



# Community Health Assessment Community Health Improvement Plan Community Service Plan 2019 - 2021



A Look at Oswego County's Health Status and NYS Prevention Agenda Priorities  
Required Components for NYS Department of Health



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## **A): EXECUTIVE SUMMARY**

### **PREVENTION AGENDA PRIORITIES IDENTIFIED AND DISPARITY**

- 1. Prevent chronic diseases**
2. Promote a healthy and safe environment
- 3. Promote healthy women, infants and children**
- 4. Promote well-being and prevent mental and substance use disorders**
5. Prevent communicable diseases

Disparity being addressed is tobacco use among low socioeconomic population.

### **DATA SOURCES**

- New York State Department of Health
- HealthConnections
- County Health Ranking 2017-2019
- Oswego County Strategic Planning Focus Group and Survey Feedback
- Community Commons
- New York State Expanded Behavioral Risk Factor Surveillance System
- Oswego County OB/GYN Data
- Oswego Health Stakeholder Interview 2018
- Oswego Health Community Needs Assessment 2018
- Oswego County COACH Point in Time Survey on Homelessness,
- QuickFacts from the U.S. Census Bureau
- American Community Survey
- Statewide Perinatal Data System, 2015-2018
- American Cancer Society
- Oswego County Health Department Data
- Farnham Family Services
- MICH/MIECHV Annual Needs Assessment

### **PARTNERS**

- Oswego Health (planning, funding and implementation)
- Oswego County Health Department (planning, funding and implementation)
- ConnexCare (planning, funding, and implementation)
- Oswego County Rural Health Network (planning and funding)
- Oswego County Division of Mental Hygiene/DSS (planning)

- Oswego County OB/GYN (planning, funding, implementation)
- Cornell Cooperative Extension of Oswego County (planning and implementation)
- Oswego County MICHC Program (planning)
- Healthy Families Oswego County (planning and implementation)
- Oswego County Opportunities (planning, funding, and implementation)
- Integrated Community Planning of Oswego County (planning and funding)
- Oswego County Board of Health (advisory)
- Oswego County Legislative Health Committee (advisory and funding)
- Oswego County Health Department Professional Advisory Committee (advisory)
- Oswego County Office for the Aging (planning, implementation, funding)

### **EVIDENCE-BASED INTERVENTIONS/STRATEGIES/ACTIVITIES**

- Healthy Highway Program to increase skills and knowledge to support healthy food and beverage choices.
- Mobile Food Pantries to bring fresh fruits and vegetables to underserved communities.
- Joint-use agreements with school districts to increase access to safe places for physical activity.
- Expand Oswego County Healthy Miles Program to identify/mark trails that are available for residents of all abilities.
- Smoke Free for My Baby and Me.
- Promotion and marketing of smoking cessation benefits available through Medicaid.
- Chronic Disease Self-Management classes (CDSMP, DSMP, Prevent T2).
- Public health detailing on the use of fluoride varnishing in pediatric and primary care practices.
- Conduct academic detailing to increase buprenorphine prescribing in primary care.
- Expand access to naloxone.
- Expand Oswego County trauma informed collaborative and provide training to county stakeholders on trauma informed practices.
- Standardized opioid prescribing practices
- Evidence based care coordination for patients with CHF and HTN
- Evidence based community education programs to improve self-management skills.

## PROGRESS AND IMPROVEMENT TRACKING/PROCESS MEASURES:

Meetings will be held at least quarterly to review progress made on the Community Health Improvement Plan/Community Services Plan. This team will convene at Oswego Hospital and be comprised of members from Oswego Health, Oswego County Health Department and relevant community stakeholders. Process measures used will be those outlined in the Community Health Improvement Plan/Community Services Plan work plan.

## B). COMMUNITY HEALTH ASSESSMENT

This report details the health status of Oswego County residents based on the most recent data available. The key findings are:

- Oswego County has a larger **insured adult population** (94%) compared to the state (92%).
- One-third of Oswego County's population is covered by public health insurance.
- A community survey showed that the percentage of residents who claimed that they have a doctor for their **primary care** needs increased from 95% in 2012 to 98% in 2018. This increase is despite the physician to population ratio being lower in the county (1:2510) than the state (1:631) and the national (1:781) average.
- Oswego County has inadequate **dental provider coverage** for the population, with a dentist to population ratio of (1:280) compared to the state ratio of (1:230).
- The **adult obesity** rate (32.6%) is higher than the state (25.5%). Obesity is a national epidemic, the rate is higher than the nation (29.9%) and the 2018 Prevention Agenda objective of (23.2%).
- Oswego County has the highest **student overweight or obesity** rate (41.7% for elementary, middle, and high school students combined), among all counties in the state

### SUMMARY OF MAIN HEALTH CHALLENGES IN OSWEGO COUNTY:

- **High overweight and obesity rate among adults and school children;**
- **High smoking rate, and binge drinking and drug abuse among adults;**
- **High disease burden and life lost from cancer, cardiovascular diseases, respiratory diseases, and diabetes;**
- **High unintentional pregnancy rate and reduced percentage of pregnant women seeking early prenatal care;**
- **High rate of drug abuse;**
- **High suicide death rate;**
- **Increased incidence of STDs;**
- **Constant threat from mosquito-borne diseases and increased incidence of tick-borne diseases;**
- **Health disparities are associated with socioeconomic differences; and**
- **Unfunded or underfunded federal and state mandates represent 80% of the county's budget to the Health Department.**

- The percentage of **diabetic adults** is lower in Oswego County (8.7%) than the state average (9.5%).
- The age-adjusted **diabetes mortality rate** (23.4 per 100,000) is higher than the state rate (16.9).
- The county's **diabetes hospitalization** rate is 19.4 per 100,000, higher than the state.
- **Diabetes care** in Oswego County is better than the state average, as indicated by percentage of Medicare enrollees with annual Hemoglobin A1c (91.1% vs. 86.3%)
- The percent of county **adults who smoke** almost every day (30.5%) is twice as high as the state (14.5%).
- The percentage of **women who smoked during pregnancy has declined significantly** (21.2%) compared to 2012 (28.3%) yet remains higher than neighboring counties.
- The percentage of **adults with an income less than \$25,000 per year** in the county is (40.2%). This is higher than the state percentage of (26.7%), and highest among neighboring counties.
- With Medicaid as the payer, (34%) of pregnant women smoked but only (7.9%) of pregnant women with private insurance smoked.
- With 216 deaths per 100,000 population, the county leads the **cancer mortality** rate in the state. On average, each week 12 people are diagnosed with cancer and four people die from cancer in the county.
- Oswego County's **lung and bronchus cancer** incidence rate is the highest (95.4 per 100,000 population) among all neighboring counties and higher than the state rate (58.9 per 100,000 population).
- The county's **female breast cancer** incidence is 105 per 100,000 women. Female breast cancer deaths are higher than the state average.
- The county's **chronic lower respiratory disease** mortality rate has been declining.
- Current data shows a rate of 51.6 deaths per 100,000 population, down from 57 deaths per 100,000 population in 2010-2012. This rate does place the county below the state rate and

### CONTRIBUTING CAUSES TO THE MAIN HEALTH CHALLENGES:

- **Rural area and its subsequent socioeconomic and environmental disadvantages;**
- **Geographically isolation;**
- **Poor health behaviors, including smoking, excessive alcohol use, and lack of physical activity among adults;**
- **Shortage of primary care physicians, dentists, and mental health providers;**
- **Community health issues are intertwined with local socioeconomic situations;**
- **Locally effective collaborations are not considered as "evidence-based" programs.**
- **Most local resources to county health department go to unfunded and underfunded mandate programs.**

in the lowest quartile of counties.

- The rate of **hospitalizations for falls** remains below the value of the state, excluding NYC.
- **Unintended pregnancy** is higher (32.5%) than the state, excluding NYC (24.9%).
- **Births to teen mothers** comprise (1.9%) of births in the county.
- **Newborns' with withdrawal syndrome and or affected by narcotics** rate in the county (35.3 per 1,000 discharges) is higher than that of the state, excluding NYC (16.0 per 1,000 discharges) and CNY (30.0 per 1,000 discharges).
- Percent of **pregnant women seeking early prenatal care** in the county (74.3%) is the lowest among all neighboring counties but almost the same as the CNY regional average (74.5% in 2018). Only 3.4% of Oswego County women seek late or no prenatal care, this is trending downward from previous years, however not significantly.
- The **age-adjusted suicide death** rate of Oswego County (17.3 deaths per 100,000 population) is more than double that of the state average (8 deaths per 100,000 population).
- **Age adjusted ER rate due to adolescent suicide and intentional self-inflicted injury** is 121.2 ER visits per 10,000 population. This rate higher than the state value of 48.2 ER visits per 10,000 population and highest compared to neighboring counties.
- Percent of adults who **binge drink alcohol** in the county (24.8%) is higher than that of the state (18.3%).
- Oswego County's **death's due to opioid pain relievers** is 17 per 100,000 population.
- **STDs** have increased in the county in recent years: chlamydia incidences more than doubled, gonorrhea more than quadrupled. These rates are still lower that the state rates.
- Oswego County is located within the epicenter of **mosquito-borne diseases** in the state. Mosquito surveillance and identification, along with personal protection messaging around mosquito bite prevention are central activities during the spring and summer months.
- **Lyme disease** increased more than 10-fold from 2009 through 2016 (45 cases per 100,000 population). The county has the highest incidence compared to surrounding counties and is higher than the state incidences (38 cases per 100,000 population).

Despite many challenges, Oswego County remains a well netted community. At an institutional level, many health improvements were achieved by collaboration and partnership among organizations in the county, for example the Healthy Highway Program to reduce childhood obesity, the Smoke Free for Baby and Me Program to address smoking among pregnant woman, Stepping On to reducing fall-related hospitalizations and improving primary care coverage for the county residents. In Oswego County, Preschool Special Ed and Early Intervention mandates account for approximately 70% of the entire Health Department local share. Combined with mandated portions from Preventive and Environmental division budgets, that bring the total to at least 75%, this leaves little discretionary funding available to pay for programs to improve the health and safety of county residents.

In the development of this Community Health Assessment, more than a dozen data sources were explored, numerous partners and stakeholders were consulted. Community input was sought via survey and focus groups, and the process and the document were reported to the Oswego Health Board of Directors, Oswego County Health Legislative Committee and the Oswego County Board of Health.

## **(Section 1): Description of Community**

Established in 1816 through an act of the New York State Legislature, Oswego County occupies 951 square miles of land on the southeastern shore of Lake Ontario. While rich in natural beauty, the proximity to Lake Ontario and the Tug Hill Plateau located in the eastern portion of the county subjects the area to heavy lake-effect snowfall which can reach over 180 inches a season, particularly in the northern half of the county. The county is also home to Toad Harbor/Big Bay Swamp, which lies along the northern shore of Oneida Lake. These hardwood swamps create a hospitable environment for species of mosquitoes known to transmit Eastern Equine Encephalitis (EEE).

Oswego County is comprised of the cities of Oswego and Fulton, 10 villages, and 22 towns. The County Legislature includes 25 districts; each legislator represents approximately 5,000 citizens. The county is in the 22nd and 24th Congressional District; the 48th District of the New York State Senate; and in the 120th, and 130th Districts of the New York State Assembly.

Oswego County is accessible by land, air and water. Interstate 81 and I-481 travel through the county, and the NYS Thruway (I-90) is just to the south. The Oswego County airport sees more than 20,500 take-offs and landings a year. The 23-mile Oswego River Canal is part of the NYS Canal System and the historic Erie Canal National Heritage Corridor.

The northern and eastern portions of the county are sparsely populated and rural in nature and characterized by a high level of poverty and geographic isolation. Public transportation is limited throughout Oswego County, but particularly in this area.

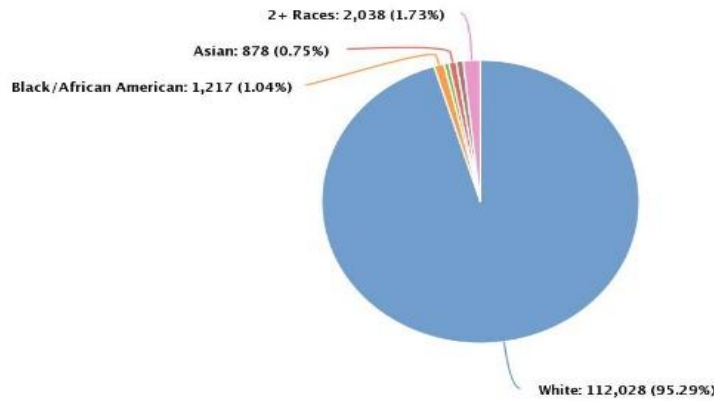
### **(A) DEMOGRAPHICS**

#### **Population**

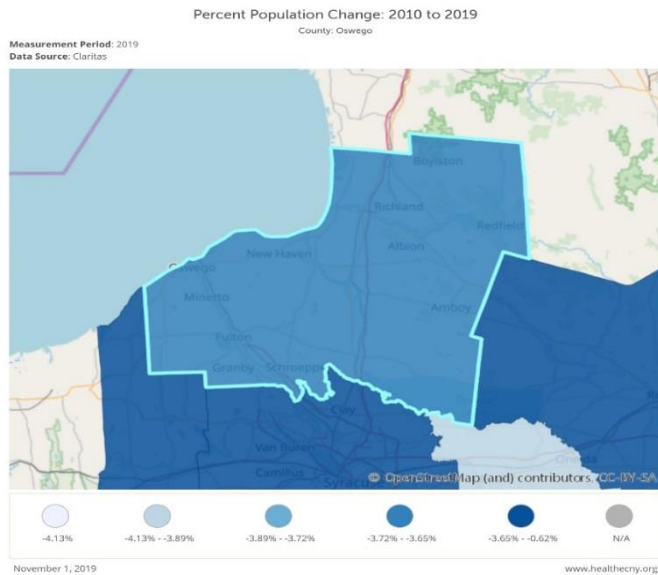
The current population in Oswego County is 117,571. The population in Oswego County has remained relatively stable over the last decade. The most recent population change reported by the U.S. Census Bureau showed a decrease in Oswego County population of -3.72% between 2010-2019. Oswego County is not very racially or ethnically diverse. Approximately 95% of Oswego County residents identify themselves as White, 1.0% as Black, and 2.7% as Hispanic based on the Demographics information provided by Claritas, updated January 2019. Almost 62% of Oswego County's population lives in an area identified as rural, as defined by the U.S. Census Bureau.



## Population by Race County: Oswego



Claritas, 2019. [www.healthcny.org](http://www.healthcny.org)



### Percent Population Change: 2010 to 2019

County: Oswego

**-3.72%**

Region: Central New York  
-1.88%

State: New York  
2.71%

### Population

County: Oswego

**117,571** Persons

Region: Central New York  
1,007,327 Persons

State: New York  
19,903,676 Persons

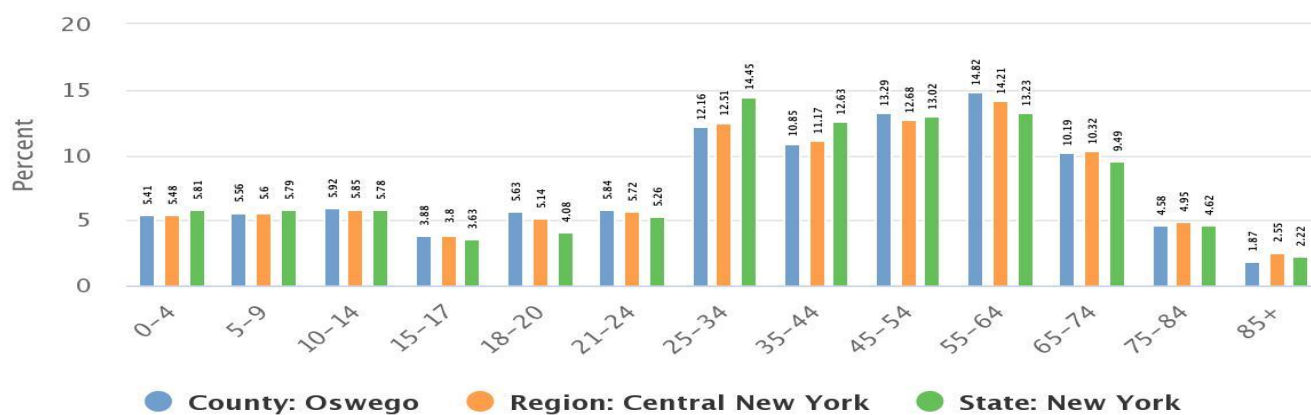
In 2019, approximately 350 migrant workers are in Oswego County, according to the Oswego County Opportunities (OCO) Migrant Services Program Manager. Most arriving are H2A workers here on work visas. Workers come from Mexico, Guatemala, Jamaica, and Puerto Rico. While most workers are single males, OCO has identified the following trends: arrival of single woman, increases in workers and families from Puerto Rico, immigrant workers working non-agricultural jobs, and arrival of children from detention centers. The average migrant worker is between 25-30 years of age.

Oswego County does have a growing population of Amish families, settling primarily in the northeastern portion of the county

## Population by Age

Population by Age	County: Oswego		Region: Central New York		State: New York	
	Persons	% of Population	Persons	% of Population	Persons	% of Population
Under 18	24,419	20.77%	208,913	20.74%	4,180,520	21.00%
18+	93,152	79.23%	798,414	79.26%	15,723,156	79.00%
25+	79,666	67.76%	689,001	68.40%	13,863,744	69.65%
65+	19,557	16.63%	179,484	17.82%	3,250,309	16.33%
85+	2,193	1.87%	25,651	2.55%	440,949	2.22%

### Population by Age Group County: Oswego



Claritas, 2019. [www.healthecny.org](http://www.healthecny.org)

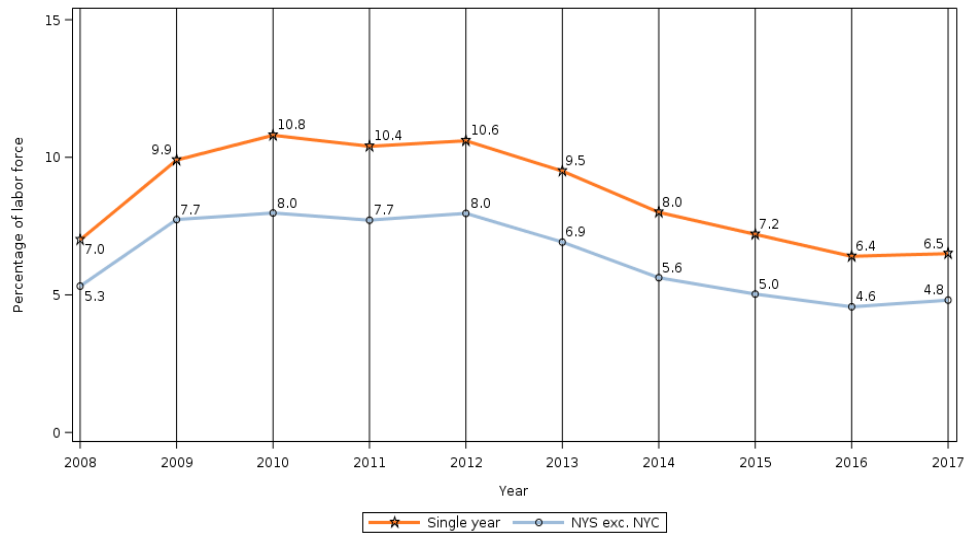
## Population by Sex

Population by Sex	County: Oswego		Region: Central New York		State: New York	
	Persons	% of Population	Persons	% of Population	Persons	% of Population
Male	58,861	50.06%	495,206	49.16%	9,670,884	48.59%
Female	58,710	49.94%	512,121	50.84%	10,232,792	51.41%

## Income, Poverty & Unemployment

Poor economic indicators are frequently associated with poor health outcomes. Poverty often creates barriers to accessing health care, healthy food, and other necessities to promote a healthy lifestyle. Families in crisis may not be in the position to make lifestyle changes to promote good health. Poverty issues continue to be a concern in Oswego County. The percent of Oswego County residents living at or below the poverty level is 17.2%. Families below poverty level with children is 9.7%.

Oswego County - Percentage of labor force unemployed



### Families Below Poverty

County: Oswego

**3,725** Families  
(12.26% of Families)

Region: Central New York

26,186 Families  
(10.32% of Families)

State: New York

542,825 Families  
(11.30% of Families)

### Families Below Poverty with Children

County: Oswego

**2,946** Families  
(9.70% of Families)

Region: Central New York

20,112 Families (7.92% of Families)

State: New York

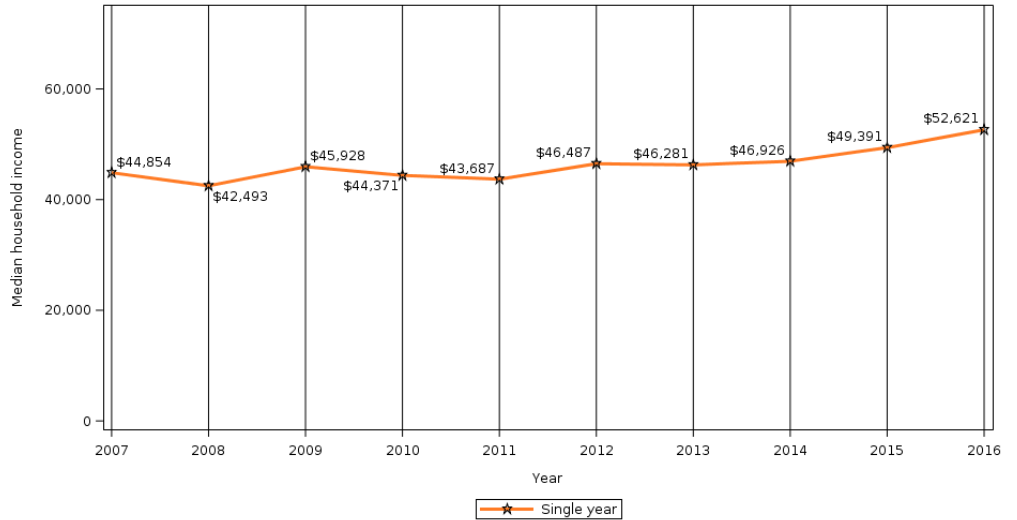
393,962 Families  
(8.20% of Families)

*Demographics information provided by Claritas, updated January 2019 from [healthecn.org](http://healthecn.org)*

**Oswego County - Annual median household income in US dollars**

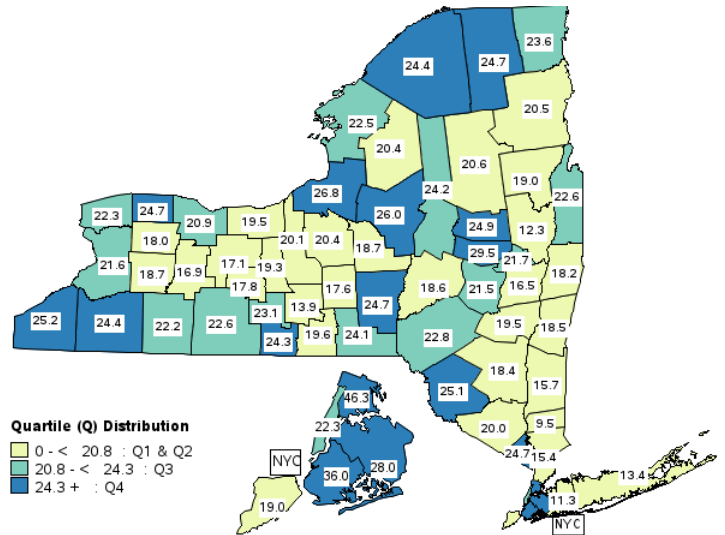
Over the last several years, Oswego County has experienced a decline in unemployment (6.5% reported in 2017, US Department of Labor).

An increase in the median family income from \$45,928 in 2009 to \$52,621 in 2016.



According to the U.S. Census Bureau, 2018 American Community Survey 3-Year estimates, approximately 27% of the county population is receiving Medicaid.

*Percentage of population with Medicaid/means-tested public coverage, 2012-2016*

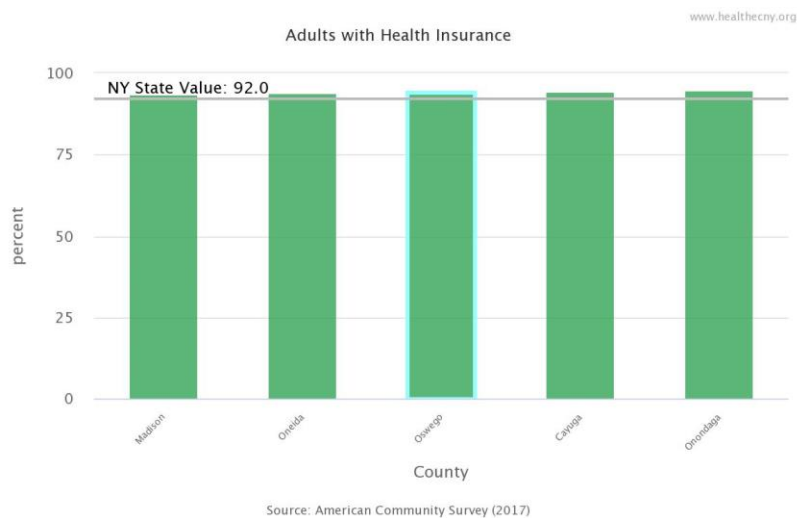


Data Source: U.S. Census, American Community Survey data as of June 2018

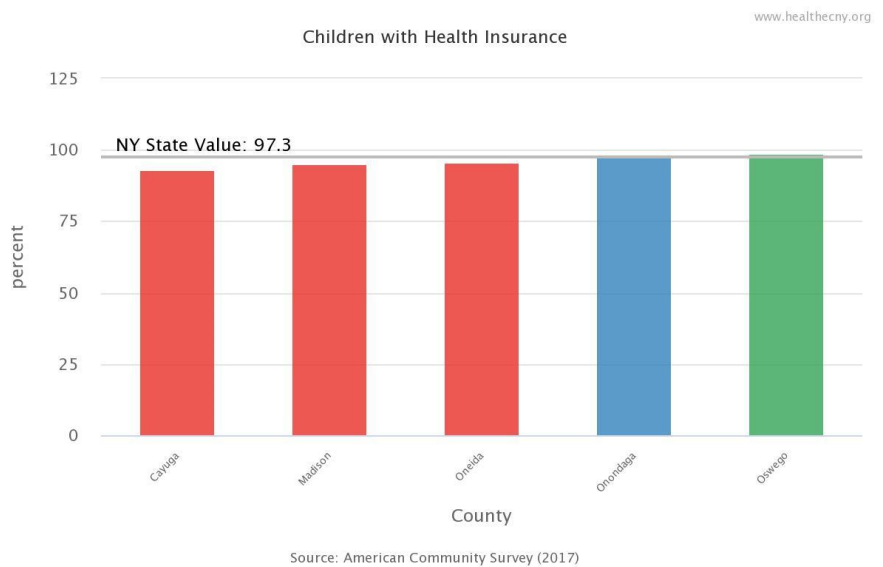
## Health Insurance Status

As more population has been enrolled in Medicaid, Oswego County has fewer uninsured residents than the state and national average, however it still compares to surrounding counties and other rural counties.

*Compared to other New York State counties, Oswego has a value of 94% of adults with health insurance, which represents 50% of counties. The state value is 92.0% whereas Oswego County is 94%.*



*Children in Oswego County with health insurance is 98.8%, above the state value and in the best 50<sup>th</sup> percentile*



## (B) HEALTH STATUS

### Access to Health Care

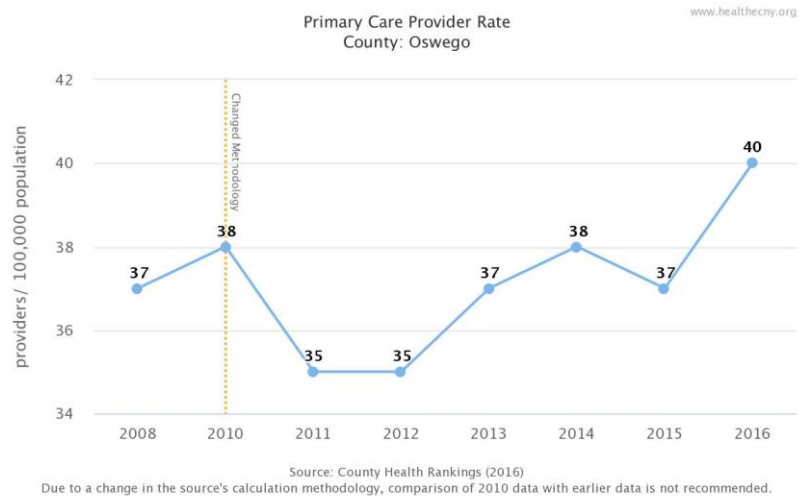
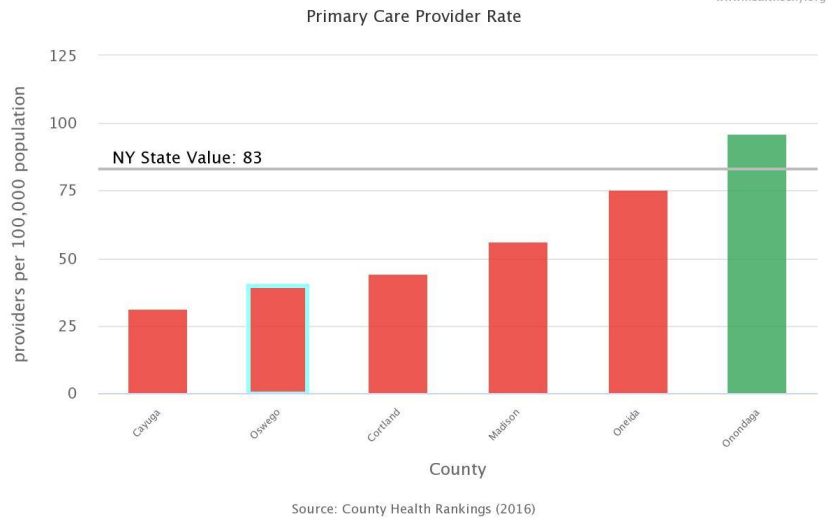
The access to health care indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to obtaining preventive healthcare and avoiding unnecessary emergency department visits.

According to the 2016 county health ranking data, Oswego County has 40 providers per 100,000 population, the second worst quartile.

A community needs survey conducted by Oswego Health in August 2018 noted an increase in the number of respondents who mention they have a doctor they use on a regular basis for routine or primary care. This response rose from 91% in 2010 to 98% in 2018.

In addition, 73% of these respondents reported that they use their nurse or doctor as their primary source of health-related information, 16% via internet. This may be a significant finding impacting efforts to reach county residents with positive messages about improving health behaviors.

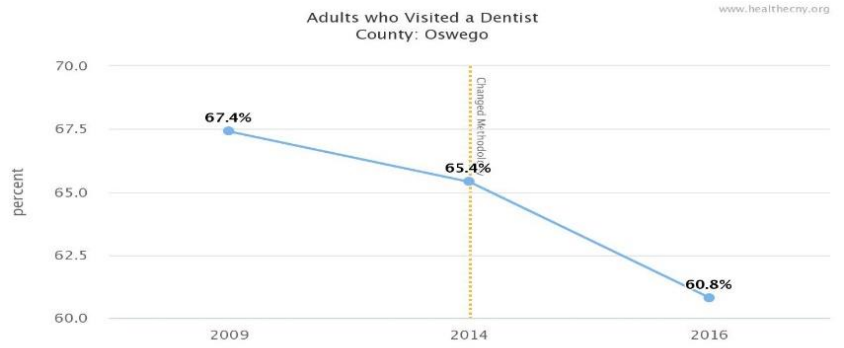
Oswego Health Community  
Online Survey Findings, July  
2018, RMS



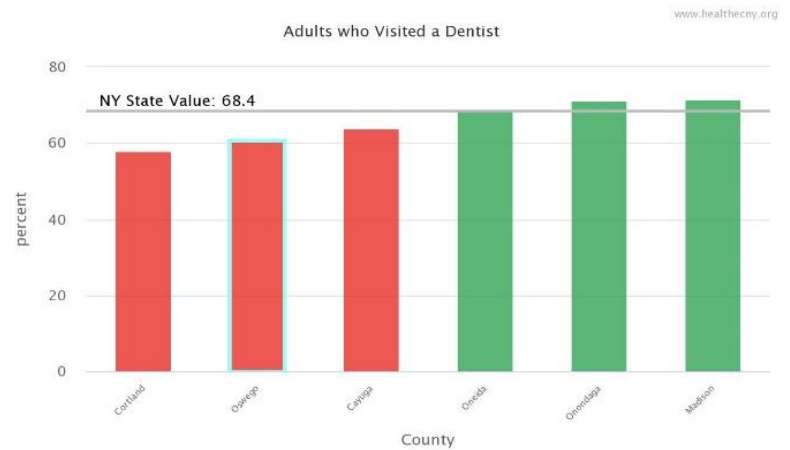
## Dental Care Utilization (Adult)

Oswego County, excluding counties in NYC, has a value of 60.8% which is in the 25<sup>th</sup> percentile when compared to other New York State counties. Compared to prior value there has been no significant change.

This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator also highlights a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.



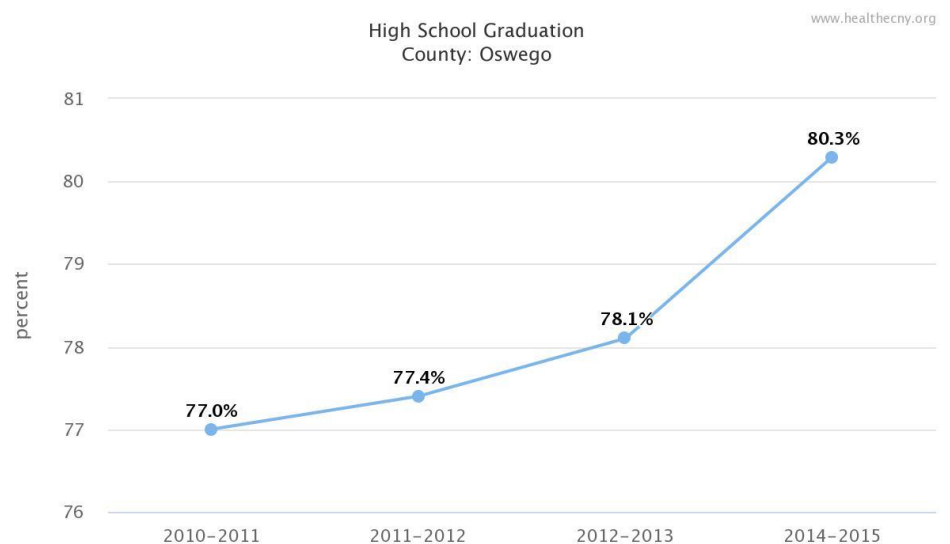
Source: New York Expanded Behavioral Risk Factor Surveillance System (2016)  
The BRFSS 2014 prevalence data should be considered a baseline year for data analysis and is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.



Source: New York Expanded Behavioral Risk Factor Surveillance System (2016)

## Education

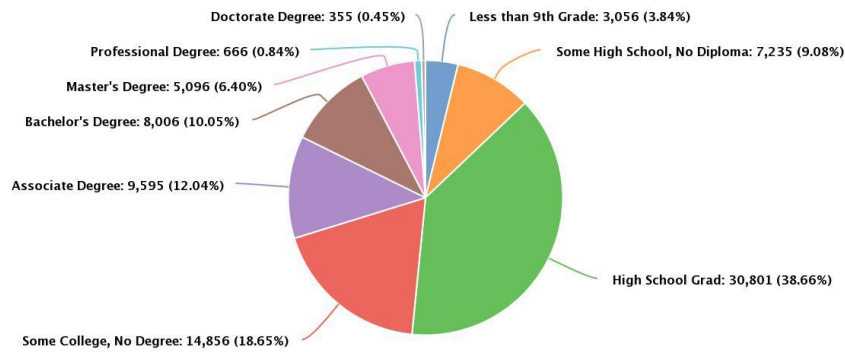
This following indicator reports the average high school freshman graduate rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health. Oswego County ranks 80.3% for on-time graduation compared to the US value, 79.3% for the New York State value, and increasing significantly.



