Building a Healthier
Madison County

Community Health Assessment
January 14, 2009
Agenda

• Welcome & Agenda Review
• Introductions
• Celebrate our Accomplishments
• Presentation of Assessments
• Strategic Issues – Overview
• Announcements
• Closing
• Adjourn
Meeting Objectives

- Recognize what we have accomplished to date
- Present the results of the four assessment activities
- Discuss the next phase of the process: Strategic issue development
Introductions
Community Health Assessment

• **Overarching Goal:**
  – Healthier Madison County
  – A high quality of life

• **Short Term Goal:**
  – Identify health issues most important to our county and develop systemic strategies to address these issues.

• **CHA or MAPP Team**
  – Decision-making body that provides guidance throughout the entire process
What we have accomplished

• Established a collaborative community-based initiative
  – 60 members representing a broad array of stakeholders
  – Commitment of time, expertise, and resources
    • Funding, facilities, personnel, etc.
  – Engaged community
  – Built and strengthened partnerships

• Vision for a Healthy Madison County

• Engaged national and local leaders in discussion on health in Madison County
Accomplishments...

- **Comprehensive Assessments**
  - 400 residents surveyed – priority issues
  - 140 representatives identified 19 “forces” impacting health
  - Identified and prioritized areas for improvement in our local public health system
  - Compiled the most up-to-date health data

- **The Child Obesity Prevalence Project**

- **Stanley Performing Arts Center Grant award**

- **National Health Index**
Assessment Results

Health Status
Local Health System
Community Themes & Strengths
Forces of Change
Community Themes and Strengths

Zogby International Telephone Survey
• Telephone survey conducted with adults in Madison County from 12/3/08-12/5/08

• Target sample:
  – 401 interviews
  – 22 questions
Sample characteristics

- Township
- Age group
- Education level
- Race
- Marital status
- Number in household
- Household income
- Sex on respondent
Analysis

• Most serious health problems in Madison County identified

  – Cancer
  – Heart disease
  – Obesity
Analysis...

- Potential risks to a person’s health
  - Alcohol abuse
  - Tobacco use
  - Being overweight
• Things that positively impact a person’s health
  – Healthy behavior and lifestyles
  – Clean environment
  – Access to health care and other services
• Most useful medical information resources
  – A medical provider
  – Family and friends
  – internet/ blogs
• Place most likely to receive treatment
  – An urgent care or immediate care facility
  – A hospital emergency room
  – “I am not likely to seek treatment”
• Transportation to medical appointments
  – My own vehicle
  – A family member/ friend
• Seek care outside Madison County
  – 57% responded yes

• Why?
  - 35% received a recommendation from another health care professional
Forces of Change Results Table

- Social Climate
- Attitude/Morale About Region
- Aging Population
- Youth Out-Migration
- Diversity
- Economic Conditions
- Access to healthcare
- Workforce shortages
- Geography
- Lack of coordination of services

- Political issues
- Regulations
- Environmental issues
- Aging infrastructure
- Increase in obesity
- Prevention/health education resources
- Education issues
- Technology
- Emergency response and preparedness planning
Rank order performance for each ES by level of activity

- 4. Mobilize Partnerships: 39%
- 9. Evaluate Services: 44%
- 7. Link to Health Services: 44%
- 6. Enforce Laws: 54%
- 10. Research/Innovations: 56%
- 3. Educate/Empower: 59%
- 8. Assure Workforce: 60%
- 5. Develop Policies/Plans: 63%
- 1. Monitor Health Status: 66%
- 2. Diagnose/Investigate: 69%
Achieving optimal activity level...

Percentage of all questions scored in each level of activity:

- No activity: 3.7%
- Minimal: 29.5%
- Moderate: 31.1%
- Significant: 28.6%
- Optimal: 7.1%
## Priority Rating Results
### High Priority/ Low Performance

