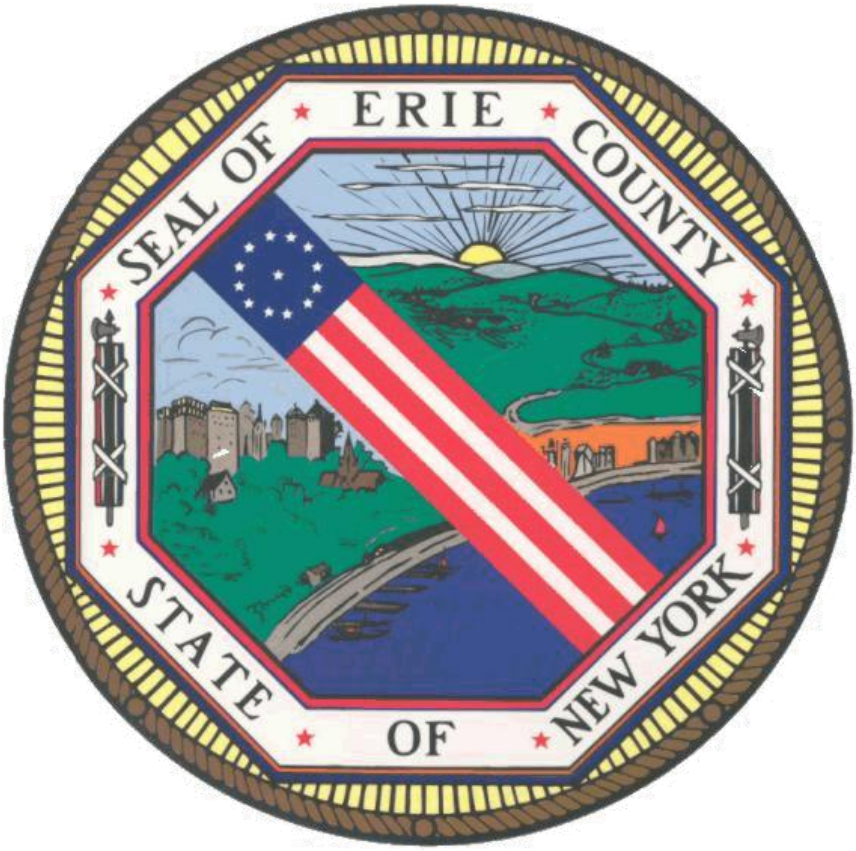
Erie County, New York

2014 - 2017
Community Health Assessment



The mission of the Erie County Department of Health (ECDOH) is to promote and protect the health, safety, and well-being of Erie County residents through active prevention, education, enforcement, and advocacy.

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Commissioner of Health

ACKNOWLEDGEMENTS

Thank you to all of our collaborators, the information in this document would not be possible without the support and contribution of our valued partners in the community as well as the authors of previously produced documents.

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Section One - Populations at Risk

Demographic Information

Erie County is the largest metropolitan county in upstate New York with a population of 918,028 and covering 1,044 square miles. Erie County is located in western New York, bordered to the west by Lake Erie and the Niagara River, and shares an international border with Canada. Several bridges span the Niagara River and provide convenient access and trade for residents of the United States and Canada. Niagara County lies to the north, Genesee and Wyoming Counties to the east, and Cattaraugus and Chautauqua Counties are to the south. There are three cities in the County. Buffalo is the second largest city in the state and the largest city in the region with a population of 261,025. Buffalo serves as the County seat. In addition, there are 16 villages, 25 towns, and two Native American Indian reservations within the County.

(www.buffalo.edu)

Erie County is largely an urban County with the majority of the population living within the cities and surrounding communities. This being said, there is also a significant rural population that resides outside the first and second ring suburban areas whose needs are addressed differently due to sheer geographic distances.

The population of the County has been fluctuating over the past decade. In 2000 the population of Erie County was 950,265. This represents a 3.9% decrease from 2000 to 2007. The City of Buffalo had a population decline of 6.9% from 2000 to 2007. It is interesting to note that in 2005 there was a shift in population from the City of Buffalo to the suburbs, but by 2007 the population was also decreasing in the suburbs. People had been leaving the County completely. Since 2007, there has been a slight increase in the county's population, but the 2011 population is still significantly smaller than the 2000 estimate.

The population of the City of Buffalo has continued to decrease by an additional 4.3% from 2007 to 2011. According to the US Census 5.3% of the Erie County population are under the age of five, 21.6% are under the age of 18 and 15.7% are age 65 or over. Compared to New York State and National age distributions, the County has slightly lower percentages of young people and a higher percentage of people 65 and older. This comparison does not hold with the City of Buffalo distribution. In Buffalo 23.6% are under the age of 18, which is very similar to both New York State (22.3%) and USA (24.0%). The percent of persons

age 65 and over in the City of Buffalo is lower than the County (15.7) and New York State percentages (13.5).

In Erie County 50.7% of the population is female and 49.3% of the population is male. This distribution is very similar to the United States distribution, but the New York State distribution is 48.4% male and 51.6% female. In the City of Buffalo there is a higher percentage of females (52.1%) and lower percentage of males (47.9%).

77.7% of the Erie County population is non-Hispanic Whites, 13.0% non-Hispanic African Americans, 4.5% Hispanic, 0.6% American Indian/Alaska Native, and 2.6% Asian. With deeper examination of the demographics of the County, there are significant differences in the racial composition of the City of Buffalo as compared to the rest of Erie County. The City of Buffalo is characterized by a much higher percentage of African Americans (37.4%) and Hispanics (10.5%) The west side of Buffalo is home to a large immigrant and refugee population where there are 29 ethnicities and a minimum of 31 languages and dialects spoken. Just south of Buffalo lies Lackawanna, New York, which is home to a large Arab American community, many of whom do not speak English. According to the 2011 American Community Survey, more than 10% of Erie County residents speak a language other than English in their homes.

The median household income in Erie County is $48,805. The median earnings for male full-time workers is $50,062. The median earnings for female full-time workers is $37,639. This is 25% less than that of males leading to further disparities in health due to sustained economic depression.

Equity in pay between genders is an ongoing issue, Erie County continues to keep this on the radar through efforts of the Erie County Commission for the Status of Women. The Commission was established by a unanimous vote of the Erie County Legislature in 1987 to remove gender based inequities for women. In 1988, the Commission became a department of Erie County government.

As noted on their website; www.erie.gov/csw :

- Women comprise 52% of Erie County's total population, 48.7 percent of its labor force, 61% of senior citizens, and 54 percent of the county's registered voters.
- As of 2002, 27.1 % of small businesses in Erie County were women–owned.
- Median weekly earnings for women working full-time is $638.00 vs. $798.00 for men
- 29.9% of families in Buffalo live in poverty with over 63% of families having women as head of household.
- Approx. 1,000 children are born each year to mothers without a high school diploma.
- 25% of women in Erie County do not receive prenatal care and this number is increasing
- 5.4% of pregnancies are to teenage mothers in Western New York.
- In Erie County in 2008, more than 7,100 incidents of domestic violence were reported to law enforcement.

- Of the 100,000 veterans returning from service in Erie County, approx 3,000 of them are women
- Of the returning women veterans, 40% have mental health issues including depression, Post Traumatic Stress Disorder and Military Sexual Trauma.

For all families in Erie County, 10.5% are below the federal poverty level. For families with children under 18 years of age, 17.9% are below the poverty level. For families with children under the age of 5, 22.5% are below the poverty level. The likelihood of families living below the poverty level is compounded for female headed families that do not have a husband present. Ten percent of families in Erie County have a female head of household with no husband present and 30.4% of these families are below the poverty level. For these families with children under 18 years of age, 41.6% are below the poverty level and 53.0% of these families with children under the age of 5 are below the poverty level. This correlates with the lower earning potential of women over all in Erie County as evidenced by the difference in males and females median reported income..

Erie County's per capita income in 2007 was $27,366. In the City of Buffalo, poverty is significantly more prominent. In Buffalo the median household income is $30,230, nearly $20,000 less than the County as a whole, and the per capita income is $20,072, more than $7,000 less than the County. In Erie County 14.2% of all residents are below the federal poverty level, which is very similar to the percent for New York State (14.5%). In the City of Buffalo, 29.9% of residents are living below the poverty line.

Erie County historically has been a blue collar community with the steel industry being a primary source of employment for many residents. During the 1980's many companies including Bethlehem Steel and Republic Steel, two of the largest employers in the County, closed the majority of their operations and laid off a preponderance of their workforce. As those factories/facilities closed, people took lower paying jobs or left the area all together.

The primary industries in Erie County have since shifted from blue collar manufacturing industries to service industries. The number of manufacturing jobs fell from over 67,742 in 2000 to 47,681 in 2011. Conversely, in 1975 there were approximately 67,000 jobs in the service industry compared to over 200,000 service industry jobs in 2011.

Employment in Erie County by industry and occupation is listed in the following table.

Industry	Population	Percentage
Educational Services, and health care and social assistance	119,809	27.7
Manufacturing	47,681	11.0
Retail Trade	49,649	11.5
Professional, scientific, management, administrative, and waste management services	42,803	9.9
Arts, entertainment, recreation, accommodation and food services	37,974	8.8
Finance, insurance, real estate, and rental and leasing	32,591	7.5

Occupation	Population	Percentage
Management, business, science, and arts occupations	160,774	37.2
Sales and office occupations	116,936	27.0
Service occupations	77,598	17.9
Production, transportation, and material moving occupations	49,493	11.4
Natural resources, construction, and maintenance occupations	27,934	6.5

Both Tables above data obtained from the American Community Survey, 2007-2011 5 year estimates

In New York State the unemployment rate was estimated at 8.2% in 2011. Erie County's unemployment rate during the same time period was similar to the state level at 8.0%. The City of Buffalo's unemployment rate was higher than both the County and NYS at 13.0%. The table below shows the percent of people who were unemployed in Erie County during the end of 2012 and the beginning of 2013.

TIME PERIOD	UNEMPLOYMENT RATE
August 2012	8.2%
September 2012	8.1%
October 2012	7.9%
November 2012	7.6%
December 2012	8.2%
January 2013	9.3%
February 2013	9.0%
March 2013	8.2%
April 2013	7.5%

In response to the abysmal graduation rates in the city of Buffalo and the high rates of unemployment and involvement in criminal activities by the school aged youth the Buffalo Public School System, the City of Buffalo, the County of Erie, assorted philanthropic foundations and many community based organizations.

According the Say Yes to Buffalo website:

"Say Yes Buffalo is a landmark collaboration that brings the Buffalo Public School District, the Buffalo Teachers' Federation, the Buffalo Association of Administrators and Supervisors, the City of Buffalo, Erie County, Say Yes to Education, Inc., and a diverse group of Buffalo area corporate, non-profit, and philanthropic organizations together to organize people, time, money and resources to provide holistic, year-round support to Buffalo Public School District students throughout their K-12 years and beyond. Say Yes Buffalo and its partners believe every student can graduate high school and college when given the proper supports, resources, and opportunities.

Say Yes Buffalo provides comprehensive supports, including locally funded tuition scholarships to one of nearly 100 colleges and universities for those who meet residency, graduation and admission requirements. These supports are aligned with what research indicates is needed to enable every child in the program to achieve his or her potential."

Updates and more comprehensive information can be accessed at:
http://buffalo.sayyestoeducation.org

Of persons over the age of 25, the following table demonstrates the educational level achieved in New York State, Erie County and the City of Buffalo. Erie County has higher high school graduation rates than the State, but in the City of Buffalo the rates are noticeably lower. Completion of higher education is lower in the County than in New York State, and even lower in the City of Buffalo. It should be noted that there are a number of zip codes in the City of Buffalo that have extremely low high school and higher education graduation rates. There is a direct correlation to rates of unemployment, crime and poverty when this data is looked at simultaneously.

Demographics and Educational Level of Residents	NYS	Erie County	Buffalo
High School Graduates	84.6%	88.8%	81.1%
Bachelor's Degree or Higher	32.5%	29.8%	22.6%

Erie County's total school enrollment was 244,719 in 2011. Nursery school and Kindergarten enrollment accounted for 10.4%, and Elementary and High School enrollment was 57.8%. Within the city of Buffalo there were approximately 78,868 students enrolled in local schools in 2011.

Housing costs in Erie County are among the lowest in the northeast. In 2011, the median mortgage cost to homeowners was $1,299 per month. The median monthly cost for housing units without a mortgage was $516 and the median monthly cost for renters was $704. Housing stock in Erie County is aging, particularly in the City of Buffalo. It should be noted that Erie County was not affected by the housing boom and the subsequent housing bust experienced in the rest of the country. Housing costs in this region have remained relatively stable over the past decade. While the County and region did not enjoy the sharp increases in housing values, they also did not have the rapid decline in value or the high foreclosure rates seen in many other parts of the country.

There are, on average, 10,000 births each year in Erie County. The annual birth rate in Erie County (10.6per 1,000) was slightly lower than in New York State (11.0 per 1,000) in 2010. This is consistent with the difference between Erie County and New York State since 2003. Since 2003 the birth rate has remained relatively stable over time for both Erie County and New York State. The rate of low birth weight in Erie County has remained relatively stable from 2010 to 2013, at approximately 8.3% each year in this time period. This rate is similar to New York State's rate but is slightly higher than the Healthy People 2020 target of 7.8% In 2009 Erie County had higher rates per 1,000 of infant deaths (7.5), neonatal deaths (4.9) and post neonatal deaths (2.6same) than reported in the State as a whole. Erie County's higher rates for these occurrences have remained consistent since 2003.

The following table shows morbidity data for Erie County for 2008 to 2010.

Disease Morbidity	2008 Cases	2009 Cases	2010 Cases	3 yr average rate	State rate
AIDS Cases	58	60	56	6.4	17.6
Early Syphilis	11	6	11	1.1	12.8
Chlamydia Incidence – Males	1,293	1340	1354	302.1	305.1
Chlamydia Incidence - Females	3430	3650	3726	761.8	644.6
TB Incidence	16	14	11	1.5	5.4
E.coli O157 Incidence	12	3	5	0.7	0.6
Meningococcal Incidence	2	2	1	0.2	0.2
Pertussis Incidence	10	15	27	1.9	3
Lyme Disease Incidence	8	14	15	1.4	42.4

The average AIDS case rate per 100,000 between 2008 and 2010 is much lower in Erie County than in New York State (17.6). One must remember though that since 2003 the State rates have been on the decline. In 2003 the rate in New York State was 28.4 per 100,000 and it has fallen every year to the current 3 year average of 17.6. In Erie County, the rate has shown a significant increase from 2003 to 2007, with 2007 being the highest rate reported in this time period and with the rate falling slightly since then.

While Early Syphilis rates per 100,000 are significantly lower in Erie County than rates in the State, Chlamydia incidence rates are sharply higher than the State for females. Rates of TB incidence and Lyme Disease are significantly lower in Erie County than in New York State as a whole.

The mortality rate overall in Erie County is much higher than the State rate (1029.5 per 100,000 for Erie County vs. 741.4 per 100,000 in New York State in 2009.) Mortality rates for lung cancer for men and women, breast cancer, cerebrovascular disease, diseases of the heart, homicides, and cirrhosis are all much higher in Erie County than in New York State. The following table provides mortality rates per 100,000 for selected indicators for New York State and Erie County from 2006 through 2009.

RATES PER 100,000 POPULATION	2006 RATES		2007 RATES		2008 RATES		2009 RATES	
	state	**county**	**state**	**county**	**state**	**county**	**State**	**county**
Total deaths	765.6	1019.1	757.9	1040.0	756.6	1036.4	741.4	1029.5
Lung cancer (total)	47.6	71	48.3	70.8	47.1	69.2	45.6	67.2
Lung cancer (male)	52.5	80.3	52.2	0.2	50.8	72.8	49.4	70.5
Lung cancer (female)	43	62.3	44.6	67.2	43.6	66	42	64.1
Breast cancer (female)	27.3	36	27.3	44.1	26.3	32.5	26.4	37.6
Cervical cancer	2.8	2.1	3	1.9	2.5	2.1	2.5	1.5
Cerebrovascular disease	32.7	58.6	30.5	55	30.2	60.3	29.8	56.5
Diseases of the heart	260.3	278.2	255.5	275.8	252.1	272.8	237	252.7
Homicides	4.9	8.8	4.3	6.5	4.4	4.9	4.1	7.6
Suicides	6.7	7.6	7.1	8.3	7.1	8.8	6.4	8.1
Unintentional injury	23	22.4	25.5	24.2	25.6	29.7	21.8	29
Motor vehicle	7.9	7.7	7.3	6.7	6.4	7.1	6	6.7
Non-motor vehicle	15.1	14.7	18.2	17.5	1932	22.5	15.9	22.3
AIDS	7.5	3.4	6.9	3.1	6.4	2.1	5.5	2.9
Cirrhosis (liver)	6.2	9.6	6.7	11.1	7	9.3	6.5	9.1

Health disparities are evident in many areas of Erie County for a variety of contributing factors. Socioeconomic generational strife leads to significantly poorer health outcomes. Within Erie County there are zip codes with significantly lower socioeconomic status than the county as a whole. These zip codes are primarily within the City of Buffalo. To illustrate this historically, 73% of the Erie County Department of Health clinic patients come from five zip codes in the City of Buffalo. These five zip codes are 14204, 14206, 14211, 14212, and 14215.

The following table is based on 2011 census data. Unemployment is significantly higher in these zip codes than in the County, New York State and nation. Median household income and per capita income are about half of Erie County income levels in three of five of these zip codes. Race and ethnicity distributions are also very different in these zip codes as compared to Erie County, state, and national percentages, this too being one of the leading indicators looked at when assessing for health disparities.
High school graduation rates are also much lower in these five zip codes as compared to the County as a whole. The largest public school system in the county, the Buffalo Public School System serves as the primary source of education for residents residing within these zip codes. Buffalo Public Schools as a whole has one of the lowest graduation rates in the state also contributing to the divide in health outcomes within the residents of the zip codes

referenced.

Characteristic	US	NYS	Erie	Buffalo	14204	14206	14211	14212	14215
% In labor force	64.8%	63.8%	63.3%	59.9%	55.9%	60.0%	55.0%	53.9%	59.3%
Median Household Income	$ 52,762	$ 56,951	$ 48,805	$ 30,230	$ 20,355	$ 32,777	$ 23,949	$ 26,677	$ 31,383
Per Capita Income	$ 27,951	$ 31,796	$ 27,366	$ 20,072	$ 17,251	$ 19,494	$ 14,686	$ 15,014	$ 17,048
% Families Below Poverty	10.5%	11.0%	10.5%	26.1%	42.5%	16.1%	31.4%	27.6%	27.2%
% Individuals Below poverty	14.3%	14.5%	14.2%	29.9%	40.4%	20.9%	37.3%	34.5%	28.6%
% Black	13.6%	17.2%	14.5%	40.6%	76.9%	11.7%	79.1%	43.9%	82.5%
% Hispanic	16.3%	17.6%	4.5%	10.5%	9.1%	4.6%	3.6%	2.6%	3.3%
% White	74.8%	67.9%	81.5%	52.8%	20.3%	86.7%	18.8%	51.3%	16.0%
Not High School Graduate %	14.6%	19%	11.1%	19%	22.4%	19.4%	23.7%	27.2%	15.5%

Analysis of demographic trends as they relate to poor health and need for public health services indicates that where poverty is the highest, poor health outcomes are the greatest. Disparities in the community, whether we look at race, ethnicity, education, or socioeconomic statuses are all evident within these zip codes. Health outcomes are significantly poorer than those of the county as a whole.

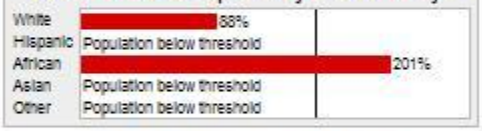
This is supported by the Preventive Quality Indicator zip code data and US Census zip code level data. For example, zip code 14215 has significantly higher poverty rates than many other areas in the City of Buffalo and Erie County. The PQI data for zip code 14215 shows that hospital admissions are 150% of what would normally be expected in that zip code. Additionally, there is a significant racial disparity, with African Americans' hospital admissions at 210% of what was expected for this population, whereas the White population experienced a hospital admissions rate of only 55% of what was normally expected.

These findings are very similar in zip codes 14211, 14206, and 14212 where poverty is also higher than in other areas of Buffalo and Erie County. Data provided is for all medical conditions in zip codes 14211 and 14215.

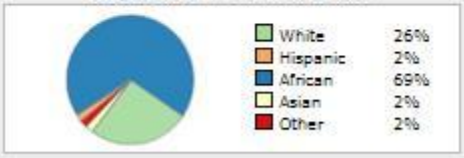
Hospital Admissions in Selected Area: **Area** 14211

Area Population (age 18 and older, average of 2008 and 2009)	18,050
Admissions for Condition	421
Area Rate	2,335
Admissions as % Expected	153%
Statewide Rate	1,563
Area Rate Adjusted for Age & Sex	2,395

Admissions as % Expected by Race/Ethnicity[1]



Population in Selected Area



Notes

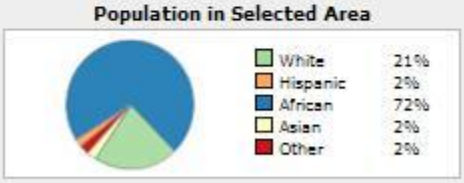
1. Race/ethnicity information missing on 0% of relevant hospital discharge records. Vertical line shows the area-wide result.

Hospital Admissions in Selected Area: **Area** 14215

Area Population (age 18 and older, average of 2008 and 2009)	29,185
Admissions for Condition	616
Area Rate	2,111
Admissions as % Expected	150%
Statewide Rate	1,563
Area Rate Adjusted for Age & Sex	2,341

Admissions as % Expected by Race/Ethnicity[1]

Population in Selected Area



Notes

1. Race/ethnicity information missing on 0% of relevant hospital discharge records. Vertical line shows the area-wide result.

Health Status Information

Basic Service Area: Family Health

Dental Health Education

1. HEALTH/VITAL STATISTICS

The New York State Department of Health and Centers for Disease Control and Prevention established a surveillance system for monitoring oral health status, risk factors, workforce, and the use of dental services. To collect data on tooth decay or dental caries in children, the New York State Department of Health assisted Erie County in conducting a survey of 3rd grade children. The results of this survey were published by the New York State Department of Health in "Oral Health Status of Third Grade Children: New York State Oral Health Surveillance System" on December 15, 2005.

Dental caries, the most common chronic childhood disease, impacts children's functions including eating, growth, speaking, and learning. Oral diseases in adults negatively impact their employability and systemic health. Although dental caries are preventable, almost 80% of children will have experienced tooth decay by the time they finish high school. For children, oral diseases can jeopardize their physical growth, self-esteem and capacity to socialize. It is estimated that children lose numerous school hours annually because of dental problems and dental visits. The report noted profound disparities in oral health among poor children.

The Erie County data collected through this project as well as New York State rates are provided in the following table. Findings that demonstrate a significant variation from State rates include: Erie County 3rd Graders with low socio-economic status are significantly more likely to have experience with caries; Erie County 3rd Graders are significantly less likely to report taking fluoride tablets on a regular basis; and the caries outpatient visit rate per 10,000 for the ages of 3-5 years during 2005-2007 is over four times higher in Erie County than the State rates. None of the outcomes meet Healthy People 2010 goals.

Oral Health in Erie County, 2002-2004

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
% OF 3rd GRADE CHILDREN...				
With caries experience (all)	N/A	58.9	54.1	No
-High Socio-economic status	N/A	49.7	48.0	No
-Low Socio-economic status	N/A	73.8	59.6	Yes
With untreated caries (all)	N/A	27.1	33.1	No
-High Socio-economic status	N/A	22.2	23.1	No
-Low Socio-economic status	N/A	35.2	40.8	No
With dental sealants (all)	N/A	34.0	27.0	No
-High Socio-economic status	N/A	38.0	41.1	No
-Low Socio-economic status	N/A	30.7	17.8	No
With dental insurance (all)	N/A	77.2	80.1	No
-High Socio-economic status	N/A	76.0	76.2	No
-Low Socio-economic status	N/A	79.6	84.1	No
With at least one dental visit in last year (all)	N/A	71.2	73.4	No
-High Socio-economic status	N/A	87.8	86.9	No
-Low Socio-economic status	N/A	55.4	60.9	No
Reported taking fluoride tablets on a regular basis (all)	N/A	2.6	19.1	Yes
-High Socio-economic status	N/A	2.0	29.6	Yes
-Low Socio-economic status	N/A	2.6	10.4	Yes
Caries Outpatient Visit Rate per 10,000 - Age 3-5 Years (2005-07)	2,248	363.0	87.7	Yes

The following Economic Security Indicators from the Kids Count/U.S. Census relates to the dental status of dental health in Erie County. There is a direct relationship between socioeconomic status and dental health.

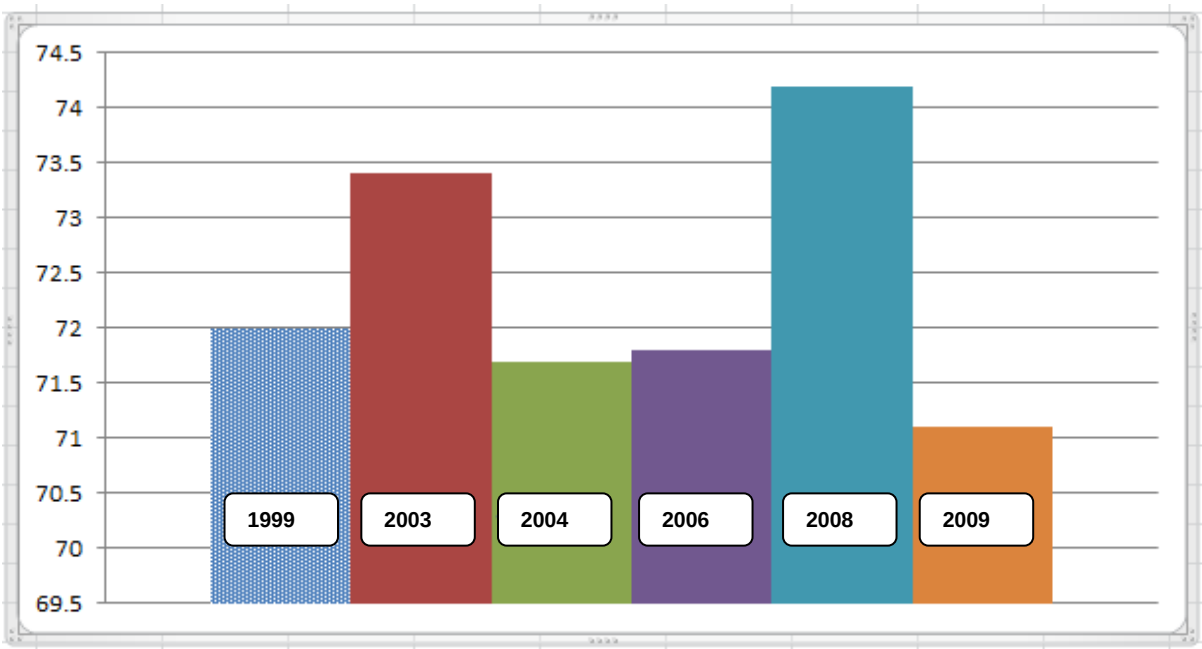
	Erie County		NYS
Economic Security Indicators	**2000**	**2007**	**2007**
Children and Youth (Ages: Birth - 17 Years) Living Below Poverty	35,286 (15.8%)	38,138 (19.3%)	19.6
Children and Youth Receiving Public Assistance (Ages: Birth - 17 Years)	20,228 (8.8%)	14,060 (7.0%)	7.0
Children Grades K-6 Receiving Free/Reduced Lunch in Public Schools	33,010 (42.7%)	29,128 (42.4%)	49.1

Statewide in New York State, 71%-74% of adults report a dental visit within the past year. This data is provided in the following table for 1999-2008. In Erie County in 2008 only 63.8% of adults surveyed reported a dental visit within the past year. Subgroups that were more likely to have had a dental visit in the past year are women (67.8%) and individuals who have education beyond high school. In Erie County in 2009 66.3% of adults surveyed responded that they've visited a dental provider in the past year, this is an increase over the

previous year's report but still behind that of the state. Dental health is being found to be a significant contributing factor to many disease processes including cardiovascular, diabetes and other immunodeficiency type processes.

Percent of Adults Who Have Visited a Dentist, Dental Hygienist or Dental Clinic in the Past Year NYS 1999 - 2009 BRFSS

	1999	2003	2004	2006	2008	2009
Percent visited dental provider	72	73.4	71.7	71.8	74.2	71.1



Preliminary data from the Expanded Behavioral Risk Factor Surveillance System 2013 -2014 preliminary 4 month data report for Erie County show an increase in adults seeking dental services. 81.7% report visiting a dental provide in the past year, 10% up from what adults reported in 2009, the last year the county specific reports were produced. This is great news and with ongoing education and access to insurance and dental providers this number should continue to increase.

2. AVAILABLE RESOURCES

The Erie County Department of Health, School Dental Health Education

This program provides education services to over 4000 children in the 2nd grade annually. The dental health education session includes how to brush, to always use a soft bristle brush (which each student receives), how to floss, how to maintain gum and tongue health and children are alerted to the damage caused by thumb sucking. Staff also discusses the need for good nutrition as poor nutrition has been linked to caries. Students are also taught the need for changing tooth brushes when they have been sick to stop the potential for re-infecting themselves. Another important aspect of the education is on smoking and the adverse effects it plays on teeth and overall oral health. All children participate in a pre and post test to identify knowledge learned and to guide staff to make modifications to curriculum as needed to keep materials fresh. Each child receives supporting materials to take home and share with their parent(s)/guardian(s) to continue to reinforce the need for god dental health and prevention.

To address gaps services caused by program cuts to government funded programs under past administrations community collaborations have been strengthened and new and innovative partnerships have sustained many of the services. In the Buffalo Public Schools, an area with many health disparities already having a grip on the population; under the coordinated school health model community partners have banded together to ensure that children in the system have access to and receive appropriate dental education, screenings and treatment. The group consists of interested partners including SUNY Buffalo Dental School, University Pediatric Dental, Erie County DOH Health Education, Baker Victory Dental Services, Neighborhood Health Center Dental, Buffalo Community Health Center, Buffalo Public Schools Health Related Services, Buffalo and Erie County Parochial School Health Services and many other providers as issues arise.

Fluoride Rinse Program

Ninety-five percent (95%) of the children in Erie County are on public water systems and are receiving fluoridated water. The five percent (5%) that don't live in areas totally covered with fluoridated water systems include three school districts (Akron, Alden, and North Collins School.) The New York State Department of Health facilitates fluoride treatments to students in these areas as needed. Head Start programs located in these communities provide flouride to three and four year old participants as indicated.

Dental Education

School districts in Erie County are supposed to include dental health education as part of their health education curriculum but may just brush oover the surface if other matters are more pressing in their eyes. The Erie County Department of Health stresses dental health in their educational curriculum, especially the prevention of baby bottle tooth decay. The Erie County Department of Health's school dental education program has an educational component focusing on prevention and the importance of regular dental services. All 2nd

grade children in the Buffalo Public School system, the parochial system and self-selected suburban and rural systems receive 30 minutes of in class education to reinforce appropriate oral care and promote healthy behaviours. Knowledge is measured through pre and post testing at each encounter. The Erie County Department of Health participates in all health fairs, including those for the medically indigent, distributing toothbrushes and literature.

The Erie County Department of Health is discontinued the Dental Health Screening and Treatment program as of June 30, 2010.

Dental Services

Dental services appear to be geographically widespread through Erie County. Dentists that accept Medicaid are available in or very close to the areas that have a high percentage of low income population although less than half of Erie County's practicing dentists accept Medicaid. The growth of the Medicaid Managed Care System and the advent of Child Health Plus has extended dental care to more participants. Changes coming into place with the advent of the Health Care Reform Act of 2014 are supposed to further open up access to quality care for individuals regardless of their economic situations with increased access to comprehensive health insurance coverage but, according to Health Research and Services Administration (HRSA) the City of Buffalo is designated as a Health Provider Shortage Area for dental services, which means that the pool of dental providers is not sufficient to care for the population within the City. The changes to the insurance system coming with the implementation of the affordable care act more residents will potentially be seeking services and so the shortage of providers will be increasingly noticeable.

It should be noted that with the new Department of Education regulation requiring a dental exam for children entering kindergarten, the demand for dental services has increased significantly. While less of a challenge for middle and upper income families in the suburbs, the challenge is significantly greater for families in lower socioeconomic groups, particularly in the City of Buffalo where there are fewer providers willing to take care of their needs. To address this potential gap in services the Buffalo Public Schools has developed a collaborative team involving the larger providers of dental services for the Medicaid population as noted earlier in this discussion who have developed a working model to get all children age appropriate screening and treatment as necessary.

<u>ERIE COUNTY HEALTH DEPARTMENT SERVICES</u> (Dental Education)

- Erie County School Based Program

<u>DENTAL SCREENING AND TREATMENT PROVIDERS</u>

- SUNY Dental School
- Neighborhood Health Center
- University Pediatric Dentistry
- Erie County Medical Center Dental Clinic
- Erie Community College Dental Clinic
- Baker Victory Dental
- Community Health Center of Buffalo
- Many private community dental groups and individual practices

<u>DENTAL EDUCATION ONLY</u>

- Head Start Program
- Local and National Dental Societies
- American Dental Association
- New York State Department of Health

Primary and Preventive Health Care Services

This topic is covered in depth in other sections of this document. Please refer to the following sections for discussion of the current trends, issues, and available services:

- Dental Health Education
- Lead Poisoning
- Prenatal Care and Infant Mortality
- Nutrition
- Injury Prevention
- Immunization

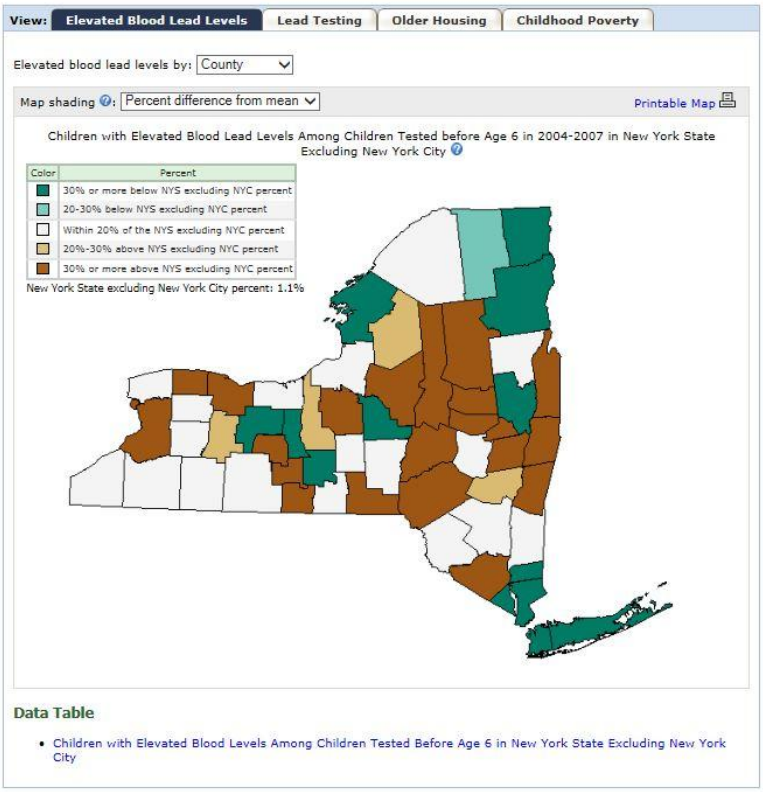
Lead Poisoning

1. HEALTH/VITAL STATISTICS

Lead can affect the developing nervous system and brains of fetuses and young children. A young child's exposure to lead can cause learning and behavioral problems and possibly damage their brains, kidneys, and other organs. The most difficult part is that there are often no symptoms of lead poisoning for a caretaker to discover. Every child, especially those living in older housing should be tested for lead poisoning at six months and then again as the doctor recommends.

Erie County does extensive screening for elevated lead levels compared to other counties in NY State. *Lead table 1* below indicates the percentage of children screened for elevated lead in New York State and Erie County. Erie County has higher screening rates than the State as a whole and ranks among the highest of all counties in the State. The CDC tables confirm the same patterns for the same time frames.

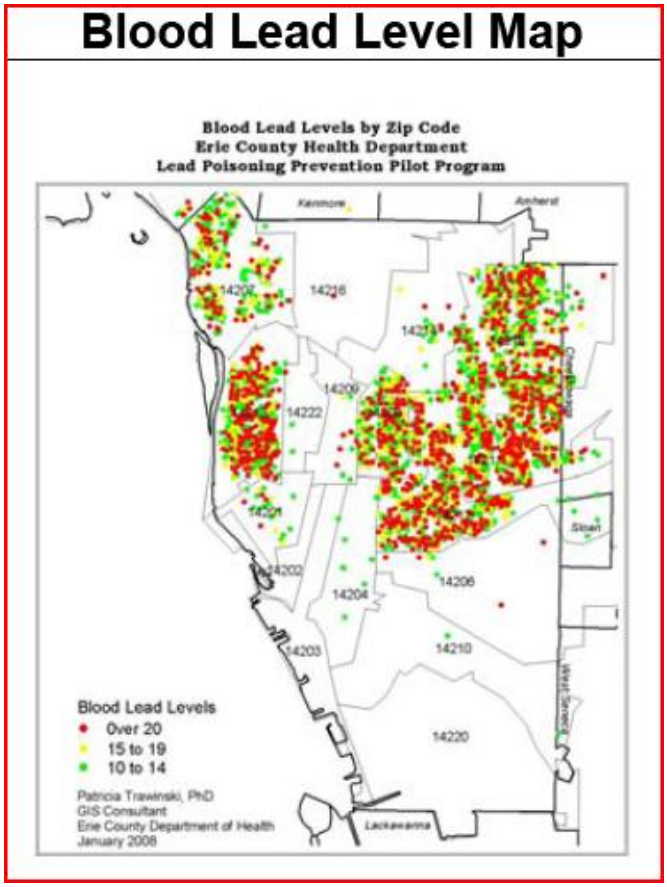
	Test Years	Children receiving Blood Lead Screening test at 0-9 months	Children receiving Blood Lead Screening test at 9-18 months	Children receiving Blood Lead Screening test at 18-36 months	Children receiving two Blood Lead Screening tests by 36 months
NYS	2003-2006	2.8	59.3	47.2	36.6
	2004-2007	2.7	60.6	51.6	40.8
Erie	2003-2006	1.5	70.7	50.2	39.9
	2004-2007	1.4	70.7	57.8	45.9



Lead table 2 displays the number of children newly identified with elevated blood lead levels and the incidence rate per 1,000 children tested ≥ 10mcg/dL for New York State excluding New York City and Erie County. Erie County's incidence rate for 2005-2007 is more than double the statewide rate and Erie County has the seventh highest incidence rate in the state.

	Year of Test	Number of children ≥ 10-14 mcg/dL	Number of children ≥ 15-19 mcg/dL	Number of children ≥ 20 mcg/dL	Incidence Rate ≥ 10 mcg/dL
NYS	2005	1,497	460	326	11.8
	2006	1328	448	306	10.3
	2007	1216	394	275	9.2
	2005-2007 average	1347	434	313	10.4
Erie	2005	250	72	61	25.1
	2006	249	70	52	22.7
	2007	243	62	48	20.8
	2005-2007 average	247	68	54	22.8

Elevated blood lead levels are not evenly distributed through the County. There are areas and zip codes, primarily within the City of Buffalo, with higher incidences of elevated blood lead levels. The map to the right displays the distribution of blood lead levels in Erie County.



Despite substantial progress, childhood lead poisoning remains a major problem both in New York State and in Erie County. Eight zip codes in Erie County have been designated by the NY State Department of Health as "Communities of Concern" where children are at high risk for lead poisoning. These communities are located in the City of Buffalo: Zip Codes 14201, 14207, 14208, 14209, 14211, 14212, 14213, and 14215. Since there is no medical treatment that permanently reverses the adverse health effects of lead exposure, focusing on primary prevention is critical to address and eliminate the problem.
The age of housing stock is a significant factor in lead poisoning prevention. More than 75% of the housing stock in Erie County was built before 1970 and is very likely to contain lead based paint. There are 46,605 renter occupied units that were built before 1940 (2000 Census). Age and housing tenure increase the likelihood that these housing units are substandard and may contain lead hazards.

Housing choices for very low income and low income families are very often limited to the oldest housing most in need of maintenance and with a higher risk of lead based paint hazards increasing the evidence of health disparities in the population. There are 23,933 related, non elderly, renter occupied households in Erie County with household incomes less than or equal to 50% of the median family income (MFI). An additional 8,423 related, non elderly, owner occupied households have incomes at or below 50% MFI. There are 25,784 related, non elderly households in the 50-80% MFI range.

In the thirty years between 1970 and 2000 Buffalo's population decreased by 37% placing once stable neighborhoods at great risk of urban decline. The number of vacant housing units in Buffalo has almost tripled since 1970 with 16% of housing units vacant in 2000. The number of owner occupied housing units, expressed as a percent of total housing units, has decreased from 56% in 1970 to 43% in 2000 (SOCDS Census Data). These changing demographics contribute to a destabilization of the City's housing stock resulting in an increased risk for childhood lead poisoning.

2. PROBLEM IDENTIFICATION

Lead Poisoning is a significant danger to young children and pregnant women. Houses built before 1978 often contain lead paint. Old lead paint can flake from the walls and get into the environment through dust particles that a young child may breathe in and through larger flakes that may find their way into a child's digestive tract. Children often get lead poisoning by putting toys in their mouths that may have been lying on the floor near flakes of lead paint. They may chew on a window sill or even put the paint directly into their mouth believing the brightly colored pieces are candy. Lead can also be found in soil, air, water (from lead pipes), and old toys and those from other countries.

Pregnant women should also avoid situations or environments that would put them at higher risk of lead exposure. They should not disturb lead based paint and should remain away from environments where lead based paint has been disturbed for twenty-four hours.

3. AVAILABLE RESOURCES

The Erie County Childhood Lead Poisoning Prevention Programs

The Erie County Childhood Lead Poisoning Prevention Program (*Child Lead*) is responsible for the case management of lead poisoned children in Erie County. *Child Lead* is required to address the potential for lead exposure, as well as prevent lead poisoned children from further exposure. The program conducts investigations and provides information to the parents or guardians of children under the age of 18 regarding a reported elevated blood lead level.

Activities of the Childhood Lead Poisoning Prevention Program

1. Provide case management for children with elevated blood lead levels including:

- Medical Case Management
- Receipt and evaluation of all lead test results completed in Erie County
- Notification to parent/guardian of elevated test results
- Educational home visits and environmental referrals, as appropriate, based on blood lead levels
- Information on proper medical evaluation and follow up in accordance with the recommendations of the New York State Department of Health and the Erie County Health Department
- Environmental Case Management
- Assessment of properties based on blood lead level
- Notification to parents/guardians and property owners of potential lead hazards present at the property
- Follow-up visits to ensure compliance, and act as an enforcement agent on non-compliance

The *Child Lead* program works with various organizations, as well as internal programs to promote the safety of children regarding exposure to lead. Some include:

- New York State Department of Health
- Western New York Lead Poisoning Prevention Resource Center
- Regional Coalitions
- Local Head Start Programs
- Local School Systems

Lead Poisoning ***Primary*** Prevention Program (Lead Primary)

PROGRAM OVERVIEW

The main goal of the Lead Poisoning Primary Prevention Program **(*Lead Primary*)** is to prevent children from being exposed to lead hazards, thus preventing lead poisoning. The program activities are focused in neighborhoods that have been identified as "communities of concern" where children are at high risk for lead poisoning. ***Lead Primary*** performs lead based paint exterior assessments, provides lead education, and other interventions. Any lead hazards that are identified are required to be remediated by the property owner. Training and some resources exists to assist the property owner in making the repairs in a lead safe manner.

PROGRAM GUIDELINES

Lead Primary carries out activities in 1, 2, or 3 family homes in zip codes 14201, 14207, 14208, 14209, 14211, 14212, 14213, 14215.
Certain neighborhoods in these zip codes are identified to receive a concentrated intervention. These neighborhoods are called "*areas of high risk*" and are identified by the Erie County Commissioner of Health based upon established guidelines in the New York State Health Manual.

Each home in the "*area of high risk*" receives a full exterior inspection, and in some cases, an interior inspection and lead education visit for the occupant. Repairs must be made to any lead hazards identified.

WHO can participate in the program?

- Anyone (property owners, tenants, and landlords) living or owning property in the program zip codes
- 1, 2, or 3 family homes that were built before 1978;
- Children living in the home under the age of six or who spend 6 hours a week or more in the home.

NOTE: Homeowners in the designated "*areas of high risk*" are automatically a participant.

LeadSAFE Erie County's Lead Hazard Control Program is a low-cost initiative available to property owners, qualifying families and home-based daycares.

Funded by the US Department of Housing and Urban Development (HUD), **LeadSAFE** Erie County provides lead hazard identification and contracted labor & supplies* to remediate and control lead hazards at your property. This program is NOT intended to perform non-lead-related renovations or home rehabilitation work.
*Value not to exceed cost of correcting lead hazards only.

As a HUD funded program, the Lead Hazard Control Program is subject to income restrictions.

For more information about these programs, or for general information on how to help prevent lead poisoning, contact the ECDOH Environmental Health Division at:

716-961-6800 or http://www2.erie.gov/health/index.php?q=node/38

NEEDED SERVICES

There is a need for more programs/funding that focus on primary prevention. This would include having more lead hazard control, especially by increasing funding for new housing. Erie County has a large number of old homes that still contain lead paint. The abatement or replacement of these homes could greatly decrease the number of children with elevated lead levels.

Prenatal Care and Infant Mortality

1. HEALTH/VITAL STATISTICS

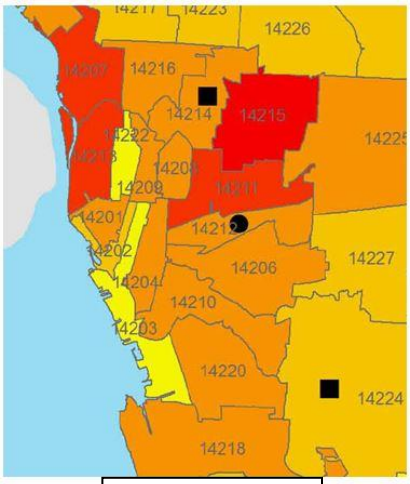
There is an average of about 10,000 births each year in Erie County. The annual birth rate in Erie County (10.6 per 1,000) was lower than in New York State (12.3 per 1,000) in 2011.

According to 2009 US Census estimates, Erie County has a population of 919,086, with 259,384 persons living within the city limits of Buffalo. The ethnic breakdown of the county is as follows: 71.2 % white, 13.8 % African American and 2.8 % Asian and about 12% in all other categories combined. Designated by the US Census as the third poorest city in the United States for the third consecutive year, the average per capita income in the City is $19,246, 38 % below the New York State average of $30,804 and 30 % below the national average of $27,466.

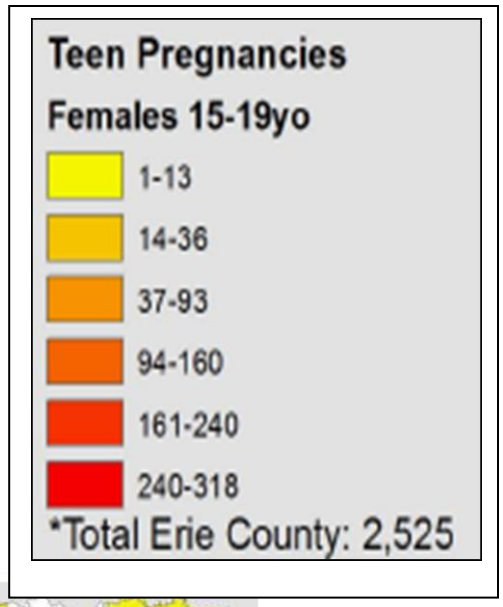
According to the Centers for Disease Control (CDC), the United States set a national goal of decreasing the rate of teenage pregnancies to 43 pregnancies per 1,000 females aged 15–19 years by 2010. A two year average (2008-10) of teenage pregnancy rates from the New York State Department of Health (NYS DOH) shows that zip codes within the City of Buffalo (14201-14216, 14222) average 105.4 pregnancies per 1,000 females aged 15-19 years, and 100.7 within the City of Niagara Falls (14301-14305). Thus, teenage pregnancy rates in the urban areas we serve are nearly two-and-a-half times the national goal, and are nothing short of epidemic.

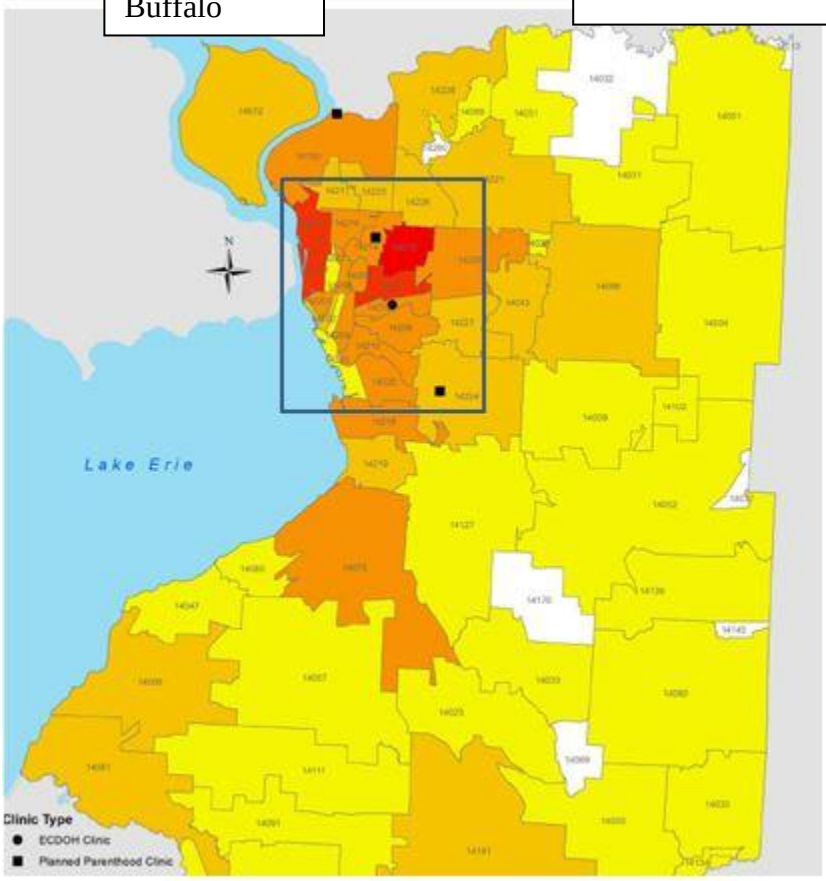
Teen pregnancy in Erie County is noted in the following maps. Disparities in this indicator are evident by the high number of teen births in four of the most socioeconomically and ethnically diverse zipcodes in the county. 14207,14211, 14213, and 14215 also have many of the most severe, generally untreated rates of multiple chronic disease in the county including, cardiovascular issues, diabetes, and cancers. The same issues that plague the population in addressing these chronic diseases appropriately also play out in the pregnancy and prenatal care.

2008 – 2010 Teenage Pregnancy, 15-19 Years of Age,
by Zip Code



City Of Buffalo





Erie County

Teen Births and Teen Birth rates in the targeted zip codes (highlighted) are significantly higher that the New York State rate (25.1 for 2006-2008)

Zip Code	Teen Births	Teen Birth Rate
14215	341	76
14211	259	93.5
14213	236	73.8
14207	203	84.6
14220	105	42.8
14201	102	98
14212	98	74.6
14218	97	56.3
14210	90	55.5
14225	89	33.5
14206	88	49.1
14150	85	25
14216	81	40.2
14214	81	29.5
14204	76	82.5
14208	71	36.2
14209	44	78.4
14075	44	11.1
14224	40	12
14217	37	19.9
14226	34	12.5
14070	28	69.1

Birth Rate = # of births per 1000 females age 15-19
New York State Teen Birth Rate for 2006-2008 = 25.1

STIs are also a major concern. There were 2,400 individuals living with HIV or AIDS in the Ryan White Buffalo Service area (excluding prisoners) at the end of 2011 in all age groups according the New York State HIV/AIDS Surveillance Annual Report (data through December 31, 2011). When you include the prison population the number jumps to 3,271.

Erie County has some of the highest rates for gonorrhea and chlamydia among 15-19 year olds in New York State, with 640.9 cases of gonorrhea per 100,000 15-19 year olds and 2300.9 cases of chlamydia per 100,000 15-19 year olds reported in 2011.

Live Birth and Fertility Rates By Mother's Age and Resident County, New York State - 2011

County	Category		Mother'Age								
	Birth Rate[1]	Fertility Rate[2]	10-14	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45 +[3]
New York State											
New York State	12.3	59.5	0.3	10.1	36.6	64.8	90.9	101.9	60.4	14.3	1.1
Erie	10.6	54.8	0.4	12.0	38.2	57.9	97.6	98.1	48.5	9.3	0.8

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Live Births by Financial Coverage and Resident County New York State – 2011

Vital Statistics of New York State 2011

County	Financial Coverage								
	Total	Medicaid/Fam Hlth Plus[1]	Private Insurance	Self-Pay	Indian Health	CHAMPUS	Other Govt.	Other Insurance	Not Stated
New York State									
Erie	9,693	3,486	5,151	109	22	67	773	72	13

Insurance coverage is one of the greatest supports a newborn can have. If mom is insured she is more likely to seek and maintain prenatal care which is imperative to positive birth outcomes. The above table indicates a high rate of insurance in Erie County from one of many forms, be it public subsidized programs, employer provided plans or self pay for service plans. Of the 9693 births in 2011 about 44% were funded through government funded plans, on the flip side, 53% were covered on private insurance plans. According to the reported data only about 1% were end as self pay, potentially uninsured. In time of pregnancy there are many options for the woman to receive insurance coverage at low or no cost as the benefit of prenatal care outweigh the costs of coverage as has been shown through years of surveillance.

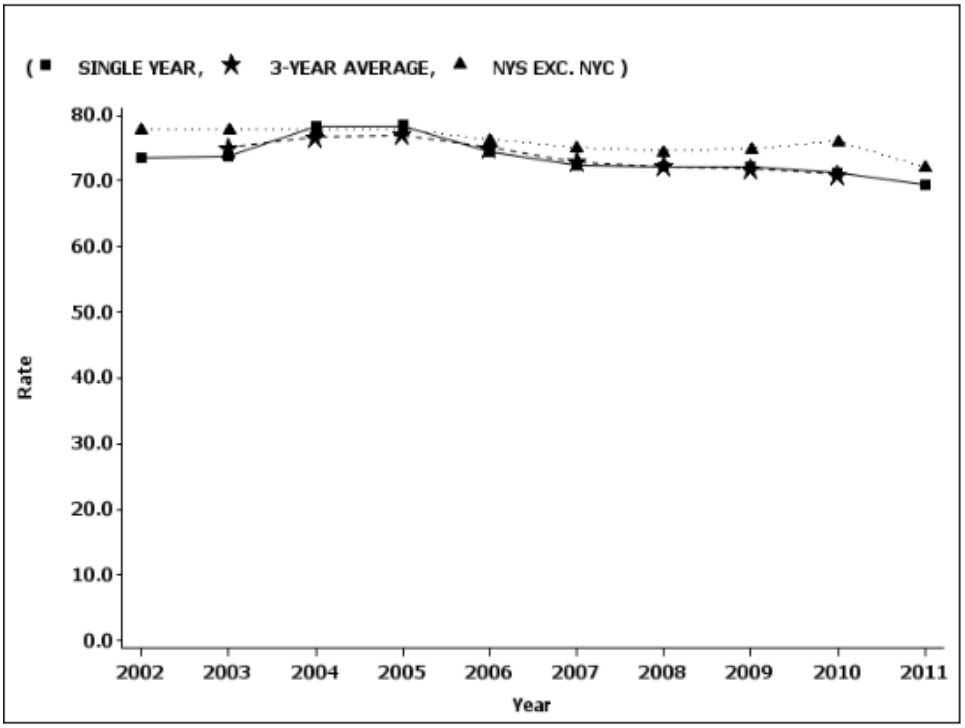
Prenatal care in the first trimester is a strong indicator for health outcomes.

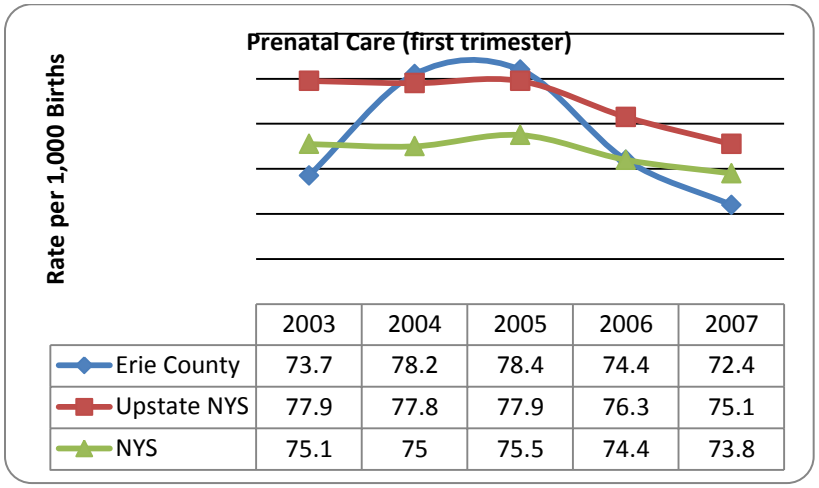
Percent^ Early and Late or No Prenatal Care, Age and Resident County New York State - 2011

County	%^ Early Prenatal Care*					%^ Late/No Prenatal Care+				
	15-17	18-19	20-24	25-34	35+	15-17	18-19	20-24	25-34	35+
New York State										
New York State	49.3	58.1	65.0	75.9	77.3	13.2	9.6	7.7	4.8	4.1
Erie	53.8	62.8	67.6	76.5	76.3	11.9	5.6	7.2	3.3	3.7

In Erie County in 2011 early care rates surpassed New York rates in all age groups except the 35yr+. Late and no prenatal care categories also present Erie County in a slightly more positive position than the state as a whole yet there is still a lot of work to be done to move the indicators much further into acceptable zones. . For the population as a whole Erie County looks as follows:

Erie County Percentage of births with early (1st trimester) prenatal care

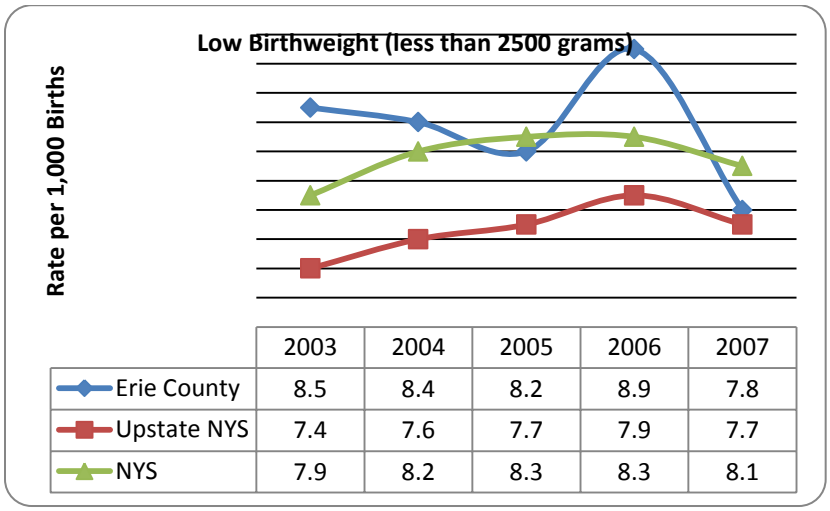




	2003	2004	2005	2006	2007
Erie County	73.7	78.2	78.4	74.4	72.4
Upstate NYS	77.9	77.8	77.9	76.3	75.1
NYS	75.1	75	75.5	74.4	73.8

Statewide, early prenatal care (within the first trimester) is more common for White, non-Hispanic women (77%) than for Black, non-Hispanic women (60.9%) and Hispanic women (64.4%). Conversely, Black, non-Hispanic and Hispanic women are more likely to begin prenatal care later in the pregnancy (after the first trimester) or not receive any prenatal care than White, non-Hispanic women. New York State also lags behind the nation with 75.4% receiving early prenatal care as compared to 83.9% for the U.S as a whole. This trend continues from the state to national level even though at the county level out indicators are slightly worse than the states and they still do not reach the US rates for care as a whole.

The rate of low birth weight in Erie County dropped nearly one full point from 2006 to 2007 (7.8 per 1,000 in 2007 and 8.9 per 1,000 in 2006) and 2007 was the lowest it had been since prior to 2003.



	2003	2004	2005	2006	2007
Erie County	8.5	8.4	8.2	8.9	7.8
Upstate NYS	7.4	7.6	7.7	7.9	7.7
NYS	7.9	8.2	8.3	8.3	8.1

In the 2009 – 2011 time period the county rate has slowly started to creep up. This needs to be addressed with good linkages to prenatal care early in pregnancy to manage a healthy course.

Low Birthweight Live Births (< 2500 grams) by Mother's Age and Resident County
New York State - 2011

	Mother's Age																					
	All Births											Singleton Births										
County	Total	< 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	N.S.	Total	< 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	N.S.
New York State																						
New York State	19,417	21	400	951	3,608	4,685	5,128	3,413	1,015	196	0	14,118	16	370	808	2,946	3,525	3,487	2,200	695	71	0
Erie	825	0	29	54	195	210	206	95	29	7	0	617	0	27	49	166	155	138	55	24	3	0

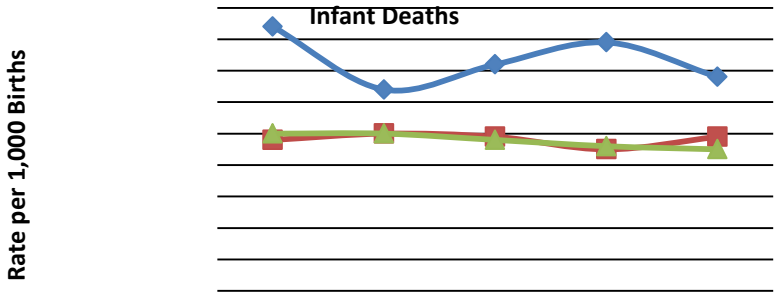
Erie County had 9693 live births in 2011 as indicated in a previous table, of this number 825 were termed to be low birth weight, this is a rate of approximately 8.5 %. The number has slowly creeped up almost to the all-time high since 2003 of 8.9% in 2006,

Statewide, there are also significant disparities in low birth weight related to race. Based on 2005 data, 6.7% of White, non-Hispanics have low birth weight babies and 7.4% of Hispanics have low birthweight babies compared to 12.9% of Black, non-Hispanic births. These disparities are also seen here in Erie County.

The New York State Prevention Agenda has identified this as an area of need to be worked up0n for the next five years. Indicators to be moved include:

Promote Healthy Women, Infants, and Children	
Goal	**Objective - By December 31, 2017**
• Reduce premature births in New York State	Reduce the percentage of preterm births (less than 37 weeks gestation) by 12% to 10.2% (Baseline: 11.6%; Year: 2010; Source: NYS Vital Statistics Data; Data Availability: state, county), HP 2020 (MICH-9) target: 11.4% Reduce disparity* by 10%: • Ratio of Black Non-Hispanic preterm birth rate to White non-Hispanic preterm birth rate (Target: 1.42; Baseline: 1.58; Year: 2010; Source: NYS Vital Statistics Data; Data Availability: state, county) • Ratio of Hispanic preterm birth rate to White non-Hispanic preterm birth rate (Target: 1.12; Baseline: 1.24; Year: 2010; Source: NYS Vital Statistics Data; Data Availability: state, county) • Ratio of Medicaid preterm birth rate to non-Medicaid preterm birth rate (Target: 1.00; Baseline: 1.10; Year: 2010; Source: NYS Vital Statistics Data; Data Availability: state, county)

In 2007 Erie County had higher rates per 1,000 of infant deaths (7.8), neonatal deaths (5.2) and post neonatal deaths (2.6) than reported in the State as a whole. Erie County having higher rates for these occurrences is consistent with data through 2003.