Source: County Health Rankings (2014-2015)

Population age 25+ with less than high school graduation, in Oswego County approximately 13% of residents who did not complete high school. Breakdown of education attainment below:

### Population 25+ by Educational Attainment County: Oswego



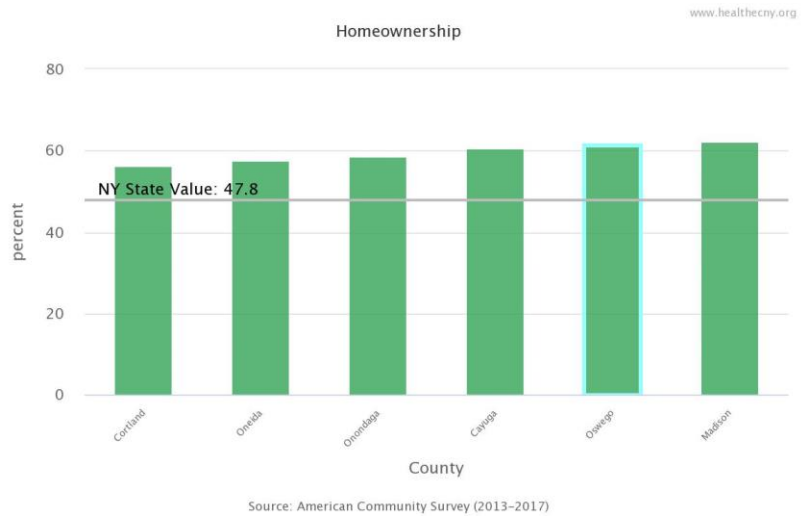
Claritas, 2019. www.healthecny.org

Population 25+ by Educational Attainment	County: Oswego		Region: Central New York		State: New York	
	Persons	% of Population Age 25+	Persons	% of Population Age 25+	Persons	% of Population Age 25+
Less than 9th Grade	3,056	3.84%	23,526	3.41%	893,096	6.44%
Some High School, No Diploma	7,235	9.08%	49,758	7.22%	1,025,310	7.40%
High School Grad	30,801	38.66%	207,849	30.17%	3,646,775	26.30%
Some College, No Degree	14,856	18.65%	125,972	18.28%	2,196,618	15.84%
Associate Degree	9,595	12.04%	83,300	12.09%	1,200,911	8.66%
Bachelor's Degree	8,006	10.05%	115,351	16.74%	2,775,799	20.02%
Master's Degree	5,096	6.40%	60,785	8.82%	1,528,791	11.03%
Professional Degree	666	0.84%	13,411	1.95%	390,170	2.81%
Doctorate Degree	355	0.45%	9,049	1.31%	206,274	1.49%

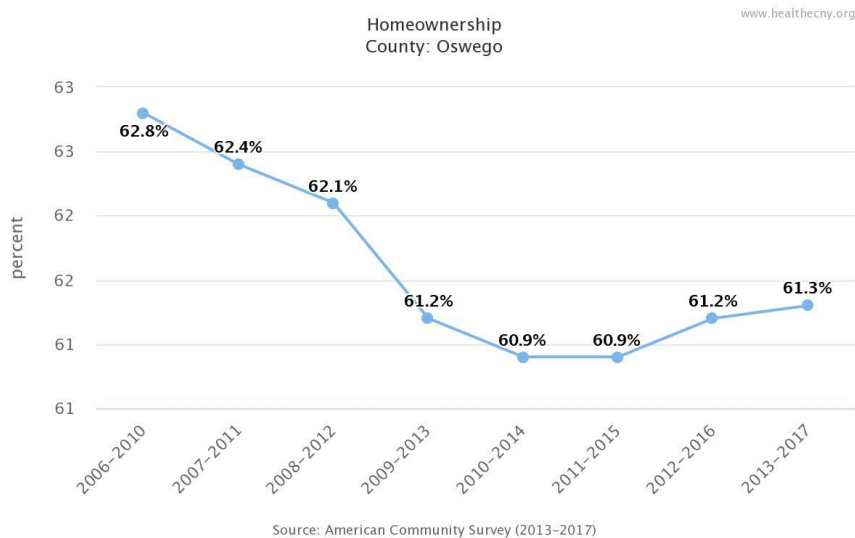


## Housing Issues

Housing quality has often been identified as a key social determinant of health. A growing body of literature continues to support the idea that access to and quality of housing play a role in one's health status. American Community Survey from 2013-2017 shows Oswego County's homeownership value is decreasing but not significantly. Current data shows an Oswego homeownership value at 61.3%, still above the New York State value of 47.8%. Economic hardship makes proper housing a challenge for many residents in the county.



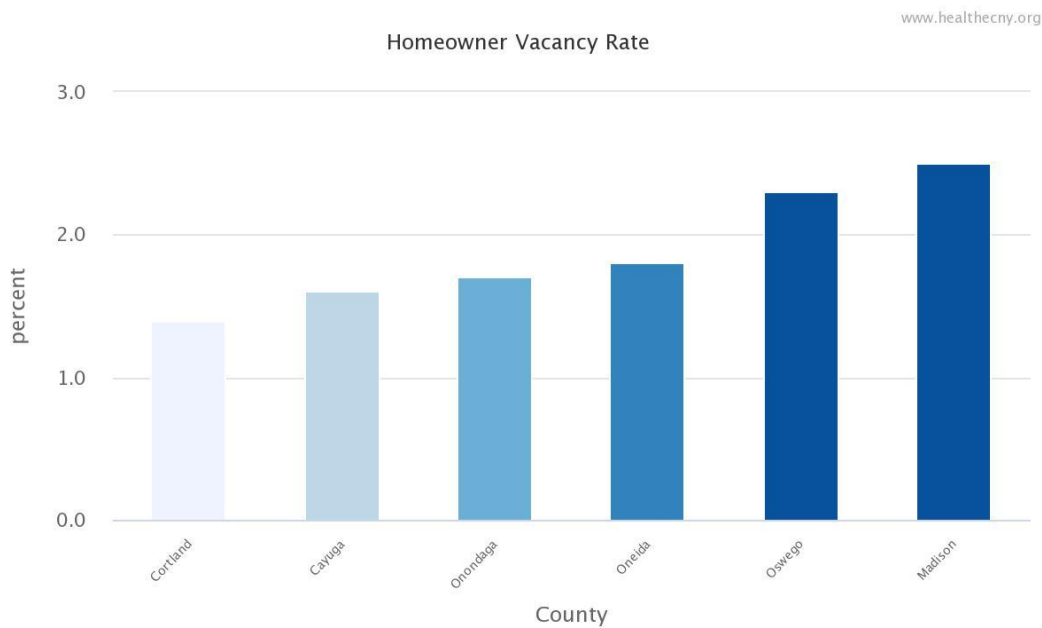
Economic hardship makes proper housing a challenge for many residents in the county. Homelessness is an increasing yet silent problem in Oswego County. Oswego County Opportunities (OCO), Oswego County Catholic Charities, and Oswego Department of Social Services reported serving 2399 teens, adults, and children with homelessness issues (this is total unduplicated people in all Oswego County HMIS programs -- including OCO's McKinney Vento homeless prevention program).



The Department of Social Services reported that in 2012, 705 people indicated on applications for assistance that they were homeless, which is up from 580 people in 2011. Oswego County placed 477 households into shelter in 2018, 353 of those were single adults, 124 were families. Eight hundred and forty-three people were placed into hotels in total. In 2017, the numbers for the hotel program were 332 total households, 200 of whom were single adults, 132 were families. 686 total persons were served.

In addition, point-in-time surveys were conducted by OCO in January of 2012 and 2013 to get a picture of those who were at risk for becoming homeless or currently homeless. In 2012, 155 individuals completed the survey. One hundred and twenty participants met the HUD definition of homeless or at-risk for homelessness. Of those at risk or currently homeless, 22.5% were homeless and 77.5% were at risk of becoming homeless. In 2013, more participants took the survey with 280 of the 365 participants meeting the HUD definitions of at risk for homelessness or homeless. The percentages remained the same. (2012, 2013 COACH Point in Time (PIT) Survey, Oswego County).

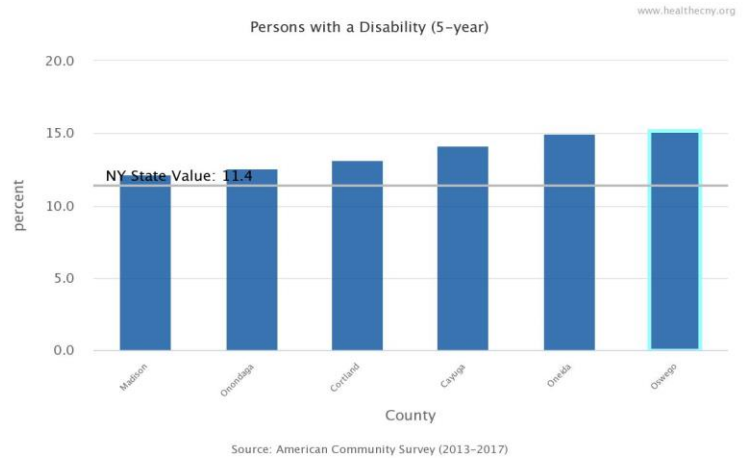
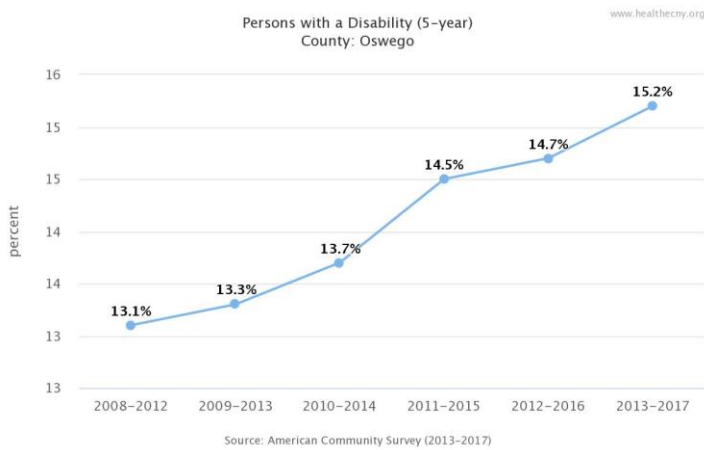
In 2017, the Oswego County PIT count recorded 55 people in shelter, in transitional housing, or unsheltered/places not meant for human habitation. 7 of the 55 were unsheltered (13%). In 2018, the Oswego County PIT count recorded 68 people in shelter, in transitional housing, or unsheltered/places not meant for human habitation. 3 of the 68 were unsheltered (4%).



Source: American Community Survey (2013-2017)

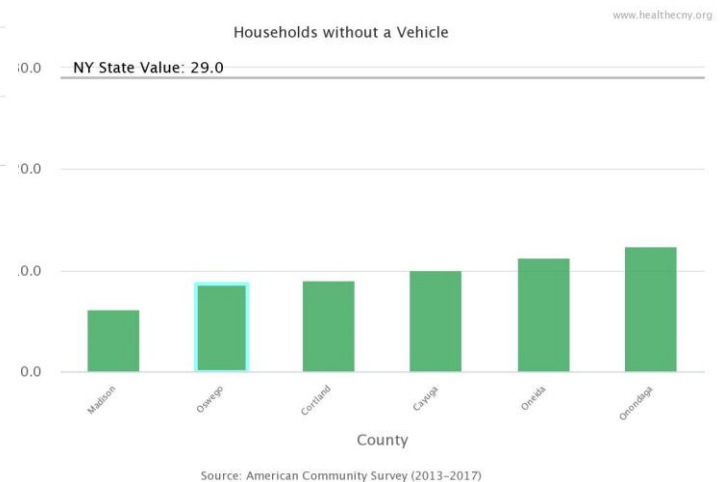
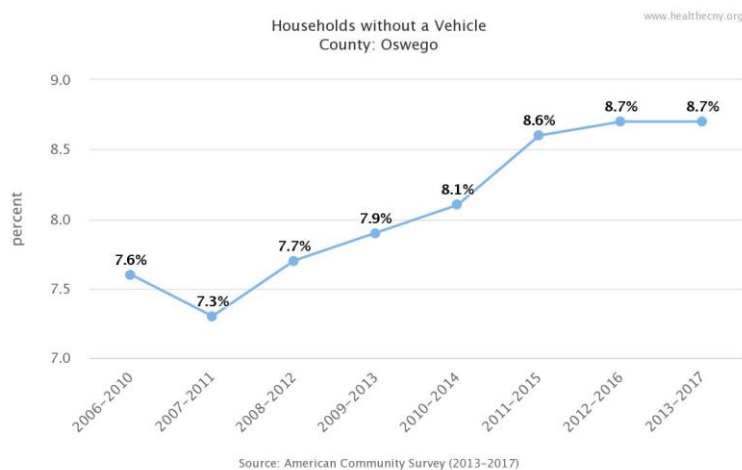
## Disabilities

HealthCNY has an indicator that shows the percentage of the population that are limited in any activities because of physical, mental, or emotional problems. Oswego County has an increasing trend of disabled residents, currently at 15.2% compared to 12.6% US value, 11.4% New York State value.



## Mobility/Transportation

Vehicle ownership is directly related to the ability to travel. In general, people living in a household without a car make fewer than half the number of journeys compared to those with a car. This limits their access to essential local services such as supermarkets, post offices, doctors' offices, and hospitals. Most households with above-average incomes have a car while only half of low-income households do. Oswego County's value is increasing compared to prior values.



## Health Status & Health Issues

Over the last several years, Oswego County has consistently ranked at the bottom of the county health ranking data in New York State, for health factors (59 of 62) and health behaviors (58 of 62). Oswego County ranked worse than its neighboring counties in the following areas in 2019: adult and childhood obesity, adult smoking, smoking during pregnancy, physical inactivity, and excessive drinking. Several of these health behaviors are known risk factors for the leading causes of death. In addition, Oswego County has more years lost to premature death than neighboring counties. The NYSDOH reported in 2016 the leading causes of death for Oswego County residents were: 1) heart disease, 2) cancer, 3) chronic lower respiratory disease, 4) unintentional injury, 5) stroke, 6) diabetes, and 7) pneumonia and influenza.

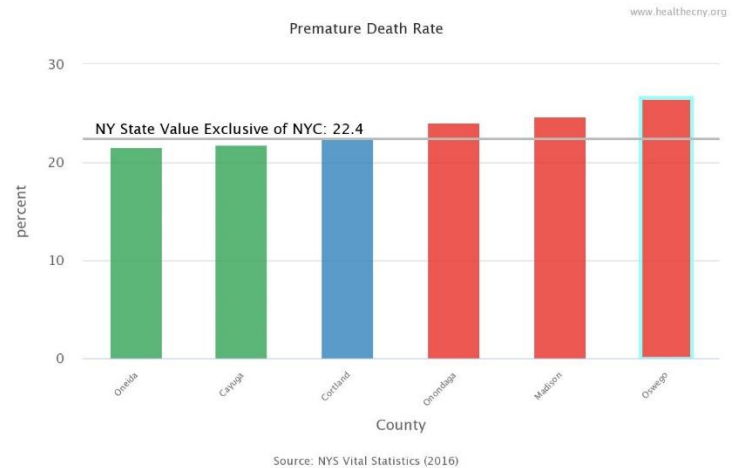
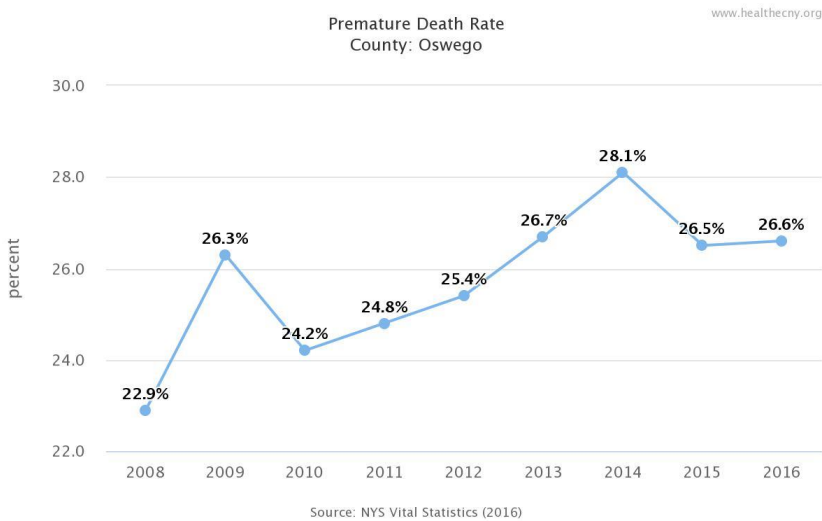
### Leading Causes of All Deaths for Total Population: Oswego County:

		Number of deaths and age-adjusted death rate							
		Total Deaths Σ	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death	#6 Cause of Death	#7 Cause of Death
Oswego	2016	Total Deaths 1,065 778.3 per 100,000	Heart Disease 271 194.4 per 100,000	Cancer 240 165.1 per 100,000	CLRD 71 52.1 per 100,000	Unintentional Injury 61 48.8 per 100,000	Stroke 45 35.6 per 100,000	Diabetes 24 16.8 per 100,000	Pneumonia and Influenza 23 17.3 per 100,000
	2015	Total Deaths 1,059 789.5 per 100,000	Cancer 254 177.0 per 100,000	Heart Disease 230 169.8 per 100,000	CLRD 65 48.4 per 100,000	Unintentional Injury 52 44.2 per 100,000	Diabetes 41 31.7 per 100,000	Stroke 36 28.6 per 100,000	Pneumonia and Influenza 35 25.9 per 100,000
	2014	Total Deaths 1,076 791.7 per 100,000	Cancer 256 182.9 per 100,000	Heart Disease 230 165.7 per 100,000	CLRD 74 54.5 per 100,000	Unintentional Injury 59 48.9 per 100,000	Stroke 53 39.4 per 100,000	Pneumonia and Influenza 38 27.5 per 100,000	Septicemia 30 21.5 per 100,000
	2013	Total Deaths 1,073 806.5 per 100,000	Cancer 271 196.7 per 100,000	Heart Disease 224 168.3 per 100,000	CLRD 77 58.8 per 100,000	Unintentional Injury 63 51.8 per 100,000	Stroke 47 36.8 per 100,000	Diabetes 30 22.3 per 100,000	Septicemia 21 14.8 per 100,000
	2012	Total Deaths 1,057 795.1 per 100,000	Heart Disease 272 204.4 per 100,000	Cancer 262 195.1 per 100,000	CLRD 73 56.0 per 100,000	Unintentional Injury 58 45.6 per 100,000	Stroke 37 28.3 per 100,000	Diabetes 32 23.3 per 100,000	Suicide 20 15.7 per 100,000
	2011	Total Deaths 1,006 782.6 per 100,000	Heart Disease 275 211.8 per 100,000	Cancer 214 163.6 per 100,000	CLRD 69 54.9 per 100,000	Unintentional Injury 61 47.9 per 100,000	Stroke 48 37.8 per 100,000	Suicide 24 20.6 per 100,000	Diabetes 24 18.9 per 100,000

Source: Vital Statistics Data as of May 2018

## Premature Death

Premature death rate is a measure of mortality that can be helpful in identifying deaths that could have been prevented. This indicator shows the percentage of deaths occurring before age 65 in the year specified. Overtime, Oswego County's premature death rate has been trending up. Over a quarter of deaths in Oswego County occur prior to the age of 65. The percentage of deaths in Oswego County below the age of 65 are higher than neighboring counties and the New York State percentage.

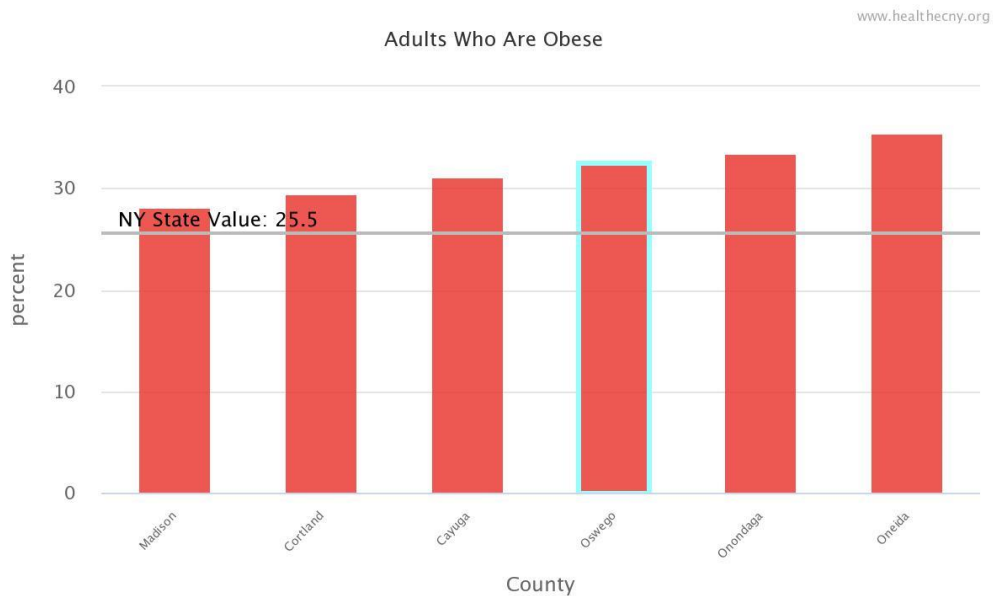


## Prevent Chronic Disease

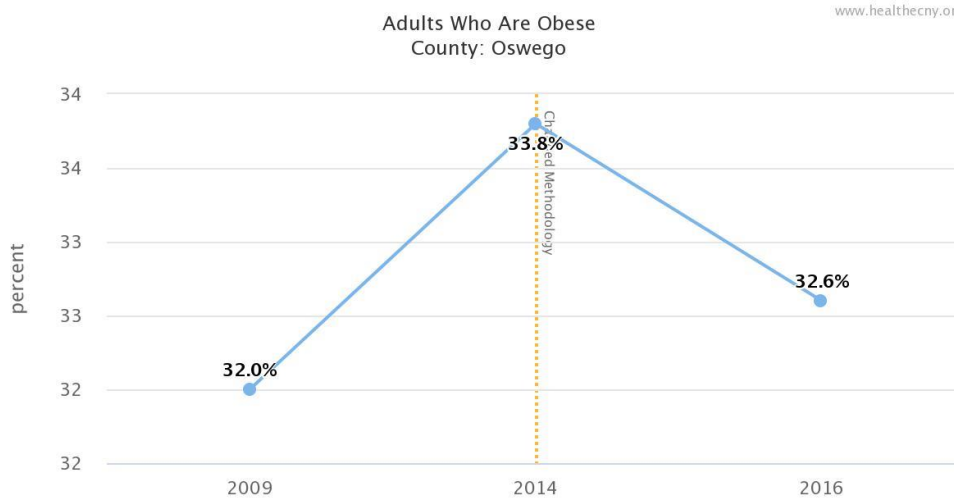
### Obesity

Obesity has reached epidemic proportions across the United States and New York State. Oswego County also finds overweight and obesity issues plaguing its residents. Obesity and overweight are the second leading cause of preventable death in the United States and threaten to overtake tobacco use as the single most preventable cause of premature death. According to the Institute of Medicine, if action is not taken to reverse the obesity and overweight trend, this generation runs the risk of being the first generation that does not have a longer lifespan than their parents. At the core of the obesity and overweight issue is that citizens consume excess calories through food and drink than they can burn off through physical activity.

It is important that residents have access to healthy affordable foods, safe places to walk and play, are exposed to less advertising promoting unhealthy foods; workplaces and schools that encourage and promote healthy behaviors; and have health care providers who are willing to engage their patients in discussions about attaining and maintaining a healthy weight. Currently, 68.6% of Oswego County adults are overweight or obese, with 32.6% of the adult population falling into the obese status (a BMI of 30 or above). That is higher than New York State's 25.5%.

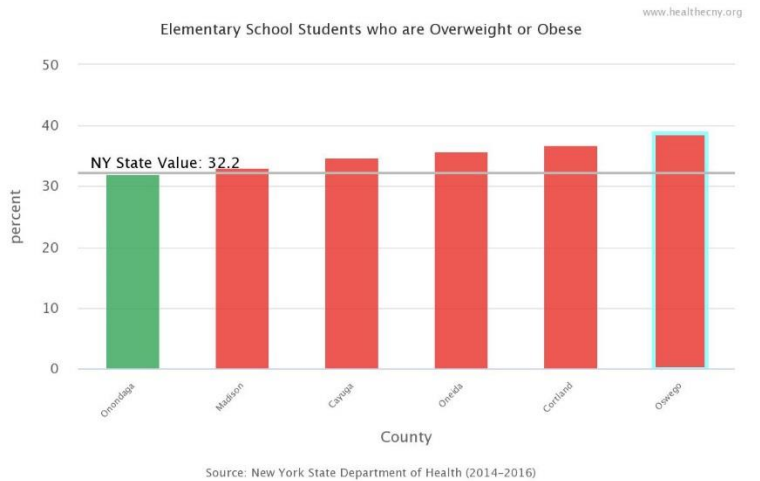
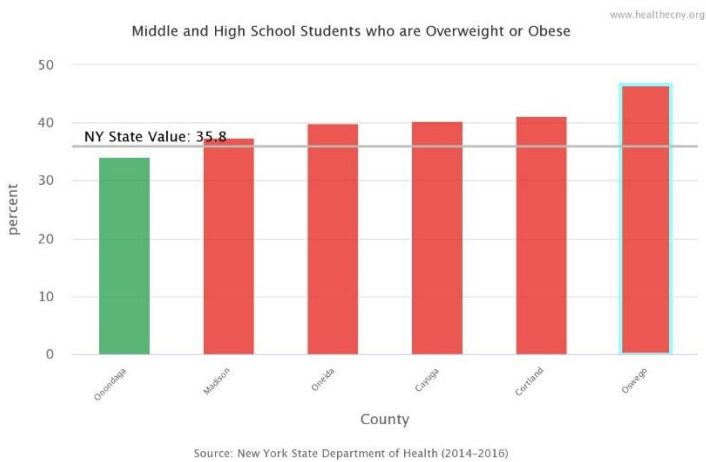
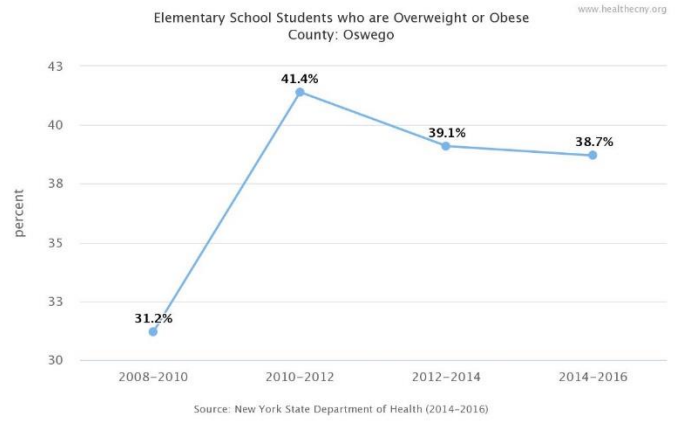
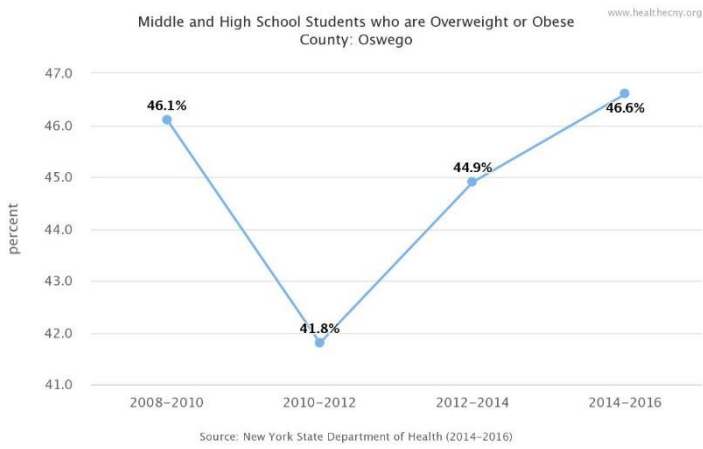


Source: New York Expanded Behavioral Risk Factor Surveillance System (2016)



Source: New York Expanded Behavioral Risk Factor Surveillance System (2016)  
 The BRFSS 2014 prevalence data should be considered a baseline year for data analysis and is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.

Obesity in children is also a concern in Oswego County, with childhood obesity rates among the highest in the state. Thirty-eight percent of elementary school children in Oswego County are overweight or obese and 46.6% of middle school and high school students are overweight or obese. Looking at student weights among elementary, middle, and high school students, Oswego County has the highest percentages in New York State, with 22.6% falling in the obese weight status and 41.7% of students being overweight or obese according to the 2014-2016 Student Weight Status Category Reporting System. This is based on weight status reported by school districts during required physical exams. HealthCNY shows an increasing trend in youth who are obese.

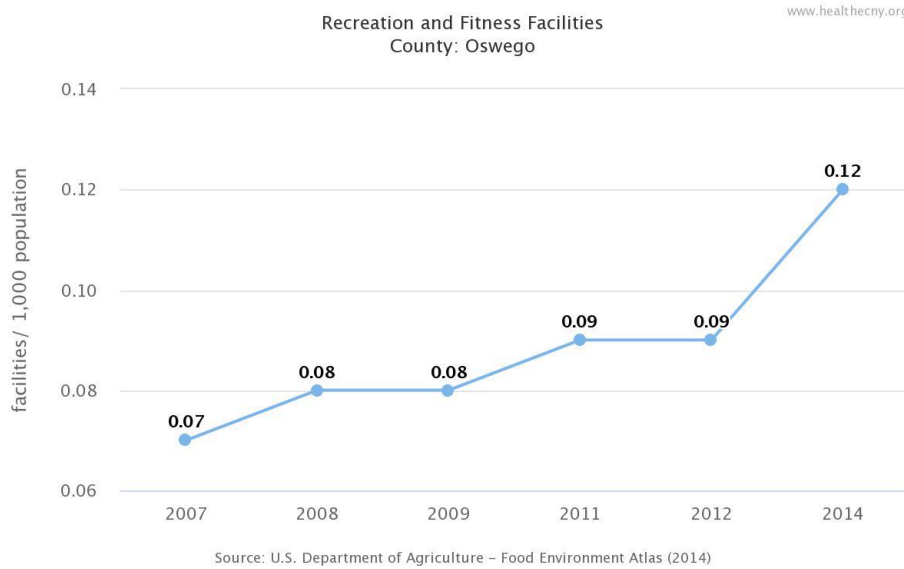


According to the Pediatric Nutrition Surveillance System data collected from 2014-2016, 16% of Oswego County children aged 2-4 years of age are obese compared to the New York State rate of 15%.

Additionally, 31% of pregnant women enrolled in WIC in Oswego County were obese prior to their pregnancy, compared to 30% of women in CNY and 24% of woman in New York State.

## Recreation and Fitness Facility Access

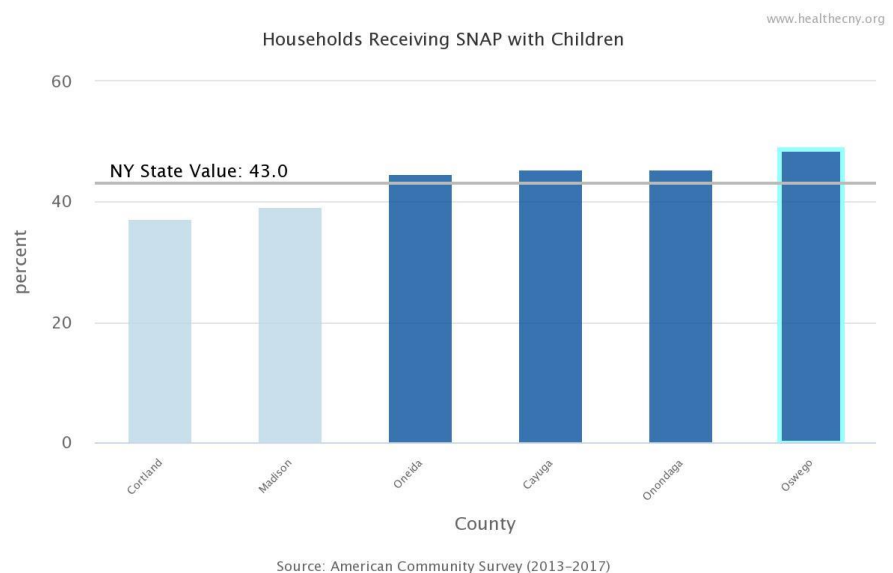
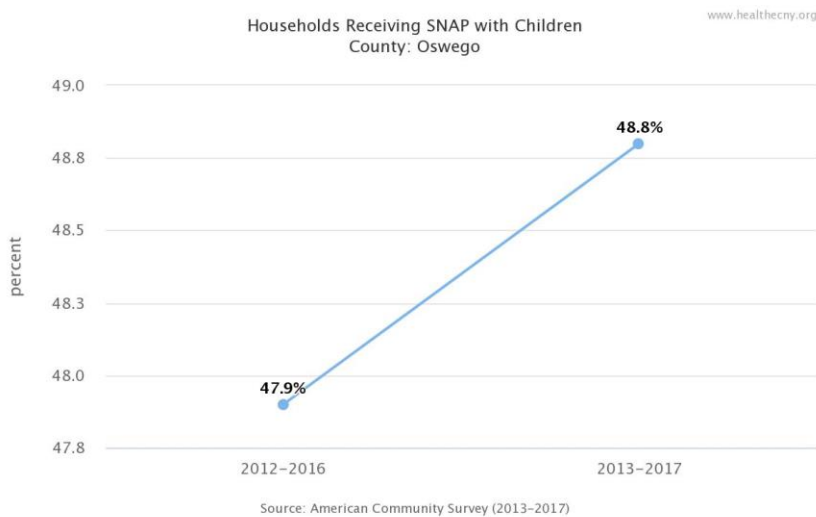
This indicator reports the number per 100,000 population of recreation and fitness from the U.S. Department of Agriculture – Food Environment Atlas. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.