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>Priority (10 = high)</th>
<th>Performance (level of activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link People to needed personal health services &amp; assure provision of health care when unavailable</td>
<td>9</td>
<td>44 (moderate)</td>
</tr>
<tr>
<td>Inform, educate, and empower people about health issues</td>
<td>9</td>
<td>59 (significant)</td>
</tr>
<tr>
<td>Mobilize community partnerships to identify and solve health problems</td>
<td>8</td>
<td>39 (moderate)</td>
</tr>
<tr>
<td>Develop policies &amp; plans that support individual &amp; community health efforts</td>
<td>8</td>
<td>63 (significant)</td>
</tr>
<tr>
<td>Monitor health status to identify community health problems</td>
<td>8</td>
<td>66 (significant)</td>
</tr>
<tr>
<td>Diagnose and investigate health problems and health hazards</td>
<td>8</td>
<td>69 (significant)</td>
</tr>
</tbody>
</table>
## Priority Rating Results

### Low Priority / Low Performance

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>Priority (10 = high)</th>
<th>Performance (level of activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate effectiveness, accessibility, and quality of personal and population-based health services</td>
<td>7</td>
<td>44 (moderate)</td>
</tr>
<tr>
<td>Enforce laws &amp; regulations that protect health &amp; ensure safety</td>
<td>7</td>
<td>54 (significant)</td>
</tr>
<tr>
<td>Assure a competent public and personal health care workforce</td>
<td>7</td>
<td>60 (significant)</td>
</tr>
<tr>
<td>Research for new insights and innovative solutions to health problems</td>
<td>6</td>
<td>56 (significant)</td>
</tr>
</tbody>
</table>
Model Standards
High Priority/ Low Performance

- ID of personal health service needs of populations
- Assuring linkage of people to personal health services
- Health communication
- Current tech. to manage & communicate pop. health data
- Community partnerships
- Constituency development
- Population-based community health profile
- Risk communication

- Evaluation of personal health services
- Govn’t presence at local level
- PH leadership development
- Health education & promotion
- ID and surveillance of PH threats
- Lab support for investigation of PH threats
- Plan for PH emergencies
- Com. Health improvement process & strategic planning
- Investigation & response to PH threats and emergencies
Model Standards

High Priority/ High Performance

• Maintenance of population health registries

Low Priority/ High Performance

• Public Health Workforce Standards
Model Standards
Low Priority/ Low Performance

- Workforce assessment, planning, and development
- Evaluation of local public health system
- Evaluation of population based health services
- Enforcement of laws, regulations, and ordinances
- Life-long learning through CE, training & mentoring
- Involvement in the improvement of laws, regulations, and ordinances
- Capacity to initiate or participate in research
- Review and evaluation of laws, regulations, and ordinances,
- Fostering innovation
- Linkage w/ institutions of higher learning and/or research
Health Status Update
Health status report

- Data has been collected on a number of indicators into a report by Upstate students
- Data has been compiled by life stages as much as possible
- Each group will have copy of the report, updated data from NYSDOH, comparison of indicators
Indicators

• Compared Madison County rates to NYS excluding NYC for majority of indicators

• Designated indicators as favorable, unfavorable, or with no significant difference between county and state

• Some indicators our county has very low numbers so rates are not reliable
Favorable
• % births with early prenatal care
• Teen pregnancy rates all ages
  • Teen birth rate

Unfavorable
• Pneumonia discharge rate 0-4 years
• Premature births < 37 weeks mothers 10-19
• Child abuse/ maltreatment children/ youth in indicated reports
MCH…

No significant difference

- % births with late or no prenatal care *
  - Infant mortality *
  - Neonatal mortality *
    - Fetal death *
    - Perinatal death *
Chronic disease indicators

**Favorable**
- Cervical/uterine cancer incidence, mortality
- Cirrhosis mortality and hospitalization
- Diabetes mortality, prevalence, hospitalization rates
- Cardiovascular disease mortality, hospitalization rates

**Unfavorable comparison**
- Colon and rectum cancer incidence, mortality
- Lung and bronchus cancer incidence, mortality
  - Female breast cancer mortality
- Cerebrovascular disease and mortality
  - COPD mortality
Other indicators

- Health risks and behaviors
- Injury mortality and morbidity
- Occupational health
- HIV and STD
- Immunization and infectious disease
- Socioeconomic
- Environmental
It's QUESTION TIME!!
Identify Strategic Issues

Use the findings from the four assessments to determine what the critical issues are. Determine what specific issues need to be addressed to achieve the vision.
Strategic Issue Development