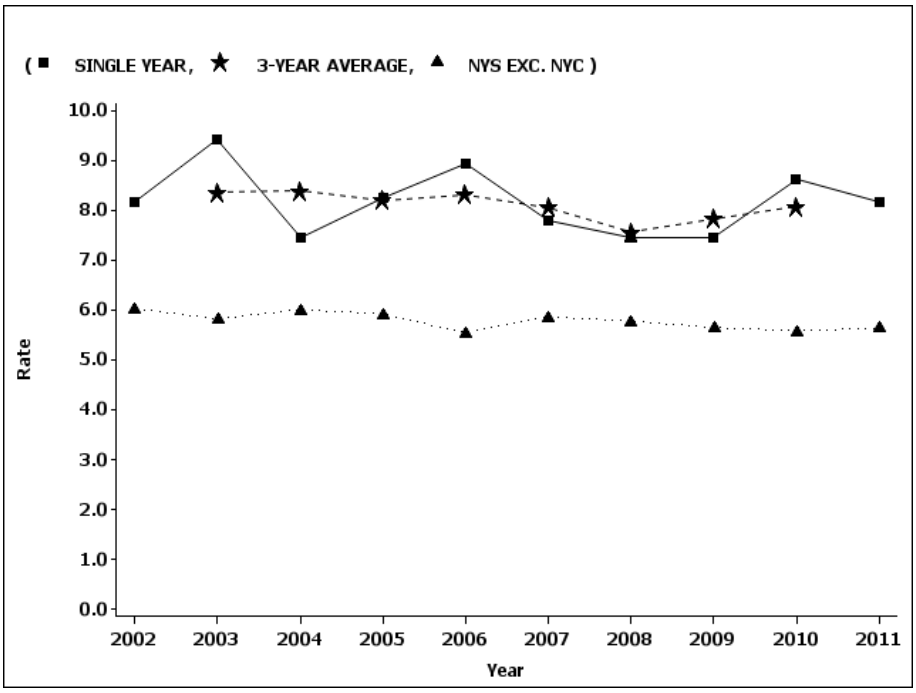


	2003	2004	2005	2006	2007
Erie County	9.4	7.4	8.2	8.9	7.8
Upstate NYS	5.8	6	5.9	5.5	5.9
NYS	6	6	5.8	5.6	5.5

This trend continues through 2011 the Erie County rate is higher consistently with any slght inroads to decrease the rates that are noted year to year reversed continually for no gain on the problem.

Erie County Mortality rate per 1,000 live births

Infant (<1 year) 2002 -2011



2. AVAILABLE RESOURCES

Erie County has a variety of resources in place that address prenatal care and infant mortality. These include physicians and healthcare providers, the insurance companies, and community based organizations that provide a wide range of health, human, and supportive services to pregnant women. There are also several sectors or systems that these women may interact with such as mental health, substance abuse treatment, education, faith-based and community services, and the County's social service programs.

There are a number of agencies that provide prenatal home visiting services. Three of them that seem to be most active with this population are the Buffalo Prenatal-Perinatal Network (BPPN) which operates a Community Health Worker Program and a Healthy Family New York Program, Visiting Nurse Association of Western New York (VNA), and McAuley-Seton Home Care (part of the Catholic Health System.) The BPPN program addresses a broad spectrum of issues, both medical and social through their community health worker home visiting program, while the VNA and McAuley-Seton focus primarily on medical needs.

Erie County will be implementing a Family Planning Collaborative with the support of Planned Parenthood, Neighborhood Health Center, and Community Health Center of Buffalo in high risk zip codes that will have convenient and proximal access to the new expansion and existing Family Planning sites. Note that the new sites all have existing patient population across the above highlighted zip codes. Public transportation is available. Programs will assist with providing bus tokens when needed. Increasing availability of services during hours and at sites convenient to the client works to address the access to care disparity for this population.

A Maternal Child Health Collaborative is in the process of being formed to address issues affecting this population in Erie County specifically. Providers from all sectors will meet quarterly to discuss best practice, plan for the community, and monitor ongoing activities across the board. Development of an Infant Mortality Review Board is being conceptualized currently. Once finalized, funding will be solicited to hire staff and create working review board.
The insurance providers in Erie County have also been working together to improve birth outcomes and utilization of early prenatal care. Independent Health, Univera, Blue Cross/ Blue Shield and Fidelis have all participated in the development and implementation of a single standardized form for providers to use relative to identifying members who are pregnant. Some of the plans provide incentives to the providers to submit this form early in the pregnancy. The insurance companies also provide case management services to their pregnant members in an effort to improve birth outcomes.

There are several Medicaid prenatal care providers including Women and Children's Hospital of Buffalo, Sisters of Charity Hospital, the Community Health Center of Buffalo

and Neighborhood Health Center, Jericho Road Community Health Center, UB Family Medicine sites and an assortment of private physicians and clinics throughout Erie County that provide care to this population.

Family Planning

1. HEALTH/VITAL STATISTICS

Reducing the rate of teen pregnancy is one of the most direct strategies to improve overall child well-being and to reduce the cycle of childhood poverty. Teen pregnancy can have serious consequences for the teen mother, the child, and to society in general. Teen mothers often drop out of school due to early pregnancy and are at heightened risk of living in poverty. Babies born to teens may be at risk of medical complications, insufficient health care, poor parenting, and child abuse and neglect. In Buffalo, over a quarter of the population lives in poverty, and of that, almost 40% are under the age of 18.

2. AVAILABLE RESOURCES

The Erie County Department of Health addresses the health needs of low-income adolescents and their families through collaboration. Collaborative partners include but are not inclusive only to: Buffalo Public Schools, Buffalo Adolescent Pregnancy Prevention Services (BAPPS), Erie County Council Against Family Violence, Every Parent Influences Children (EPIC), Erie County Department of Social Services, Buffalo Partners Linking to Address Adolescent Needs (BPLAAN), Youth Partnership Coalition (ACT for Youth), Erie County Coordinating Council on Child and Family Violence, Office of Children and Family Services, Crisis Services, Catholic Charities, Planned Parenthood of Buffalo and Erie County, NYSDOH Bureau of Women's Health, WNY Regional Perinatal Forum, (Buffalo Prenatal Perinatal, and Family Planning Advocates of New York State.

Education Programs

Education and outreach is offered free of charge by family planning educators and Teen Wellness staff through comprehensive and integrated sexual health trainings offered to teens, parents and professionals in elementary, middle and high schools and local colleges and other community based organizations. Special outreach initiatives engage families in neighborhoods through clinic literature dissemination in homes and agencies nearest clinic sites. The *Baby Think It Over* Loan program is available to adolescents and their families in more than thirty community agencies dealing with youth. One time presentations and workshops are also available to all community agencies serving women of childbearing age and men in a variety of high risk categories. All education strategies encourage the delay of early sexual activity and promotion of healthy decision making regarding risky sexual behaviors. Access to family planning services is encouraged and arranged with providers in Erie County.

Baby Think It Over Loan Program

The ***Baby Think It Over*** Loan Program is provided by the Erie County Department of Health. It is a free, interactive educational program available to schools and community agencies to teach teenagers about the realities and responsibilities of parenting through the use of electronic dolls which cry randomly and have needs that must be cared for both day and night. With parental permission the "baby" can go home with the teen overnight or on a weekend. The "babies" look real and are anatomically correct. They require proper head support and appropriate positioning just like real babies. Feeding, burping, rocking and diaper changing are required during the parenting simulation. A built-in computer records the quality of the parenting session, including if the "parent" is abusive or neglectful. With proper attention, the "babies" will coo just like real babies. The program can have a dramatic effect on a teen's outlook on parenting. The teens learn how difficult it is to balance parental responsibility with normal teenage social and school demands. Teens and their parents often call the health department to sign up to attend trainings so it has become an incentive to participate in sexual health education at the same time. Teens often share comments that they had no idea how much work, time and energy a baby requires. They also say how "unusual" it feels when community observers share personal comments to them on their being "parents" so early in life. Increased communication between teens and families as a result of participation seems to be an added benefit from shared perspectives post program.

Special Work Shops and Presentations

The Erie County Department of Health can also provide linkages to other health and human service agencies for workshops and presentations.

Collaborative Community Activities

Buffalo Partners Linking to Address Adolescent Needs (BPLAAN)

BPLAAN is the leading pregnancy prevention coalition in Buffalo and Erie County, with Planned Parenthood of Western New York as the lead agency. Sponsored by the New York State Department of Health, the BPLAAN coalition facilitates interagency collaboration and community involvement in addressing the spiraling rate of teen pregnancy. The multi-member agency coalition provides educational and support services to youth, parents, teachers, healthcare professionals and other human service professionals

Buffalo Adolescent Pregnancy Prevention Services (BAPPS)

Buffalo Adolescent Pregnancy Prevention Services is a program arm of the Buffalo Federation of Neighborhood Centers, Inc. Its mission is to encourage the youth of Buffalo to remain pregnancy free during their adolescent years. BAPPS is funded by the New York State Department of Health.

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Family Planning Community Based Programs

Increased access to services is one of the most important factors in reducing unintended pregnancy in target areas where teen pregnancy statistics are high. If a woman is able to have a choice in the selection of a provider with whom she feels comfortable nearest to her home, she is more likely to be compliant with her overall care. Diversity in services has been responsible for Buffalo and Erie County's significant reductions in teen pregnancy while at the same time contributing to earlier detection and treatment of STDs and HIV/AIDS. Reduction in teen pregnancy is critical as for every dollar spent in family planning, four dollars is saved. In addition, as a result of a comprehensive approach to family planning care that screens for other pathologies, there is earlier detection of heart disease, diabetes, and anemia in a most impoverished community burdened with many chronic diseases.

The Erie County Department of Health will be reopening their Family Planning program in 2014 at the Jesse Nash Center located at 608 William Street in Buffalo in the heart of the high risk zipcodes. This will increase accessibility to services for the urban population reliant on public transportation and walking to seek services. Along with this site, Planned Parenthood will be extending hours at their Main Street location, Buffalo Community Health Center will be opening services conveniently located for the 14214 and 14215 zip codes and Neighborhood Health Center will be providing new services in the 14201 and 14207 zip codes. All of these sites will increase the availability and accessibility to services for a socioeconomically depressed population which is composed mainly of communities of color.

3. NEEDED SERVICES

1. Flexible clinic hours on evenings and weekends will enable more patients to have access to clinical care for family planning services. Improved appointment scheduling will promote faster access to being seen. Making clinics more "teen friendly" will also increase teen access to clinics. Providing clinic services in target zip codes where pregnancy and abortion and STD rates are high will also create greater access.

2. Advertising funds are needed to market the availability of all family planning clinic services in Erie County into the media, via newspaper, TV, radio, and college campus publications on a consistent basis. In addition, social marketing campaigns need to be developed regionally for community awareness on family planning issues involving responsibility of sexual involvement, access to care, emergency contraception, male involvement in sexual decision making, encouraging youth to be responsible for healthy choices, and encouraging parents to get involved in the lives of their children. Involving youth in the process of awareness of sexual decision making is critical.

3. Adult women can be reached at a variety of locations where other services to women are provided, such as Head Start, Social Services, and more. Increased awareness on the Family

Planning Benefit Program, birth control effectiveness and safety, emergency contraception, clinic accessibility, STD/HIV/AIDS and free pregnancy testing will give all women opportunity to access family planning care.

4. More educators in the middle school environment are needed to address the 10-14 year old pregnancy issue, along with the "unwanted sex" issue prevalent in 23% of those who have had sex during these earlier years against their will. The growth of opportunity to teach younger populations is increasing dramatically due to greater acceptance of educating youth on sensitive matters, "earlier the better" approaches; yet insufficient numbers of staffing handle the increasing demands.

5. Youth development throughout the community needs to grow to become integral to the pregnancy prevention mission. More community program options, better outreach/education, and community mentors need to be available in rural communities to help reach out to youth and families whose environment leaves little to do, therefore increasing risks of teen pregnancy along with other social ills, such as drug dependency and mental illness.

Nutrition

1. HEALTH/ VITAL STATISTICS

With poor diet and physical inactivity fast becoming two of the leading preventable causes of death in America, the evidence we are seeing of these behaviors in the rates of obesity across the country and locally are astounding and escalating daily.

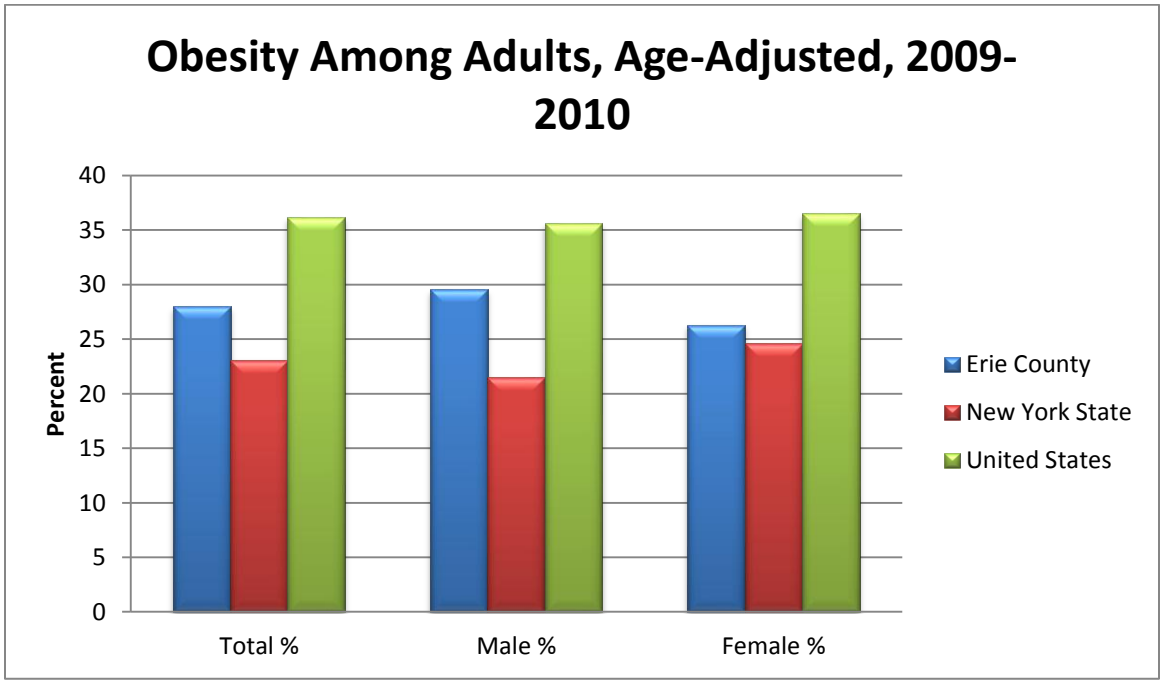
According to a statement posted on the New York State Department of Health website:

"Obesity and overweight are currently the second leading preventable cause of death in the United States and may soon overtake tobacco as the leading cause of death. Failing to win the battle against obesity will mean premature death and disability for an increasingly large segment of New York residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents." Due to statements such as this and overwhelming evidence that if behaviors are not changed dire consequences will be suffered the NYSDOH in the Prevention Agenda released this year said:

Focus area #1 of the prevention agenda is to reduce obesity in children and adults,

Currently, for all students (elementary - PreK, K, 2nd and 4thgrades, middle - 7th grade and high school - 10thgrade) in Erie County, New York, 12.3% of Erie County students were overweight but not obese, 15.4% fell into the obese category for a total of 27.7% at the 85th percentile or higher on the standard growth chart. (Source: 2008-2010 Student Weight Status Category Reporting System Data as of July, 2012)

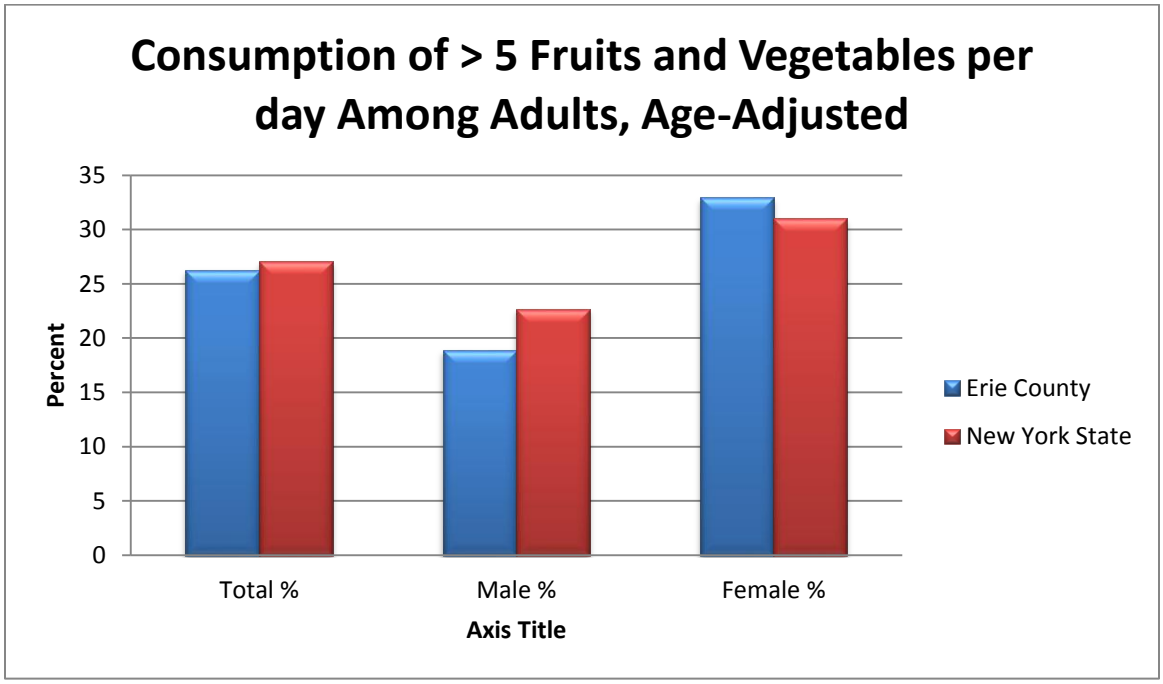
http://www.health.ny.gov/statistics/chac/general/g75.htm



Obesity among adults in Erie County is higher for both males and females that in New York State as a whole but is still less than that of the national percentage of the population.

Age-adjusted percentage of adults eating 5 or more fruits or vegetables per day

Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010



In 2010 Erie County females ate more fruits and vegetables on average than New York State females as a whole but males ate much less. This contributes largely to the almost equal consumption when averaged together. Both genders need to increase their consumption as only a little over one quarter of the population consumes the recommended amount currently. We as a community have a lot of work to do in this area to increase healthy behaviors. Formation of the Buffalo and Erie County Food Policy Council and adoption by the Erie County Board of Health as an official committee of their body will allow policymakers to have make educated decisions with the guidance from the experrts on the board in all issues surrounding food.

Obesity Prevalence in New York State

- The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.
- The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008.
- Obesity among children and adolescents has tripled over the past three decades. Currently, a third of New York's children are obese or overweight.
- Health care to treat obesity-related illnesses and conditions cost the United States an estimated $150 billion and New York State more than $7.6 billion every year.

Obesity Prevalence in Erie County, New York

- The percentage of Erie County adults who are overweight or obese is 64.8%, which is higher than New York State's which is 60%.

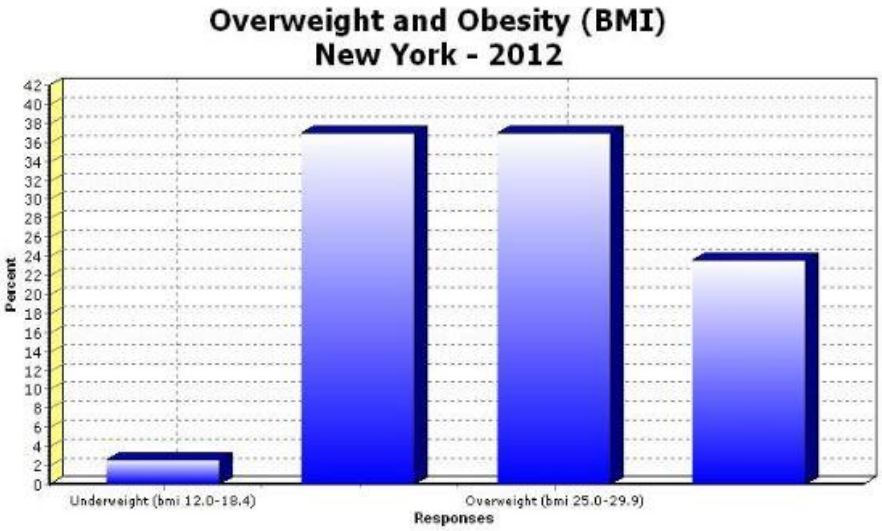
The percentage of adults who fit the obese criteria in Erie County in 2009 BRFSS county specific report is 30%, which also surpasses the New York State statistic.

Obesity graph 1 shows the overweight and obesity percentages for adults 18 and over in New York State. There is a gradual but steady rise in obese individuals from 14.2% in 1994 to 29% in 1996. There is then a slight decrease in 1997 but, the upward trend continues reaching an all time high of 20.9 % in 2003. People who are considered overweight have remained relatively stable for this period. In 1994, 34.7% were overweight, and in 2003, 35.3% were overweight. The 2003 data is a decrease from a high of 39.2% in 2000. Continuing into the future, in 2005 37.6%, a high percentage of the population reported in the overweight categories, this trend then turned and decreased to 35.4% in 2006 and further to 34.2% in 2008 according to the Expanded BRFSS Interim Report: July 2008 – December 2008 – Erie County, released April 2009. The numbers in this category need to shift to the normal weight category, not the obese category they currently are in to see a decrease in the presentation numbers of persons in any number chronic diseases associated with weight.

Obesity Graph 1

Obesity graph 2 demonstrates a continuation of the obesity problem in New York State as a whole, The combined population in the overweight and obese categories continues to hover at about 60% of the population for the state in its entirety. Erie County has a slightly higher combined rate of overweight and obesity with 64% of the population in these categories according the 2009 Expanded BRFSS. While the rate has not gone down, it also appears to have have stopped rising. Now the trend needs to be turned and the rate needs to decrease.

Obesity Graph 2

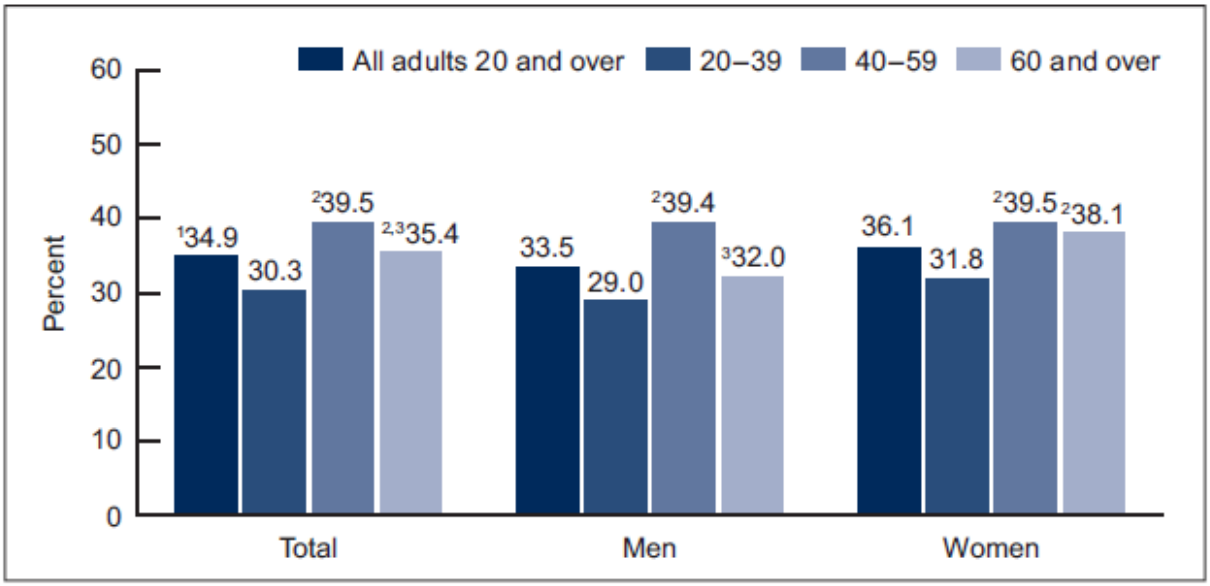


According to the expanded NYS BRFSS interim report of April 2009, 38.6% of Erie County males aged 18 and over and 30.2% of females in the same category report that they are in the overweight category. This is defined as having a BMI of >24.9 but <30.

According to the same survey, 35.5% of males age 18 and over and 26.2% of females age 18 and over fall into the obese category. Overall, this is 30.5% of the adult population in 2008 in Erie County defined as having a BMI of 30 or over. This is a significant increase of about 8% since 2006 in this category, and needs to be captured and addressed to halt the progression of disease.

More than one-third (age-adjusted 34.9%, crude 35.1%) of U.S. adults were obese in 2011–2012. Overall, the prevalence of obesity among middle-aged adults aged 40–59 was higher than among younger adults aged 20–39 or older adults aged 60 and over (Figure 1).

Figure 1. Age-adjusted prevalence of obesity, by sex and age group, among adults aged 20 and over: United States, 2011–2012

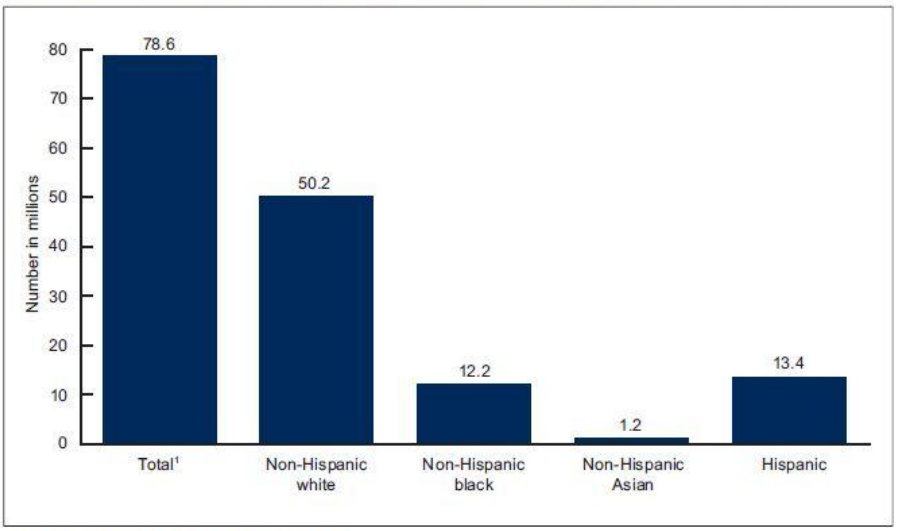


[1]Crude estimate 35.1%.
[2]Significant difference from ages 20–39.
[3]Significant difference from ages 40–59.
NOTE: Estimates are age-adjusted for all adults aged 20 and over by the direct method to the 2000 U.S. census population using the age groups 20–39, 40–59, and 60 and over.
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2011–2012.

Looking at the numbers nationally corroborates the same obesity patterns seen both locally and statewide. At highest risk are the 40-59 year olds both male and female. This age frame also aligns with the presentation of many chronic disease syndromes such as metabolic disorders such as diabetes and cardiovascular issues such as hypertension and high cholesterol. Many cancers are have also been associated with poor nutrition habits and lack of physical activity that lead to the obesity statistics we are seeing today. Ethnicity also comes into play here. Disparities in access to health care, access to avenues for physical activity and sources of good nutrition are all issues being dealt with by Erie County's highest risk populations which encompass many of the culturally diverse, very poor, urban residents of the City of Buffalo. The sheer number of adults who were obese in the United States is overwhelming as evidenced by the following table.

As in 2009–2010 (3), more than 78 million adults were obese in 2011–2012. The majority of these obese adults (more than 50 million) were non-Hispanic white (Figure 3).

Figure 3. Number of obese adults aged 20 and over, by race and Hispanic origin: United States, 2011–2012

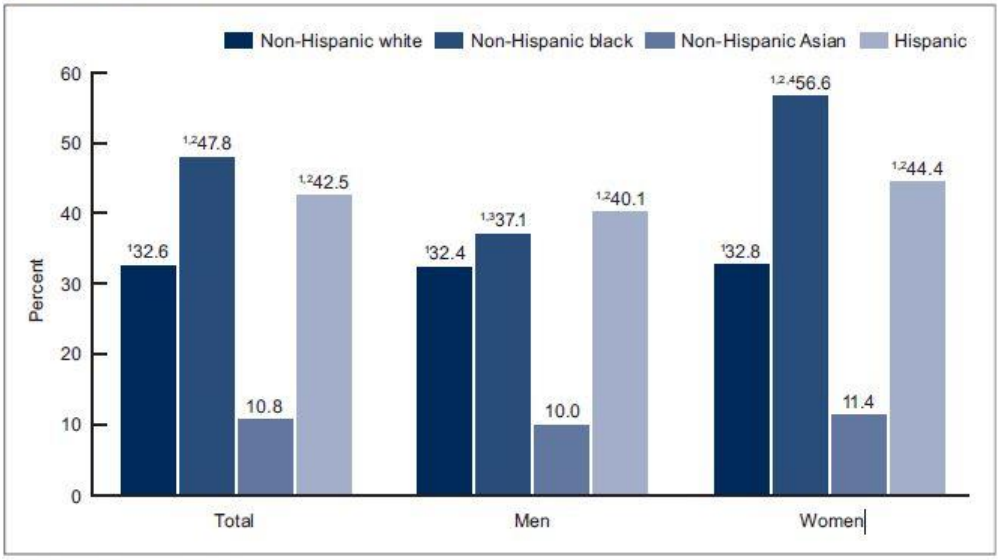


[1]Includes race and Hispanic origin groups not shown separately.
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2011–2012.

The prevalence of obesity among non-Hispanic Asian adults (10.8%) was lower than among non-Hispanic white (32.6%), Hispanic (42.5%), and non-Hispanic black (47.8%) adults (Figure 2). The prevalence of obesity among Hispanic men (40.1%) was higher than among non-Hispanic Asian (10.0%) and non-Hispanic white (32.4%) men. The prevalence of obesity was higher among non-Hispanic black women (56.6%) than among Hispanic (44.4%), non-Hispanic white (32.8%), and non-Hispanic Asian (11.4%) women.

The only difference by sex was found among non-Hispanic black adults: 56.6% of non-Hispanic black women were obese compared with 37.1% of non-Hispanic black men.

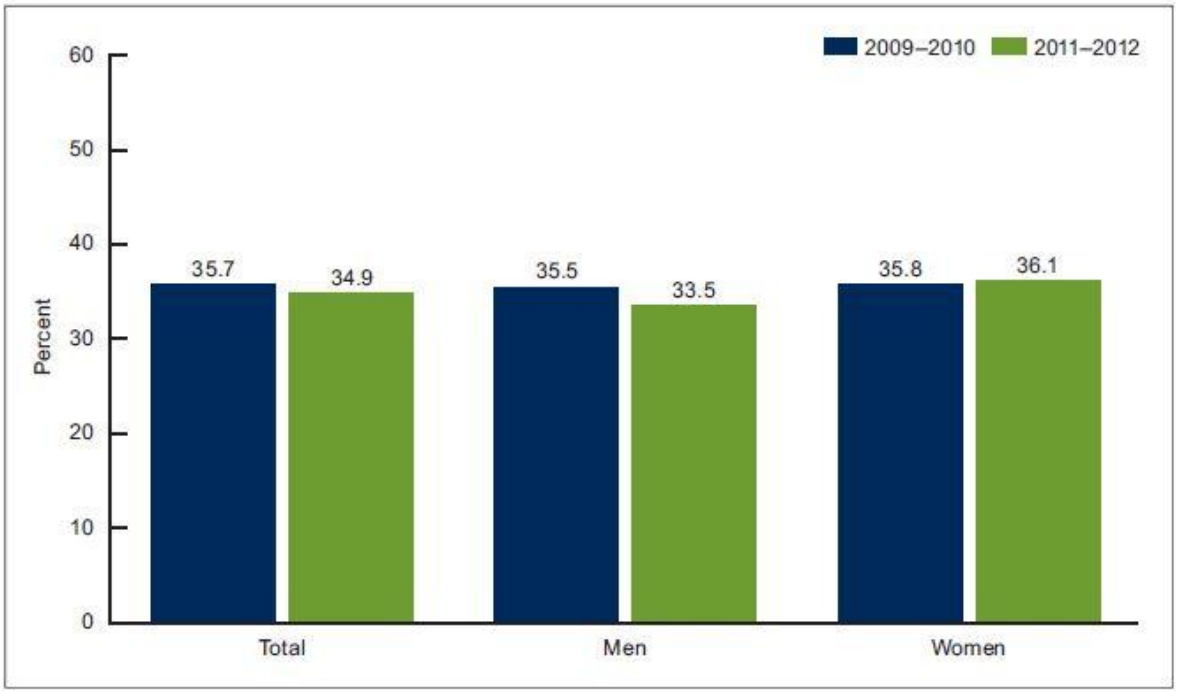
Figure 2. Age-adjusted prevalence of obesity, by sex and race and Hispanic origin, among adults aged 20 and over: United States, 2011–2012



[1]Significant difference from non-Hispanic Asian.
[2]Significant difference from non-Hispanic white.
[3]Significant difference from women.
[4]Significant difference from Hispanic.
NOTE: Estimates are age-adjusted by the direct method to the 2000 U.S. census population using the age groups 20–39, 40–59, and 60 and over.
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2011–2012.

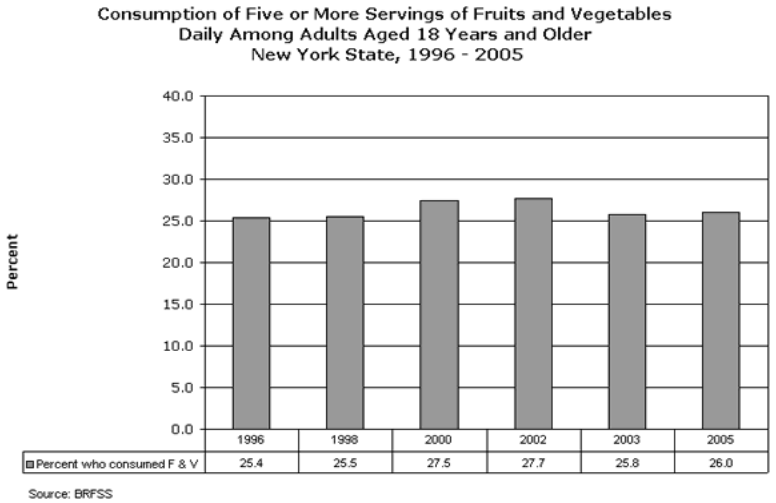
There was no significant change in obesity prevalence between 2009–2010 and 2011–2012 among either men or women. In 2011–2012, the prevalence of obesity among men was 33.5%, compared with 35.5% in 2009–2010. Among women, obesity prevalence was 36.1% in 2011–2012 and 35.8% in 2009–2010 (Figure 4).

Figure 4. Age-adjusted prevalence of obesity, by sex, among adults aged 20 and over: United States, 2009–2010 and 2011–2012

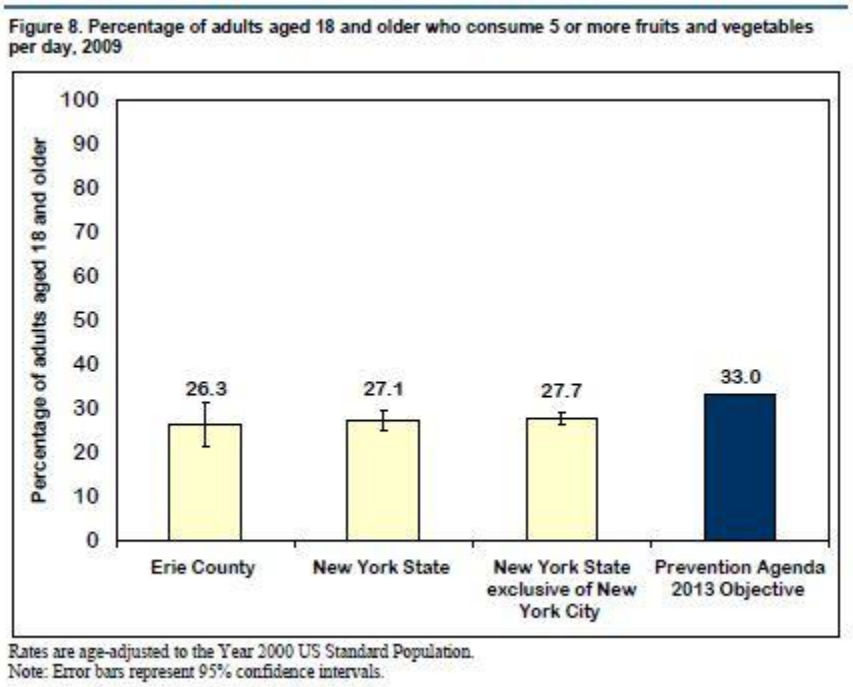


NOTE: Estimates are age-adjusted by the direct method to the 2000 U.S. census population using the age groups 20–39, 40–59, and 60 and over.
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2009–2010 and 2011–2012.

Nutrition graph 1 shows the consumption by adults of five or more servings of fruits and vegetables daily in New York State. Except for a small downward blip in 1994 and 2003 the percentage has steadily risen but still indicates that only one in four people get five or more servings of fruit and vegetables a day. This number stayed consistent in the April 2009 released interim BRFSS July 2008 – December 2008 which identified only 24.2% of the population in Erie County as consuming 5 or more servings of fruits and vegetables daily. Food deserts in urban, suburban, and rural communities need to be filled with green grocers, farmers markets, farm to school initiative, and community gardens to name a few options. Policy at the legislative level supporting incentives and training initiatives is crucial to success.



The New York State Department of Health has identified objectives for each area of the Prevention Agenda and has set goals for all to strive for in the state. In the following graph, it can be noted that the consumption of fruits and vegetbles by adults in NYS has not increased much since 2005, only a 1.7% and in Erie County, the intake is well below the target of 33% by 2017. Increased education and accessibility to these items is necessary to start to move these rates to more acceptable levels.



2. PROBLEM IDENTIFICATION

Obesity is a contributing cause of many other health problems, including heart disease, stroke, diabetes and some types of cancer; these are some of the leading causes of death in

the U.S. According to the Centers for Disease Control and Prevention (CDC), more than 72 million adults are obese. Persons who are obese have medical costs that are $1,429 higher than those of normal weight, and no state has an obesity rate less than 15%—the national goal. In adults, obesity disproportionately affects racial and ethnic minorities; compared with whites, Blacks have 51% higher and Hispanics have 21% higher obesity rates. (Source: CDC Vital Signs (2010). *Adult Obesity.* National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity: Atlanta, GA)

3. AVAILABLE RESOURCES

Locally residents in Erie County are educated on the benefits of walking, physical activity and healthy eating by the Erie County Department of Health and the Erie County Department of Senior Services in collaboration with the Wellness Institute of Greater Buffalo and many other community based organizations through the Living Healthy Task Force of Erie County.

Physical activity opportunities are offered regularly, technical assistance to groups establishing walking clubs, weight loss groups and worksite wellness policy is also provided by ECDOH staff.

A unique collaboration with the Restaurant Association of WNY is creating a way for business owners (restaurateurs) to provide opportunities for customers to be aware of their nutritional intake and make choices best for their individual needs.

The major causes of premature death and disability among workers are heart disease, cancer, strokes and injuries. The federal Centers for Disease Control and Prevention (CDC) estimate that physical inactivity contributes to up to 23 percent of all deaths from major chronic diseases. Only one in five New York adults engage in the regular and sustained physical activity that is needed to reduce the risk of heart disease, high blood pressure and other health problems which lead to premature death or disability, according to a recent joint CDC and New York State Health Department survey.

Different health insurance companies offer a variety of nutrition and physical activity programs which are covered by the insurance company.

4. NEEDED SERVICES

- Money to run community education nutrition classes at sites which are convenient for the most at risk individuals as well as the general population
- More training in the behavioral aspect of weight gain and how to change behaviors
- More training and resources for physicians to address the issues of overweight/obesity and physical activity
- Comprehensive marketing to counter poor nutrition messages that are strictly profit driven
- Policy changes in schools and workplaces regarding foods served and time for access to physical activity
- Health insurance coverage for seeing a nutritionist for extended periods
- Safer streets and parks for people to exercise in, municipal policy legislative supports.

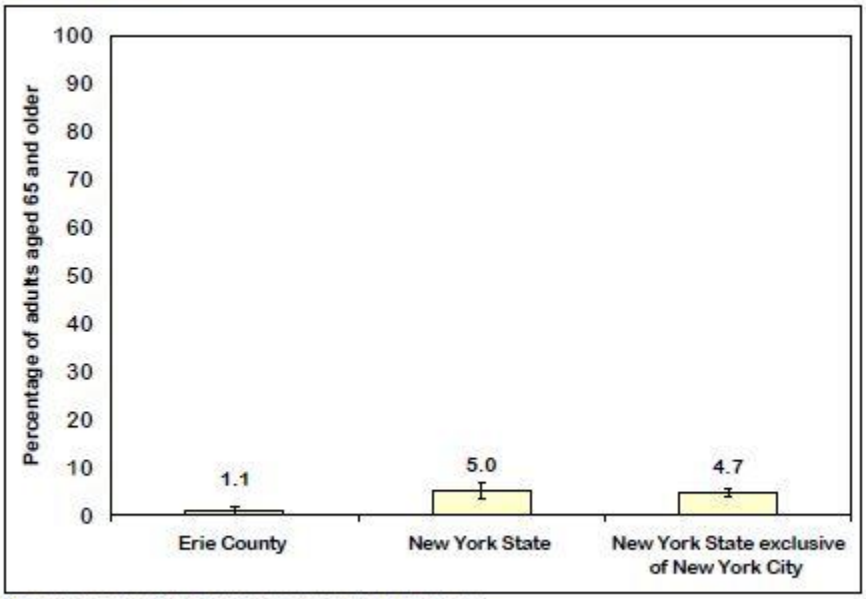
Staff to support community members in behavior change policies, environmental supports and programmatic implementation.

Injury Prevention

1. HEALTH/VITAL STATISTICS

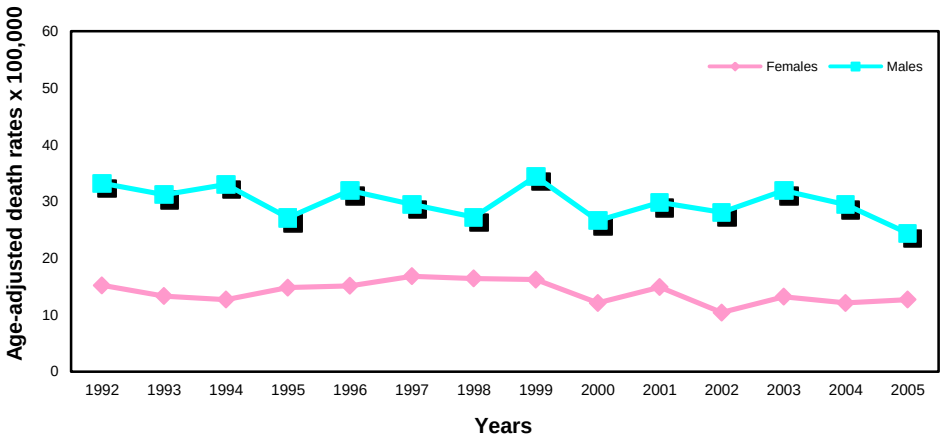
Due to an aging population, vital statistics for falls prevention are an important measure to monitor the health and wellness of the residents of Erie County. Many activities are being implemented in the county to address this important safety issue. Erie County currently has much better outcomes than the state as a whole but the population is aging on the whole so the establishment of safe behavior patterns to address this issue and educate the population before the numbers increase is imperative.

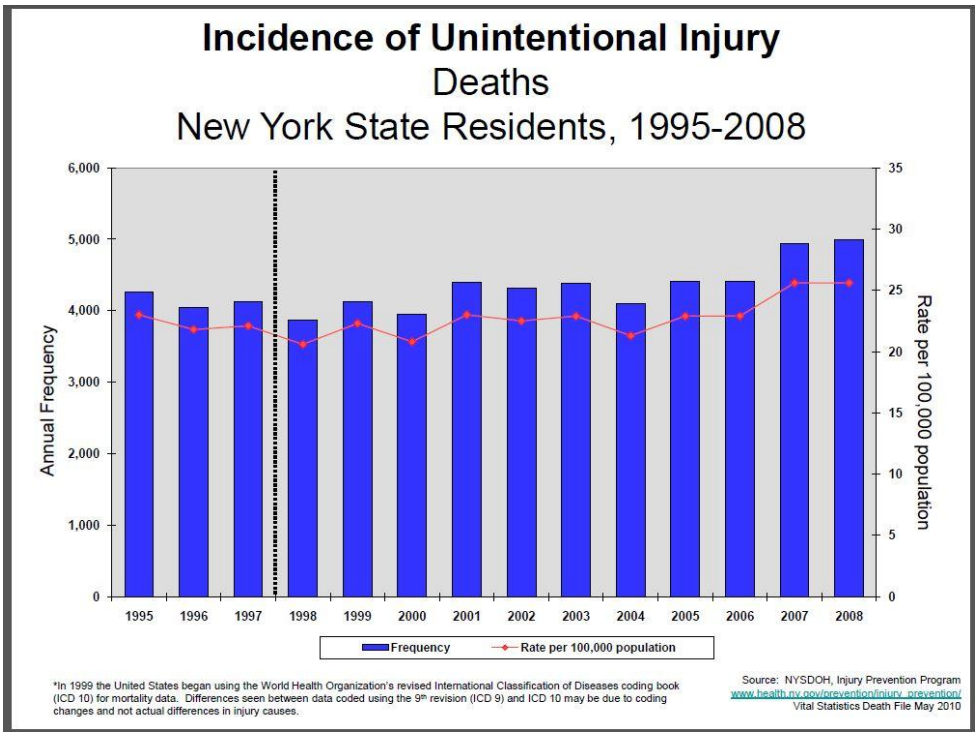
Figure 5. Percentage of adults aged 65 and older who had falls that resulted in injuries in the past three months, 2009



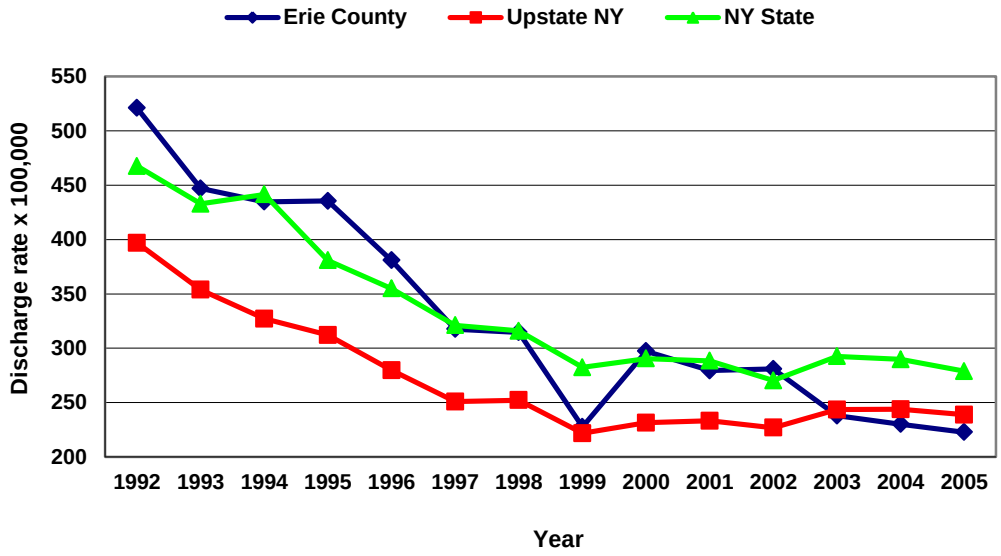
Rates are age-adjusted to the Year 2000 US Standard Population.
Note: Error bars represent 95% confidence intervals.

The Injury Prevention and Control graph below shows the Unintentional Injuries death rate for Erie County from 1992 – 2005 for males and females. The death rate from unintentional injuries for males and females has been characterized by little change. In the years 2007 – 2008 there has been a slight increase in the unintentional injury death rate. This is something that needs to be monitored closely in subsequent years.



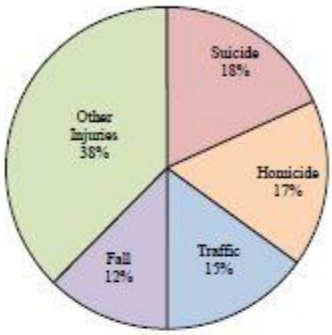


Injury Prevention and Control graph below compares the Unintentional Injury discharge rate per 100,000 population for children aged 10 and under. The hospitalization rates for children 10 and under for unintentional injury significantly decreased in the period 1992-1999. In 2000, Erie County had an increase which was comparable to New York State rates, but since 2003, Erie County rates have been lower than Upstate New York and New York State rates.



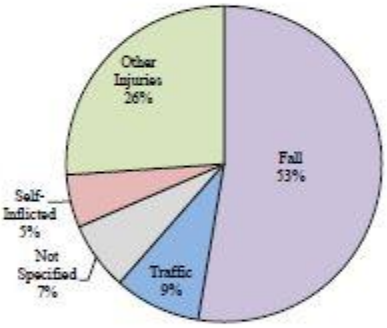
Leading Causes of All Injury
Deaths, Hospitalizations and Emergency Department† (ED) Visits
Erie County, New York Residents, 2005-2007

Deaths



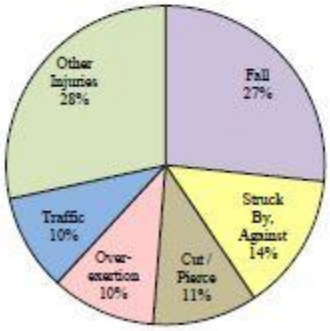
- Motor Vehicle Traffic Injuries are the third leading cause for injury related death for Erie County residents.
- Annually, 60 Erie County Residents die due to traffic related injuries.
  - 26 Occupants
  - 15 Unspecified Persons
  - 11 Pedestrians
  - 7 Motorcyclists

Hospitalizations



- Motor Vehicle Traffic Injuries are the second leading cause for injury related hospitalizations for Erie County residents.
- Annually, 694 Erie County Residents are hospitalized due to traffic related injuries.
  - 454 Occupants
  - 105 Pedestrians
  - 77 Motorcyclists
  - 33 Pedal Cyclists
  - 24 Unspecified Persons

ED† Visits



- Motor Vehicle Traffic Injuries are a leading cause for injury related outpatient ED† visits for Erie County residents.
- Annually, 8,780 Erie County Residents are treated and released from an ED due to traffic related injuries.
  - 7,418 Occupants
  - 466 Pedestrians
  - 427 Unspecified Persons
  - 263 Motorcyclists
  - 197 Pedal Cyclists
  - 9 Street Car

†The incidence of ED visits does not include patients that were subsequently admitting into the hospital
*Data based on frequencies less than six not reported

Source: NYSDOH, Bureau of Injury Prevention
SPARCS GEN06MTH 2009
Vital Statistics Death File April 2009

For hospitalizations and ED visits, falls by residents are the primary cause of utilization of services. Community collaborations between Senior Service, CBO's local fire and police

agencies are working to educate the public and mitigate some of the hospitalizations and so decrease the cost.

3. PROBLEM IDENTIFICATION

Some of the problems identified reviewing the data from the community include the following:.

- Erie County and the city of Buffalo specifically have seen an increase in the amount of violence due to gang activity. This could be related to several factors including the movement of gangs from the New York City area, the prevalence of poverty in Buffalo and the high rate of unemployment in the area.

- The discharge rate for those 65 years and over has steadily increased over the ten year time period. The 65 year and older population are becoming more and more active because they are much healthier related to medical advances. This often means a 65 year old woman who used to like to sit and do cross stitch is now able to go for a bike ride or a walk which increases the chance of injury and subsequent admission and discharge from hospitals.

- This trend could be interpreted in both a positive and negative manner. An increase in discharge rates could mean more people are able to go home from the hospital as opposed to really living the rest of their lives out in this environment.

3. AVAILABLE RESOURCES

- Crisis Services of WNY continues to operate a 24/7 hotline that can be utilized by the public if they are experiencing mental health issues that could lead them to contemplating suicide. This line is staffed with trained counselors to assist the person who is in need of help. They also operate an emergency outreach service to people who may be contemplating suicide. They will send out a team of two counselors to assess the client for their level of lethality. If necessary 911 will be called to have the client admitted for emergency psychiatric care.
- The New York State Police School and Community Outreach Unit provides programs to schools to decrease violence. These officers receive special training in school violence, crime prevention, conflict management, school resource officer supervision and emergency management. This program is designed to decrease violence and therefore injuries. Each year, the Traffic Services Section develops a comprehensive Traffic Safety Plan focusing on enforcement and education. The activities included in the plan address the three primary causes of highway fatalities - excessive speed, driving while intoxicated (DWI), and failure to use seat belts or child safety restraints. The plan also provides for the specialized training and equipment given to troopers to carry out these efforts. The state police offer child safety seat checks across the state throughout the year. This is due to a very high rate of misuse of seats, and a hope to continue to see a decrease in the number of children injured in traffic accidents.

Changes in seats, recommendations for use and appropriate installation are happening rapidly, public education is a critical component to get the appropriate safety messages distributed..

- The local OASAS funded substance abuse prevention providers have partnered together and with with the Sheriff to implement an aggressive campaign to decrease underage drinking and DWI. Over the next three years these organizations will utilize multiple forms of media to promote social change, especially in our most socioeconomically depressed communities to decrease the acceptability of alcohol consumption and subsequent activities such as driving a car or boat while under the influence and so change the long term outcomes of alcohol related incidents in all areas of life.
- The Buffalo Police Department has, in each district, a gang suppression unit. At police headquarters there is also a Special Services unit, an Intelligence unit and a Narcotics unit that address gang activity with other law enforcement agencies at the local, state and federal levels. The officers involved in these units are specifically involved in working to decrease gang activity in Buffalo, NY.
- The Erie County Medical Center located in the City of Buffalo is the regional trauma center for Western New York. They offer secondary prevention for those who have been injured. They also offer multiple primary prevention programs.
- Crisis Services of WNY host the Erie County Suicide Prevention Coalition who is working to create awareness of the escalating problem in the community as well as to provide trainings for school personel and child service agencies to increase the staff capacity to be aware of and deal with prevention of suicide in oour community through an evidence based model of service delivery.

4. NEEDED SERVICES

- More advertisement of services available for those experiencing mental health issues such as depression. People need to be aware of places they can get assistance if they become depressed or suicidal.
- Programs geared towards children can always use additional funding to purchase items for participants to promote injury prevention as well as items to promote the children's participation in the program.
- Programs geared towards teens, focusing on preventing violent activity. This would include more funding for programs that focus on drug activity on a primary as well as secondary prevention level.
- Funding to conduct research on the steady, significant increase in injuries to those 65 and older to discover the causes and determinants.

Basic Service Area: Disease Control

Sexually Transmitted Diseases

1. HEALTH/VITAL STATISTICS

Gonorrhea is a sexually transmitted disease (STD) caused by a bacterium. Gonorrhea can grow easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus.

Gonorrhea is a very common infectious disease. CDC estimates that, annually, 820,000 people in the United States get new gonorrhea infections and less than half of these infections are detected and reported to CDC. CDC estimates that 570,000 of them were among young people 15-24 years of age. In 2011, 321,849 cases of gonorrhea were reported to CDC.

People get gonorrhea by having sex with someone who has the disease. "Having sex" means anal, vaginal, or oral sex. Gonorrhea can still be transmitted via fluids even if a man does not ejaculate. Gonorrhea can also be spread from an untreated mother to her baby during childbirth. People who have had gonorrhea and have been treated may get infected again if they have sexual contact with a person infected with gonorrhea.

Any sexually active person can be infected with gonorrhea. It is a very common STD. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.

Some men with gonorrhea may have no symptoms at all. However, common symptoms in men include a burning sensation when urinating, or a white, yellow, or green discharge from the penis that usually appears 1 to 14 days after infection. Sometimes men with gonorrhea get painful or swollen testicles.

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. The initial symptoms in women can include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods. Women with gonorrhea are at risk of developing serious complications from the infection, even if symptoms are not present or are mild.

Symptoms of rectal infection in both men and women may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Rectal infections may also cause no symptoms. Infections in the throat may cause a sore throat, but usually cause no symptoms.

Untreated gonorrhea can cause serious and permanent health problems in both women and men.

In women, gonorrhea can spread into the uterus (womb) or fallopian tubes (egg canals) and cause pelvic inflammatory disease (PID). The symptoms may be mild or can be very severe and can include abdominal pain and fever. PID can lead to internal abscesses (pus-filled pockets that are hard to cure) and chronic (long-lasting) pelvic pain. PID can damage the fallopian tubes enough that a woman will be unable to have children. It also can increase her risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

In men, gonorrhea can cause a painful condition called epididymitis in the tubes attached to the testicles. In rare cases, this may prevent a man from being able to father children.

If not treated, gonorrhea can also spread to the blood or joints. This condition can be life-threatening.

Untreated gonorrhea can increase a person's risk of acquiring or transmitting HIV—the virus that causes AIDS.

If a pregnant woman has gonorrhea, she may give the infection to her baby as the baby passes through the birth canal during delivery. This can cause serious health problems for the baby. Treating gonorrhea as soon as it is detected in pregnant women will make these health outcomes less likely. Pregnant women should consult a health care provider for appropriate examination, testing, and treatment, as necessary.

Any sexually active person can be infected with gonorrhea. Anyone with genital symptoms such as discharge, burning during urination, unusual sores, or rash should stop having sex and see a health care provider immediately.

Also, anyone with an oral, anal, or vaginal sex partner who has been recently diagnosed with an STD should see a health care provider for evaluation.

Some people should be tested for gonorrhea even if they do not have symptoms or know of a sex partner who has gonorrhea. Anyone who is sexually active should discuss his or her risk factors with a health care provider and ask whether he or she should be tested for gonorrhea or other STDs.

People who have gonorrhea should also be tested for other STDs.

Most of the time, a urine test can be used to test for gonorrhea. However, if a person has had oral and/or anal sex, swabs may be used to collect samples from the throat and/or rectum. In some cases, a swab may be used to collect a sample from a man's urethra (urine canal) or a woman's cervix (opening to the womb).

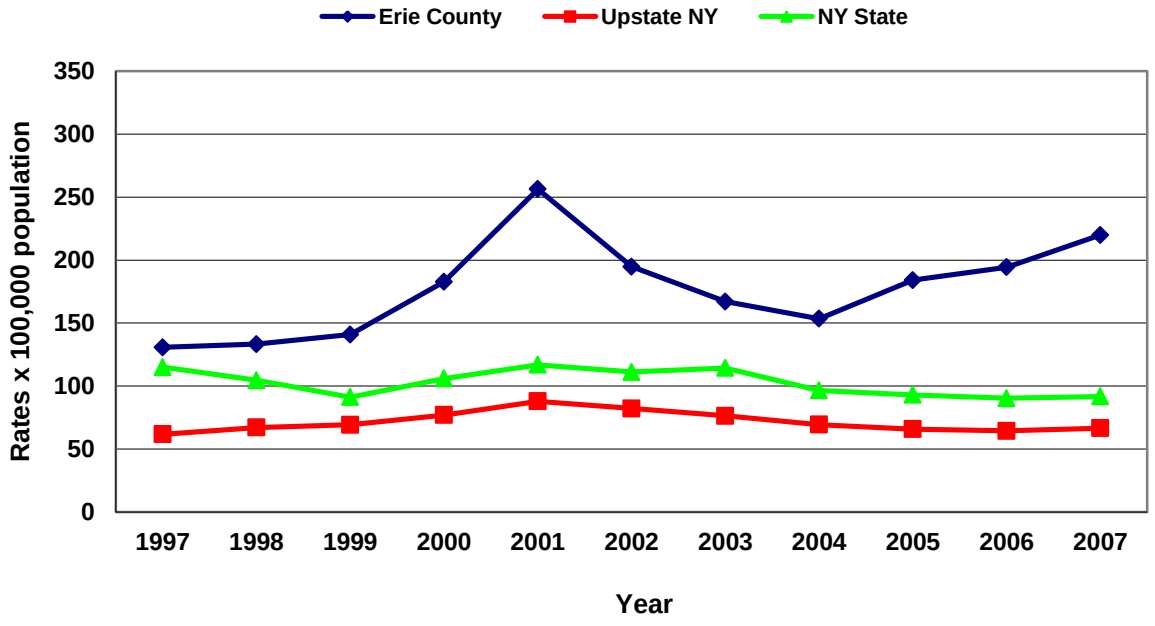
Gonorrhea can be cured with the right treatment. It is important to take all of the medication prescribed to cure gonorrhea. Medication for gonorrhea should not be shared with anyone. Although medication will stop the infection, it will not repair any permanent damage done by the disease. Drug-resistant strains of gonorrhea are increasing, and successful treatment of

gonorrhea is becoming more difficult. If a person's symptoms continue for more than a few days after receiving treatment, he or she should return to a health care provider to be reevaluated.

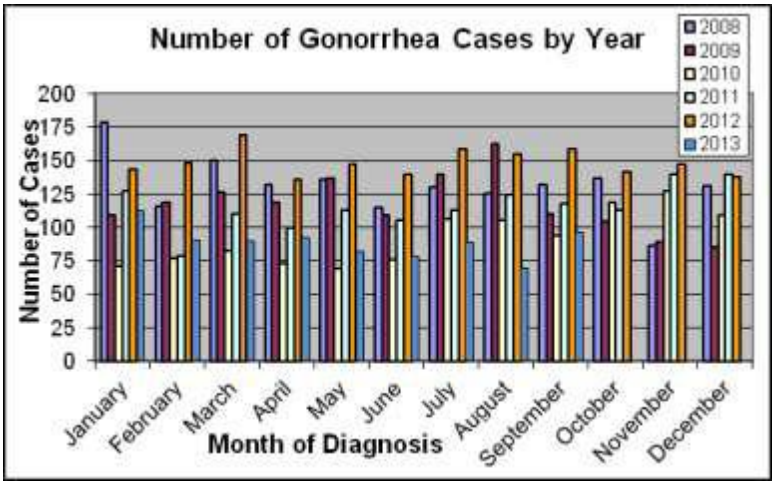
If a person has been diagnosed and treated for gonorrhea, he or she should tell all recent anal, vaginal, or oral sex partners so they can see a health care provider and be treated. This will reduce the risk that the sex partners will develop serious complications from gonorrhea and will also reduce the person's risk of becoming re-infected. A person with gonorrhea and all of his or her sex partners must avoid having sex until they have completed their treatment for gonorrhea and until they no longer have symptoms. For tips on talking to partners about sex and STD testing, visit www.gytnow.org/talking-to-your-partner/

Latex condoms, when used consistently and correctly, can reduce the risk of getting or giving gonorrhea. The most certain way to avoid gonorrhea is to not have sex or to be in a long-term, mutually monogamous relationship with a partner who has been tested and is known to be uninfected. (www.cdc.gov)

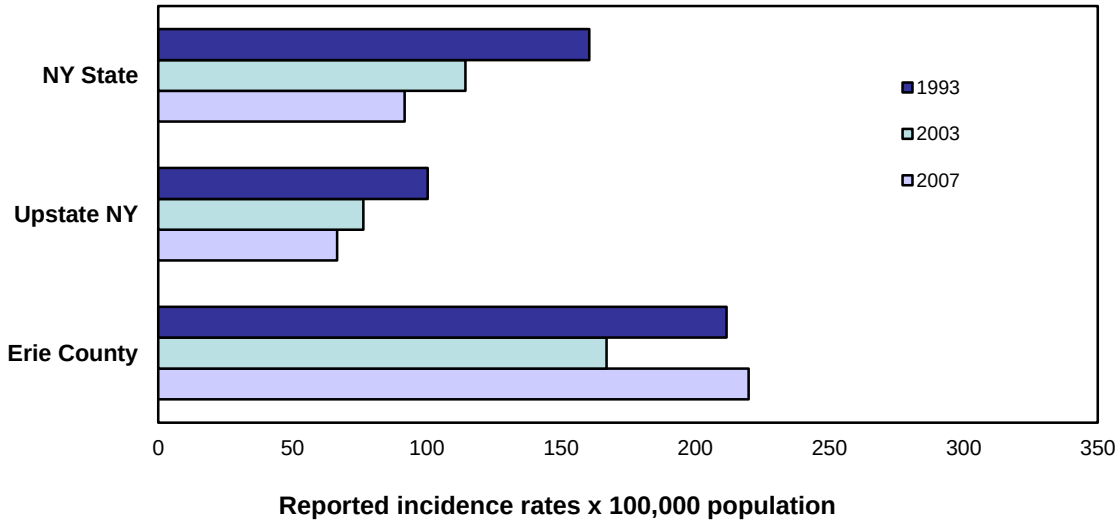
STD graph 1 examines Gonorrhea rates per 100,000 population over a ten year period from 1997-2007.