## Supplemental Nutrition Assistance Program (SNAP) – Authorized Food Store Access

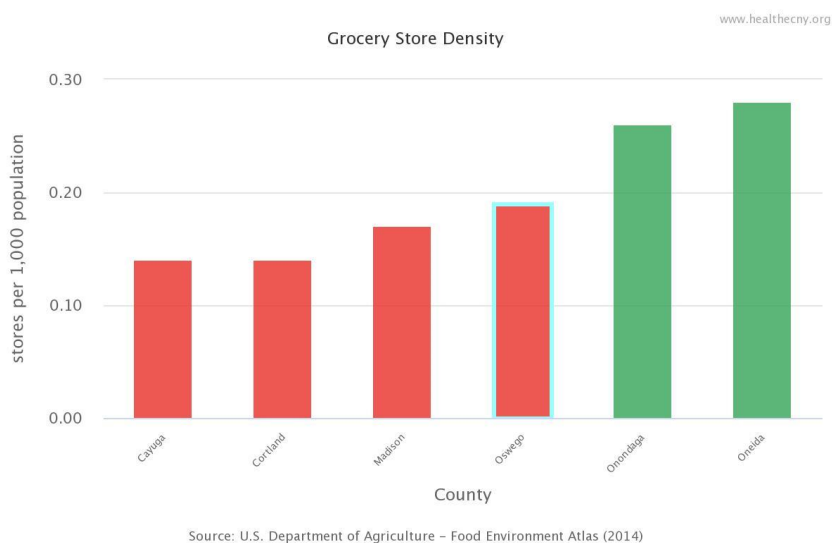
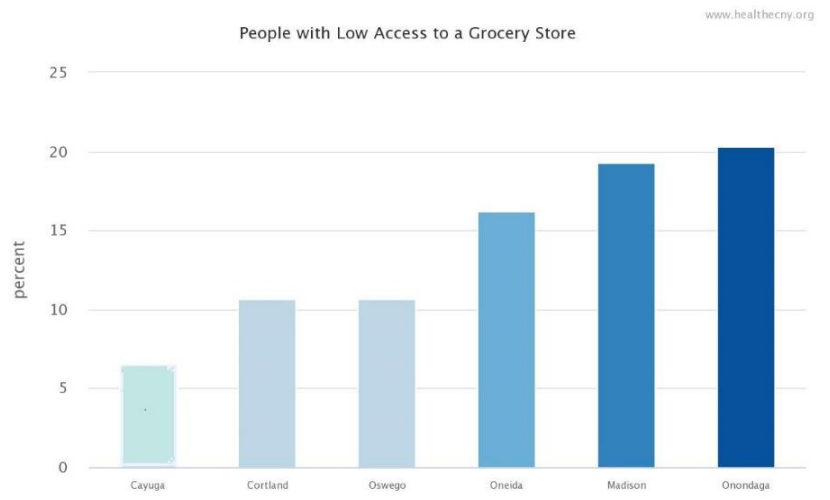
This indicator shows the percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) with children under 18 years old. SNAP (Supplemental Nutrition Assistance Program), previously called the Food Stamp Program, is a federal-assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The purpose of the program is to assist low-income households in obtaining adequate and nutritious diets. According to the program, over 45 million people from over 20 million households receive SNAP benefits. Oswego County has a value of 48.8% of households receiving SNAP with children, not statistically different from prior values.

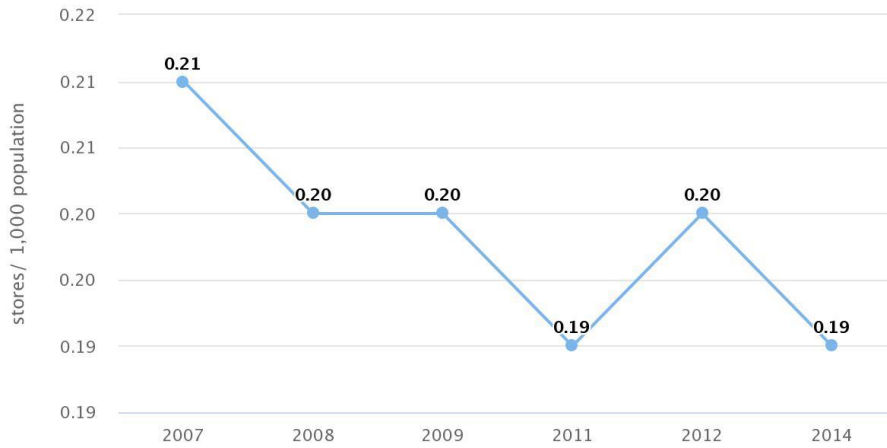


## Low Income Population with Low Food Access

There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. The availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity. Low-income and under-served communities often have limited access to stores that sell healthy food, especially high-quality fruits and vegetables. Moreover, rural communities often have a high number of convenience stores, where healthy and fresh foods are less available than in larger, retail food markets. Low food access is designated for urban populations living over one mile from a food retailer and for rural populations living over 10 miles from a food retailer. This indicator is relevant because it highlights populations and geographies facing food insecurity. Oswego County is in the lowest quartile in New York State when it comes to access to grocery stores.

## Grocery Store Access





Source: U.S. Department of Agriculture – Food Environment Atlas (2014)

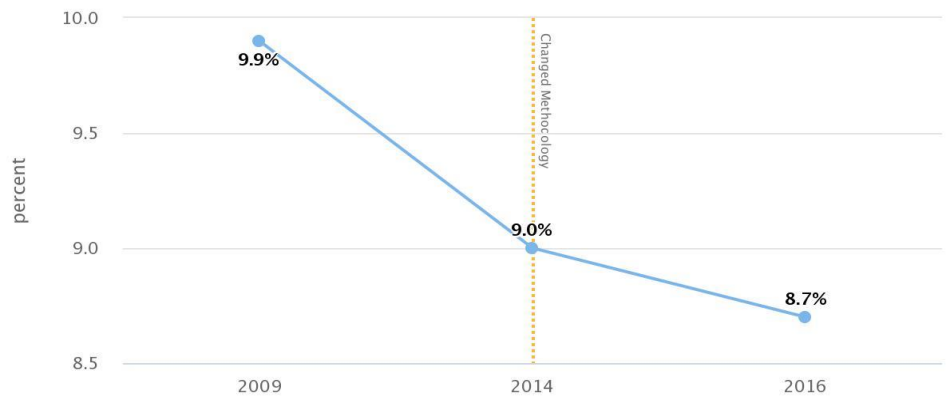
## Diabetes

Diabetes is a group of diseases marked by high levels of blood glucose, also called blood sugar, resulting from defects in insulin production, insulin action, or both. Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed

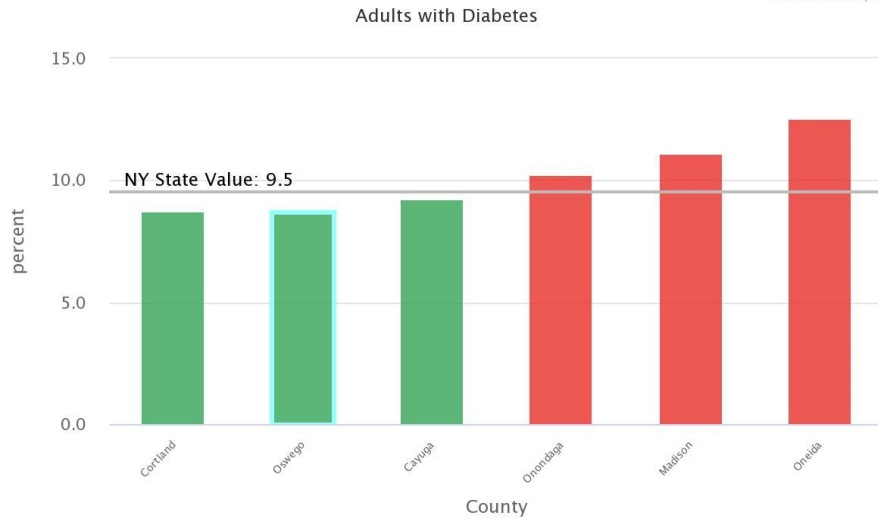
cases. The prevalence of diagnosed type 2 diabetes increased six-fold in the latter half of the last century. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population becomes older.

This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the CDC estimates that direct medical expenditures attributable to diabetes is over \$116 billion.

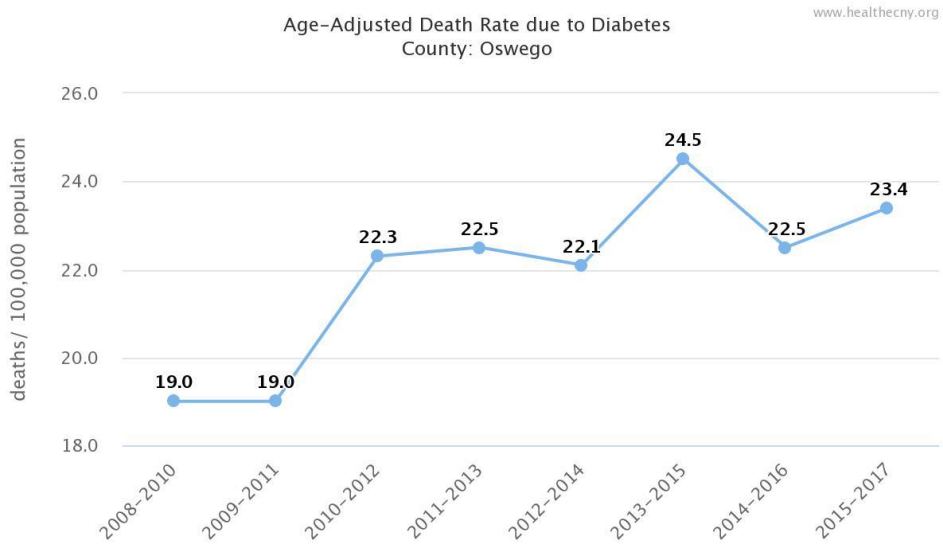
Diabetes age-adjusted mortality for Oswego County is higher than surrounding counties in Central New York and New York State. Hospitalizations due to diabetes short-term complications are elevated for adults compared to CNY and New York State, but below the statewide trend for children aged 6-17. Oswego County is at 8.7% and there has been no significant change in diabetes mortality between 2011 and 2016.



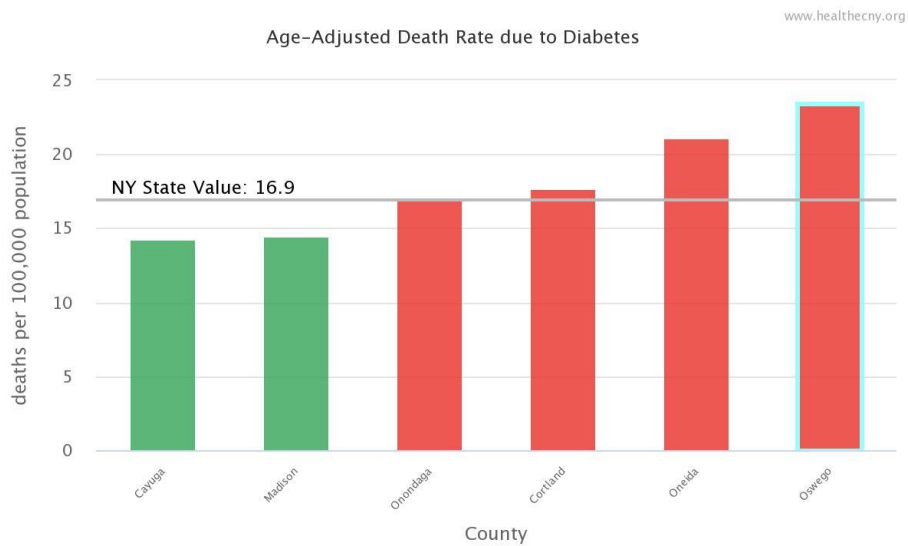
Source: New York Expanded Behavioral Risk Factor Surveillance System (2016)  
The BRFSS 2014 prevalence data should be considered a baseline year for data analysis and is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.



Source: New York Expanded Behavioral Risk Factor Surveillance System (2016)



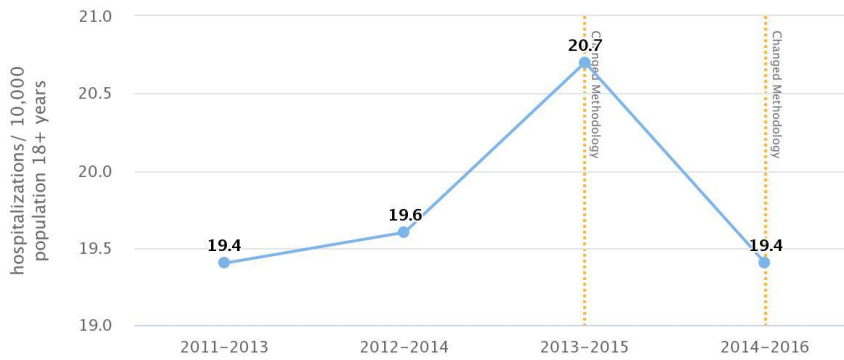
Source: Centers for Disease Control and Prevention (2015-2017)



Source: Centers for Disease Control and Prevention (2015-2017)

Age-Adjusted Hospitalization Rate due to Diabetes  
County: Oswego

www.healthcny.org



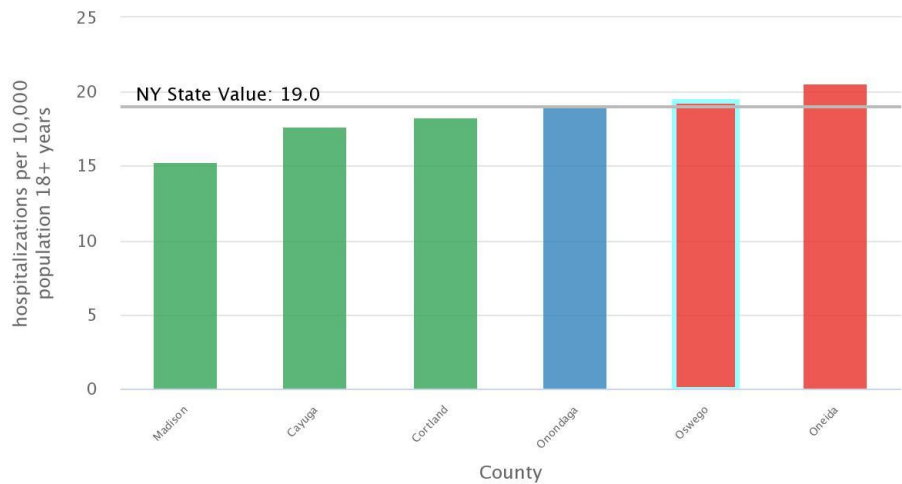
Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)  
Due to a change in methodology with the introduction of ICD-10, 2013-2015 should be considered a baseline year for data analysis and is not directly comparable to previous years.  
With the introduction of ICD-10 in October 2015, 2014-2016 should be considered a baseline year for data analysis and is not directly comparable to previous time periods due to the increased number of records coded with ICD-10.

## Diabetes Management (Hemoglobin A1c Test)

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In Oswego County, 1,063 Medicare enrollees with diabetes have had an annual exam out of 1,167 Medicare enrollees in the report area with diabetes, or 91.1%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Age-Adjusted Hospitalization Rate due to Diabetes

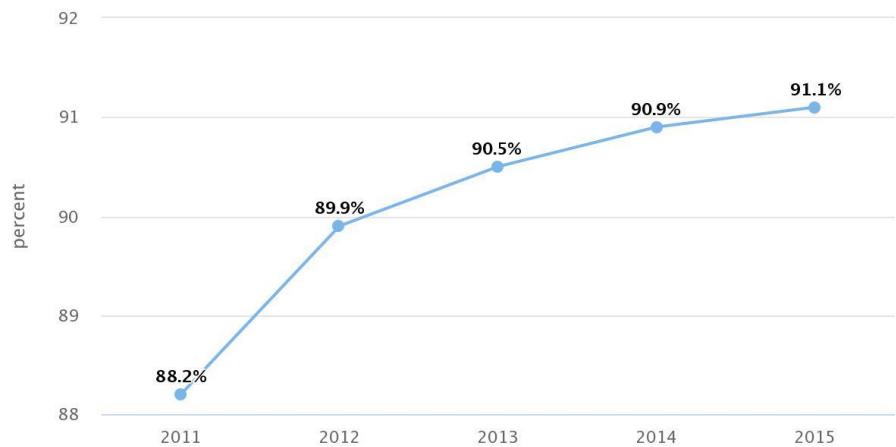
www.healthcny.org



Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)

Diabetic Monitoring: Medicare Population  
County: Oswego

www.healthcny.org



Source: The Dartmouth Atlas of Health Care (2015)

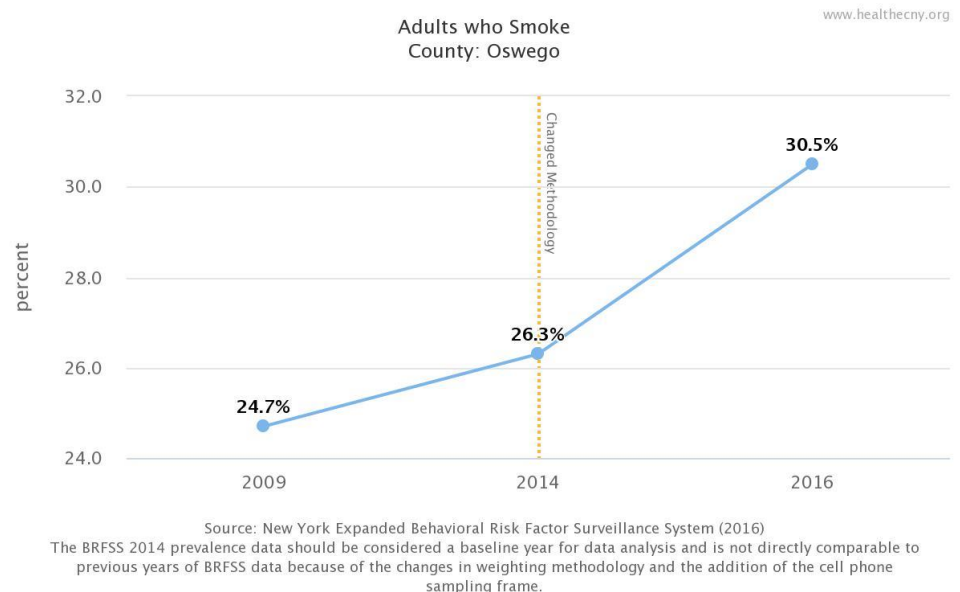
## Tobacco Use

Tobacco use remains the number one preventable cause of premature deaths in the United States, and the high rate of tobacco use among residents in Oswego County is a concern. Smoking contributes to most of the leading causes of death in Oswego County, including heart disease, cancer, chronic lower, respiratory disease, stroke, diabetes, and pneumonia.

Along with the high smoking rates there is an increase in exposure to secondhand smoke which can lead to or exacerbate health conditions such as cancer, asthma, and respiratory illnesses.

Currently, 30.5% of Oswego County residents are smokers. This is almost twice as high as the New York State use of 16.2%, and well above the Prevention Agenda 2018 objective of 12%.

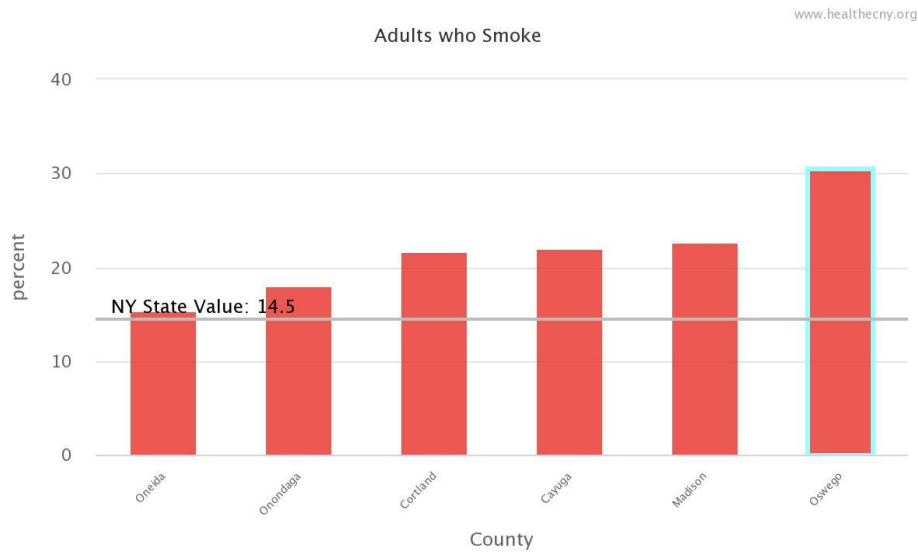
Smoking among Oswego County residents making \$25,000 or less has declined from 45.7% in 2013-14, to 40.2% in 2016. However, that is still significantly higher than the overall smoking percentage of 30.5% in Oswego County and the percentage of those making \$25,000 or less in CNY, which is 32.5%. In addition, more Oswego County residents smoke when compared to neighboring counties.



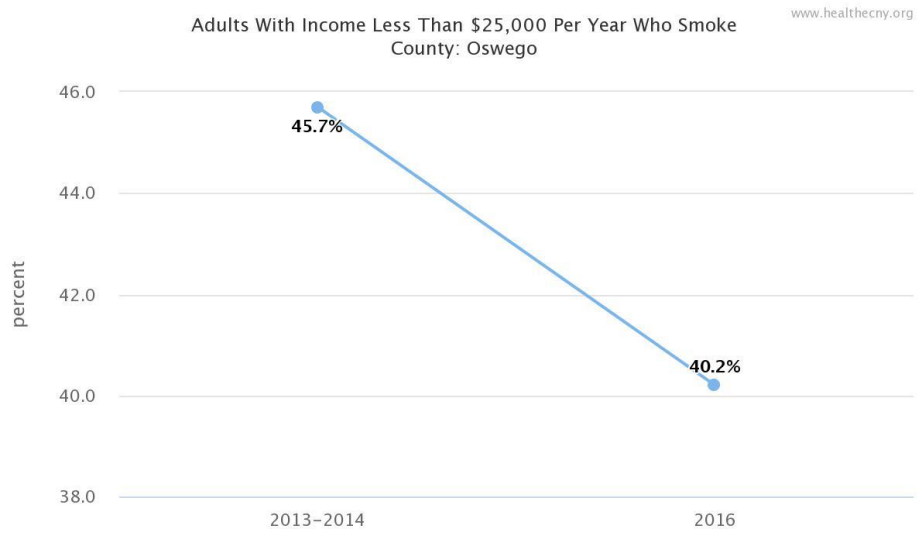
Additionally, statewide perinatal data for 2019 shows that 21.4% of pregnant women in Oswego County smoked during pregnancy. That number has declined from 28.3% in 2012.

Approximately 34% of pregnant women with Medicaid as a payer source smoked during pregnancy compared to only 7.2% of pregnant women with private insurance. Oswego County continues to target low income pregnant woman with smoking cessation options.

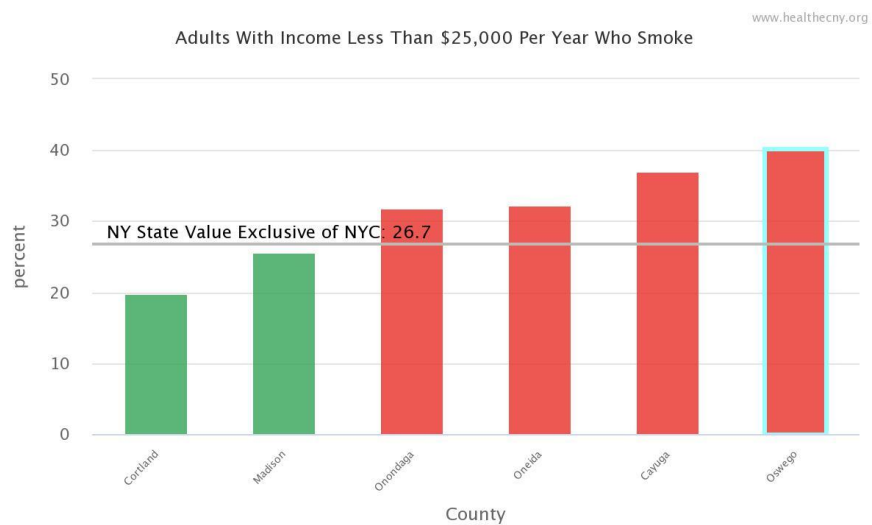
According to the 2008-2009 NYS Expanded BRFSS Data, only 70.4% of adults in Oswego County live in homes where smoking is prohibited. This is below the NYS percentage of 80.1%. Only three other counties have a lower percentage of residents living in homes where smoking is prohibited.



Source: New York Expanded Behavioral Risk Factor Surveillance System (2016)



Source: New York Expanded Behavioral Risk Factor Surveillance System (2016)



Source: New York Expanded Behavioral Risk Factor Surveillance System (2016)

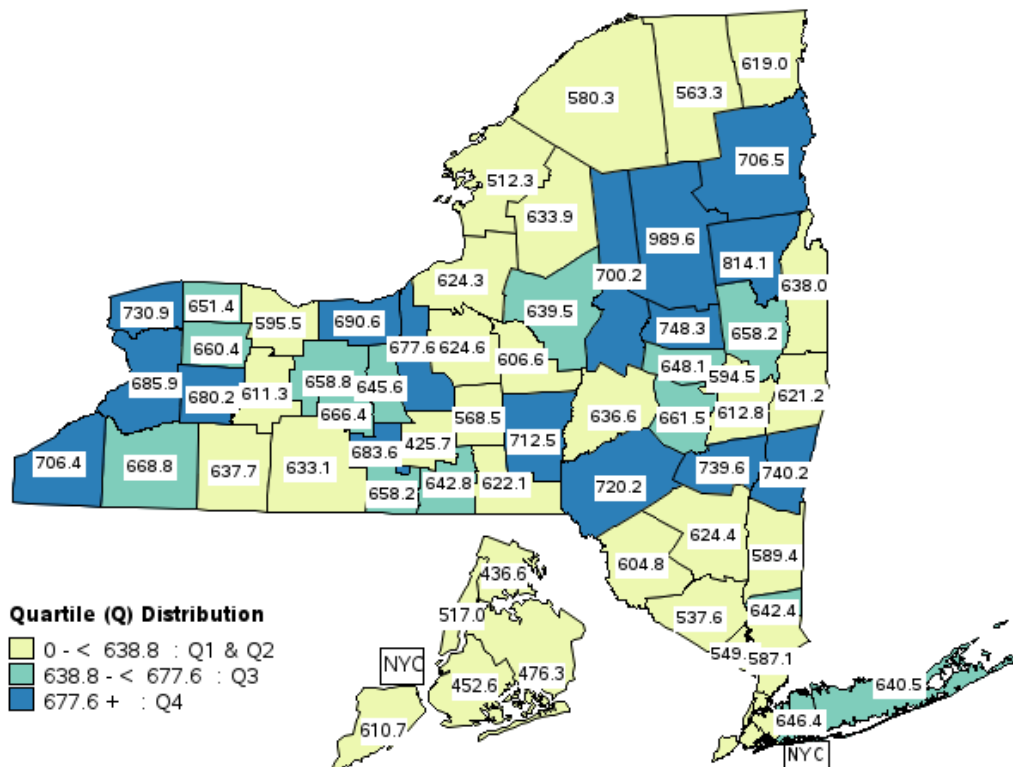
## Cancer

Cancer is the second leading cause of death in Oswego County, with 215 deaths per 100,000 population, this has not significantly changed over the last several years. Rates of lung and bronchus cancer are of concern given the high percentage of smokers in Oswego County. The incidence of lung and bronchus cancer is the highest in CNY, with a rate of 95.2 cases per 100,000 people and a mortality rate of 60.9 people per 100,000 population. Oswego County is better than the New York State average when it comes to incidence of breast cancer. Mortality from breast cancer continues to decline in Oswego County. Diagnosis of late stage breast cancer in Oswego County remains below the CNY and New York State averages. According to the American Cancer Society, 13 people are diagnosed with cancer each week in Oswego County and 5 people die each week due to cancer.

Lung and bronchus cancers represent 18.6% of all cancers and 34.6% of cancer deaths in Oswego County. This disproportionately high mortality highlights the need to address the prevention of smoking initiation, smoking cessation, and reducing the exposure to secondhand smoke and tobacco advertising. Prostate cancer accounts for 14.6% of all cancers, female breast cancer accounts for 11.9% of all cancers, and colorectal cancer accounts for 9.8% of all cancers; with each representing 4.2%, 4.5%, and 8.8% of all cancer deaths respectively.

The Oswego County Cancer Services Program, led by Oswego County Opportunities, does a phenomenal job of screening uninsured and underinsured residents for breast, cervical and colorectal cancer. In 2012, 443 residents received cancer screening through this program.

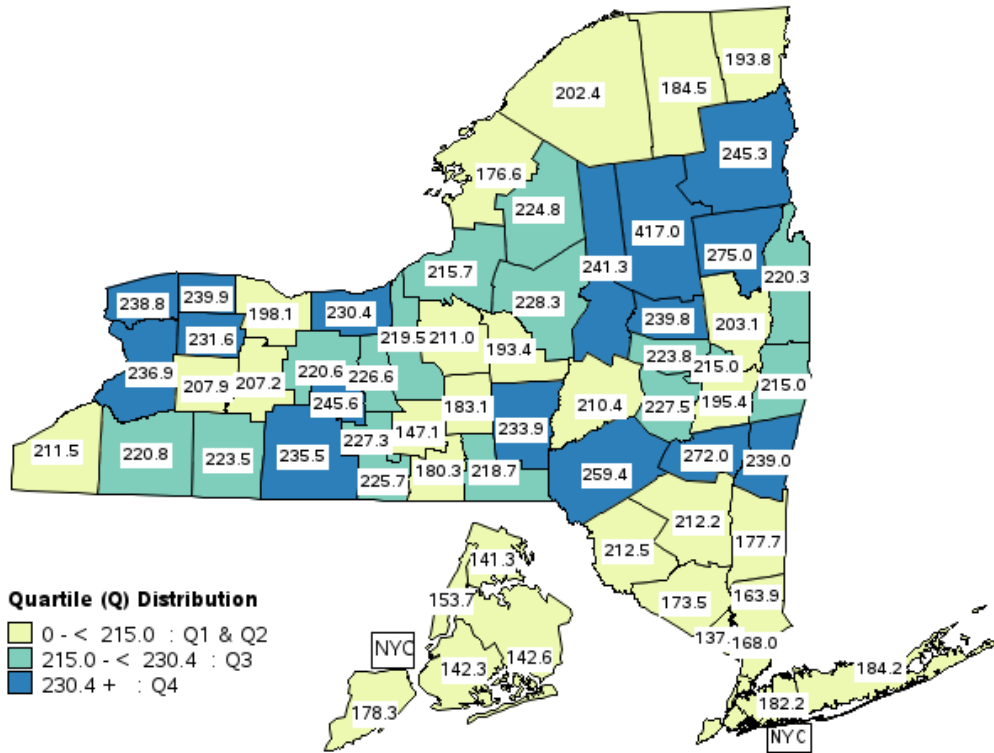
### All cancer incidence rate per 100,000, 2013-2015



Data Source: Cancer Registry Data as of May 2018

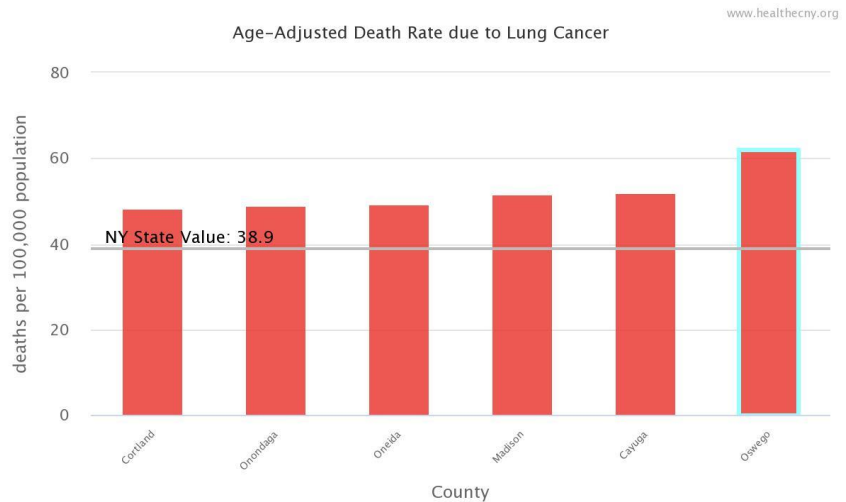


## All cancer mortality rate per 100,000, 2013-2015



According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. African Americans have the highest risk of developing lung cancer.

The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population.