- Life-stage Advisory Groups
- Group Exercise
  - Evaluate assessment results in context of life stage
  - Data, materials, and worksheets
  - Group leader and scribe
  - Driving questions
- Goal/ Objectives for each life stage
- Determine cross-cutting issues
Action Plan for
HEALTHY COMMUNITIES
Healthy People in Healthy Places

Social Capital
Safe & Healthy Environment
Public Health Capacity
Community Member Engagement

Action Plan for
HEALTHY CHILDREN
Healthy People in Every Stage of Life

Centers for Disease Control and Prevention • Health Protection Goals
<table>
<thead>
<tr>
<th>Infants &amp; Toddlers Ages 0 - 3</th>
<th>Children Ages 4 - 11</th>
<th>Adolescents Ages 12 - 19</th>
<th>Adults Ages 20 - 49</th>
<th>Older Adults &amp; Seniors Ages ≥50</th>
<th>Healthy Places</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Health Issues</td>
<td></td>
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<tr>
<td>- Health statistics</td>
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<td>- Risk Factors</td>
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<td>- Social Determinants</td>
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<td>- Special Needs</td>
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<td>- Priority Issues</td>
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<td>- County Level Strategic Action Plan</td>
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<td>- Communities</td>
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<td>- Homes</td>
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<td>- Schools</td>
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<td>- Workplaces</td>
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<tr>
<td>- Healthcare</td>
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<tr>
<td>- Institutions</td>
<td></td>
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<tr>
<td>- Travel/recreation</td>
<td></td>
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</tbody>
</table>

NOTE: Life Course Dimension Categories based on CDC’s Healthy People in Every Stage of Life;
## County Data Book

### Tables

#### Table 1. Population and socioeconomic profile, Orleans County, 2006

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Selected Population</th>
<th>Percentage</th>
<th>U.S.</th>
<th>Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>23,964</td>
<td>50.2%</td>
<td>49.2%</td>
<td>±0.04</td>
</tr>
<tr>
<td>Male</td>
<td>11,732</td>
<td>49.8%</td>
<td>50.2%</td>
<td>±0.04</td>
</tr>
<tr>
<td>Female</td>
<td>11,232</td>
<td>50.2%</td>
<td>49.8%</td>
<td>±0.04</td>
</tr>
<tr>
<td>White</td>
<td>625</td>
<td>2.6%</td>
<td>2.4%</td>
<td>±0.02</td>
</tr>
<tr>
<td>Black or African American</td>
<td>39</td>
<td>0.2%</td>
<td>0.2%</td>
<td>±0.01</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>127</td>
<td>0.5%</td>
<td>0.5%</td>
<td>±0.02</td>
</tr>
<tr>
<td>Asian</td>
<td>2,731</td>
<td>1.1%</td>
<td>1.0%</td>
<td>±0.01</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>656</td>
<td>0.2%</td>
<td>0.2%</td>
<td>±0.01</td>
</tr>
<tr>
<td>Some other race</td>
<td>8,105</td>
<td>3.4%</td>
<td>3.2%</td>
<td>±0.02</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2,814</td>
<td>1.2%</td>
<td>1.1%</td>
<td>±0.01</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>2,670</td>
<td>1.1%</td>
<td>1.0%</td>
<td>±0.01</td>
</tr>
<tr>
<td>Average household size</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Average family size</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Educators degree of higher</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Disability status (population 5 years and over)</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Median income (in 2006 inflation-adjusted dollars)</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Median family income (in 2006 inflation-adjusted dollars)</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Per capita income (in 2006 inflation-adjusted dollars)</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Poverty status below poverty level</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Individual below poverty level</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Total housing units</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Owner-occupied housing units</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Renter-occupied housing units</td>
<td>2,86</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
</tbody>
</table>

**Source:** Bureau of the Census, 2006.

Explanation of symbols:
- **%**: The median falls in the lowest interval or upper interval of an open-ended distribution. A statistic is not appropriate.
- **(X)**: The estimate is not available. A statistical test for sampling variability is not appropriate.
- **(X)**: The estimate is controlled. A statistical test for sampling variability is not appropriate.
Next Steps

- Identify Strategic Issues – (begin January 2009)
- Formulate Goals & Objectives
- Publish Report (September 2009)
- Art exhibit (Fall 2009)
- Initiate implementation of action plan (Fall 2009)
- Ongoing monitoring and evaluation