Erie County has consistently higher rates than the rest of the state. Clusters identified in the community are investigated by Disease Intervention Specialists who work with clients to identify and get sexual contacts into care for testing and treatment if necessary. Since a peak in cases in January 2013 the number of new cases is slowly on the downward trend.

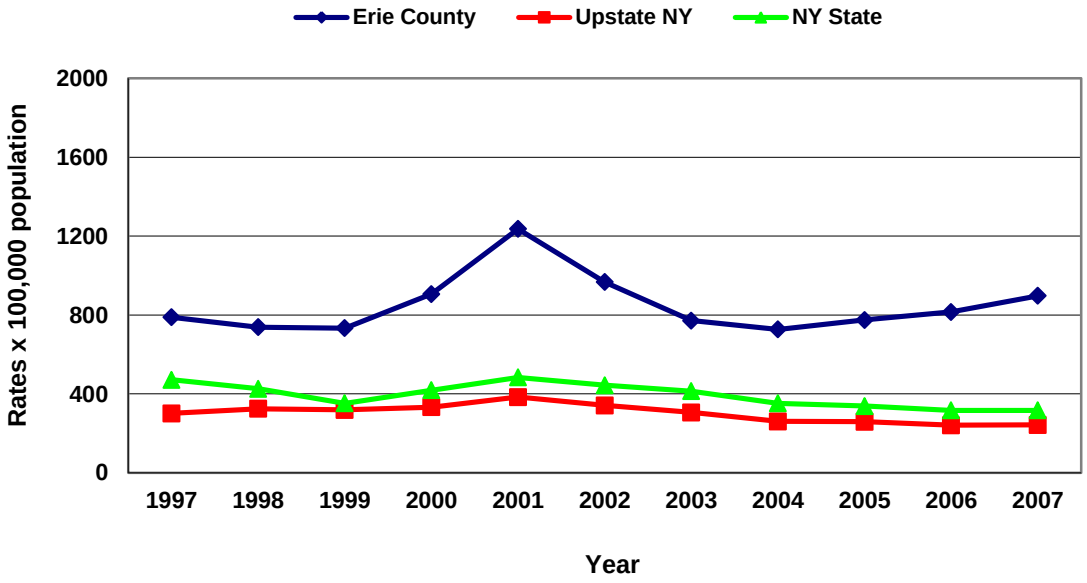


STD graph 2 displays incidence rates for Gonorrhea in the years 1993, 2003, and 2007 in Erie County, Upstate New York and New York State. Erie County consistently has the highest incidence rates, significantly exceeding the rates reported by New York State and Upstate New York. This could be due to a higher number of cases in Erie County's population, high poverty rates in Erie County, which is associated with elevated gonorrhea rates, or increased availability of testing resulting in identification of most infected individuals in the community. Monitoring rates of complications of STD's such as Pelvic Inflammatory Disease would give a better indication of which of these variables is the one affecting these incidence rates.

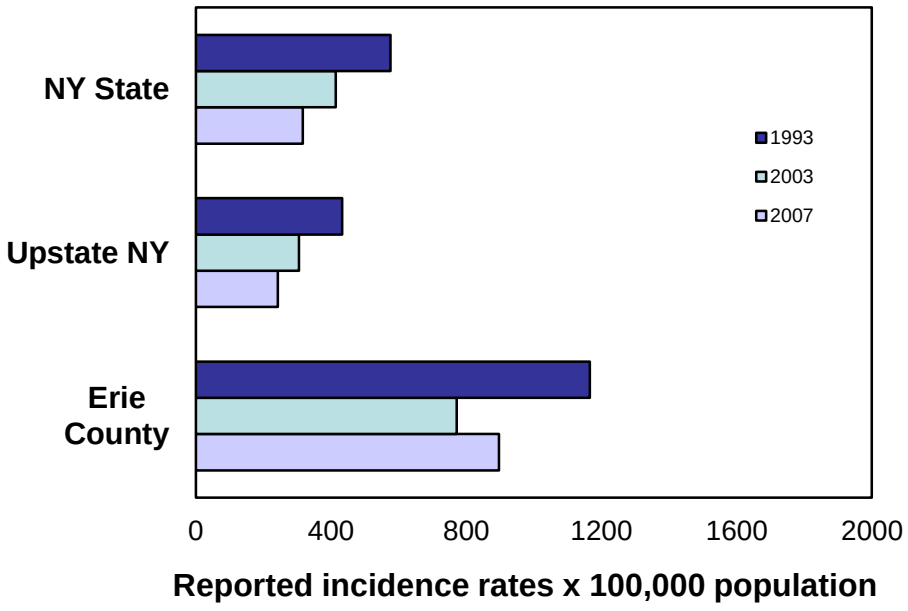


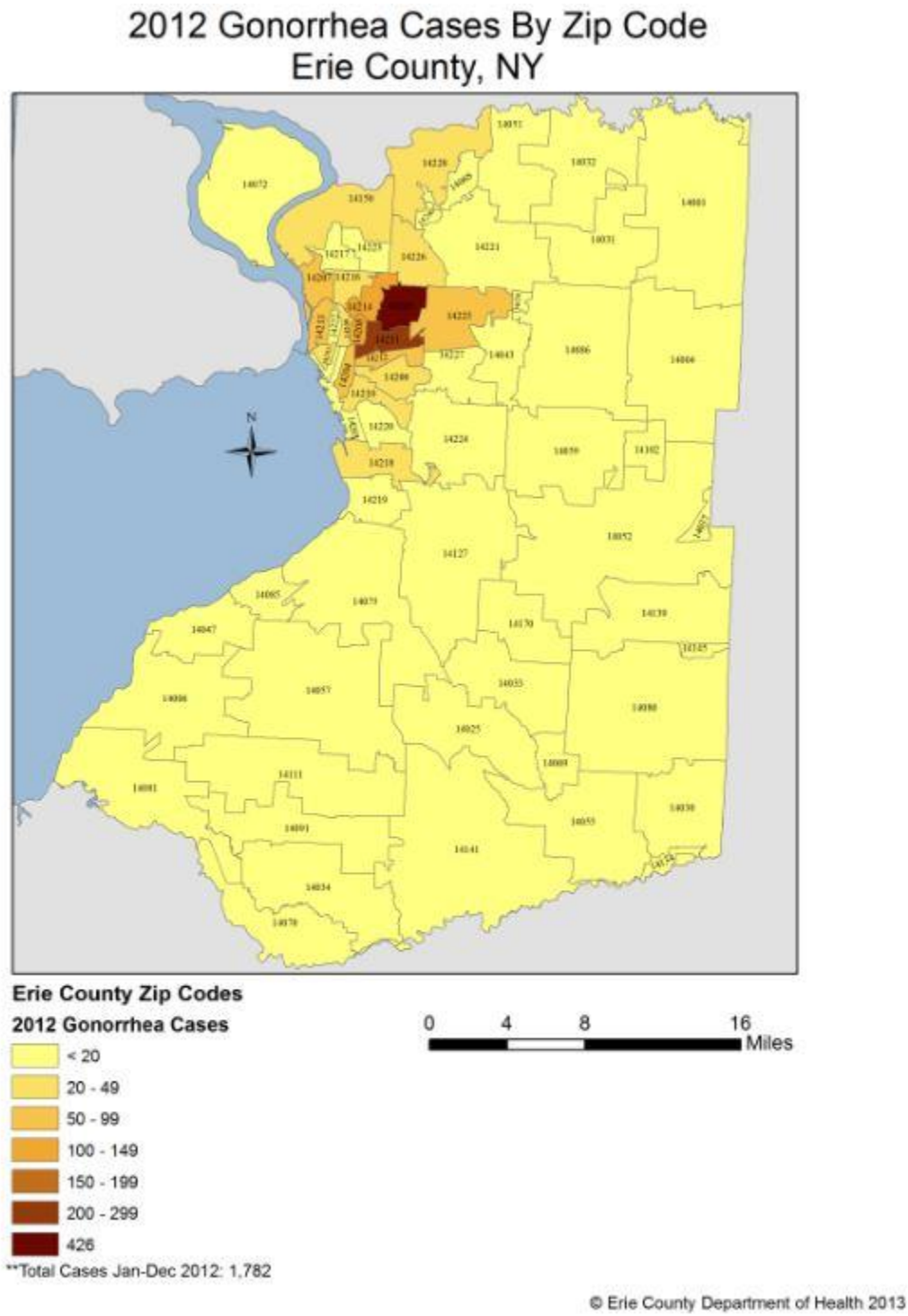
STD Graph 3 shows that in the period 1997-2007, Erie County has consistently experienced much higher incidence rates of Gonorrhea, among people age 15-19, than Upstate New York

and New York State. The graph also shows a steady downward trend in the rate of infection except in the last three years where there is an increase in the rate of infection. This upward trend is noted only in Erie County and may be due to the introduction of NAAT as the standard test for Gonorrhea, increased testing and increasing poverty rates in Erie County. NAAT is a more sensitive test compared to the standard culture test used prior to its introduction.



STD graph 4 shows that all three regions had been characterized by a consistent decline in the incidence rate of Gonorrhea infection among 15-19 year olds. Erie County in 2007 had a significant increase in the rates of gonorrhea which may be due to increased testing, increasing poverty rates or actual increase in infection in Erie County.





	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
DIAGNOSED GONORRHEA													
PID	1	0	0	0	0	0	1	0	0	0	0	0	2
Uncomplicated	111	91	90	92	82	78	88	70	96	87	26	0	911
TOTAL DIAGNOSED GC	112	91	90	92	82	78	89	70	96	87	26	0	913

Gonorrhea numbers 1/1/13 – 11/15/13
Erie County NY

In Erie County, clusters of Gonorrhea appear in the same communities that experience the majority of the health care issues. Zipcodes 14207, 14213, 14211, and 14215 consistently appear, whether for highest rates of teen pregnancies or rates of debilitating chronic diseases. Disparities in health access for the population also are significant. Many life factors affecting the population such as unstable housing, low employment rate, high drug use and a multitude of ethnic minorities that are first generation refugees settling in the country all complicate addressing these issues in a unified fashion. These are communities where one size does not fit all and education and interventions must vbe designed to meet the unique need of the communities.

Chlamydia is a common sexually transmitted disease (STD) caused by a bacterium. Chlamydia can infect both men and women and can cause serious, permanent damage to a woman's reproductive organs.

Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States. In 2011, 1,412,791 cases of chlamydia were reported to CDC from 50 states and the District of Columbia, but an estimated 2.86 million infections occur annually. A large number of cases are not reported because most people with chlamydia do not have symptoms and do not seek testing. Chlamydia is most common among young people. It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.

People get chlamydia by having sex with someone who has the infection. “Having sex” means anal, vaginal, or oral sex. Chlamydia can still be transmitted even if a man does not ejaculate. People who have had chlamydia and have been treated can get infected again if they have sex with an infected person.

Chlamydia can also be spread from an infected woman to her baby during childbirth.

Any sexually active person can be infected with chlamydia. It is a very common STD, especially among young people. It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.

Sexually active young people are at high risk of acquiring chlamydia for a combination of behavioral and biological reasons. Men who have sex with men (MSM) are also at risk for chlamydial infection since chlamydia can be transmitted by oral or anal sex.

Chlamydia is known as a ‘silent’ infection because most infected people have no symptoms. If symptoms do occur, they may not appear until several weeks after exposure. Even when it causes no symptoms, chlamydia can damage a woman’s reproductive organs.

In women, the bacteria first infect the cervix (structure that connects the vagina or birth canal to the uterus or womb) and/or the urethra (urine canal). Some infected women have an abnormal vaginal discharge or a burning sensation when urinating. Untreated infections can spread upward to the uterus and fallopian tubes (tubes that carry fertilized eggs from the

ovaries to the uterus), causing pelvic inflammatory disease (PID). PID can be silent, or can cause symptoms such as abdominal and pelvic pain. Even if PID causes no symptoms initially, it can lead to infertility (not being able to get pregnant) and other complications later on.

Some infected men have discharge from their penis or a burning sensation when urinating. Pain and swelling in one or both testicles (known as "epididymitis") may also occur, but is less common.

Chlamydia can also infect the rectum in men and women, either through receptive anal sex, or possibly via spread from the cervix and vagina. While these infections often cause no symptoms, they can cause rectal pain, discharge, and/or bleeding (known as "proctitis").

The initial damage that chlamydia causes often goes unnoticed. However, chlamydial infections can lead to serious health problems.

In women, untreated infection can spread upward to the uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), causing pelvic inflammatory disease (PID). PID can be silent, or can cause symptoms such as abdominal and pelvic pain. Both symptomatic and silent PID can cause permanent damage to a woman's reproductive tract and lead to long-term pelvic pain, inability to get pregnant, and potentially deadly ectopic pregnancy (pregnancy outside the uterus).

In pregnant women, untreated chlamydia has been associated with pre-term delivery, and can spread to the newborn, causing an eye infection or pneumonia.

Complications are rare in men. Infection sometimes spreads to the tube that carries sperm from the testis, causing pain, fever, and, rarely, preventing a man from being able to father children.

Untreated chlamydia may increase a person's chances of acquiring or transmitting HIV – the virus that causes AIDS.

In pregnant women, untreated chlamydia has been associated with pre-term delivery, and can spread to the newborn, causing an eye infection or pneumonia. Screening and treatment of chlamydia during pregnancy is the best way to prevent these complications. All pregnant women should be screened for chlamydia at their first prenatal visit.

Any sexually active person can be infected with chlamydia. Anyone with genital symptoms such as discharge, burning during urination, unusual sores, or rash should avoid having sex until they are able to see a health care provider about their symptoms.

Also, anyone with an oral, anal, or vaginal sex partner who has been recently diagnosed with an STD should see a health care provider for evaluation.

CDC recommends yearly chlamydia testing for all sexually active women age 25 or younger and older women with risk factors for chlamydial infections (e.g., women who have a new or more than one sex partner), and all pregnant women. Any woman who is sexually active should discuss her risk factors with a health care provider who can then determine if more frequent testing is necessary.

Men who have sex with men (MSM) who have receptive anal sex should be tested for chlamydia each year. MSM who have multiple and/or anonymous sex partners should be tested more frequently.

HIV-infected sexually active women who are age 25 or younger or have other risk factors, and all HIV-infected patients who report having receptive anal sex should be tested for chlamydia at their first HIV care visit and then at least annually. A patient's health care provider might determine more frequent testing is necessary, based on the patient's risk factors.

There are laboratory tests to diagnose chlamydia. Specimens commonly used for testing include a cotton swab of the vagina (collected by the woman herself or her health care provider) or a urine sample.

Chlamydia can be easily treated and cured with antibiotics. HIV-positive persons with chlamydia should receive the same treatment as those who are HIV-negative.

Persons with chlamydia should abstain from having sex for seven days after single dose antibiotics, or until completion of a seven-day course of antibiotics, to prevent spreading the infection to partners.

Repeat infection with chlamydia is common. Persons whose sex partners have not been appropriately treated are at high risk for re-infection. Having multiple chlamydial infections increases a woman's risk of serious reproductive health complications, including pelvic inflammatory disease and ectopic pregnancy. Women and men with chlamydia should be retested about three months after treatment of an initial infection, regardless of whether they believe that their sex partners were successfully treated.

Infants infected with chlamydia may develop conjunctivitis (infection of the membrane lining the eyelids) and/or pneumonia. Chlamydial infection in infants can be treated with antibiotics.

If a person has been diagnosed and treated for chlamydia, he or she should tell all anal, vaginal, or oral sex partners from the past 2 months so that they can see a healthcare provider and be treated. This will reduce the risk that the sex partners will develop serious complications from chlamydia and will also reduce the person's risk of becoming re-infected. A person with chlamydia and all of his or her sex partners must avoid having sex until they have completed their treatment for chlamydia (i.e., seven days after a single dose of antibiotics or until completion of a seven-day course of antibiotics) and until they no longer

have symptoms. For tips on talking to partners about sex and STD testing, visit www.gytnow.org/talking-to-your-partner/

To help get partners treated quickly, healthcare providers may give patients extra medicine or prescriptions to give to their sex partners. This is called expedited partner therapy or EPT. EPT is only available in some parts of the country. Consult a healthcare provider to find out if it is available in a specific area. Sex partners should still be encouraged to see a healthcare provider, regardless of whether they receive EPT. EPT is available in New York State and the expansion of its use will decrease the unknown spread of the disease

Latex male condoms, when used consistently and correctly, can reduce the risk of getting or giving chlamydia. The surest way to avoid chlamydia is to abstain from vaginal, anal, and oral sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected. (http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm)

DIAGNOSED CHLAMYDIA	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
Chlamydia	433	424	396	413	391	383	387	417	429	449	96	1	4,219
PID	0	2	0	0	0	1	0	0	0	0	0	0	3
TOTAL DIAGNOSED CHLAMYDIA	433	426	396	413	391	384	387	417	429	449	96	1	4,222

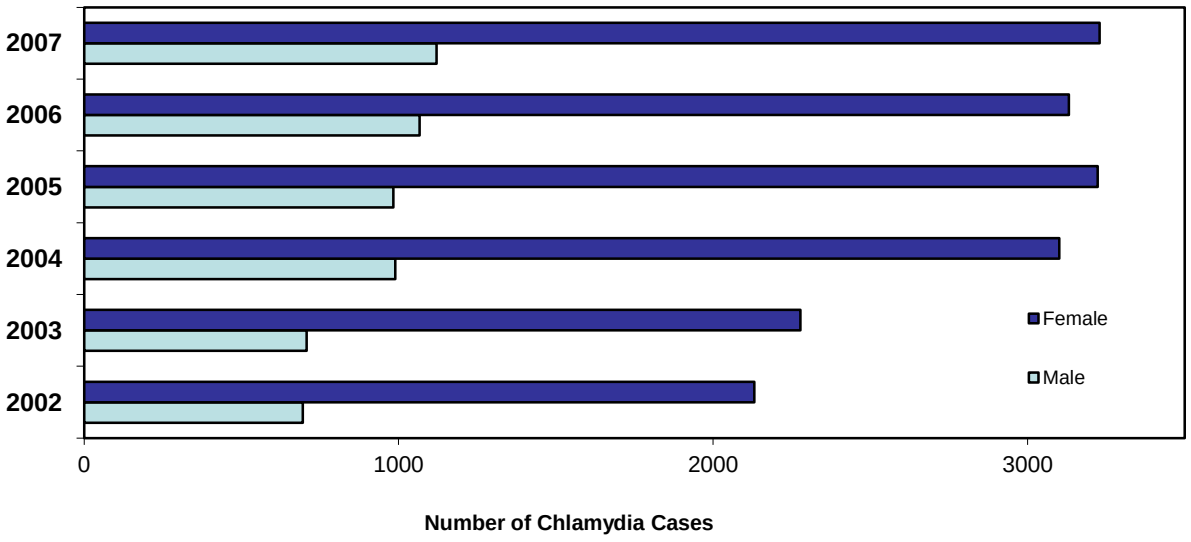
Diagnosed Chlamydia 1/1/13 – 11/15/13
Erie County, NY

STD table 1 and 2 on the [illegible] of Chlamydia cases and rate per 100,000 age-specific population for ages 15-29 by sex in Erie County, Upstate New York and New York State in 2005-2007. Erie County's rates for males have been consistently higher than rates in Upstate New York and New York State as a whole. For females, the Erie County rates have remained relatively stable with only a slight increase. The other two areas have shown an increase in rates for females. Erie County, again, is consistently higher than the other two areas. This continues to be the trend today.

Males - STD table 1			
Year	Erie County	Upstate New York	New York State
2005			
Reported # cases	797	5,276	14,478
Rates	832.0	453.2	726.7
2006			
Reported # cases	876	5,838	15,561
Rates	899.2	501.4	767.0
2007			
Reported # cases	899	6,423	18,491
Rates	909.1	535.5	900.4

Females - STD Table 2			
Year	Erie County	Upstate New York	New York State
2005			
Reported # cases	2,882	16,742	39,020
Rates	3,188.0	1,550.5	2,034.9
2006			
Reported # cases	2,795	18,019	41,401
Rates	2,993.7	1,668.8	2,077.8
2007			
Reported # cases	2,877	19,489	47,998
Rates	3,036.6	1,713.7	2,387.7

STD graph compares the number of reported Chlamydia cases by sex for Erie County. There is a very large discrepancy in these rates between genders. In Erie County, the 2007 Female/Male Ratio is 2.9. This is graphic evidence that Chlamydia disproportionately affects women. This could be due to multiple factors including the biological tendency of women under 25 having a greater ability of becoming infected to the possibility that women are tested on a more frequent basis than men who may be treated based on history so no confirmed lab diagnosis is present to influence the rates. At present, Chlamydia is the most frequently reported sexually transmitted disease in Erie County.



Syphilis is a sexually transmitted disease (STD) caused by a bacterium. Syphilis can cause long-term complications and/or death if not adequately treated.

CDC estimates that, annually, 55,400 people in the United States get new syphilis infections. There were 46,042 reported new cases of syphilis in 2011, compared to 48,298 estimated new diagnoses of HIV infection and 321,849 cases of gonorrhea in 2011. Of new cases of syphilis, 13,970 cases were of primary and secondary (P&S) syphilis, the earliest and most infectious stages of syphilis. In 2011, 72% of P&S syphilis occurred among men who have sex with men. There were also 360 reports of children with congenital syphilis in 2011.

Syphilis is transmitted from person to person by direct contact with syphilis sores. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Syphilis can be transmitted during vaginal, anal, or oral sexual contact. Pregnant women with the disease can pass it to their unborn children.

The average time between infection with syphilis and appearance of the first symptom is 21 days, but it can range from 10 to 90 days.

Primary Stage: The appearance of a single sore marks the first (primary) stage of syphilis symptoms, but there may be multiple sores. The sore appears at the location where syphilis entered the body. The sore is usually firm, round, and painless. Because the sore is painless, it can easily go unnoticed. The sore lasts 3 to 6 weeks and heals regardless of whether or not a person is treated. However, if the infected person does not receive adequate treatment the infection progresses to the secondary stage.

Secondary Stage: Skin rashes and/or sores in the mouth, vagina, or anus (also called mucous membrane lesions) mark the secondary stage of symptoms. This stage usually starts with a rash on one or more areas of the body. Rashes associated with secondary syphilis can appear from the time when the primary sore is healing to several weeks after the sore has healed. The rash usually does not cause itching. This rash may appear as rough, red, or reddish brown spots both on the palms of the hands and/or the bottoms of the feet. However, this rash may look different on other parts of the body and can look like rashes caused by other diseases.

Large, raised, gray or white lesions may develop in warm, moist areas such as the mouth, underarm or groin region. Sometimes rashes associated with secondary syphilis are so faint that they are not noticed. Other symptoms of secondary syphilis include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. The symptoms of secondary syphilis will go away with or without treatment. Without appropriate treatment, the infection will progress to the latent and possibly late stages of disease.

Late and Latent Stages: The latent (hidden) stage of syphilis begins when primary and secondary symptoms disappear. Without treatment, the infected person can continue to have syphilis in their body even though there are no signs or symptoms. This latent stage can last for years.

About 15% of people who have not been treated for syphilis develop late stage syphilis, which can appear 10–30 years after infection began. Symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. In the late stages of syphilis, the disease damages the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. This damage can result in death.

A pregnant woman with syphilis can pass the disease to her unborn baby. Babies born with syphilis can have many health problems. This may lead to low birth weight, premature delivery or even having a stillbirth (a baby born dead). To protect their babies, **pregnant women should be tested for syphilis regularly during the pregnancy and at delivery and receive immediate treatment, if positive.**

An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies can have many health problems (such as cataracts, deafness, or seizures), and they can die.

A blood test is the most common way to determine if someone has syphilis. Shortly after infection, the body produces syphilis antibodies that can be detected by an accurate, safe, and inexpensive blood test.

Some health care providers can diagnose syphilis by examining material from a syphilis sore using a special microscope called a dark-fiel microscope. If syphilis bacteria are present in the sore, they will show up when observed through the microscope.

Special note: **Because untreated syphilis in a pregnant woman can infect and kill her developing baby, every pregnant woman should receive prenatal care and be tested for syphilis during pregnancy and at delivery.**

Oral, anal, vaginal, or penile syphilis sores make it easier to transmit and acquire HIV infection. A person is 2 to 5 times

No home remedies or over-the-counter drugs will cure syphilis, but syphilis is simple to cure with appropriate antibiotics from a physician. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.

Persons treated for syphilis must abstain from sexual contact with new partners until the syphilis sores are completely healed. Persons with syphilis must notify their sex partners so that they also can be tested and treated if necessary.

Providers should routinely test persons who:

- are pregnant
- are men who have sex with men
- have HIV infection
- have partner(s) who have tested positive for syphilis

Follow-up testing is recommended to be sure that treatment is successful. Having syphilis once does not protect a person from getting it again. Even following successful treatment, people can still be ***re***-infected. Only laboratory tests can confirm whether someone has syphilis.

Because syphilis sores can be hidden in the vagina, anus, under the foreskin, or mouth, it may not be obvious that a sex partner has syphilis. Unless a person knows that their sex partners have been tested and treated, they may be at risk of getting syphilis again from an untreated sex partner.

Correct and consistent use of latex condoms can reduce the risk of syphilis when the sore or site of potential exposure is covered, but it is best to abstain from sex while any sore is present in the genital, anal, or oral area. Contact with a sore outside of the area covered by a latex condom can still cause infection.

The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Transmission of an STD, including syphilis, cannot be prevented by washing the genitals, urinating, and/or douching after sex. Any unusual discharge, sore, or rash, particularly in the groin area, should be a signal to abstain from having sex and to see a doctor immediately.

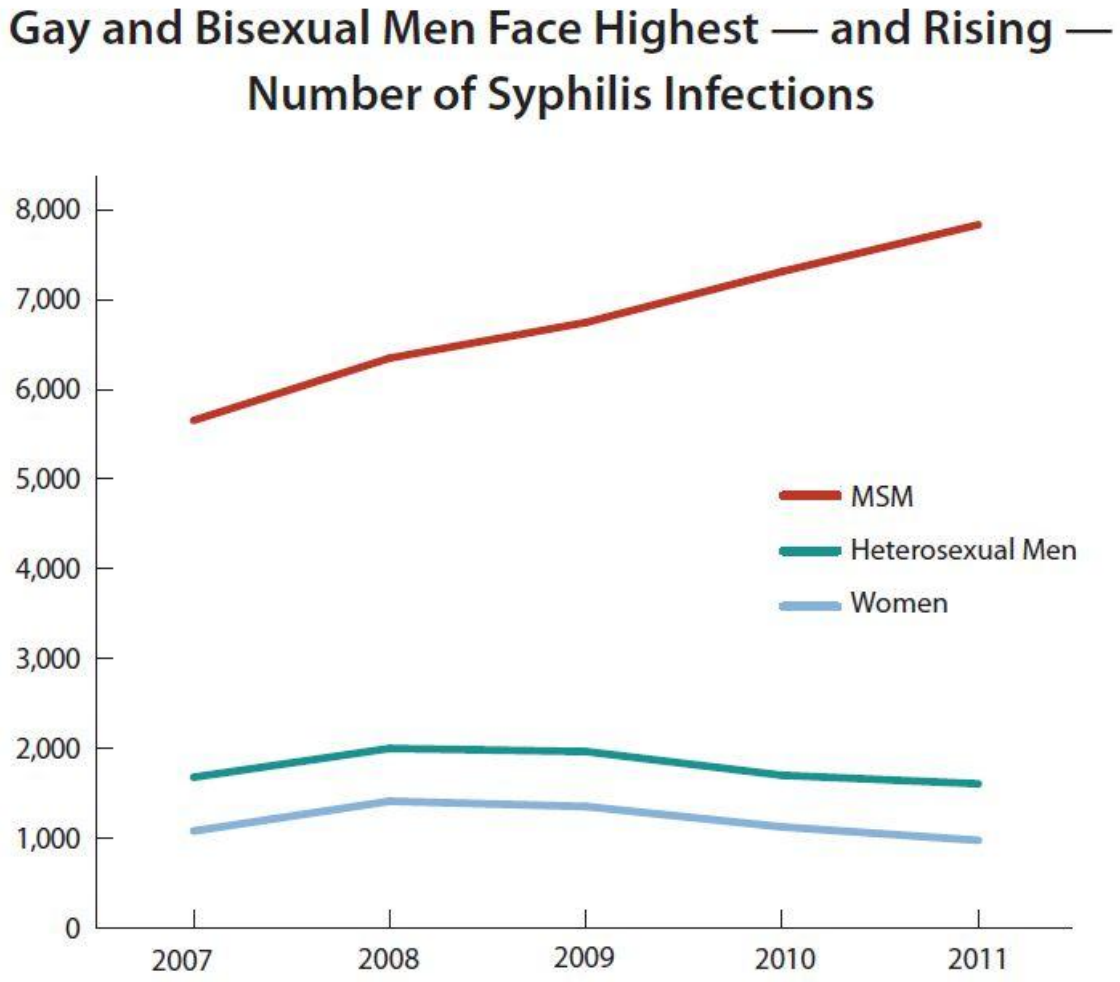
Avoiding alcohol and drug use may also help prevent transmission of syphilis because these activities may lead to risky sexual behavior. It is important that sex partners talk to each other about their HIV status and history of other STDs so that preventive action can be taken. (http://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm)

Current Syphilis case diagnosis in Erie County, NY 1/1/13 – 11/15/13

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Total
DIAGNOSED SYPHILIS													
Primary (111)	3	0	1	2	2	2	0	1	1	1	0	0	13
Secondary (112)	6	1	2	2	2	0	0	1	1	1	1	0	17
Early Latent <1Yr (113)	3	1	0	0	2	1	0	3	1	1	0	0	12
Late Latent >1Yr (127)	3	5	4	7	3	6	3	5	0	1	0	0	37
Unknown Latent (114)	1	1	0	0	0	0	0	0	0	1	0	0	3
Congenital (140)	0	0	0	0	0	0	0	0	0	0	0	0	0
Neuro (125)	0	2	0	0	0	0	0	0	0	0	0	0	2
TOTAL DIAGNOSED SYPHILIS	16	10	7	11	9	9	3	10	3	5	1	0	84

In the US the MSM (men who have sex with men) community has the highest number of newly diagnosed syphilis infections currently. The overall number around the country and

here in Erie County has remained rather stable in all populations except the the MSM group. This is particularyly disturbing as many individuals do not self-identify as gay or bisexual in this population and so do not see themselves as at risk for contracting the disease or spreading it to other. In 2006 Erie County experienced a doubling of the newly diagnosed syphilis rate and through its disease intervention specialists contact investigations isolated a cohort of men connecting on internet dating sites for sex who were spreading the disease amongs themselves. Currently, we are seeing a similar phenomenom, some identifying as gay or bisexual, but many in heterosexual relationships and just seeking sexual satisfaction on the "down low"



2. PROBLEM IDENTIFICATION

Untreated gonorrhea can cause serious and permanent health problems in both women and men.

In women, gonorrhea is a common cause of pelvic inflammatory disease (PID). Women with PID do not necessarily have symptoms. When symptoms are present, they can be very severe and can include abdominal pain and fever. PID can lead to internal abscesses (pus-filled "pockets" that are hard to cure) and long-lasting, chronic pelvic pain. PID can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

In men, gonorrhea can cause epididymitis, a painful condition of the testicles that can lead to infertility if left untreated.

Gonorrhea can spread to the blood or joints. This condition can be life threatening. In addition, people with gonorrhea can more easily contract HIV, the virus that causes AIDS. HIV-infected people with gonorrhea are more likely to transmit HIV to someone else.

If a pregnant woman has gonorrhea, she may transmit the infection to her baby as the baby passes through the birth canal during delivery. This can cause blindness, joint infection, or a life-threatening sepsis in the baby. Treatment of gonorrhea as soon as it is detected in pregnant women will reduce the risk of these complications. Pregnant women should consult a health care provider for appropriate examination, testing, and treatment, as necessary.

Chlamydia is known as a "silent" disease because about three quarters of infected women and about half of infected men have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure.

If untreated, chlamydial infections can progress to serious reproductive and other health problems with both short-term and long-term consequences. Like the disease itself, the damage that Chlamydia causes is often "silent."

In women, untreated infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). This happens in up to 40 percent of women with untreated Chlamydia. PID can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancy. Women infected with Chlamydia are up to five times more likely to become infected with HIV, if exposed.

Complications can occur among men as well. Infection sometimes spreads to the epididymis (a tube that carries sperm from the testis), causing pain, fever, and, rarely, sterility.

Rarely, genital chlamydial infection can cause Reiter's syndrome which causes arthritis that can be accompanied by skin lesions and inflammation of the eye and urethra.

In pregnant women, there is some evidence that untreated chlamydial infections can lead to premature delivery. Babies who are born to infected mothers can get chlamydial infections in their eyes and respiratory tracts. Chlamydia is a leading cause of early infant pneumonia and conjunctivitis (pink eye) in newborns.

Chlamydia can be easily treated and cured with antibiotics. A single dose of azithromycin or a week of doxycycline (twice daily) are the most commonly used treatments. HIV-positive persons with Chlamydia should receive the same treatment as those who are HIV negative.

3. AVAILABLE RESOURCES

A) Sexually Transmitted Disease Clinic

Erie County Department of Health (ECDOH) STD Clinic

608 William Street
Buffalo NY 14206
(716) 858-7687

Hours: Monday through Thursday from 8:30 am to 11:30 am and from 1:00 pm to 3:00 pm; Fridays from 10:00 am to 11:30 am and from 1:00 pm to 3:00 pm.

Walk-in only - No appointments are taken. Patients are seen on a first come, first serve basis. We have a limited number of openings each days for patients. Once these openings are filled, you will not be seen that day. We suggest you arrive early.

Picture ID, proof of insurance (no one is denied care based on ability to pay) and a list of all medications and dosages you are currently taking are needed when you come to the STD clinic.

All STD testing and treatment is confidential. No one is denied testing or treatment based on their ability to pay. Anyone 12 years of age and older can utilize the STD clinic.

The clinics dispense free medications to all confirmed gonorrhea, Chlamydia, and syphilis cases and their contacts. No appointment is necessary and all walk-ins are accepted. The approximate time to process a patient, from entry through counseling to examination, is approximately one and a half hours. Patients are then instructed to contact the clinic within ten (10) days for test results by identifying themselves by name and date of birth; other identifying information may be required

Testing is provided for HIV, gonorrhea, syphilis, chlamydia, bacterial vaginosis, trichomoniasis, genital herpes, public lice, scabies and other STD's. Treatment for certain diagnoses is provided. The clinic also provides HIV counseling and testing, educational

presentations to community groups, and educational material on sexually transmitted diseases. (www.erie.gov/health)

STD Facts & Information

Sexually transmitted diseases (STDs) are infections that are spread from person to person through sexual contact. This includes not only sexual intercourse, but oral sex, anal sex and the sharing of sex toys. These diseases can be passed through any contact between the genitals of one person and the genitals, anus, or mouth of another person.

STDs are among the most common infectious diseases in the United States. More than 15 million Americans are diagnosed with an STD every year.

There are many different STDs, but the most common ones in the United States are herpes simplex virus (HSV-2) type II (genital herpes), chlamydia, and HPV (Human Papilloma Virus)

The clinic has a well developed relationship with the Allergy Department of the University of Buffalo through Kaleida Health which allows for rapid referral of penicillin allergy skin testing. There are also referral resources available for confirmed PID patients (area emergency rooms, private physicians) and HIV positive or AIDS patients. The STD Clinic has a linkage agreement with Evergreen Health Services, Project Safe. This Program places an Erie County Health Department STD nurse at the Syringe Exchange Program distribution location to reach those who are in active addiction and are engaging in illegal drug use. STD screenings are performed in the community and linkages are made to the STD Clinic.

The STD Clinic staff has served as a resource for PMDs, clinic directors, and other health professionals and agencies throughout the community.

There is a full time on-site laboratory during STD clinic operation. The laboratory is a satellite of the Erie County Public Health Laboratory with complete backup, providing immediate gram stains, dark fields, wet preps, and KOH preps, and availability of cultures for gonorrhea, Chlamydia, H.durcreyii, and Herpes Simplex Virus (HSV).

Human Papillomavirus (HPV) treatment and testing for HIV and Hepatitis B and C are diagnosed and referred for treatment.

Case finding and contact tracking is attempted for all gonorrhea cases and in Chlamydia cases meeting certain guidelines. All syphilis cases in the county are followed. Interviewing, counseling and education are done with all gonorrhea and Chlamydia cases treated in the STD Clinic.

Persons who visit the STD Clinic have fact sheets and handouts available for them. An information sheet explaining what to expect and what procedure will be followed is given to each client. There is also a video tape player in the waiting area of the clinics showing health education on STD transmission and prevention.

Information handouts are available explaining the services of the clinic to the public and health professionals.

All STD patients receive HIV pre-test counseling and testing if desired. Rapid HIV testing is available in the STD clinic as well. Immediate case management and linkage is available for the positive HIV client in accordance with the clinic's case management protocol. For the positive HIV client, the Partner Notification Assistance Program is on-site. This program assists the HIV positive client in the confidential notification of their contacts, through trained public health representatives..

The Public Health Campaign grant provides a part time nurse who conducts testing and STD outreach to various areas of the community. This includes some local colleges, unsecured detention centers, the syringe exchange program and other locations. As part of this campaign, education on STD's is provided to high schools in Erie County through programs in high school health classes.

4. NEEDED SERVICES

- Case management for the STD/HIV client - psycho-social counseling to assist client with social problems that might be causing their high-risk behavior could be of great assistance in decreasing STD rates.

- Increased capacity to provide STD clinical services.

- Provide more information and education to community-based agencies regarding the availability of PNAP Services (Partner Notification Assistance Program) through the STD Clinic.

- Expansion of educational resources directed toward the adolescent especially in the high-risk core areas.

- There is a need for more complete and rapid reporting of STDs from clinicians and laboratories outside the STD Clinic. Need to make agencies responsible for rapid testing and reporting to the Erie County Health Department's Bureau of Disease Control.

- Expand the availability of weekend and evening hours for the portion of the population for whom weekday/day hours are inconvenient (e.g. workers, single parents of young children).

- There still exists a lack of public awareness of STDs and STD prevention in general. STD prevention, symptoms and treatment must be publicized through the media.

- The school population is in need of information. This population must be addressed separately and education strategies developed in cooperation with the local health unit and Board of Education.

Tuberculosis

1. HEALTH/VITAL STATISTICS

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis.* The bacteria can attack any part of your body, but they usually attack the lungs. TB disease was once the leading cause of death in the United States.

Tuberculosis chart 1 shows the incidence rates of Tuberculosis for Erie County, for the period 2002 – 2012. In Erie County and Upstate New York the incidence of Tuberculosis has been consistently lower than New York State over the past decade even though New York has experienced a more pronounced decline during the same time period. The rate of decline has slowed in recent years and in Erie County a very slight increase was noted in this last year. TB continues to disproportionately affect minorities and foreign born persons.

Tuberculosis Cases in Erie County
2002-2012

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOTAL	14	21	25	11	11	9	16	15	11	14	19
Born Outside the U.S.	5	6	9	6	8	5	8	6	5	8	13
% Born Outside U.S.	35.7	28.5	36.0	54.5	72.7	56.0	50.0	40.0	45.5	57.1	68.4
Known AIDS	0	3	1	1	0	1	1	0	0	1	0
Homeless	0	1	0	1	0	0	0	0	0	0	0
Inmates	0	0	0	0	0	0	0	0	0	0	0
Nursing Home	1	0	1	0	0	0	0	0	0	2	0
Pulmonary	13	15	21	9	7	5	14	11	7	12	14
X-Pulmonary	1	6	4	2	2	5	3	4	4	3	7
Culture (+)	14	16	18	8	9	8	13	12	8	11	16
Smear (+)	7	7	11	6	6	2	7	4	4	6	4

Tuberculosis table 2 compares the incidence of Tuberculosis rates per 100,000 population for Erie County, Upstate New York, New York State and the United States for the years 2002 – 2012. Three of the regions show decreases from 2002 while Erie County has increased since but now appears to have stabilized. Unfortunately the rate of decline in all regions has slowed and there continues to be a disproportionate rate of infection in foreign born individuals. Erie County receives the largest number of Refugees of any county in New York State.

Reported Tuberculosis Rates 2002-2012
(Rate per 100,000 population)

	Buffalo	Erie County	NY (excluding NYC)	NY State	USA
2002	3.8	1.6	3.2	7.6	5.2
2003	5.1	2.2	3.1	7.8	5.1
2004	6.5	2.6	3.0	7.2	4.9
2005	2.7	1.2	2.8	6.8	4.8
2006	2.7	1.2	2.9	6.6	4.6
2007	2.1	1.0	2.4	6.1	4.4
2008	5.5	1.8	2.8	6.3	4.2
2009	4.6	1.6	2.2	5.3	3.8
2010	3.3	1.2	2.2	5.0	3.6
2011	4.6	1.5	2.0	4.7	3.4
2012	4.6	2.1	1.9	4.5	3.2

TB table 1 below looks at the increase in drug resitance when treating TB. Directly Observed Therapy (DOT) to increase compliance with regime and stall the flow of resistance is critical to maintaining control of the spread of this disease. Residents who are foreign born need to be closely monitored for therapy completion.

Drug Sensitivity Summary for 2002 – 2012

Year	INH Resistant	% of Population Tested (INH Resistant)	# Patients that were Foreign Born	# Multi-drug Resistant Cases
2002	1	7.1%	0	0
2003	1	4.7%	0	0
2004	6	27.2%	2	1
2005	0	0%	0	0
2006	1	9.1%	1	0
2007	0	0%	5	0
2008	0	0%	8	0
2009	1	6.7%	6	0
2010	2	25.0%	5	1
2011	2	14.3%	8	0
2012	2	10.5%	13	0

DRUG SENSITIVITY DATA FOR 2011

2. AVAILABLE RESOURCES

Tuberculosis Control Program

The Tuberculosis Control program provides evaluation and treatment for all active tuberculosis cases, and follow-up evaluation and testing for their contacts. The program provides preventive treatment for positive tuberculin reactors when required. Tuberculin testing and/or chest x-rays are also available. Directly Observed Therapy is provided through home visits from public health workers and public health nurses to encourage clients to take their medications daily and until their completion.

To treat and prevent TB there is a need for further professional education for providers, especially those who treat larger numbers of foreign born individuals. They need to understand the importance of both screening and assuring treatment for these new immigrants.

Funding for TB was decreased in recent years, but as with most Public Health issues, there is again an increase in cases so an increase in funding will be necessary to address the increase in the number of individuals with active TB disease. One of the bigger problems experienced by the TB staff is the lack of interpretative services. There are many different languages and dialects spoken by the patients of the clinic and it is sometimes very difficult to obtain a translator. More translators are needed in most languages to be able to reach all clients.

Treatment of TB takes six months to two years. The length of this treatment makes it very difficult to get patients to complete the full treatment regimen. This leads to more antibiotic resistance and has likely contributed to the increase statewide in the cases of multi-drug resistant TB. To solve this problem, more directly observed therapy is needed as well as funding for research on additional treatment options that could be accomplished in a shorter time span. An increased need for directly observed therapy will also be fueled by the recent spike in the incidence of TB cases.

The public has a lack of knowledge about TB as well as a misunderstanding that TB no longer exists. Increasing the education provided to the public will increase general awareness of the problems associated with TB. Resources to increase public service announcements and more general public education on TB would assist in making the public more aware of this infection and its continued presence. Information should also be provided on multi-drug resistant TB so people better understand the concerns of Public Health professionals in regards to TB and completion of antibiotics.

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languages and dialects spoken by the patients of the clinic and it is sometimes very difficult to obtain a translator. More translators are needed in most languages to be able to reach all clients.

Treatment of TB takes six to twelve months. The length of this treatment makes it very difficult to get patients to complete the full treatment regimen. This leads to more antibiotic resistance and has likely contributed to the increase statewide in the cases of multi-drug resistant TB. To solve this problem, more directly observed therapy is needed as well as funding for research on additional treatment options that could be accomplished in a shorter time span. An increased need for directly observed therapy will also be fueled by the recent spike in the incidence of TB cases.

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Communicable Diseases

The Epidemiology and Surveillance Program, Bureau of Disease Control is responsible for the documentation, investigation and control of communicable diseases in Erie County. The Epidemiology and Surveillance Program collaborates with the Environmental Health and Public Health Laboratory teams as appropriate.

1. HEALTH /VITAL STATISTICS

Under New York State Public Health Law, more than 60 communicable diseases are reportable to the Erie County Department of Health.. The prevention and control of foodborne illness remains a significant focus of the communicable disease program.

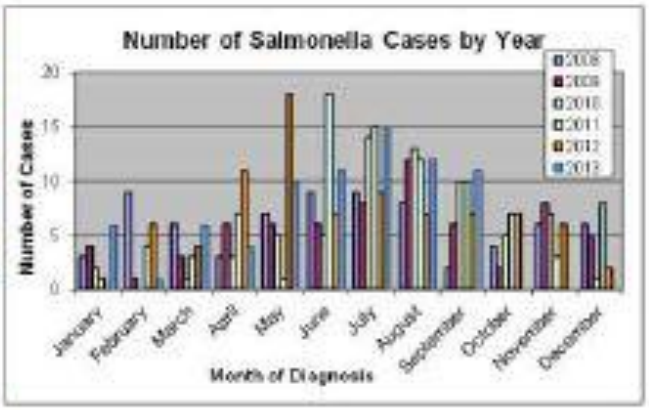
Foodborne Illness

"Food poisoning" is a common name for foodborne disease, which may result from eating food contaminated with illness causing organisms. More than 250 different foodborne diseases have been identified. While the food supply in the United States is one of the safest in the world, the Centers for Disease Control and Prevention (CDC) estimates that 76 million people get sick, more than 300,000 are hospitalized, and 5,000 Americans die each year from foodborne illness. Preventing foodborne illness and death remains a major public health challenge.

Salmonellosis is the most frequently reported foodborne disease in Erie County and in the United States. Reports of salmonellosis vary year to year Though significant decreases in salmonellosis occurred nationally and across New York State with better food handling training , policies and procedures being implemented both in homes and restaurants we hope to even see less in coming years. The number of cases yearly from 2008 – 2013 has been fairly stable with small spikes resolved through epidemiological investigations.

Salmonella Cases

Month	2008	2009	2010	2011	2012	2013
January	3	4	2	1	0	6
February	9	1	0	4	6	1
March	6	3	1	3	4	6
April	3	6	3	7	11	4
May	7	6	5	1	18	10
June	9	6	5	18	7	11
July	9	8	14	15	9	15
August	8	12	13	12	7	12
September	2	6	10	10	7	11
October	4	2	5	7	7	
November	6	8	7	3	6	
December	6	5	1	8	2	
Total	72	67	66	89	84	76

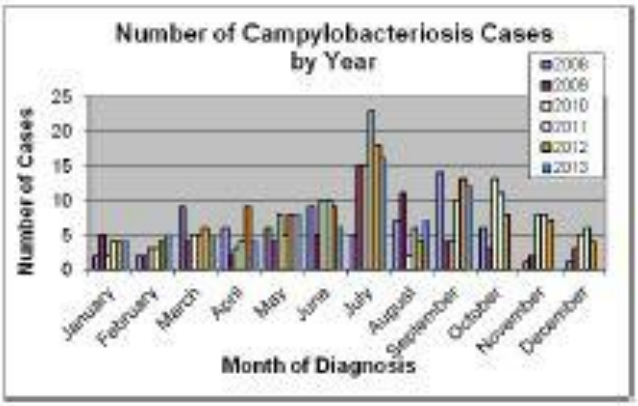


Campylobacteriosis is another commonly reported foodborne illness in Erie County and throughout the United States. The number of cases has been slowly on the decline with a couple of small spikes during the typical time it is seen in the summer months. Resident

education of proper food handling need to continue to address this. So further escalation does not occur.

Campylobacteriosis Cases

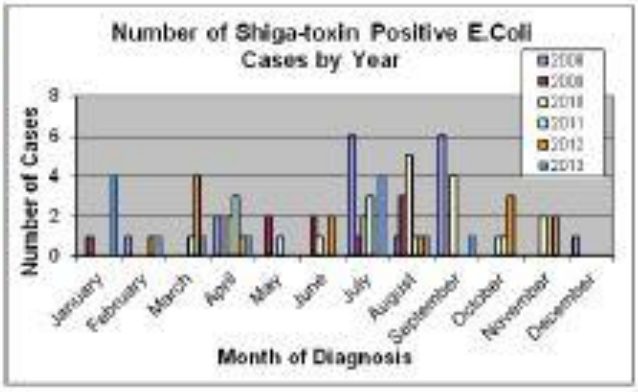
Month	2008	2009	2010	2011	2012	2013
January	2	5	2	4	4	4
February	2	2	3	3	4	5
March	9	4	5	5	6	5
April	6	2	3	4	9	4
May	6	4	8	5	8	8
June	9	5	10	10	9	6
July	5	15	15	23	18	16
August	7	11	2	6	4	7
September	14	4	4	10	13	12
October	6	3	13	11	8	
November	1	2	8	8	7	
December	1	3	5	6	4	
Total	68	60	78	95	94	67



***Escherichia coli* O157:H7** infections became reportable in 1994. *E.coli* is reported in low numbers in Erie County and rates have remained relatively stable over time. New York State, Upstate New York and Erie County have shown no substantial change in the incidence rate. A significant peak in 1999 was the result of outbreaks that occurred in several Upstate New York counties but since then the numbers have been stable.

Shiga-toxin Positive E. Coli Cases

Month	2008	2009	2010	2011	2012	2013
January	0	1	0	0	0	4
February	1	0	0	0	1	1
March	0	0	0	1	4	1
April	2	0	2	3	1	1
May	0	2	0	1	0	0
June	0	2	1	0	2	0
July	6	1	2	3	0	4
August	1	3	5	1	1	1
September	6	0	4	0	0	1
October	0	0	1	1	3	
November	0	0	2	0	2	
December	1	0	0	0	0	
Total	17	9	17	10	14	13



2. PROBLEM IDENTIFICATION

Salmonellosis is an infectious disease caused by bacteria in the genus called *Salmonella*. Most persons infected with *Salmonella* develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment. However, in some persons the diarrhea may be so severe that the patient needs to be hospitalized. In these patients, the *Salmonella* infection may spread from the intestines to the blood stream, and then to other body sites and can cause death unless the

person is treated promptly with antibiotics. The elderly, infants, and those with impaired immune systems are more likely to have a severe illness.

Table 3 shows the incubation period, typical signs and symptoms, the duration of the illness, associated foods and treatment options for a person contracting salmonella.

Table 3: Salmonella Infection

Etiology	Incubation Period	Signs and Symptoms	Duration of Illness	Associated Foods	Treatment
Salmonella spp.	1-3 days	Diarrhea, fever, abdominal cramps, vomiting. S. typhi and S. paratyphi produce typhoid with insidious onset characterized by fever, headache, constipation, malaise, chills, and myalgia; diarrhea is uncommon, and vomiting is not usually severe.	4-7 days.	Contaminated eggs, poultry, unpasteurized milk or juice, cheese, contaminated raw fruits and vegetables (alfalfa sprouts, melons). S. typhi epidemics are often related to fecal contamination of water supplies or street vended foods.	Supportive care. Other than for S. typhi, antibiotics are not indicated unless there is extra-intestinal spread, or the risk of extra-intestinal spread, of the infection. Consider ampicillin, gentamicin, TMP-SMX, or quinolones if indicated. A vaccine exists for S. typhi.

Campylobacteriosis is an infectious disease caused by bacteria of the genus *Campylobacter*. Most people who become ill with Campylobacteriosis get diarrhea, cramping, abdominal pain, and fever within 2 to 5 days after exposure to the organism. The diarrhea may be bloody and can be accompanied by nausea and vomiting. The illness typically lasts 1 week. Some persons who are infected with *Campylobacter* have no symptoms. In persons with compromised immune systems, *Campylobacter* occasionally spreads to the bloodstream and causes a serious life-threatening infection.

Table 4 shows the incubation period, typical signs and symptoms, the duration of the illness, associated foods and treatment options for a person contracting Campylobacteriosis.

Table 4: Campylobacter Infection

Etiology	Incubation Period	Signs and Symptoms	Duration of Illness	Associated Foods	Treatment
Campylobacter jejuni	2-5 days	Diarrhea, cramps, fever, and vomiting; diarrhea may be bloody.	2-10 days	Raw and undercooked poultry, unpasturized milk, contaminated water.	Supportive care. For severe cases, antibiotics such as erythromycin and quinolones may be indicated early in the diarrhea disease. Guillain-Barre Syndrome can be a sequalae.

E. coli O157:H7 is one of hundreds of strains of the bacterium *Escherichia coli*. Although most strains are harmless and live in the intestines of healthy humans and animals, this strain produces a powerful toxin and can cause severe illness.

E. coli O157:H7 was first recognized as a cause of illness in 1982 during an outbreak of severe bloody diarrhea; the outbreak was traced to contaminated hamburgers. Since then, most infections have come from eating undercooked ground beef.

The combination of letters and numbers in the name of the bacterium refers to the specific markers found on its surface and distinguishes it from other types of *E. coli*.

Table 5 shows the incubation period, typical signs and symptoms, the duration of the illness, associated foods and treatment options for a person contracting Escherichia coli.

Table 5: E. coli 0157:H7 Infection

Etiology	Incubation Period	Signs and Symptoms	Duration of Illness	Associated Foods	Treatment
Enterohemorr-hagic *E. coli* (EHEC) including *E. coli* 0157:H7 and other Shiga toxin-producing *E. coli* (STEC)	1-8 days	Severe diarrhea that is often bloody, abdominal pain and vomiting. Usually, little or no fever is present. More common in children <4 years.	5-10 days.	Undercooked beef, unpasteurized milk and juice, raw fruits and vegetables (e.g. sprouts), salami, salad dressing, and contaminated water.	Supportive care, monitor renal function, hemoglobin, and platelets closely. Studies indicate that antibiotics may be harmful. *E. coli* O157:H7 infection is also associated with hemolytic uremic syndrome, which can cause lifelong complications.
Enterotoxigenic *E. coli* (ETEC)	1-3 days	Watery diarrhea, abdominal cramps, some vomiting.	3->7 days	Water or food contaminated with human feces.	Supportive care. Antibiotics are rarely needed except in severe cases. Recommended antibiotics include TMP-SMX and quinolones.

3. AVAILABLE RESOURCES

Epidemiology Program

Three full time epidemiologists and a public health nurse are available for consultation regarding communicable diseases in Erie County.

Food Sanitation Services

The Food Sanitation Services program of the Environmental Health Office maintains a food inspection program of food service establishments and caterers to protect the public's health. The office also provides health education and information on safe food handling practices. Sanitarians play a vital role in investigating reported outbreaks of foodborne illness.

Public Health Laboratory Services

The Erie County Public Health Laboratory provides surveillance, diagnostic and outbreak related laboratory testing of human and select environmental specimens.

4. NEEDED SERVICES

- The Epidemiology and Surveillance program would be greatly enhanced and operate with greater efficiency if access to electronic medical records at hospitals throughout the county could be implemented. Work toward this goal is underway though

considerable barriers exist, including legal concerns on the part of hospitals and providers who would share information.

- Provide online training for restaurant owners to help them be aware of rules, regulations and issues regarding food safety.

Immunization and Vaccine Preventable Disease

1. HEALTH/VITAL STATISTICS

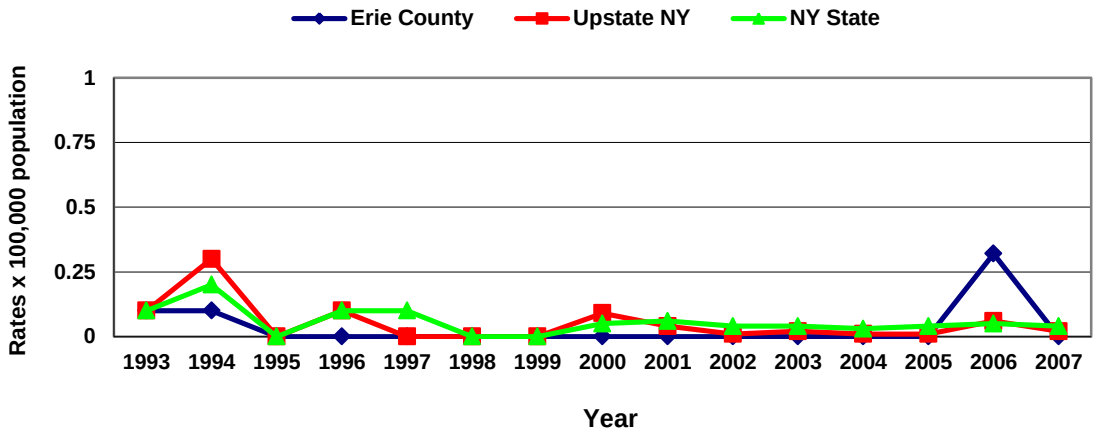
Vaccine-preventable disease levels are at or near record lows. However, we cannot take high immunization coverage levels for granted. Each year, 46,000 to 48,000 adults die from vaccine-preventable diseases. In 2000, hepatitis B coverage, recommended for all adolescents, was only 44% among 13 to 15 years old, based on parent-held vaccination records.

To continue to protect America's children and adults, we must obtain maximum immunization coverage in all populations, establish effective partnerships, conduct reliable scientific research, implement immunization systems, and ensure vaccine safety.

Immunizations are one of the great public health success stories of the 20th century, having made once-common diseases such as diphtheria, measles, and mumps rare occurrences. Vaccines are now available to protect children and adults against 15 life-threatening or debilitating diseases. This has reduced cases of all vaccine-preventable diseases by more than 97% from peak levels before vaccines were available, saving lives and saving treatment and hospitalization costs.

Measles: Graph 1 shows the total number of reported measles cases in Erie County, Upstate New York and New York State for the years 1993-2007. Erie County had the smallest number of cases throughout the reported period, but all have decreased to near zero since 1993. A small outbreak of measles occurred in Erie County in 2006 in an urban, immigrant community. This outbreaks highlights the need for continuing focus on vaccine-preventable diseases and ensuring optimal immunization coverage rates. The Centers for Disease Control and Prevention's (CDC's) Healthy People 2010 goal for measles is the elimination of indigenous cases of measles.

Graph 1: Measles Rates throughout New York State, 1993-2007



The improved immunization status for measles has represented the main reason for the reduction in indigenous cases of measles in the past decade at national, state and county levels. In addition, prior to 1989, the majority of outbreaks occurred among middle school, high school and college student populations. During these outbreaks, 95% of persons infected had received one dose of measles vaccine. A second dose of measles vaccine was recommended for school age children in 1989.

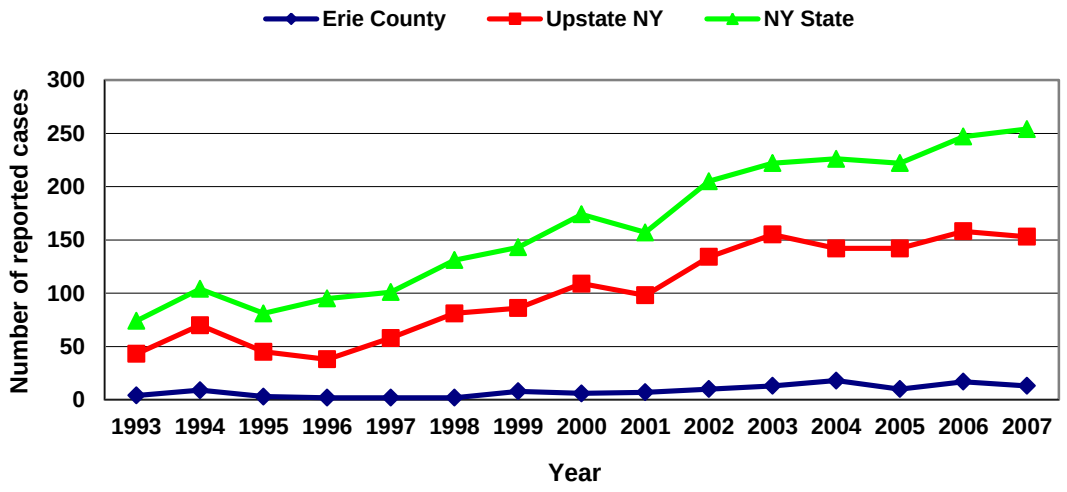
Forty nine (49) states now require two doses of measles vaccine for school age children. As a result, measles outbreaks in school settings are now uncommon.

Pertussis: Pertussis (whooping cough) causes prolonged, severe coughing which can be associated with apnea.
Despite the availability of the pertussis vaccine, periodic increases in pertussis cases are seen nationwide. The increases are likely the result of a variety of influences, including the disease's natural three to five year cycles. Other possible reasons for the increase include waning immunity in older age groups which then are reservoirs, limitations on vaccine effectiveness, increased awareness/ diagnosis, and increased testing/increased sensitivity of the test. Currently there is an active movement to vaccinate all who are around newborns with with the TDaP vaccine as immunity and antibody response appear to be waning and cases of pertussis are on the uprise.

Haemophilus influenza Type B (Hib): Haemophilus influenza Type b (Hib) causes meningitis, pneumonia and other infections.

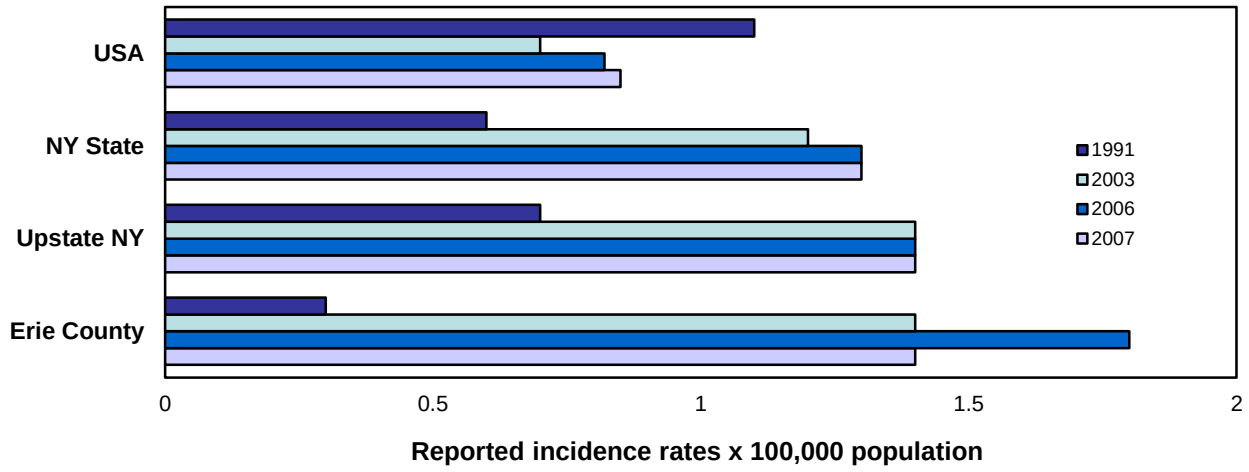
Graph 4 shows the reported cases of Hib for Erie County, Upstate New York and New York State for the period 1991-2007. The number of reported cases of Hib has fluctuated over the past decade. Erie County has seen the lowest and most stable levels among the three regions. Upstate New York as well as New York State saw an increase in Hib cases and have stabilized at an elevated level.

Graph 4: Reported Cases of Haemophilus influenza Type B (Hib) throughout New York State, 1993-2007



The availability of several types of Hib conjugate vaccines (all of them considered highly effective), combined with the likely increase of vaccine coverage, should lead, in the coming years to a reduction in new cases. In 2003, 2006 and 2007, rates of Hib in Erie County exceeded those reported in the United States and New York State overall (Graph 5).

Graph 5: Comparison of Haemophilus influenza Type B (Hib) Rates in Selected Years



Hepatitis A: Hepatitis A causes liver disease and can affect anyone. In the United States, Hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics.

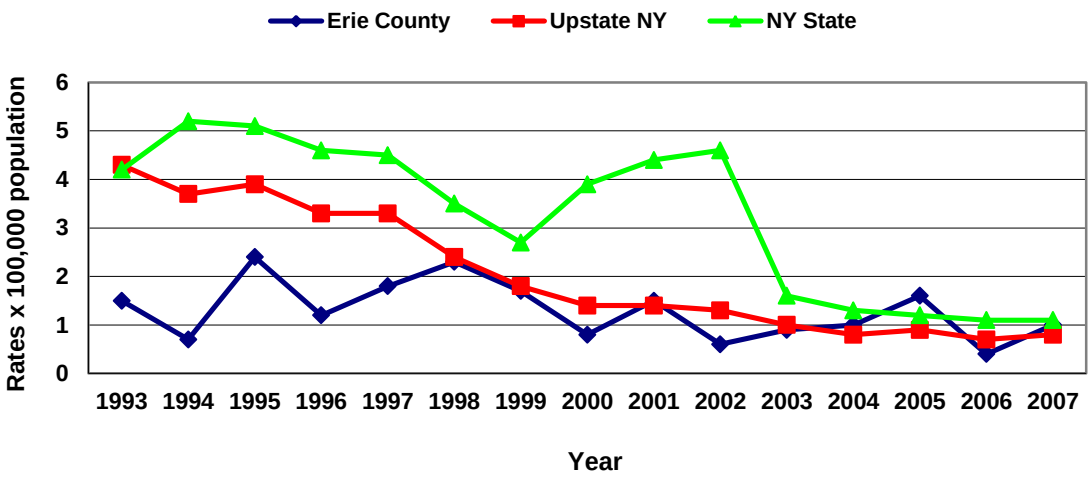
Good personal hygiene and proper sanitation can help prevent hepatitis A. Vaccines are also available for long-term prevention of hepatitis A virus infection in persons 2 years of age and older.