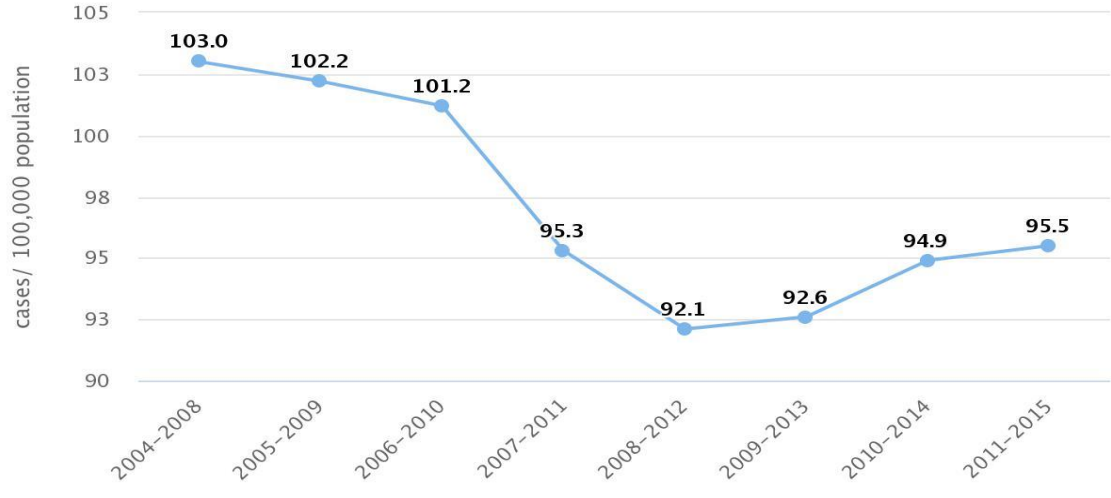


### Age-Adjusted Death Rate due to Lung Cancer County: Oswego



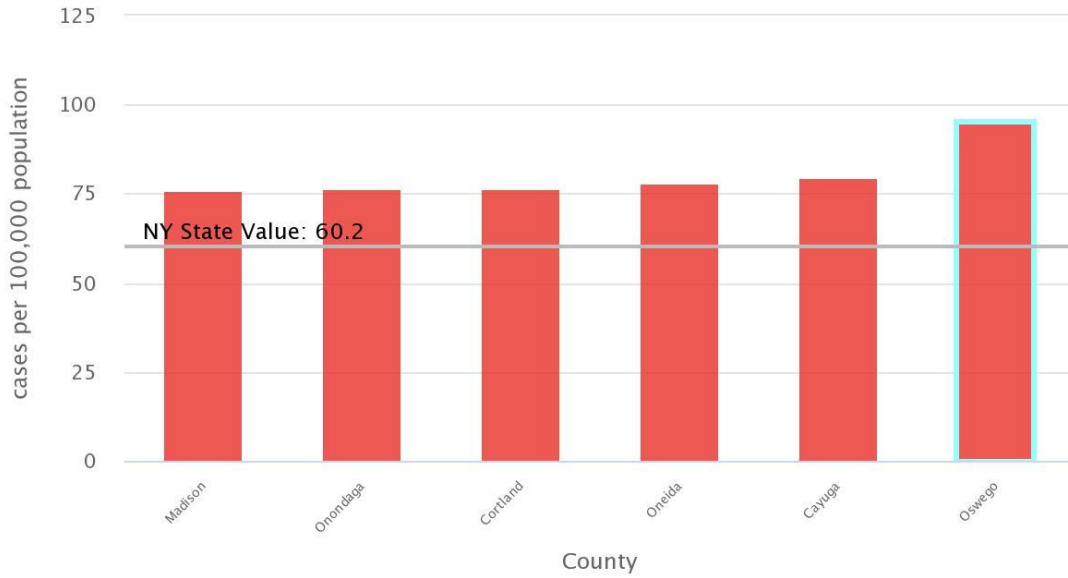
Source: National Cancer Institute (2011-2015)

### Lung and Bronchus Cancer Incidence Rate County: Oswego



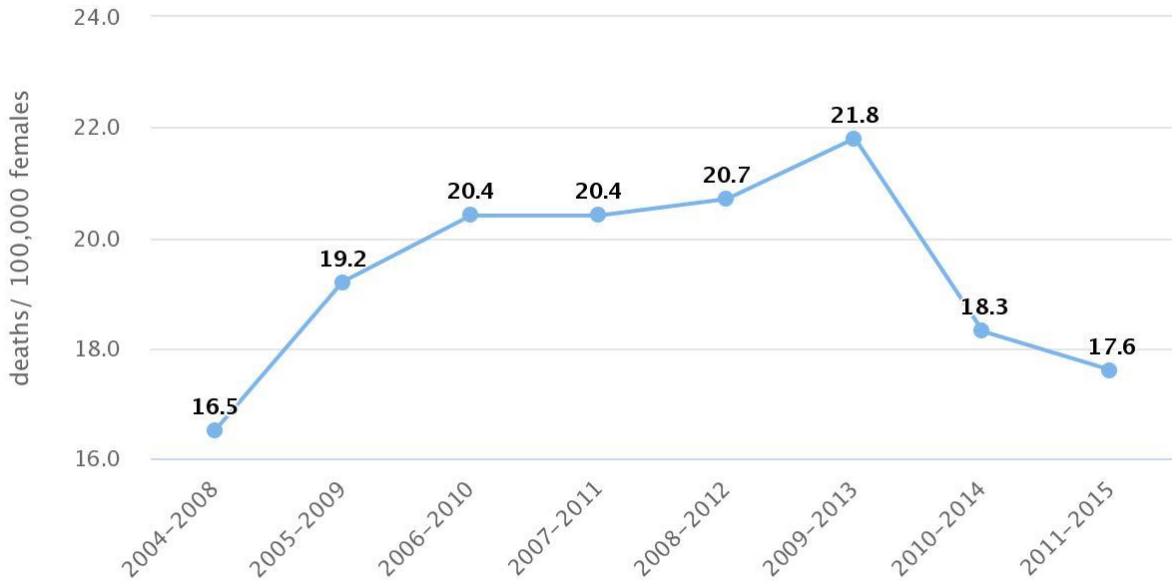
Source: National Cancer Institute (2011-2015)

### Lung and Bronchus Cancer Incidence Rate



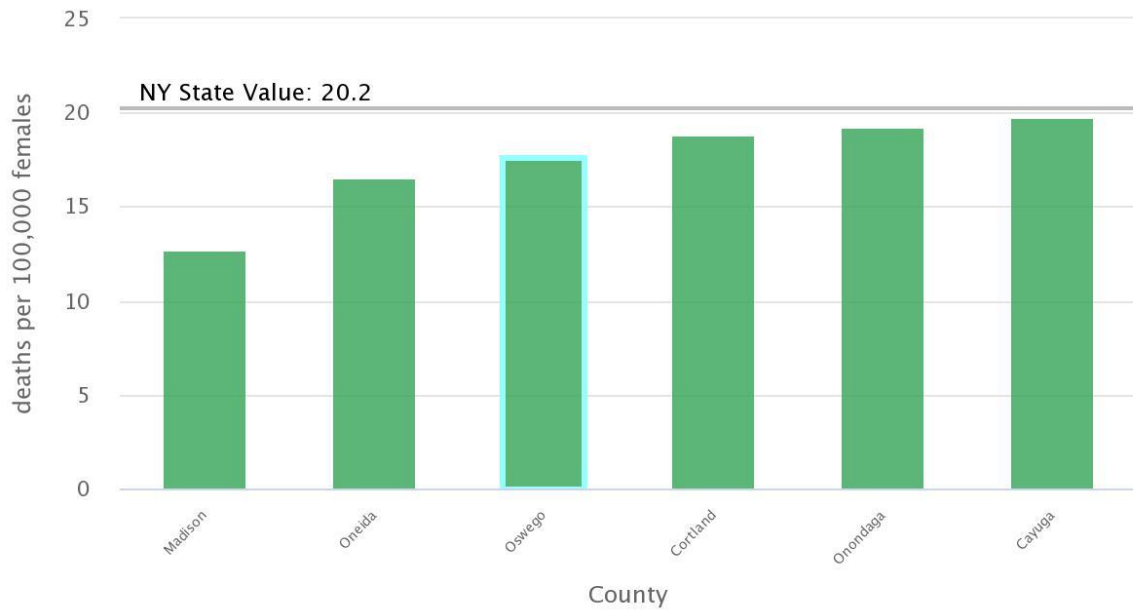
Source: National Cancer Institute (2011-2015)

### Age-Adjusted Death Rate due to Breast Cancer County: Oswego



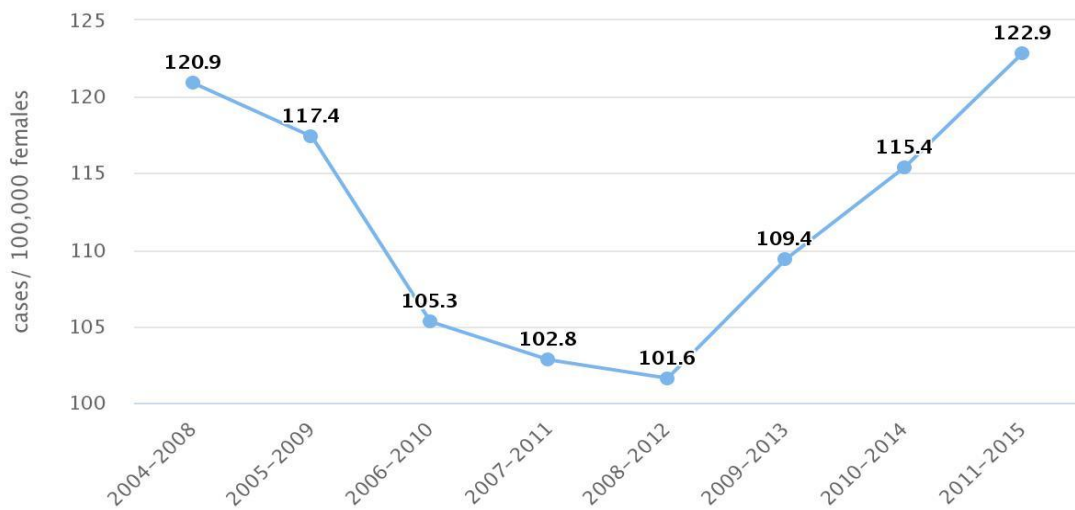
Source: National Cancer Institute (2011-2015)

### Age-Adjusted Death Rate due to Breast Cancer

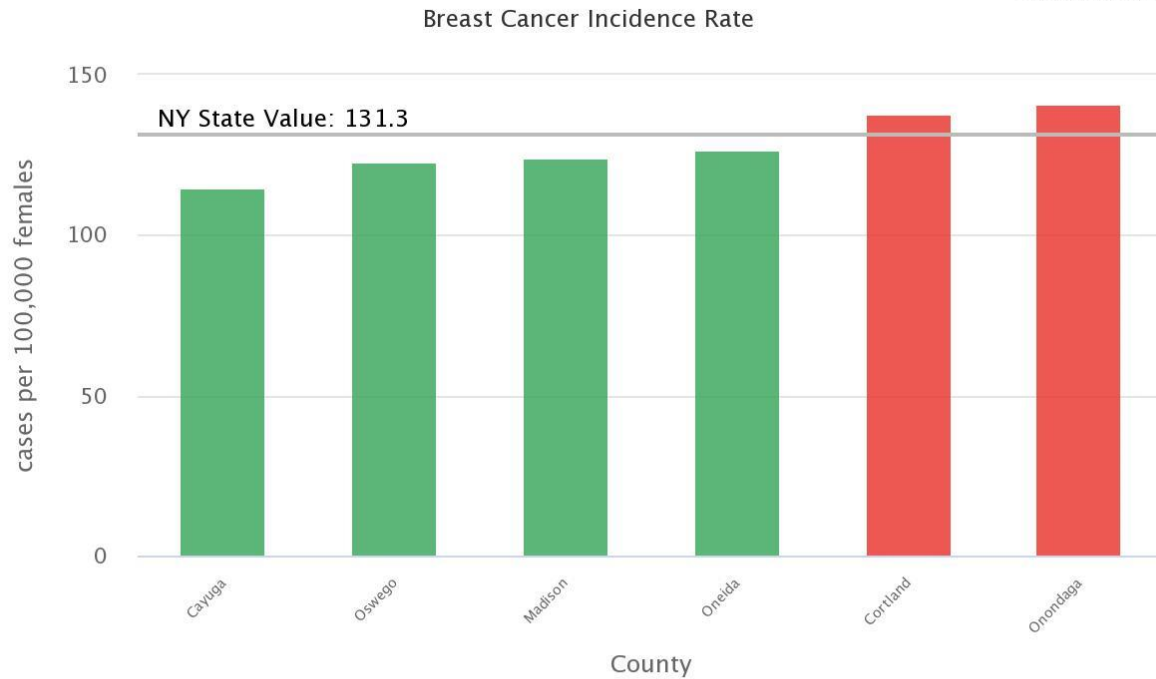


Source: National Cancer Institute (2011–2015)

### Breast Cancer Incidence Rate County: Oswego



Source: National Cancer Institute (2011–2015)

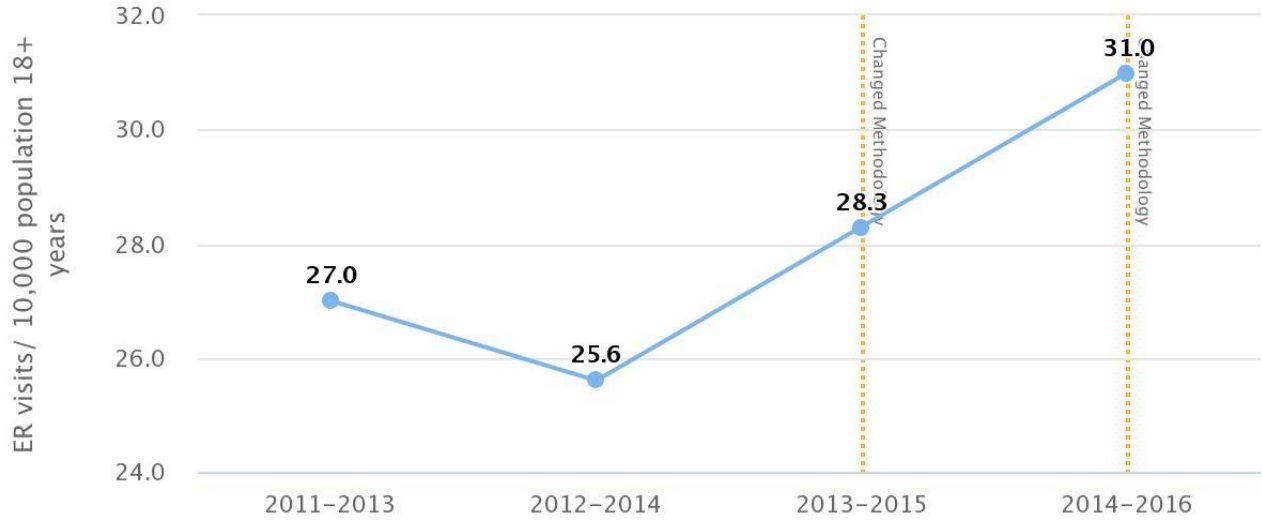


## Respiratory Disease

Chronic lower respiratory disease refers to a diverse group of disorders characterized by airway obstruction, causing shortness of breath and impaired lung function, and includes asthma, emphysema, bronchitis, and chronic obstructive pulmonary disease. Smoking cigarettes as well as exposure to secondhand smoke and chemical irritants are important risk factors.

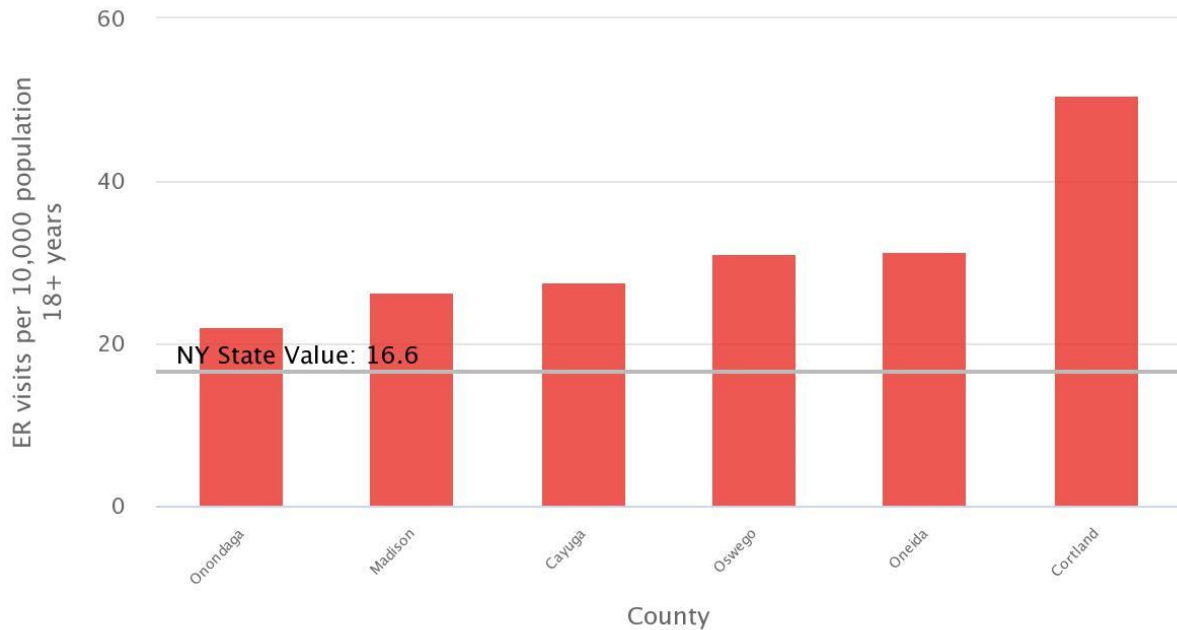
Deaths due to chronic lower respiratory diseases (CLRD) remain higher for Oswego County residents (51.7/100,000 people) compared to New York State (29.0), according to NYSDOH. Hospitalization rates due to chronic lower respiratory disease (24.6/10,000), while slightly higher than the CNY rate (23.7), remain lower than the New York State rate (27.6) and are trending downward. Asthma hospitalization rates among county residents remain lower than the CNY and New York State rates.

### Age-Adjusted ER Rate due to COPD County: Oswego

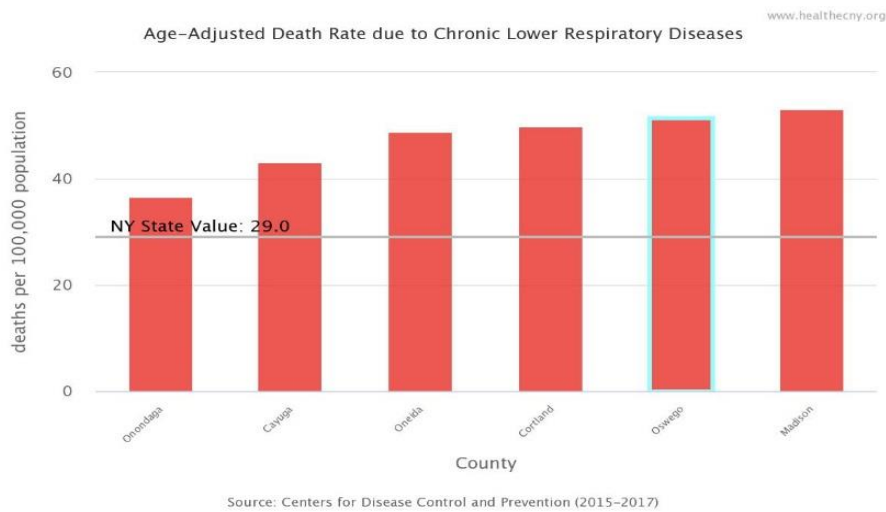
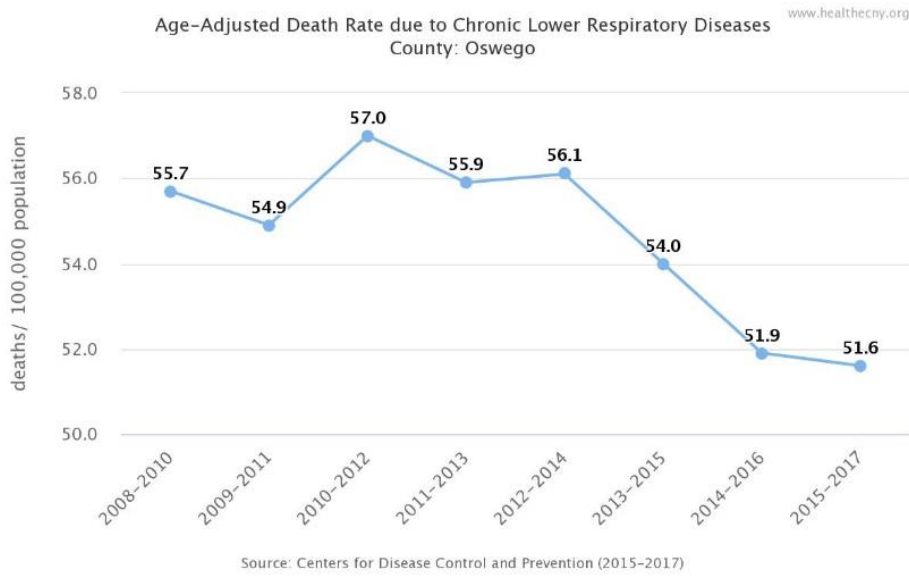


Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)  
 Due to a change in methodology with the introduction of ICD-10, 2013-2015 should be considered a baseline year for data analysis and is not directly comparable to previous years.  
 With the introduction of ICD-10 in October 2015, 2014-2016 should be considered a baseline year for data analysis and is not directly comparable to previous time periods due to the increased number of records coded with ICD-10.

### Age-Adjusted ER Rate due to COPD



Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)



## Cardiovascular Disease

Coronary heart disease (also called coronary artery disease) occurs when the coronary arteries become narrowed or clogged by fat and cholesterol deposits (plaques) and cannot supply enough blood to the heart. According to the Centers for Disease Control and Prevention, coronary heart disease is the most common type of heart disease.

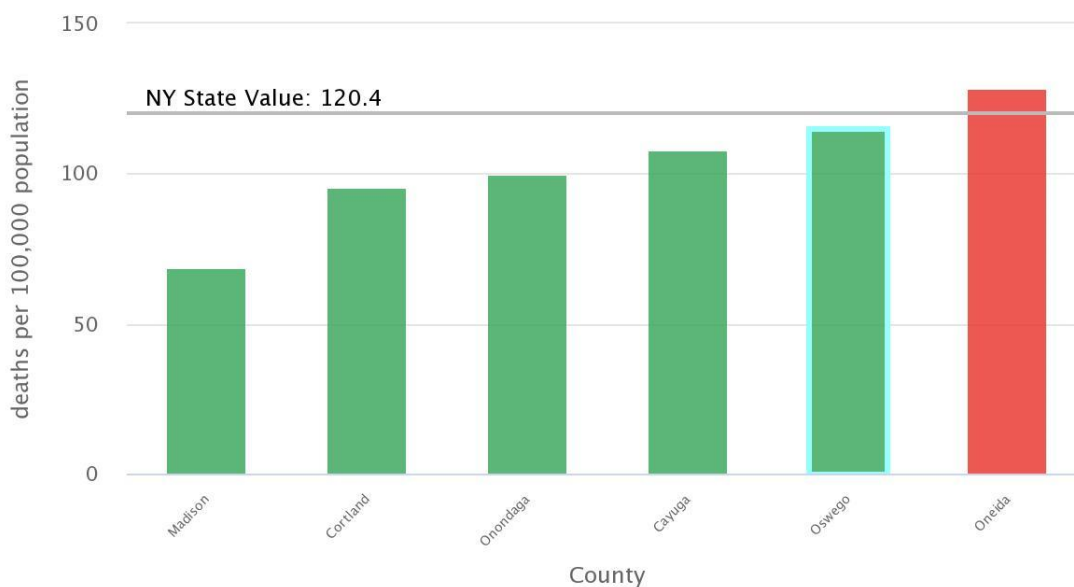
The Healthy People 2020 national health target is to reduce the coronary heart disease death rate to 103.4 deaths per 100,000 population. Over time, deaths due to coronary heart disease has decreased. Currently, the death rate is 115 deaths per 100,000 population. This is better than the State rate of 120 deaths. There is a significant difference between deaths to Oswego County men (155.6) compared to Oswego County women (80). While deaths due to heart attack have increased slightly (82.4 deaths/100,000 population) since the last measure, overtime, the trend in heart attack deaths is has improved. Deaths remain higher than that of the state rate of 51 deaths/100,000 population.

### Age-Adjusted Death Rate due to Coronary Heart Disease County: Oswego



Source: Centers for Disease Control and Prevention (2015-2017)

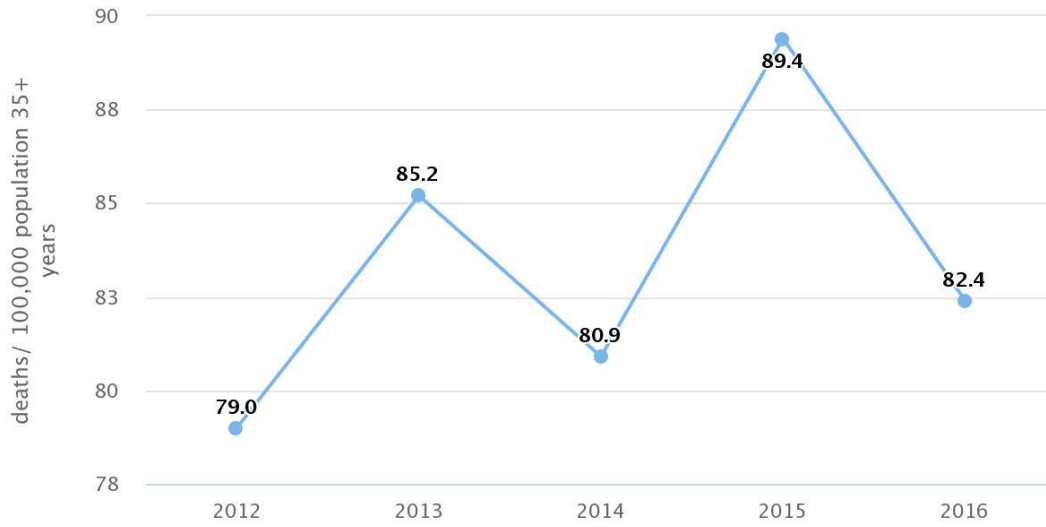
### Age-Adjusted Death Rate due to Coronary Heart Disease



Source: Centers for Disease Control and Prevention (2015-2017)

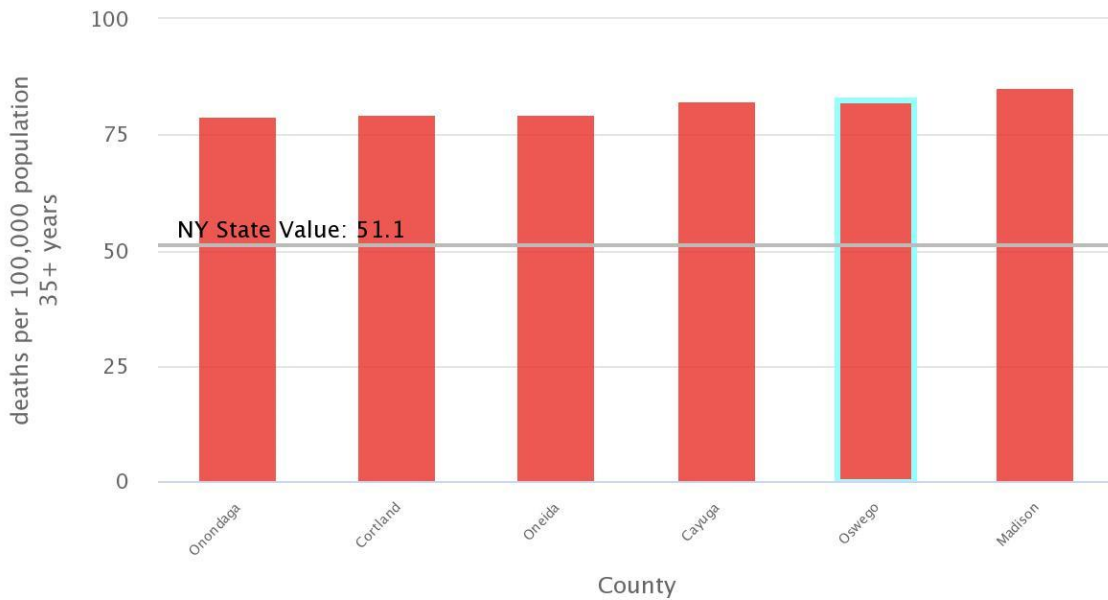


### Age-Adjusted Death Rate due to Heart Attack County: Oswego



Source: National Environmental Public Health Tracking Network (2016)

### Age-Adjusted Death Rate due to Heart Attack

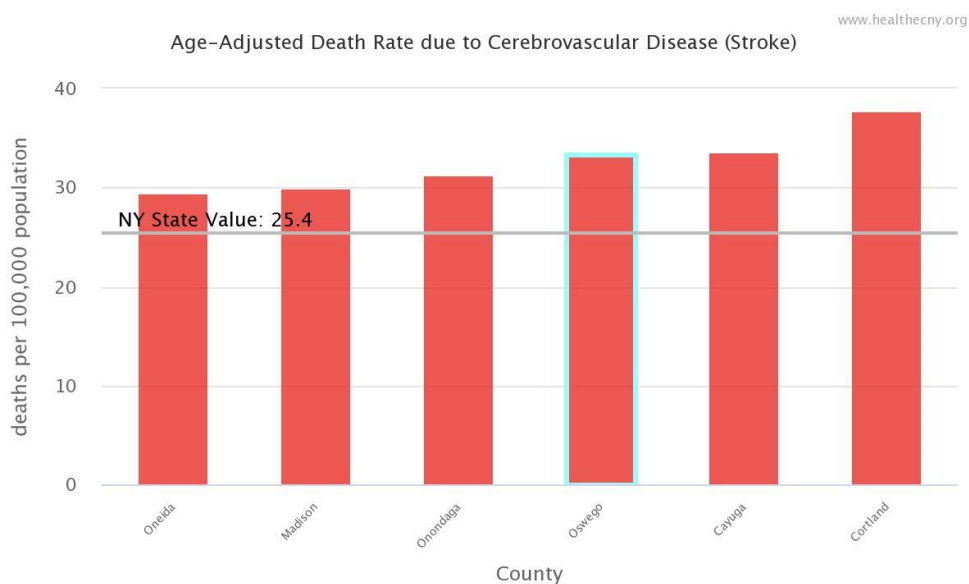
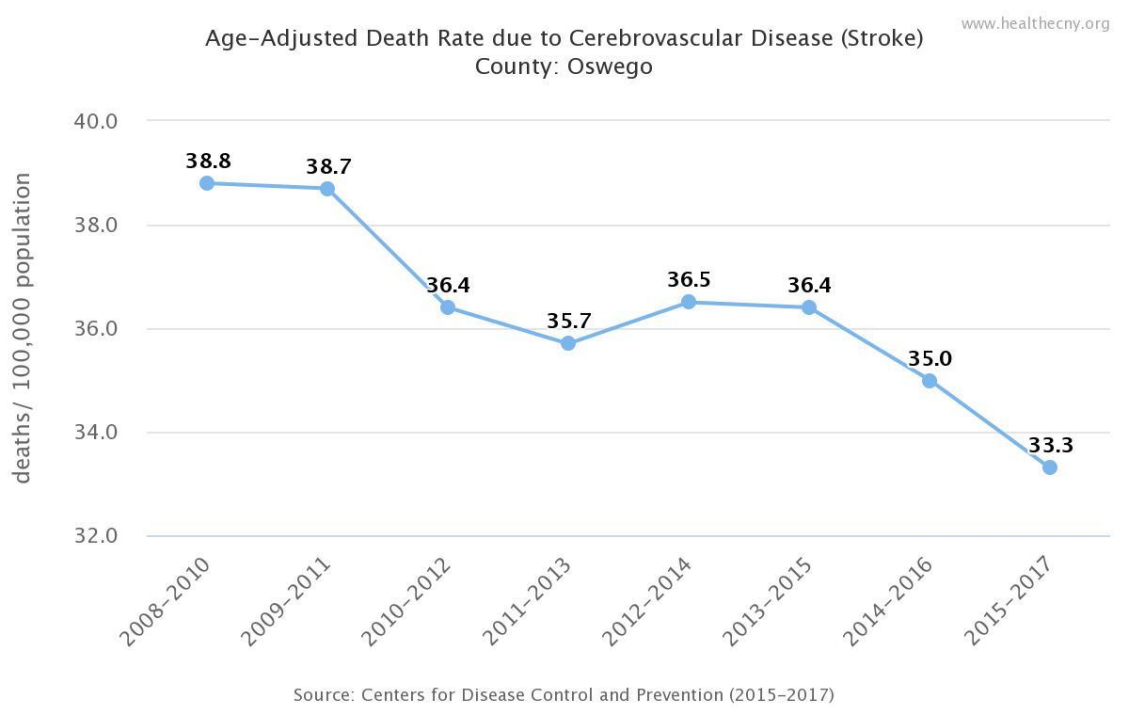


Source: National Environmental Public Health Tracking Network (2016)

## Stroke

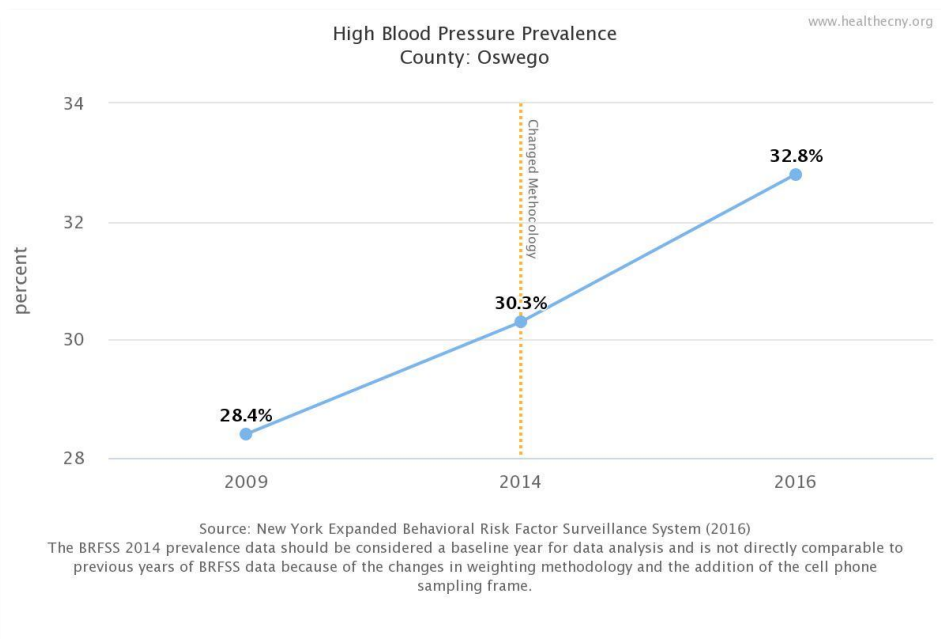
Cerebrovascular disease refers to conditions, including stroke, caused by problems with the blood vessels supplying the brain with blood. A stroke occurs when blood vessels carrying oxygen to the brain burst or become blocked, thereby cutting off the brain's supply of oxygen and other nutrients.

The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pressure. Other risk factors include high cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use, and tobacco use. One area of concern is that of cerebrovascular disease or stroke. Oswego County ranks in the last quartile of the state for deaths (33.3 per 100,000) due to stroke. However, deaths due to stroke continue to trend downward. The high prevalence of smoking and obesity may contribute to stroke data. Death rates due to stroke in Oswego County is higher than the state rate of 25.4/100,000. However, over the last several years deaths due to stroke continue to decline.

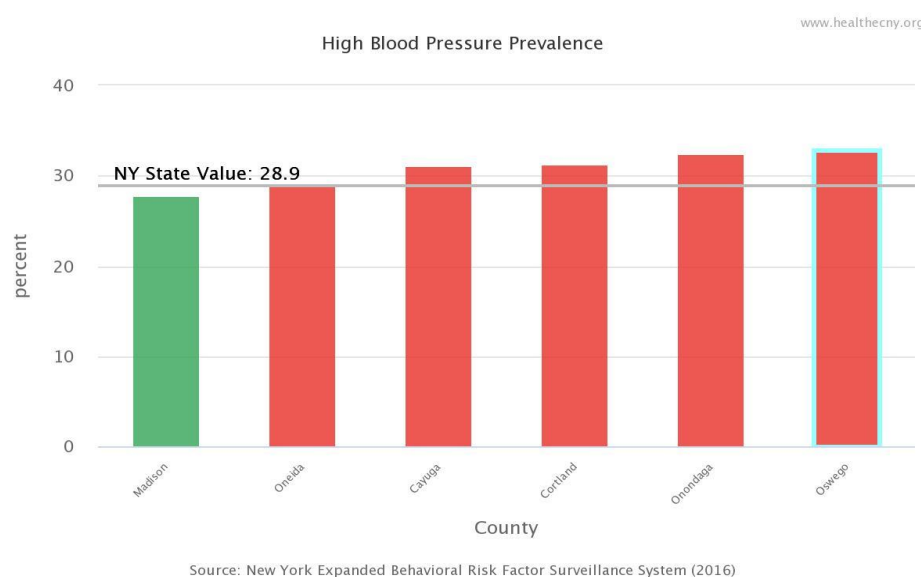


## Hypertension

High blood pressure is the number one modifiable risk factor for stroke in the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. Because there are no symptoms associated with high blood pressure, it is often called the "silent killer." High blood pressure can occur in anyone; however, it is more common among those over age 35. The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%. The prevalence of high blood pressure in Oswego County is 32.8%, which is higher than neighboring counties in CNY and above the New York State prevalence of 28.9%. Blood pressure management is important in the control and prevention of cardiovascular and kidney disease. Chronic diseases and conditions such as obesity, smoking and diabetes can exacerbate high blood pressure and lead to further complications.



