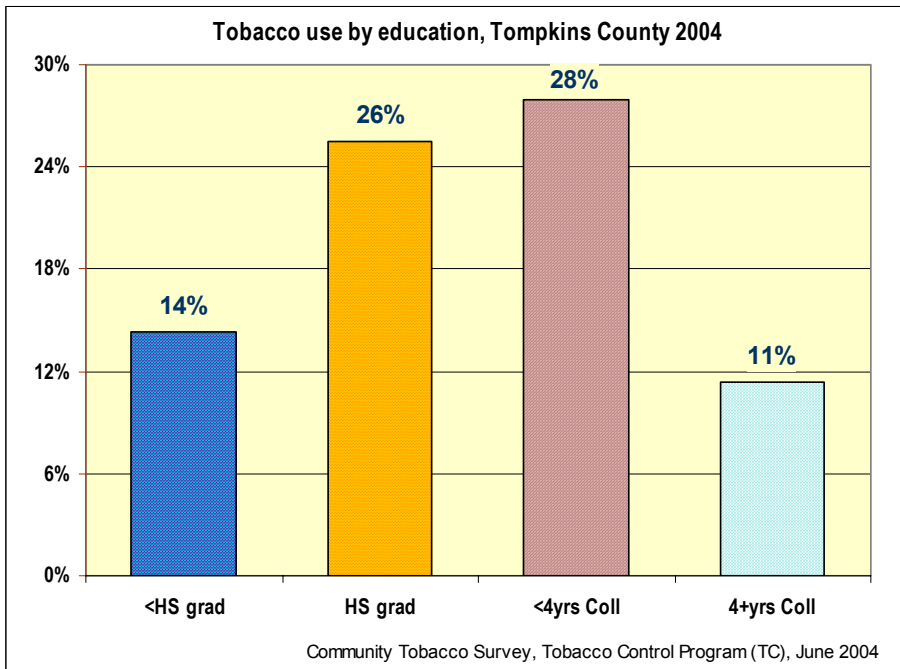


Figure 197 — Tobacco use, Cornell University students

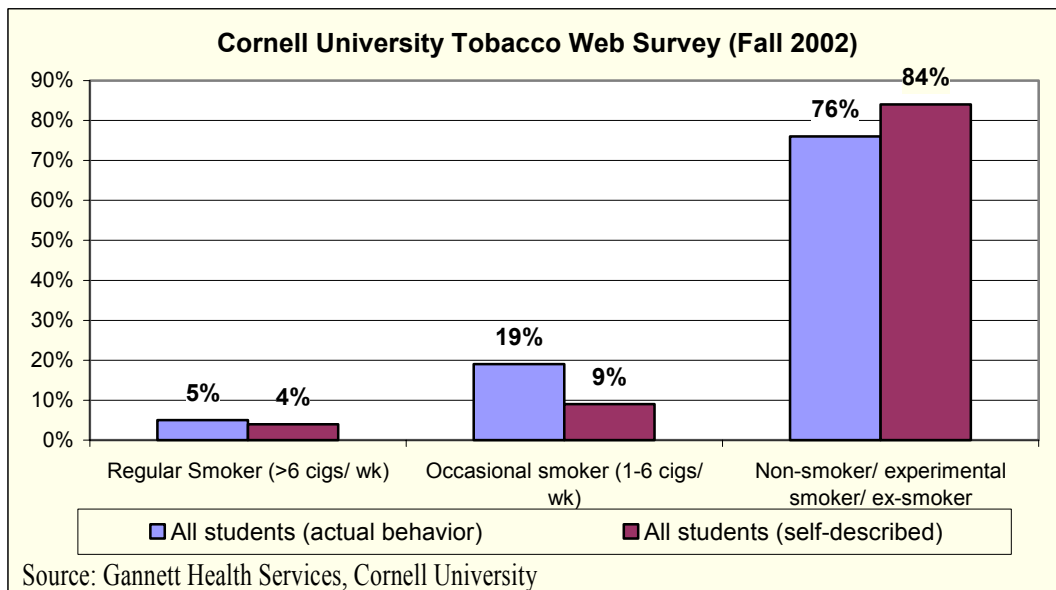


Figure 198 — Awareness of Tompkins County based tobacco control programs

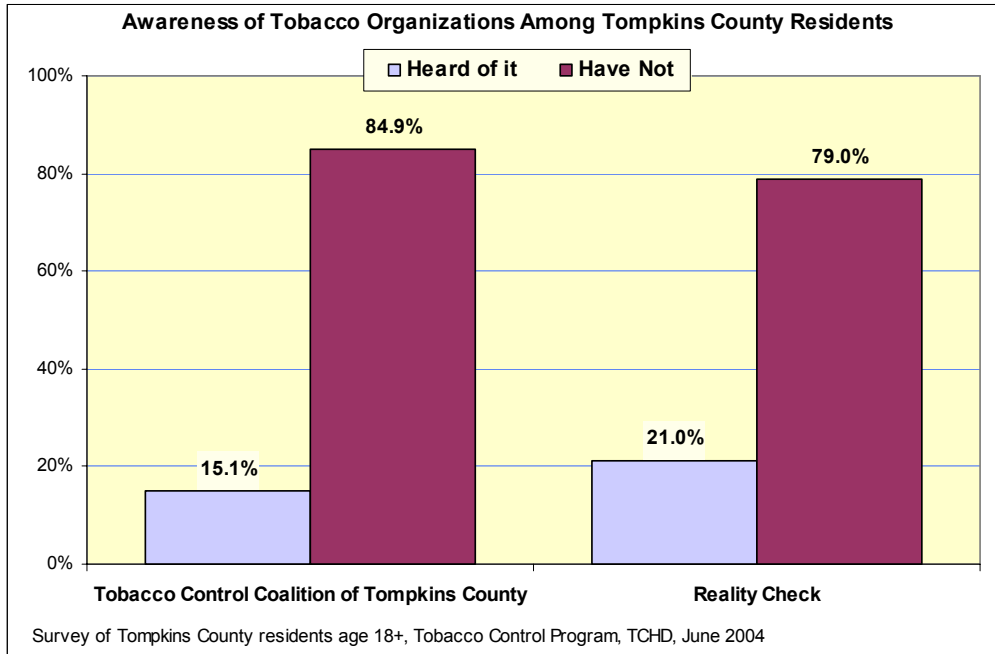


Figure 199 — Awareness among Tompkins County adults of the NYS Smokers' Quitline

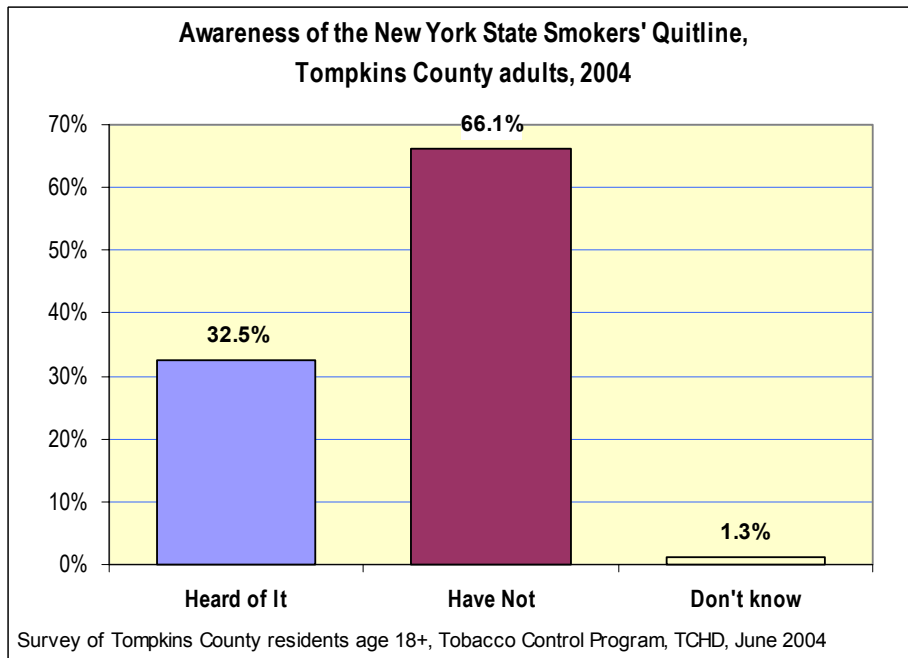
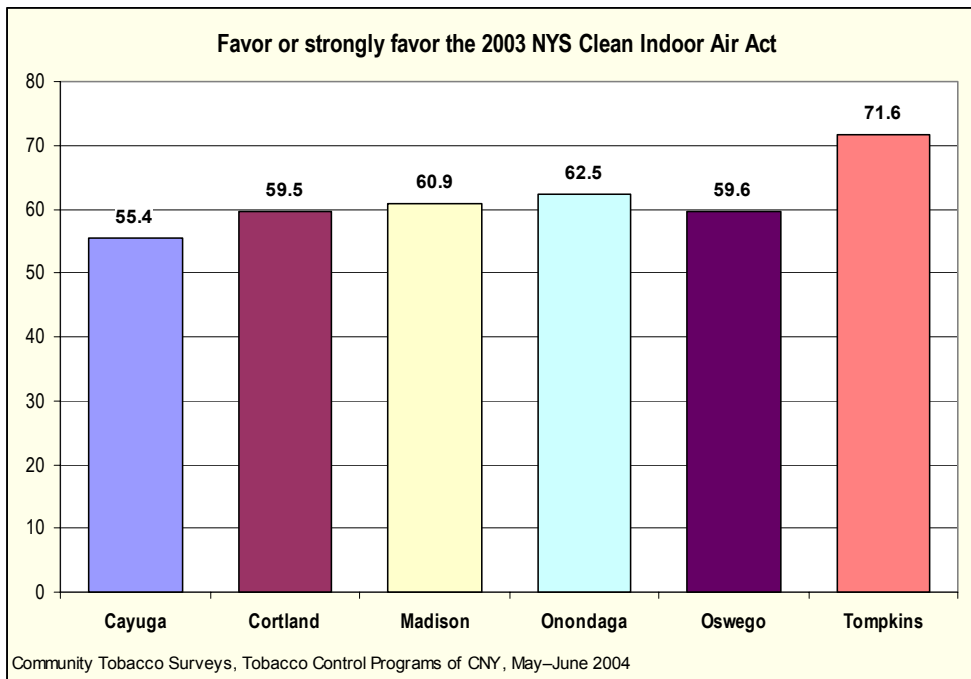


Figure 200 — Attitudes toward the NYS Clean Indoor Air Act, regional comparison



## Data Sources

The Tompkins County Health Department collaborates with local agencies, health care providers, and other county agencies and exchanges data with them to gain a comprehensive picture of the county's assets and resources, gaps in services and needs of particular populations. For more information:

### Web Sites

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Tompkins County  