Hepatitis A Vaccines have now been added to the recommended shchedule for children.

Hepatitis B: Hepatitis B causes a wide range of short and long term illnesses, including chronic liver disease and liver cancer.

Graph 7 shows the incidence rates of Hepatitis B for Erie County, Upstate New York and New York State for the period 1993-2007. Hepatitis B rates have fluctuated during this period in Erie County and across New York State, though rates in Erie County were below those elsewhere for the majority of the reporting years.

Graph 7: Hepatitis B Rates throughout New York State, 1993-2007



2. PROBLEM IDENTIFICATION

Despite considerable successes, several challenges remain in the area of vaccine-preventable diseases. Even though immunization coverage has improved, pockets of under-immunized children remain, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against vaccine-preventable diseases such as hepatitis B, influenza, and pneumococcal disease. The safety of vaccines requires continued monitoring by systems like the Vaccine Adverse Event Reporting System, so that adverse effects—like those associated with the first rotavirus vaccine—can be detected quickly. CDC works closely with public health agencies and private partners to improve and sustain immunization coverage and to monitor the safety of vaccines so that this public health success story can be maintained and expanded in the century to come.

3. AVAILABLE RESOURCES

The Erie County Department of Health Immunization Action Plan (IAP):

The goal of the IAP is to increase immunization levels of Erie County children, especially those age 2 years old and younger, with the ultimate goal of achieving the Healthy People 2020 target of 90% of children 2 years old and younger being up to date on their immunizations.

The IAP reviews immunization records at pediatrician and family practice doctor's offices. Staff reviews the charts to determine if two year olds in each practice are up to date. The Program also works in collaboration with the Erie County Lead Poisoning Prevention

Program to determine the rate of compliance with New York State DOH guidelines on lead screening tests for all children at one and two years of age.

The IAP conducts education and outreach activities to inform health care professionals, day care providers and other interested groups about the benefits of up to date immunizations for children. It provides educational presentations to the public and interested groups regarding childhood immunizations. IAP also provides information packets to new parents when they give birth in an Erie County hospital.

The Erie County Immunization Action Plan is a member of the Western New York Adult Immunization Coalition. The coalition brings together the departments of Health from the eight counties of WNY, major hospital systems, pharmaceutical companies, health insurers, and nursing agencies among others to coordinate efforts on a regional basis. The goal is to work together to eliminate unnecessary illness.

The target set forth in Healthy People 2020 would be easily attainable if there was greater follow-up on the part of parents and doctors.

Each doctor or practice should implement a system to track immunization records and provide advanced notice as to when the next immunization is coming due. This would enable a quick process to identify who needs an immunization and do follow-up with them to keep each individual current. Implementation of the New York State Immunization Information System (NYSIIS) has the potential to improve immunization rates and tracking for children throughout New York State.

The Program:

- Conducts education and outreach activities to inform health care professionals, day care providers and other interested groups about the benefits of up-to-date immunizations for children.

- Provides educational presentations to the public and interested groups regarding childhood immunizations.

- Offers assistance with reviewing immunization records in day care and other settings.

- Upon request, conducts assessments and follow-up visits with private health care providers and clinics for the purpose of assessing immunization levels of children and updates on immunization guidelines.

- Provides information for dissemination to new parents at Erie County Birthing hospitals.

- Provides educational programs and information on the benefits of adult immunizations to health care professionals and the public.

The Erie County Department of Health also offers immunization clinics.

4. NEEDED SERVICES

- More programs to provide education to the public on vaccines and their effectiveness and safety are essential. The media has made some parents question whether or not their child should get a vaccine, but rarely mention the sickness and death that was present before vaccines were available and will be again if people stop vaccinating their children out of unfounded fear.

Chronic Diseases

ASTHMA AND OTHER RESPIRATORY CONDITIONS

1. HEALTH/VITAL STATISTICS

Asthma is a disease that affects your lungs. It is one of the most common long-term diseases of children, but adults can have asthma, too. Asthma causes wheezing, breathlessness, chest tightness, and coughing at night or early in the morning. If you have asthma, you have it all the time, but you will have asthma attacks only when something bothers your lungs.

In most cases, we don't know what causes asthma, and we don't know how to cure it. We know that if someone in your family has asthma you are more likely to have it.

It can be hard to tell if someone has asthma, especially in children under age 5. Having a doctor check how well your lungs work and check for allergies can help you find out if you have asthma.

During a checkup, the doctor will ask if you cough a lot, especially at night, and whether your breathing problems are worse after physical activity or at certain times of year. The doctor will also ask about chest tightness, wheezing, and colds lasting more than 10 days. They will ask whether anyone in your family has or has had asthma, allergies, or other breathing problems, and they will ask questions about your home. The doctor will also ask if you have missed school or work and about any trouble you may have doing certain things.

The doctor will also do a breathing test, called spirometry, to find out how well your lungs are working. The doctor will use a computer with a mouthpiece to test how much air you can breathe out after taking a very deep breath. The spirometer can measure airflow before and after you use asthma medicine.

An asthma attack may include coughing, chest tightness, wheezing, and trouble breathing. The attack happens in your body's airways, which are the paths that carry air to your lungs. As the air moves through your lungs, the airways become smaller, like the branches of a tree are smaller than the tree trunk. During an asthma attack, the sides of the airways in your lungs swell and the airways shrink. Less air gets in and out of your lungs, and mucous that your body makes clogs up the airways even more.

You can control your asthma by knowing the warning signs of an asthma attack, staying away from things that cause an attack, and following your doctor's advice. When you control your asthma:

- you won't have symptoms such as wheezing or coughing,
- you'll sleep better,
- you won't miss work or school,
- you can take part in all physical activities, and

- you won't have to go to the hospital.

An asthma attack can happen when you are exposed to "asthma triggers." Your triggers can be very different from those of someone else with asthma. Know your triggers and learn how to avoid them. Watch out for an attack when you can't avoid the triggers. Some of the most common triggers are:

Tobacco smoke is unhealthy for everyone, especially people with asthma. If you have asthma and you smoke, quit smoking.

"Secondhand smoke" is smoke created by a smoker and breathed in by a second person. Secondhand smoke can trigger an asthma attack. If you have asthma, people should never smoke near you, in your home, in your car, or wherever you may spend a lot of time.

Dust mites are tiny bugs that are in almost every home. If you have asthma, dust mites can trigger an asthma attack. To prevent attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself. Don't use down-filled pillows, quilts, or comforters. Remove stuffed animals and clutter from your bedroom. Wash your bedding on the hottest water setting.

Outdoor air pollution can trigger an asthma attack. This pollution can come from factories, automobiles, and other sources. Pay attention to air quality forecasts on radio, television, and the Internet and check your newspaper to plan your activities for when air pollution levels will be low.

Cockroaches and their droppings can trigger an asthma attack. Get rid of cockroaches in your home by removing as many water and food sources as you can. Cockroaches are often found where food is eaten and crumbs are left behind. At least every 2 to 3 days, vacuum or sweep areas that might attract cockroaches. Use roach traps or gels to cut down on the number of cockroaches in your home.

Pets Furry pets can trigger an asthma attack. If you think a furry pet may be causing attacks, you may want to find the pet another home. If you can't or don't want to find a new home for the pet, keep it out of the person with asthma's bedroom.

Bathe pets every week and keep them outside as much as you can. People with asthma are not allergic to their pet's fur, so trimming the pet's fur will not help your asthma. If you have a furry pet, vacuum often. If your floors have a hard surface, such as wood or tile, damp mop them every week.

Mold Breathing in mold can trigger an asthma attack. Get rid of mold in your home to help control your attacks. Humidity, the amount of moisture in the air, can make mold grow. An air conditioner or dehumidifier will help you keep the humidity level low. Get a small tool called a hygrometer to check humidity levels and keep them as low as you can—no higher than 50%. Humidity levels change over the course of a day, so check the humidity levels more than once a day. Fix water leaks, which let mold grow behind walls and under floors.

Smoke From Burning Wood or Grass Smoke from burning wood or other plants is made up of a mix of harmful gases and small particles. Breathing in too much of this smoke can cause an asthma attack. If you can, avoid burning wood in your home. If a wildfire is causing poor air quality in your area pay attention to air quality forecasts on radio, television, and the Internet and check your newspaper to plan your activities for when air pollution levels will be low.

Other Triggers Infections linked to influenza (flu), colds, and respiratory syncytial virus (RSV) can trigger an asthma attack. Sinus infections, allergies, breathing in some chemicals, and acid reflux can also trigger attacks.

Physical exercise; some medicines; bad weather, such as thunderstorms or high humidity; breathing in cold, dry air; and some foods, food additives, and fragrances can also trigger an asthma attack.

Strong emotions can lead to very fast breathing, called hyperventilation, that can also cause an asthma attack.

Control your asthma and avoid an attack by taking your medicine exactly as your doctor tells you and by staying away from things that can trigger an attack.

Everyone with asthma does not take the same medicine.
* Some medicines can be breathed in, and some can be taken as a pill. Asthma medicines come in two types—quick-relief and long-term control. Quick-relief medicines control the symptoms of an asthma attack. If you need to use your quick-relief medicines more and more, visit your doctor to see if you need a different medicine. Long-term control medicines help you have fewer and milder attacks, but they don't help you while you are having an asthma attack.

Asthma medicines can have side effects, but most side effects are mild and soon go away. Ask your doctor about the side effects of your medicines.

Remember – *you can control your asthma.* With your healthcare provider's help, make your own asthma action plan. Decide who should have a copy of your plan and where he or she should keep it. Take your long-term control medicine even when you don't have symptoms.

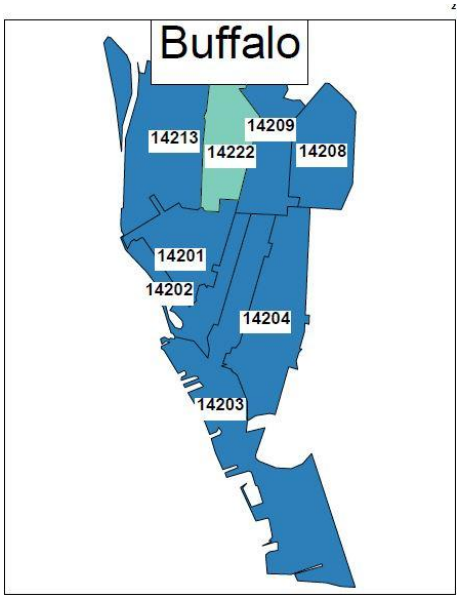
Asthma is the leading chronic illness among children today. It currently affects seven million American children under the age of 18 according to the CDC , http://www.cdc.gov/nchs/fastats/asthma.htm and the number is growing at an alarming rate as the following citation confirms:

- Over 10 million U.S. children under 18 years of age have ever been diagnosed with asthma (14%); almost 7 million children still have asthma (10%).

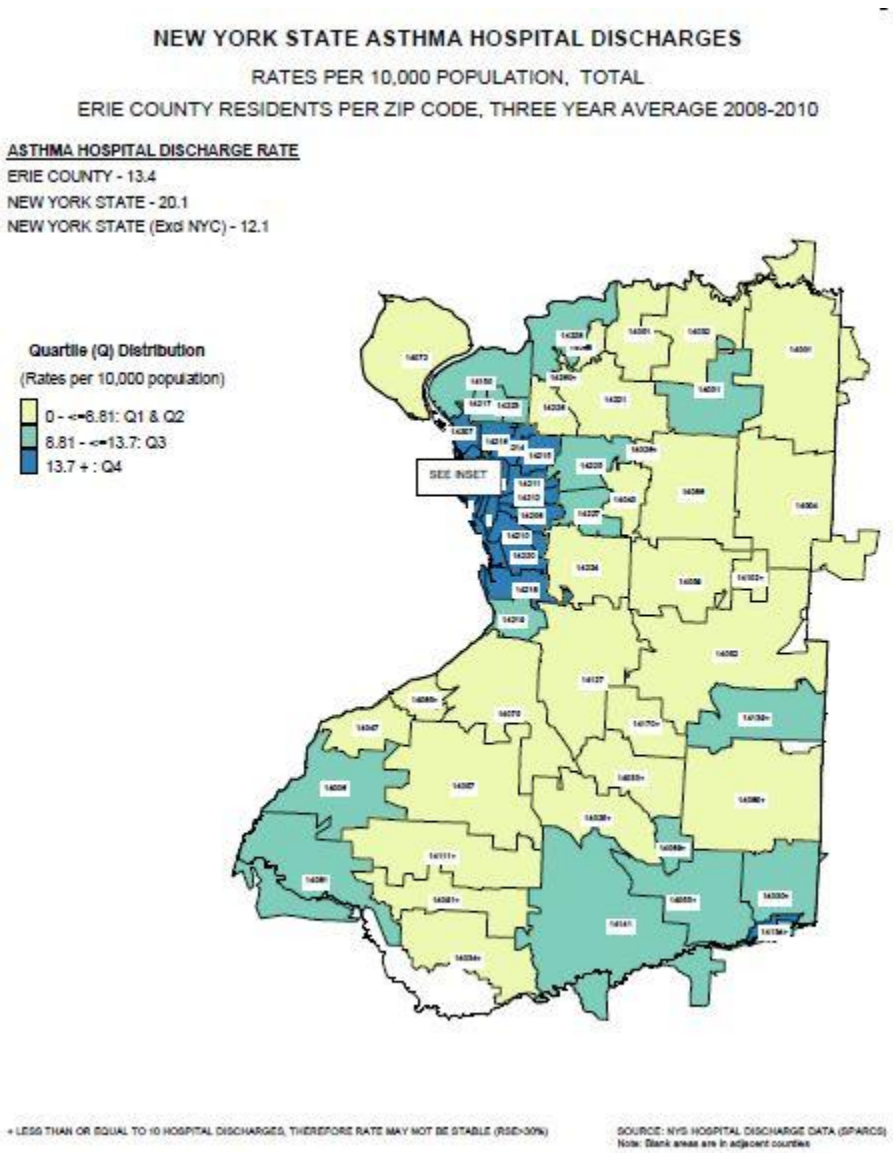
- Boys (17%) were more likely than girls (11%) to have ever been diagnosed with asthma.
- Non-Hispanic black children were more likely to have ever been diagnosed with asthma (21%) or to still have asthma (16%) than Hispanic children (11% and 7%) or non-Hispanic white children (13% and 9%).
- Children in poor families were more likely to have ever been diagnosed with asthma (18%) or to still have asthma (12%) than children in families that were not poor (13% and 9%).
- Children in fair or poor health were three and one-half times as likely to have ever been diagnosed with asthma (42%) and four and one-half times as likely to still have asthma (36%) as children in excellent or very good health (12% and 8%).

In Erie County, the number of children diagnosed with asthma is also on the rise.

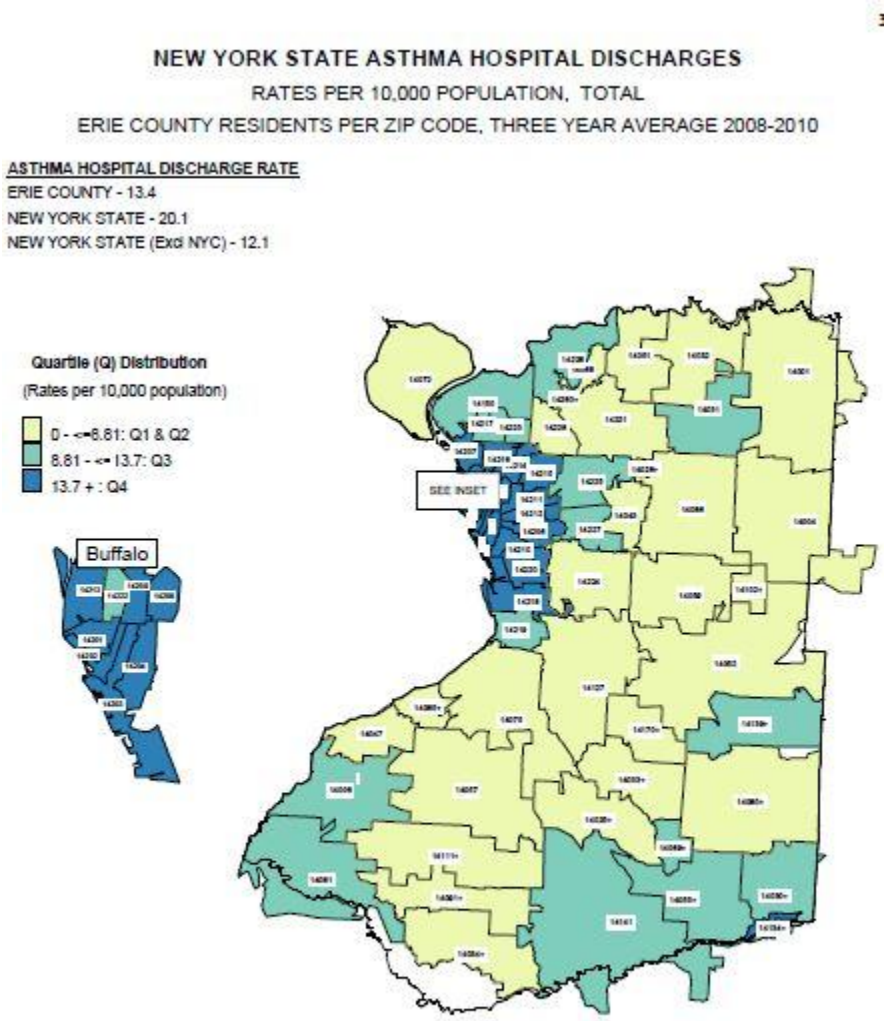
The following zipcode maps visualize the asthma discharge rates by age and zipcode for Erie County.



The zipcode pull out form the city of Buffalo denotes the highess asthma discharge rates in the county. Health disparities are once again apparent as the population affected is of a high minority base. The legend in the map below applies to this map also.



The asthma discharge rate for the county is significantlay lower that the state as a whole when you include NYC data. Without that data, it is slightly higher than the state rate.



Chronic obstructive pulmonary disease (COPD) is a lung disease in which the lung is damaged, making it hard to breathe. In COPD, the airways (the tubes that carry air in and out of the lungs) are partly obstructed, making it difficult to inhale and exhale.

Cigarette smoking is the most common cause of COPD. Most people with COPD are smokers or former smokers. Breathing in other kinds of lung irritants, like pollution, dust, or chemicals over a long period of time may also cause or contribute to COPD.

The airways branch out like an upside-down tree, and at the end of each branch are many small, balloon-like air sacs. In healthy people, each airway is clear and open, the air sacs are small and dainty, and both are elastic and springy. When you breathe in, each air sac fills up with air, like a small balloon, and when you breathe out, the balloon deflates and the air escapes. In COPD, the airways and air sacs lose their shape and become floppy. Less air gets in and less air goes out because:

- The airways and air sacs lose their elasticity (like an old rubber band)
- The walls between many of the air sacs are destroyed
- The walls of the airways become thick and inflamed (swollen)
- Cells in the airways make more mucus (sputum) than usual, which tends to clog the airways.

COPD develops slowly, and it may be many years before symptoms are noticed. Most of the time, COPD is diagnosed in middle-aged or older people. There is no cure for COPD. The damage to airways and lungs cannot be reversed, but there are things that can be done to slow the damage to the lungs and make the person feel better.

COPD is a major cause of death and illness throughout the world. It is the 4th leading cause of death in the U.S. and the world.

2. PROBLEM IDENTIFICATION

Any child can get Asthma, but children with a family history of asthma or allergies are most vulnerable. To get asthma a person must first be exposed to an irritant or allergen. That exposure can "turn on" the asthma and the earlier in life that this occurs the more severe the asthma tends to be. When the lungs are irritated by the allergen, an asthma attack occurs. Irritants and allergens vary from person to person. More common ones include:

- Cockroaches and their droppings
- Viruses
- Sulfites (found in soft drinks and processed food)
- Smoke, especially cigarette smoke
- Animal dander
- Mold
- Dust mites

In order to control asthma, you have to recognize it, which can be difficult as it mirrors many symptoms of routine childhood illnesses. Currently there is no test for asthma in children under five. Children with asthma don't always wheeze nor have obvious attacks. Recurrent nighttime or early-morning coughing, rapid or noisy breathing, or frequent bouts of bronchitis or pneumonia can be indicative of asthma.

A special challenge is teenagers with asthma. For some teens asthma may lessen or disappear providing the child stays away from triggers. But, for other teens it doesn't, which can lead to another tension between parent and child over taking the medication. Teens may find it hard to adhere to a treatment schedule, so extra attention may be needed to help the teen comply with their treatment.

3. AVAILABLE RESOURCES

Erie County is a member of the Western New York Asthma Coalition and has a number of programs dealing specifically or peripherally with asthma. The Western New York Asthma Coalition is comprised of community organizations and volunteers who work together to improve the quality of life of children and families with asthma. Funded by a grant from the New York State Department of Health, the Coalition's mission is to provide asthma education, to improve asthma care coordination, and to develop data systems necessary to track disease and measure program effectiveness.

The WNY Asthma Coalition distributed 5,600 pieces of asthma related literature, provided 306 professional education trainings, helped 139 families with complicated case management needs, and successfully trained 110 children in Open Airways. The major objectives of this initiative are to decrease asthma related emergency department visits and to decrease asthma related lost school days.

- Asthma education for families, communities, schools and daycare providers, and health care professionals
- Asthma care coordination for high risk children
- Data systems development

The Erie County Department of Health Continues to implement the Healthy Neighborhood program, a NYSDOH funded initiative targeted at specific high risk neighborhoods which puts inspectors in the neighborhood to offer environmental assessments and assistance with problem remediation.

- Home assessment to identify in home asthma triggers
- Products and services for reducing exposure to in-home asthma triggers
- In-home asthma management education to help individuals with asthma control their asthma.

4. NEEDED SERVICES

- Case management programs that would provide more monitoring and guidance for asthma would be helpful in reducing the incidence of complications related to asthma. These programs could be provided by nurses, social workers, and/or community health workers. This would assist in improving behavior change, as evidenced in the literature.

- Asthma education, which has been proven to be effective, should be a reimbursable service from insurance providers. This would allow the available services to be expanded, reach more people, and improve the health status of people with asthma.

- There is a need for the expansion of bilingual services and linkage to accessible primary care. Patients could better obtain services if hours were expanded and if the sites for monitoring and management were more accessible.

Chronic Diseases

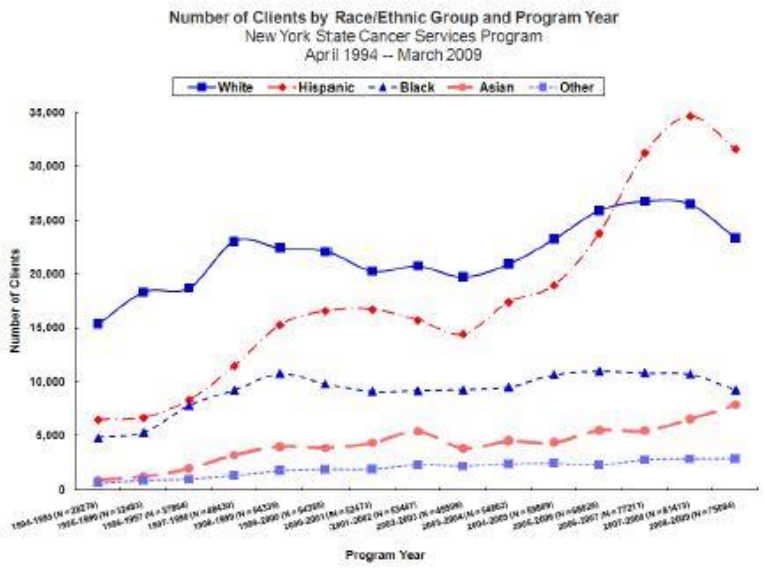
CANCER

1. HEALTH/VITAL STATISTICS

Cancer was the second leading cause of death in Erie County in 2012. Statistics for specific cancers with high rates in Erie County follow:

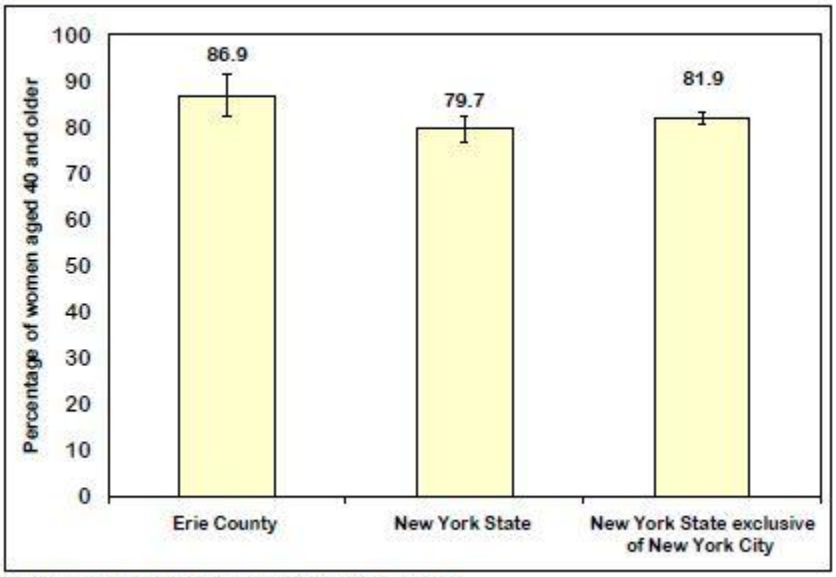
The NYSDOH Cancer Services Program has increased the numbers of Hispanic enrollees but at the same time the number of Blacks has decreased slightly. Greater efforts will be made to recruit within this population in the future as this is another disparity issue in the community.

Figure 2



The racial and ethnic distribution of women screened through the CSP is shown in Figure 2. In the 2008-2009 program year, 12 percent of women identified themselves as black, 11 percent identified as Asian and 31 percent identified as white. The percent of Hispanic women screened through the CSP has increased dramatically since the program's inception with 42 percent of women screened identified as Hispanic in the 2008-2009 program year. Similar to the decline in the total number of clients screened between the 2007-2008 and 2008-2009 program years, there was a decline in the number of white women, black women and Hispanic women during this same time period. These lower numbers are accounted for by the two circumstances described earlier regarding QA activities and the loss of providers serving these populations.

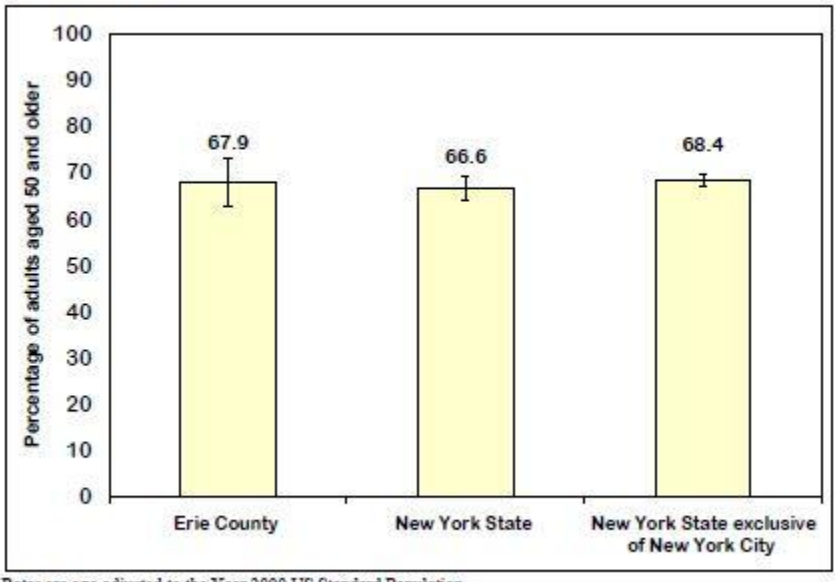
Figure 15. Percentage of women aged 40 and older who had mammograms in the past two years, 2009



Rates are age-adjusted to the Year 2000 US Standard Population.
Note: Error bars represent 95% confidence intervals.

The mammography rate in Erie County is higher than NYS as a whole but not yet 100%.

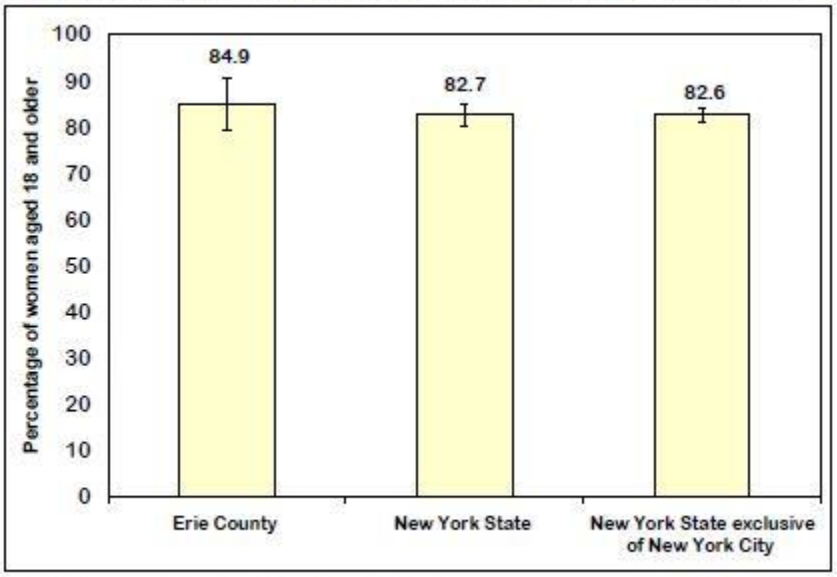
Figure 17. Percentage of adults aged 50 and older who ever had sigmoidoscopies or colonoscopies, 2009



Rates are age-adjusted to the Year 2000 US Standard Population.
Note: Error bars represent 95% confidence intervals.

The colorectal cancer screening rate in Erie is consitient with the rest of the state. This number needs to increase as colorectal cancer is treatable and curable if found in early staging.

Figure 16. Percentage of women aged 18 and older who had pap tests in the past three years, 2009



Rates are age-adjusted to the Year 2000 US Standard Population.
Note: Error bars represent 95% confidence intervals.

2. PROBLEM IDENTIFICATION

There has been a decline in the overall death rate from all cancers from the period 1989-1990 to the period 2001-2002. There has also been a decline in the death rate in each of the individual types of cancer examined over the same time period. This is a very positive step but unfortunately Erie County still exceeds the rates set in Healthy People 2020 in all the cancers examined except for cervical and prostate cancers.

- All cancer death rate is 43.3 deaths per 100,000 of population higher than the 159.9 HP2020 objectives.
- Lung cancer death rate is 15.6 deaths per 100,000 of population higher than the 44.9 HP2020 objectives.
- Breast cancer death rate is 6.7 deaths per 100,000 of population higher than the 22.3 HP2020 objectives.
- Colorectal cancer death rate is 6.3 deaths per 100,000 of population higher than the 13.9 HP2020 objectives.
- Oral cancer death rate is higher for Erie County than New York or the United States.

Black males and black females have a disproportionately higher rate of death from all cancers than white males and white females respectively when the statistics are broken down by gender.

Black males have the highest incidence rate for lung, prostate, colorectal and oral cancer.

Lung cancer incidence rates for Erie County females have been rising steadily since the late 1970's, while the incidence for males has fallen.

Breast cancer death rates have declined in Erie County, however the incidence rate for all women has steadily increased since the 1976 – 80 period (see Chart cancer 16). The incidence rate for white females in Erie County is 29.8 deaths per 100,000 population higher than for black females yet black females are often diagnosed at a later stage and therefore have worse outcomes to the disease.

According to the New York State Department of Health Web Site, mammography in conjunction with a clinical breast exam, is still the best way to detect breast cancer in its earliest, most treatable stage – an average of 1-3 years before a woman can feel the lump.

Over the past 25 years, deaths from breast cancer in the U.S. have declined by nearly 16%. These decreases are attributed to earlier detection through mammography and also improved treatments. The five-year survival rate for women with breast cancer that has not spread beyond the breast is 96.5%. Death rates from breast cancer showed their first significant decline between 1989 and 1995 with the advent of mammography, dropping 1.6% each year. The percent of invasive breast cancer that is detected at an early stage in New York has increased from 52% in 1985 to 66% in 2002..

In February 2002, the Department of Health and Human Services strengthened its recommendation for screening mammography by lowering the age from 50 to 40 when women should start getting regular annual mammograms.

The Centers for Disease Control does not recommend routine screening for prostate cancer because there is no scientific consensus on whether the potential benefits outweigh the potential harms. This is an area that requires additional research.

The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians screen men and women aged 50 and older who are at average risk for colorectal cancer. For higher-risk patients, it is reasonable to begin screening at a younger age determined through family and personal history.

In 2003, over 12,000 women in the United States were diagnosed with cervical cancer. Most often, cervical cancer develops in women aged 40 or older and often there are no symptoms. Cervical cancer can usually be prevented if women are screened regularly with a Pap test. When it is found early and treated, cervical cancer is highly curable. Most deaths from cervical cancer could be avoided if women had regular, annual checkups with the Pap test. The advent of administration of the HPV vaccine, one of the leading causes of cervical cancer, should have a longitudinal effect on incidence of cervical cancer as the first generation to widely receive the vaccine matures and the result of their annual screenings become available in the next 10 - 20 years.

3. AVAILABLE RESOURCES

Cancer Services Program of Erie County provides breast, cervical, and colorectal screenings for uninsured and underinsured residents of Erie County, as well as treatment of prostate

cancer if identified and referred to the program by an enrolled provider. This was a collaborative effort between the Erie County Department of Health, the American Cancer Society, that has now been entirely moved to the county due to a rediredtion of the American Cancer Society's role in community efforts. Criteria for breast and cervical enrollment include: 1) enrollee must be 40 years or older; 2) enrollee must meet income eligibility guidelines of 250% of the federal poverty level or less; and 3) enrollee can not have other primary insurance. Treatment is covered by the Breast and Cervical Medicaid Treatment Act, a special Medicaid program with modified eligibility guidelines that covers full body Medicaid coverage for positive patients during cancer treatment period up to five years. Colorectal screening is provided for all residents of Erie County age 50 and up or at high risk of colorectal cancer. Insurance is also a criteria; the Partnership will cover the cost of screening and diagnostic testing. American Cancer Society recommends that first line colorectal screening begin at age 50 and include fecal occult blood testing done on a yearly basis in conjunction with sigmoidoscopy every five years or colonoscopy every ten years. Those at high risk, identified as having a first degree family member diagnosed with colorectal cancer, may start screening at an earlier age based on family history or personal health history. It is recommended that high risk individuals use colonoscopy as their baseline screening. For those with insurance, appropriate referrals are provided to PCPs and insurers. In some cases, the program may also cover copayments for screening for insured patients if that is the identified barrier to care.

The American Cancer Society provides public education and facilitates support group meetings for a number of the different cancer types. They provide informational video tapes and pamphlets. An information and referral unit directs and links consumers with needed resources and supports.

The Roswell Park Cancer Institute houses the Erie Niagara Tobacco Free Coalition, the Smoking Cessation Center of the North, houses the NYS Quitline, is working on addressing disparities in cancer care in its surrounding community, provides smoking cessation opportunities, clinical trial opportunities, in addition to extensive research and treatment for various types of cancer.

The Erie-Niagara Tobacco-Free Coalition was established in 1993, as a result of a collaboration of health and service agencies interested in reducing the risk of cancer, heart, lung and other tobacco-related diseases in Erie and Niagara Counties by decreasing tobacco use and exposure to secondhand smoke.

The Coalition conducts activities to educate the public about the health risks of tobacco use; educates the public about the benefits and limitations of public policies that impact tobacco use; compiles and disseminates resource information on tobacco and health; provides training to health professionals, teachers and human service personnel; operates a speaker's bureau; sponsors public information campaigns and provides funding to schools and youth organizations for prevention programming. Today, over 30 health and service agencies are members of the Coalition.

4. NEEDED SERVICES

- Increase cancer resources, information and services targeted at disparate groups including racial and ethnic minorities as well as the socio-economically disadvantages, especially the need for re-screening on an annual, ongoing basis.
- Increase public education targeted to alter behavioral factors that lead to cancer and chronic disease. Support programs that are effective in addressing these behaviors.
- Increase the number of women practicing monthly breast self-examination and having annual mammograms.
- Increase the proportion of women who receive Pap tests on the calendar recommended by the US Preventative Services Task Force.
- Increase the number of people ages 50 and older who receive fecal occult blood test and colonoscopies.
- Increase research related to prostate cancer including pros and cons of screening and early identification and causes of the disease. Until more is known about this type of cancer, recommendations regarding service needs are not clear.
- Additional funding of the Cancer Services Program of Erie County would allow for significantly increased screening for uninsured/underinsured people for breast, cervical, and colorectal cancer. The currently available funding is not adequate to meet the County needs of screening the eligible portion of the population.
- More gastrointestinal specialists are needed in the County. There is a lack of gastroenterologists to meet existing needs in a timely fashion.

Chronic Diseases

DIABETES

1. HEALTH/VITAL STATISTICS

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. The cause of diabetes continues to be a mystery, although both genetics and behavioral factors such as obesity and lack of exercise appear to play roles.

There are two commonly known types of diabetes as well as a couple of other forms seen in a very small segment of the population.

Type I used to be called insulin dependent diabetes, it is a disease in which the body does not produce its own insulin, most often occurring in children and young adults. People with Type I must take daily insulin injections to stay alive. They account for 5-10% of all people with diabetes.

Type II is a metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. This is the most common form of the disease. Type II accounts for 90-95% of the people with diabetes. Type II is nearing epidemic proportions due to an increased number of older Americans, and a greater prevalence of obesity and sedentary lifestyles.

Gestational diabetes is seen in pregnant women and increases the risk for development of Type II later in life.

Surgically induced periods of diabetes generally resolve as the trauma to the body resolves.

Comprehensive statewide diabetes data can be viewed at:
http://www.health.ny.gov/statistics/diseases/conditions/diabetes/

2. PROBLEM IDENTIFICATION

What Complications Are Associated With Diabetes?

If diabetes is not well controlled, you may be at risk for developing health complications related to your diabetes. These include problems with the:

- **Heart:** People with diabetes have extra reason to be mindful of heart and blood vessel disease. Diabetes carries an increased risk for heart attack, stroke, and complications related to poor circulation and renal health.

- **Skin:** As many as one-third of people with diabetes will have a skin disorder caused or affected by diabetes at some time in their lives. In fact, such problems are sometimes the first sign that a person has diabetes. Luckily, most skin conditions can be prevented or easily treated if caught early.

- **Feet:** People with diabetes can develop many different problems with their feet. Problems with the feet most often happen when there is nerve damage in the feet or when blood flow is poor, affecting sensation and circulation to these extremities.

- **Mouth:** If you have diabetes, you are at increased risk for gum disease and other oral problems.

- **Eyes:** Diabetes can cause vision problems and may lead to blindness. However, annual dilated eye exams, early detection and treatment of vision problems can prevent serious problems from developing.

- **Kidney disease:** Diabetes can damage the kidneys, which can cause them to not function at their optimal level as well as further increasing the risk of heart disease by causing an elevated blood pressure.

- **Nerve damage:** One of the most common complications of diabetes is diabetic neuropathy. Neuropathy means damage to the nerves that run throughout the body, connecting the spinal cord to muscles, skin, blood vessels, and other organs. This can lead to problems in multiple organ systems.

With proper care many of these diabetes-related complications can be prevented.

3. AVAILABLE RESOURCES

The American Diabetes Association of WNY provides information, fundraising for research, publications for health professionals and service organization fundraising coordination.

The Living Healthy Task Force of Erie County works as a collaborative entity, facilitated by the Erie County Department of Health to assure that resources are solicited for and applied to areas of need in the community based on evidence and data.

Approximately seventeen local schools have implemented Fit and Fun, a program promoting physical activity and nutrition for elementary students and their families. Other programs developed and implemented regularly include Be Active Erie County, a physical activity program in the Erie County Parks in the spring and fall, and Pathways to Wellness, which is a primary prevention program focused on the senior citizen population to promote walking.

New products are now available to help individuals manage diabetes. Testing is becoming less painful as blood sample collection can be done at multiple sights (finger, forearm, palm, abdomen or thigh) instead of just the finger tip. New glucose meters are now able to download testing results directly to computers to better track test results.

New insulin delivery systems allow for more options and flexibility in managing the disease. Insulin pumps are computerized devices, about the size of a beeper that can be worn on the belt or in a pocket. The device delivers incredibly small doses of insulin continuously through a catheter. Though this most closely mimics the bodies' normal release of insulin the pumps are not an artificial pancreas because blood glucose levels still need to be checked. Many people prefer this continuous system of insulin delivery over traditional injections. Another option is the insulin pen which allows the user to carry a device similar to an old-fashion cartridge pen where the tip is a needle and the cartridge is insulin. Many people on multi dose regiments find this to be an easy system to use.

The development of multiple, different types of oral hyperglycemias has allowed for the person with diabetes to maintain a tighter control on their glucose readings.

There have been advances in lancets and finger sticks as manufacturers strive to make them smaller and thinner to reduce pain.

4. NEEDED SERVICES

- Diabetes as a symptom of a bigger problem of inactivity and poor diet demonstrates the need for resources to address the causes of diabetes at a primary prevention level, as opposed to secondary prevention products to avoid more severe and debilitating conditions.
- Programs to encourage exercise, such as workplace programs, park programs and programs at local churches to name a few, could assist in making exercise easier and a bigger part of daily life. Education to address eating habits at all ages but especially in school children are necessary to help individuals develop healthy eating habits that will continue throughout their lifetime. The support of public initiatives such as legislation for menu labeling at the national chain level and nutrition fact/healthy options programs with the independent restaurants in collaboration with the local chapter of the NYS Restaurant Association and its membership.
- Policy adoption and environmental changes to support healthy behaviors are the only way sustained behaviors may be supported.

On the programmatic level, the CDC has multiple evidenced programs that can be implemented to address diet and exercise. Currently there is a lack of funding and dedicated staff to implement these programs locally and on a consistent basis, not just hit and miss.

Chronic Diseases

HEART DISEASE AND STROKE

1. HEALTH/VITAL STATISTICS

Cardiovascular disease has long been the leading cause of death in Erie County with cancers running a close second..

Vital statistics for all CVD deaths, as well as specific statistics for diseases of the heart, coronary heart disease and stroke are presented in the following tables. The tables are age-adjusted and are per 100,000 population. Where appropriate and/or significant the statistics are broken down by sex and race.

Expanded BRFSS Report: July 2008 - June 2009
New York State by Region

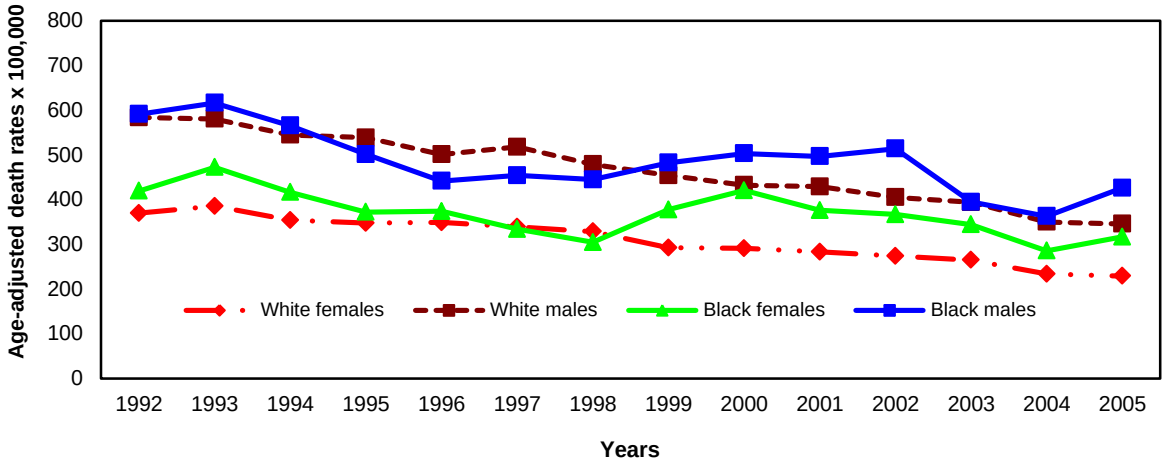
Table 45c. Coronary heart disease among adults[1] among New York State Counties

County	n[2]	Est. # of Adults[3]	Percent	(C.I.)[4]
Albany	659	18,000	7.6	(5.6 - 9.7)
Allegany	651	3,100	7.9	(5.3 - 10.5)
Broome	638	10,300	6.6	(4.5 - 8.7)
Cattaraugus	637	5,600	9.1	(6.5 - 11.6)
Cayuga	659	4,500	7.2	(4.8 - 9.5)
Chautauqua	632	9,100	8.7	(6.5 - 11.0)
Chemung	671	7,300	10.7	(6.9 - 14.6)
Chenango	655	3,600	9.2	(6.9 - 11.4)
Clinton	637	6,600	10.0	(6.6 - 13.4)
Columbia	643	2,600	5.3	(3.7 - 6.9)
Cortland	635	2,300	6.1	(4.0 - 8.2)
Delaware	665	3,300	8.9	(6.8 - 11.1)
Dutchess	669	13,400	6.0	(4.0 - 7.9)
Erie	655	47,300	6.7	(4.7 - 8.7)
Essex	647	2,300	7.3	(5.4 - 9.3)
Franklin	651	3,200	7.7	(5.2 - 10.3)
Fulton	662	3,500	8.2	(6.1 - 10.2)
Genesee	661	3,900	8.7	(6.6 - 10.8)
Greene	647	2,300	6.0	(4.3 - 7.7)
Hamilton	661	300	6.0	(4.4 - 7.7)
Herkimer	648	3,300	6.8	(4.9 - 8.8)
Jefferson	656	4,600	5.3	(3.6 - 7.0)
Lewis	658	1,500	7.6	(5.6 - 9.6)
Livingston	652	3,000	5.9	(4.2 - 7.7)
Madison	650	4,000	7.3	(5.2 - 9.5)
Monroe	661	21,300	3.8	(2.5 - 5.2)
Montgomery	638	3,000	8.1	(6.2 - 10.1)
Nassau	644	60,400	6.1	(3.0 - 9.1)
Niagara	651	15,800	9.4	(6.7 - 12.1)
Oneida	647	8,900	4.9	(3.2 - 6.5)
Onondaga	663	21,200	6.1	(4.2 - 8.0)

[1] Defined as having ever been told by a health professional that respondent had a heart attack or angina
[2] Sample size from survey
[3] Estimated number of adults with coronary heart disease (rounded to the nearest hundred)
[4] 95% confidence interval
* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

As noted in the table above, Erie County has about 6.7% of its adults suffering from coronary heart disease. These are the identified residents. Many are not in primary care and not identified until it is too late.

Cardio chart is a longitudinal study of the rates divided by gender and by blacks and whites. The chart shows that the rate among males is higher than the rate among females. Black males and females continue to have a higher rate than white males and females comparatively indicating a disparity that should be addressed.



2. PROBLEM IDENTIFICATION:

Though cardiovascular disease has shown a consistent decline from 1992-2002 there is a stabilization of that trend from 2002 - 2005 in Erie County.

CVD alone accounts for 342.9 deaths per 100,000 population. This is an amazing 32% of all deaths in Erie County. The decline in the rate of deaths from CVD has decreased more among males than females. Recently the rates for black men appear to be experiencing an increase.
Diseases of the heart have shown a consistent decline in Erie County in the period of 2001-2005. The decline among males has been more pronounced than among females. Equally significant is that the Erie County reduction in rates of death has decreased faster that New York as a whole, so much so that in 2005 Erie County had a lower death rate than New York and was relatively close to the United States.

Nationally, stroke (or cerebrovascular disease) is the third leading cause of death. Stroke is also the leading cause of long-term disability. The sudden impact of stroke may pass, but survivors as well as their families and caregivers continue to struggle with the activities of daily life. Four out of five families will be impacted by stroke, the number one cause of adult

disability; strokes leave two-thirds of survivors with significant physical and emotional impairments. ECDOH and its partnering hospital systems will all be working to increase awareness of stroke onset to work to get treatment faster and mitigate long term complications.

There are major contributing factors to Cardiovascular and Cerebrovascular Disease. Obesity, lack of physical activity, uncontrolled high blood pressure, high cholesterol, poor diet and cigarette smoking all play a significant role in heart disease and stroke and all are factors that can be affected by individual positive behavioral changes.

3. AVAILABLE RESOURCES

Heart Disease

- Increased healthy food options offered in vending machines, cafeterias and at meetings through the implementation of healthy meeting guidelines in the community
- Create walking groups, set up mini exercise rooms
- Develop and advertise walking/bicycling trails
- Increased the number of smoke free areas in communities
- Promotes the sale and consumption of fat free milk

The American Heart Association offers a number of Heart and Stroke resources that can be accessed from their website www.americanheart.org .

Go Red for Women is one largest campaigns to create an emotional connection between women and the cause of heart disease in women. This campaign looks to generate awareness about the magnitude of heart disease in women and to increase awareness about the small steps women can take to improve their health.

4. NEEDED SERVICES

- In response to the higher death rates from all cardiovascular disease among black men and women respective to their white counterparts (Cardio chart 2), increase heart disease and stroke information and services targeted to minority groups.

- As it has been established that high blood pressure is a major modifiable risk factor, increase the number of people 18 and over that have been diagnosed with hypertension and are able to maintain control for 2 or more years.

- Since smoking is a major modifiable risk factor in controlling hypertension, eliminate smoking.

- Increase public education targeted to alter nutritional and behavioral factors that lead to heart disease and stroke. (see Nutrition, Overweight, Physical Activity and Fitness Section).

- Increase opportunities for policy and environmental changes to be adopted and implemented to support healthy behaviors by individuals.

TOBACCO USE

1. HEALTH/VITAL STATISTICS

Since the first Surgeon General's report on smoking and health in 1964, 27 reports have concluded that tobacco use is the single most avoidable cause of disease, disability, and death in the United States.

An estimated 46.2 million adults in the United States smoke cigarettes even though this single behavior will result in death or disability for half of all regular smokers.

Tobacco use remains the leading preventable cause of death in the United States, causing more than 440,000 deaths each year and resulting in an annual cost of more than $75 billion in direct medical costs.

Nationally, smoking results in more than 5.6 million years of potential life lost each year.

Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 4,000 young people under the age of 18 try their first cigarette (CDC).

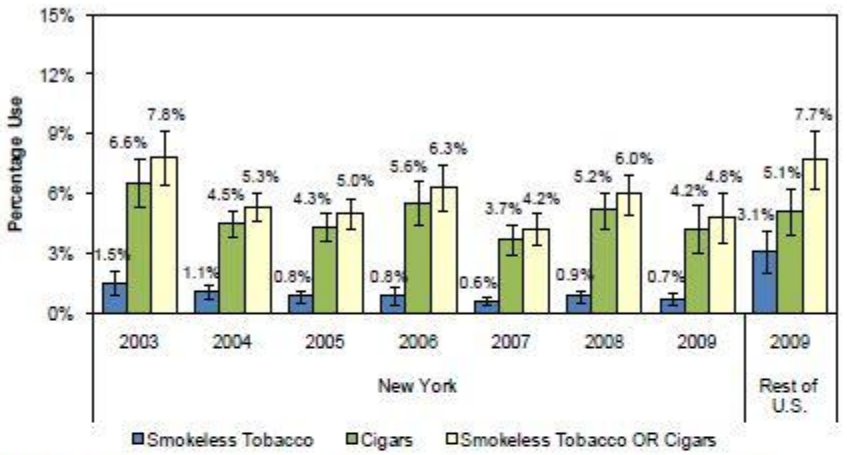
Low-tar cigarettes and novel tobacco products such as bidis and clove cigarettes are not safe alternatives. Bidis are thin unfiltered cigarettes that are wrapped in brown leaves and tied with a short length of thread. They come in different flavors, including strawberry, chocolate, almond, and root beer. They are sold in tobacco specialty stores, and frequently in health food stores as well.

The harmful effects of smoking do not end with the smoker. Babies of women who smoke during pregnancy are more likely to have lower birth weights, an increased risk of death from sudden infant death syndrome, and respiratory distress. Children who live with smokers are more likely to suffer respiratory ailments. The risks of second hand smoke to non-smokers have also been well documented.

The following chart fom the NYSDOH looks at all types of adult tobacco smoking

Tobacco Use

Percentage of Adults Who Use Smokeless Tobacco or Cigars



The graph above shows the trend in smokeless tobacco and cigar use in New York between 2003 and 2009 and the 2009 estimate for the rest of the United States. Using smokeless tobacco significantly increases one's risk for developing oral cavity, pharynx, and pancreatic cancer. Additionally, those who smoke cigars regularly are at an increased risk for developing lung, oral cavity, larynx, esophagus, and possibly pancreatic cancer.[1]

- There is a statistically significant difference between smokeless tobacco use in New York (0.7%) and the rest of the United States (3.1%) in 2009.
- There is a statistically significant difference between cigar use in New York (4.2%) and the rest of the United States (5.1%) in 2009.

Measure: Smokeless tobacco use is defined by responding "Yes" to "Do you now use chewing tobacco, snuff, or dip?" Cigar use is defined by responding "Yes" to "Do you now use cigars, cigarillos, or little cigars?" Smokeless tobacco or cigar use is defined as responding "Yes" to using smokeless tobacco or cigars.

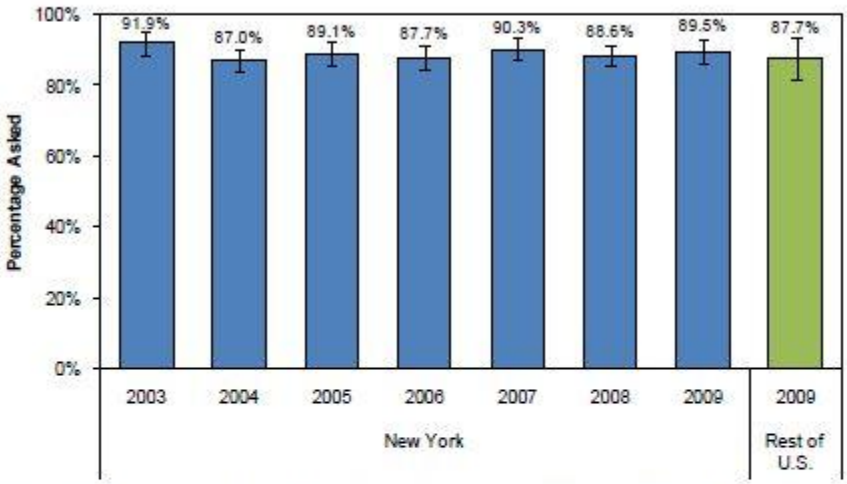
Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

CDC Indicator: 3.14.1

[1] American Cancer Society. (2010). *Cancer facts & figures 2010*. Atlanta, GA: American Cancer Society.

Cessation

Percentage of Current Smokers Who Were Asked by Their Health Care Provider(s) If They Smoked



The graph above shows the trend in New York between 2003 and 2009 and the 2009 estimate for the rest of the United States for current smokers who were asked by their health care provider(s) if they smoked. Health care providers have a prime opportunity to counsel smokers on tobacco treatment because they have high credibility and routine contact with smokers.[1]

Measure: Among current smokers who have seen a health care professional in the past 12 months, asked by a health care provider about smoking is defined by responding "Yes" to "During the past 12 months, did any doctor, nurse, or health professional ask if you smoke?"

Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

CDC Indicator: 3.9.2

[1] Fiore. M. C.. Bailey. W. C.. Cohen. S. J.. Dorfman. S. F.. Goldstein. M. G.. Gritz. E. G.. et al. (2000). *Treating tobacco use and dependence: Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services.

One of the most effective motivators to get someone to quit smoking is for their medical provider to talk with them about it. NYSDOH has invested many resources in educating providers and developing the tools needed to easily integrate tobacco questions into regular office visits. The number has remained fairly stable so more efforts need to be invested to move this evidence based meter.

SUMMARY FINDINGS

Cigarette use is the leading preventable cause of death in the United States. Youth are vulnerable to becoming smokers and the majority of people who become regular cigarette

Thestate Clean Indoor Air Act that prohibits smoking in public places, the New York Smokers' Quitline, and an effective statewide media campaign, and high taxes on tobacco products make New York a national leader in tobacco control.

The New York State Smokers Quitline offers free coaching and quit plans; free nicotine patches, gum and lozenges; free tips and information and free online help. The toll-free Quitline number is 1-866-NY-QUITS (1-866-697-8487). On-line information is available on the Quitline website at www.nysmokefree.com.

Other Tobacco Products

Males were more likely to use other tobacco products, especially cigars, smokeless tobacco, pipes and bidis compared with females at both the middle school and high school level. White high school students were more likely to report *ever* use of cigars, smokeless tobacco, pipes and kreteks and *current* use of cigars and kreteks than other race/ethnicities.

2. PROBLEM IDENTIFICATION

More than 6.4 million children living today will die prematurely because of a decision they will make as adolescents — the decision to smoke cigarettes (CDC).

Cigarette smoking is responsible for more than 440,000 deaths each year. More than 8.6 million people in the United States have at least one serious illness caused by smoking. If current patterns of smoking persist, 6.4 million people currently younger than 18 will die prematurely from a tobacco-related disease. Over the past 4 decades, cigarette smoking has caused an estimated 12 million deaths, including 4.1 million deaths from cancer, 5.5 million deaths from cardiovascular diseases, 2.1 million deaths from respiratory diseases, and 94,000 infant deaths related to their mother's smoking. Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancer. In addition, secondhand smoke has harmful effects on nonsmokers. Each year, primarily because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and more than 35,000 die of heart disease.

An estimated 150,000–300,000 children younger than 18 months of age, have respiratory tract infections because of exposure to secondhand smoke. Although smoking rates fell among high school students from 2000 to 2002, they did not decline significantly among middle school students. This lack of progress suggests the need for greater use of proven anti-smoking strategies and for new strategies to promote further declines in youth smoking. *"Scientific evidence provides a tragic picture of the health effects of smoking across a lifetime. We all need to strengthen our efforts to prevent young people from ever starting to*

smoke and to encourage smokers of all ages to quit." —Richard H. Carmona, MD, Surgeon General, U.S. Public Health Service

In May 2004, the U.S. Surgeon General released a comprehensive report on smoking and health, revealing for the first time that smoking causes diseases in nearly every organ of the body. Published 40 years after the surgeon general's first report on smoking, which concluded that smoking was a definite cause of three serious diseases, the 2004 report found that cigarette smoking is conclusively linked to diseases such as leukemia, cataracts, pneumonia and cancers of the cervix, kidney, pancreas and stomach.

"We've known for decades that smoking is bad for your health, but this report shows that it's even worse than we knew," Dr. Carmona said. "The toxins from cigarette smoke go everywhere the blood flows. I'm hoping this new information will help motivate people to quit smoking and convince young people not to start in the first place."

According to the report, on average, men who smoke cut their lives short by 13.2 years, and female smokers lose 14.5 years. The economic toll exceeds $157 billion each year in the United States; $75 billion in direct medical costs and $82 billion in lost productivity.

"We need to cut smoking in this country and around the world," HHS Secretary Tommy G. Thompson said. "Smoking is the leading preventable cause of death and disease, costing us too many lives, too many dollars and too many tears. If we are going to be serious about improving health and preventing disease we must continue to drive down tobacco use. And we must prevent our youth from taking up this dangerous habit."

In 1964, the Surgeon General's report announced medical research showing that smoking was a definite cause of cancers of the lung and larynx (voice box) in men and chronic bronchitis in both men and women. Later reports concluded that smoking causes a number of other diseases such as cancers of the bladder, esophagus, mouth and throat; cardiovascular diseases; and reproductive effects.

The 2004 report, "The Health Consequences of Smoking: A Report of the Surgeon General" expands the list of illness and conditions linked to smoking. The illnesses and diseases added in 2004 include cataracts, pneumonia, acute myeloid leukemia, abdominal aortic aneurysm, stomach cancer, pancreatic cancer, cervical cancer, kidney cancer and periodontitis.

The report concludes that smoking reduces the overall health of smokers, contributing to such conditions as hip fractures, complications from diabetes, increased wound infections following surgery, and a wide range of reproductive complications. For every premature death caused each year by smoking, there are at least 20 smokers living with a serious smoking-related illness.

Another major conclusion, consistent with recent findings of other scientific studies, is that smoking so-called low-tar or low-nicotine cigarettes does not offer a heath benefit over smoking regular or "full-flavor" cigarettes.

"There is no safe cigarette, whether it is called 'light,' ultra-light,' or any other name," Dr. Carmona said. "The science is clear: the only way to avoid the health hazards of smoking is to quit completely or to never start smoking."

The report concludes that quitting smoking has immediate and long-term benefits, reducing risks for diseases caused by smoking and improving health in general. "Within minutes and hours after smokers inhale that last cigarette, their bodies begin a series of changes that continue for years," Dr. Carmona said. "Among these health improvements are a drop in heart rate, improved circulation, and reduced risk of heart attack, lung cancer and stroke. By quitting smoking today a smoker can assure a healthier tomorrow." Dr. Carmona said it is never too late to stop smoking. Quitting smoking at age 65 or older reduces by nearly 50 percent a person's risk of dying of a smoking-related disease.

The report found that for a number of diseases and conditions associated with smoking, the evidence is not yet conclusive to establish a causal link. For these illnesses, which include colorectal cancer, liver cancer, prostate cancer, and erectile dysfunction in men, additional studies are needed to reach the threshold of evidence required by the Surgeon General's strict causal criteria to declare that they are causally related to smoking.

The period of time from middle school to high school is a critical one with the number of students experimenting with cigarettes nearly doubling and the number of students considered to be current smokers increasing more than two and a half times.

3. AVAILABLE RESOURCES

The Erie-Niagara Tobacco-Free Coalition was established in 1993, as a result of a collaboration of health and service agencies interested in reducing the risk of cancer, heart, lung and other tobacco-related diseases in Erie and Niagara Counties by decreasing tobacco use and exposure to secondhand smoke.

The Coalition conducts activities to educate the public about the health risks of tobacco use; educates the public about the benefits and limitations of public policies that impact tobacco use; compiles and disseminates resource information on tobacco and health; provides training to health professionals, teachers and human service personnel; operates a speaker's bureau; sponsors public information campaigns and provides funding to schools and youth organizations for prevention programming. Today, over 30 health and service agencies are members of the Coalition.