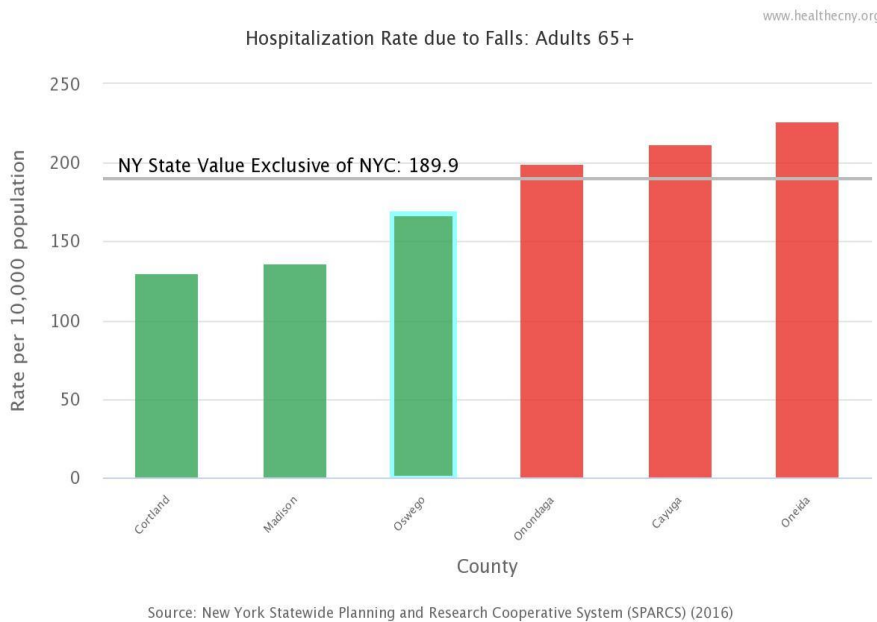
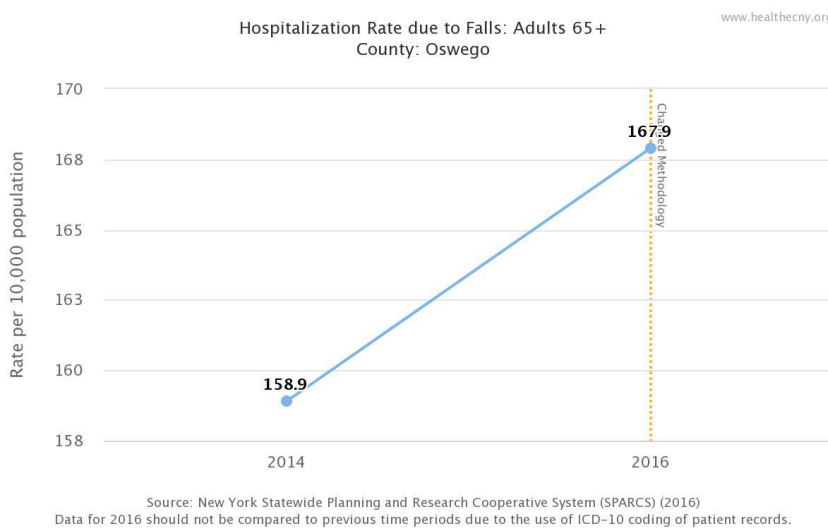
**There are 6 county values: The lowest value is 27.8, and the highest value is 32.8. Half of the values are between 29 and 32.4. The middle (median) value is 31.15.**



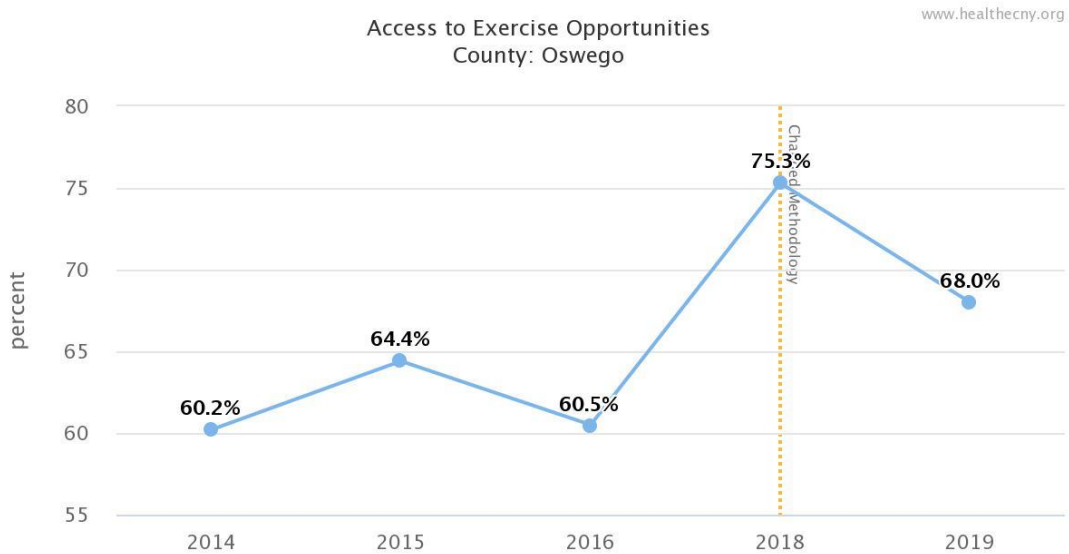
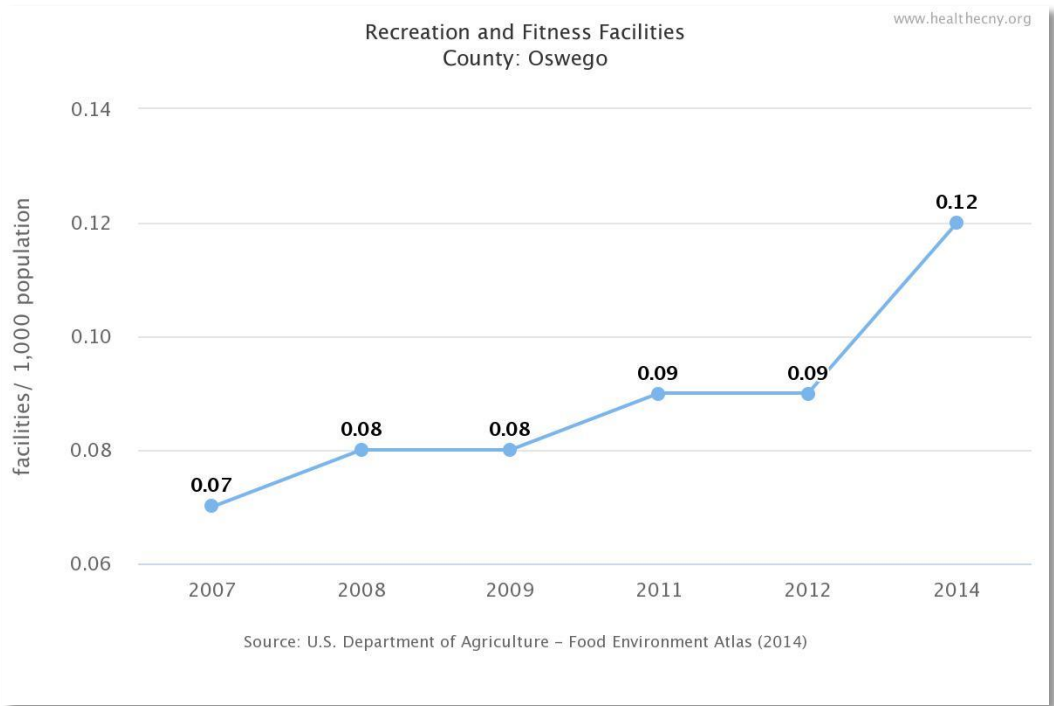
## Promote a Healthy and Safe Environment

A healthy and safe environment is important for the development of a healthy population. Residents need access to clean drinking water, good air quality, and communities that limit the risk for physical injury and provide access to safe places for physical activity. Falls are the leading cause of injury-related deaths, hospitalizations and emergency department visits among adults 65 and older. Falls can result in lasting, serious consequences, affecting mobility, independence and mental health. Falls are not random, uncontrollable acts of fate, but occur in predictable patterns, with recognizable risk factors and among identifiable populations. A fall is a predictable and preventable event, and many evidence-based falls prevention programs are available. Oswego County and its' partners are continuing to address falls prevention among the elderly population.

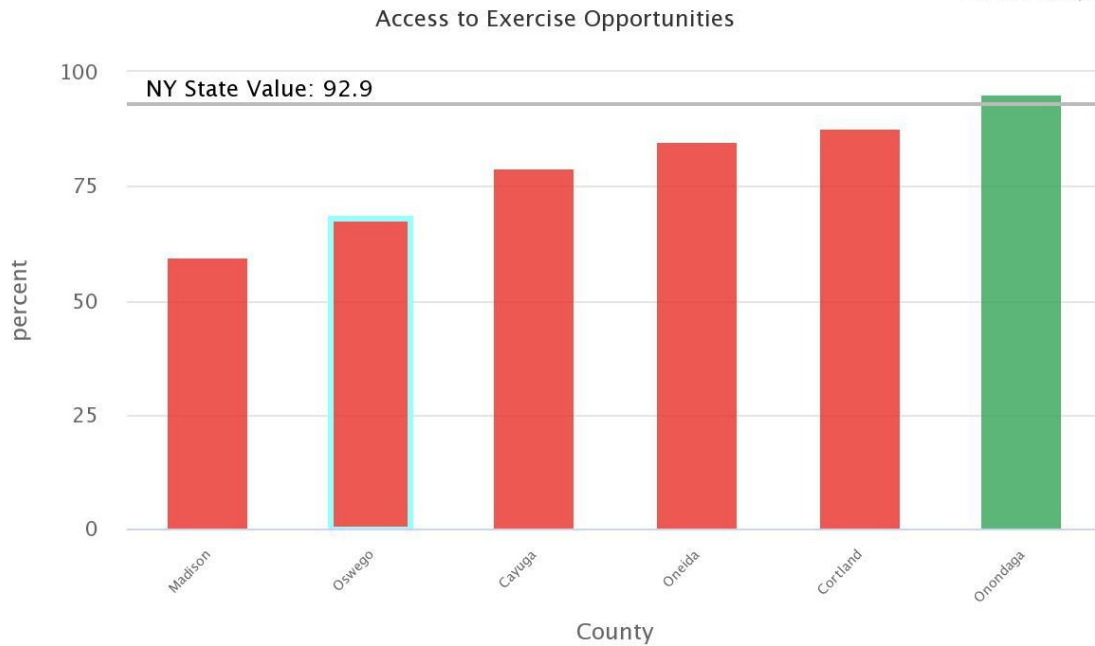
### Falls Hospitalization Age-Adjusted Rate Per 10,000



People engaging in physical activity and an active lifestyle reduce their risk of many chronic diseases such as high blood pressure, cardiovascular disease, obesity and diabetes. In addition, being physically active improves mood and sleep. People are more likely to be physically active if their community has safe places to walk, play and recreate. Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy. Furthermore, exercise reduces the risk of cardiovascular disease, type 2 diabetes and metabolic syndrome, and some cancers. Only 68% of Oswego County residents live reasonably close to a park or exercise facility. This is lower than the state percentage of 93%.



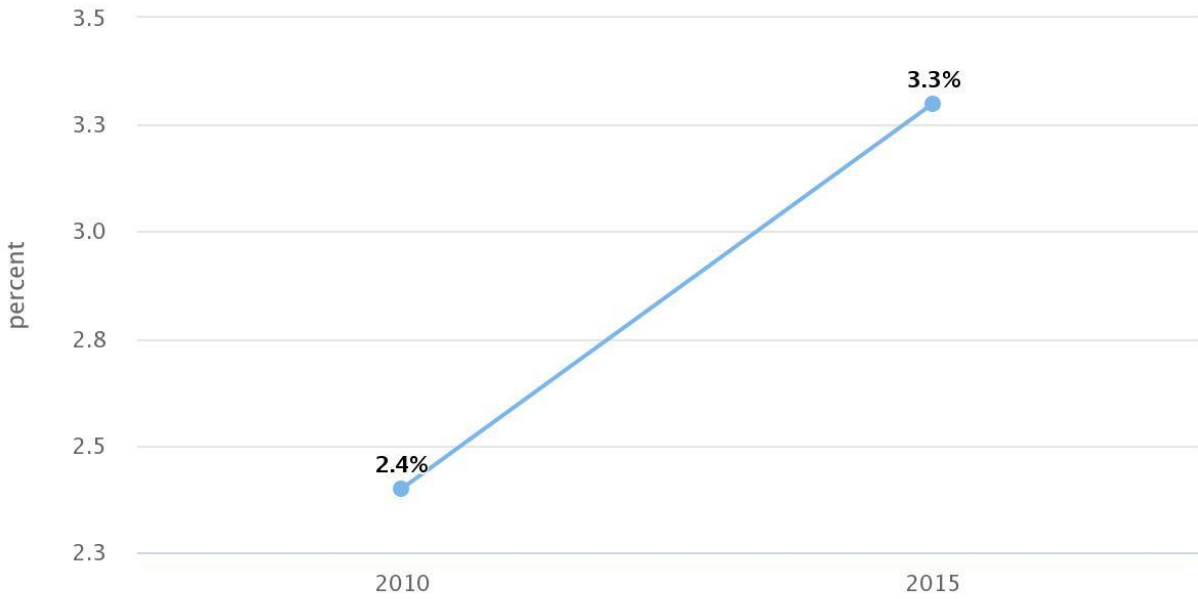
Source: County Health Rankings (2019)  
Standard Industry Classification (SIC) 8-digit codes are no longer available. To replace these more generic 6-digit SIC codes were used to identify recreational facilities. In addition, YMCA of the USA provided CHR a complete list of facilities and services offered for them to better identify Y's.



## Food Environment

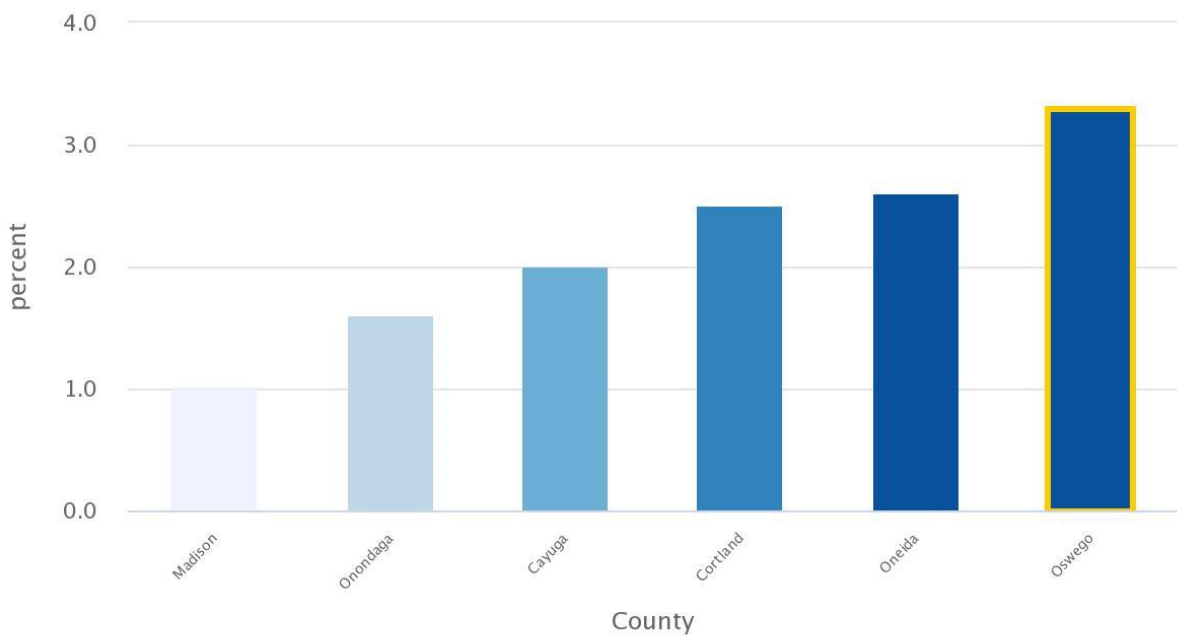
The accessibility, availability, and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. Distance needed to travel and lack of reliable transportation can hinder one's ability to access healthy food on a regular basis. A diet composed of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer, and diabetes, and is essential to maintain a healthy body weight and prevent obesity. Food insecurity can also limit one's ability to maintain a nutritious diet needed to help prevent many chronic diseases. Many in Oswego County lack access to grocery stores or a vehicle to help them have reliable access to healthy foods. Oswego County has also seen increases in fast-food establishments and liquor stores and a decrease in the number of supermarkets and large grocery stores.

### Households with No Car and Low Access to a Grocery Store County: Oswego



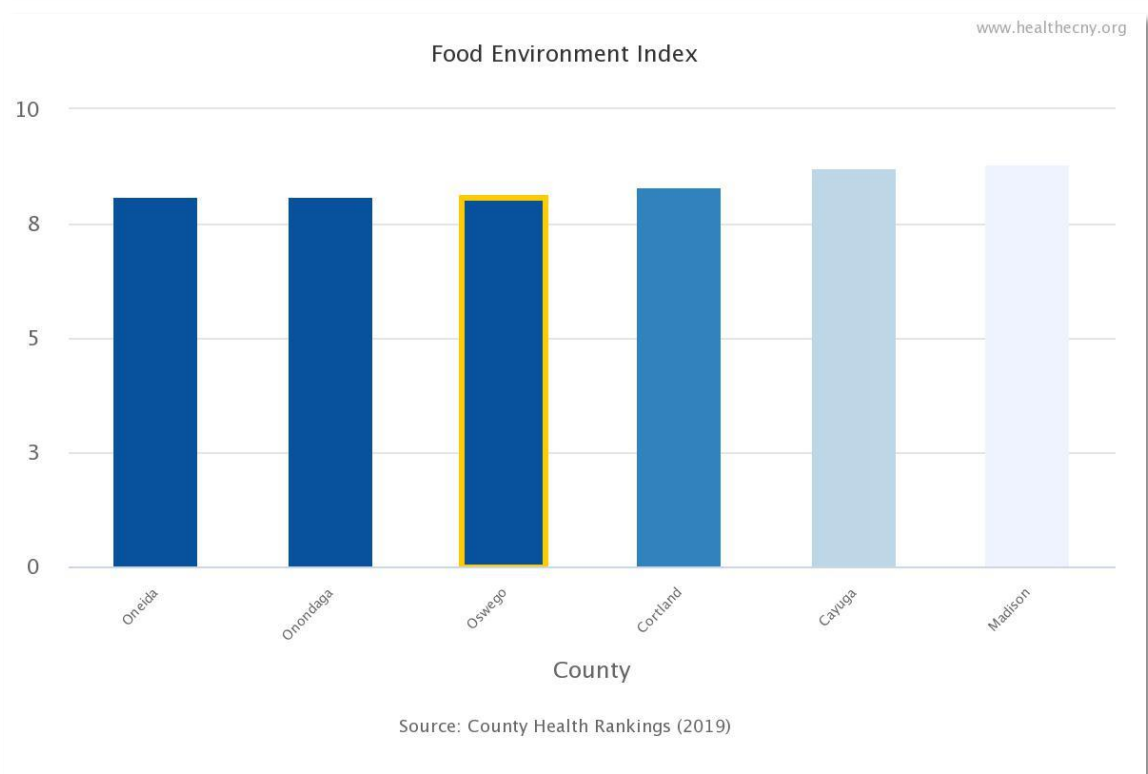
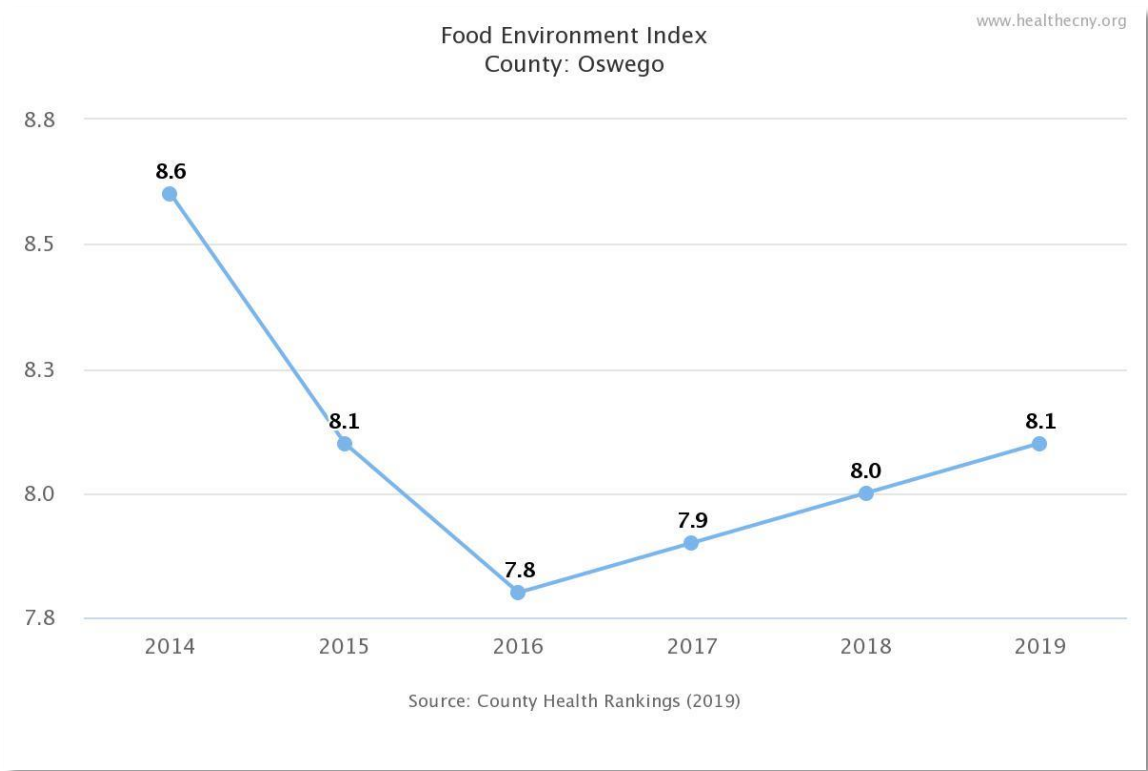
Source: U.S. Department of Agriculture – Food Environment Atlas (2015)

### Households with No Car and Low Access to a Grocery Store



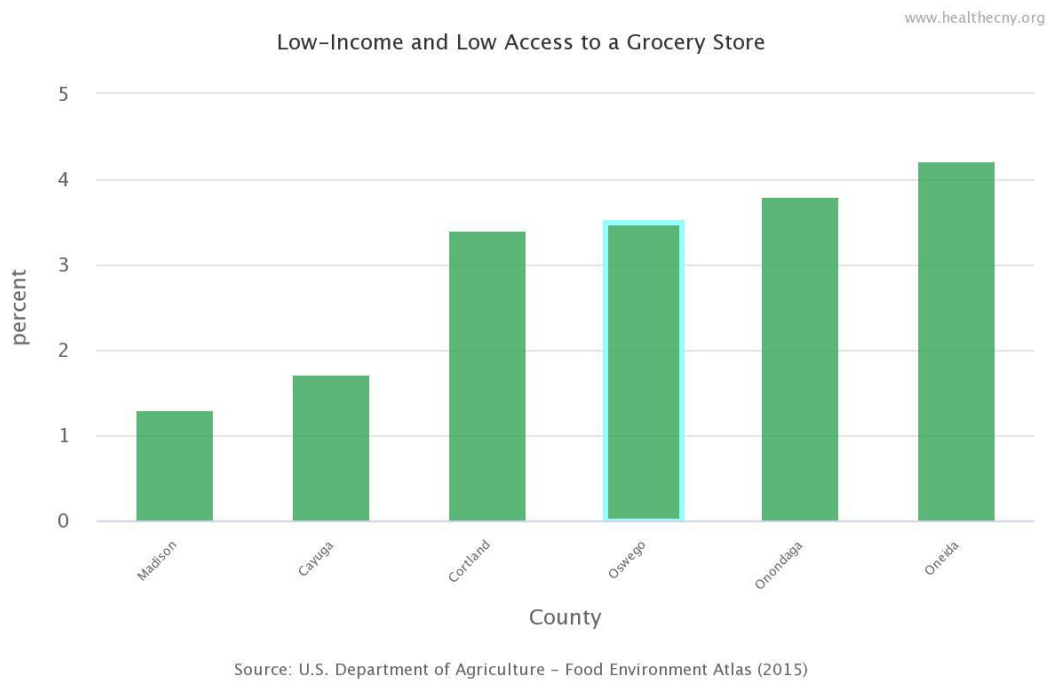
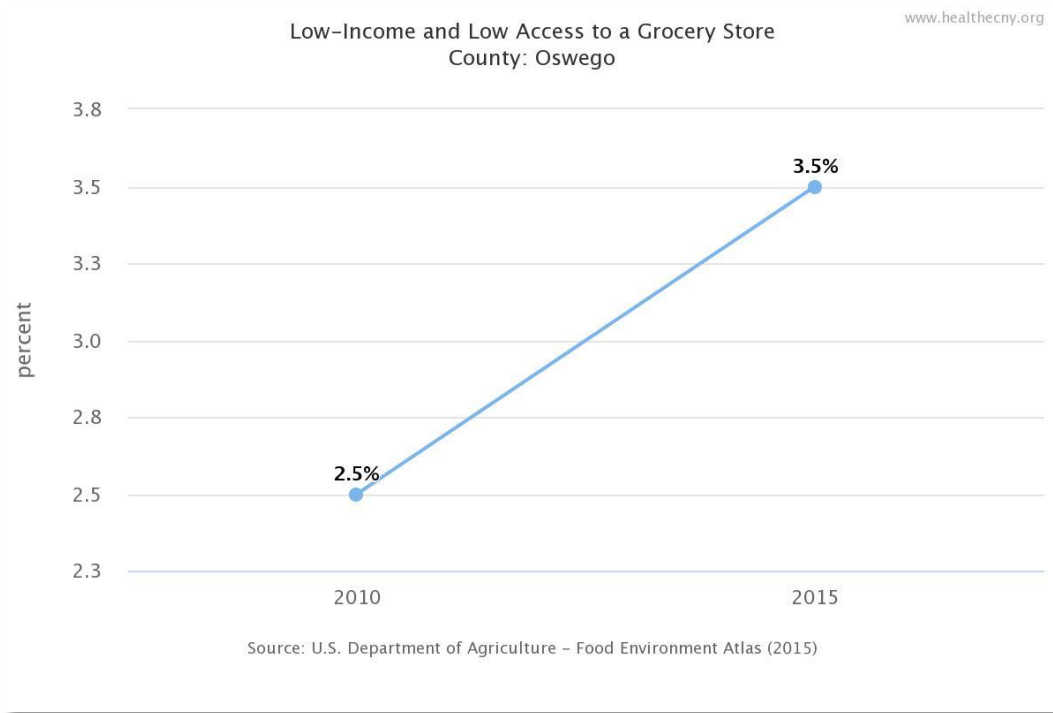
Source: U.S. Department of Agriculture – Food Environment Atlas (2015)

*This indicator shows the percentage of housing units that do not have a car and are more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area*



*The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures.*





**There are 6 county values: The lowest value is 1.3, and the highest value is 4.2. Half of the values are between 1.7 and 3.8. The middle (median) value is 3.45.**

## EEE & West Nile

The local geography places Oswego County in the epicenter of Eastern Equine Encephalitis and West Nile Virus activity in CNY. The hardwood swamps that are prevalent in Oswego County are excellent breeding grounds for mosquitoes that spread illnesses such as Eastern Equine Encephalitis and West Nile Virus.

Oswego County has an active mosquito surveillance program throughout most of the summer to monitor arthropod-borne diseases in the mosquito population. The county maintains multiple mosquito surveillance sites around the county to collect mosquito samples. Samples are submitted to the New York State Department of Health for testing to identify if mosquitoes are harboring viruses that could cause illness to people. In 2018, 512 mosquito pools were collected and submitted for testing. That was just over 17, 000 mosquitoes submitted.

This surveillance program helps to identify the prevalence and species of mosquitoes in the community, and the presence of EEE or WNV in the mosquito population. This is valuable information for public health officials and helps in mosquito control decision making. While much of the county population's attention is on aerial spraying as a control measure, this is only one, often limited approach to preventing the spread of EEE and WNV. The focus of prevention messages should continue to be the use of personal protection measures to reduce the risk of being bitten by mosquitoes.

Additionally, 2,157 animals were vaccinated against rabies at 8 clinics held across the county.

In 2018, Oswego County conducted 1,780 inspections of regulated facilities, for compliance with Public Health Laws and State Sanitary Codes, including large public gatherings. The Environmental Division conducted 823 investigations related to animal bites or possible rabies exposure, 62 residents required rabies post-exposure treatment and 139 animals were submitted for rabies testing, 13 tested positive for rabies.

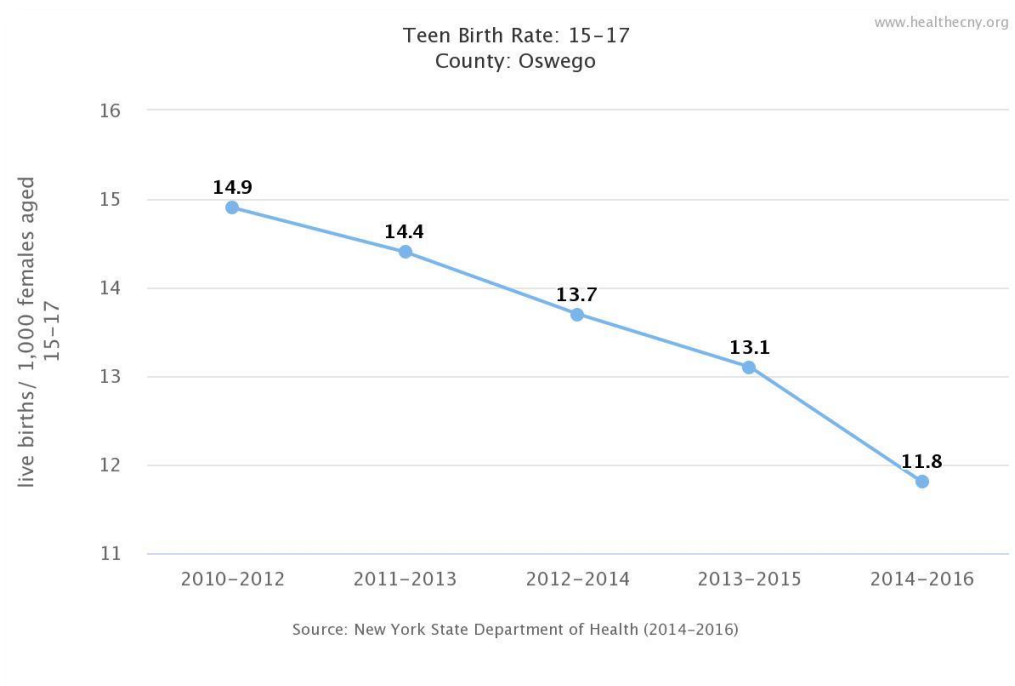
## Promote Healthy Women, Infants & Children

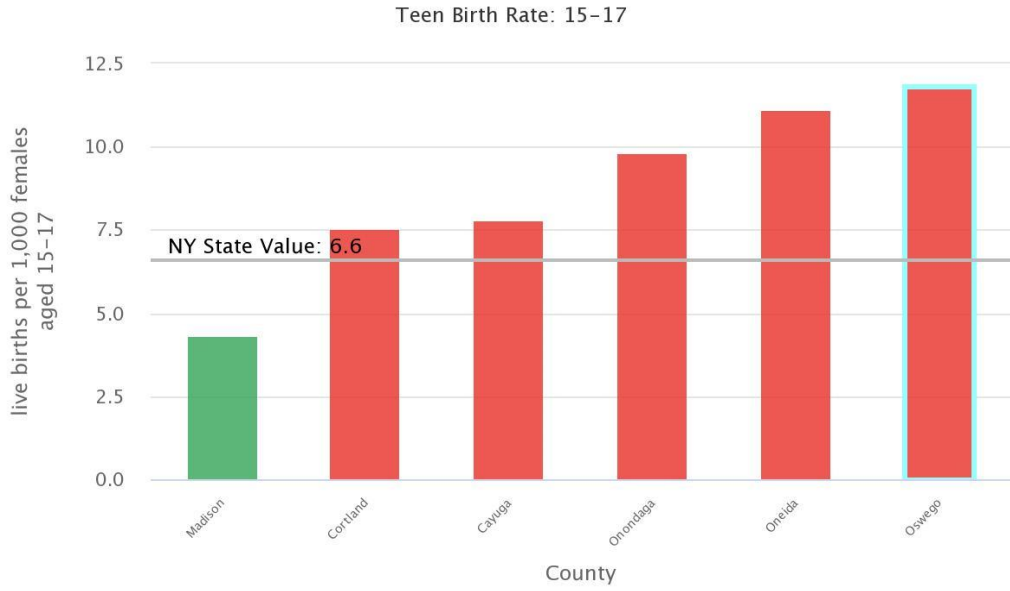
In 2018, there were approximately 1,182 births to women from Oswego County. That is approximately the same number of births as in the previous year. The number of women seeking early prenatal care is approximately 74%, with those with Medicaid as a payer source seeking care at about 64%. Pre-term births continue to fall below the Central New York percentage at 7.5% compared to 8.5%. Births to teen mothers comprise about 2% of the total births among Oswego County woman.

Teen birth is of concern for the health outcomes of both the mother and the child. Pregnancy and delivery can be harmful to teenagers' health, as well as to their social and educational development. Babies born to teen mothers are more likely to be born preterm and/or low birth weight. Responsible sexual behavior reduces unintended pregnancies, thus, reducing the number of births to adolescent females.

While teen births are trending downward, Oswego County's rate of 11.8 births/ 1,000 females age 15-17, the county remains above the New York State rate of 6.6 births/1,000 females and that of the neighboring counties. The same trend holds true for births among 15-19 yr. old females. Oswego County's rate is 21.7 births/1,000 compared to the New York State rate of 14.6. Oswego County does fall in the 4<sup>th</sup> quartile among New York State counties for these measures.

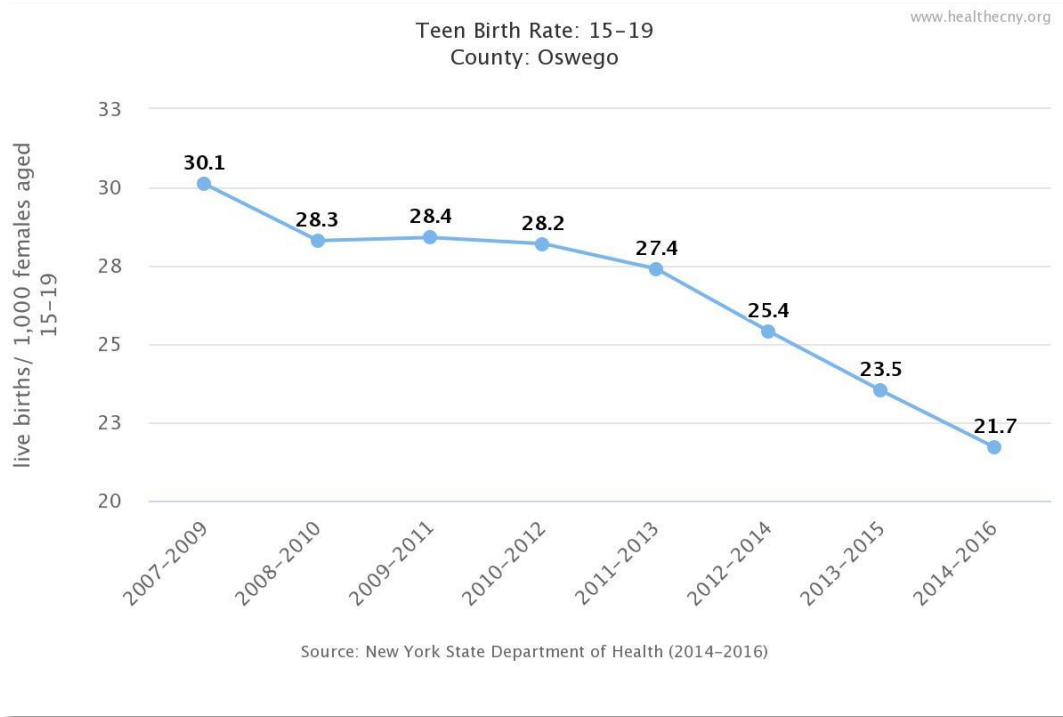
Teen pregnancy continues to trend downward in the county and is below the New York State rate and the HP2020 objective.