Health Planning  
Council

[www.hsctc.org](http://www.hsctc.org)

Tompkins County Of-  
fice for the Aging

2004 Tompkins County Senior Needs Assessment  
[www.tompkins-co.org/cofa](http://www.tompkins-co.org/cofa)

Tompkins County  
Planning Department

County Comprehensive Plan – 2004 – The plan contains the principles, policies and actions that will guide the county in decisions that influence regional development involving intergovernmental cooperation affecting the quality of life in neighborhoods and the community.  
[www.tompkins-co.org/planning](http://www.tompkins-co.org/planning)

Tompkins County Bu-  
reau of Youth Serv-  
ices

Healthy Youth, Vital Communities 2004 –2006 – Assessment of data for collaborative planning.  
[www.tompkins-co.org/youth](http://www.tompkins-co.org/youth)

Tompkins County  
Health Department

[www.tompkins-co.org/health/](http://www.tompkins-co.org/health/)

Day Care and Child  
Development Council  
of Tompkins County,  
Inc.

Child Care Data Book: Balancing Supply and Demand – May 2004  
[www.daycarecouncil.org](http://www.daycarecouncil.org)

Ithaca Health Care Al-  
liance

[www.ithacahealth.org](http://www.ithacahealth.org)

Cayuga Medical Cen-  
ter

[www.cayugamed.org](http://www.cayugamed.org)

New York State Department of Health

[www.health.state.ny.us](http://www.health.state.ny.us)

## **Community Health Assessment – Distribution**

- Tompkins County Public Library
- Tompkins County Legislature
- Tompkins County Bureau of Youth Services
- Tompkins County Office for the Aging
- Tompkins County Health Planning Council
- Cayuga Medical Center at Ithaca
- Available upon request electronically

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