Member Organizations

Name & Address	Programs	Web
American Cancer Society, 101 John James Audubon Pkwy, Buffalo, NY 14221 (716) 689-6981	Tobacco Control Advocacy Youth Prevention Smoking Cessation Training	www.cancer.org

American Heart Association 25 Hazelwood Dr., Ste. 116 Amherst, NY 14228 (716) 564-1100	Tobacco Control Advocacy Tobacco Prevention	www.americanheart.org
Amherst Task Force for Healthy Communities Healthy Youth, 4255 Harlem Rd. Amherst, NY 14226 (716) 631-7215	Tobacco Control Advocacy Healthy Youth Initiative	
Blue Cross/Blue Shield of WNY, 1901	Smoking Cessation Services Tobacco Prevention	www.bcbswny.com
Boys & Girls Clubs of WNY 282 Babcock St., Buffalo, NY 14210 (716) 825-1016	Tobacco Prevention Tobacco Control Advocacy	
Cancer Information Services Roswell Park Cancer Institute Elm & Carlton Streets, Buffalo, NY 14263 (716) 845-4541	Tobacco Education & Awareness	www.roswellpark.org
Erie County Council for the Prevention of Alcohol & Substance Abuse, 1625 Hertel Ave. , Buffalo, NY 14216 (716) 831-2298	Tobacco Education Tobacco Control Advocacy SICA	www.eccpasa.info
Erie County Health Department, 95 Franklin St. Buffalo, NY 14202 (716) 961-6800	Clean Indoor Air Enforcement Tobacco prevention & Awareness	www.erie.gov
Erie County Department of Senior Services, 95 Franklin St. 13th Floor, Buffalo, NY 14202	Tobacco Control Advocacy Tobacco Awareness	
Independent Health, 511 Farber Lakes Drive, Buffalo, NY 14221 (716) 635-4917	Tobacco Control Advocacy Tobacco Cessation Services	www.independenthealth.com
Kaleida Health, 901 Washington St, Buffalo, NY 14203 (716) 843-7412	Buttkickers Program Tobacco Cessation &	www.kaleidahealth.org

	Awareness	
Medical Society of the County of Erie 237 Main Street, Buffalo, NY 14203 (716) 852-1810	The Quit Coach Program Tobacco Awareness Tobacco Control Advocacy	www.eriemeds.org
New Voice Club, 101 John James Audubon Pkwy. Buffalo, NY 14221 (716) 876-8479	School Visitation Program Tobacco Awareness Tobacco Control Advocacy	www.markthelarycom
Professional Nurses Assn of WNY, 84 Wedgewood Dr., Williamsville, NY 14221 (716) 688-6846	Tobacco Control Advocacy	www.nysna.org
Roswell Park Cancer Institute Elm & Carlton Streets Buffalo, NY 14263 (716) 845-2300	Cessation Services Tobacco Control Advocacy Research & Investigation NYS Smokers' Quit line	www.roswellpark.org
Theatre for Change, Inc. 178 Lancaster Ave. Buffalo, NY 14222 (716) 883-7942	Tobacco Control Advocacy Youth Prevention Tobacco Education "Friends to the End" Play	theatreforchange@hotmail.com
Univera Healthcare, 205 Park Club Lane, Buffalo, NY 14221 (716) 857-6312	"2 Smart 2 Start" Program	www.univerahealthcare.com
Wellness Institute of Greater Buffalo, 65 Niagara Square Room 607, Buffalo, NY 14202 (716) 851-4052	Tobacco Prevention Tobacco Education Tobacco Control Advocacy	www.nysphysicalactivity.org
Western Region PTA, 334 Wrexham Court, North Tonawanda, NY 14150 (716) 837-2224	Tobacco Awareness Tobacco Control Advocacy	

4. NEEDED SERVICES

- Even with the wide array of groups working locally to decrease tobacco use, the number of high school students using frequently remains in the 35% range.

- The rate of tobacco usage increases dramatically in the period between middle school and high school and directed intense anti-smoking messages and programs must be geared at this group.

- Increased emphasis on education about the dangers of bidis and clove cigarettes, specifically that they are not a safe alternative to cigarette smoking.

- There needs to be community based cessation programs. These programs should be available where people go; the grocery store, libraries, churches, community centers, recreation areas, etc. Cessation programs need to be free or very low cost.

- There is a critical need for culturally appropriate programming and materials. The Hispanic population on the lower West side of Buffalo lacks culturally competent programs which are linguistically appropriate. Partnering with the faith based organizations in the African American community would enable the effort to reach a large number of people in a comfortable and familiar setting.

- Rural areas often lack access to services. Local programs which meet in a location convenient to rural residents are needed to impact the largest possible number of residents.

- Attention needs to be given to the refugee population.

- Whether educational or service oriented, services need to be focused on meeting the needs of the recipients. These services, including cessation programs, should recognize and refer to all available modalities including telephonic counseling, internet support, and face to face support depending on the preferences of the client.

- Direct linkages between the Quitline and insurance providers must be made in order to provide seamless services to those interested in stopping smoking.

- Since nicotine replacement therapy has been proven effective in smoking cessation, increase the availability of no cost or discounted NRT to those interested in stopping smoking.

Human Immunodeficiency Virus (HIV)

1. HEALTH/VITAL STATISTICS
AIDS Cases in Erie County

Erie County Table 1A

Page 93

Living HIV and AIDS Cases as of December 2011[1]

by Gender, Age, Race/Ethnicity and Risk
Excludes State Prison Inmates

		Living HIV (not AIDS) Cases			Living AIDS Cases			Living HIV and AIDS Cases			
		Number	Col %	Prevalence Rate[2]	Number	Col %	Prevalence Rate[2]	Number	Col %	Prevalence Rate[2]	Population
Total		858	100.0	93.5	1,013	100.0	110.3	1,871	100.0	203.8	918,028
Gender	Male	555	64.7	.	701	69.2	.	1,256	67.1	.	.
	Female	303	35.3	.	312	30.8	.	615	32.9	.	.
Current Age	12 & under	8	0.9	.	2	0.2	.	10	0.5	.	.
	13-19	11	1.3	.	4	0.4	.	15	0.8	.	.
	20-24	47	5.5	.	19	1.9	.	66	3.5	.	.
	25-29	85	9.9	.	26	2.6	.	111	5.9	.	.
	30-39	193	22.5	.	123	12.1	.	316	16.9	.	.
	40-49	262	30.5	.	376	37.1	.	638	34.1	.	.
	50-59	190	22.1	.	331	32.7	.	521	27.8	.	.
	60+	62	7.2	.	132	13.0	.	194	10.4	.	.
Race/Ethnicity	White	290	33.8	.	330	32.6	.	620	33.1	.	.
	Black	353	41.1	.	442	43.6	.	795	42.5	.	.
	Hispanic	117	13.6	.	146	14.4	.	263	14.1	.	.
	Multi Race	80	9.3	.	81	8.0	.	161	8.6	.	.
	Others	18	2.1	.	14	1.4	.	32	1.7	.	.
Risk	MSM	370	43.1	.	428	42.3	.	798	42.7	.	.
	IDU	106	12.4	.	165	16.3	.	271	14.5	.	.
	MSM/IDU	32	3.7	.	59	5.8	.	91	4.9	.	.
	Heterosexual	255	29.7	.	299	29.5	.	554	29.6	.	.
	Fem Pres Het Cont	41	4.8	.	24	2.4	.	65	3.5	.	.
	Blood Prod	2	0.2	.	5	0.5	.	7	0.4	.	.
	Pediatric Risk	15	1.7	.	12	1.2	.	27	1.4	.	.
	Unk	37	4.3	.	21	2.1	.	58	3.1	.	.

Living HIV and AIDS Cases as of December 2011[1]

by Gender and Risk
Excludes State Prison Inmates

		Living HIV (not AIDS) Cases						Living AIDS Cases						Living HIV and AIDS Cases					
		Male		Female		Total		Male		Female		Total		Male		Female		Total	
		#	Col %	#	Col %	#	Col %	#	Col %	#	Col %	#	Col %	#	Col %	#	Col %	#	Col %
Total		555	100.0	303	100.0	858	100.0	701	100.0	312	100.0	1,013	100.0	1,256	100.0	615	100.0	1,871	100.0
Risk	MSM	370	66.7	0	0.0	370	43.1	428	61.1	0	0.0	428	42.3	798	63.5	0	0.0	798	42.7
	IDU	53	9.5	53	17.5	106	12.4	101	14.4	64	20.5	165	16.3	154	12.3	117	19.0	271	14.5
	MSM/IDU	32	5.8	0	0.0	32	3.7	59	8.4	0	0.0	59	5.8	91	7.2	0	0.0	91	4.9
	Heterosexual	54	9.7	201	66.3	255	29.7	82	11.7	217	69.6	299	29.5	136	10.8	418	68.0	554	29.6
	Fem Pres Het Cont	0	0.0	41	13.5	41	4.8	0	0.0	24	7.7	24	2.4	0	0.0	65	10.6	65	3.5
	Blood Prod	2	0.4	0	0.0	2	0.2	5	0.7	0	0.0	5	0.5	7	0.6	0	0.0	7	0.4
	Pediatric Risk	7	1.3	8	2.6	15	1.7	6	0.9	6	1.9	12	1.2	13	1.0	14	2.3	27	1.4
	Unk	37	6.7	0	0.0	37	4.3	20	2.9	1	0.3	21	2.1	57	4.5	1	0.2	58	3.1

Newly Diagnosed HIV and AIDS Cases[1] by Year of Diagnosis[2]
and Deaths Among Persons Living With AIDS (PLWA) by Year
Excludes State Prison Inmates

Year	HIV Diagnoses	AIDS Diagnoses	Deaths Among PLWA[3]
<1986	.	20	16
1986	.	23	12
1987	.	36	19
1988	.	55	19
1989	.	82	49
1990	.	78	62
1991	.	103	70
1992	.	122	80
1993	.	174	71
1994	.	161	114
1995	.	161	154
1996	.	144	81
1997	.	78	49
1998	.	86	40
1999	.	102	41
2000*	69	127	46
2001	90	93	51
2002	74	66	30
2003	79	88	50
2004	86	69	39
2005	82	68	37
2006	95	59	36
2007	99	84	37
2008	82	55	29
2009	104	61	34
2010	93	54	30
2011	98	72	24

The number of newly diagnosed persons has rmained rather stable in Erie County over the years. 2011 notes a slight increase in AIDS diagnose over previous years. It is interesting to note that the NYSDOH AIDS Institute implemented a QA/QI project in the same time frame to assure linkages to care to newly diagnosed and laws changed mandating that HIV testing be offered to all residents at least once by providers and EDs.

2. PROBLEM IDENTIFICATION

The trend in new cases appears to have stopped its incline and shows declining numbers in some years. Death rates for AIDS have shown a steady increase until the middle of the '90s followed by a steep decline in the last few years with a similar pattern among males and females. In 2002, there were 20 deaths in Erie County due to AIDS.

Of the eight counties in the region, Erie County has the highest rate of AIDS cases (excluding the State prisoners) with a cumulative incidence case rate of 159.2 per 100,000 population. Buffalo, with a case rate of 359 per 100,000 population has an AIDS rate that is substantially greater than the statewide rate (251.5 per 100,000) exclusive of New York City.

There has been a dramatic shift in the disease from white gay males to communities of color. In the 1990's AIDS was the reporting mechanism of the disease. That was in reality a look back on what was occurring 10 years prior in the 1980's. All the sero-prevalence testing in the 1990's indicated that communities of color were the growing population of infected individuals. Current trends show that heterosexual women of color are becoming infected at an alarming rate, many never suspecting that they are infected. It is estimated that between 30-40% of infected individuals do not notify their sexual partners leading to the spread of the disease.

African Americans have the highest percentage of diagnosed cases of AIDS at 46%, but only make up 12.8% of the total population in Erie County. This is a continuation of the upward trend noted in previous Community Health Assessments. In 1991 the percentage of African American cases was 32%. This number rose to 41 % in 1996-97 and has again risen significantly, more than doubling.

The cumulative percent of women who have contracted AIDS through heterosexual contact has increased from 47% in 1993 to 57% in 2001. This is by far the number one factor in the spread of HIV infections in women.

Intravenous Drug Users (IDU) cases in Erie County have increased from 29% in 1993 to 30% in 2001. IDU remains the second leading cause of AIDS in Erie County and a factor in the spread of HIV infections among minorities and heterosexuals.

AIDS is the leading cause of death for both male and female African Americans in the 30-39 year old age group. It is also number one for Hispanic males and the second leading cause of death for Hispanic Females age 30-39.

3. AVAILABLE RESOURCES

The Erie County Department of Health Office of Community Wellness major focuses:

The focus is peer education and outreach, for which there are three key programs.

1) ESAP – outreach workers are on the street in regularly scheduled sites to provide clean syringes, syringe disposal access, assessments and referrals.
2) Simulated Peer Navigator Program –for outreach and prevention with substance-abusing populations to engage individuals in the community to try to get them linked with services.

The AIDS Network of WNY facilitates the Western New York Public Health Coalition HIV/AIDS task force. This task force brings together representatives of AIDS coalitions from seven of the counties. The task force was formed many years ago and meets on a bi-

monthly basis with the goal of increasing coordination on prevention initiatives across the Western New York region.

In June 2000 the New York State Health Department mandated that HIV became a reportable disease and instituted a partner notification program for an HIV infected individual's sexual partners. Prior to June of 2000 partner notification was voluntary and up to the infected individual to notify their partners. This Program notifies the infected individual's partners automatically.

There has also been a dramatic attitude shift since the early days of the AIDS epidemic. The use of condoms not just as a method of birth control but also as a barrier to the transmission of all sexually transmitted diseases and to control the spread of infection is widely understood.

The State of New York has decriminalized the possession of needles. This act is a direct effort to reduce the incidence of infection in the intravenous drug using community. If clean needles are legal and easy to obtain the hope is that the prevalence of needle sharing will diminish substantially, thereby reducing the transmission of HIV.

Similarly, The Erie County Department of Health has partnered with Kmart Pharmacies, and the Diabetes and Endocrinology Center of WNY to create the Syringe Exchange Access Disposal Program (SEAD). This Program marketed under "Get To The Point – The Needle Point" provides a means for the safe disposal of used needles, syringes and lancets. The needle point drop box and accompanying "fit pack" are used to store used needles and to dispose of them in the NEEDLE POINT box. The Needle Point drop boxes are set up in 37 community sites in the eight counties of WNY.

New classifications of drugs are coming out, and in combination with HAART people with AIDS are living longer healthier lives. This presents a real life style issue for individuals. Even though someone is feeling perfectly healthy they need to maintain the regiment of drugs. Some studies have determined that if someone misses even one dose a week the virus may become resistant to it. Other issues are that some of the drugs need to be taken with food and some without, while some others need to be refrigerated. Another complication includes the fact that some people are being diagnosed with HIV strains that are already resistant to existing HARRT regimens.

4. NEEDED SERVICES

- Expand the outreach onto side streets of high risk zip codes. Have an intense media campaign talking about AIDS/HIV as a health issue. Follow this up with a blanketing of the city with outreach workers to further highlight the issues and to enlighten the public.

- There needs to be more resources and more coordination. A strategic plan needs to be developed for Erie County and for the region to increase prevention efforts and engage those who currently receive no services or no treatment.

- Increase the number of prevention workers and give people more options where services can be offered. We need to focus on the clients we serve and meet them where they are; not where we want them to be.

- Develop networks for round-the-clock access to services and provide programs that overcome language and communications barriers.

- Include prevention programs in non-traditional HIV/AIDS service organizations such as health care settings, school based programs, and community colleges.

- Mandate that HIV prevention service CBO's partner with coalitions and community groups, such as youth bureaus and parent groups to develop HIV prevention education and services that will be designed to meet community uniqueness.

- In all communities provide HIV test counselors with sign language skills for the Deaf.

- Prevention education needs to be included along with solutions to solving basic living needs for poor women of color.

- There needs to be drug treatment on demand as well as an increase in the number of shelters available in the community.

- Special attention needs to be provided to those who already know they are HIV + to assure they are in care and remain in care. A campaign to help people in this situation understand that there are successful treatments that can make their lives longer and healthier needs to be developed. They need to understand how to live with HIV, not die from HIV. This group also needs information on harm reduction to avoid transmitting the infection to others, but still allowing them to live a full and complete life.

Other Service Areas/Programs

Medical Examiner

The Office of the Medical Examiner is a division of the Erie County Department of Health, under the direction of the Commissioner of Health. The office is organized into three sections: Pathology, Field Investigation and Laboratory, the last of which encompasses Forensic Toxicology and Histology.
As mandated by law, the Office of the Medical Examiner is responsible for investigating the death of any person who dies within Erie County as a result of "criminal violence, or neglect, or by casualty or by suicide, or suddenly when in apparent health, or when unattended by a physician, or a person confined in a public institution other than a hospital, infirmary or nursing home, or in any suspicious or unusual manner." It is the responsibility of the office to generate death certificates as to cause and manner of death. Cause of death is anything that results in the cessation of life functions in an individual. Manner of death refers to the way death occurs and is classified as natural, accident, homicide, suicide or undetermined. Full forensic autopsies routinely include an initial investigation, external and internal examination, toxicology and histology. At times, partial directed autopsies or inspections (external examinations) with or without toxicology are performed.

The office participates in training programs for multiple health and human services programs within the area colleges and universities. SUNY at Buffalo medical residents, third and fourth year medical students, fourth year dental students and undergraduates in related fields of study spend from weeks to months training in-house. Buffalo State Forensic Chemistry students, Hilbert College Forensic Science and Criminal Justice students, and EMT students also train at the facility.

The information collected during each death investigation is archived in the medical examiner data system, Justice Trax R PathAssist TM. This data is used to generate statistics to study death trends for Erie County residents and compare our community to the general population.

Annual Report available at http://www.erie.gov/health/pdfs/medical_examiner_report.pdf

Other Service Areas/Programs

Emergency Medical Services

The Division of Emergency Medical Services office is located at the Emergency Services Training and Operations Center. The EMS Division trains pre-hospital care providers in the Certified First Responder (CFR) and Emergency Medical Technician (EMT-B) programs. The EMS office is also host to the Western New York Stress Reduction Program.

Under the direction of the EMS Division, MERS Control serves as the County's emergency dispatch center, dispatching ambulances for the City of Buffalo, NYS Thruway and the Buffalo Niagara International Airport (B.N.I.A.). Additionally, MERS Control coordinates the countywide ambulance-to-hospital Medical Emergency Radio System (MERS). MERS Control also acts as the after-hours answering point for the Erie County Department of Emergency Services and the Erie County Department of Health.

The Division of Emergency Medical Services:

- Dispatches emergency ambulance calls for the City of Buffalo and coordinates the county-wide ambulance to hospital Medical Emergency Radio System (MERS) on a daily basis, and in time of actual or potential disaster situations.
- Provides medical interrogation and pre-arrival instructions for 9-1-1 calls in the City of Buffalo, City of Tonawanda, Town of Evans and Town of Orchard Park. Provides back up interrogation and pre-arrival instructions to the Town of Lancaster.
- Provides emergency response to potential and actual disaster situations to provide support and coordination to the on scene Incident Commander.
- Provides pre-hospital emergency medical care training of all fire departments, ambulances, and emergency squads to the Certified First Responder and Basic Emergency Technician level.
- Coordinates operational Advanced Life Support, Paramedic and Advanced Emergency Medical Technician programs in conjunction with Erie County Medical Center.
- Provides communication support for the Dept. of Emergency Services, the Erie County Hazardous Materials Organization (E.C.H.O.), and the Specialized Medical Assistance Response Team (S.M.A.R.T.).
- Provides support to the Western New York Stress Reduction Program to schedule debriefings and training.
- Provides 24 hour answering service for the Erie County Health Department.

The Specialized Medical Assistance Response Team (SMART) is Erie County, New York's volunteer public health emergency response organization. SMART is sponsored by the Erie County Department of Health and the Department of Emergency Medicine at Erie County Medical Center Corporation. Physician response is available 24/7 by calling MERS control. SMART is a regional asset and its organization is evolving as more volunteers are recruited.

The Western New York Public Health Alliance endorses SMART as a critical disaster resource. As such, SMART is building capacity in all of the Public Health Operating Systems. SMART currently includes representation from Emergency Medicine, the Pharmacy Association of Western New York, Kaleida Health, Erie County Medical Center, the Catholic Health System, the Dental Association of Western New York, the Niagara Frontier Veterinary Society, the Erie County Department of Health, the Erie County Department of Mental Health, and the Erie County Department of Emergency Services. SMART operates under Standing Operating Guidelines approved by the Commissioners of Health and Emergency Services and is designated as a volunteer emergency response organization under NYS Law.

The Erie County LEPC or Local Emergency Planning Committee is a voluntary group of about 150 professionals and interested parties from throughout Erie County representing over 70 organizations. The Local Emergency Planning Committee (LEPC) is a product of federal legislation passed in the wake of the Bhopal disaster in India, where thousands of people died because of an accident involving hazardous chemicals. To prevent similar occurrences in our communities, Congress passed the Emergency Planning and Community Right-to-Know Act (EPCRA), also known as Title III of the Superfund Amendments and Reauthorization Act (SARA), in 1986. EPCRA establishes requirements for businesses and for federal, state, and local governments regarding emergency planning and community right-to-know (CRTK) reporting for hazardous chemicals. The CRTK provision in EPCRA helped increase awareness about the presence of chemicals in their communities and releases of these chemicals into the environment. Many State legislatures also enacted CRTK laws that are consistent with federal law. As a result, States and communities, working with industry, are better able to protect public health and the environment.

The role of the LEPC is to form a partnership with local governments and industries as a resource for enhancing hazardous materials preparedness. Local governments are responsible for the integration of hazmat planning and response within their jurisdiction. This includes ensuring the local hazard analysis adequately addresses hazmat incidents; incorporating planning for hazmat incidents into the local emergency management plan and annexes; assessing capabilities and developing hazmat response capability using local resources, mutual aid and contractors; training responders; and exercising the plan. It is necessary for industry to be a part of that planning process to ensure facility plans are compatible with local emergency plans. Every regulated facility is responsible for identifying a facility emergency coordinator; reporting hazmat inventories annually to the LEPC, SERC, and local fire department; providing material safety data sheets (MSDS) or a list of hazardous chemicals; allowing local fire departments to conduct on-site inspection of hazmat facilities; and providing an annual report of toxic chemicals released to EPA and the State. LEPCs are crucial to local hazardous materials planning and community right-to-know programs. The membership comes from the local area and should be familiar with factors that affect safety, the environment, and the economy of the community. That expertise is essential as the LEPC advises the writers of the local emergency management plan, so that the plan is tailored to the needs of the planning district. In addition to its formal duties, the LEPC can serve as a focal point in the community for information and discussion about hazardous substance emergency planning, and health and environmental risks. Citizens may expect the LEPC to reply to questions about chemical hazards and risk management actions.

Laboratories

The Erie County Public Health (ECPHL) Laboratories has served the residents of Western New York for over six decades. ECPHL serves as the primary provider of laboratory testing for the Erie County Health Department's and other local health department's public health and environmental activities. ECPHL provides rapid test result turn-around time and offers a competitive fee schedule. Customized testing is negotiable. ECPHL staff is available for consultation.

ECPHL Mission Statement is to provide proficient, cost-effective laboratory services, educational programs, method evaluations, epidemiological support and scientific study resources to the health care, laboratory, environmental sciences, government, and private communities of Western New York.

Description of Services

ECPHL provides public health and environmental laboratory services to local health departments, hospitals, medical care providers, managed care organizations, and residents throughout Western New York. Current New York State clinical laboratory permits exist for the following disciplines:

- General Bacteriology
- Clinical Chemistry
- Diagnostic Immunology
- HIV Diagnostic Testing
- Mycology
- Parasitology
- Blood Lead Toxicology
- Urinalysis
- Urine Pregnancy Testing

Current New York State environmental laboratory permits exist for the following disciplines:

- Environmental Analysis/Potable Water
- Environmental Analysis/Non-potable Water
- Environmental Analysis/Solid and Hazardous Waste

Additionally, the laboratory is registered by the Federal Department of Health & Human Services as a CLIA registered laboratory and maintains status as a Reference laboratory in the CDC and NYSDOH coordinated Laboratory Response Network for Bioterrorism.

Division of Special Needs

The Division of Special Needs includes two programs, Early Intervention and the Preschool Program.

Early Intervention:
The Early Intervention program services children birth through three years of age who have a developmental delay or disability. The program provides comprehensive, play based assessments which ascertain developmental levels in five areas of development: cognitive, physical, social emotional, communication and adaptive. Children with a developmental delay of 33% in one area or 25% delay in two areas are eligible for the program. Individual Family Service Plans (IFSPs) are written for eligible children and various services are provided to address identified needs. Such services include, but are not limited to, Special Instruction, Speech Therapy, Occupational Therapy, Physical Therapy, Social Work, Vision, Audiology, Transportation and Nutrition. All families choose an Ongoing Service Coordinator who manages the case, insures that services are delivered as prescribed and assists with procuring community services when necessary.

The philosophy of the Early Intervention Program is to provide services in the most natural environment with a focus on parent involvement. This philosophy has evolved to adopting "Parents as Primary Interventionists" (PAPI) as a fundamental value. When warranted, group and/ or classroom based services are implemented. Services are provided 52 weeks per year and IFSP's are reviewed every six months to ascertain continued appropriateness. The Early Intervention Program is governed by the New York State Department of Health and implemented through Erie County.

Preschool Program:
The Preschool Program services three and four year old children identified as preschoolers with a disability. The program provides comprehensive standardized evaluations which include a psychological evaluation, a social history and an observation of the child's educational environment (as mandated via regulations) and any other areas of need identified by the district chairperson. Children are identified as preschoolers with disabilities if they demonstrate a 33% delay in one or 25% delay in two areas of development. Comprehensive evaluations provide developmental levels in the areas of cognition, social emotional development, communication, motor and adaptive skills.

If identified, the Committee on Preschool Special Education (CPSE) develops an Individualized Education Plan (IEP) based on identified needs and determines the services necessary to address such needs. Services include, but are not limited to, Special Instruction, Speech Therapy, Occupational Therapy, Physical Therapy, Social Work and Transportation. Preschool services are put in place to assist children in being successful in their educational environment. The philosophy of the program rests on this premise and CPSEs are charged with placing children in the least restrictive environment; the environment in which they can interact with typical peers to the maximum extent appropriate while being successful in learning.

Preschool services occur on a school year calendar; 10 month programming occurs between September and June and 2 month programming occurs between July and August. Summer programming is approved if children demonstrate substantial regression during breaks in service. The Preschool Program is governed by the New York State Education Department, administered through local school districts and financed by the county. The CPSE determines appropriate levels of service and the county is represented on the various committees.

Correctional Health

Health care for prisoners and inmates at the Erie County Holding Center and the Erie County Correctional Facility are coordinated through the Correctional Health Services Division. This institutional services organization strengthens the delivery of preventive services, provides access to greater medical expertise and enhances availability of medical staff.

Program and Service Objectives

Clinical Services
To provide medical services following national standards of care at the Holding Center and Correctional Facility to inmates housed in these sites.

Access to Care – general discussion of health resources

Access to care is a multifaceted issue. It involves the availability of providers, insurance status, and addressing obstacles that may interfere with being able seek or obtain medical care. Disparities in the community ultimately hinge upon this issue.

In Erie County there are two large health systems:

- Kaleida Health System
- Catholic Health System

There are also two freestanding hospitals in the county. These include Erie County Medical Center Corporation, and Roswell Park Cancer Institute.

There are three Federally Qualified Health Centers in Erie County: the Community Health Center of Buffalo, Jericho Road Community Health Center and the Neighborhood Health Center. All centers are located within the City of Buffalo and provide a wide range of services to the patients they serve.
There are multiple private primary care providers and a newer as semblance of urgent care centers to service all levels of care in the community
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HEALTH INSURANCE

THE AFFORDABLE CARE ACT OF 2013

The new Health Insurance Marketplace helps uninsured people find health coverage. When you fill out the Marketplace application we'll tell you if you qualify for:

- **Private health insurance plans.** We'll tell you whether you qualify for lower costs based on your household size and income. Plans cover essential health benefits, pre-existing conditions, and preventive care. If you don't qualify for lower costs, you can still use the Marketplace to buy insurance at the standard price.
- **Medicaid and the Children's Health Insurance Program (CHIP).** These programs provide coverage to millions of families with limited income. If it looks like you qualify, we'll share information with your state agency and they'll contact you. Many but not all states are expanding Medicaid in 2014 to cover more people.

No matter what state you live in, you can use the Marketplace. Some states operate their own Marketplace. In some states, the Marketplace is run by the Federal government. Find the Health Insurance Marketplace in your state.

Most people must have health coverage in 2014 or pay a fee. If you don't have coverage in 2014, you'll have to pay a penalty of $95 per adult, $47.50 per child, or 1% of your income (whichever is higher). The fee increases every year. Some people may qualify for an exemption to this fee. If you enroll by March 31, 2014, you won't have to pay the fee for any month before your coverage began.

You're considered covered if you have Medicare, Medicaid, CHIP, any job-based plan, any plan you bought yourself, COBRA, retiree coverage, TRICARE, VA health coverage, or some other kinds of health coverage.

If you're eligible for job-based insurance, you can consider switching to a Marketplace plan. But you won't qualify for lower costs based on your income unless the job-based insurance is unaffordable or doesn't meet minimum requirements. You also may lose any contribution your employer makes to your premiums.

If you have Medicare, you're considered covered and don't have to make any changes. You can't use the Marketplace to buy a supplemental or dental plan.

Marketplace open enrollment ends March 31, 2014. If you enroll by December 15, 2013, coverage can begin as soon as January 1, 2014.

Questions? Call 24 hours a day, 7 days a week: 1-800-318-2596 (TTY: 1-855-889-4325)

https://www.healthcare.gov/get-covered-a-1-page-guide-to-the-health-insurance-marketplace

All persons will have access to insurance. Some may have to pay co pays some may not. Details are being worked out now. Even after all glitches are resolved there will always be some uninsured in the community. Estimates of about 11% of the population are common. ECDOH will work to make sure all attempt to enroll in insurance.

In Erie County, the vast majority of health care services are located within the City of Buffalo or in the first and second ring suburbs. For residents who live outside of these areas, transportation and distance to health care services is a larger challenge. These challenges are further complicated by some of the extreme weather that is relatively common in this region of the state.

Buffalo and Erie County are notorious for the severe winter weather that affects the area. Although the region has endured a number of severe winter storms, many of which have brought national attention, the County has developed great response capacity and the residents have adapted to the weather to the point that anything short of two feet of snow has little affect on the activities of the residents. Erie County's proximity to Lake Erie is a contributing factor to the severe weather and is the cause of "lake-effect" storms. Snow and storms usually occur with significant intensity and the area has acquired a reputation for severe winter weather. Weather changes in relation to the seasons are similar to those in other parts of the State, although temperatures are often slightly cooler than in interior

counties and counties located in the southern part of the State. Lake Erie does provide some cooling effects to Erie County.

The roads in Erie County age quickly and many streets and thoroughfares are in varying levels of disrepair. The winter weather in the County is the primary reason for these conditions. The mean travel time to work is about 20.5 minutes, with the vast majority of residents traveling alone in private vehicles (81.5%). Approximately 3.9% of residents use public transportation to get to work. Residents in the City of Buffalo are the highest users of public transportation because many do not have personal vehicles, for convenience, or because of the cost savings. Public transportation comprised of a metro rail system that travels the length of Main Street and an extensive bus system is available within the City of Buffalo. Suburban areas have regular bus service, but service is less frequent, if available at all, the farther away you go from Buffalo. The service in the most outlying areas may consist of one or two buses in the morning and afternoon. An extensive expressway system makes it possible to travel throughout Erie County by automobile. Most residents in the suburban and rural areas of Erie County travel by personal car. The Niagara Frontier Transportation Authority operates a para-transit system that serves the physically handicapped residents in the County. Erie County also is home to the Buffalo Niagara International Airport which is the region's largest passenger and cargo facility, with more than 200 flights per day and 3.4 million passengers per year. Erie County is also serviced by both passenger and freight rail service.

Erie County has numerous parks and golf courses. The boating and fishing opportunities are plentiful. There are opportunities for winter activities including skiing, snowboarding, ice skating, and snowmobiling. Buffalo has a world class symphony and the largest concentration of theaters in the state outside of New York City. There are an array of art galleries and museums, historic homes (including the Frank Lloyd Wright designed Darwin Martin House), the Buffalo Zoo and the Olmsted designed city park system.

Communities in Erie County vary greatly in their walkability and the degree to which they support active transportation. In the City of Buffalo, where approximately 2/3rds of the County's population resides, there are programs in place that support physical activity including a bicycle loan program. While this program has grown significantly over the past several years, funding restricts further growth. Also, this program is much stronger and present in the neighborhoods with greater resources and with residents with higher socio economic status. This type of program is not available in many of the poorer neighborhoods.

Another factor influencing walkability and active transportation is crime. In areas where there is greater presence of crime, drugs, and violence residents are less likely to walk or ride a bicycle. Residents in these areas are also more likely to be living in poverty and facing other health challenges as well.

In the suburbs surrounding the City of Buffalo, walkability varies from neighborhood to neighborhood depending on the presence and condition of sidewalks, the availability of a "destination" within the neighborhood, and the socio economic status of the community. Most of the suburbs in the area were not developed with walkability and active transportation

in mind, but some have redeveloped with these goals. For example, the Village of Hamburg reconstructed their streets, installing roundabouts instead of stop lights, and adjusting the zoning laws to support a walkable community.

This area is also "famous" for its chicken wings. This could be considered a staple for many families. Many of the community events focus on food including the "Chicken Wing Festival" and the "Taste of Buffalo." The tides have started to shift though as the "Taste of Buffalo" event now promotes healthy menu options from each of the participating restaurants.

In 2009, the City of Buffalo was named the third poorest city in the nation by the US Census Bureau. As poverty is clearly an indicator of health outcomes, Erie County obviously has significant issues in addressing public health goals.

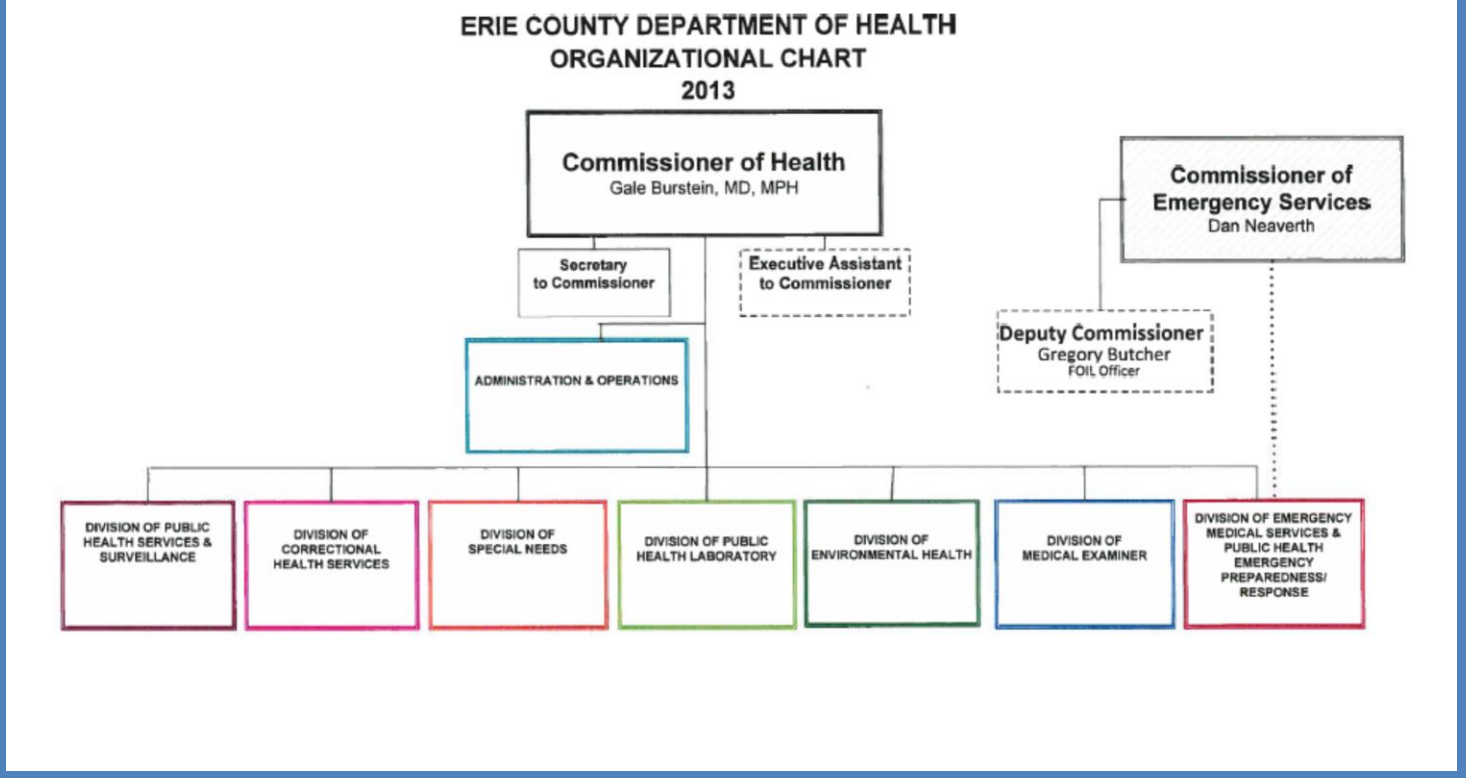
Erie County has been in the forefront of a number of public health issues, for example legislating an indoor clean air act within the county before this was mandated statewide. The community and the Erie County legislature have been very supportive of instituting laws and regulations supporting public health goals.

Local Health Unit Capacity Profile

The mission of the Erie County Department of Health is to protect the public's health, to prevent disease and premature death through the promotion of healthy living and wellness, and to provide a safety net of services for those with limited access to healthcare.

Under the leadership of the Erie County Commissioner of Health, the Erie County Department of Health is organized into seven divisions:

- Public Health, Safety, Wellness and Epidemiology
- Public Health Laboratories
- Emergency Medical Services and Public Health Emergency Preparedness and Response
- Medical Examiner's Office
- Special Needs
- Environmental Health
- Correctional Health



Public Health, Safety and Wellness

The Public Health, Safety and Wellness Division includes several areas of service: Clinical Services which includes Employee Health, Family Planning, Primary Care, and Correctional Health Services; Public Health Services which includes TB Outreach, immunizations, refugee services, STD outreach, and newborn screening; and Community Wellness which includes programs targeted to schools and teens, worksites, community, and regional populations.

Clinics & Medical Services:
Services available include, but are not limited to:

- Tuberculosis screening and treatment
- STD screening and treatment
- HIV screening
- Immunizations required for school
- Hepatitis B Vaccine Program
- Lead Screening
- Colon Cancer Screening
- Breast Cancer Screening referral
- Substance Abuse Treatment referral
- Pregnancy Testing
- Adult Immunizations

The Immunization Clinic provides a variety of vaccines to children and adults. To be eligible to attend this clinic patients must meet one of the following criteria: 1) Adult over 18 years of age, or 2) Children between the ages of age 5 years to 18 years without a primary care physician. This is a cash only clinic, no insurance is accepted. Payment is due at time of vaccination. The patient covers the cost of the vaccine in addition to an administration fee. Vaccines for children age 5 to 18 are provided by the New York State Vaccine for Children Program and include: Chicken Pox (Varicella); HepB (Peds); Measles, Mumps, Rubella (MMR); Polio; TDaP (Adacel); and TDaP (Boosterix). Vaccines available for adults over age 18 include: Flu, Hepatitis B, Human Pap Virus (Gardisil), MMR, Pneumococcal, Shingles, TD Adult, TDaP (Adacel), and Chicken Pox (Varicella).

The Sexually Transmitted Disease Clinics provide confidential testing, diagnosis and treatment of sexually transmitted diseases for Erie County residents. The clinics also provide HIV counseling and testing, make educational presentations to community groups, and distribute educational material on sexually transmitted diseases. The clinics are held at the Erie County Office Building and Erie County Medical Center. Appointments are not necessary.

The Tuberculosis Control program provides evaluation and treatment for all active tuberculosis cases, and follow-up evaluation and testing for their contacts. The program provides preventive treatment for positive tuberculin reactors when required. Tuberculin testing and/or chest x-rays are also available. Services by appointment only. Community education regarding tuberculosis, blood borne pathogens, and HIV confidentiality are also available through this program.

Correctional Medical Services are provided by Erie County Department of Health staff at the Erie County Youth Detention Center, the Erie County Holding Center and the Alden Correctional Center.

Refugee Services include comprehensive physicals and health screenings for new immigrants and

Regional Coalitions. The Erie County Department of Health is a member of several regional coalitions and serves as the lead and fiscal agent for many regional projects. These regional partnerships include representatives from local health departments and community based organizations throughout western New York. Some of the Coalitions that the Erie County Department of Health actively participate with include: The Western New York Public Health Alliance, Inc., the Asthma Coalition of Western New York, the Western New York Diabetes Coalition, and the Western New York HIV/AIDS Public Health Coalition.

Cancer Screening Services of Erie County provides free breast and cervical cancer screening and education to uninsured women. The Partnership also provides free colon cancer screening to all men and women over 50. Partners for Prevention is funded by a grant from the New York State Department of Health as part of the Centers for Disease Control's Early Detection Initiative. The Erie County Grant is held by the Erie County Department of Health in collaboration with the American Cancer Society and Sisters of Charity Hospital. The administrative office of Partners for Prevention is located at the American Cancer Society's Hope Lodge at 197 Summer Street, Buffalo, NY.

The Erie ESAP Project. The Erie County Department of Health, along with representatives from the fields of Diabetes, HIV/AIDS, business, sanitation, law enforcement, pharmacy, spiritual, government, medical and lay persons created a partnership to safely dispose of used needles, syringes & lancets free of charge. Disposal is now very convenient through the establishment of kiosk disposal sites in many KMart pharmacies, health department clinic sites, community based organizations and Diabetes Specialty Centers. Several Erie County municipalities will also be receiving kiosks to be housed in their buildings. In January 1, 2000 the NY State Legislature instituted the Public Health Law Syringe Access Demonstration Program (ESAP) which decriminalized the selling/furnishing and possession of syringes without a physician's prescription. The Erie County Department of Health is a distribution site for free medical supplies such as syringes, band aids, cotton, alcohol wipes, etc.

Baby Think it Over is an educational loan program available to all schools and community centers to teach teenagers about the realities and responsibilities of parenting. Through the use of electronic dolls that cry randomly both day and night, teens learn about interruptions and frustration. "Babies" need to be fed, diaper changed, burped, and rocked, and may occasionally get fussy just like a real infant. The "baby" will "coo" when it is tended to properly with gentle care. A computer records the quality of the "parenting" session, i.e. how many times the "baby" needs specific care, and if the “baby” is neglected or abused. Students with parent permission are allowed an overnight or weekend "baby" loan to care for the "baby". Teens often comment that they had no idea how much work, time, and energy a baby requires. As well, upon walking the "baby" through the mall or neighborhood streets, they quickly experience the reactions of others seeing a teenager in a "parent" role so early in their life. Dolls are also loaned to schools, community-based organizations, and churches.

"Babies" are available in a variety of ethnicities and a Drug Affected "baby" and a Fetal Alcohol Syndrome "baby" are also available. Extensive training materials help students learn the financial commitment babies require and other topics related to caring for a baby.

Educational Resources. The Health Education Office provides information and referral services for County Health Department Programs and to other health and human services programs in Erie County. The Public Health Education Office makes health related educational presentations to area businesses and organizations, as well as loans videos and supplies printed materials regarding health education and prevention to the public and to human service professionals.

Epidemiology/Disease Control is responsible for:

- Monitoring the community for the presence of communicable diseases
- Providing information on communicable diseases, including preventative measures to members of the medical community, to the public, and to persons exposed to communicable diseases
- Investigating outbreaks or unusual occurrences of disease, then instituting or recommending appropriate control measures
- Investigating foodborne illnesses occurring in Erie County
- Coordinating follow-ups on animal bites, and providing information on the treatment and risk of rabies
- Assisting with the data collection for the community health assessment that provides information on births, deaths, etc., for planning and evaluation

Epidemiology is also responsible for monitoring prevalence and epidemic incidence of diseases and potential disease hazards for use in evaluation and planning health care services. The unit enhances disease control / epidemiology activities to include institutional, facility, and community surveillance activities. They also determine causal factors associated with reported disease occurrences.

Division of Public Health Laboratories

The Erie County Public Health (ECPHL) Laboratories has served the residents of Western New York for over six decades. ECPHL serves as the primary provider of laboratory testing for the Erie County Health Department's and other local health department's public health and environmental activities. ECPHL provides rapid test result turn-around time and offers a competitive fee schedule. Customized testing is negotiable. ECPHL staff is available for consultation.

ECPHL provides public health and environmental laboratory services to local health departments, hospitals, medical care providers, managed care organizations, and residents throughout Western New York. Current New York State clinical laboratory permits exist for the following disciplines:

- General Bacteriology
- Clinical Chemistry
- Diagnostic Immunology
- HIV Diagnostic Testing
- Mycology
- Parasitology
- Blood Lead Toxicology
- Urinalysis
- Urine Pregnancy Testing

Current New York State environmental laboratory permits exist for the following disciplines:

- Environmental Analysis/Potable Water
- Environmental Analysis/Non-potable Water
- Environmental Analysis/Solid and Hazardous Waste

Additionally, the laboratory is registered by the Federal Department of Health & Human Services as a CLIA registered laboratory and maintains status as a Reference laboratory in the CDC and NYSDOH coordinated Laboratory Response Network for Bioterrorism.

Division of Environmental Health

The Food Sanitation Services program of the Environmental Health Office maintains a food inspection program of food service establishments and caterers to protect the public's health. The office also provides health education and information on safe food handling practices.

The Public Health Engineering division is responsible for the regulation of public water supplies and all residential or small commercial private wastewater treatment facilities and for the review and approval of plans for new or replacement water lines, sanitary sewers, private wastewater treatment systems, public swimming pools and realty subdivisions. The Water Sanitation Services Office of Environmental Health Services monitors all public drinking water supplies, reviews and approves plans of public water supplies, subdivisions, public beaches, pools and residential sewage disposal systems.

Healthy Homes and Neighborhoods Program is a comprehensive community outreach campaign implemented by the Environmental Health office dedicated to improving the quality of life of individuals and families by reducing their exposure to home based health and safety risks. The program's goals include:

- Reducing Residential Fire Deaths, Injury and Property Loss
- Preventing Carbon Monoxide Poisonings
- Providing Assistance with Asthma Control
- Preventing Unintentional Injuries
- Promoting Wellness and Nutrition

Vector and Pest Control is responsible for rabies and rodent control. They have a tick identification service for Lyme disease that is used by health providers and vets. The public can also use this service free of charge.

The Lead Poisoning Prevention Program provides community and professional education concerning prevention of lead poisoning, medical and environmental follow-up, and testing of children up to age six (based on a sliding fee scale) for lead poisoning.

The Immunization Action Plan provides a number of services geared towards increasing immunization rates. The program conducts education and outreach activities to inform health care professionals, day care providers and other interested groups about the benefits of up-to-date immunizations for children. They offer assistance with reviewing immunization records in day care and other settings. Upon request, they conduct assessments and follow-up visits with private health care providers and clinics for the purpose of assessing immunization levels of children and updates on immunization guidelines. The program provides information for dissemination to new parents at Erie County birthing hospitals. They also provide educational programs and information on the benefits of adult immunizations to health care professionals and the public.

Medical Examiner's Office

The Medical Examiner's Office investigates all sudden, unnatural and unexplained deaths in Erie County. Cases are referred by physicians, hospitals, and law enforcement agencies. The Medical Examiner's Office is divided into four areas; **Field Investigations**; **Autopsies**; **Forensic Toxicology** and the **Histology Lab.**

The Medical Examiner's Office uses Scene Investigators in the field. This has allowed greater efficiency within the office and more information available to the Medical Examiners upon which to determine cause and manner of death.

Emergency Medical Services/Office of Public Health Preparedness

The Division of Emergency Medical Services and Office of Public Health Emergency Preparedness is organized into four units: Training, Advanced Life Support Services, Emergency Preparedness and Response, and Medical Emergency Radio System (MERS).

The Division of Emergency Medical Services provides emergency medical training to first responders, emergency medical technicians, advanced emergency medical technicians and paramedics throughout the county. The Division supports the coordination of advanced life support operations in Erie County for those emergency medical services providers that receive medical direction from Erie County Medical Center. The Division leads public health emergency planning and response activities in the County and operates the Medical Emergency Radio Systems (M.E.R.S.)

The Division of Emergency Medical Services/Office of Public Health Preparedness performs the following functions:

Dispatches emergency ambulance calls for the City of Buffalo and coordinates the county-wide ambulance to hospital Medical Emergency Radio System (MERS) on a daily basis, and in time of actual or potential disaster situations.

- Provides medical interrogation and pre-arrival instructions for 9-1-1 calls in the City of Buffalo, City of Tonawanda, Town of Evans and Town of Orchard Park. Provides back up interrogation and pre-arrival instructions to the Town of Lancaster.
- Provides emergency response to potential and actual disaster situations to provide support and coordination to the on scene Incident Commander.
- Provides pre-hospital emergency medical care training of all fire departments, ambulances, and emergency squads to the Certified First Responder and Basic Emergency Technician level.
- Coordinates operational Advanced Life Support, Paramedic and Advanced Emergency Medical Technician programs in conjunction with Erie County Medical Center.
- Provides 24 hour answering service for the Erie County Health Department.
- Provides Hepatitis B Vaccination Program to Emergency Response organizations to comply with OSHA regulations.
- Provides communication support for the Dept. of Emergency Services, the Erie County Hazardous Materials Organization (E.C.H.O.), and the Specialized Medical Assistance Response Team (S.M.A.R.T.).

The Specialized Medical Assistance Response Team (SMART) was formed in 1998 by the Department of Emergency Medicine at the Erie County Medical Center in cooperation with the Erie County Department of Emergency Services. SMART was initially formed in an effort to augment the care provided by local emergency medical services (EMS), fire and law enforcement agencies with physician-level care. Emergency physicians and residents from the SUNY Buffalo School of Medicine provided coverage for SMART and responded, upon request, to prolonged or unusual out-of-hospital patient care situations.

Due to the terrorist events of September 11, 2001 and the subsequent demands placed upon our public health infrastructure, SMART was designated as the official medical response arm of the Erie County Department of Health. In the event of a mass casualty incident, regardless of etiology, SMART will be activated to provide whatever medical assistance is required. SMART is also working with the Western New York Public Health Alliance to build a regional response capability and infrastructure. No matter where in Western New York a disaster might hit, SMART remains available to render assistance.

The EMS Division also provides support to the Western New York Stress Reduction Program to schedule debriefings and training. The Western New York Stress Reduction Program was formed in 1987 in an effort to meet the needs of the emergency services providers in Erie, Niagara and Wyoming counties. It was developed to minimize stress related injury to fire, police, emergency medical services, disaster, and hospital emergency department personnel – Critical Incident Stress. This is accomplished through education and intervention - also known as Critical Incident Stress Debriefing (CISD). Since its founding,

the program has provided debriefings to 90 agencies and over 1,500 emergency services personnel.

Division of Persons with Special Needs

The Division of Persons with Special Needs includes the Early Intervention and Preschool Programs.

The state mandated Early Intervention Program serves infants and toddlers ages birth through two with developmental delays and their families. Children enter the Early Intervention Program by referral from the parents, local pediatricians, daycare providers, and hospital intensive care units. Under the Early Intervention Program, service plans are developed by a case manager based on a child's needs, and children receive services such as physical therapy, occupational therapy, and speech therapy.

The state mandated Pre-School Program serves three and four year old children. The Program provides specialized educational and therapeutic services via a variety of provider agencies under contract with the County. Children enter the program through the recommendation of special committees of local school districts.

Administrative Support Units

The Erie County Department of Health has two units that provide administrative and operational support to the department; Operations and the Office of the Commissioner.

The Operations unit is responsible for oversight of human resources, auxiliary services (mail, distribution of supplies, deliveries, etc.), accounting and fiscal management, contracting, and information technology for the department.

The Office of the Commissioner provides a number of administrative activities to the department including Program Development and Evaluation, Public and Governmental Relations, Strategic Support and Preparedness, and Partnerships and Regional Affairs.

A large portion of the Erie County Department of Health's activities are supported through grant funds. In a continuing effort to obtain new resources to support needed programs and services, the Program Development and Evaluation unit researches available grant opportunities, assists divisions and programs in developing programs that meet the needs of the community, and prepares grant applications for funds to support these initiatives. As part of these activities, the Program Development and Evaluation unit will collect and evaluate program and service information to assist in the identification of needs and gaps, and for quality improvement.

The Public and Governmental Outreach Office is the liaison with all media, responsible for the dissemination of timely accurate information regarding all issues of the Department. Increasingly, this office, and more specifically the Public Information Officer, responds to the media and public alike on the emergence of new diseases such as H1N1.

Strategic Support and Preparedness is the liaison between the County and Regional Office of Emergency Response and Preparedness and the Commissioner's Office. In addition, this unit prepares necessary legislation for the County Legislature that pertains to the Health Department and assists with negotiations with other departments and organizations including the Law Department and Erie County Medical Center.

The Erie County Department of Health is a member of the Western New York Public Health Alliance, Inc., which is composed of stakeholders from throughout the western New York region. Members include all eight county health departments in the region, providers, payers, community, and academia. The Alliance has been instrumental in bringing new resources to the region. The Partnerships and Regional Affairs Office has served as the liaison for the Erie County Department of Health as well as provided administrative support to the Alliance.

Correctional Health

Health care for prisoners and inmates at the Erie County Holding Center and the Erie County Correctional Facility are coordinated through the Correctional Health Services Division. This institutional services organization strengthens the delivery of preventive services, provides access to greater medical expertise and enhances availability of medical staff.

Program and Service Objectives

Clinical Services
To provide medical services following national standards of care at the Holding Center and Correctional Facility to inmates housed in these sites.

Problems and Issues in the Community

Profile of Community Resources community resources available to help meet the health-related needs of the county

The Erie County Department of Health collaborates with a variety of other organizations in order to improve the health status of the community. These partnerships typically focus on specific health indicators or diseases and involve partners with a particular expertise or access to a particular population. The Erie County Department of Health has been extremely successful with these types of collaborative partnerships. Many of them are referenced in the health status sections of this document. The Department continually seeks out new partnerships in conjunction with meeting the objectives of the Department. This approach has repeatedly proven effective in meeting departmental objectives and maximizing available resources.

During the course of the work with the local hospitals around the Community Health Assessment and the Community Service Plans, each of the participating hospital systems and the health department inventoried activities and programs associated with the joint objectives that were chosen to work on. Increasing breastfeeding rates and decreasing stroke will be collaborated on for the next three years.

A discussion of the services and issues related to health care services available in Erie County is included in the Access to Care section of this document.

Behavioral Risk Factors

Behavioral risk factors are a key element in addressing health issues. In order to assess behavioral risk factors, the Erie County Department of Health relies on the New York State Expanded Behavioral Risk Factor Surveillance System (EBRFSS) reports. The Western New York Health Risk Assessment, sponsored by the Western New York Public Health Alliance in partnership with the University at Buffalo Department of Family Medicine, is also helpful in these efforts.

Data from the NYS EBRFSS Interim Report released April 2009, which includes Erie County and New York State averages, was reviewed to assess success and problem areas. Data from the 2003 NYS EBRFSS was used to provide an indication of possible trends. A review of the results with the corresponding EBRFSS is outlined in the following table.

Indicator	Erie 2008 %	NYS 2008 %	Comments
Fair or Poor General Health among adults	14.6	16.2	Erie County saw a decrease in this area since 2003 (from 16.3%). For adults age 55-64, Erie County is significantly higher than NYS with 27.1% as compared to 20.7 for NYS. Generally, this % is much higher for people with incomes below $25,000 (NYS % is 38.4; this data not available for Erie County)
Poor Physical Health for 14 or more days within the past month among adults	14.7	10.6	Erie County saw an increase in this indicator from 11.2% in 2003, and the figures are higher for Erie County than NYS in both reports. Erie County females were significantly higher than males (21% vs. 7.6%) and higher when compared to females in NYS (12.5%.) For the 55-64 year old group, Erie County % were almost double NYS figures (25.9% vs. 13.9%.) This was also the case for adults with incomes over $75,000 with Erie County adults at 12.2% and NYS at 5.1%.
Health Insurance among Adults	95.1	83.3	Erie County has had great success in this indicator. Erie County females are more likely to report being insured than males, 97.4% compared to 92.6%, but both groups are higher than NYS counterparts. Two groups that have most significantly outpaced NYS % are adults in the 18-34 year old group (EC 91.9% vs. NYS 68.8%) and for adults earning under $25,000 per year (EC 96% vs. 70.6%.)
No health insurance among adults	4.9	13.7	Again, overall Erie County has been very successful in this indicator. Erie County groups that were higher than NYS include age 55-64 (6% vs. 5%), 65+ (2.4% vs. 1.9%), and adults with incomes of $50,000-$75,000 (4.7% vs. 3.4%) and over $75,000 (5% vs. 2.2%). In all other categories Erie County % were lower than NYS.
Adults with a regular health care provider	87.9	82.8	Overall, figures are comparable for Erie County and NYS. Erie County males are more likely to have a regular health care provider (EC 84.7% vs. NYS 76.6%). Erie County also has higher percentages for adults with a high school

			education or less (81.9% vs. 76.7%), adults with some college (93% vs. 82%), and adults with incomes of $25,000-$50,000 (88.7% vs. 73%)
Cost Prevented visit to doctor within last year among adults	12.2	12.6	Overall, figures are comparable for Erie County and NYS. However, for 35-44 age group, Erie County was significantly higher (EC 16.1% vs. NYS 7.3%) This pattern also applied to adults with high school or less (EC 23% vs. NYS 15.8%), adults with incomes of $50,000-$75,000 (EC 9.5% vs NYS 6.8%) and adults with incomes over $75,000 (EC 8% vs. NYS 5.2 %)
Visited doctor for routine check up within past year among adults	76.3%	75.4%	Females were more likely to report a routine check up within the past year. Age also seems to be a factor with those 65+ being the most likely to report a routine check up. These patterns apply to both Erie County and NYS. With regard to income, in Erie County those with an income of $25,000 or less were the most likely to have reported a routine check up in the past year than adults in the higher income categories. For this income group, Erie County was significantly higher than NYS (80.6% vs. 70.7%)

Indicator	**Erie 2008 %**	**NYS 2008 %**	**Comments**
Dentist visit within past year among adults	63.8	70.5	Females were more likely to report a dental visit than males and Erie County was below NYS for both females (EC 67.8% vs. NYS 73.7%) and males (EC 59.4% vs. NYS 67%.) The lowest Erie County % was for adults with high school educations or below at 53.5%. For this indicator, the higher the income, the higher the % that had a dental visit. Erie County was actually higher than NYS for the $50,000-$75,000 income group.
Flu Shot or Flu Vaccine in nose within last 12 months	44.2	41.9	Erie County had higher percentages for males than females (male 47.8 vs. female 40.9.) Erie County had higher percentages than NYS for males (EC 47.8% vs. NYS 39.3%) and lower percentages for females (EC 40.9% vs. NYS 44.2%.) Erie County had higher % for adults with high school or below (EC 56.9% vs. NYS 45.8%) but had significantly lower % for adults with incomes of $50,000-$75,000 (EC 24.5% vs. NYS 44.1%) and $75,000+ (EC 31.9% vs. NYS 41.9%)
High blood pressure among adults	30.4	25.8	Males report this more than females and Erie County males are much higher than their NYS counterparts (EC 34% vs. NYS 26.8%.) Erie County figures are much higher than NYS for 35-44 age group (EC 18.5% vs. NYS 12.4%), and for the 45-54 age group (EC 37.7% vs. NYS 27%) as well as for adults with some college (EC 35.3% vs. NYS 22.3%) and adults with incomes between $25,000-$50,000 (EC 37.1% vs. NYS 27.1%.)
Ever had blood cholesterol checked	86.3	81	Erie County males much more likely to have had cholesterol checked than their NYS counterparts (EC 93.7% vs. NYS 77.8%) or than Erie County females (79.9%.) Erie County adults with high school or below also have higher % than NYS counterparts (EC 84.8% vs. NYS 71.3%) and those with incomes below $25,000 (EC 97.1% vs. 74.4%)
Ever diagnosed with	10.6	9.7	Males in Erie County are much more likely to have been

diabetes among adults			diagnosed with diabetes than their NYS counterpart (EC 13.7% vs. NYS 7.6%). Females on the other hand are less likely than their NYS counterpart to have been diagnosed with diabetes (EC 7.8% vs. 11.6%) There is a significantly higher rate of individuals diagnosed with diabetes than NYS in the age 35-44 (EC 12.2% vs. NYS 5.7%) category and incomes ranging from $25,000-$49,900 (EC 16.3% vs. NYS 8.4%).
Ever diagnosed with Asthma (lifetime) among adults	11.8	16.5	Erie County males have a significantly less rate of ever being diagnosed with asthma than their NYS counterpart (EC 4% vs. NYS 14.2%). In addition the age groups 35-44 and 55-64 show a lower rate than NYS (EC 10.2% vs. NYS 17% and EC 10.1% vs. 17.3% respectively) In addition individuals with an income less than $25,000 show 13.8% diagnosis with asthma vs. the NYS 22.6%.
Current asthma among adults	7.5	9.9	Males in Erie County experience lower current asthma rates (2.1%) than NYS (6.6%). In addition, individuals with some college have a current asthma rate of 1.1% vs. the NYS rate of 9.7%, and individuals with an income of $50,000- $74,900 have a lower rate of current asthma among adults than NYS rates. (EC 2.6% vs. NYS 9%).
Indicator	**Erie 2008 %**	**NYS 2008 %**	**Comments**
Chronic Joint Symptoms among adults	49.3	42.5	Erie County has a higher rate of chronic joint symptoms especially in persons aged 65 and older (EC 64.2% vs. NYS 53.8%). Data for the income distribution rates is unavailable for Erie County.
Arthritis among Adults	32.2	27.9	Again Erie County has a higher rate of arthritis among adults than NYS, especially in persons aged 65 and older. (EC 64.3% vs. NYS 57.8%). However in persons with an income greater than $75,000 the rate is lower than the NYS rate. (EC 15% vs. NYS 22.7%).
Current Smoking among Adults	29.2	16.5	In Erie county both males and females have a current smoking rate greater than the NYS rate (EC 34.5% vs. NYS 17.1 and EC 24.5% vs. NYS 15.9% respectively). Individuals with a high school diploma and some college also report a higher current smoking rate among adults. (EC 38.7 vs. NYS 21.2% and EC 30.2% vs. NYS 18.4% respectively).
Everyday smoking among adults	17.1	11.5	Females in Erie county have a higher rate of everyday smoking then NYS. (EC 18% vs. NYS 11.5%). In addition Erie county has a rate double that of the state rate for individuals aged 55-64 (EC 18.6% vs. NYS 9%).
Adults living in homes in which smoking is prohibited	70	81.1	Erie County saw an increase in this since 2003 (from 64.3%). Adult males in Erie County are less likely to be living in homes which smoking is prohibited (64.5%) vs. females (75%), however these numbers are still lower than their NYS counterpart. (80.9% and 81.3% respectively). Individuals with a high school diploma or less have a significantly lower percentage of living in homes which smoking is prohibited as compared with NYS (EC 58.6% vs. NYS 78.2%).
Heavy drinking within past month among adults	7.8	5.4	There was a decrease since 2003 in Erie County (from 9.1%) in the heavy drinking within the past month among adults. Among males in Erie County they experienced a higher rate than NYS (EC 7.7% vs. NYS 4.6%). Also in

			the age groups 35-44 and 45-54 there was a rate double that of NYS. (EC 10.9% vs. NYS 5% and 10.3% vs. NYS 5.5% respectively). The rate for individuals with an income over $75,000 is almost double the NYS rate (EC 13.5% vs. 6.9%).
Overweight among adults	34.2	34.6	Erie County is on par with the state percentages of overweight adults. This number for Erie County is up from the 2003 rate of 32.6%.
Obesity among adults	30.5	23.6	Males in Erie County have a higher rate of obesity among adults than the NYS rates (EC 35.3% vs. NYS 22.8%). In addition there was a significant increase in Erie County for persons aged 45-54 (EC 37.3% vs. NYS 28.7%) and incomes ranging from $25,000-$ 45,900 (EC 28.9% vs. NYS 17.7%).
Overweight or Obesity among adults	64.8	58.2	Again males in Erie County experience a higher rate of overweigh or obesity among adults than the NYS rates (EC 73.9% vs. NYS 62%). The female Erie County rates were comparable to the NYS rates (EC 56.4% vs. NYS 54.6%). It was found that individuals with incomes between $24,000- $49,900 had higher rates as well (EC 73.9% vs. 56.8%).
Indicator	**Erie 2008 %**	**NYS 2008 %**	**Comments**
No leisure time physical activity among adults	17.4	22.7	Erie County experienced a decrease in the reported no leisure time physical activity among adults since 2003, from 23.8%. This number is lower than the NYS numbers for both males and females (EC 16.5% vs. 21.4% and EC 18.1% vs. NYS 23.9% respectively). The age group 35-44 has the most significant difference from the state rates, EC 1.7% vs. NYS 17.5%.
Consumption of 5 or more servings of fruits and vegetables per day among adults	24.2	26.7	In Erie County males are less likely to consume 5 or more servings of fruits or vegetables per day among adults than the NYS reporting's. (EC 15.1 % vs. NYS 23.3%); while females rates are higher than the reported NYS rates (EC 32.3% vs. NYS 29.8%). Individuals living in Erie County with incomes exceeding $75,000 had rates much lower than the reported NYS rates. (EC 12.1% vs. 28%).
Had a fall within the past 3 months among adults	16.4	13.9	Females in Erie County are more likely to have reported a fall within the past three months among adults than the NYS average. (EC 19.8% vs. NYS 15.3%). In persons aged 55-64 and those with some college education, there is a significant increase in the reported falls among adults within the last 3 months as compared with the NYS rates. (EC 30.6% vs. NYS 13.7% and EC 23.8% vs. NYS 12.7%).
Had a fall that caused injury within the past 3 months among adults	5.7	4.2	In Erie County males reported having a fall that caused injury within the past three months among adults, higher than NYS (EC 5.5% vs. NYS 3.2%). Persons aged 55-64 reported more than the NYS value (EC 11.5% vs. 3.1%) while persons 65 and older reported less than the state values (EC 1.6% vs. NYS 4.6%). Also it was found that rates were higher in Erie County for individuals with some college education (EC 7.8% vs. NYS 3%), and incomes $25,000-$49,900 (EC 9.3% vs. NYS 5.5%) and $50,000-$74,900 (EC 7.1% vs. NYS 3.6%).