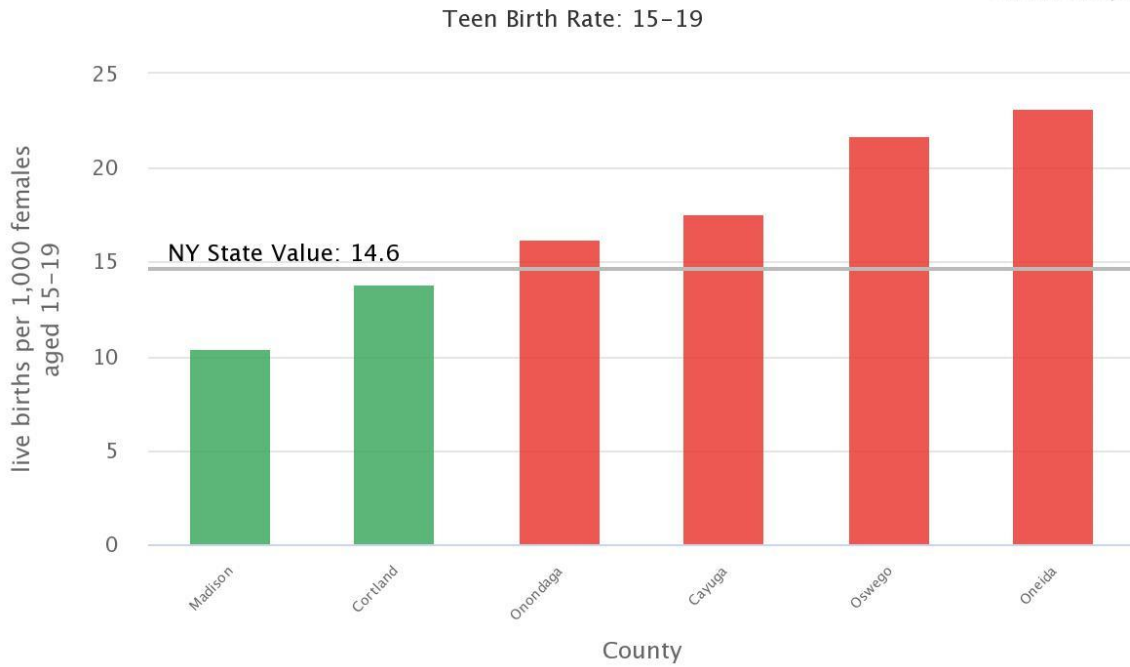


Source: New York State Department of Health (2014-2016)

**There are 6 county values: The lowest value is 4.3, and the highest value is 11.8. Half of the values are between 7.5 and 11.1. The middle (median) value is 8.8.**

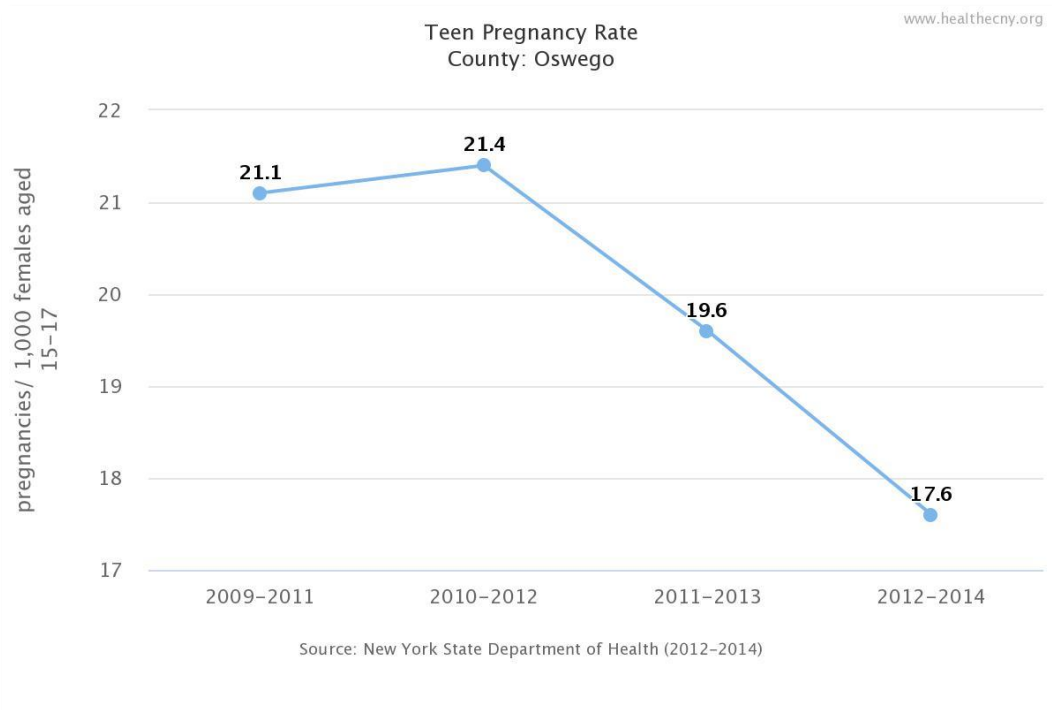


Source: New York State Department of Health (2014-2016)



Source: New York State Department of Health (2014-2016)

**There are 6 county values: The lowest value is 10.4, and the highest value is 23.1. Half of the values are between 13.8 and 21.7. The middle (median) value is 16.85.**

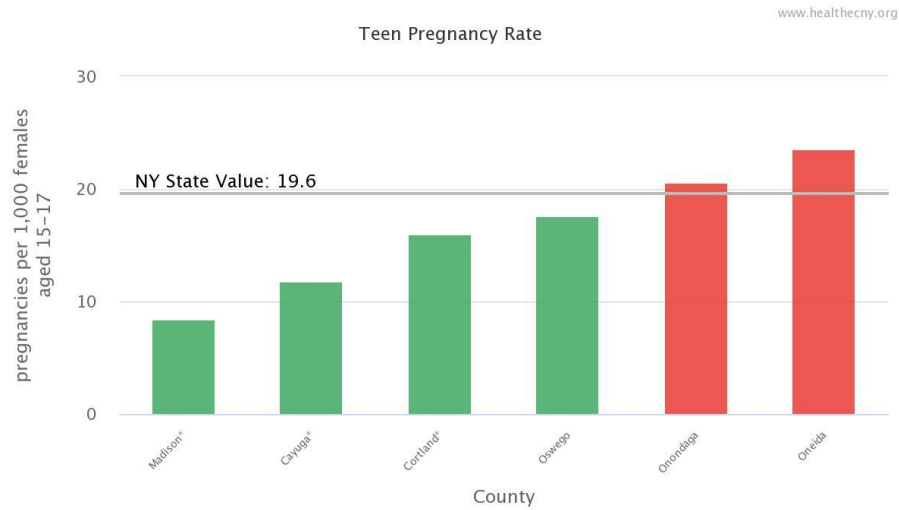


Source: New York State Department of Health (2012-2014)

**There are 6 county values: The lowest value is 8.4, and the highest value is 23.5. Half of the values are between 11.7 and 20.6. The middle (median) value is 16.75.**

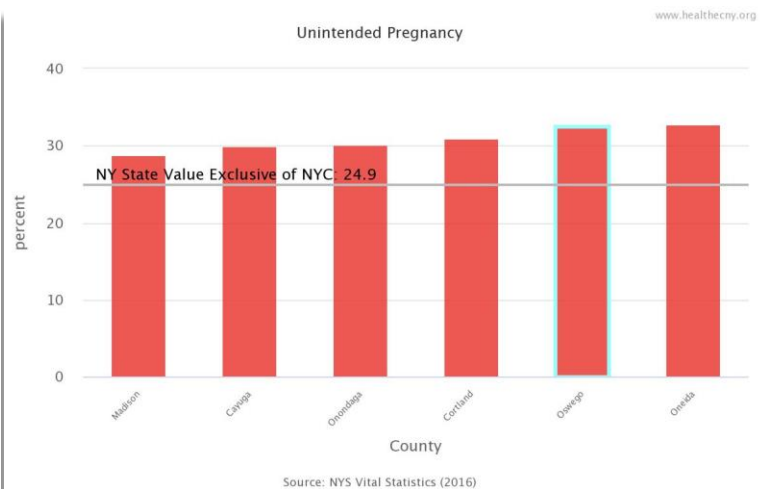
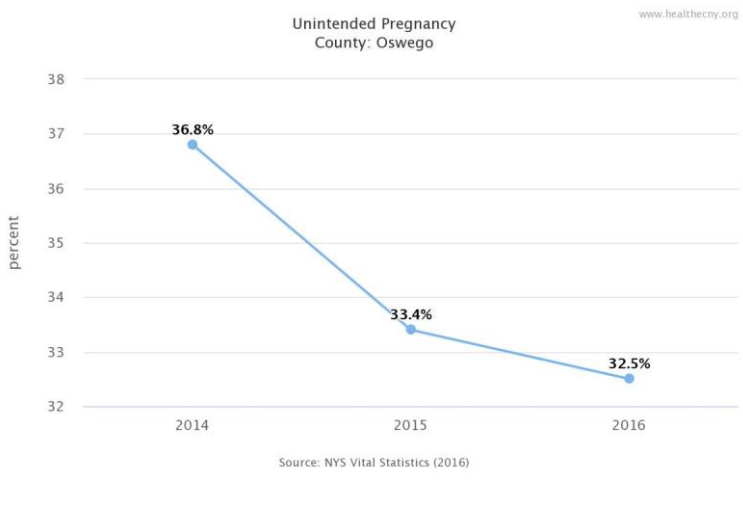
Unintended pregnancy may demonstrate an unmet need for birth control and family planning. Unintended pregnancies are associated with an increased risk of problems for the mom and baby which may cause a delay in seeking prenatal care or may not allow for optimal preparation for the arrival of the newborn.

Approximately 1/3 of all pregnancies in 2016, among Oswego County woman were unintended based on CNY Perinatal Data System and Vital Statistic records. In 2018, that percentage dropped to about 28.7%. This is still above the New York State percentage of 22.6%.



Source: New York State Department of Health (2012-2014)  
\*Value may be statistically unstable and should be interpreted with caution.

**There are 6 county values: The lowest value is 28.7, and the highest value is 32.7. Half of the values are between 29.9 and 32.5. The middle (median) value is 30.4.**



**Percentage of unintended pregnancy among live births, four year average, 2013-2016**

Oswego County Minor Civil Division (MCD) Map

**Unintended births**

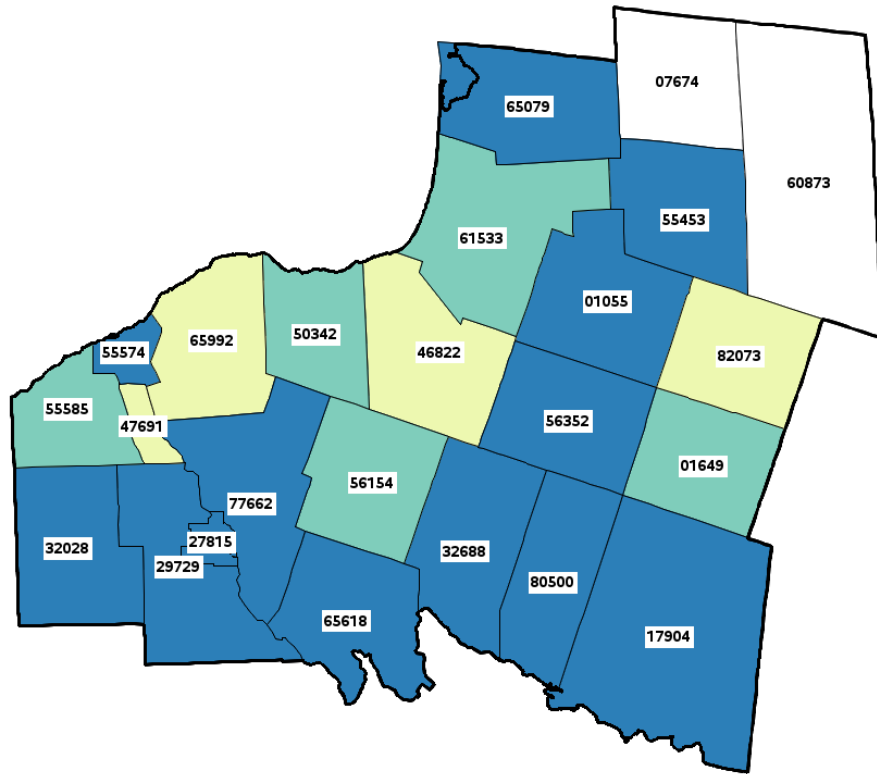
Oswego County - 34.8

New York State - 24.1

New York State (Excl NYC) - 26.1

**Quartile (Q) Distribution (Excl NYC)**

- Data not available/suppressed
- 0 < 28.0 : Q1 & Q2
- 28.0 -< 33.8 : Q3
- 33.8+ : Q4



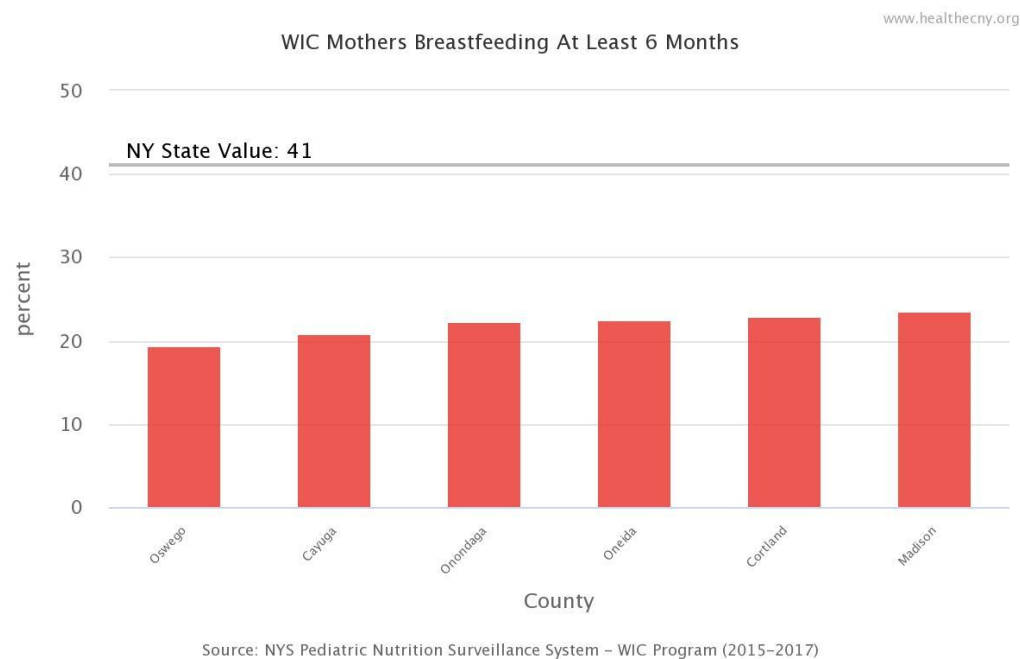
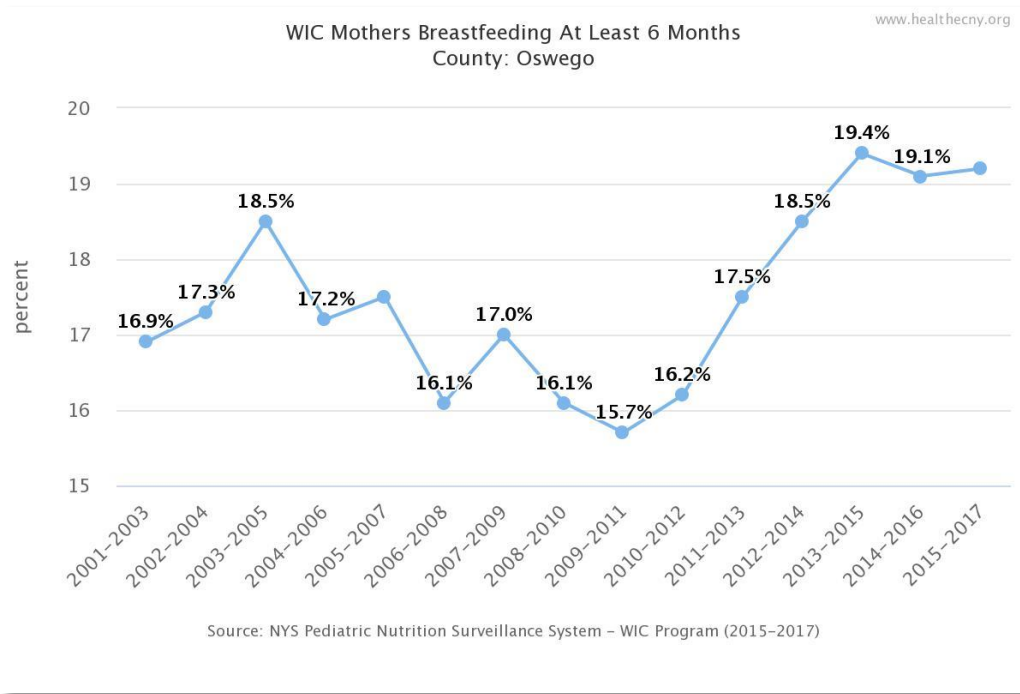
Data Source: Vital Records data as of May 2018

**Breastfeeding**

Breastfeeding is widely recognized as the single best way to feed infants. Breast milk has health benefits for both infants and mothers. Breastfeeding improves the relationship between babies and mothers, and improves the infant's immune system, resulting in fewer episodes of infectious illness. Breast milk provides complete nutrition for infants and is easier to digest than breast milk alternatives. In addition, breastfeeding lowers the risk of breast cancer and may lower the risk of ovarian cancer in mothers. It has also been shown to be cost-effective for families. The current recommendation is that babies be fed exclusively with breast milk for the first 6 months of life.

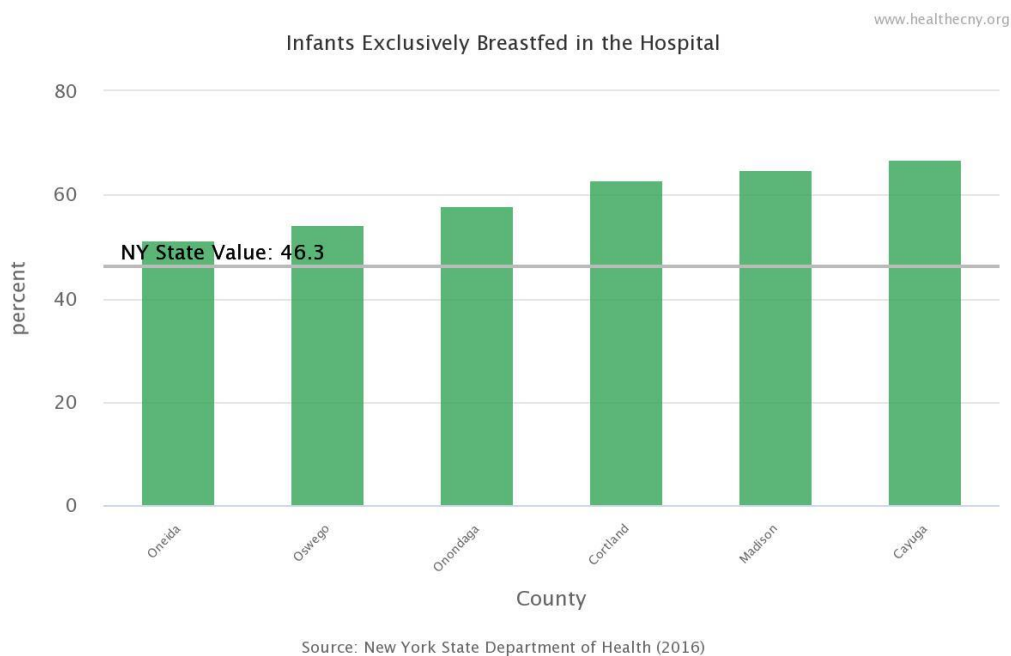
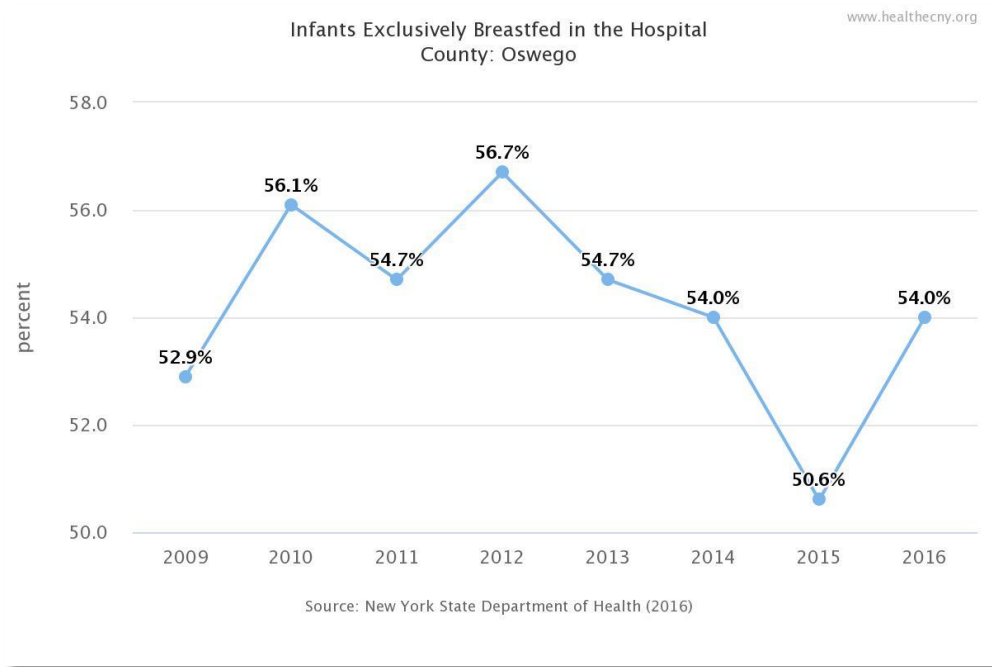
According to the CNY Perinatal Data System, the number of women in the county who breastfeed in the early postpartum period has increased from 71.3% in 2016 to 73.2% in 2018, however that is still below the Central New York region at 77.8%. The county has seen increases in the number of WIC moms breastfeeding for at least 6 months, that increase as seemed to plateau, and does lag other CNY counties. Oswego County has seen a significant increase in the percentage of infants receiving any breastmilk while in the delivery hospital, rising from approximately 62% in 2008 to 72% in 2016. While, in recent years, the county has seen a slight downward trend in the number of infants exclusively breast fed while in the

hospital, at 54%, this number remains higher than the Prevention Agenda goal for 2013-2018 of 46.3% and above the New York State value. So, while we continue to see improvements in breastfeeding, more work needs to be done to take full advantage of the many benefits of breastfeeding.



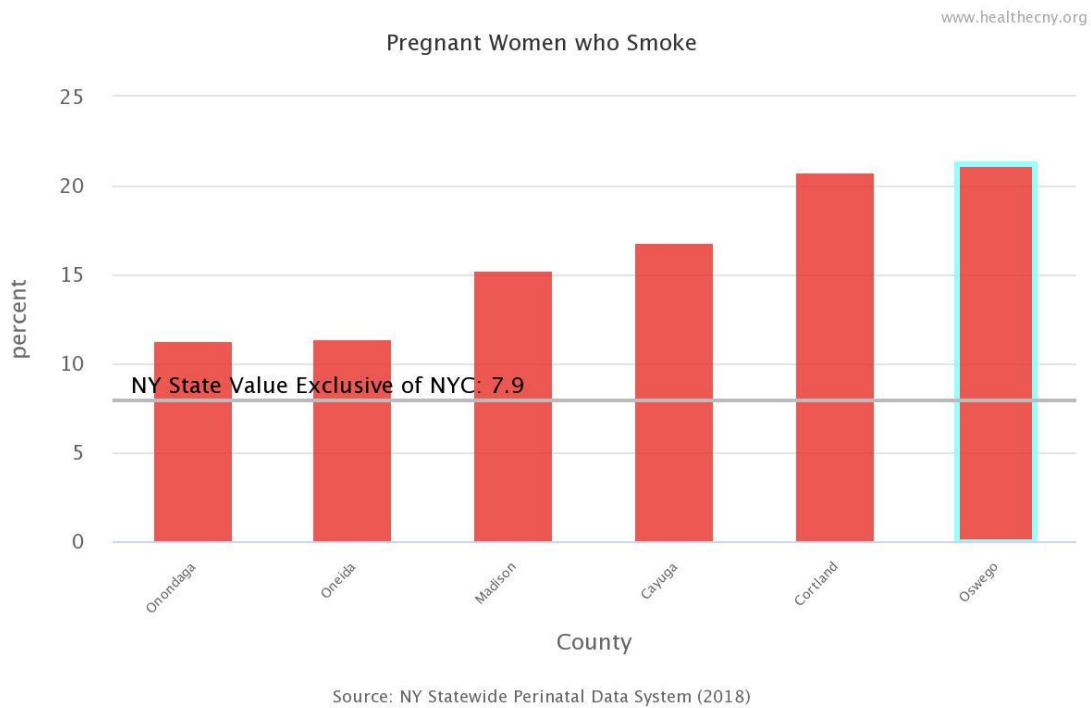
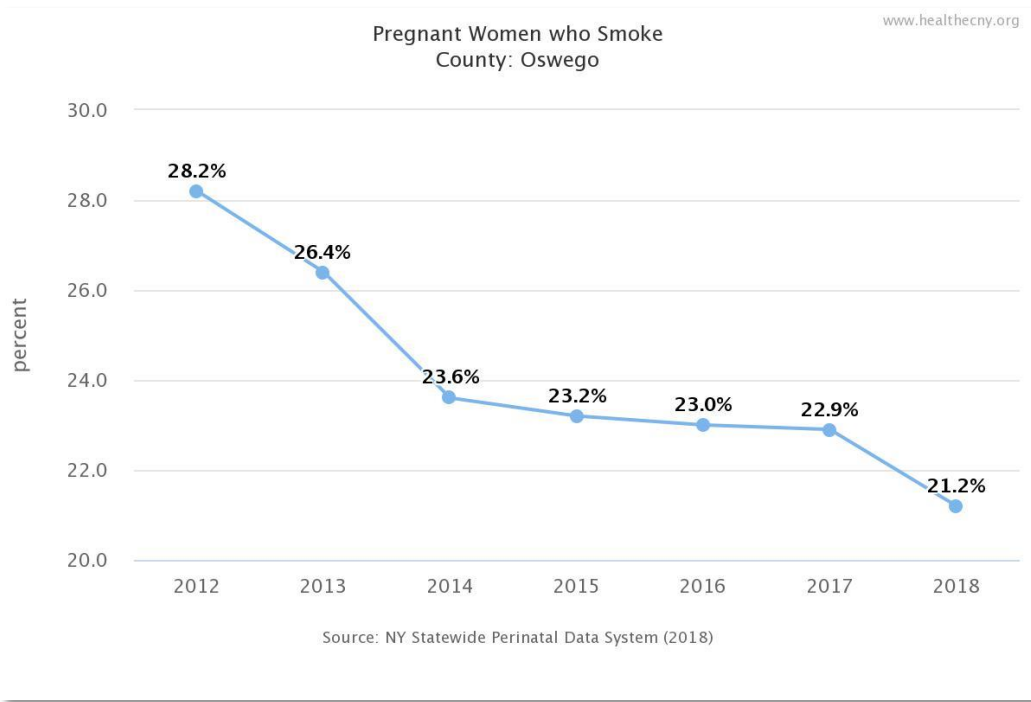
**There are 6 county values: The lowest value is 19.2, and the highest value is 23.4. Half of the values are between 20.7 and 22.8. The middle (median) value is 22.3**





**There are 6 County values: The lowest value is 51, and the highest value is 66.8. Half of the values are between 54 and 64.8. The middle (median) value is 60.3.**

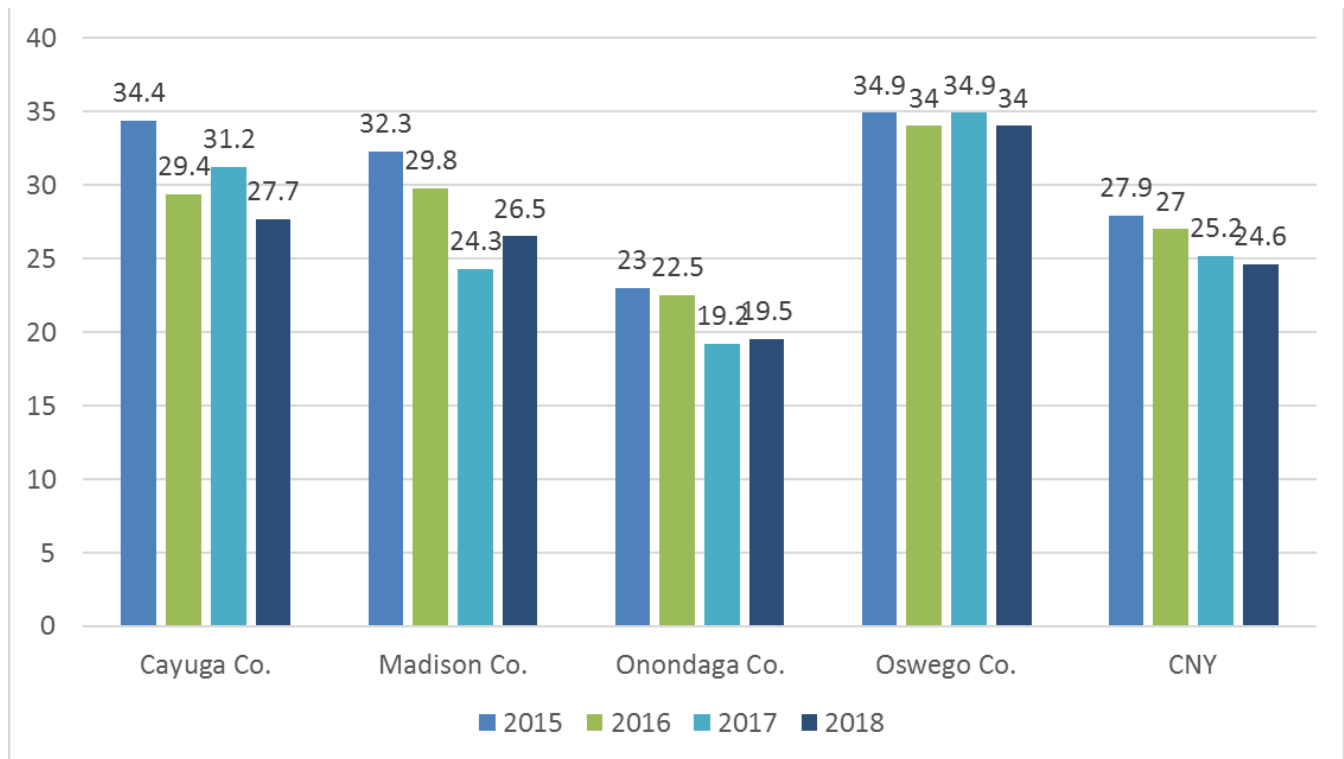
The number of pregnant women smoking decreased from 28.2% to 21.2%, from 2012-2018. Nowhere else are health disparities based on income more evident than in the data provided by the CNY Perinatal Data System. On average, 21% of pregnant women in Oswego County smoked during their pregnancies. That percentage jumps to 34% among women with Medicaid as a payer source. In addition, compared with women who have private insurance, women with Medicaid as a payer source participate in early prenatal care less often or have late or no prenatal care, smoke significantly more, breastfeed less in early postpartum periods, and have more unintended pregnancies. Reducing smoking during pregnancy needs to be a priority.



**There are 6 county values: The lowest value is 11.2, and the highest value is 21.2. Half of the values are between 11.4 and 20.7. The middle (median) value is 16.**

## Percentage of Women that Smoke During Pregnancy, with Medicaid as a Payer, CNY

Data source: Statewide Perinatal Data System, 2015-2018



### Promote Well-Being and Prevent Mental and Substance Use Disorders

Mental health and substance abuse issues continue to be a concern in Oswego County. The mortality rate from suicide in the county is nearly twice as high as the entire state.

Almost 13% of Oswego County adults reported in the NYSBRFSS (2009) that they had poor mental health for 14 or more days in the past month, which is slightly above the state figure of 10.9%. However, on a positive note, most Oswego County residents report feeling that they have adequate social or emotional support.

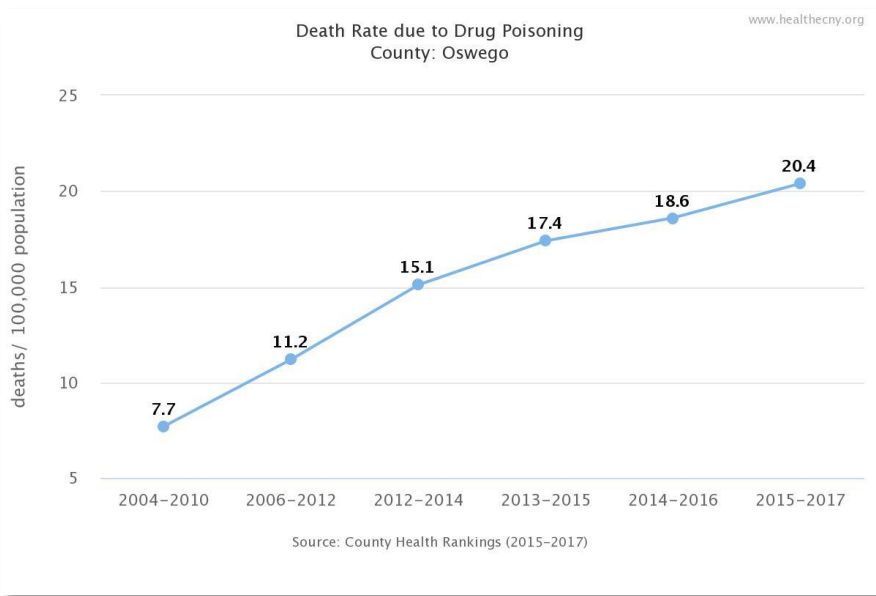
Compared to New York State, Oswego County has a higher rate of binge drinking (consuming 5+ drinks in a row) at 22.5% compared to 19.6%, and a higher rate of alcohol consumption at 23.90% compared to 15.70%.

Despite the above background, Oswego County has only one-fifth of mental health providers compared with the state average (6429:1 vs. 1285:1). Oswego County is seeing an increase in the number of newborn drug-related hospitalizations. Oswego County's rate is 137.3 per 10,000 discharges. This is significantly higher than the New York State rate of 72.6 per 10,000 discharges and above the CNY rate of 130.5 per 10,000 discharges.

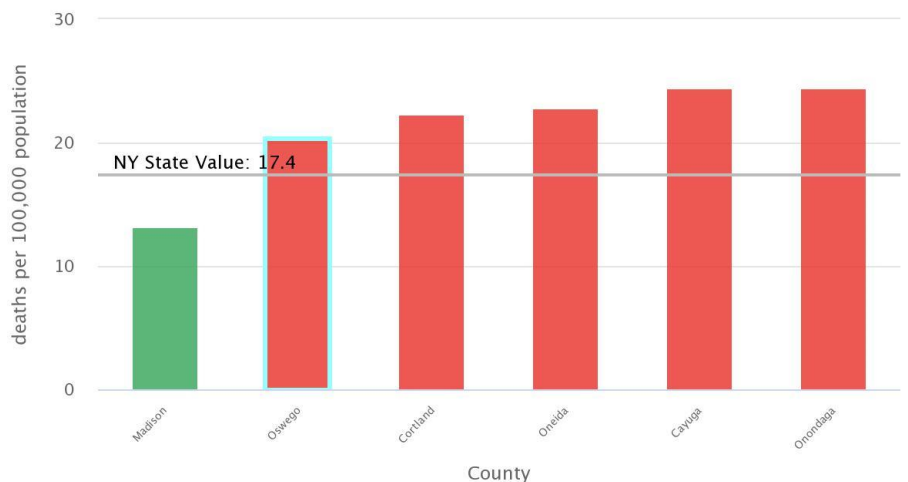
Substance use disorder is a public health crisis, and one that Oswego County is facing along with many other municipalities across the state and country.