Other EBRFSS findings of note include:

- In 2009 had slightly higher % of people getting Pneumococcal Vaccine in EC than in NYS (30.9 vs 25.8), EC better than NYS for over 65 age group (73.4 vs 64.2)
- Ever had mammogram among women 40+ - better in EC than NYS in 2009 (94.9 vs. 89.8) with EC better in high school and below (97.2 vs 91.8) and college degree (98.8 vs 88.6) In 2003, EC 91.2 vs NYS 90.9
- Had mammogram within past 2 years among women age 40 and older - EC 87.6 vs 77.9 NYS and EC better than NYS with women with high school or below (89.1 vs 82) college degree (94 vs 74.2) and with income $25K to $49.9K (92 vs 77.2) and income $50K-$74.9K (93.8 vs 82.9) and in 2003 EC 82.3 vs NYS 77.6
- Ever had a pap consistent for EC and NYS (94.5 vs 92.5) and slightly better for women with high school or less (94 vs 89.7) and income below $25K (97.7 vs 93.2) and in 2003 EC 97.5
- Ever had digital rectal exam among men 40 and older - EC 70.5 vs NYS 75.9 and in 2003 EC 83.8 vs NYS 78.5
- Ever had prostate specific antigen test among men 40 and older - 60.4 EC vs 68.5 NYS and in 2003 EC 66.1 vs NYS 62.9
- Prostate Cancer among men 40+ EC 2.6 vs NYS 3.7 (not stat sig) and in 2003 EC 6.6 vs NYS 3.2
- Home blood stool test ever used among adults 50 and older EC 39.6 vs 34.9 NYS - in EC better than NYS with females (45.9 vs 32.9) for people with college degree (45.4 vs 38) and for people with income $24.9K and below (44 vs 29.2) - numbers for home blood stool test used within past year among adults 50+ and within past 2 years also stronger for EC especially in under $25K income group (16.2 and 26.7 vs 8.5 and 14.7) but not for $25K-$49.9K group (9.0 and 12.7 vs 19.3 and 23.3) and in 2003 EC 58 vs 40.6
- Ever had a sigmoidoscopy or colonoscopy among adults 50+ or within past 10 years similar for EC and NYS - 65.8 vs 66 and 65.1 vs 64.3 and in 2003 EC 58.6 vs NYS 52.4 (Ever) and EC 55.3 vs NYS 49.6 (within 10 years)

There are a number of indicators where the Erie County results are opposite the NYS results for males and females. Erie County has better results for males than females in some of the preventive health indicators such as flu shot or vaccine in nose within past 12 months and ever had blood cholesterol checked. NYS results show females doing better in these areas than NYS males. However, Erie County males did worse than females in some of the diagnosis categories such as ever diagnosed with diabetes among adults, high blood pressure among adults, and obesity among adults. For these indicators, NYS results show the males doing better in these indicators.

Another interesting finding related to the review of the BRFSS data is that Erie County has been quite successful in providing screening and health services to groups that have historically been the most difficult to reach, ie. those with the lowest incomes and educational attainment. For many of the selected indicators, individuals in higher income brackets and those with advanced degrees had lower degrees of certain health related behaviors. These findings could potentially influence the approaches to reach specific populations and expand the focus of existing outreach efforts.

Profile of Unmet Need for Services

Each Erie County Department of Health program has worked to continuously improve efficiency and the services provided. This work has been performed both informally, as a management strategy, and in more formal ways including Lean Six Sigma and Quality Improvement. Changes have primarily been implemented at the program and division level. In 2013 the Department will also be embarking on a comprehensive strategic planning process to identify strategic, operational, personnel, and facility priorities for the short and long term. The plans will focus on improving organizational and public health indicators.

Local Health Priorities

For the 2014-2017 Community Health Assessment, the New York State Department of Health required local health departments partner with hospitals. At the same time, hospitals were required to partner with health departments on their Community Service Plans.

The Erie County Joint Planning Committee (Joint Planning Committee) includes representatives from Erie County Department of Health, Catholic Health System, Kaleida Health and local academic institutions.

The Erie County Joint Planning Committee utilized the following data sources in the selections process:

> NY State Expanded Behavioral Risk Factor Surveillance System results for January 2008 reveals that participants reported overweight among adults in Erie County (34.2%) are similar to the NY State average (34.6%), however, obesity among adults in NYS (23.6%), is lower than Erie County (30.5%). In addition, Erie County has a higher percent of overweight or obesity among adults (64.8%) than NY State (58.2%). Participants reported No Leisure-time physical activity among adults is higher for NY State (22.7%) than for Erie County (17.4%). Consumption of 5 or more servings of fruits and vegetables daily among adults revealed similar percentages of respondents at 26.7% for NY State and 24.2% for Erie County, however both results indicate that approximately ¾ of the adult population are not consuming fruits and vegetables as recommended.
>
> The Erie County Department of Health developed online surveys to garner community input in this assessment. The hospital partners contributed to the development of the survey and assisted in the distribution of these surveys.
>
> The Consumer Survey was distributed to participating organizations in the Joint Planning Committee, staff in the Erie County departments listed above and to Erie County Library system staff, through the Community Health Foundation Health Leadership Fellows Action Network, and to members of the Specialized Medical Assistance Response Team. Surveys were also distributed by individuals to contacts on Facebook and to friends and family. In order to reach individuals that do not have computer access, students working with the ECDOH collected responses on paper surveys at Department of Social Services waiting rooms. These responses were entered into the database. Some variations occurred because of use of paper survey vs. online survey (for example survey questions that only allowed one answer for the online survey were not limited on the paper survey.) There were 1198 Consumer Surveys completed.

Selected Prevention Agenda Priorities

The EC Joint Planning Committee selected increasing breastfeeding rates and decreasing cardiovascular events as their two joint objectives to work. A Community Health

Improvement Plan to address these issues has been developed and submitted with this document.

APPENDIX A

Community Collaboration Process, Timeline, and Supporting Documentation

Community Health Assessment/Community Service Plans
Collaborative Planning Meetings
Timeline

10-10-12 – Meeting with BSC Communications department to design survey, develop deployment plan for tool when developed

10- 22-12 – Consumer survey tool piloted in paper format with D'Youville college students, comments collected, revisions to tool made, tool loaded into Google Docs

10-27-12 – Consumer survey deployed at Bidwell Farmers Market

10-30, 10-31, 11-1, 11-2-13 – Consumer survey intake sites (paper) at Erie County HEAP, Social Services Waiting Room, Child Support Waiting Room

11-1-12 – Consumer survey tool deployed by BSC Communications students using electronic methods such as email links, Facebook, Twitter, and other avenues

11-30-12 – Consumer survey pilot distribution by BSC Communications Department completed

12-3-12 – Survey sent out via email to list serves and contacts internally

Dec 2012 and Jan 2013 Paper surveys ongoing at Senior Centers (Cheektowaga, Alden, Amherst, Mosher, West Seneca, Town of Tonawanda)

2-26-13 – Joint Meeting #1 for hospitals, academia, and health department

2-26-13 – Consumer survey link shared with CHS for distribution on their website

2-26-13 – Consumer survey link tweeted out by CE, link to survey on home page of Erie County, New York

3-25-13 – Joint Meeting # 2 for hospitals, academia, and health department

4-24-13 – Living Healthy Task Force meeting scheduled to host town meeting for professional input

4-24-13 – Community Health Forum held with membership of Living Healthy Task Force and other community partners at Main Library, facilitated by Buffalo State College, Center for Health and Social Research

4-26-13 – mass email blitz of consumer survey link to Erie County Employees

7-26-13 - Joint Meeting for hospitals, academia, and health department

8-9-13 – Joint Meeting for hospitals, academia, and health department

8-14-13 – Breast feeding investigation meeting with Mary K Comtois from United Way

8-23-13 – Joint Meeting for hospitals, academia, and health department

8-28-13 – Breastfeeding meeting with partners

9-16-13 – Joint meeting with hospitals, academia and health department. Joint areas finalizes as increasing breast feeding rates specifically and something to do with addressing cardiovascular issues. This will include and comprehensive approach by partners with hospitals looking at readmission data for an array of cardiovascular events, and community education to increase awareness of stroke and decrease complications by addressing early recognition of signs and symptoms and receipt of timely intervention/treatment.

10-4-13 – Prevention Agenda meeting with Kaleida administration to solidify joint objectives for CHIP

10-16-13 – Breastfeeding objective team meeting

10-22-13 – prevention agenda meeting with Prevention Focus, Erie County Mental Health service provider

10-26-13 – NYS Health Foundation grant opportunity planning meeting to address breastfeeding objective

Community Health Assessment/Community Service Plans
Joint Planning Meeting
2/26/13
2:30 – 4:30 pm
Rath Building Room 904

1. Welcome and Introductions

2. Why are we here?

   - Document issued 12-10-12 asks local health departments and hospitals to collaborate on the development of Community Health Improvement plans and Community Service Plans

3. 5 priority areas as defined by NYSDOH Prevention Agenda (potential objectives)
   Must pick 2 priority areas, at least one must address a disparity

   - Prevent Chronic Disease (Tobacco, Physical Activity, Nutrition)

   - Promote a Healthy and Safe Environment (Clean Air, Water, Injury Prevention, Violence)

   - Promote Health Women Infants and Children (Family Planning, Maternal Child Health)

   - Promote Mental Health and Prevent Substance Abuse

   - Prevent HIV,STDs, Vaccine Preventable Diseases and Healthcare Associated Infections (ESAP, STDs, PNAP, IAP, TB)

4. Data sources and plan development resources:

   - Federal – CDC, NIH,
   - State – NYSDOH Prevention Agenda, NYS Health Indictor Reports, NYSDOH
   - Local – ECDOH, YRBS data (BPS), local needs assessments (United Way, BPPN, Foundations, P2, Colleges and Universities, Hospitals, Insurers, Department of Mental Health, others?
   - Consumer Surveys https://docs.google.com/spreadsheet/viewform?formkey=dGRxSEVQOUwzWkpWQWVnM3dfYlBFT1E6MQ
   - www.TheCommunityGuide.org best practice

5. Joint priority and focus area identification

6. Next steps
   - Community collaboration meeting to present identified priority areas and solicit input on plan development to reach desired goals as identified in the Prevention Agenda
   - Necessary partners?
   - Monthly working group meetings till submission
   - Format – face to face, teleconference, mixture?

THANK YOU!

COMMUNITY HEALTH ASSESSMENT/COMMUNITY SERVICE PLANS
JOINT PLANNING MEETING
2/26/13
MINUTES

Meeting Participants:

Gale Burstein, M.D., Commissioner of Health, Erie County
Cheryll Moore, Medical Care Administrator, Erie County Dept. of Health
Angela Hastings, Intern, Erie County Dept. of Health
Gregory Young, M.D., Associate Commissioner, New York State Dept. of Health
Melissa Golen, Kaleida Health
Bonnie Polakoff, Catholic Health
Christine Kemp, P2 Collaborative of WNY
Kate Ebersole , P2 Collaborative of WNY
Maria Foti, Catholic Health
Laurene Tumiel Berhalter, Family Medicine, University at Buffalo
Alan Delmerrico, Center for Health & Social Research, Buffalo State College

All of the participants introduced themselves. Dr. Burstein thanked everyone for their attendance at the meeting. She went on to say that there is a great opportunity to access what the health needs are of the community. As well as our biggest challenges. What can be done collaboratively to develop a plan to address these health needs, and what can be done to make this a healthier place to live?

Cheryll Moore said that Bertrand Chaffee Hospital was contacted, however, we had no response from them. Dr. Young suggested following up with them. As they are an Erie County hospital and must be involved in the plan. Ms. Moore said she had attended a meeting with Catholic Health System where they are developing information for their community services plan. She was not sure where Kaleida stood on this. She said this was the first planning meeting here. At the County level a community health assessment and a community health improvement plan need to be done. This is different from what has been done in the past. We used to do a Community Health Assessment and then develop a Municipal Public Health Services Plan; and do yearly reporting based upon that. Hospitals do community services plans. This year they are on the same schedule.

Ms. Moore passed out information which was the guiding document for the community health assessment community services plan chip. The requirements and/or priorities are five instead of ten. One area that is chosen is addressing disparities. She felt that disparities are the cause of many of our issues. Getting to the underlying socio-economic, ethnic, language that underlies health. The five priorities are listed: preventing chronic disease, there are potential objectives listed within the priority areas. Physical activity, nutrition, tobacco issues, which are also part of the hospitals' daily issues. Healthy and safe environment, clean air, water, injury prevention, violence, healthy women, infants and children. Maternal infant child health initiative funding is available, which is being applied for currently, as well as nurse family partnerships.

The network, family planning, promoting mental health and preventing substance abuse. Underlying root cause of this is mental health behaviors. Internally we have met with our Dept. of Mental Health that have been charged with collaborating. Also mentioned are preventing STD's, HIV, vaccine preventable diseases, and health care associated infections. At the county level we have an STD clinic, PNAP grant, IAP, TB and ESAP controlling disease spread. Ms. Moore asked if anything had been done in the hospitals regarding this. A plan by Sisters will move forward to see what they have done and what will be planned. Kaleida answered that they have many programs. Dr. Burstein asked if everyone will have the same prevention priorities. Dr. Young answered that yes the group must, there are two. Of the two priorities we can select one that happened to be the same throughout the region. P2 can provide data with this. Dr. Young explained that he is just introducing the format for the plan, but will no longer be involved. The hospitals and the counties reimbursement both depend on the plan. Disparities need to be addressed, and indicators, with an explanation of how the indicators were found. Also performance measures to gauge how you do over the next 3 to 5 years. The intent is not to just put something on paper, this must be a has to happen document. There is much involved and it will be more of a challenge than previous years.

As a group there must be two out of five initiatives selected. A question was raised regarding clarification by Kaleida Health; say that we as a group choose tobacco prevention, does Kaleida then have to have this as their same priority, or can they choose something else as diabetes, and or cardio-vascular diseases as their priority. Must they tie in with the County? Dr. Young said that they must come together as a group and decide upon priorities to work together. A whole community improvement process is desired, where all are working on the same initiatives. There must be collaboration on two priorities. Dr. Young suggested that one of those two would be good if they would be the same as hospitals and other counties in the region did. P2 could then come to their aid with data. This is their strength; as this is a major undertaking.

Dr. Burstein asked when we would know when the other counties initiatives would be. It was mentioned that the other counties are in different phases. Mid April would probably be the time frame we would have an idea of what across the board the counties are looking at.

Cheryll Moore said that there are five main areas. In the priority areas there are focus areas. There are different goals and objectives. One agreed upon priority area and two focus areas within can be worked on. The handouts were very descriptive regarding this. As far as consolidating our efforts this might be the way to go to focus in one area. Resources down the road (5 yrs.) as opposed to 3 yrs. for the hospitals. We can plan out to a point.

Ms. Moore has been pulling data, such as the last community health assessment and local data. Surveys were done last time, consumer surveys are presently being done as opposed to professional surveys. We worked with the Communications program at Buffalo State College; they developed the survey which was based on the prior survey. Survey results were distributed. There are different questions that came from students involved in the Communications program. There were 280 returns that went out through social networking. This was a project of the communications program that is very technically oriented. Facebook, Pinit, etc. were utilized. After that we went into social services waiting rooms. Paper surveys with clients were done. There was a cross section in this environment. The County Executive tweeted the survey, and it

is now on the County website. Angela Hastings, an intern for the ECDOH commented that she has been reaching out to the local colleges to see if the survey could be posted on their respective websites. She is waiting for responses. Ms. Moore said that the Catholic Health System has posted the survey on their website. She also said that she would share the data with everyone. She compared the present survey with the past survey; participants in the last survey did not know how many fruits and vegetables were supposed to be consumed on a daily basis. Presently they are stating that they know the amount but are not eating them. We have increased knowledge but we need to change behaviors. Our population is 64% overweight and obese in Erie County. We asked questions regarding eating patterns, perception and choices; how they shopped, how they made choices at restaurants. We have a restaurant program that will give us a way to work with menu labeling.

The next focus will be on senior citizen centers getting the older population's input. This will be Angela Hastings' new task. We need at least one thousand surveys completed. Christine Kemp asked if the survey could be completed via mobile phones. Ms. Moore said yes that it could be as it is google.doc. Ms. Kemp suggested that publicizing this in waiting rooms at social services could have people complete them on their phones while waiting.

Dr. Young asked what the hospital's thinking on this is. He asked if they had areas of the five in which they would be interested on focusing in. They said that they are working on their own prioritization process presently with each of the hospitals. They came up with a scoring tool from the focus area putting some criteria on the priority impact feasibility. The first hospital felt strongly about providing input to this. They will be continuing the process over the next couple of weeks, so that they will actually have some feedback. Chronic disease will probably be the area of focus. So much of the prevention agenda and all of the assessments from NYS focus on cardio-vascular, with the GVI this is an organizational focus for Kaleida as well. If the County does not have chronic disease and cardio vascular as a subset if this something they could still focus on as an organization; and what level they would have to put to the County agenda versus what they would put into their individual plan. Dr. Young said that the plans need to be an individual county and hospital which is the opposite of what was done three years ago. Dr. Young mentioned that mental health is also a huge issue of concern. Ms. Moore said that internally at the County level we have met with our Mental Health Dept. and they are willing to work with us on this. She said that if a person's mental health is not in order their physical heath suffers. It was mentioned that if you look at mental health as a focus area, if substance abuse is not provided the person's well-being cannot be accomplished as an objective. An outcome would be difficult to arrive at without markers.

Ms. Moore said that there is an area that we could work collaboratively on as a region hospital which would have a huge impact on that is prescription drugs. Working on policy changes within the facility as far as prescribing practices, and referral practices, the Emergency Department. She said that the County's focus would be STD, HIV and Maternal Child Health as well as Chronic Disease. Obesity prevention and nutrition also. Based on data would be cardio vascular under chronic disease; obesity prevention. Underlying factors such as these which would affect hypertension, diabetes, cancer etc. If chronic disease is selected, two priority areas would not necessarily have to be picked, two focus areas could be selected within chronic disease. This might be a more streamlined approach for a collaborative group.

A question was asked that in terms of a workable document how would it be evaluated as to yes we have made progress or no we did not? We might want to think about it in terms of what data we have, what things that we might be able to move the most. She thought that some of the metrics may be difficult to shift in three years. Dr. Young commented that they are not expecting to see any major outcome change, but progress in whatever is selected. The group must decide what the measures are; what the group comes up with as measures that are reproducible. This is the difficult part.

There are two types of data, the assessment data and the trackable data. The trackable is part of the chip. The chip is a work plan written with smart objectives. Cheryll Moore said that she would send out data from recent grant application associating local prevention agenda and Healthy people 2020 indicators. This actually showed where indicator movement could occur.

There was discussion regarding the Maternal Child Health grant that is currently being applied for. Chronic diseases and Maternal Child Health, should we choose two areas within those or one in each area. One in each area seems to make more sense. A question was asked if everyone needed to identify exactly what we will be doing within them. Ms. Moore said that if we get our priority areas identified and then at the next meeting we can focus down as to exactly what will be done.

A question was asked regarding the hospital PCMH dollars that were just awarded; if they came from New York State. Does this tie in at all? Resources and systems change and approach if this is part of it. The deliverables that primary care have to make, as they are doing their PCMH recognition which ties into maternal child health that ties into chronic disease etc. There is a lot of alignment with chronic disease about where the pieces fit in. Is this contributing to data and where we can extract data from?

A matrix was suggested in some key areas showing what initiatives that we already have going. What are the potential big ones, as the Pre-natal Peri-natal grant etc. Could we possibly tie them into the other things. PCMH applies to ECMC and Kaleida, it does not apply to the Catholic Health System.

Ms.Moore said that she could pull together from the resources in the community for maternal child health. As far as chronic disease she thought that Kate Ebersole had the best hold. Ms. Ebersole replied that with the UB information from Laurene plus their different coalitions that she could provide a list of all that they are aware of as being grant funded. As well as what other foundations are focused upon.

The two priority areas will be Maternal Child Health and Chronic Disease. Cheryll Moore will put together information on the Maternal Child Health end and Kate will pull together information on chronic disease for a March 8 deadline. On March 11 Ms. Moore will e-mail the information to the other meeting participants. A Community Partner meeting needs to be scheduled. She is going to pull together a meeting of the Living Healthy Task Force in Erie County. This engages many partners in the community from businesses, pharmaceuticals, community health workers etc. She asked the others if they could think of any participants for

the community meeting to let her know. This will be happening concurrently while we are meeting. This meeting will be held the 2nd week in April. Ms. Moore also suggested that there be a push of the consumer surveys. She will send out the on-line link for the survey. There were suggestions made to send the survey out to insurance companies, banks, i.e. large employers.

There were two dates given out for the next meeting either March 20 or March 25, 2-4 PM. based upon Dr. Burstein's schedule as she wants to involved in the process.

CHA/CSP Joint Planning Meeting
3-25-13
2-4pm

1. Welcome and Introductions

2. Update on consumer surveys

3. Local programs and services

4. Living Healthy Task Force Meeting April 24th
    - 3 questions for professionals in the community
    - Town Meeting format

5. Next Steps

COMMUNITY HEALTH ASSESSMENT MEETING

MARCH 25, 2013

RATH BUILDING

Those in Attendance:

Maria Foti – Catholic Health
Bonnie Polakoff – Catholic Health
Melissa Golen – Keleida Health
Christine Kemp – P2 Collaborative of Western New York
Alan Delmerico – CHSR at Buffalo State College
Cheryll Moore – ECDOH
Mary Walawander – ECDOH

The meeting participants identified themselves. Cheryll Moore thanked everyone for attending the meeting. Some information was also passed out.

Update on Consumer Surveys

Ms. Moore handed out survey results as well as CD's with raw data from the latest run of the surveys. The BMI's and the formulas were run by our intern. We are starting to look at the demographics as they are starting to really replicate Erie County as a whole. With census data in one area, we will have data from consumers stating what the problems are. The surveys will be run through April 30th. Surveys will be provided to the outreach clinics through the Catholic Health System. Ms. Moore thought that by May 15th hard final data should be available. She said that the County as a whole is looking very similar. When we pull out the zip codes it will be interesting to see what the breakdown will be. The surveys have been done in senior citizen enters, local malls as well as the public libraries (in this instance tear off sheets with the web address were placed alongside the computers). We will also do a push out to all users in Erie County. Ms. Moore asked if any of the participants could also do a push out to their employees. She also asked if this was accomplished to let her know what date a push would occur on. There was conversation on perhaps doing a blast e-mail as part of a healthy living initiative for organizations involved.

Our intern has also been working with the local school systems. Many of them have a reverse 911 system, or an e-mail to parents system. However this has proved to be frustrating to accomplish.

Dr. Young said that we all needed to agree upon the same priority; however this is not truly what the language is. There needs to be clarification on this of what the language is versus what we are being asked to do. The County has to choose two priorities; the hospitals do not necessarily have to follow these same two. We are charged with collaborating with others within our community to agree upon two measures one with disparities that we would work on collaboratively. It does not have to be two measures but two areas. If we do two focus areas and

there are three objectives, the Dept. of Health could be doing one thing, and the hospitals another, but we work collaboratively to move the indicator. Do the individual plans have to mirror the County plan? Cheryll Moore thought that they should not mirror each other. We should not be doing the exact same things. We should be doing different things to move the same indicator. i.e. if we choose breastfeeding, someone would work on WIC, and someone else on zip codes. The question becomes how specific are the counties if what we agree upon is the collaborative going to be? There is the guidance and the chart. It's the reality of what we will accomplish in setting targets and goals. Christine Kemp that said these issues were addressed in the webinar. Two priority areas must be the same within the CSP and CHA. The priority areas must be the same, it doesn't have to be the exact same process to get to what you want to achieve, such as tobacco cessation, you would do the five A's. The community could have more funding for the split liners. Erie County does direct one on one cessation. We would be both addressing the focus area of tobacco within the priority area of chronic disease. The way we go about it can be totally different. It is ambiguous if we have to address the same focus area within the priority area of chronic disease. It could be obesity and tobacco cessation, as they both fall under chronic disease. Of the overarching of the five priority areas, those two must be the same. Melissa Golen said that as long as we agree to chronic disease we could each select a focus. As a county would you say chronic disease tobacco or would you just say chronic disease and then let Catholic Health select a focus area? It must be a focus area. If we all agree to something and then Kaleida doesn't do something within that where is the collaborative? It depends upon the level of specificity. Kaleida can participate in the process but what level of agreement is then needed.

Cheryll Moore reiterated that we reside in a County with problems that can be addressed easily from many different areas. There are not a lot of resources to accomplish things. We must figure out how we can do this together and move the indicators. If we are all addressing something different this will not happen. We kind of talked about the area of chronic disease because our obesity rates are off the charts. 64% of adults are overweight and obese. There are many things that can be done to address this. At the last meeting we came to this conclusion.

The priority area should be selected. At the last meeting the two priority areas chosen were Maternal Child Health and Chronic Disease. Ms. Moore asked if we could move ahead tentatively with these two areas. A focus area needs to also be determined and agreed upon; and or priority areas. Kaleida questioned what level do we all have to come on board. Would it be the focus area, and then within the focus area we can then branch out. Or do we have to have to move a single metric or a multiple metric? Objectives do not have to be agreed upon. We each can individually define the focus areas. We can agree on focus areas, and then each organization within can define the objectives. We all have to have the same objectives. The goals and objectives are metrically linked. The highest area that must be agreed upon is the focus area. We need to know what Kaleida is looking at as far as priority and focus areas. What has been chosen previously has been based on data. These are high risk indicators that need to be moved.

Alan Delmerico commented that we are choosing focus areas within priority areas that we can all agree upon. The goals might be dispersed amongst the different groups around the table. Under preventing chronic disease and reducing illness and death related tobacco use. The goals within are much more distinctively community oriented and might be something that falls

within the domain of the Dept. of Health as opposed to hospital systems. Whereas some of the much more politically oriented would align much better as goals for the hospital systems. We would be agreeing upon a focus area and then essentially divvying up the goals and each working on the ones that best align with our subset capacities to achieve the objectives. These objectives are tied to the goals. We should narrow it down and then branch off specifically to our need focus.

Cheryll Moore said that we may agree to disagree with each other. If however we agree to agree we will be able to move the indicators in a better fashion. She said that we need to know that in the two areas chosen are these areas that you are interested in working in. Ms. Moore suggested that Ms. Golen bring this back to her executive board to find out if this is agreeable to move forward. To reiterate we agreed upon two priority areas, and are going toward focus areas.

At the County level we will be looking at pre-conception reproductive health, we are reopening family planning. We can fill this gap. We are looking at increased access to high quality chronic disease preventive care and management in both clinical and community settings. This was agreed upon as our first focus area. Moving onto Healthy Women, Infants and Children, Maternal and Infant Health, Ms. Moore asked if the hospitals were looking at anything specifically be it clinical or community. They responded that breastfeeding and premature births were the two areas that they are interested in.

Mary Walawander told the group that she could provide data for them. Cheryll Moore said that caution needed to be exercised in accessing the PQI data. There was conversation regarding data and reporting regarding publically available sources.

Ms. Moore said that we need to obtain information from our community partners. A Healthy Living Task Force meeting has been scheduled for Erie County specifically on April 24, from 8:30 – 11:30 A.M. This will be held at the Main Library. The Healthy Living Task Force is comprised of community based organizations, businesses, health professionals, pharmaceutical companies and payers. It is Erie County specific. She asked what we want to know from them regarding their perceptions of health issues in the community. Ms. Moore asked the group for three questions we could ask. There was conversation including the following areas: What issues do you see in your population the most? (What issues are unique to the type of people that they work with)? Health related issues? Transportation. Getting health care, receiving health care, accessing health care. Social determinants? Is it easy for your clientele to access health care? This will be a town meeting format (30 or 40) people. What is preventing your clients from accessing health care? What are the barriers to good health in general? What is one thing that you could change to help your clients live a healthier lifestyle? What motivates people to change behavior? What is the biggest health issue facing your clients? Is there a service that has been unavailable for your client recently? Ms. Moore said that she would send an e-mail out to everyone with these to pick out the top three. We are looking to get professionals that deal with consumer's perception of health care in the community, or lack thereof. We might be able to tie together that the consumer is saying one thing and the professional is unable to refer the consumer. If it links together it will all make sense. We are safer in trying to characterize the

County as a whole countywide issue. The subset will be the City. We will come up with three pertinent questions for the Healthy Task Force meeting.

Erie County Community Health Forum
Community Health Assessment

Buffalo & Erie County Public Library
Wednesday April 24, 2013
8:30-11:30am

Agenda

Welcome and overview of meeting

Purpose:

1) Elicit perceptions of health issues affecting our community from businesses, health professionals, community based organizations, and pharmaceutical companies and payers.
2) Discuss and provide overview on County Health Assessment

Forum Format

Each of the four main topics (Chronic, Infectious, Disease Prevention/Health Promotion and Elder Care will be allotted 36 minutes. Example breakdown as follow

Introduction and Overview	– 3 minutes
Question 1	– 10 minutes
Question 2	– 10 minutes
Question 3	– 10 minutes
Transition	– 3 minutes
	36 minutes

Forum Questions

Infectious Diseases – Pneumonia, Flu, Tuberculosis, HIV, STIs, etc. (36 minutes)

1) What are the challenges/issues/barriers related to the prevention of infectious diseases that you see in your community? (10 min)

2) What changes in your community would best help to improve overall health? (10 min)

3) Are there specific communities or population groups that resources should be focused on? (10 min)

Chronic Diseases – Diabetes, Mental Health, Cardiovascular Disease, Obesity, etc. (36 minutes)

1) What are the challenges/issues/barriers related to the prevention of chronic diseases that you see in your community? (10 min)

2) What changes in your community would best help to improve overall health? (10 min)

3) Are there specific communities or population groups that resources should be focused on? (10 min)

Health Promotion/Disease Prevention – Nutrition, Physical Activity, Access to care, Smoking, Drugs, etc. (36 minutes)

1) What are the challenges/issues/barriers related to implementing health promotion that you see in your community? (10 min)

2) What changes in your community would best help to improve overall health? (10 min)

3) Are there specific communities or population groups that resources should be focused on? (10 min)

High Risk Populations – Elders, youth, disparities (36 minutes)

1) What are the challenges/issues/barriers related to the prevention for high risk populations that you see in your community? (10 min)

2) What changes in your community would best help to improve overall health? (10 min)

3) Are there specific communities or population groups that resources should be focused on? (10 min)

Overview of consumer survey results to date

Any additional Items from audience – (Remaining time)

THANK YOU!

LIVING HEALTHY TASK FORCE 4/24/12

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LIVING HEALTHY TASK FORCE

4/24/15

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LIVING HEALTHY TASK FORCE 4/24/15

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ERIE COUNTY COMMUNITY HEALTH FORUM

WEDNESDAY APRIL 24, 2013
BUFFALO & ERIE COUNTY PUBLIC LIBRARY
8:30-11:30AM

Erie County

Department of Health

In partnership with:

Center for Health & Social Research
CHSR
at
Buffalo State

West Side Youth Development Coalition
WSYDC

MEETING PURPOSE

- Elicit perceptions of health issues affecting our community from businesses, health professionals, community-based organizations, and pharmaceutical companies and payers

- Discuss and provide an overview on County Health Assessment

Erie County

Department of Health

DR. ALAN DELMERICO

- Dr. Alan Delmerico is a Research Scientist at the Center for Health and Social Research where he conducts spatial and statistical analyses, maintains geographic databases, and prepares scientific presentations, reports, and publications. He holds a PhD in Geography and some of his research interests include diabetes, patterns of alcohol and substance use, aging populations, and neighborhood on health.

Center for Health & Social Research
CHSR
at
Buffalo State

MR. JONATHAN LINDNER

- Mr. Jonathan Lindner is a Health Educator and Research Analyst at the Center for Health and Social Research, where he focuses on projects to improve community health through prevention programs directed at changing individual behaviors and community-level factors. He is an Undergraduate lecturer, Certified Health Education Specialist, and National School Health Trainer for the Centers for Disease Control and Prevention.

Center for Health & Social Research
CHSR
at
Buffalo State

West Side Youth
WSYDC
Development
Coalition

INFECTIOUS DISEASE

Erie County

Department of Health

INFECTIOUS DISEASE
QUESTION ONE

- What are the challenges/issues/barriers related to the prevention of infectious diseases that you see in your community?

Erie County

Department of Health

INFECTIOUS DISEASE
QUESTION TWO

- What changes in your community would best help to improve overall health?

Erie County

Department of Health

INFECTIOUS DISEASE
QUESTION THREE

- Are there specific communities or population groups that resources should be focused on?

Erie County
Department of Health

CHRONIC DISEASE

Erie County

Department of Health

CHRONIC DISEASE
QUESTION ONE

- What are the challenges/issues/barriers related to the prevention of chronic diseases that you see in your community?

Erie County

Department of Health

CHRONIC DISEASE
QUESTION TWO

- What changes in your community would best help to improve overall health?

Erie County

Department of Health

CHRONIC DISEASE
QUESTION THREE

- Are there specific communities or population groups that resources should be focused on?

Erie County

Department of Health

HEALTH PROMOTION/ DISEASE PREVENTION

Erie County

Department of Health

HEALTH PROMOTION/DISEASE PREVENTION
QUESTION ONE

- What are the challenges/issues/barriers related to implementing health promotion that you see in your community?

Erie County

Department of Health

HEALTH PROMOTION/DISEASE PREVENTION
QUESTION TWO

- What changes in your community would best help to improve overall health?

Erie County

Department of Health

HEALTH PROMOTION/DISEASE PREVENTION
QUESTION THREE

- Are there specific communities or population groups that resources should be focused on?

Erie County

Department of Health

HIGH RISK/SPECIFIC POPULATIONS

Erie County

Department of Health

HIGH RISK/SPECIFIC POPULATIONS
QUESTION ONE

- What are the challenges/issues/barriers related to the prevention for high risk populations that you see in your community?

Erie County

Department of Health

HIGH RISK/SPECIFIC POPULATIONS
QUESTION TWO

- What changes in your community would best help to improve overall health?

Erie County

Department of Health

HIGH RISK/SPECIFIC POPULATIONS
QUESTION THREE

- Are there specific communities or population groups that resources should be focused on?

Erie County
Department of Health

ERIE COUNTY CONSUMER HEALTH SURVEY

Erie County

Department of Health

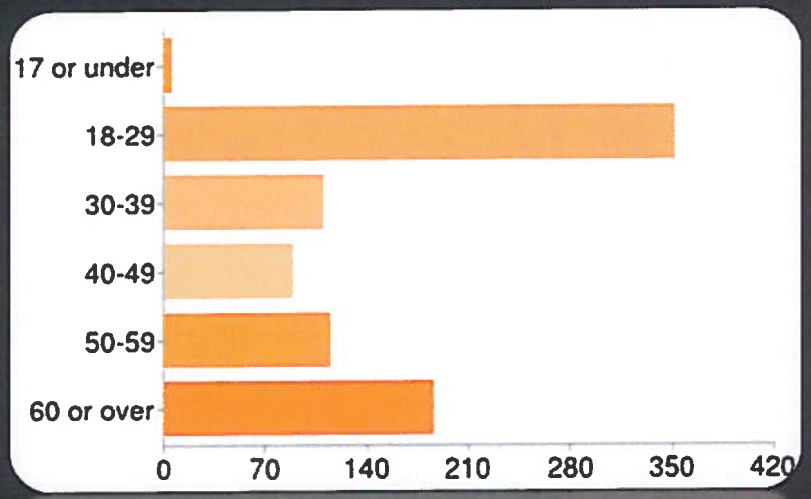
2012-2013

Current Results

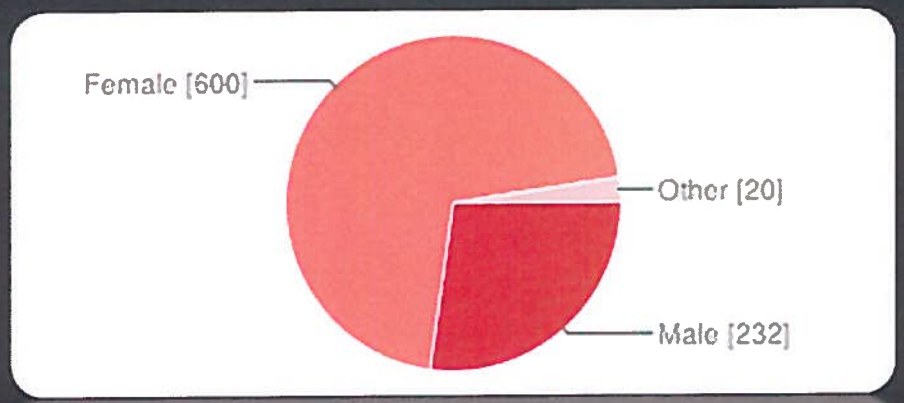
852 Participants

DEMOGRAPHICS REACHED

Age

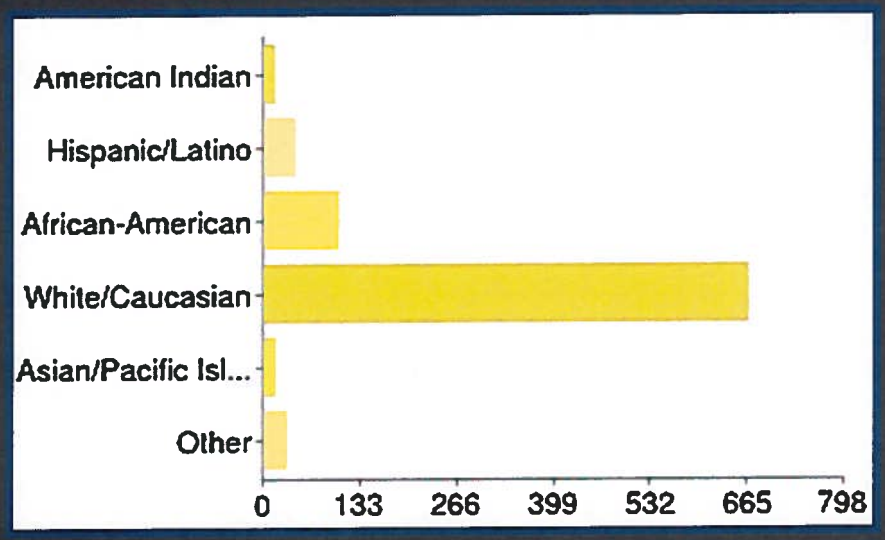


Gender

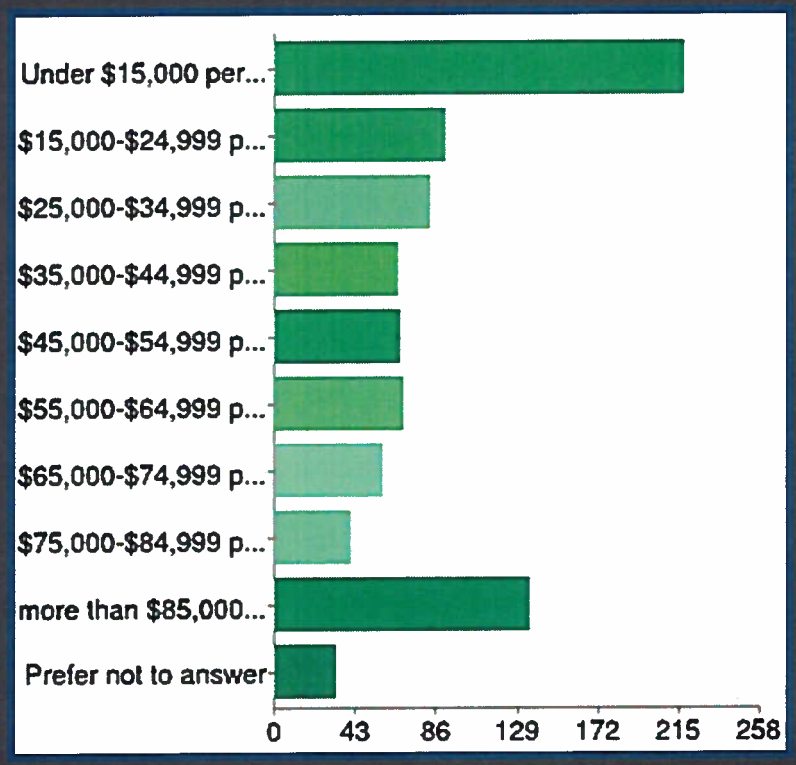


DEMOGRAPHICS REACHED CONTINUED

Race/Ethnicity



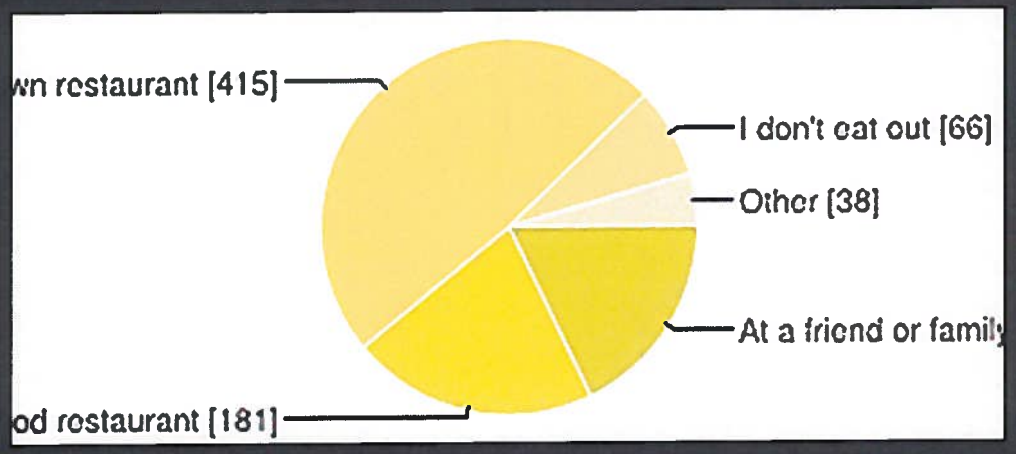
Income

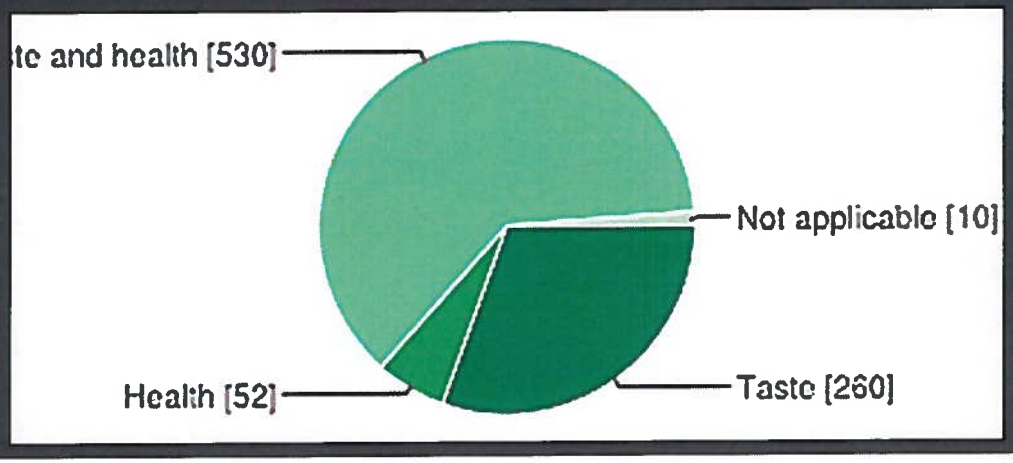


HEALTH TOPIC CONCERNS

INTERESTING FINDINGS

- Restaurant Behaviors

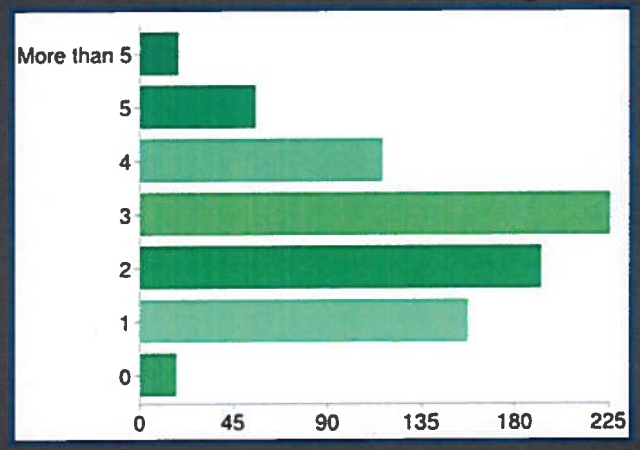




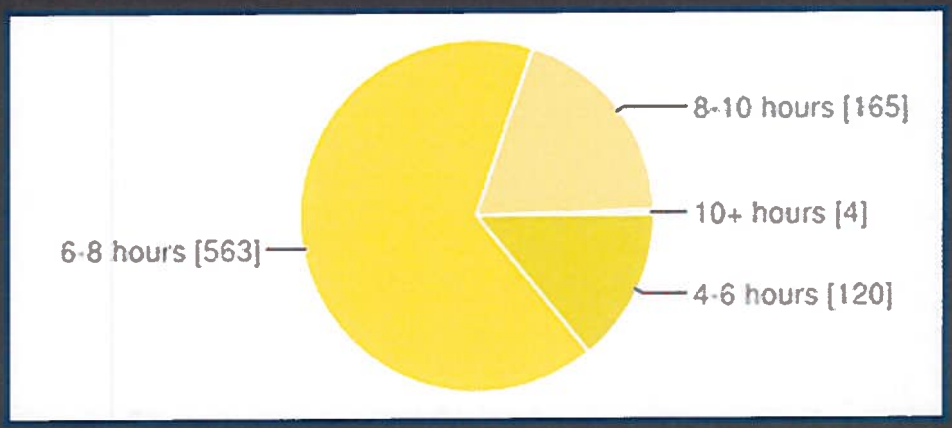
AREAS WHERE CHANGE IS NEEDED

Amount of Water Consumed Daily

Amount of Fruits & Vegetables Consumed Daily



Perception of Needed Amount of Sleep Daily



CONCLUSION

- The Erie County Department of Health has a goal of reaching over 1,000 participants by the end of April to conclude the data.
- Please assist in spreading the survey so that our data can be as accurate as possible, in order to provide the greatest benefits to the community.

ANY ADDITIONAL ITEMS FROM AUDIENCE

Erie County

Department of Health

ERIE COUNTY COMMUNITY HEALTH FORUM

COMMUNITY HEALTH ASSESSMENT

BUFFALO & ERIE COUNTY PUBLIC LIBRARY

WEDNESDAY, APRIL 24, 2013

8:30 – 11:30 A.M.

MINUTES

Cheryll Moore introduced the Buffalo State team, comprised of Alan Delmerrco and Jonathan Lindner, who were facilitating the meeting. She went on to explain that the Community Health Assessment is done every five years with data from national, state and local sources from surveillance obtained from consumers with what is going on in Erie County and to identify problems and needs in health care. We are currently at the end of the five year cycle, and we are developing for the next five years. The survey is on the Erie County website. The information must be submitted by November 15th, and will be up on the website by January 1st.

Question #1 Infectious Diseases

Barriers seen recently is the misinformation that gets out to the community. Also pregnant teens are not concerned with STD's. It was questioned regarding the way the message is being given out and who is giving the message. Thought needs to be given to those who are giving and creating the message. It was mentioned that focus groups could be set up in the community. Buffalo Pre-natal Peri-natal mentioned that there is a problem with girls getting into the system, such as the Dept. of Social Services. We need to work with them. Once they get into the system and they get numerous denials for no reason, they get frustrated and do not want to go back. A dialogue should be started with Social Services. When Buff. Pre-natal accompanies a client to a social service appt. and reiterates that the person is in need, they are able to get services and are surprised that they are not being denied again.

An educational campaign combined with navigational services for assistance with utilizing services needs to be established. This would include coordination with M.D. appointments such as physicals, family planning etc. It was also mentioned that this kind of coordination could be implemented in schools.

Phil Haberstro commented that breaking down silos, and being strategic towards environmental policy changes and positive choices towards infectious diseases.

Another point was to educate young men regarding STD's. Getting to appointments is also a very important factor. As well as coordination of services. There is also a large portion of the community that is uninsured that need to be pre-certified. Is there a coalition that is looking

Services should work together to assist people in accessing health insurance. The Dept. of Social Services is trying to recertify clients as soon as possible. However this is a difficult endeavor. Should we be looking at pulling together to work more effectively.

Specific community or population groups that these resources should be focused on. The male and refugee populations were mentioned. What groups should these resources be focused on specifically? You must look at those who are disproportionately affected in a negative way by the outcomes. The overall picture must be looked at. It is also important to look at gender specific issues; and to focus at preventive and ongoing medical care to help people get connected to resources and understand the necessity of care. Literacy is also important among the refugee population. Lack of resources is also a huge problem.

Educating foundations was mentioned by Phil Haberstro.

Question #2 - Chronic Diseases

Stigma was thought to be one of the largest challenges with promoting health and wellness specifically to chronic disease. Even though there may be services and people are aware of them they may not access those services for fear of any kind of retaliation. Even to themselves or their own mental health. When dealing with chronic diseases one of the core pieces we need to be mindful of is substance abuse. There are issues that are related to stigma and how we can address them.

Phil Haberstro said that that are two critical groups here. The Boards of Education for all of our schools in Erie County should understand how the rule of health education plays in the prevention of chronic disease. Also the employers across Erie County, and the leadership in those groups needs to understand the cost benefits of employee health promotion programs for them.

Maintenance on individuals that know that they have a diseases, i.e. asthma, inhalers that break, and then medication is not taken. Education needs to identify this problem so that the individuals maintain taking their medication.

Another of the major issues of barriers is the utilization of preventive health care. Knowing that annual physicals be done, and then referral to a place for care. Transportation and child care are also barriers to accessing care. Education on an almost personal level needs to take place regarding where to go to get help.

The Diabetes Coordinator from Catholic Health System wanted to focus on an increase in the 30 day rate admissions for patients that come in with an 1800 blood sugar level. This has occurred multiple times due to no access for diabetic care. They are sending patients home with prescriptions. For diabetes alone the cost could be up to $600, the patients are people with no money. They are continually looking for grants, but this needs to be looked at in a coordinated, collaborative way so that they can put a program in place to get them immediately into health care follow-up. So that they do not rebound into the hospitals and have the services that they need.

Prevention for a lot of population groups is not an option. Many do not have access to fresh fruits and vegetables resulting in a healthier diet for prevention of chronic diseases in the first place.

Also one of the challenges for prevention of chronic diseases is behavioral changes. You need to actively be involved. One of the biggest issues about prevention is that much of the prevention discussed is good prevention. We will never be able to treat our way out of disease. The big issue is how to get the major systems of insurers and hospitals to actively invest in a primary universal kind of correction.

The word is starting to get out to the community about some of these issues such as cardio vascular disease and even mental health. One of the challenges is where does it go from it being an issue to actually make changes that may be prevented by their socio-economic status. We have gathered a lot of information and know how bad things are, the community knows that there is an issue but there is a gap between what people know are a problem and effective interventions that make a difference, instead of interventions that are not producing results.

Someone spoke of evaluating mental health issues of city and specific demographic areas. They are mapping resources and gaps. The gaps of 70-80% are easily filled with multiple programs. The mental health patient is not treated as any other patient in the health care system. Once they are in as mental health patients there is no way out. As a physician when a patient is seen you give them a way out, there is a diagnosis and a prognosis. With mental health patients once you are in, it is a life sentence. The patient often times does not have the drug to get better to pursue treatment.

Businesses must be encouraged to come into Buffalo in order for anyone to advance to do outside activities. We need to invest in the population to get them active. In private schools you are mandated to take a sport. This in turn makes for a healthier population. We need to focus on trying to get our community to engage kids in activities.

A consequence of poverty can be poor health. We need to incorporate activities to bring about positive changes in targeted populations. Groups need to be engaged to evaluate physical health. There must be access to physical activity in the schools.

There must be an integration of physical and mental health services.

Diana Monaco a Dietician from the FDA, who also teaches at Buffalo State, said that involving Educators that try to teach nutrition goes hand in hand with avoiding chronic disease. Getting advice from the experts regarding nutrition education is integral for getting the correct information.

One of the important populations is the child bearing female. She should have access to a healthy environment. This is the starting point for the health of the child. Gestational development and having babies born on time is one of the most important points in going forward, and this begins with the mother's health.

African-American infants born in the City of Buffalo are two and a half times more likely to die than their Caucasian counterparts. The Hispanic populations are also disproportionately high in terms of poor outcomes after birth. There is a new campaign to increase the number of African-American women who breast feed because of the positive benefits of breastfeeding; Pre-conception care also needs to be looked, Buffalo Prenatal is attempting to get the women to do some preventive medicine activities before they decide to get pregnant.

The Erie County Dept. of Senior Services recently completed a needs assessment and health behaviors came up near the top. They did a lot of focus groups and they surveyed seniors. We need to be focusing on the elderly, also young mothers, others who are of child bearing age and their young children. There is a great return on investment when we focus there.

Resources should also be focused on educating individuals on family history. If the parents had heart disease and diabetes what was the reason. Can you do anything to avoid chronic diseases?

MS rates in the area were discussed. People with disabilities in general need to be a focus, just based on the cost of the medical system. There are issues with needing more physicians that are aware of the medical needs of the disabled population. Both on the health side and the physical disabilities side.

It was also mentioned that there are people employed with health insurance where the employers are going to high deductible plans. People are not willing to go for treatment because of this. Over the next five years we could possibly be seeing employees who are covered having less access to health care.

An employee from Independent Living stated that he represented people with physical disabilities but also the health component. He felt that a barrier to health care is due to a lack of coordinated training regarding health issues for disabled people. The barrier involves the fact that the systems do not cross over too well. We are seeing many more instances where people with disabilities are being sub diagnosed. They are diagnosed with small things that are actually larger because they assume that the disability is the cause of the symptom. We need to get something in place where people with disabilities specifically recipients of mental health services can get those needs met by people that are trained to know the difference. The cost for people with chronic disease is very high. We need to get the prevention rates up.

Question #3 – Health Promotion/Disease Prevention – Nutrition, Physical Activity, Access to care, Smoking, Drugs, etc.

Health literacy is a huge issue. We need to think about how we are sending the message. If internet access is not available there is no point in attempting to reach the community in that manner. We need to optimize community block clubs, the faith based community, and word of mouth to be able to reach the community.

Erie Niagara Tobacco Free Coalition was in agreement of the previous comments and suggested doing train the trainer programs so that it also becomes peer to peer. There have been discussions with the Buffalo Board of Block Clubs attempting to build experts into block club citizens as becoming trained advocates for the different health behaviors that we trying to help improve. Using health economists to send advocates into the largest employers to make commitments around these behaviors similar to the Wegmans model.

Traditional issues, problems, concerns, challenges with implementing health promotion programs

A grass roots movement to remove stigma would be very effective. We all have boundaries providing services that are supposed to provide a health promotion, or disease prevention. High risk populations must be targeted the most, general health promotion doesn't necessarily resound with them. Doing some work to make health a value that everyone embraces and celebrates as a community.

There must be more collaboration between organizations. As a health insurer they have a model. Somehow plans could all come together for any organization. There is duplication, using a best practice approach and have insurers get together to brainstorm.

For best practices a continuum of primary universal prevention through continuing care and after care, as well as private care management. We need to get cross cutting to get information so that we are not duplicating. A health social network would be helpful.

Social media could also be an outlet to get input from the community and also to promote people's resources. This would be a way to connect to health promotion.

What changes in your community would best help to improve overall health?

We need to look at our community as a complete community. Not city versus suburbs vs. rural. We need to build a sense of that work and build a totally connected community here in Erie County.

We should look to extend local research studies that are happening at Roswell and probably more at the universities that are using local folks in the testing. Such as screenings, perhaps the local community could then support such endeavors.

It was felt that the community coalitions that we have with information are under-utilized at this point and time. All community health matters, we are a collection of individuals, we must address the community to recover individual's health. This is not true of us presently.

There should be more focus on primary care. There is a lack of primary care physicians. Individuals are utilizing urgent care and emergency rooms. Physician offices are not open in the evenings.

Are there specific communities or population groups that resources should be focused on?

Health promotion and prevention need to be reiterated. Focus on the elderly to keep them healthy also needs to be accomplished. More resources in the senior centers to keep them as healthy as possible. This is a big population that needs to be focused on.

Refugees and immigrants also need to be addressed. There are not a lot of resources available for them. There are cultural and language barriers.

Health promotion among employers also needs to focused on. Incentives or employers who build in employee health options, i.e. gym options. If employers were rewarded for these options if would be an incentive to raise the value of health.

Looking for small gains in high risk population, young age, urban, poor, trauma exposed or middle aged who have not developed chronic disease as of yet; and to keep them from developing any chronic disease.

High Risk Populations – Elders, youth, disparities
What are the challenges/issues/barriers related to the prevention for high risk populations that you see in your community?

Baby boomers would not necessarily go to senior centers (where there is a lot of health promotion going on), but possibly to centers that have inter-generational programs or perhaps to a coffee establishment. We need to think about how we will get health promotion out to them.

Encouraging more peer to peer support. We encounter people about smoking, when gun violence and walking into the house safely is certainly a priority. When health promotion is done by peers in this instance it will certainly become more valuable.

Urban minority young men were brought up. We only have roughly 20% of them graduate from high school; this is a population that needs to engaged in health literacy and focused upon.

What changes in your community would best help to improve overall health?

We need to have programs that address the urban risk male population. They need to be focused and oriented that they need to finish school early on in their lives. As well as the parents-school relationship.

If there is a school district that is suspending kids on the average of 45 school days per offense and they are not in school learning about the things that they need to; they are out in the community engaging in behaviors that puts their health at risk. Their are a lot of systems that reach out into people's homes for various reasons, i.e. case management or county employees, CPS. All of these people need to have health education given to them as part of their jobs and working in the impact of health when they are out dealing with these folks.

Better workplace wellness and increased funding needs to be reiterated. Health behavior needs to be encouraged.

50% of children in the community show up in kindergarten not ready to learn, and wind up behind in school. There needs to be early childhood school readiness put into place. There is a coalition addressing this problem.

If parents are working, children may be in day care centers or some other setting that may or may not have any health information presented to them either by modeling or program engagement for youth. More importantly it becomes a cost for the parent as well. If the parents are not comfortable where the child is, but that is what they can afford, going back to the poverty issue or the hours provided. The quality of those providers needs to be looked at as well.

Are there specific communities or population groups that resources should be focused on?

An educational system where students are suspended or because they choose not to participate. Home schooling trends also come into play.

Health needs to become a value that means something to everyone in our community. The fact that our educational system recognizes one semester or half a semester for health is not enough. Gym and health need to remain in the curriculum.

We need to get physicians back in the practice of counseling patients on health issues that are brought to them. As opposed to a computerized response to the issue that brings them into the doctor's office. Spinning off pages of information and the patient being told to read it. The relationship with the physician is key. The physician and the practices should be understanding of the issues that affect these populations.

Cheryll Moore gave an update of the consumer surveys.

Erie County Department of Health:
Data and Technical Support to Develop Dashboards (draft 1.0, 8/15/13)

Alan M. Delmerico, Ph.D. (Principal Investigator)
William F. Wieczorek, Ph.D. (Co-Investigator)
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2013 DRAFT Work Plan

Process Overview

The Center for Health and Social Research (CHSR) has been collaborating with the Erie County Dept. of Health (ECDOH) to provide data and analytical support for ECDOH funded programming across a variety of areas. The focus of this agreement is on the data information and evaluation systems that will allow for measuring the impact of the maternal and child health programs on the community. This work provides a framework and working relationship between ECDOH and CHSR that ensures a longer term (5 year) commitment for data system and evaluation processes.

Drs. Delmerico and Wieczorek will manage the project through their direct involvement and through the oversight of other CHSR staff, as needed.

1. Dashboard conceptual development process.

Background: The CHSR in collaboration with the ECDOH will develop a series of dashboard instruments for use in public reporting and for program-level continuous quality improvement. The goal is to utilize facilitated meetings to drive the development of these instruments, specifically aligning them with goals and objectives for the 2013-2017 New York State Prevention Agenda as part of the County Health Assessment planning process. The dashboards will be designed to be conceptually and functionally aligned with the prevention activity logic models currently being developed. The dashboard will include specific process and outcome metrics from the logic models. The CHSR will facilitate a series of meetings between all necessary parties involved in the dashboard development, including but not limited to representatives of the CHSR, ECDOH, Erie County Division of Information and Support Services (DISS), and health agencies.

Deliverables:

- Dashboard structure developed that conceptually and functionally aligns with logic models
- Specific process and outcome metrics identified that integrate with the components of the logic models

Estimated Cost $7,500 *(100 hours at $75/hr).*

2. **Development and implementation of dashboard template.**

Background: The CHSR in collaboration with the ECDOH and DISS staff will develop a web-based interface for the dashboards allowing easy access to metrics identified in Task 1 above as well as the supporting information that indicates how those process and outcome metrics align with the components of the logic models. The dashboard template will be designed to feature an overview screen offering a visual summary of dashboard metrics. From this overview screen, users will be able to access individual metric screens that can be examined in greater detail, including comparison data and outcome targets. The online system will be designed to offer multiple levels so that identified groups (e.g. ECDOH staff, health agency staff, the public) can have access to specific content appropriate to their group categorization. In order to achieve this task, the CHSR will facilitate a series of meetings between all necessary parties involved in the online dashboard template development, including but not limited to representatives of the CHSR, ECDOH, DISS, and health agencies.

Deliverables:

- An attractive online dashboard system template to visualize the identified process and outcome metrics that integrate with the components of the logic models including:
  - Overview screen template designed to visually integrating the various metrics
  - Individual metric screen template with integrated display of comparison and target data
  - Supporting information that indicates how those process and outcome metrics align with the components of the logic models
- The dashboard system will allow categories of users to access various levels of information
  - The county-level dashboard will be available to all users and will facilitate public reporting on outcomes
  - Sub-county level data will be restricted to staff of relevant Erie County health agencies, the Center for Health and Social Research (CHSR), and the Erie County Dept. of Health (ECDOH)

Estimated Cost $15,000 *(200 hours at $75/hr).*

3. **Acquisition, processing, and publishing of data for dashboards**

Background: The CHSR anticipates utilizing data from multiple existing sources (e.g., SPARCS/PQI, ECDOH sources, and local data from agencies). However, some local data may need to be created (e.g., surveys or other sources) in the long-run to create more robust dashboards. Existing archival data will be obtained and processed along with appropriate matching metadata for each metric. We envision acquiring and processing data at multiple geographic scales (e.g. county-level, municipal, ZIP code). Sub-county level data will be used to assess whether programs are targeting and impacting areas of high need and the system can be designed to track impacts over time. Dashboard metrics at the county-level will be aligned with NYS Prevention Agenda objectives, goals of Healthy People 2020, and other applicable targets. Comparison data will be obtained for NY State as well as similar counties (e.g. Monroe) and included in the dashboard interface. Finally, the dashboard templates designed in Task 2 above

will then be populated with data. Updates to the system will be made on an ongoing basis when updated data become available.

Deliverables:

- Obtained and processed data elements aligned with the specific metrics identified in Task 1 published to the dashboard template
- Appropriate metadata for each metric, prepared and published to the dashboard in concert with the matching data element
- Comparison data for each metric from NY State and others as appropriate
- Aligned goals and targets from the NYS Prevention Agenda, Healthy People 2020, or other applicable sources collected and displayed on the dashboard

Estimated Cost $9,500 *(120 hours at $75/hr).*

Work Plan Summary - 2013

Section 1: Dashboard conceptual development process: 100 hrs, $7,500.
Section 2: Development and implementation of dashboard template: 200 hrs, $15,000
Section 3: Acquisition, processing, and publishing of data for dashboards: 120 hrs, $9,500

Total 2013 Work Plan $32,000

Cost of the December 2012-May 2013 Work Plan

Total costs for these services are estimated at $32,000, based on an estimated 420 hours of effort at $75 per hour. These are only estimates; CHSR has the flexibility to allocate effort to achieve the goals of the work plan for the estimated total cost. If the scope of the work is substantially greater or less than anticipated, CHSR will notify ECDOH as soon as this situation is recognized so that a revised agreement can be negotiated. This agreement can also be amended to expand the scope of work with the approval of both ECDOH and Research Foundation of SUNY/Buffalo State College. This agreement may be terminated by written notice by either party, provided such notice is given 30 days prior to the proposed date of termination and only in the failure of good faith efforts by ECDOH and the Center for Health and Social Research to resolve outstanding issues and concerns relating either to its content or implementation.

Agenda
CHA/CSP Joint Meeting Conference Call
8/23/13

1. Welcome

2. Confirmation of joint focuses

3. Inventory of Breastfeeding activities in the community occurring to increase rates in Erie County – update to plans, possible dashboard creation for indicator (Healthy Marin)...example, proposal from Buffalo State College
    - Data links in meeting notice email
    - Baseline? How to best obtain
    - Subcommittee/workgroup meeting

4. Inventory of Chronic Disease (Hypertension or colorectal?) in the community
    - What specific indicators do we want to monitor/move?
    - CHS/ECDOH – increase age appropriate colorectal cancer screening rates at 1500 Broadway site
    - Baseline data/ - links sent in meeting email
    - Stroke Heroes act FAST campaign – links provided -
    - Kaleida -

5. Next meeting ?

Thanks and have a great weekend!

NYS Prevention Agenda 2013-2017 – Erie County Community Health Assessment planning

Key:
Priority Area
- Focus Area
  - Goal
    - Potential relevant grant/project/agency in Erie County

Prevent Chronic Disease:
- Reduce obesity in children and adults
  - Create community environments that promote and support healthy food and beverage choices and physical activity
  - Prevent childhood obesity through early child care and schools
    - Breastfeeding-Friendly Erie County (P2/United Way)
  - Expand the role of health care and health service providers and insurers in obesity prevention
  - Expand the role of public and private employers in obesity prevention
- Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure
  - Prevent initiation of tobacco use by NY youth and young adults, especially among low SES populations
    - Erie-Niagara Tobacco-Free Coalition
  - Promote tobacco use cessation, especially among low SES/poor mental health
    - NYS Smokers Quitline (Roswell Park)
    - Erie-Niagara Tobacco-Free Coalition
  - Eliminate exposure to secondhand smoke
    - NYS Erie County Asthma grant (pending)
    - Erie-Niagara Tobacco-Free Coalition
- Increase access to high-quality chronic disease preventive care and management in both clinical and community settings
  - Increase screening rates for cardiovascular disease, diabetes, and breast/cervical/colorectal cancer, especially among disparate populations
    - AF4Q 3.0 (P2)
    - Meeting the Mark: Diabetes Recognition Program
    - NYS/CDC Diabetes Prevention Program
    - Jericho Road Hope Refugee Drop-In Center (United Way funded)
  - Promote use of evidence-based care to manage chronic diseases
    - AF4Q 4.0 (P2)
    - BEACON (P2) – Health IT for population health management
    - NYS Erie County Asthma grant (pending)
    - P2 Chronic Disease Self-Management initiatives
  - Promote culturally relevant chronic disease self-management education
    - P2 Chronic Disease Self-Management initiatives

Promote Healthy Women, Infants, and Children

- Maternal and Infant Health
  - Reduce premature births in NYS
    - Buffalo Prenatal-Perinatal Network CHW program (United Way)
    - Jericho Road Ministries (Refugee outreach - Priscilla Project) (United Way)
  - Increase the proportion of NYS babies who are breastfed
    - Breastfeeding-Friendly Erie County (P2/United Way)
    - Buffalo Prenatal-Perinatal Network CHW program (United Way)
    - Jericho Road Ministries (Refugee outreach - Priscilla Project) (United Way)
  - Reduce the rate of maternal deaths in NYS
- Child Health
  - Increase the proportion of NYS children who receive comprehensive well child care in accordance with AAP guidelines
    - NYS Erie County Asthma Grant (pending)
    - Buffalo Prenatal-Perinatal Network CHW program (United Way)
  - Reduce the prevalence of dental caries among NYS children
- Preconception and Reproductive Health
  - Reduce the rate of adolescent and unplanned pregnancies in NYS
  - Increase utilization of preventive health services among women of reproductive age to improve wellness, pregnancy outcomes, and reduce adverse birth outcomes

Agenda
CHA/CSP Joint Meeting
7/26/13

1. Welcome

2. Consumer survey data presentation – Al Delmerico

3. Confirmation of joint focuses

4. Inventory of Breastfeeding activities in the community occurring to increase rates in Erie County

5. Inventory of Chronic Disease (Diabetes or colorectal?) in the community
   - What specific indicators do we want to monitor/move?
   - Baseline data/

6. Next meeting – 8/9/13 9am, room 904 Rath Building

Thanks and have a great weekend!

CHA/CSP – Breast Feeding Collaboration to decrease obesity

% babies fed breast milk exclusively in delivery hospitals
% babies continued to be fed breast milk exclusively at 2 and 4 month pediatrician visits

Work with large select practices to create model – potential low hanging fruit

- UBMD – Jericho, Cleve Hill, Jefferson, Linwood Peds
- Buffalo Pediatrics
- Tonawanda Peds
- Delaware Peds
- Towne Gardens
- CHS/1500 Broadway

Develop dashboard for posting on ECDOH website for tracking movement of indicators, hosting of data (local prenatal/ perinatal indicator data and local programs associated with moving them)

Agenda
CHA/CSP Joint Meeting Conference Call
8/9/13

1. Welcome

2. Confirmation of joint focuses

3. Inventory of Breastfeeding activities in the community occurring to increase rates in Erie County – update to plans, possible dashboard creation for indicator (Healthy Marin)...example

4. Inventory of Chronic Disease (Hypertension or colorectal?) in the community
   - What specific indicators do we want to monitor/move?
   - Baseline data/
   - Stroke Heroes act FAST campaign

5. Next meeting ?

Thanks and have a great weekend!

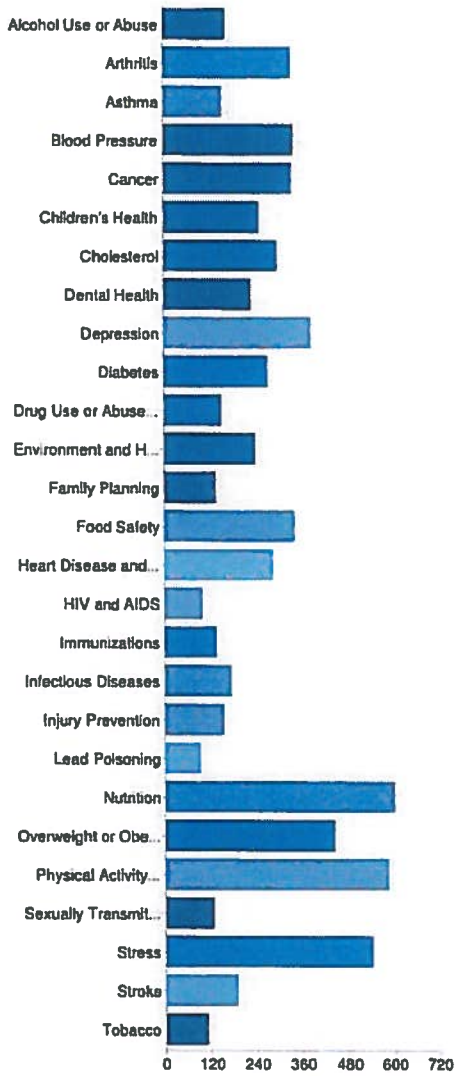
1198 responses

Summary See complete responses

A. Introduction

Please be honest, we guarantee that your identity will never be known or sought. Only take this survey once.

A1. What health topics are you interested in learning more about?:



Alcohol Use or Abuse	163	14%
Arthritis	334	28%
Asthma	154	13%
Blood Pressure	340	28%
Cancer	335	28%
Children's Health	250	21%
Cholesterol	297	25%
Dental Health	228	19%
Depression	385	32%
Diabetes	271	23%
Drug Use or Abuse (including prescriptions)	150	13%
Environment and Housing	237	20%
Family Planning	134	11%
Food Safety	341	28%
Heart Disease and Heart Health	284	24%
HIV and AIDS	98	8%
Immunizations	135	11%
Infectious Diseases	174	15%
Injury Prevention	154	13%
Lead Poisoning	93	8%
Nutrition	601	50%
Overweight or Obesity	442	37%
Physical Activity and Fitness	584	49%
Sexually Transmitted Diseases	125	10%
Stress	541	45%
Stroke	189	16%
Tobacco	109	9%

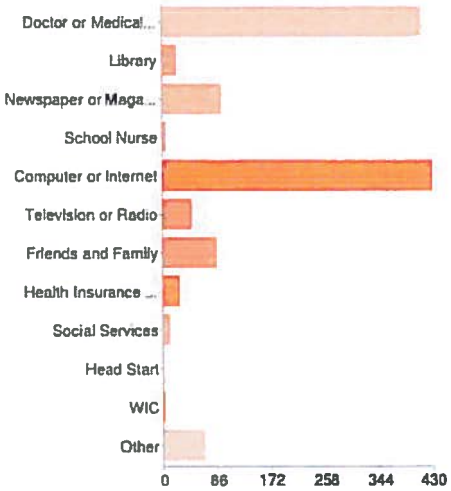
People may select more than one checkbox, so percentages may add up to more than 100%.

A2. If there are other health topics you are interested in, what are they?

, Mental Health topics Mental health such as Anxiety, borderline personality disorder, bipolar, etc... na Autism no ALS None that I can think of. N/A Canker Sores - Prevention of. Epilepsy No Preventive medicine kidney stones Birth Control Headaches (migraines, cluster, tension) and ideas for helping ease them. Also, the use of vitamins and homeopathic remedies. How pollution from surrounding areas effect our health, and what we can do to reduce our exposure to toxic pollutants. Of particular concern is the Huxley Coal Powered Generating Plant, the public should be educated about how the emission from th ...

A3. Where do you get most of your health information? (select one):

Doctor or Medical Provider	411	34%
Library	22	2%
Newspaper or Magazine	95	8%

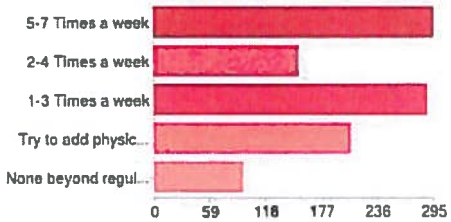


School Nurse	5	0%
Computer or Internet	428	36%
Television or Radio	46	4%
Friends and Family	86	7%
Health Insurance Company	27	2%
Social Services	10	1%
Head Start	1	0%
WIC	2	0%
Other	65	5%

B. Your habits and your health

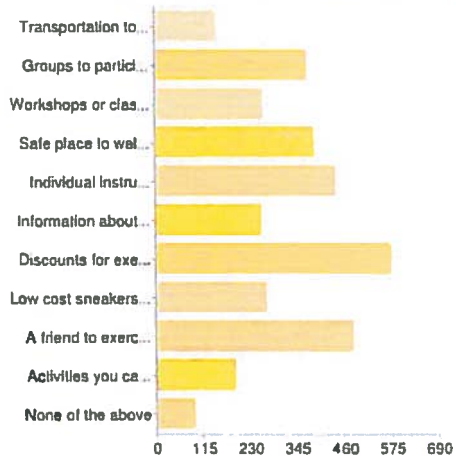
In this section we want to learn about the perceptions and behaviors associated with your individual health status.

B1. How often do you participate in physical activity or exercise for 30 minutes or more? (select one):



5-7 Times a week	295	25%
2-4 Times a week	153	13%
1-3 Times a week	288	24%
Try to add physical activity where possible (taking the stairs, etc.)	207	17%
None beyond regular daily activities	93	8%

B2. Which, if any, of the following would help you become more active?



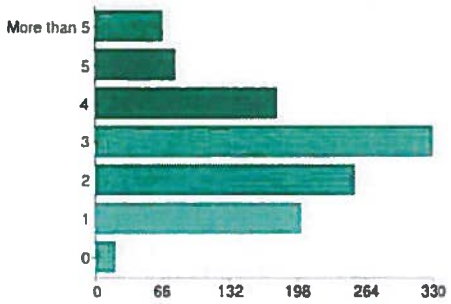
Transportation to the park or gym	151	13%
Groups to participate with	372	31%
Workshops or classes about exercise	264	22%
Safe place to walk or exercise	388	32%
Individual instruction/personal trainer	441	37%
Information about programs in your neighborhood	260	22%
Discounts for exercise programs or gym memberships	576	48%
Low cost sneakers, sweat suits, or other equipment	272	23%
A friend to exercise with	482	40%
Activities you can do with your children	195	16%
None of the above	95	8%

People may select more than one checkbox, so percentages may add up to more than 100%.

B3. Is there anything else that would help you become more active? If yes, what?

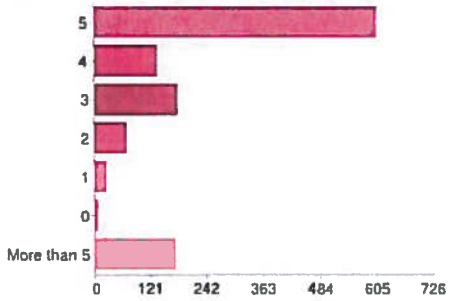
More affordable personal training at home gym Outdoor activities, such as biking, canoeing, white water rafting trips, sport games, etc... Having more time available to me. Right now I have class, work and an internship plus homework on top of that. group sports no not really no None N/A Cheaper exercise classes activities, a wider spread of times when activites were available. Motivation and less stress from work, school, etc. If I didn't experience my daily pain in my fingers, back, neck, and foot. Better gym equipment at the schools facilities as well as more space for each sport team to practice I ...

B4. How many servings of fruits and vegetables combined do you eat every day on average?



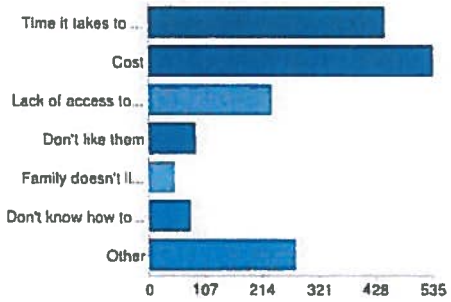
More than 5	66	6%
5	79	7%
4	178	15%
3	329	27%
2	253	21%
1	201	17%
0	20	2%

B5. How many cups of fruits and vegetables combined do you think you should eat every day?



5	606	51%
4	136	11%
3	180	15%
2	69	6%
1	26	2%
0	7	1%
More than 5	174	15%

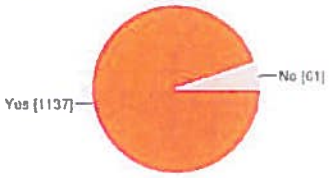
B6. What keeps you from eating more fruits and vegetables every day?



Time it takes to prepare	444	37%
Cost	535	45%
Lack of access to fresh fruits and vegetables	232	19%
Don't like them	88	7%
Family doesn't like them	48	4%
Don't know how to cook them or prepare them	78	7%
Other	276	23%

People may select more than one checkbox, so percentages may add up to more than 100%.

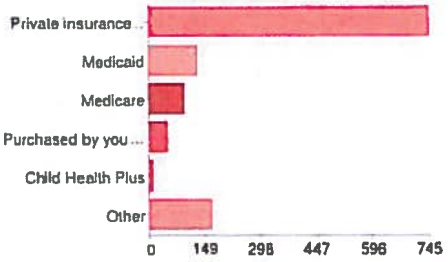
B7. Do you have health insurance (Medicaid, Medicare or other insurance)?



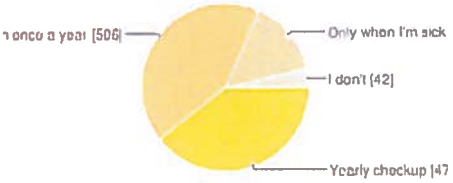
Yes	1137	95%
No	61	5%

B8. If you do have health insurance, is this insurance...

Private insurance from you or your spouse's work	745	62%
Medicaid	131	11%
Medicare	95	8%
Purchased by you directly from the insurance company	49	4%
Child Health Plus	11	1%
Other	167	14%

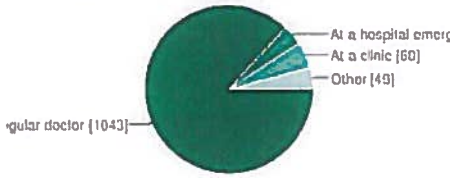


B9. How often do you see a doctor or medical professional?



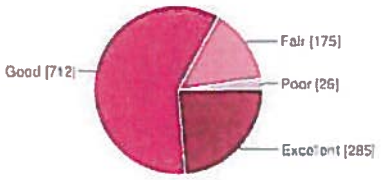
Yearly checkup	473	39%
More than once a year	506	42%
Only when I'm sick	177	15%
I don't	42	4%

B10. Where do you usually seek medical care?



At your regular doctor	1043	87%
At a hospital emergency room	46	4%
At a clinic	60	5%
Other	49	4%

B11. How would you rate your overall health?



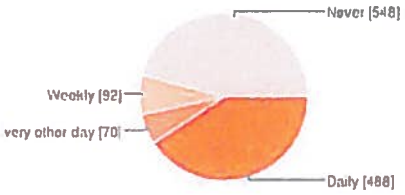
Excellent	285	24%
Good	712	59%
Fair	175	15%
Poor	26	2%

B12. If you were to eat healthier and exercise more, do you think that it would make a difference in how you feel?

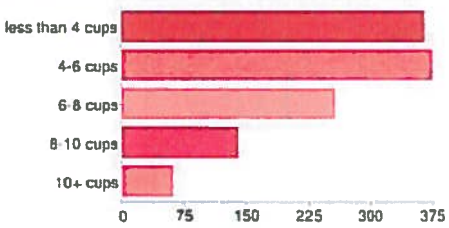
Yes, it would make me feel better	1100	92%
No, it would make me feel worse	3	0%
There would be no change in how I feel	95	8%

B13. How often do you take a multi-vitamin?

Daily	488	41%
Every other day	70	6%
Weekly	92	8%
Never	548	46%

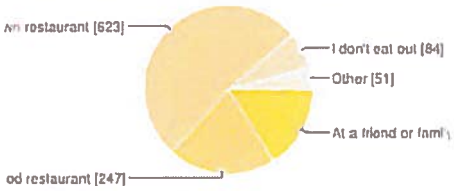


B14. How many cups of water do you drink each day?



less than 4 cups	365	30%
4-6 cups	375	31%
6-8 cups	257	21%
8-10 cups	140	12%
10+ cups	61	5%

B15. When away from home, where do you normally eat?

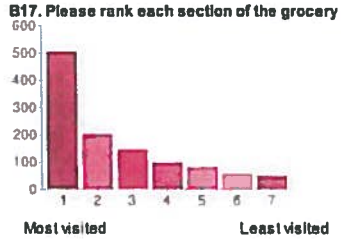


At a friend or family member's house	193	16%
At a fast food restaurant	247	21%
At a sit-down restaurant	623	52%
I don't eat out	84	7%
Other	51	4%

B16. When eating out, do you order based on taste or health?

Taste	335	28%
Health	68	6%
A combination of both taste and health	780	65%
Not applicable	15	1%

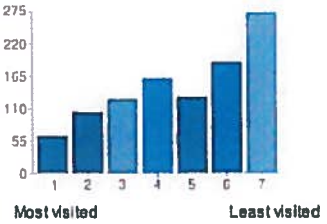
B17. Please rank each section of the grocery store from most frequently shopped to least frequently shopped (Don't repeat numbers).



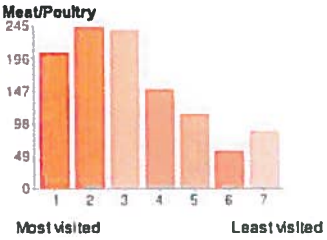
1 - Most visited	501	42%
2	200	17%
3	142	12%
4	95	8%
5	78	7%
6	54	5%
7 - Least visited	45	4%

Snack

1 - Most visited	61	5%
2	102	9%
3	125	10%
4	160	13%
5	128	11%
6	188	16%
7 - Least visited	273	23%

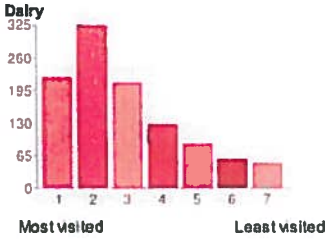


Meat/Poultry



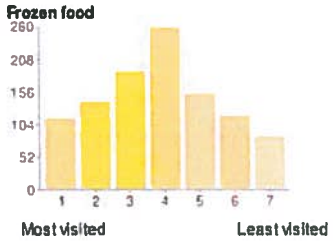
1 - Most visited	204	17%
2	244	20%
3	239	20%
4	150	13%
5	112	9%
6	56	5%
7 - Least visited	86	7%

Dairy



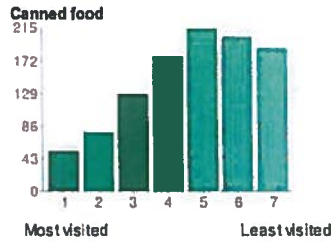
1 - Most visited	221	18%
2	325	27%
3	210	18%
4	127	11%
5	88	7%
6	56	5%
7 - Least visited	50	4%

Frozen food



1 - Most visited	113	9%
2	139	12%
3	188	16%
4	259	22%
5	153	13%
6	117	10%
7 - Least visited	85	7%

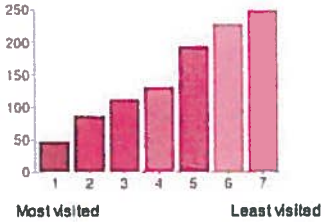
Canned food



1 - Most visited	52	4%
2	77	6%
3	127	11%
4	177	15%
5	214	18%
6	203	17%
7 - Least visited	188	16%

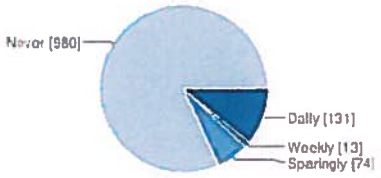
Baked food

1 - Most visited	45	4%
2	85	7%
3	111	9%
4	130	11%
5	193	16%



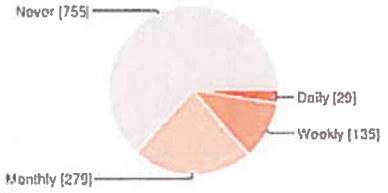
6	228	19%
7 - Least visited	249	21%

B18. How often do you use tobacco products?



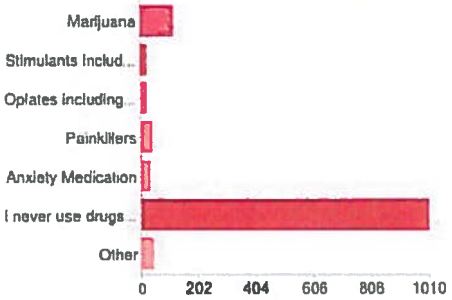
Daily	131	11%
Weekly	13	1%
Sparingly	74	6%
Never	980	82%

B19. How often do you drink 4 or more alcoholic drinks at one setting?



Daily	29	2%
Weekly	135	11%
Monthly	279	23%
Never	755	63%

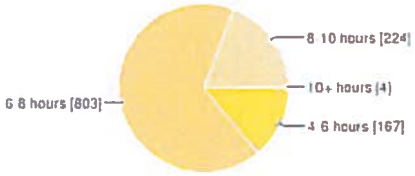
B20. What drugs do you use recreationally (Please be honest, we guarantee your anonymity)?



Marijuana	116	10%
Stimulants including prescription drugs	21	2%
Opiates including prescription drugs	19	2%
Painkillers	36	3%
Anxiety Medication	29	2%
I never use drugs recreationally	1009	84%
Other	40	3%

People may select more than one checkbox, so percentages may add up to more than 100%.

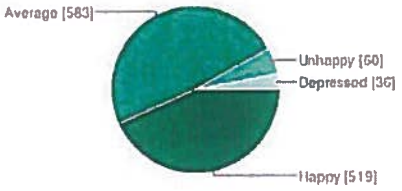
B21. How many hours of sleep do you think the average adult needs per night?



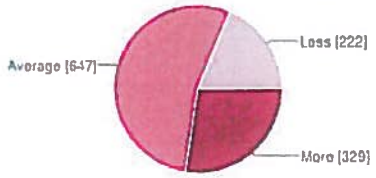
4-6 hours	167	14%
6-8 hours	803	67%
8-10 hours	224	19%
10+ hours	4	0%

B22. I would consider my average mood to be:

Happy	519	43%
Average	583	49%
Unhappy	60	5%
Depressed	36	3%



B23. I would say that I have _____ energy compared to the average person:

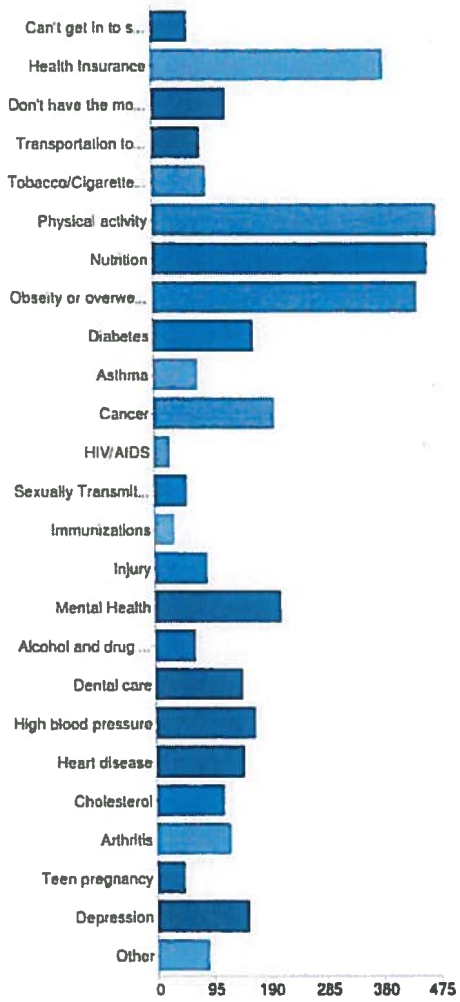


More	329	27%
Average	647	54%
Less	222	19%

C. Health needs in your community

In this section we are interested in knowing what you think are the most important issues related to health in your community.

C1. What three health issues are you most concerned about?



Can't get in to see a doctor/Can't get an appointment	60	5%
Health Insurance	389	32%
Don't have the money to go to a doctor	123	10%
Transportation to the doctor	79	7%
Tobacco/Cigarettes/Cigars	89	7%
Physical activity	474	40%
Nutrition	459	38%
Obseity or overweight	442	37%
Diabetes	167	14%
Asthma	73	6%
Cancer	202	17%
HIV/AIDS	25	2%
Sexually Transmitted diseases	53	4%
Immunizations	32	3%
Injury	87	7%
Mental Health	211	18%
Alcohol and drug abuse	66	6%
Dental care	145	12%
High blood pressure	166	14%
Heart disease	147	12%
Cholesterol	112	9%
Arthritis	123	10%
Teen pregnancy	45	4%
Depression	152	13%
Other	85	7%

People may select more than one checkbox, so percentages may add up to more than 100%.

C2. What do you think needs to be done to deal with the health issues you are concerned about?

more info should be available Exercise and Nutrition I don't know X Eat better and exercise more. excersize Research continue to watch diet People need to be aware of their health condition and understand how to live a healthy lifestyle. Early intervetion More time spent on information It is not so much of a concern for myself because I am in elite shape, but for most of the people in this country their either overweight due to lack of physical activity or due to improper diet. Mentally health is always important because mental health needs to be balanced with physically health. When these are balanc ...

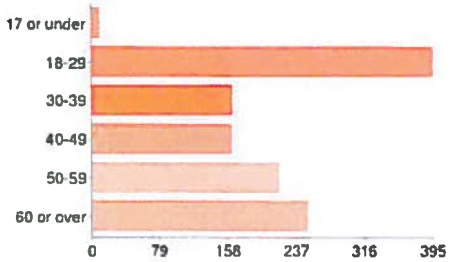
C3. Have you had difficulty finding a particular healthcare service for you or your family? If yes, please explain:

no No Yes...access to eating disorder/body image support groups No No. no No no No No No I am 22 years of age and I still live with my parents. I work regular part time at a job and could have healthcare provided for me via that company but I am still under my parents at this time. So no. No I will have no health care once in turn 26. Not really, it's mostly cost that is a factor. No. No no NO no No. No. no. No no No no no sort off it's all expensive no no. No Most doctors do not take my particular insurance and going on the website to find a doctor can be difficult if you don't have internet access like I do. Also th ...

D. Demographics

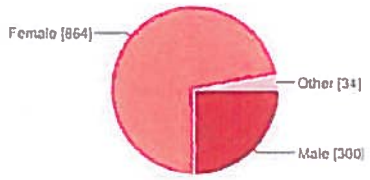
Tell us about yourself

D1.Your age range:



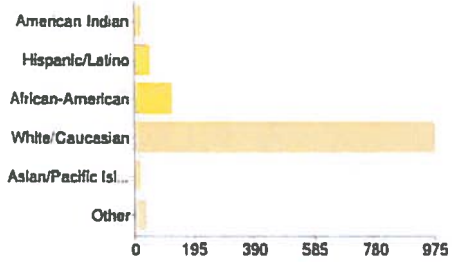
17 or under	10	1%
18-29	394	33%
30-39	164	14%
40-49	163	14%
50-59	217	18%
60 or over	250	21%

D2.Gender



Male	300	25%
Female	864	72%
Other	34	3%

D3. Race/Ethnicity



American Indian	20	2%
Hispanic/Latino	50	4%
African-American	121	10%
White/Caucasian	975	83%
Asian/Pacific Islander	17	1%
Other	38	3%

People may select more than one checkbox, so percentages may add up to more than 100%.

D4. Zip code where you live:

14212 14207 14222 14221 14226 14075 14068 14086 14223 14220 14228 14221 14221 14226 14150 14212 14222 14224 14224 14150 14220 14220

D5. County where you live:

Erie Erie US Erie Erie erie Erie ene Ene Erie Erie Erie county Erie Erie ERIE Erie Erie Erie erie Erie Erie USA Erie Erie Erie Niagra Erie ene Erie Niagara Nassau erie united states Erie USA Wayne Niagara Monroe erie Erie Erie Erie er ...

D6. How many children live in your home, including yourself, aged 17 and under?

0 2 0 0 0 2 0 0 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 1 0 0 1 0 0 1 0 None none 3 None
0 0 0 0 1 0 2 0 0 0 0 0 0 1 1 2 0 0 0 0 0 1 0 1 0 3 0 0 2 1 0 1 0 3 0 0 0 0 0 0 0 0 0 2 0 0 None 0 2 2

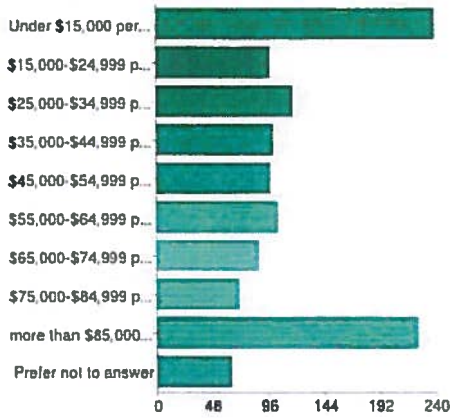
How many adults live in your home, including yourself, between age 18 and 64?

4 2 1 1 2 2 3 3 2 2 4 3 2 4 4 2 2 3 3 2 5 2 3 1 2 3 1 4 4 2 3 2 4 1 3 3 2 3 2 2 1 4 3 2 2 2 3 2 2 1 3

How many seniors live in your home, including yourself, aged 65 and over?

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 0 0 0 0 1 0 0 0 0 0 0 0 None 0 0 None
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 None 1 0 0
0 0 0 0 none 0 0 0 0 2 0 1 0 0 2 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 none 0 0 0 0 0 1 ...

D7. Household income:



Under $15,000 per year	239	20%
$15,000-$24,999 per year	97	8%
$25,000-$34,999 per year	117	10%
$35,000-$44,999 per year	100	8%
$45,000-$54,999 per year	97	8%
$55,000-$64,999 per year	104	9%
$65,000-$74,999 per year	87	7%
$75,000-$84,999 per year	70	6%
more than $85,000 per year	224	19%
Prefer not to answer	63	5%

D8. Your height

5'1" 73 5'5 66 72 6'1" 5'1 61 65 72 76 65 62 63 71 64 64 5'4" 66 72 60 59 64 5'10" 64 72 64 69 63 69 68 56 60
in 5'4 5'3 65 5'3" 62 60 60 63 63 73 5'-6" 74 6
feet 62 5'2 64 59 72 71 5'8" 64 61 66 61 65 64 72 68 68 5,7 5'3" 55 68 60 5'9" 68 inches 66 5'4" 5'5 63 72 56 67 68 ...

D9. Your weight

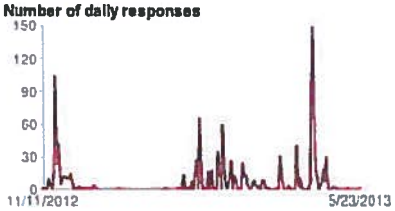
118 325 115 170 195 180 110 135 170 185 145 134.5 115 137 230 135 155 130 165 235 157 140 150 145 135 156 138 250 189 260 2

E. Thank you very much!

E1. Thank you for taking the time to answer these questions. Your responses will be very helpful to our planning for the next few years. If you have any other comments about health issues or health needs in the community, please add them below. Thank you again!

I believe in essence, the community needs people to come to them. It is the case that people think meetings, if not in their area, are not meant for them, or if information is not accessible, it is not for them. I am currently a teacher and a grad student and I live in a poor income neighborhood. I am significantly more informed than the people in my community and this is what I see as the issue. Loved this survey! Great job and good luck! The household income above is the combined amount of two people between the age of 24 - 26 working at least 2 jobs aplece. These people both have a col ...

Number of daily responses



APPENDIX B

Consumer Surveys and Analysis

Community Health Assessment Consumer Survey 2012 - 2013

The Erie County Department of Health is currently working with community partners to solicit information from residents to help with public health planning for the next four years. We want to know what you think! Please take a few moments to fill out this survey, your responses will help us identify gaps in services and needs in the community. We can then use this information to create a plan to fill the gaps and address the needs going forward. Thank you for your time and help with this effort.

A INTRODUCTION

1 What health topics are you interested in learning more about?

- [ ] Alcohol Use/Abuse
- [ ] Arthritis
- [ ] Asthma
- [ ] Blood Pressure
- [ ] Cancer
- [ ] Children's Health
- [ ] Cholesterol
- [ ] Dental Health
- [ ] Depression
- [ ] Diabetes
- [ ] Drug Use/Abuse (including prescriptions)
- [ ] Environment and Housing
- [ ] Family Planning
- [ ] Food Safety
- [ ] Heart Disease and Heart Health
- [ ] HIV and AIDS
- [ ] Immunizations
- [ ] Infectious Diseases
- [ ] Injury Prevention
- [ ] Lead Poisoning
- [ ] Nutrition
- [ ] Overweight/Obesity
- [ ] Physical Activity and Fitness
- [ ] Sexually Transmitted Diseases
- [ ] Stress
- [ ] Stroke
- [ ] Tobacco

2 If there are other health topics you are interested in, what are they?

3 Where do you get most of your health information? (check one)

- [ ] Doctor or Medical Provider
- [ ] Library
- [ ] Newspaper or Magazine
- [ ] School Nurse
- [ ] Computer/Internet
- [ ] Television or Radio
- [ ] Friends and Family
- [ ] Health Insurance Company
- [ ] Social Services
- [ ] Head Start
- [ ] WIC
- [ ] Other

If you selected other where do you get most of your health information?

B YOUR HABITS AND YOUR HEALTH

In this section we want to learn about your perceptions and behaviors associated with your individual health status.

1 How often do you participate in physical activity or exercise?

- [ ] 5-7 times per week for at least 30 minutes each time
- [ ] 2-4 times per week for at least 30 minutes each time
- [ ] 1-3 times per week for at least 30 minutes each time
- [ ] No weekly time for exercise, but try to add physical activity when possible (walk instead of going by car, take the stairs instead of the elevator, etc)
- [ ] No physical activity or exercise beyond regular daily activities

2 Which, if any, of the following would help you become more active? Check all that apply.

- [ ] Transportation to the park or gym
- [ ] Groups to participate with
- [ ] Workshops or classes about exercise
- [ ] Safe place to walk or exercise
- [ ] Individual instruction or personal trainer
- [ ] Information about programs in your neighborhood
- [ ] Discounts for exercise programs or gym memberships
- [ ] Lowcost sneakers, sweatsuits, or other equipment
- [ ] A friend to exercise with
- [ ] Activities you can do with your children

3 Is there anything else that would help you become more active? What?

4 How many servings of fruits and vegetables combined do you eat every day on average? (A serving is 1 cup or a fist sized piece)

- [ ] More than 5 cups/pieces per day
- [ ] 5 cups/pieces per day
- [ ] 4 cups/pieces per day
- [ ] 3 cups/pieces per day
- [ ] 2 cups/pieces per day
- [ ] 1 cup/piece per day
- [ ] 0 cups/pieces per day

5 How many cups/pieces of fruits and vegetables combined ***do you think*** you should eat everyday?

- [ ] More than 5
- [ ] 5
- [ ] 4
- [ ] 3
- [ ] 2
- [ ] 1
- [ ] 0

6 What keeps you from eating more fruits and vegetables everyday? Check all that apply.

- [ ] Time it takes to prepare
- [ ] Cost
- [ ] Difficulty getting fresh fruits and vegetables on a regular basis (they are not available where you regularily shop or getting to a grocery store is difficult)
- [ ] Don't like them
- [ ] Family dosen't like them
- [ ] Don't know how to cook them or prepare them
- [ ] Other

7 If you selected other, what else keeps you from eating more fruits or vegetables?

8 Do you have health insurance?

- [ ] Yes
- [ ] No

9 If you do have health insurance, is this insurance..

- [ ] Private insurance from your (or spouse's or parent's) work
- [ ] Medicaid
- [ ] Medicare
- [ ] Purchased by you directly from the insurance company
- [ ] Child Health Plus
- [ ] Other

10 If you selected other, what type of insurance do you have?

11 How often do you see a doctor or medical person?

- [ ] For a yearly check-up
- [ ] Several times a year
- [ ] Only when I'm sick
- [ ] I don't

12 Where do you usually seek medical care? (select one)

- [ ] Your regular doctor
- [ ] At a hospital emergency room
- [ ] In a clinic
- [ ] Other

13 If you selected other, where do you usually get medical care?

14 How would you describe your overall health?

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

15

If you were to eat healthier (more fruits and vegetables) and exercise more (walked more) do you think that it would make a difference in how you feel?

- [ ] Yes, it would make me feel better
- [ ] Yes, it would make me feel worse
- [ ] There would be no change in how I feel

16 How often do you take a multi-vitamin?

- [ ] Daily
- [ ] Every other day
- [ ] Weekly
- [ ] Never

17 How many cups of water do you drink each day? (A 20oz water bottle holds 2.5 cups)

- [ ] Less than 4 cups
- [ ] 4 - 6 cups
- [ ] 6 - 8 cups
- [ ] 8 - 10 cups
- [ ] 10 + cups

18 When you eat away from home where do you normally eat?

- [ ] At a friend or family member's house
- [ ] Fast food restaurant
- [ ] Sitdown restaurant
- [ ] I don't eat out

19 When eating out do you order based on taste or health?

- [ ] Taste only
- [ ] Health only
- [ ] Taste and health balance

20 What are your most frequented sections of the grocery store? (List 1 as the most visited and 7 as the least visited)

- [ ] Produce
- [ ] Snack (chip aisle)
- [ ] Meat/Poultry
- [ ] Dairy
- [ ] Frozen
- [ ] Canned
- [ ] Baked

21 How often do you use tobacco products?

- [ ] Daily
- [ ] Weekly
- [ ] Sparingly
- [ ] Never

22 How often do you drink 4 or more alcoholic drinks at one setting?

- [ ] Daily
- [ ] Weekly
- [ ] Monthly
- [ ] Never

23 What drugs do you use recreationally? (Choose all that apply)
Please be honest, we guarantee your anonymity

- [ ] Marijuana
- [ ] Stimulants including prescription drugs
- [ ] Opiates including prescription drugs
- [ ] Painkillers
- [ ] Anxiety medication
- [ ] I never use drugs recreationally

24 How many hours of sleep do you think the average adult needs per night?

- [ ] 4 - 6 hours
- [ ] 6 - 8 hours
- [ ] 8 - 10 hours
- [ ] 10 + hours

25 I would consider my average mood to be_____.

- [ ] Happy
- [ ] Average
- [ ] Unhappy
- [ ] Depressed

26 I would say that I have_____ energy compared to the average person.

- [ ] More
- [ ] Average
- [ ] Less

C **HEALTH NEEDS IN YOUR COMMUNITY**

In this section we are interested in knowing what you think are the most important issues related to health in your community.

1 What three health issues are you most concerned about? Please pick three.

- [ ] Can't get in to see a doctor (can't get an appointment)
- [ ] Health insurance
- [ ] Don't have the money to go to a doctor
- [ ] Transportation to the doctor
- [ ] Tabacco or smoking cigarettes or cigars
- [ ] Physical activity
- [ ] Nutrition
- [ ] Obesity or overweight
- [ ] Diabetes
- [ ] Asthma
- [ ] Cancer
- [ ] HIV and AIDS
- [ ] Sexually transmitted diseases
- [ ] Immunizations
- [ ] Injury
- [ ] Mental Health
- [ ] Alcohol and drug abuse
- [ ] Dental care
- [ ] High blood pressure
- [ ] Heart Disease
- [ ] Cholesterol
- [ ] Arthritis
- [ ] Teen pregnancy
- [ ] Depression
- [ ] Other

2 If you selected other, what health issue(s) are you concerned about?

3 What do you think needs to be done to deal with the health issues you are concerned about?

4 Have you had difficulty finding a particular healthcare service for you or your family? If so, what was the service you needed to find and can you tell us what happened?

D DEMOGRAPHICS

Tell us about yourself

1 Your age range:

- [ ] 17 or under
- [ ] 18-29
- [ ] 30-39
- [ ] 40-49
- [ ] 50-59
- [ ] 60 and over
- [ ] prefer not to answer

2 Gender

- [ ] Male
- [ ] Female
- [ ] Other
- [ ] Prefer not to answer

3 Race/Ethnicity (check all that apply)

- [ ] American Indian
- [ ] Hispanic/Latino
- [ ] African American
- [ ] White/Caucasian
- [ ] Asian/Pacific Islander
- [ ] Other
- [ ] Prefer not to answer

4 Zip code where you live

5 County where you live

6 How many people live in your home, including yourself? (Please enter number for each age group)

- [ ] Number of Children (17 and under)
- [ ] Number of Adults (18 to 64)
- [ ] Number of Seniors (65 and over)

7 Household Income

- [ ] Under $15,000 per year
- [ ] $15,000 - $24,999 per year
- [ ] $25,000 - $34,999 per year
- [ ] $35,000 - $44,999 per year
- [ ] $45,000 - $54,999 per year
- [ ] $55,000 - $64,999 per year
- [ ] $65,000 - $84,999 per year
- [ ] $85,000 or more per year

8 What is your height and weight?

- [ ] Height
- [ ] Weight

E **THANK YOU!**

Thank you for taking the time to answer these questions. Your responses will be very helpful to our planning for the next few years. If you have any other comments about health issues or health needs in the community, please add them below. Thank you again!

1 Please enter any additional comments below.

ERIE COUNTY DEPARTMENT OF HEALTH

Consumer Health Survey

Part #1

Background Information

"The mission of the Erie County Department of Health is to protect the public's health and to prevent disease and premature death through the promotion of healthy living and wellness."

Purpose of Survey:

-To discover the health quality of the residents of Erie County by means of quantifying important health factors via survey.

plan:

-After discovering which aspects of health residents tend to neglect they plan to prioritize Erie county's public education and services accordingly

Our Problem

-How can we more accurately and efficiently pinpoint the health of our neighbors while creating links between lifestyle choices and their consequences?

Our Goals

1) **To add more important health-related questions to the survey.**

-Daily vitamin/supplement intake

Water(cups/day)

-Dining at restaurants(health conscious restaurant/food choices?)

-Favorite sections of grocery store(# fav-least fav.)

-Substance use/abuse

Goals (continued)

2) **To ask follow-up questions in hopes of noticing a direct link between daily choices and positive and negative consequences.**

-Mood(vs. average person)

-Energy level (vs. average person)

-Over/underweight?

-Chronic illness/disease (respondent lists ailments)

Goals (continued)

3)To alter the format of the survey to accommodate our new questions in an organized manner.

4)To simplify existing questions and eliminate blank space to facilitate faster survey-taking.

PART #2

Possible Solutions

WAYS TO MEET OBJECTIVES

- Making more efficient surveys
- Finding better ways to distribute surveys
- Engage public into wanting to take the surveys
- Integrate with social media (Facebook, Twitter, Buffalo.com, etc.)

Specific Methods

-Condense long questions.

-Simplify language.

-Use social media to distribute link.

-E-mail vast quantity of businesses.(Any & all)

-Use small gift as incentive.

-Make respondents recognise importance.

-Integrate lifestyle-based questions.

-Integrate consequent questions. (reflections of lifestyle)

Methodologies

Electronic Brainwriting

-Chatting on Google Docs

Face to face brainstorming

-meet @ spot coffee

Gather as many solutions as possible

-Omitting few possibilities

Concepts of Focus

Improvement:

-More relevant health questions.

-Link to lifestyle choices

Quality:

-Shorten/Reword

-Simpler/more comprehensible

-Culturally sensitive

-Address literacy/language barriers

Connection:

-Utilize social media.

-Contact businesses.

Similar Organizations' Objectives

- Test the survey before giving it to the public
- Find out your target audience
- Social Media
  - Facebook
  - Twitter
  - LinkedIn
  - E-Mail
- Offer a small gift in exchange for taking the survey
  - pens/pencils

The Innovation Center's Evaluation methods (researcher)

- Relevant and culturally sensitive.

- Consider workability of methods.
- Consider possible language barriers.

- What is the cultural context at play?
- Multiple methods = vast analysis.

PART #3

Evaluating Possible Solutions

Simplify Language (Absolute)

Positive

-Culturally sensitive

-Literacy sensitive

-Easy for most people to comprehend

Negative

-Some might think we lack sophistication

-Some may question authenticity

Social Media Use (Absolute)

Positive

- Multiple people at once

-Potential for high results

Negative

-Target audience may not use social media

-Overlooked by social network users

Contact ∞ Businesses (Absolute)

Positive	Negative
-Potential results high	-Time consuming
-Creating awareness in local businesses	-Majority will probably ignore our survey
-Relatively easy to do	

Make Survey Anonymous only (Absolute)

Positive

-Ensures honesty for invasive questions

-Secures peoples' privacy

Negative

-Online responders may feel identity will be revealed

Survey Our Families (Absolute)

Positive

-Comfortable to ask family members

-Easy 25-100 results

Negative

-Family members might be dishonest about certain questions

Integrate Lifestyle-Based Questions (Relative)

Positive

-Much more health-related questions

-Erie county DOH can implement more specific services

Negative

-Survey will take longer unless we condense/remove other questions

Use of gifts as incentive (Relative)

Positive

-Draws people in to take a survey

Negative

-Gift may not be useful for everyone

-We don't have an expendable budget

Condense Long Questions (Relative)

Positive

-More people are willing to take shorter surveys

-Takes less time for each survey to be finished

Negative

-Less specific questions

Remove Blank Space (Relative)

Positive

-Survey will appear shorter

-Use less paper

-Saves trees

Negative

-Page may look crowded

Convince Responders that they Are Doing Right by Our Community (Relative)

Positive

-Makes people empowered to take/finish the survey

Negative

-Members might be having a bad day

-Not feeling ambitious

PART # 4

Recommendation

Solutions (suggested content)

- Improve survey questions (lifestyle)
- Simplify complex language
- Eliminate blank space
- Make survey strictly anonymous

Solutions (methodology)

Business Contacts

- Walmart
- Target
- Geico
- Kaleida Health
- Catholic Health System
- HSBC & M&T

Solutions (methodology)

News Contacts

- Contact Channels 2, 4 & 7.
- Attempt to get 10-15 sec. plug.
- Try to get link posted on WGRZ, WIVB, CW23, WKBW

Solutions (methodology)

Wiper Blade Advertising

- Print slogan & link on small fliers.
- 6-10 per piece of paper.
- Stuff fliers under wipers everywhere!

NO CAR GOES UNSTUFFED!!!!!!

Solutions (methodology)

Slogans

"Gadge your health and represent your community, take our survey!"

"Are you healthy? Take our survey and find out"

"Show you care, be aware"

Solutions (methodology)

Utilize Social Media

- Twitter
  - Hashtags
    - #eriecounty #health #survey #healthsurvey #fitness #wellbeing #wellness
- Facebook
  - Event Invites
    - Create an invitation to all of our Facebook friends who can then pass the link on to their own friends

PART #5

Implementation

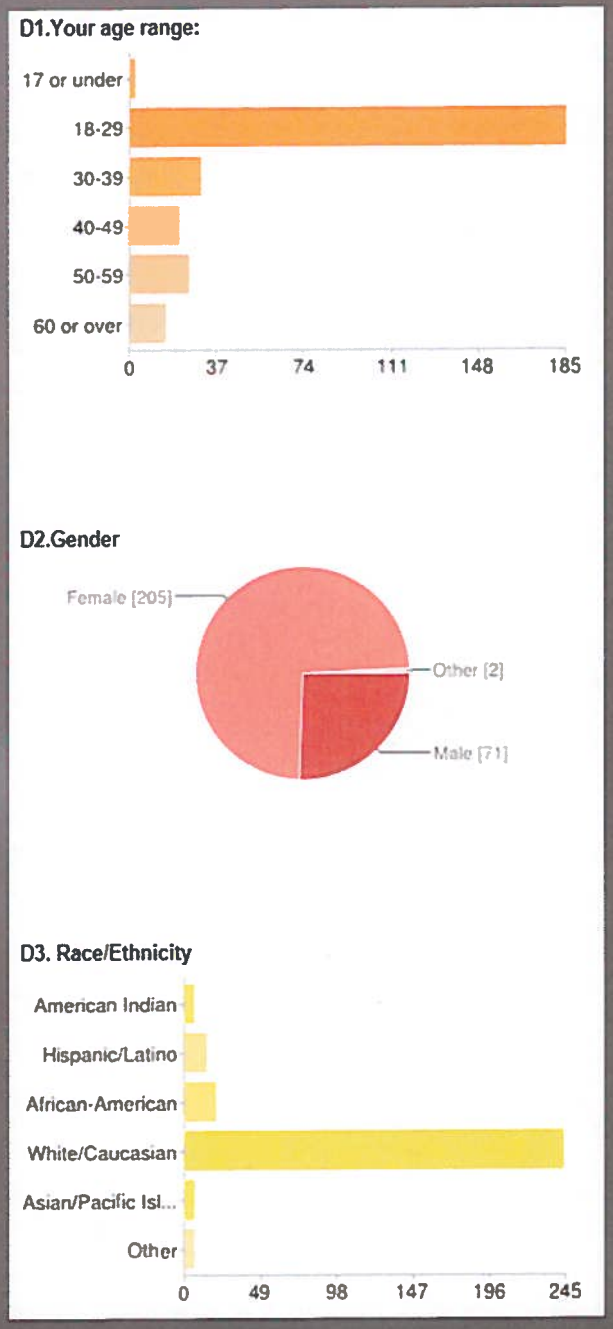
What we did

- Called every local news station
- Called/e-mailed many local businesses
- Posted on Facebook
- Created a Twitter account
- Made and distributed flyers (200-300 each)
- Distributed 300 flyers to 4 local gyms having staff put them out where people might pick them up
- Got family members to participate
- Mass email through student life

Demographics

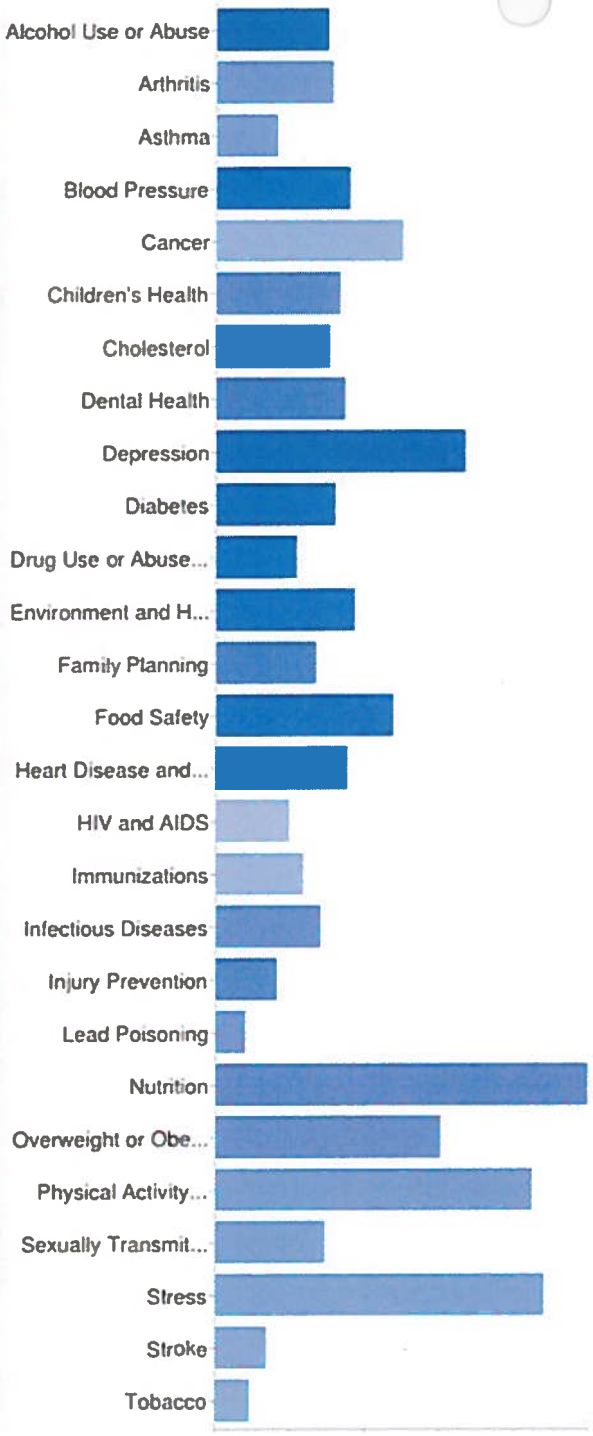
Most prominent with 280 Participants

- 18-29 years old
- 3/4 female
- White/caucasian



Health Interests (top 4)

- Nutrition
- Physical Activity
- Stress
- Depression

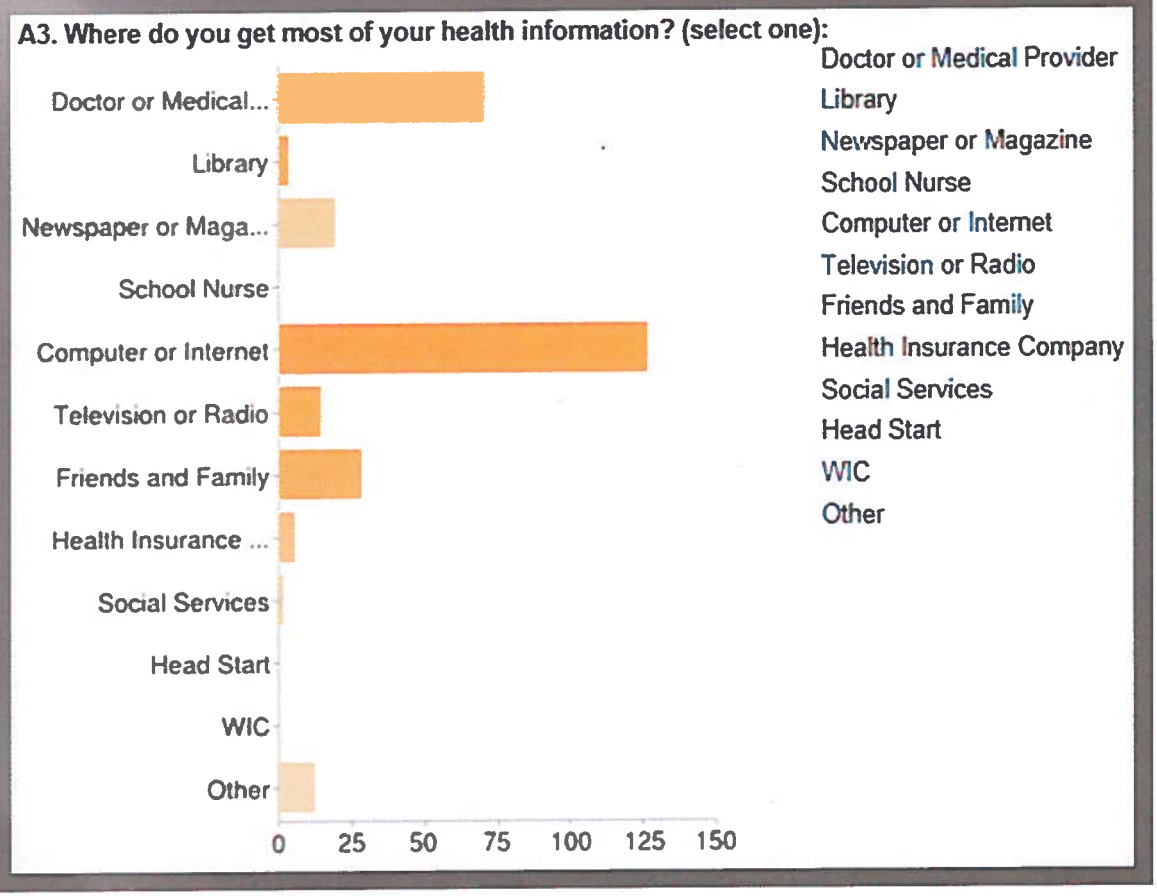


Where do you get health information

1. Computer/internet

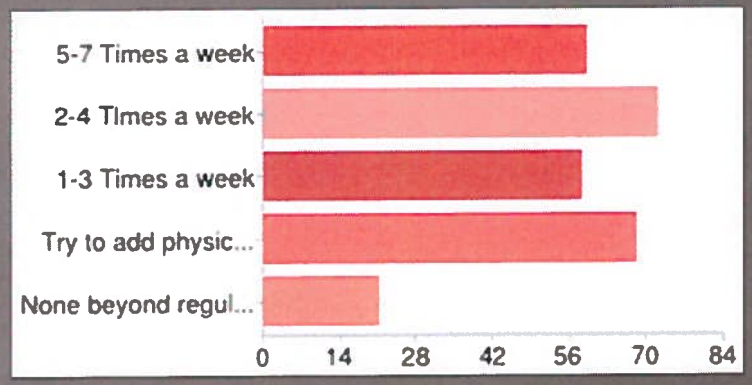
2. Doctor/medical provider

3.Friends & family



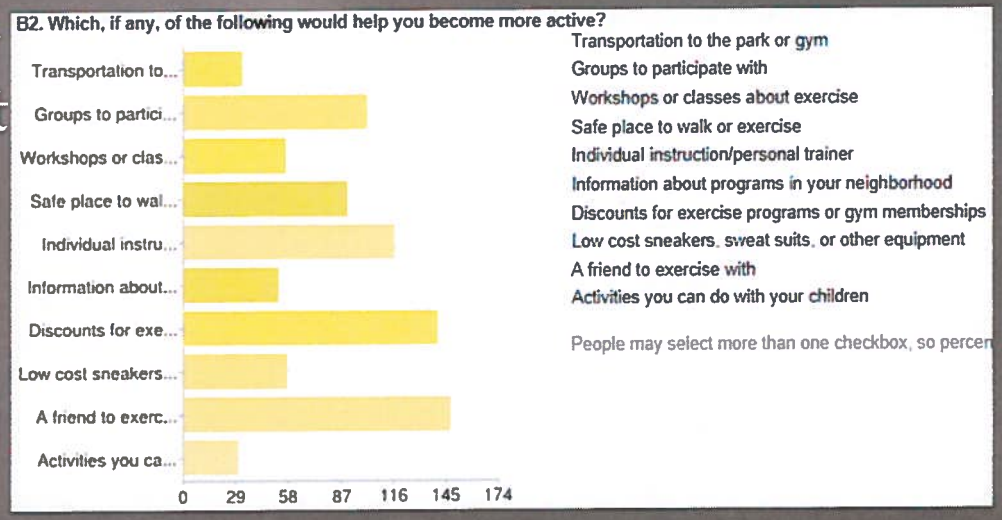
Exercise frequency & motivation

- On average, people reported to be relatively active



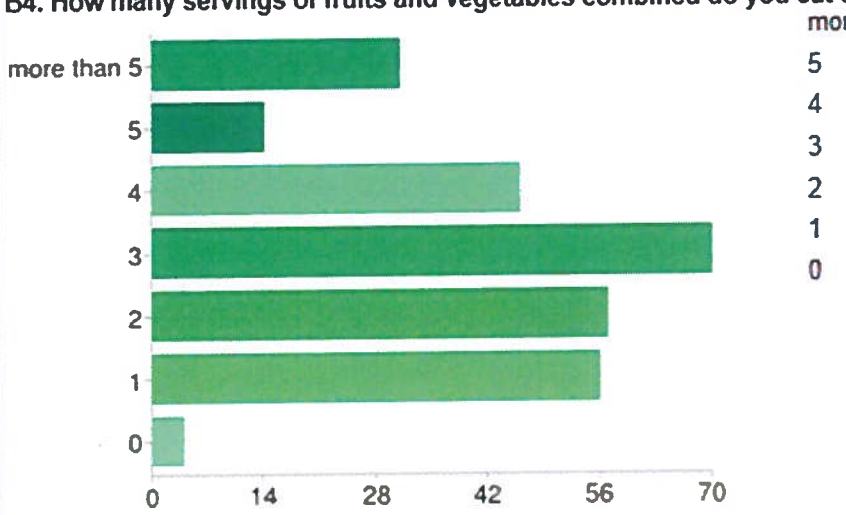
Ways to help residents to exercise more:

1. A friend to exercise with
2. Discounts for equipment
3. Access to a personal trainer

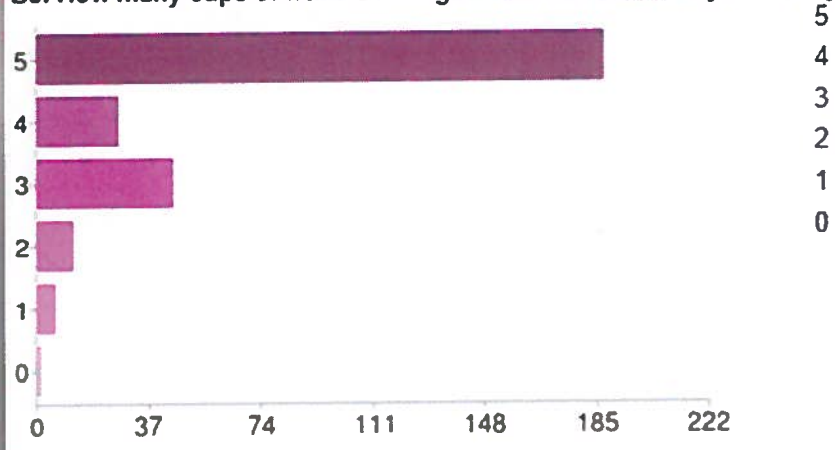


Fruits and Vegetables (ctd.)

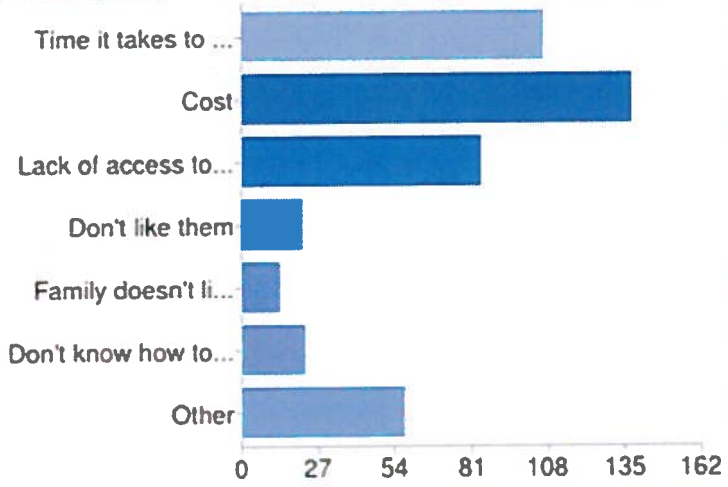
B4. How many servings of fruits and vegetables combined do you eat every day on average?