Deaths due to drug poisoning are increasing significantly over the last decade. Most deaths due to drug poisoning occur due to prescription painkillers. Nationwide, over 100 drug overdose deaths occur daily. Oswego County's rate of deaths due to opioid pain relievers is 17/100,000 population. This rate is higher than the New York State value of 15.8/100,000. The rate is comparable to neighboring counties. Oswego County's death rate due to opioid pain relievers has not changed significantly over the time period represented in the graphs below.

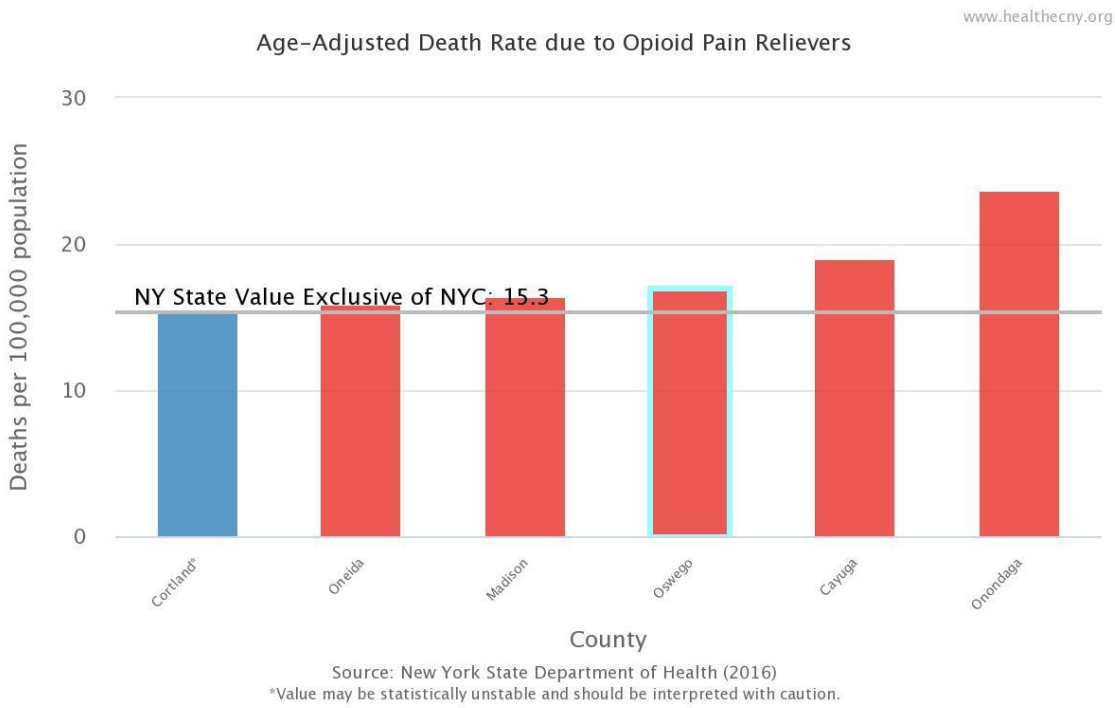
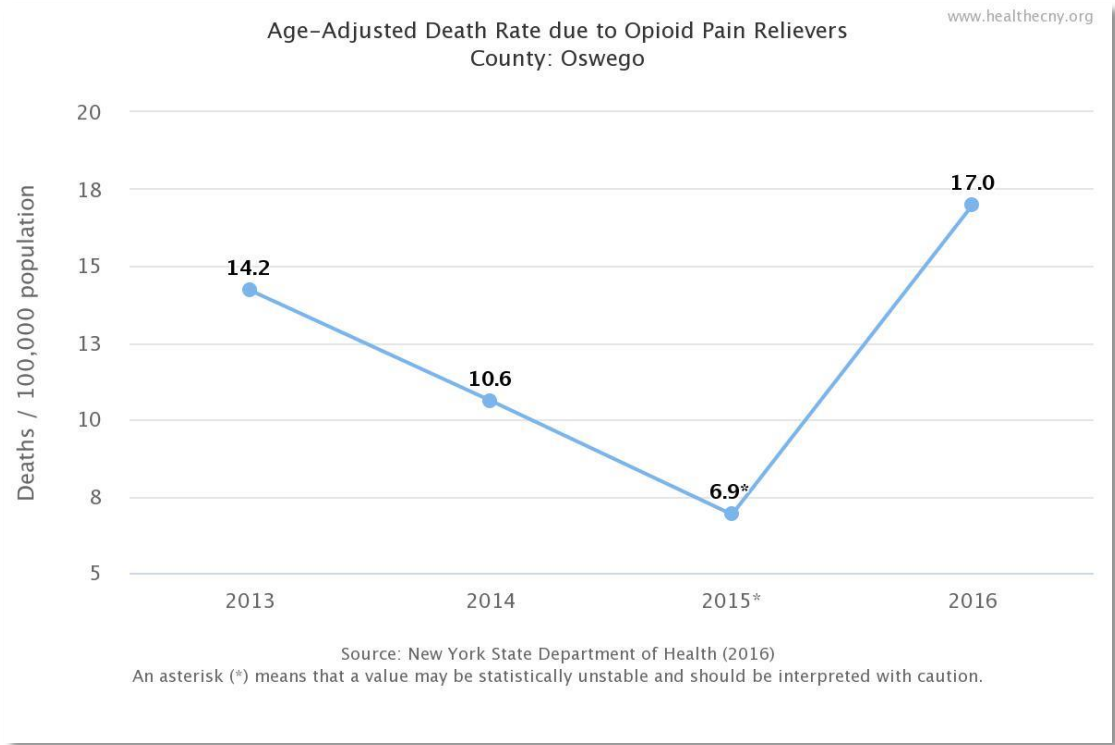
Approximately 25% of Oswego County adults reported binge drinking at least once in the last 30 days according to the New York State Behavioral Risk Factor Survey. Binge drinking is defined as having more than 5 drinks on one occasion for males, and 4 drinks for females. This value is higher than the New York State rate of 18.3%, United States value, Healthy People 2020 objective, and Prevention Agenda goal set for 2013-2018 (18.4%). While ER visits due to alcohol abuse remain lower than the New York State rate, Oswego County does see a significantly higher number of ER visits among young adults ages 18-19 years old.



Death Rate due to Drug Poisoning

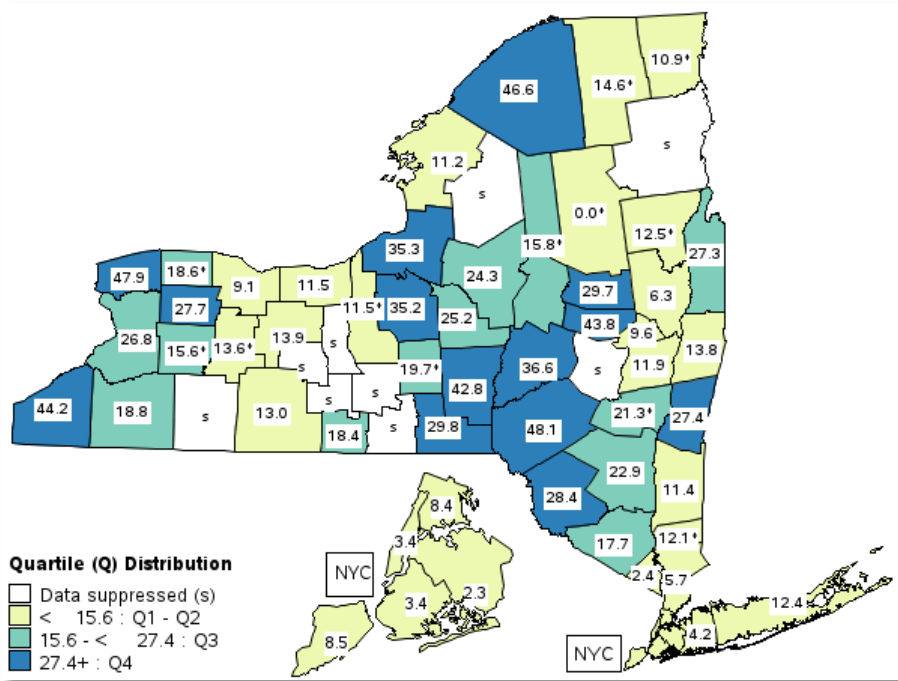


**There are 6 county values: The lowest value is 13.1, and the highest value is 24.4. Half of the values are between 20.4 and 24.4. The middle (median) value is 22.45.**



Newborns with withdrawal syndrome and/or affected by narcotics via placenta or breast milk, rate per 1,000 delivery hospitalizations/newborn discharges, 2016

Maternal and Child Health 2020 Objective: 5.2



Opioid burden (including opioid overdose deaths, non-fatal outpatient ED visits and hospital discharges involving opioid abuse, poisoning, dependence and unspecified use), crude rate per 100,000 population, 2016

Oswego County ZIP Code Map

**Crude rate**

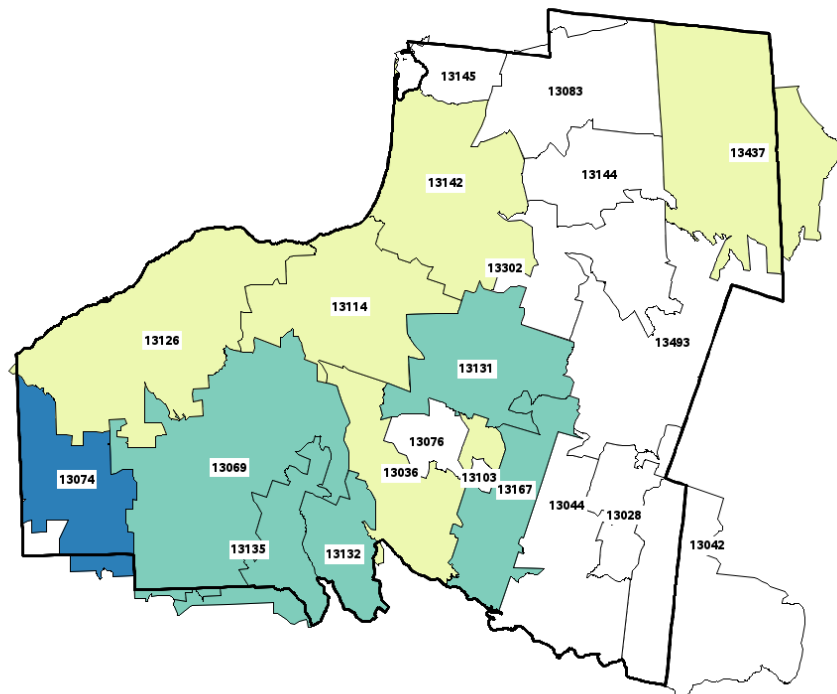
Oswego County - 254.6

New York State - 295.9

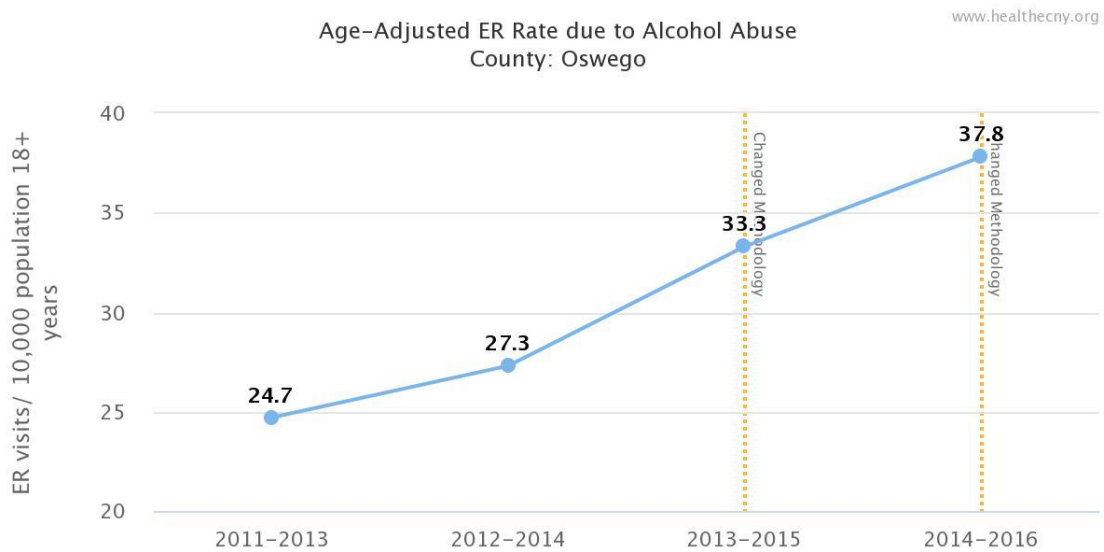
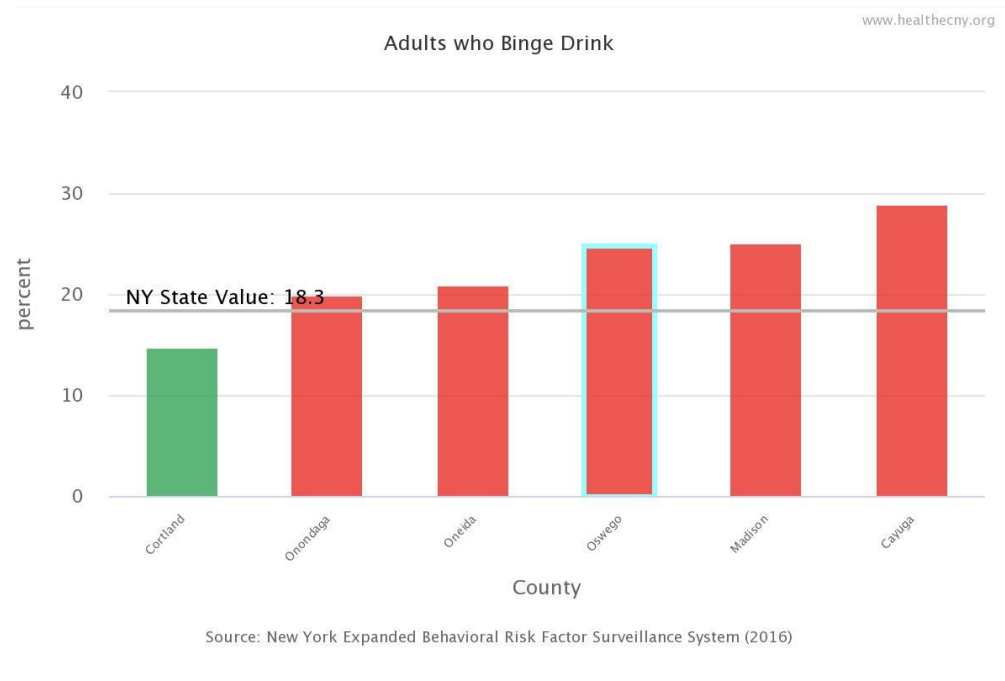
New York State (Excl NYC) - 300.3

**Quartile (Q) Distribution (Excl NYC)**

- Data suppressed (s)
- 0 < 242.1 : Q1 & Q2
- 242.1 - < 387.5 : Q3
- 387.5+ : Q4

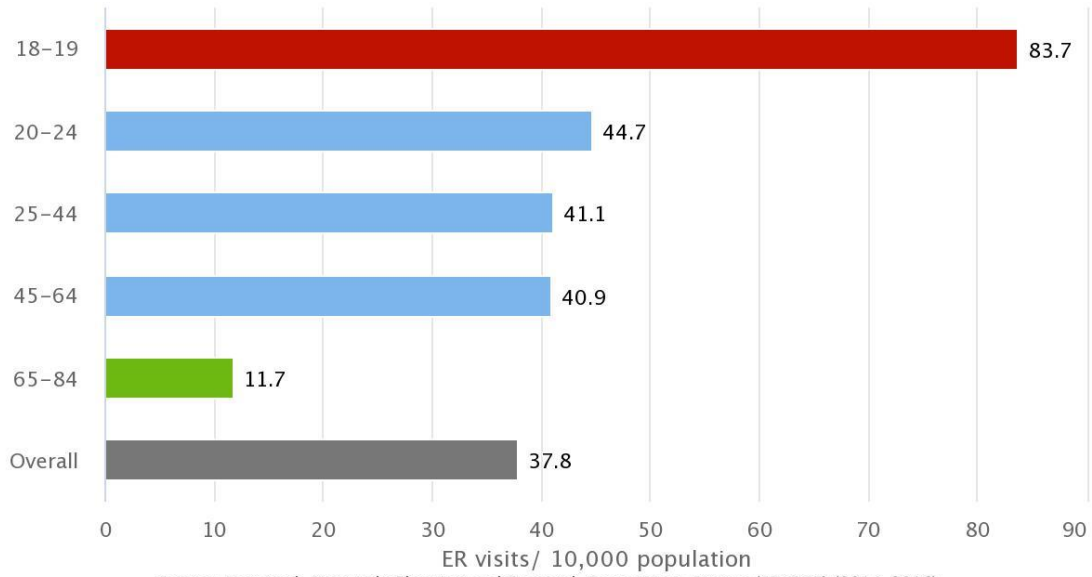


# Alcohol Consumption



Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)  
 Due to a change in methodology with the introduction of ICD-10, 2013-2015 should be considered a baseline year for data analysis and is not directly comparable to previous years.  
 With the introduction of ICD-10 in October 2015, 2014-2016 should be considered a baseline year for data analysis and is not directly comparable to previous time periods due to the increased number of records coded with ICD-10.

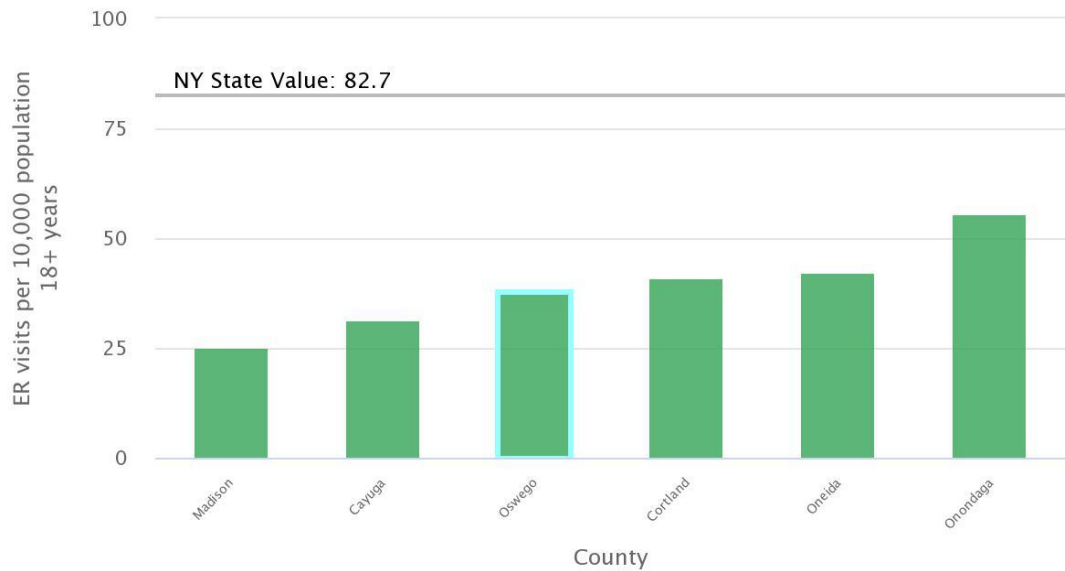
ER Rate due to Alcohol Abuse by Age  
County: Oswego



Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)

www.healthecny.org

Age-Adjusted ER Rate due to Alcohol Abuse



Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)

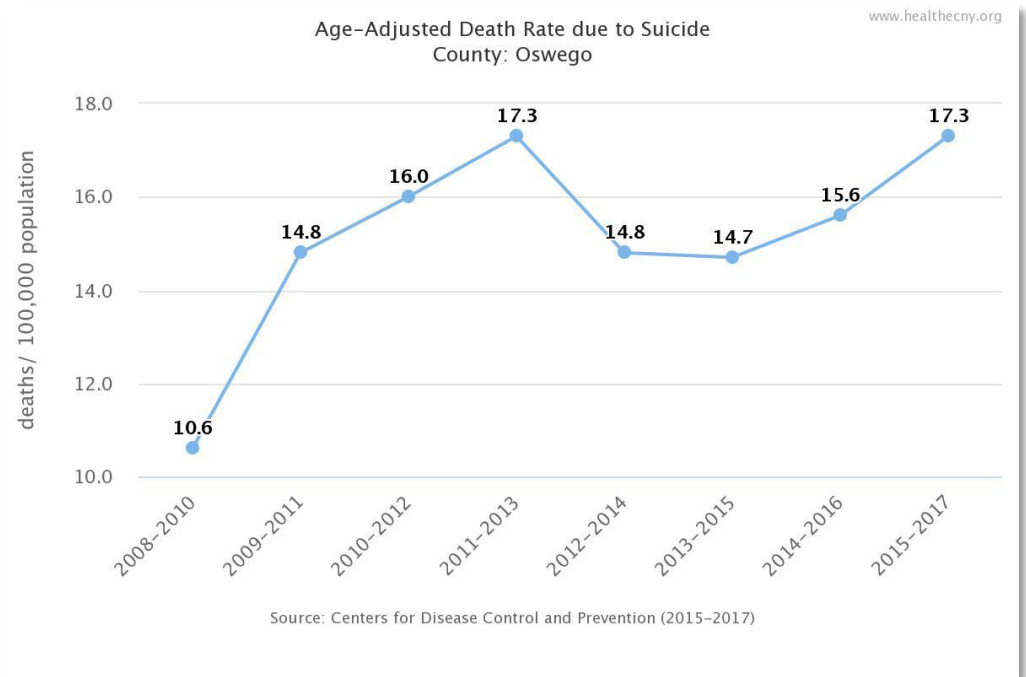
www.healthecny.org



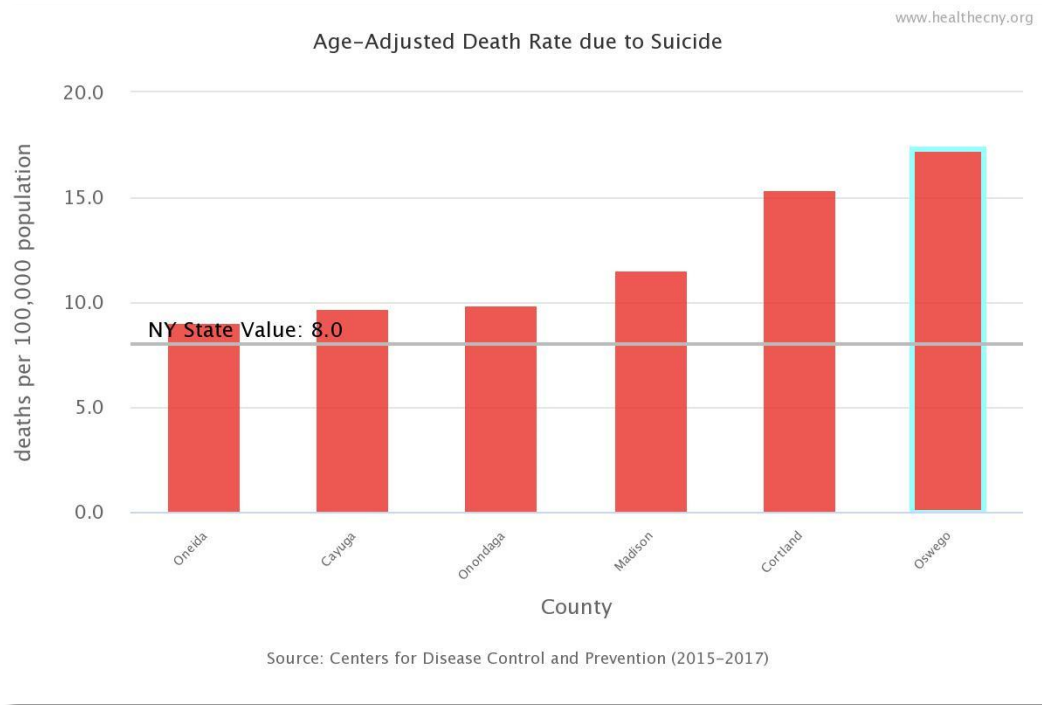
## Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because suicide is an indicator of poor mental health. It is estimated that for every suicide there are 25 attempts. The Oswego County death rate due to suicide is 17.3/ 100,000 is twice that of the New York State rate of 8.0/100,000 population and the highest in the CNY region. Suicide among adolescents is a serious public health issue in the United States. It is a leading cause of death for youth; approximately 4,600 lives are lost each year due to suicide. However, many more adolescents survive suicide attempts than die. Risk factors include depression, physical/mental illness, alcohol/substance abuse, incarceration, and loss or other stressful life events.

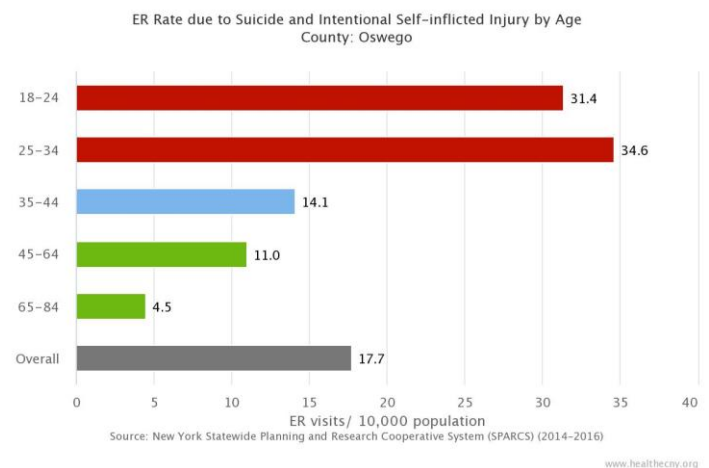
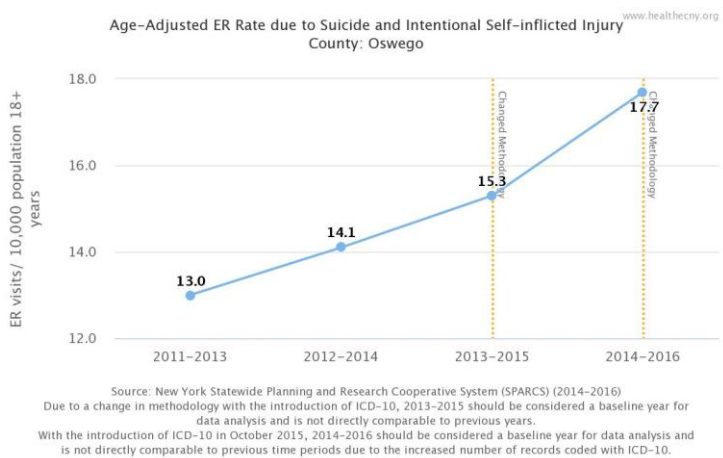
Studies show that addressing psychiatric illness through early recognition, intervention, and treatment is an effective way to combat suicidal behavior. Death rates due to suicide are trending upward. While the rate of ER visits due to suicide or intentional self-harm for those 18 years of age or over are lower than the New York State rate at 17.7 visits per 10,000 population compared to 18.0 per 10,000 population, there is a significantly higher rate of visits for those aged 18-34 years in Oswego County. The rates for adolescent ER visits, those aged 12-17 years are significantly higher than those in New York State. The adolescent ER visits due to suicide or intentional self-harm is 121.2 per 10,000 population compared to the state rate of 48.8 per 10,000. This is among the worst 25% of counties in New York State. Oswego County is seeing a rising trend in the number of mental health providers available. However, Oswego County along with most CNY counties still face a shortage of mental health professions.

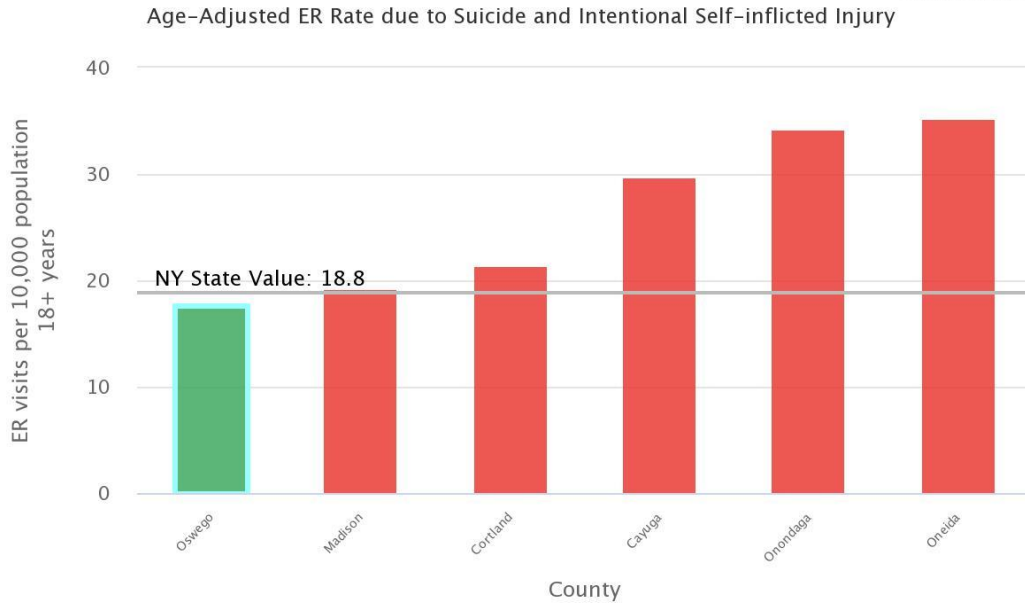


*This indicator shows the age-adjusted death rate per 100,000 population due to suicide.*

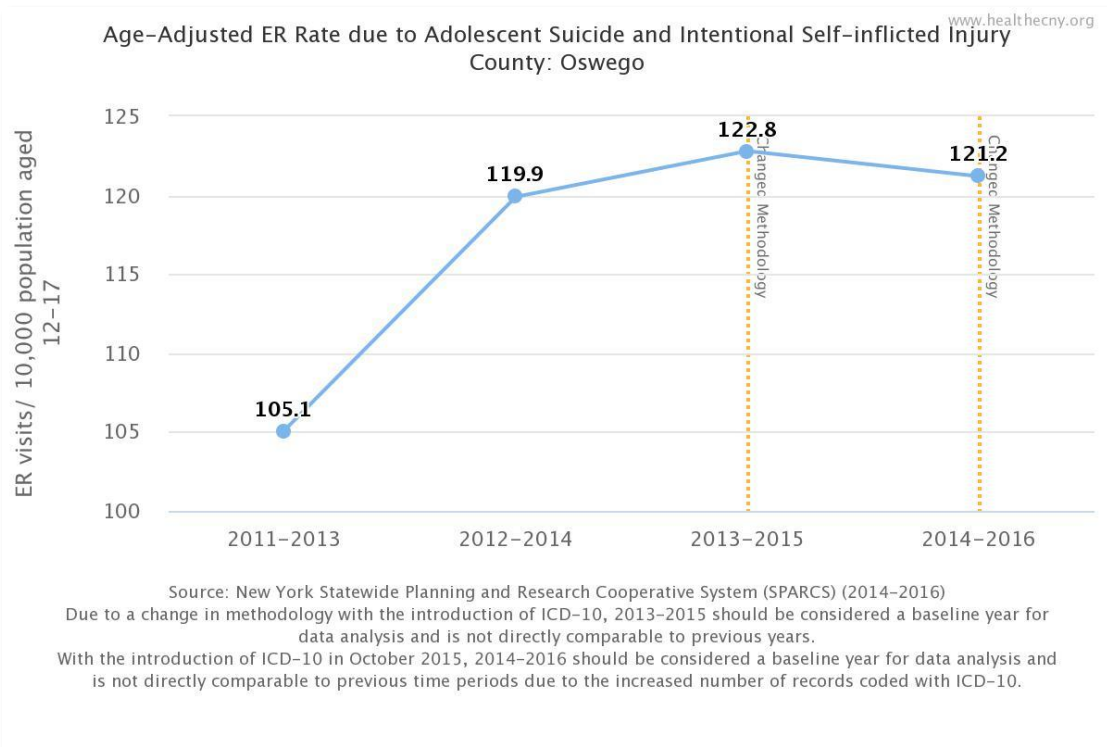


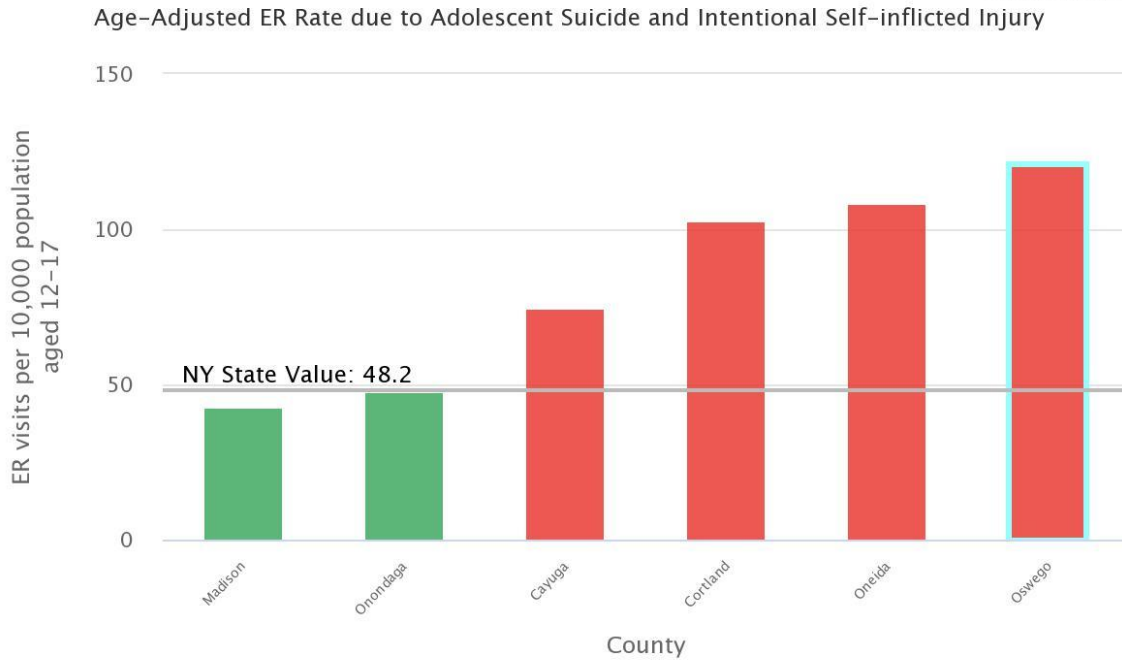
**There are 6 county values: The lowest value is 42.4, and the highest value is 121.2. Half of the values are between 47.7 and 107.9. The middle (median) value is 88.45.**





Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)



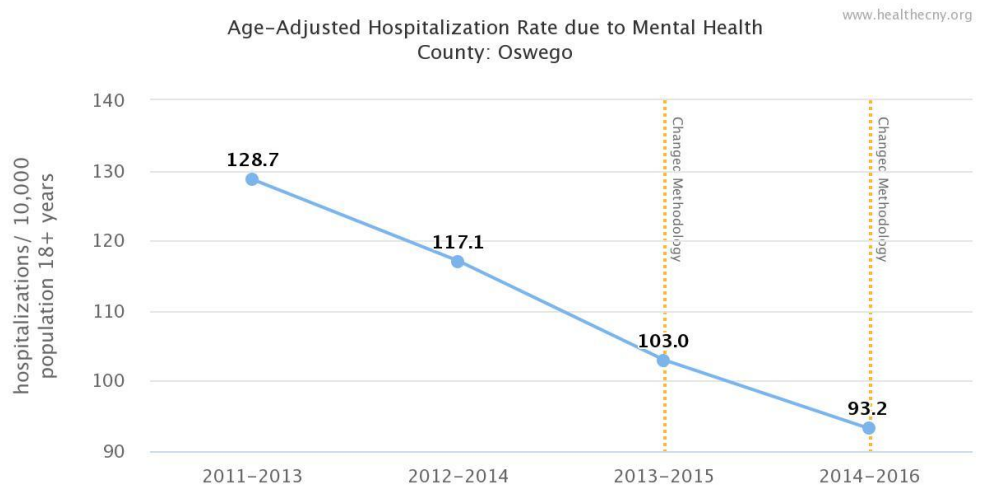


Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)

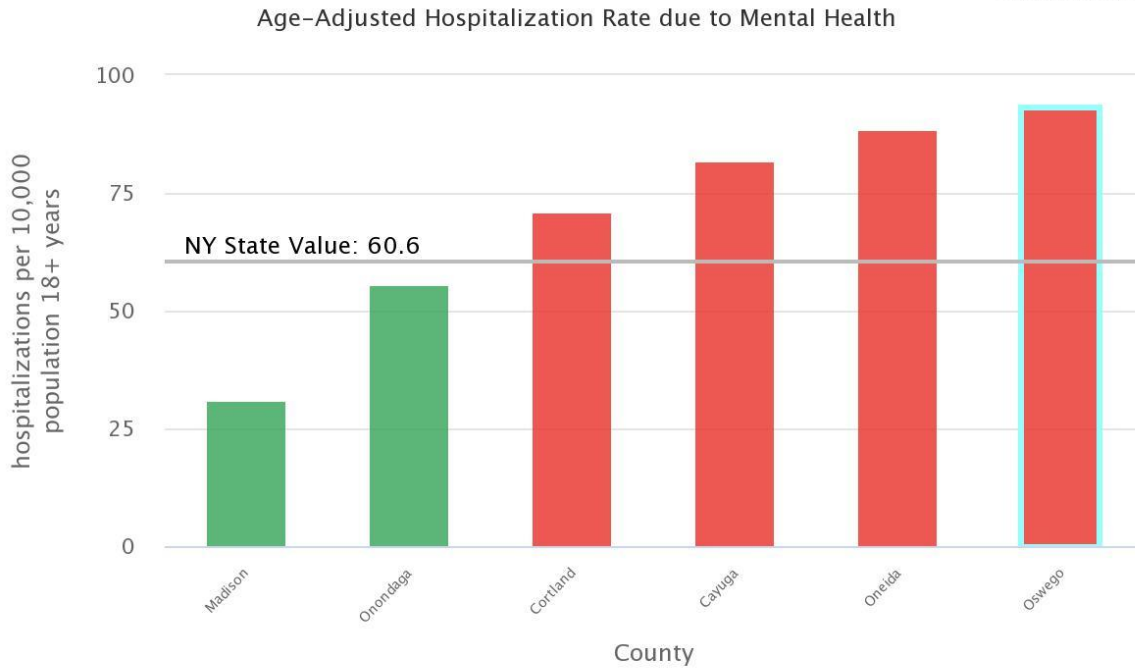
## Mental Health

Mental disorders are one of the leading causes of disability in the United States. Furthermore, unstable mental health can lead to suicide, which accounts for the death of approximately 30,000 Americans every year. An individual’s mental health is affected by a combination of factors, including biology (genes/brain chemistry), life experiences (trauma/abuse), and family history regarding mental health problems. Due to the complex interplay between so many factors, it is especially important to recognize early warning signs, such as too much or too little sleep, rapid weight loss or weight gain, lack of energy and motivation in talking to people or participating in usual activities, or feelings of helplessness. It is important to recognize and address potential psychological issues before they become critical,

particularly because the greatest opportunity for prevention is among young people. Oswego County see approximately 93 hospitalization per 10,000 population. This is above the New York State rate of 60 per 10,000 population. In addition, Oswego County see a significantly higher rate among young adults ages 18-34 years.



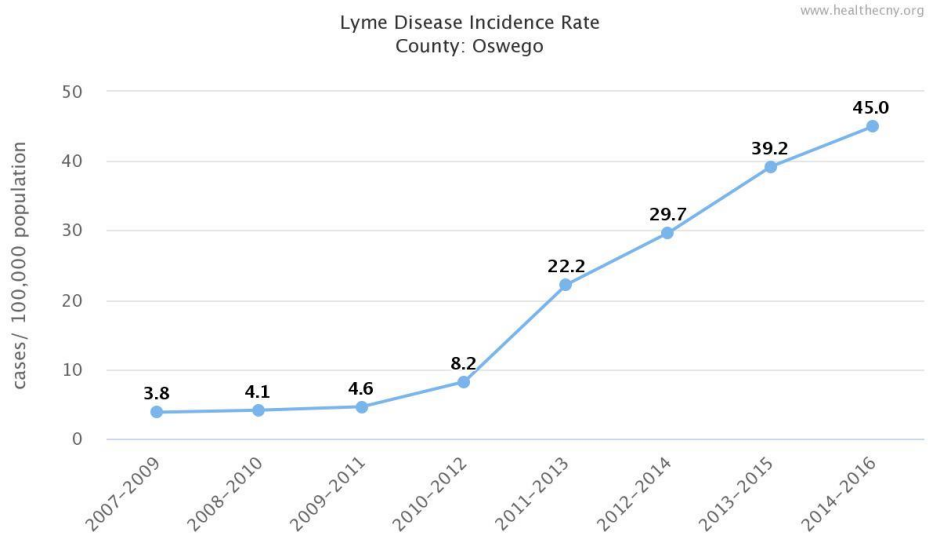
Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014-2016)  
 Due to a change in methodology with the introduction of ICD-10, 2013-2015 should be considered a baseline year for data analysis and is not directly comparable to previous years.  
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Source: New York Statewide Planning and Research Cooperative System (SPARCS) (2014–2016)

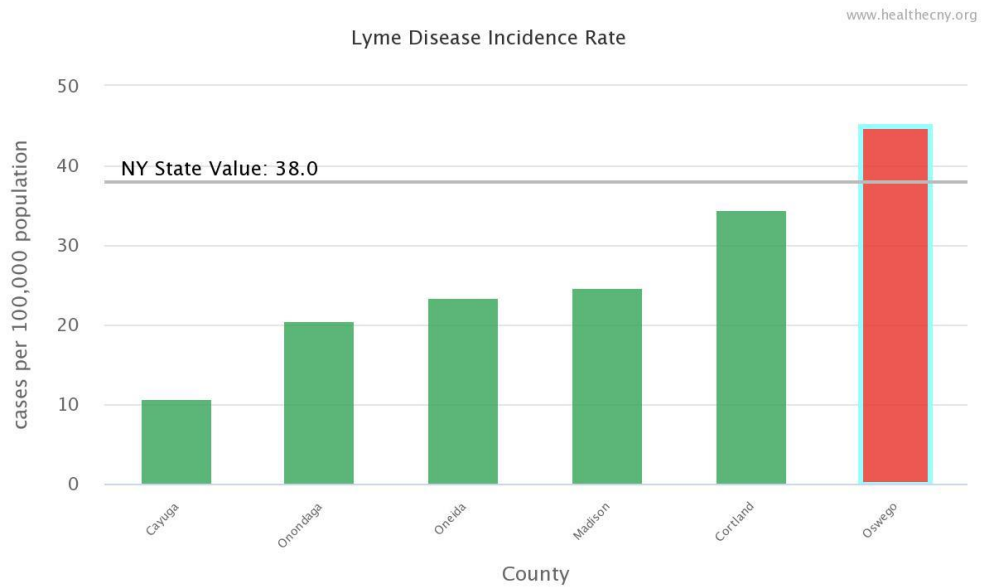
## Prevent Communicable Disease

The Oswego County Health Department investigates hundreds of cases of reportable disease, as is required by NYS Public Health Law. In 2018, the health department investigated 672. Some diseases that appear to be trending higher than in previous years include: chlamydia, gonococcal infections, and Lyme disease. Lyme disease is caused by infection with the bacterium *Borrelia burgdorferi*. Lyme disease is transmitted by the bite of an infected black-legged tick (*Ixodes scapularis*). According to the Centers for Disease Control and Prevention (CDC), the tick must be attached to the skin for 36 to 48 hours or more for bacterium transmission to occur. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migraines. If left untreated, infection can spread to joints, the heart, and the nervous system. Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics. The ticks that transmit Lyme disease can occasionally transmit other tickborne diseases as well. Lyme disease is the most commonly reported vector borne illness in the United States.



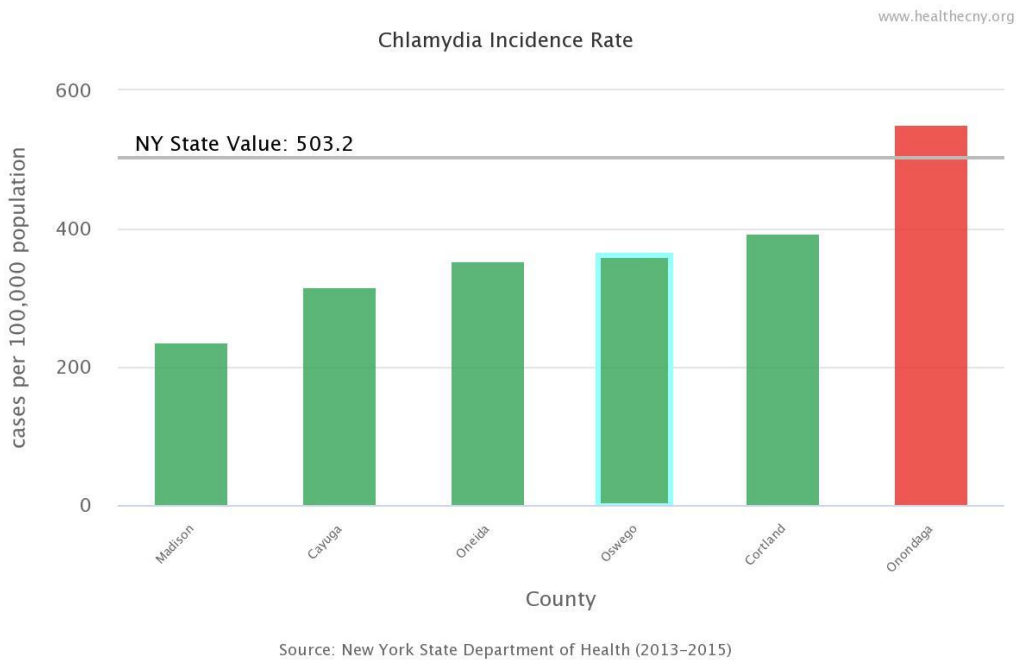
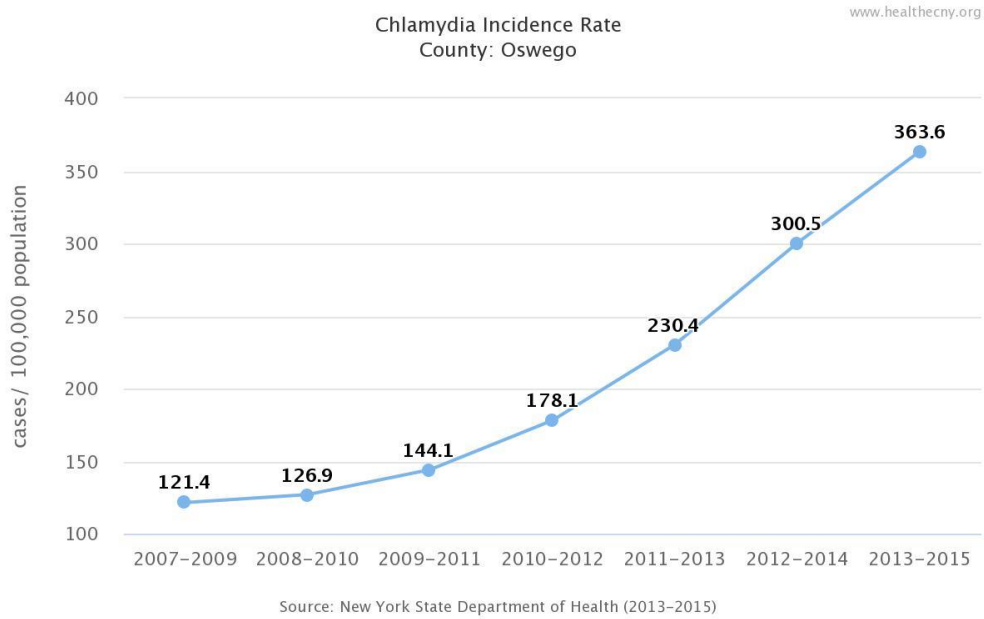
Source: New York State Department of Health (2014–2016)

Lyme disease is also a concern in Oswego County. Oswego County has seen a significant rise in cases. Oswego County Lyme disease incidence rate is 45 cases per 100,000 population. This rate is higher than neighboring counties in CNY and higher than the State rate of 38 cases per 100,000 population.

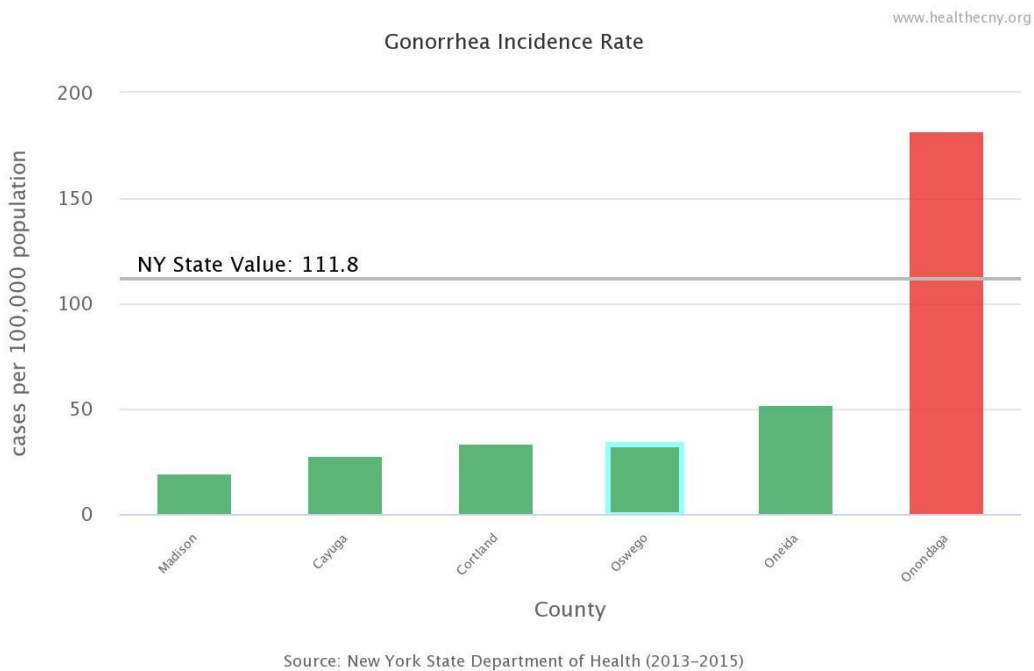
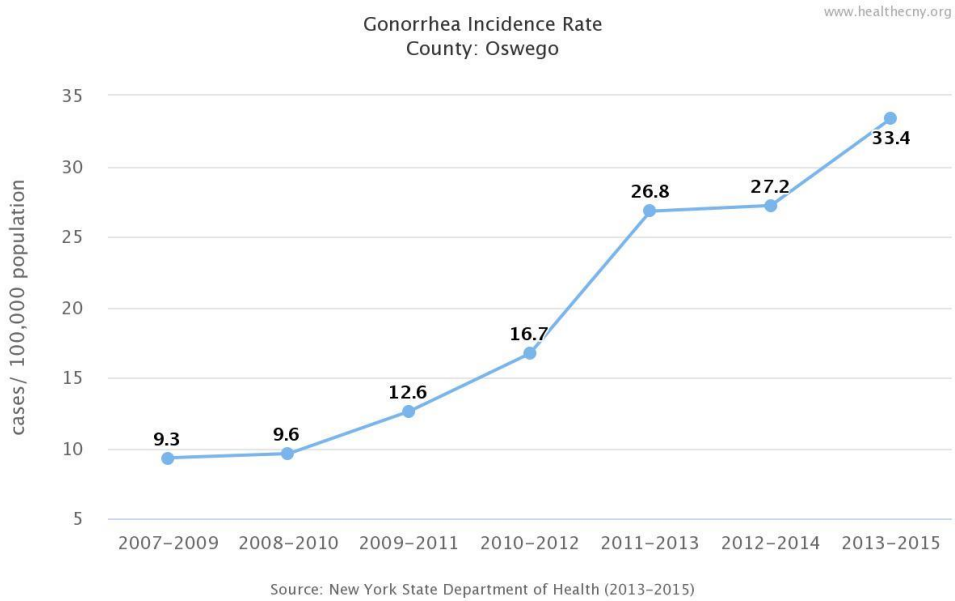


Source: New York State Department of Health (2014–2016)

While chlamydia incidence rates in Oswego County are lower than the state incidence rate, Oswego County’s rate has risen significantly over time. The incidence between years 2007-2009 was 121.4 cases per 100,000 population, which increased to 363.6 cases between years 2013-2015. This trend is consistent with other counties in Central New York.

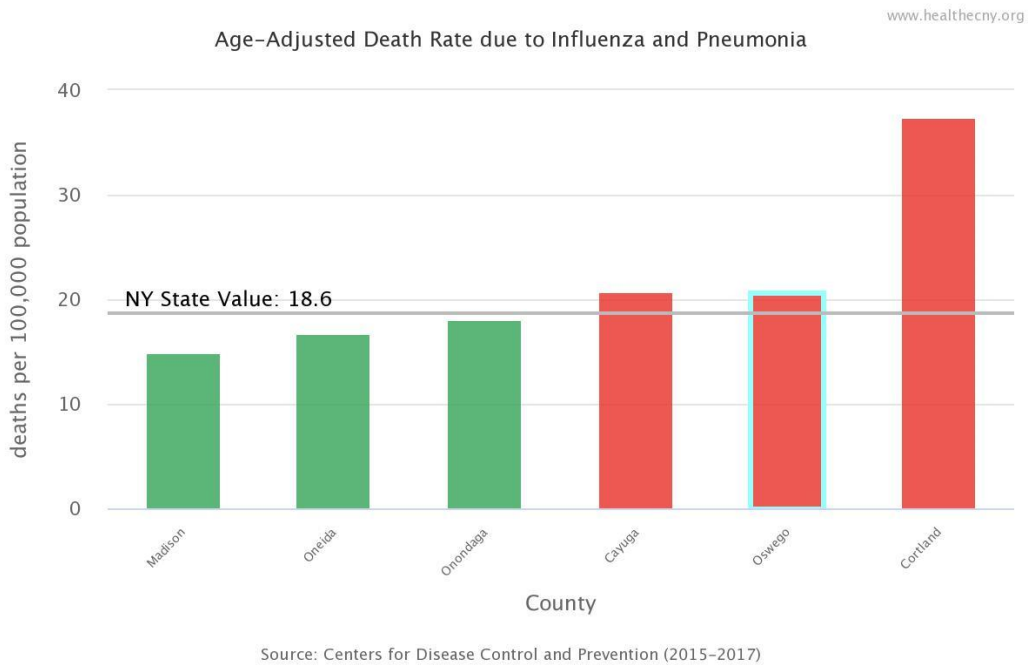
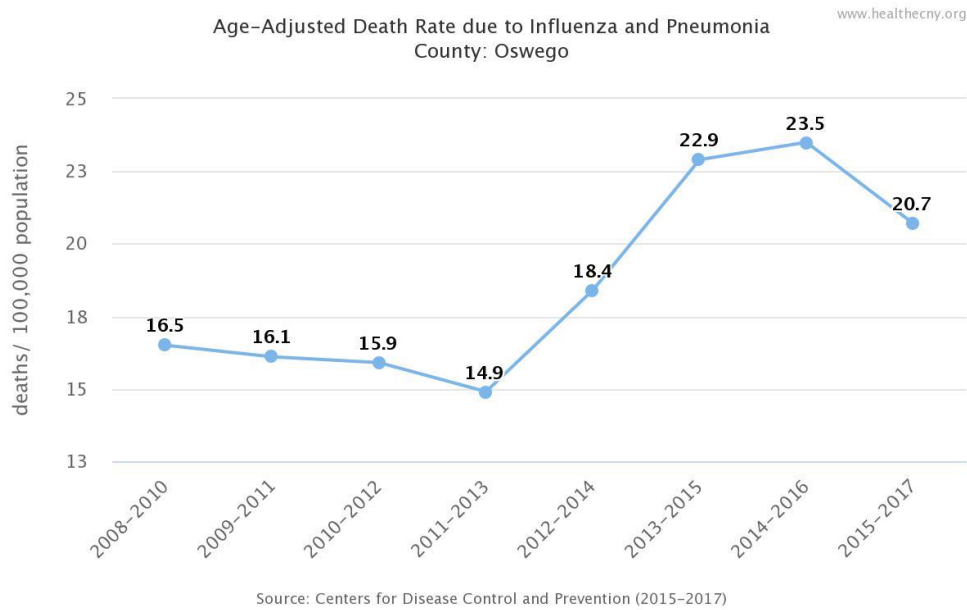


Gonorrhea incidence in Oswego County is lower than the state incidence rate. However, like chlamydia, over time the gonorrhea rate has increased significantly. Rising from 9.3 cases in 2007-09 to 33 cases in 2013-2015.





Deaths due to influenza can vary considerably from year to year given the strains of influenza viruses circulating and the efficacy of the influenza vaccine from year to year. Oswego County's deaths due to pneumonia and influenza are higher when compared to state and national rates. Oswego County has a death rate of 20.7 per 100,000 population, over time Oswego County has seen a slight rise in the death rate.



## **(Section 2): MAIN HEALTH CHALLENGES**

### **2a. Behavioral Risk Factors**

According to the County Health Rankings data published by the University of Wisconsin and the Robert Wood Johnson Foundation, Oswego County has ranked near the bottom of counties for health behaviors for the last three years, 58 in 2019, 60 in 2018, and 59 in 2017. Smoking (30.5%), obesity (32.5%), and binge drink (24.8%) fuel for chronic disease in the county. Substance use, suicide and self-inflicted injury, and risky sexual behavior are additional concerns.

### **2b. Environmental Risk Factors**

Oswego County is a largely rural county with almost 62% of the population living in rural areas. The northern and eastern-most portions of the county are also limited by geographic isolation and poverty. The area is often impacted by heavy lake effect snow, which can make travel by car dangerous and walking impossible.

Oswego County has also experienced effects of a changing climate. There has been an increase in the number of months with mild drought or worse, several months. An increase of extreme heat days has increased from 2014 to 2016 from 10 to 55. Extreme heat days are model-based and identified as days that the maximum temperature exceeds the 90<sup>th</sup> percentile of the average county daily maximum temperature for the county. The county has also an increase in extreme heat events, from 2 in 2014 to 9 in 2016. Extreme heat events are model based estimates where the maximum temperature exceeds the 90<sup>th</sup> percentile of the average county daily maximum temperature for the county for two or more days. The number of extreme precipitation days in 2016 (38) is declining, but not significantly, and Oswego County continues to have the highest number of extreme precipitation days compared to surrounding counties. Extreme precipitation days are a model-based estimate and defined by those days in which the daily maximum precipitation exceeded the 90<sup>th</sup> percentile threshold. Changes in climate can impact health in many ways including heat related illnesses and vector-borne disease.

There is limited access to public transportation and in most rural areas, roadways do not have sidewalks. According to the U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates, less than 1% of Oswego County's population uses public transportation to get to work. Approximately 9% of Oswego County households do not own a vehicle.

Oswego County is fortunate to have many beautiful natural resources. The shores of Lake Ontario, the Oswego River, Salmon River, and Tug Hill Plateau provide many areas to engage in outdoor physical activity. However, many of these are difficult to access without the use of a vehicle. According to County Health Ranking Data, only 6.8%% of Oswego County's population lives reasonably close to a park or recreational facility, compared to 92.9% across New York State. This is important because having access to recreation areas encourages physical activity and other healthy behaviors, and often walking or biking on rural roadways is not an option for families.

Food insecurity is an issue in isolated parts of Oswego County, with as much as 20- 50% of the population located in the northeast corner of the county living more than 10 miles from a grocery store. This percent drops to 8% for the county, which is better than the state average of 13% with low access to food. Across the county, 2.65% of the county’s low-income population has low food access, compared to 2.55% in New York State.

## **2c. Socioeconomic Factors**

Poverty appears to be an underlying factor in the several health challenges facing Oswego County. The county unemployment rate is 6.5%, and Oswego County has been impacted by higher than the state average for unemployment for some time. There has been an increase in median family income and increase in children living in poverty (23.7% as of 2010), and families living in poverty.

Just over 26% of Oswego County’s population receives Medicaid. This is above the state percent of 20.84%, and the national trend of 19.91%. Over one-third (35.87%) of the county population lives with an income at or below 200% of the poverty level (\$47,100 for a family of four). This is above the state (31%) and federal (32.69%) percentages. Almost 5% of the counties households receive cash assistance, general assistance and temporary assistance to needy families (not including SSI or SNAP).

Teen births also are relevant because teen parents often have several social, economic, and health service needs. In addition, high rates of teen pregnancy may indicate unsafe sex practices and increase risk of contracting and spreading sexually transmitted diseases. Oswego County’s teen birth rate is 27.9 births per 1,000 births.

Families in crisis are often not able to make lifestyle changes to promote good health. Poverty often creates barriers to accessing health care, obtaining healthy foods and other necessities to promote good physical, mental and emotional health.

## **2d. Policy Environment (smoke-free parks, menu labeling, zoning for walkable communities)**

In 2017, Oswego County enacted a tobacco free policy for all County properties. This includes vehicles parked on County properties. The City of Oswego has also adopted tobacco-free policies. SUNY Oswego became tobacco free in 2014, but all SUNY campuses followed suit in 2017. The implementation of New York State Tobacco 21 legislation is a welcomed policy. In 2019, the City of Oswego finished a “Complete Streets” project along State Route 104, which improved conditions for pedestrians and opened up access to walkways along the riverfront.

The City of Fulton is also, planning improvements with a Downtown Revitalization Initiative, which will help promote setting for healthy living. Both the Cities of Fulton and Oswego are supportive of neighborhood revitalization programs to build healthy vibrant neighborhoods for residents.

## **2e. Other Unique Characteristics of the Community That Contribute to Health Status**

Oswego County faces a unique challenge in adopting "evidence-based programs" while community collaboration produced two effective programs to address local issues. One program focuses on bridging community resources to clinical and social service agencies to help pregnant women quit smoking with small incentives. Over the four years, this program generated better than most published studies' quit rates. The collaborative was presented at regional, state, and national conferences and awarded the "Model Practice" by NACCHO in 2018. The second program is also a community partnership in which both Oswego Hospital and the local health department (LHD) are partners. The program delivers healthy eating knowledge to elementary school students and changes school cafeteria and classroom environment to encourage students to eat healthy. The project was piloted in two schools and has been promoted to all elementary schools by the Hospital and LHD. The survey of the program showed that students improved their knowledge and practices of healthy eating. The outcome of the study was published in an academic journal early 2019. Even these kinds of achievements from local ingenuity it is puzzling that the County was sometimes discouraged because those programs were not "evidence-based."

### **(Section 3): SUMMARY OF ASSETS AND RESOURCES**

Oswego County has a long history of successfully collaborating in order to meet the needs of its residents. Partnerships exist among various government organizations, healthcare providers, local human service providers, universities, school districts, and the business community.

#### **CONNEXTCARE**

ConnexCare is a Federally Qualified Health Services Center offering family and internal medicine, pediatrics, dentistry, behavioral health services, social work- operating health centers in Fulton, Mexico, Oswego, Parish, Phoenix, and Pulaski, and six school-based health centers located in the APW, Mexico, Pulaski and Sandy Creek School Districts. In addition, they provide dental services in the Pulaski and Fulton Health Centers. They are active members of the Rural Health Network and lead applicant of many grants used for the planning of the Oswego County Integrated Health Network. ConnexCare is a valuable partner in Public Health Emergency Planning activities, and advocates for health improvement across Oswego County.

#### **CORNELL COOPERATIVE EXTENSION OF OSWEGO COUNTY (CCE)**

CCE is a leader in nutrition education in Oswego County. They are a key participant in programs which addresses food insecurity, access to healthy foods, nutrition education, breastfeeding, and the impact a healthy diet has on health.

#### **INTEGRATED COMMUNITY PLANNING (ICP)**

ICP is a non-profit human service agency serving Oswego County. The agency consists of the Child Care & Development Council and the Traffic Safety Board. Their mission is to be a community resource agency to support and improve the quality of life for youth and families of Oswego County.

## OSWEGO COUNTY OB/GYN

Oswego County OB/GYN is the only provider of obstetrical/gynecological services in Oswego County, and delivers approximately half of all births in the county. The practice is willing to partner to find creative ways for reducing the smoking rate among pregnant women and reducing exposure to secondhand smoke among pregnant women and children.

## OSWEGO COUNTY OPPORTUNITIES (OCO)

The mission of OCO is to build partnerships to improve quality of life and create successful communities. They coordinate services in the following areas:

- Reproductive health
- OPTIONS
- WIC
- Nutrition services for seniors and summer food program for children
- Housing services for homeless, developmentally disabled, substance abuse
- Headstart
- RHN
- Cancer Services Program

## OSWEGO HEALTH

Oswego Health operates the only hospital in Oswego County and is a valuable partner in many health initiatives across the county. They are pursuing opportunities to expand healthy living workshops by having staff trained as peer leaders. The ability to have their discharge planning team refer patients to these workshops has the potential to increase the number of participants in this evidence-based program. The hospital also provides smoking cessation services to county residents.

## RURAL HEALTH NETWORK (RHN) OF OSWEGO COUNTY

The RHN is a leader in community mobilization in Oswego County. Advisory meetings bring together over a dozen community members inform and engage community organizations around issues of health and healthcare. Current initiatives supported by the RHN are:

- Oswego County Integrated Delivery Network
- Healthy Highway Program for Elementary Schools
- Step Up to Stop Falls
- Healthy Living Workshops
- Oswego Healthy Miles

## STATE UNIVERSITY OF NEW YORK AT OSWEGO

SUNY Oswego is a resource that Oswego County is attempting to utilize more often in public health activities. The university is willing to place interns with the Health Department, and faculty at the college have been willing to partner to assist with testing interventions and the development of strategies for health messaging. These links have been established through the Communications and Health Promotion and Wellness programs at SUNY Oswego.

## OSWEGO COUNTY SCHOOL DISTRICTS

School Districts have been integral partners in addressing community health concerns. They allow access to school facilities, students, staff and families in efforts to reach these populations with health messaging and education. They are valuable partners in the Healthy Highway Program, vaping crisis, promotion of handwashing and general hygiene, immunizations, and tick and mosquito bite prevention.

## OTHER POTENTIAL PARTNERS

- Chamber of Commerce
- Farnham Family Services
- United Way of Oswego County
- Rotary
- Elks
- Zonta
- RSVP
- Arise
- Public Libraries
- Primary Care Providers
- Shineman Foundation
- Cayuga Community College
- St. Luke's Health Services
- Catholic Charities
- Oswego City-County Youth Bureau
- Oswego County Office for the Aging
- Oswego County Emergency Management

## **C. Community Health Improvement Plan/Community Services Plan**

### 1. Identification of Priorities

#### **A. Prevent Chronic Disease**

##### Healthy Eating and Food Security

Goal 1.2 Increase skills and knowledge to support healthy food and beverage choices

##### Physical Activity

Goal 2.3 Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity

##### Tobacco Prevention

Goal 3.2 Promote tobacco use cessation

##### Preventive Care and Management

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

Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

Goal 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

## **B. Promote Well-Being and Prevention Mental and Substance Use Disorder**

Prevent Mental and Substance Use Disorder

Goal 2.2 Prevent opioid and other substance misuse and deaths

## **C. Promote Healthy Women, Infants and Children**

Goal 3.3 Reduce dental caries among children

### COMMUNITY ENGAGEMENT PROCESS

1. Oswego Health: Community Health Needs Assessment 2018 conducting June 10 to July 10th, 2018
  - a. Total of 296 online surveys responded
  - b. 12 in-depth individual surveys with those in key leadership positions in Oswego County
  - c. Key findings of needs
    - i. Least available health services
      1. Treatment for mental health problems
      2. Treatment for substance and alcohol use
      3. Suicide prevention
2. Oswego County Health Department Strategic Planning focus groups, October 2018
  - a. 6 focus groups with staff
  - b. 2 focus groups with advisory groups (Board of Health and Professional Advisory Committee)
  - c. Key areas of need
    - i. Smoking and Substance use
    - ii. Obesity, fitness, and nutrition
    - iii. Mental health issues
3. Oswego County Health Department Strategic Planning Stakeholders Survey, January 2019
  - a. 57 respondents
  - b. Unmet needs in the community
    - i. Transportation (56%)
    - ii. Mental health services (47%)
    - iii. Employment (36%)

- iv. Substance Use (35%)
- v. Safe and affordable housing (31.5%)

#### 4. NYS Maternal and Child Health Needs Assessment Workgroup

##### Listening Session Report, REACH CNY, Inc., September 2019

- a. 40 participants, women ages 16-42 years, variety of income level but primarily had Medicaid as insurance source.
- b. Key to keeping yourself and family healthy and safe
  - i. Concerns about needle litter
  - ii. Need for substance use treatment centers/inpatient treatment
  - iii. Food pantries and access to healthy foods
  - iv. Geographic isolation/transportation
  - v. Homeless services/housing

Review of feedback from community engagement activities, progress made on past priorities, and review of the most current data was used in determining priorities for 2019-2021. Survey and discussion with engagement participants encompassed a wide range of stakeholders: including community members, volunteers, staff, elected officials, healthcare providers, and financial organizations. Oswego Health distributed the findings of the Community Health Needs Assessment 2018 by posting on the Oswego Health website and providing copies for distribution. Oswego County Health Department shared findings of the Strategic Planning focus group and survey results with staff, elected officials, and advisory groups.

#### PROGRESS AND IMPROVEMENT TRACKING/PROCESS MEASURES:

Meeting will be held at least quarterly to review progress made on the Community Health Improvement Plan/Community Services Plan. This team will convene at Oswego Hospital and be comprised of members from Oswego Health, Oswego County Health Department and relevant community stakeholders. Process measures used will be those outlined in the Community Health Improvement Plan/Community Services Plan work plan.

#### DISTRIBUTION OF EXECUTIVE SUMMARY

Oswego County Health Department will post the executive summary on the Oswego County website [www.oswegocounty.com/health](http://www.oswegocounty.com/health). The summary will also be shared with legislative committees and advisory groups. Oswego Health will also post the entire report on their website [www.oswegohealth.org](http://www.oswegohealth.org).





Oswego Hospital/Oswego Health  
110 W. 6th Street, Oswego, N.Y. 13126  
315-349-5511



Oswego County Health Department  
70 Bunner Street, Oswego, N.Y. 13126  
315-349-3540