B5. How many cups of fruits and vegetables combined do you think you should eat every day?



what keeps public from eating vegetables

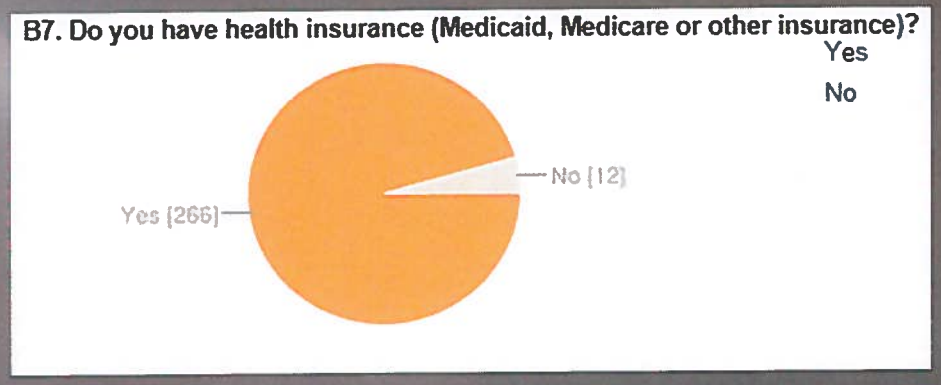


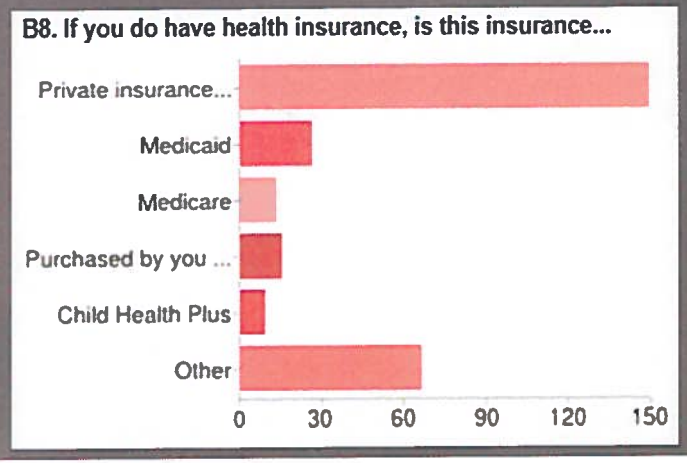
Fruits and vegetables

- 67% of County residents think 5+ servings is optimal
- Yet only 23% of the county eats 5 or more
- The rest eat between 1-4 but few eat 0
- Time to prepare, cost, and lack of access keep people from eating vegetables

Do you have Medicaid, Medicare, or other insurance?

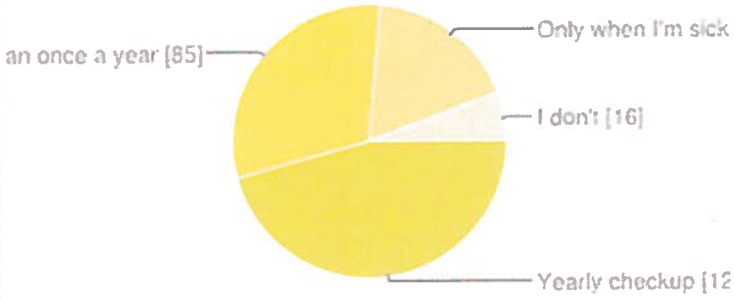
-
- 4% of responders reported not having coverage
- 54% had private
- 24% had other





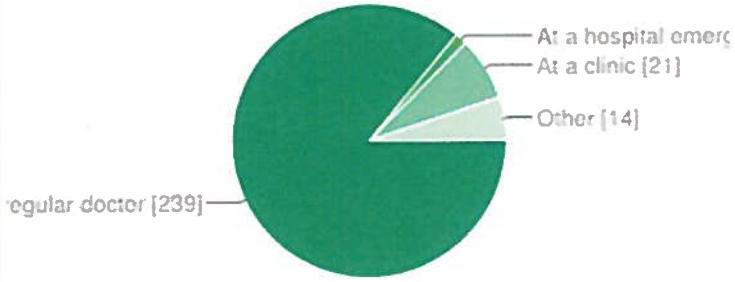
Seeking Care

B9. How often do you see a doctor or medical professional?



Yearly checkup
More than once a year
Only when I'm sick
I don't

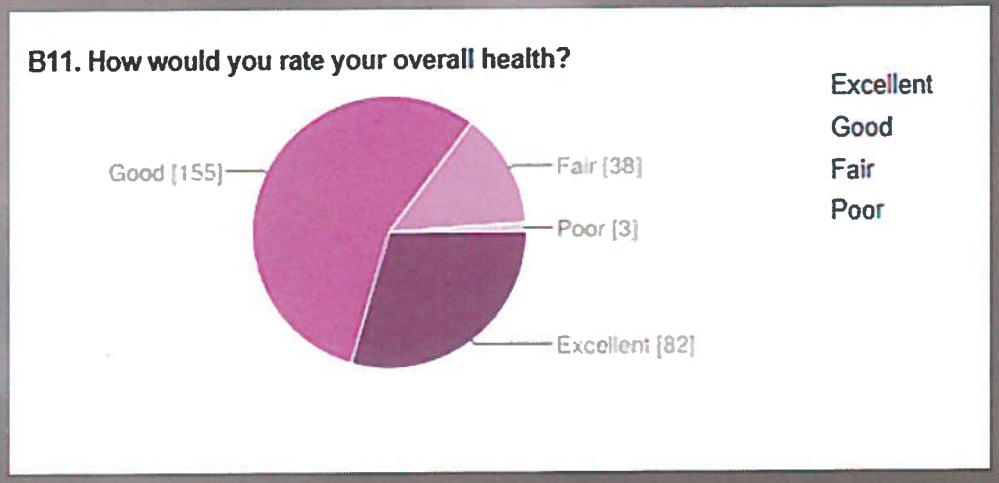
B10. Where do you usually seek medical care?



At your regular doctor
At a hospital emergency room
At a clinic
Other

Overall Health

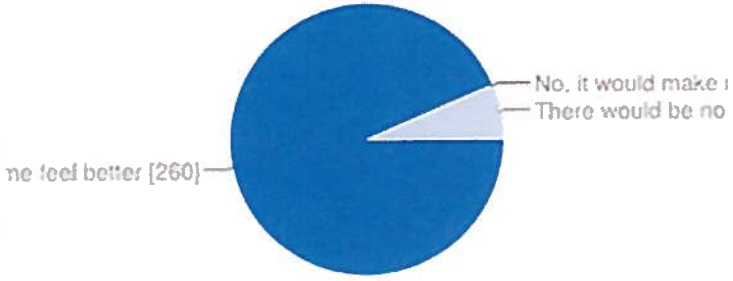
Most rated their overall health as "Good" or "Excellent"



Exercise and Mood

Exercise makes most people feel better

B12. If you were to eat healthier and exercise more, do you think that it would make a difference in how you feel?



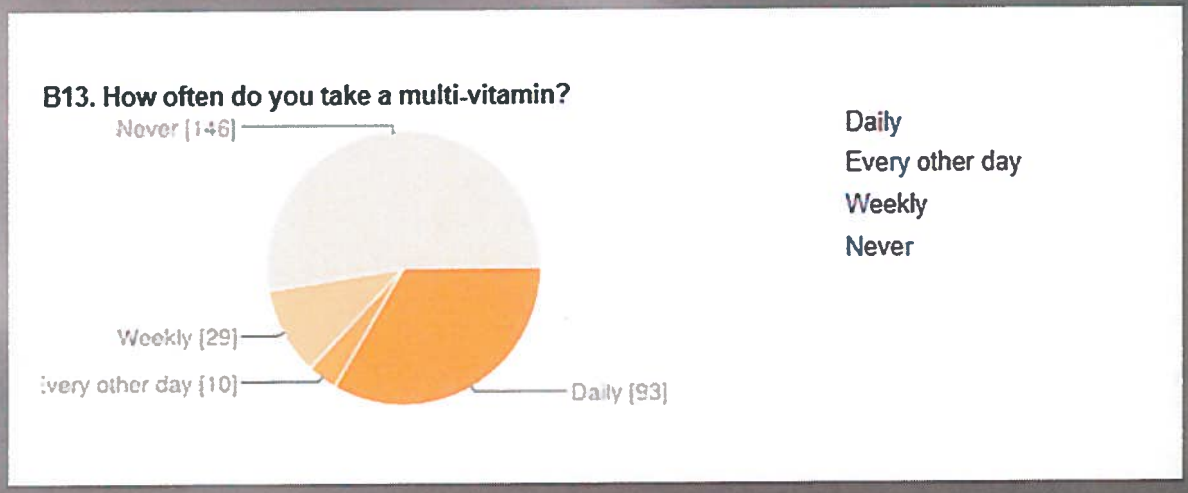
Yes, it would make me feel better

No, it would make me feel worse

There would be no change in how I feel

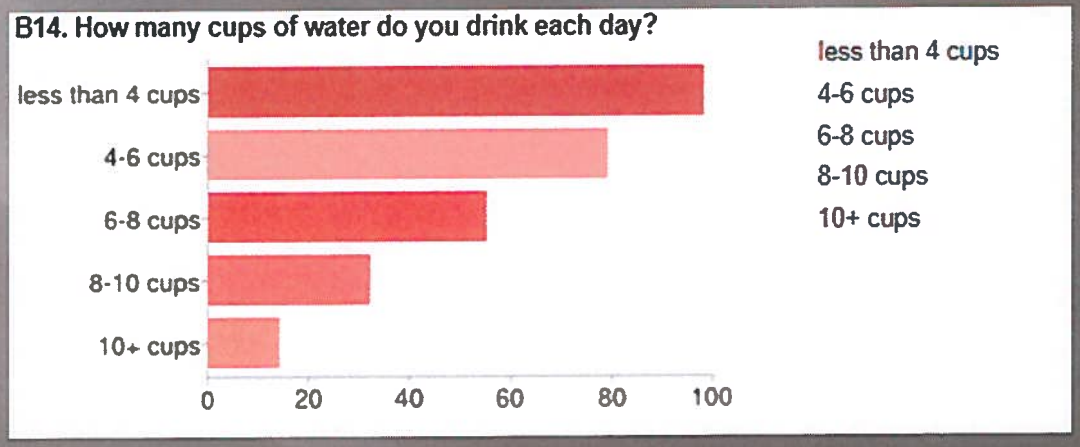
Multi-vitamins

- Most residents do not take them



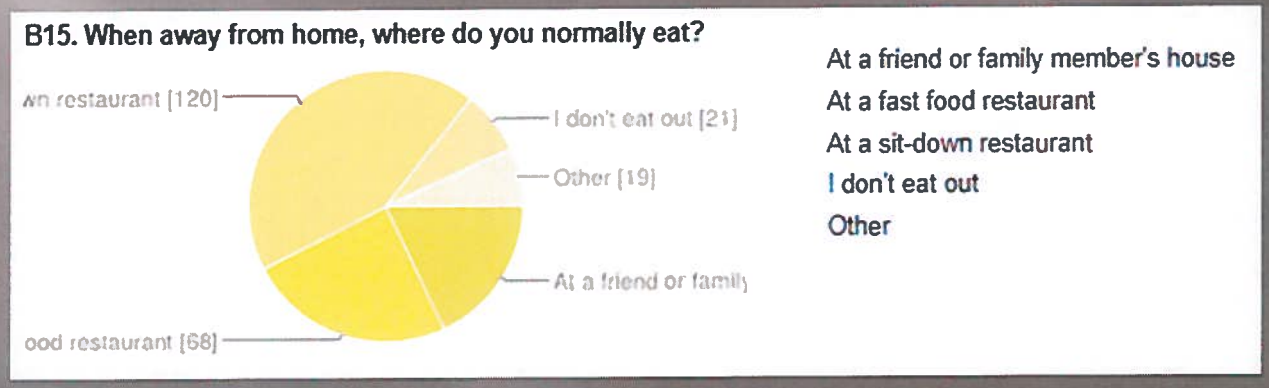
Water Consumption

- A majority of residents drink less than 4 cups of water each day
- Half of those surveyed drink the recommended 6-8 cups each day



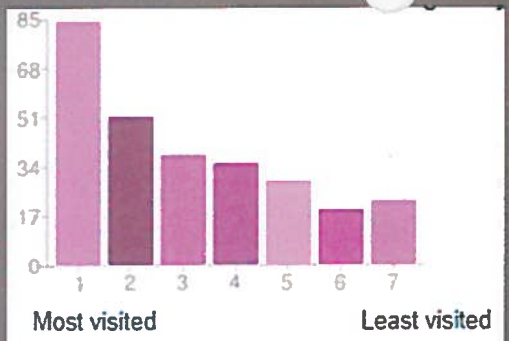
Eating Habits When Away From Home

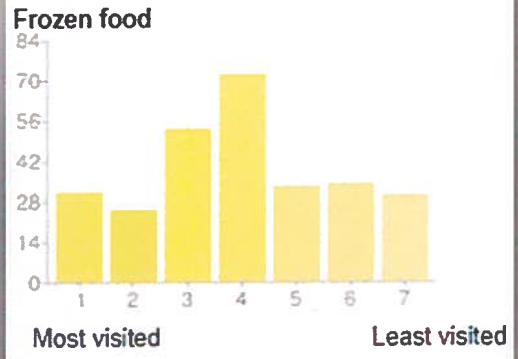
- When asked about their eating habits when away from home, a majority responded by saying they usually go to a sit-down restaurant
- Stopping for fast-food was the second-most popular option

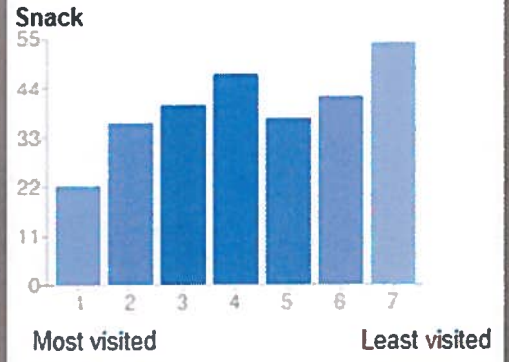


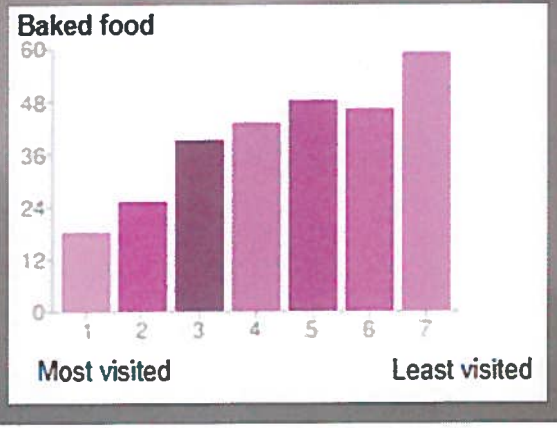
Most frequented Store sections

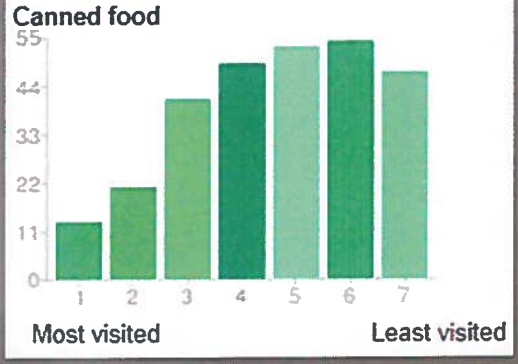
1. Produce
2. Dairy
3. Meat/Poultry
4. Frozen
5-6. Canned & Snack
7. Baked

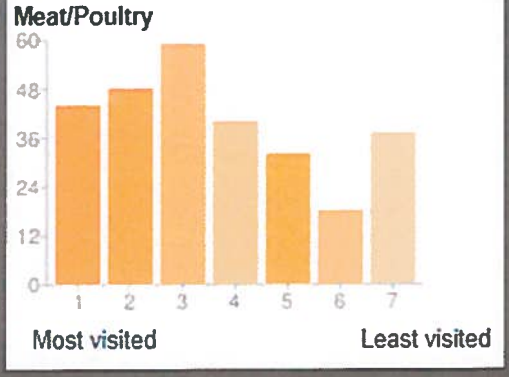






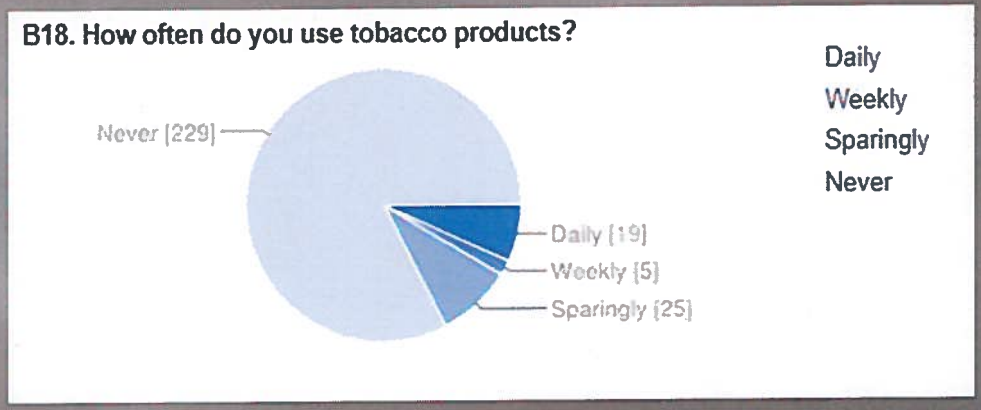




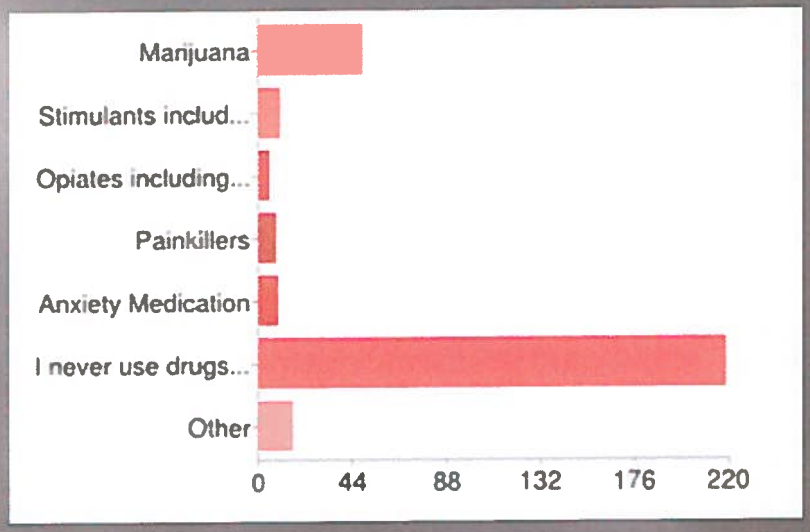


Tobacco Use

- A majority of residents said they never use tobacco products.
- A smaller portion of residents claim they use it either daily, weekly or sparingly.



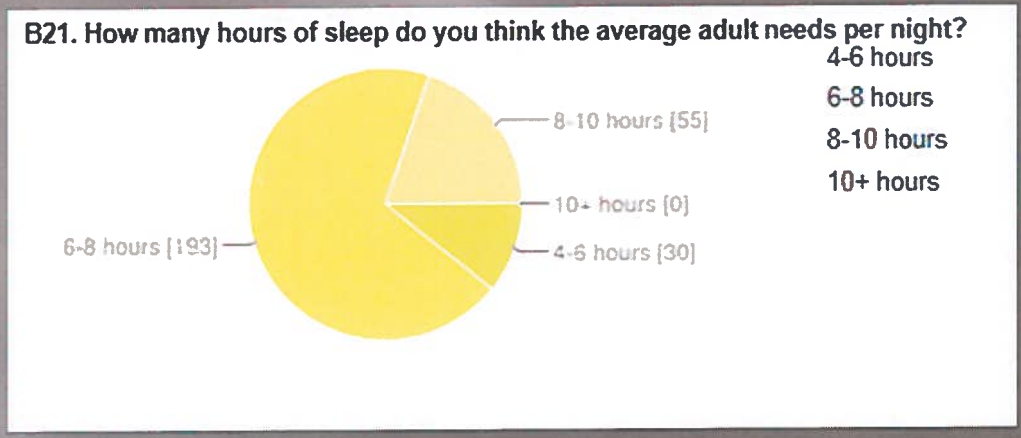
Drug Use



- A majority of residents said they never use drugs, while a portion of residents said to use marijuana.
- A smaller amount of those surveyed responded to using other various types of drugs.

Sleep

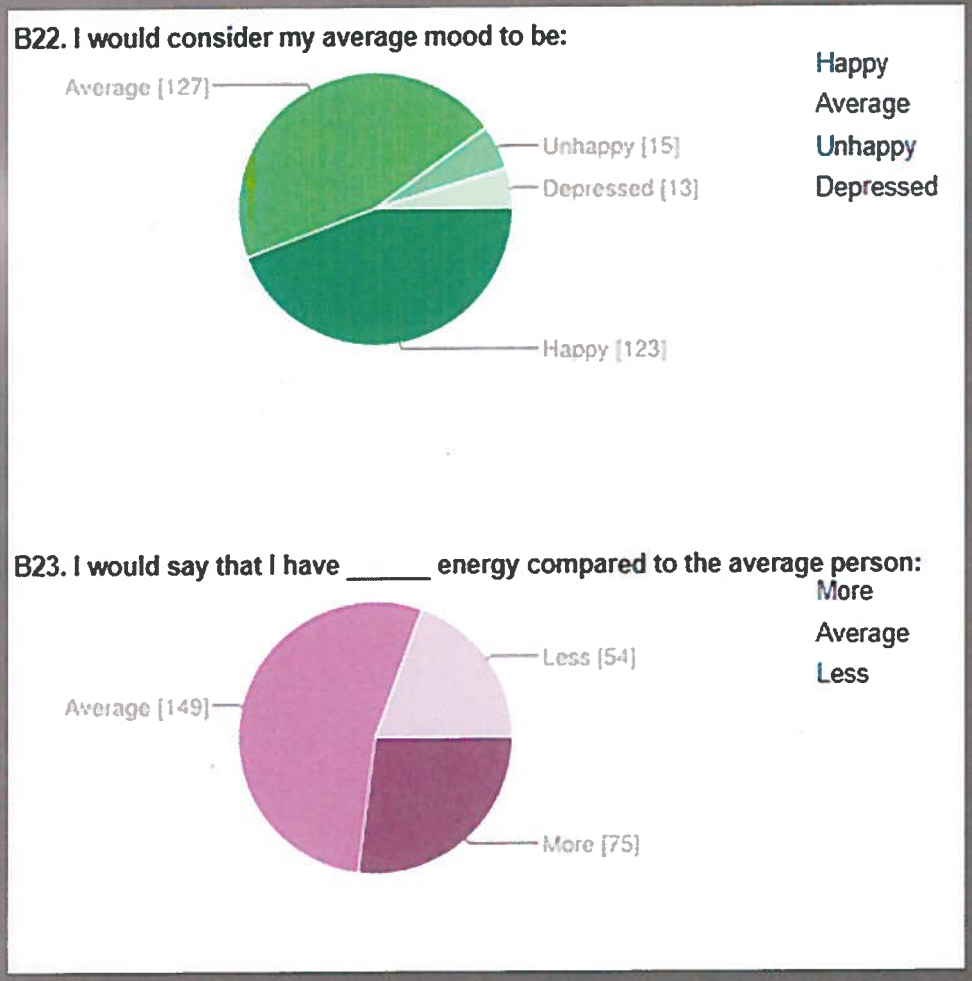
- Most residents think the average adult needs 6-8 hours of sleep per night.



Perception of mood & energy

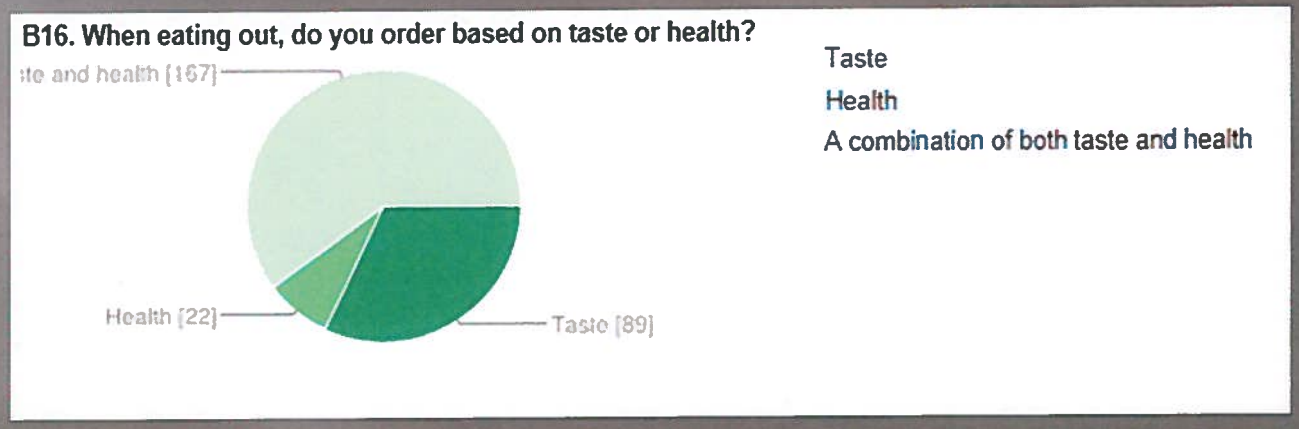
- Almost identical portions of:

1. happy-average
2. unhappy-depressed
3. more & less perceived energy than average.



Ordering food

- Most participants reported they order based on a taste/health combination
- Many also reported they order based on taste alone
- Very few reported they order based on health alone



Community Health Issue Concerns

1. Nutrition
2. Physical activity
3. Obesity/weight
4. Health Insurance
5. Mental Health
6. Cancer
7. Don't have money to go to a doctor
8. Dental care
9. Depression
10. Heart disease

Can't get in to see a doctor/Can't get an appointment	13	5%
Health Insurance	91	33%
Don't have the money to go to a doctor	48	17%
Transportation to the doctor	10	4%
Tobacco/Cigarettes/Cigars	20	7%
Physical activity	111	40%
Nutrition	123	44%
Obseity or overweight	93	33%
Diabetes	30	11%
Asthma	15	5%
Cancer	48	17%
HIV/AIDS	6	2%
Sexually Transmitted diseases	27	10%
Immunizations	7	3%
Injury	18	6%
Mental Health	63	23%
Alcohol and drug abuse	17	6%
Dental care	45	16%
High blood pressure	32	12%
Heart disease	32	12%
Cholesterol	22	8%
Arthritis	16	6%
Teen pregnancy	12	4%
Depression	43	15%
Other	21	8%

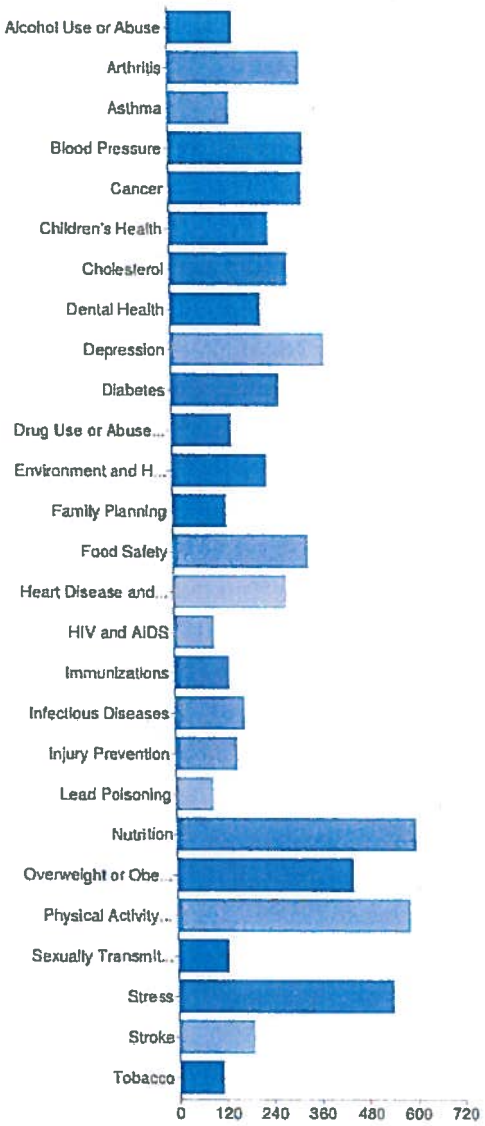
1198 responses

Summary See complete responses

A. Introduction

Please be honest, we guarantee that your identity will never be known or sought. Only take this survey once.

A1. What health topics are you interested in learning more about?:



Alcohol Use or Abuse	163	14%
Arthritis	334	28%
Asthma	154	13%
Blood Pressure	340	28%
Cancer	335	28%
Children's Health	250	21%
Cholesterol	297	25%
Dental Health	228	19%
Depression	385	32%
Diabetes	271	23%
Drug Use or Abuse (including prescriptions)	150	13%
Environment and Housing	237	20%
Family Planning	134	11%
Food Safety	341	28%
Heart Disease and Heart Health	284	24%
HIV and AIDS	98	8%
Immunizations	135	11%
Infectious Diseases	174	15%
Injury Prevention	154	13%
Lead Poisoning	93	8%
Nutrition	601	50%
Overweight or Obesity	442	37%
Physical Activity and Fitness	584	49%
Sexually Transmitted Diseases	125	10%
Stress	541	45%
Stroke	189	16%
Tobacco	109	9%

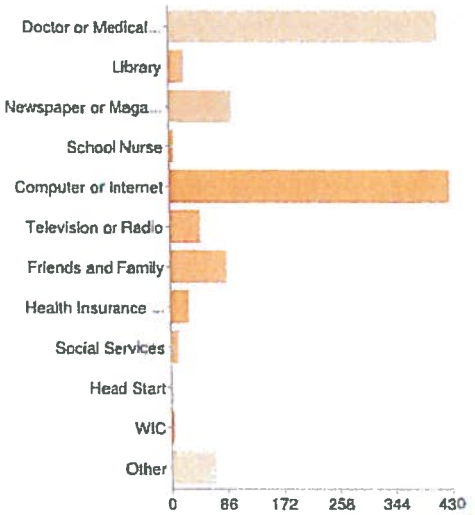
People may select more than one checkbox, so percentages may add up to more than 100%.

A2. If there are other health topics you are interested in, what are they?

, Mental Health topics Mental health such as Anxiety, borderline personality disorder, bipolar, etc... na Autism no ALS None that I can think of. N/A Canker Sores - Prevention of. Epilepsy No Preventive medicine kidney stones Birth Control Headaches (migraines, cluster, tension) and ideas for helping ease them. Also, the use of vitamins and homeopathic remedies. How pollution from surrounding areas effect our health, and what we can do to reduce our exposure to toxic pollutants. Of particular concern is the Huxley Coal Powered Generating Plant, the public should be educated about how the emission from th ...

A3. Where do you get most of your health information? (select one):

Doctor or Medical Provider	411	34%
Library	22	2%
Newspaper or Magazine	95	8%

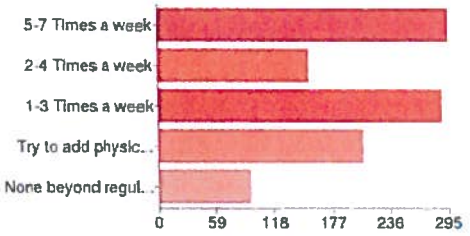


School Nurse	5	0%
Computer or Internet	428	36%
Television or Radio	46	4%
Friends and Family	86	7%
Health Insurance Company	27	2%
Social Services	10	1%
Head Start	1	0%
WIC	2	0%
Other	65	5%

B. Your habits and your health

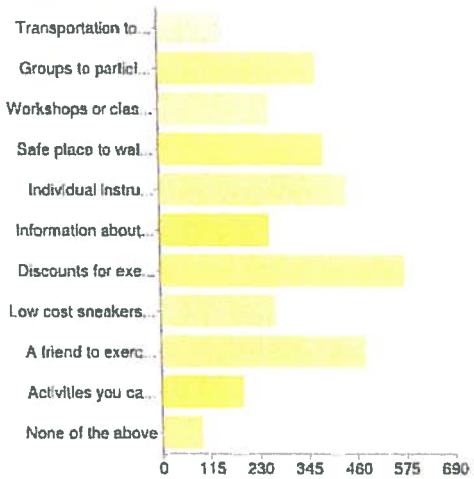
In this section we want to learn about the perceptions and behaviors associated with your individual health status.

B1. How often do you participate in physical activity or exercise for 30 minutes or more? (select one):



5-7 Times a week	295	25%
2-4 Times a week	153	13%
1-3 Times a week	288	24%
Try to add physical activity where possible (taking the stairs, etc.)	207	17%
None beyond regular daily activities	93	8%

B2. Which, if any, of the following would help you become more active?



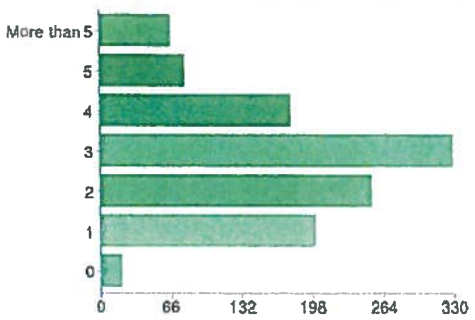
Transportation to the park or gym	151	13%
Groups to participate with	372	31%
Workshops or classes about exercise	264	22%
Safe place to walk or exercise	388	32%
Individual instruction/personal trainer	441	37%
Information about programs in your neighborhood	260	22%
Discounts for exercise programs or gym memberships	576	48%
Low cost sneakers, sweat suits, or other equipment	272	23%
A friend to exercise with	482	40%
Activities you can do with your children	195	16%
None of the above	95	8%

People may select more than one checkbox, so percentages may add up to more than 100%.

B3. Is there anything else that would help you become more active? If yes, what?

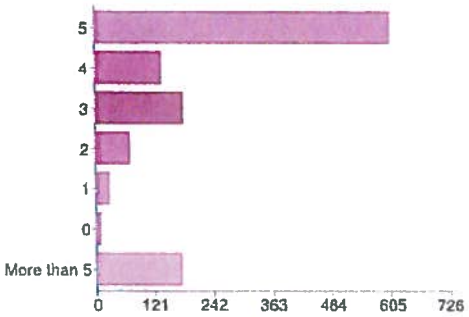
More affordable personal training at home gym Outdoor activities, such as biking, canoeing, white water rafting trips, sport games, etc... Having more time available to me. Right now I have class, work and an internship plus homework on top of that. group sports no not really no None N/A Cheaper exercise classes activities, a wider spread of times when activities were available. Motivation and less stress from work, school, etc. If I didn't experience my daily pain in my fingers, back, neck, and foot. Better gym equipment at the schools facilities as well as more space for each sport team to practice I ...

B4. How many servings of fruits and vegetables combined do you eat every day on average?



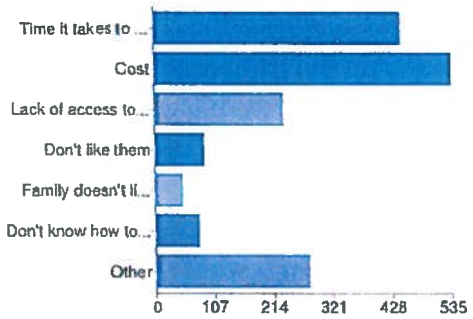
More than 5	66	6%
5	79	7%
4	178	15%
3	329	27%
2	253	21%
1	201	17%
0	20	2%

B5. How many cups of fruits and vegetables combined do you think you should eat every day?



5	606	51%
4	136	11%
3	180	15%
2	69	6%
1	26	2%
0	7	1%
More than 5	174	15%

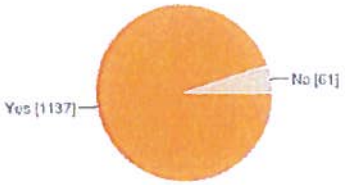
B6. What keeps you from eating more fruits and vegetables every day?



Time it takes to prepare	444	37%
Cost	535	45%
Lack of access to fresh fruits and vegetables	232	19%
Don't like them	88	7%
Family doesn't like them	48	4%
Don't know how to cook them or prepare them	78	7%
Other	276	23%

People may select more than one checkbox, so percentages may add up to more than 100%.

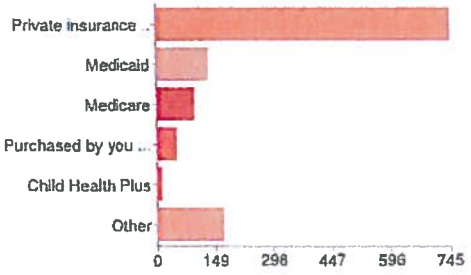
B7. Do you have health insurance (Medicaid, Medicare or other insurance)?



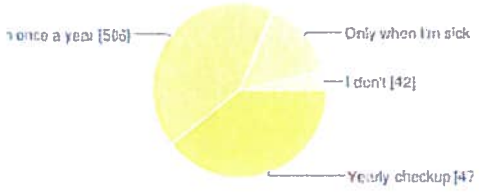
Yes	1137	95%
No	61	5%

B8. If you do have health insurance, is this insurance...

Private insurance from you or your spouse's work	745	62%
Medicaid	131	11%
Medicare	95	8%
Purchased by you directly from the insurance company	49	4%
Child Health Plus	11	1%
Other	167	14%

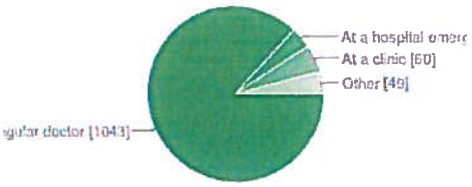


B9. How often do you see a doctor or medical professional?



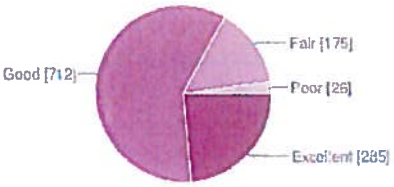
Yearly checkup	473	39%
More than once a year	506	42%
Only when I'm sick	177	15%
I don't	42	4%

B10. Where do you usually seek medical care?



At your regular doctor	1043	87%
At a hospital emergency room	46	4%
At a clinic	60	5%
Other	49	4%

B11. How would you rate your overall health?



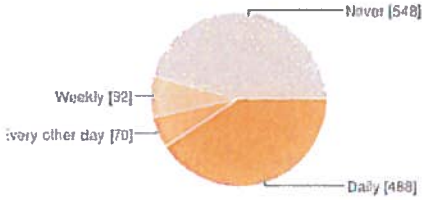
Excellent	285	24%
Good	712	59%
Fair	175	15%
Poor	26	2%

B12. If you were to eat healthier and exercise more, do you think that it would make a difference in how you feel?

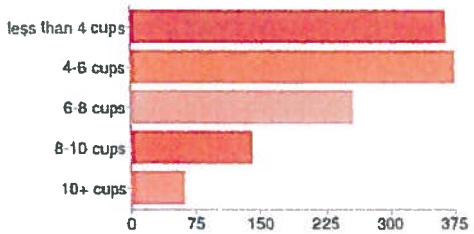
Yes, it would make me feel better	1100	92%
No, it would make me feel worse	3	0%
There would be no change in how I feel	95	8%

B13. How often do you take a multi-vitamin?

Daily	488	41%
Every other day	70	6%
Weekly	92	8%
Never	548	46%

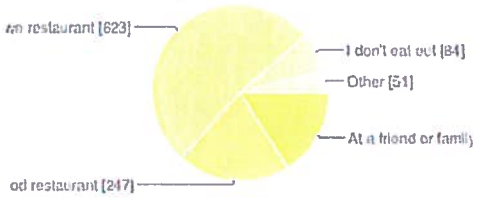


B14. How many cups of water do you drink each day?



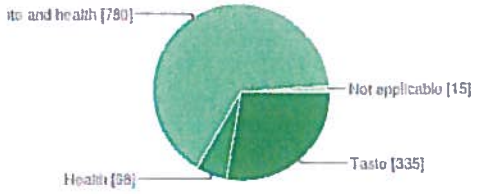
less than 4 cups	365	30%
4-6 cups	375	31%
6-8 cups	257	21%
8-10 cups	140	12%
10+ cups	61	5%

B15. When away from home, where do you normally eat?



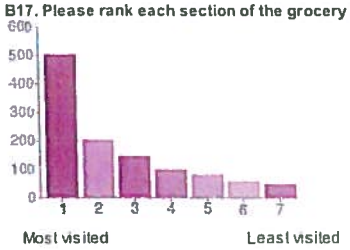
At a friend or family member's house	193	16%
At a fast food restaurant	247	21%
At a sit-down restaurant	623	52%
I don't eat out	84	7%
Other	51	4%

B16. When eating out, do you order based on taste or health?



Taste	335	28%
Health	68	6%
A combination of both taste and health	780	65%
Not applicable	15	1%

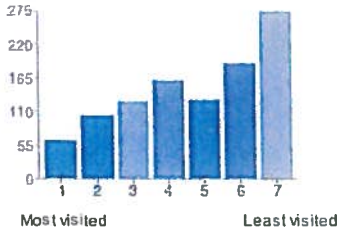
B17. Please rank each section of the grocery store from most frequently shopped to least frequently shopped (Don't repeat numbers).



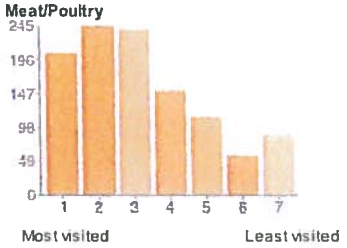
1 - Most visited	501	42%
2	200	17%
3	142	12%
4	95	8%
5	78	7%
6	54	5%
7 - Least visited	45	4%

Snack

1 - Most visited	61	5%
2	102	9%
3	125	10%
4	160	13%
5	128	11%
6	188	16%
7 - Least visited	273	23%

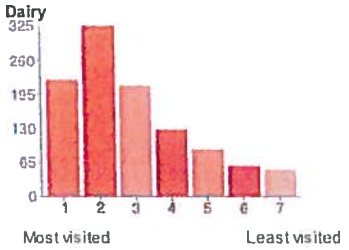


Meat/Poultry



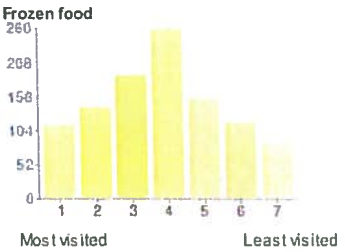
1 - Most visited	204	17%
2	244	20%
3	239	20%
4	150	13%
5	112	9%
6	56	5%
7 - Least visited	86	7%

Dairy



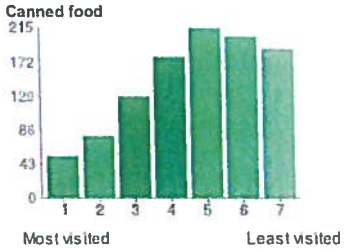
1 - Most visited	221	18%
2	325	27%
3	210	18%
4	127	11%
5	88	7%
6	56	5%
7 - Least visited	50	4%

Frozen food



1 - Most visited	113	9%
2	139	12%
3	188	16%
4	259	22%
5	153	13%
6	117	10%
7 - Least visited	85	7%

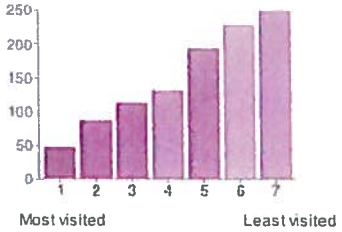
Canned food



1 - Most visited	52	4%
2	77	6%
3	127	11%
4	177	15%
5	214	18%
6	203	17%
7 - Least visited	188	16%

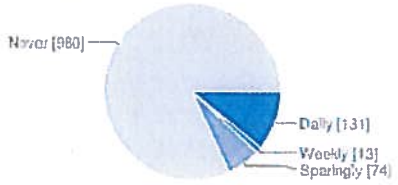
Baked food

1 - Most visited	45	4%
2	85	7%
3	111	9%
4	130	11%
5	193	16%



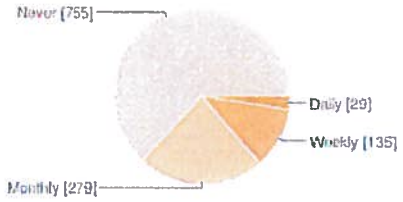
6	228	19%
7 - Least visited	249	21%

B18. How often do you use tobacco products?



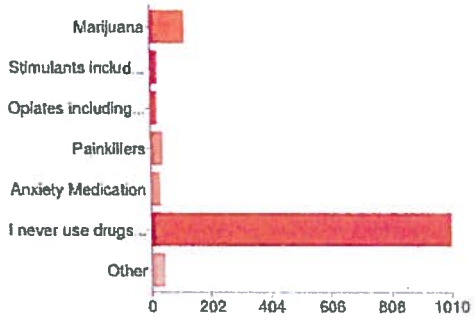
Daily	131	11%
Weekly	13	1%
Sparingly	74	6%
Never	980	82%

B19. How often do you drink 4 or more alcoholic drinks at one setting?



Daily	29	2%
Weekly	135	11%
Monthly	279	23%
Never	755	63%

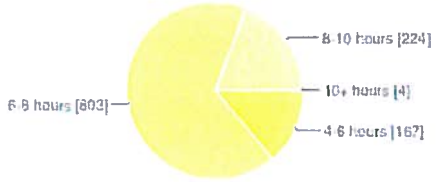
B20. What drugs do you use recreationally (Please be honest, we guarantee your anonymity)?



Marijuana	116	10%
Stimulants including prescription drugs	21	2%
Opiates including prescription drugs	19	2%
Painkillers	36	3%
Anxiety Medication	29	2%
I never use drugs recreationally	1009	84%
Other	40	3%

People may select more than one checkbox, so percentages may add up to more than 100%.

B21. How many hours of sleep do you think the average adult needs per night?

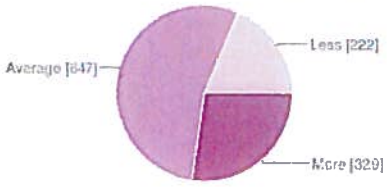


4-6 hours	167	14%
6-8 hours	803	67%
8-10 hours	224	19%
10+ hours	4	0%

B22. I would consider my average mood to be:

Happy	519	43%
Average	583	49%
Unhappy	60	5%
Depressed	36	3%

B23. I would say that I have _____ energy compared to the average person:

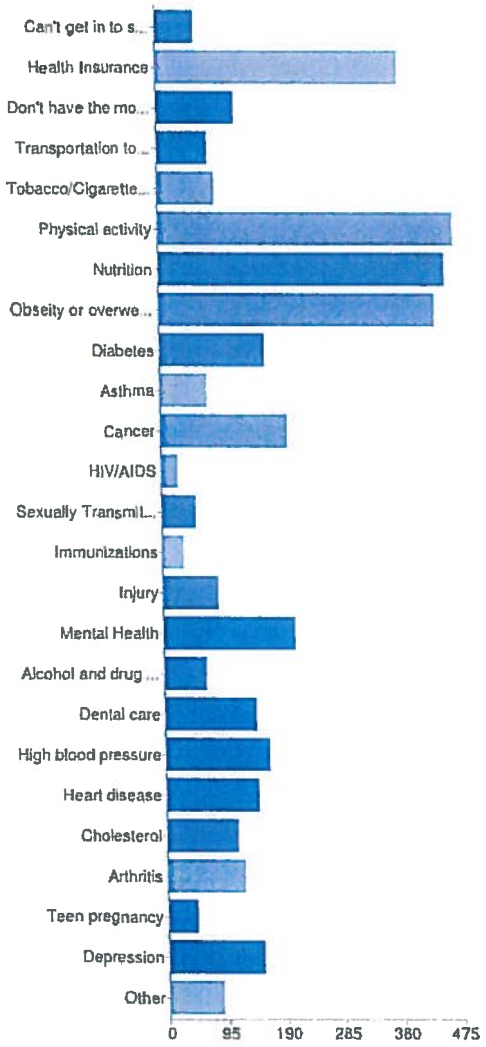


More	329	27%
Average	647	54%
Less	222	19%

C. Health needs in your community

In this section we are interested in knowing what you think are the most important issues related to health in your community.

C1. What three health issues are you most concerned about?



Can't get in to see a doctor/Can't get an appointment	60	5%
Health Insurance	389	32%
Don't have the money to go to a doctor	123	10%
Transportation to the doctor	79	7%
Tobacco/Cigarettes/Cigars	89	7%
Physical activity	474	40%
Nutrition	459	38%
Obseity or overweight	442	37%
Diabetes	167	14%
Asthma	73	6%
Cancer	202	17%
HIV/AIDS	25	2%
Sexually Transmitted diseases	53	4%
Immunizations	32	3%
Injury	87	7%
Mental Health	211	18%
Alcohol and drug abuse	66	6%
Dental care	145	12%
High blood pressure	166	14%
Heart disease	147	12%
Cholesterol	112	9%
Arthritis	123	10%
Teen pregnancy	45	4%
Depression	152	13%
Other	85	7%

People may select more than one checkbox, so percentages may add up to more than 100%.

C2. What do you think needs to be done to deal with the health issues you are concerned about?

more info should be available Exercise and Nutrition I don't know X Eat better and exercise more. excersize Research continue to watch diet People need to be aware of their health condition and understand how to live a healthy lifestyle. Early intervetion More time spent on information It is not so much of a concern for myself because I am in elite shape, but for most of the people in this country their either overweight due to lack of physical activity or due to improper diet. Mentally health is always important because mental health needs to be balanced with physically health. When these are balanc ...

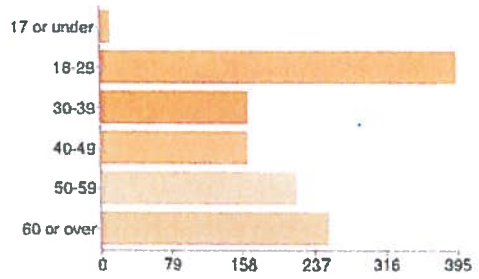
C3. Have you had difficulty finding a particular healthcare service for you or your family? If yes, please explain:

no No Yes...access to eating disorder/body image support groups No No. no No no No No No I am 22 years of age and I still live with my parents. I work regular part time at a job and could have healthcare provided for me via that company but I am still under my parents at this time. So no. No I will have no health care once in turn 26. . Not really, it's mostly cost that is a factor. No. No no NO no. No. No. no. No no No no no sort of! it's all expensive no no. No Most doctors do not take my particular insurance and going on the website to find a doctor can be difficult if you don't have internet access like I do. Also th ...

D. Demographics

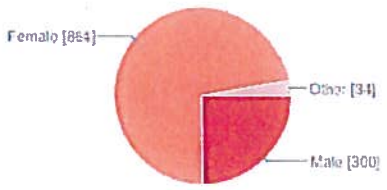
Tell us about yourself

D1.Your age range:



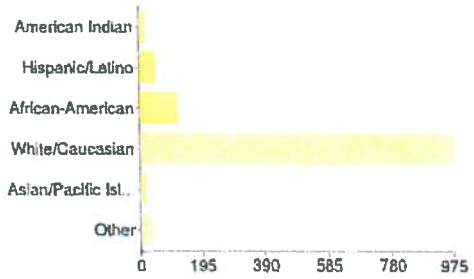
17 or under	10	1%
18-29	394	33%
30-39	164	14%
40-49	163	14%
50-59	217	18%
60 or over	250	21%

D2.Gender



Male	300	25%
Female	864	72%
Other	34	3%

D3. Race/Ethnicity



American Indian	20	2%
Hispanic/Latino	50	4%
African-American	121	10%
White/Caucasian	975	83%
Asian/Pacific Islander	17	1%
Other	38	3%

People may select more than one checkbox, so percentages may add up to more than 100%.

D4. Zip code where you live:

14212 14207 14222 14221 14226 14075 14068 14086 14223 14220 14228 14221 14221 14226 14150 14212 14222 14224 14224 14150 14220 142

D5. County where you live:

Erie Erie US Erie Erie erie Erie erie Erie Erie Erie Erie county Erie Erie ERIE Erie Erie Erie erie Erie Erie USA Erie Erie Erie Niagra Erie erie Erie Niagara Nassau erie united states Erie USA Wayne Niagara Monroe erie Erie Erie Erie er ...

D6. How many children live in your home, including yourself, aged 17 and under?

0 2 0 0 0 2 0 0 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 1 0 0 1 0 0 1 0 None none 3 None
0 0 0 0 1 0 2 0 0 0 0 0 0 1 1 2 0 0 0 0 0 1 0 1 0 3 0 0 2 1 0 1 0 3 0 0 0 0 0 0 0 0 0 2 0 0 None 0 2 2

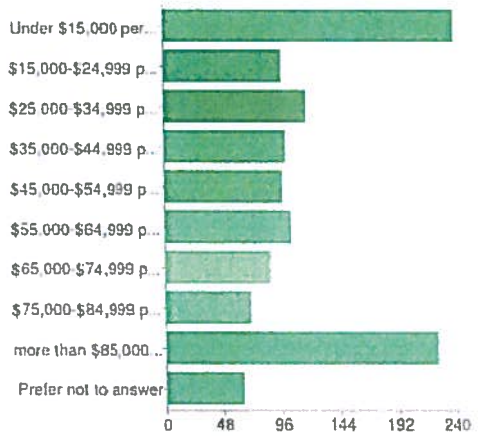
How many adults live in your home, including yourself, between age 18 and 64?

4 2 1 1 2 2 3 3 2 2 4 3 2 4 4 2 2 3 3 2 5 2 3 1 2 3 1 4 4 2 3 2 4 1 3 3 2 3 2 2 1 4 3 2 2 2 3 2 2 1 3

How many seniors live in your home, including yourself, aged 65 and over?

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 0 0 0 0 1 0 0 0 0 0 0 0 None 0 0 None
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 None 1 0 0
0 0 0 0 none 0 0 0 0 2 0 1 0 0 2 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 none 0 0 0 0 0 1 ...

D7. Household income:



Under $15,000 per year	239	20%
$15,000-$24,999 per year	97	8%
$25,000-$34,999 per year	117	10%
$35,000-$44,999 per year	100	8%
$45,000-$54,999 per year	97	8%
$55,000-$64,999 per year	104	9%
$65,000-$74,999 per year	87	7%
$75,000-$84,999 per year	70	6%
more than $85,000 per year	224	19%
Prefer not to answer	63	5%

D8. Your height

5'1" 73 5'5 66 72 6'1" 5'1 61 65 72 76 65 62 63 71 64 64 5'4" 66 72 60 59 64 5'10" 64 72 64 69 63 69 68 56 60
in 5'4 5'3 65 5'3" 62 60 60 63 63 73 5'-6" 74 6
feet 62 5'2 64 59 72 71 5'8" 64 61 66 61 65 64 72 68 68 5,7 5'3" 55 68 60 5'9" 68 inches 66 5'4" 5'5 63 72 56 67 68 ...

D9. Your weight

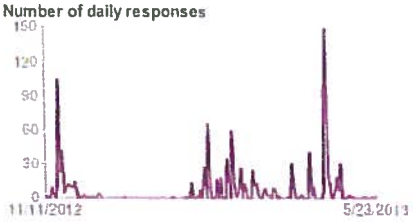
118 325 115 170 195 180 110 135 170 185 145 134.5 115 137 230 135 155 130 165 235 157 140 150 145 135 156 138 250 189 260

E. Thank you very much!

E1. Thank you for taking the time to answer these questions. Your responses will be very helpful to our planning for the next few years. If you have any other comments about health issues or health needs in the community, please add them below. Thank you again!

I believe in essence, the community needs people to come to them. It is the case that people think meetings, if not in their area, are not meant for them, or if information is not accessible, it is not for them. I am currently a teacher and a grad student and I live in a poor income neighborhood. I am significantly more informed than the people in my community and this is what I see as the issue. Loved this survey! Great job and good luck! The household income above is the combined amount of two people between the age of 24 - 26 working at least 2 jobs apiece. These people both have a col ...

Number of daily responses



Erie County CHA Consumer Survey 2012-2013

1198 Response

A1. What health topics are you interested in learning more about?

***More than one topic is able to be selected, % may add up to more than 100%**

Consumers answered:

1. 50% (601) =Nutrition
2. 49% (584) =Physical Activity and Fitness
3. 45% (541) =Stress
4. 37% (442) =Overweight or Obesity

B1. How often do you participate in physical activity or exercise for ≥ 30 minutes?

1. 25% (295) =5-7 times/week
2. 24% (288) =1-3 times/week
3. 17% (201) =try to add it in where possible (taking stairs, etc.)

B4. How many servings of fruits and vegetables combined do you eat every day on average?

1. 27% (329) =3
2. 21% (253) =2
3. 17% (201) =1

   *Only 7% (79) selected 5 a day, 6% (66) selected >5

B5. How many cups of fruits and vegetables combined do you think you should eat every day?

1. 51% (606) =5
2. 15% (180) =3
3. 15% (174) = >5

*****The majority (66%) selected either the 5 or >5 fruits and vegetables a day as the amount that should be consumed in a day, yet only (13%) selected eating 5 or >5 fruits and vegetables a day. (27%) selected eating 3 servings and a combined (40%) selected 2 or <2 servings per day. This demonstrates that the consumers are educated on the 5 a day serving message, but it is not translating to their everyday consumption of fruits and vegetables.**

B6. When consumers were asked what keeps them from eating more fruits and vegetables every day, they answered:

1. 45% (535) =Cost
2. 37% (444) =Time it takes to prepare
3. 23% (276) =Other
4. 19% (232) =Lack of Access to fresh fruits and vegetables

B12. When consumers were asked "If you were to eat healthier and exercise more, do you think that it would make a difference in how you feel?"- 92% (1100) said "Yes, it would make me feel better."

B14. How many cups of water do you drink each day?

1. 30% (365) = <4 cups
2. 31% (375) = 4-6 cups
3. 21% (257) = 6-8 cups

***The majority (61%) drink ≤ 6 cups of water a day.**

B15. When away from home where do you normally eat?

1. 52% (623) =sit down restaurants
2. 21% (247) =Fast food
3. 16% (193) = at friends or family's house

B16. When eating out, do you order based on taste or health?

1. 65% (780) =combination of both taste and health
2. 28% (335) =taste
3. 6% (68) =health

***Taste plays a major role in consumer choice. Only 6% focused solely on health as the determinant for choice during ordering away from home.**

When consumers chose the top 3 topics that they felt were the most important health issues, Physical Activity, Nutrition, and Overweight or Obesity were voted as the top 3.

1. 40% (474) = Physical Activity
2. 38% (459) =Nutrition
3. 37% (442) =Obesity or Overweight

Survey Demographics were as follows:

1. 33% (394) =18-29
2. 21% (250) =60 or over
3. 18% (217) =50-59
4. 14% (164) =30-39
5. 14% (163) =40-49

Gender:

1. Female =72% (864)
2. Male =25% (300)

Race/Ethnicity:

1. White/Caucasian =83% (975)
2. African-American =10% (121)
3. Hispanic/Latino =4% (50)

Income:

1. 20% (239) = < $15,000
2. 19% (224) = > $85,000
3. 10% (117) = $25,000-$34,999
4. 9% (104) = $55,000-$64,999

NYS Prevention Agenda

Preventing Chronic Disease Action Plan

Chronic diseases are among the most preventable diseases and are affected most by three modifiable risk behaviors: lack of physical activity, unhealthy nutrition and tobacco use. "The World Health Organization" (WHO) has estimated that if the major risk factors for chronic disease were eliminated, at least 80 percent of all heart disease, stroke and type-2 diabetes would be prevented, and more than 40 percent of cancer cases would be avoided (1)."

Focus Area 1: Reduce obesity in children and adults

*Obesity is second to tobacco use as the leading cause of preventable death, and may soon surpass it.

*Obesity disproportionally impacts low-income and minority communities.

*Focus Area 3: Increase access to high-quality chronic disease preventative care and management in clinical and community settings. This focus area plays a critical role in reducing the impact of chronic disease.

Region	Obese Children (ages 2-19)	Overweight or Obese Children	Obese Adults	Overweight or Obese Adults
Erie County	15.4 %	27.7 %	28 %	61.4%
NYS	17.6 %	---	24.6 %	59.3 %
National US	17 %	---	35 %	---
(NYS 2017)-Objective	16.7 %	---	23.2 %	---

--- No Data Found

Obesity is a significant risk factor for type-2 diabetes, asthma, high blood pressure and high cholesterol. These conditions are beginning to present in children and adolescents at increasing rates (1).

Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death (2).

- NYS ranks second highest among the states for expenditures attributed to obesity.
- Expenditures totaled $11.1 billion (in 2009 dollars) (1).

Breastfeeding and Obesity Prevention

Breastfeeding has long been recognized as the gold standard for infant nutrition. Research has demonstrated that breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. Evidence is accumulating that breastfeeding also reduces the infant's risk of childhood and adult obesity.

Exclusive breastfeeding during the first 4 to 6 months was most consistently associated with reduced risk of being overweight, while most studies found that increased duration of any breastfeeding (up to 12 months) was associated with decreasing risk of overweight as a child. Exclusive breastfeeding refers to nourishing a child only with human milk through nursing (3).

*** Goal (#1.3) – **Objective 1.3.2:** By 2017, increase the percentage of infants born in NYS hospitals who are exclusively breastfed during the birth hospitalization by 10% from 43.7% (2010) to 48.1%.

***Goal (#1.4) – **Objective 1.4.2:** By December 31, 2017, increase the percentage of employers with supports for breastfeeding at the worksite by 10%.

The IOM Obesity Prevention interventions include breastfeeding counseling and support systems in the workplace, and strengthening support of breastfeeding in the workplace (1).

Breastfeeding Data

Percentage of WIC mothers breastfeeding at least 6 months
Source: 2008-2010 NYS Pediatric Nutrition Surveillance System Data as of July, 2012

	Women breastfed 6 months +	Average WIC births	Percentage
Region/County	**Total**	**2008-2010**	**%**
Region- 1 Western New York			
Erie	1,181	2,983	13.2
NYS	104,459	87,707	39.7
National US	818,127	3,146,642	26.0

http://www.health.ny.gov/statistics/chac/general/g62.htm
http://www.cdc.gov/pednss/pednss_tables/pdf/national_table2.pdf

Percentage of WIC mothers breastfeeding at least 6 months

	Crude Rate	
Year	3-Year Average	Upstate New York
2001-03	10.9	23.9
2002-04	11.2	26.1
2003-05	11.3	27.7
2004-06	11.1	27.8
2005-07	10.9	28.1
2006-08	11.7	28.5
2007-09	12.6	29.2
2008-10	13.2	28.7

http://www.health.ny.gov/statistics/chac/general/g62_14.htm

*Since 2001-2003, the 3-year Average % for Erie County WIC mothers who breastfed at least 6 months increased from 10.9% to 13.2%.

Objective 1.0.1: Reduce the percentage of WIC children (ages 2 through 4) who are obese from 13.1% (2010) by 5% to 12.4% (2017).

Buffalo Public Schools Youth Risk Behavior Survey 2011

Dietary Behaviors:

Students describing themselves as slightly or very overweight

Middle School	High School
23%	27%

Physical Activity:

Students who report not engaging in any vigorous physical activity during the 7 days prior to taking the survey

Middle School (BPS)	High School (BPS)	NYS 2009	US 2009
20%	17.3%	17%	23%

Students who report watch ≥ 3 hours of television on average school day

Middle School (BPS)	High School (BPS)	NYS 2009	US 2009
50%	43%	33%	33%

Adult Overweight and Obese Data (2008-2009):

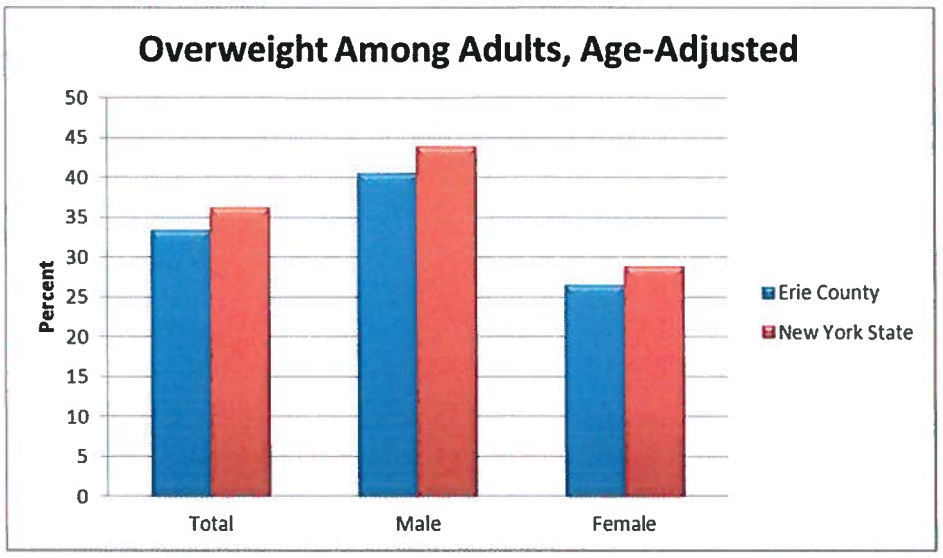


Figure 1

	Erie County	New York State
Total %	33.4	36.2
Male %	40.6	43.9
Female %	26.5	28.9

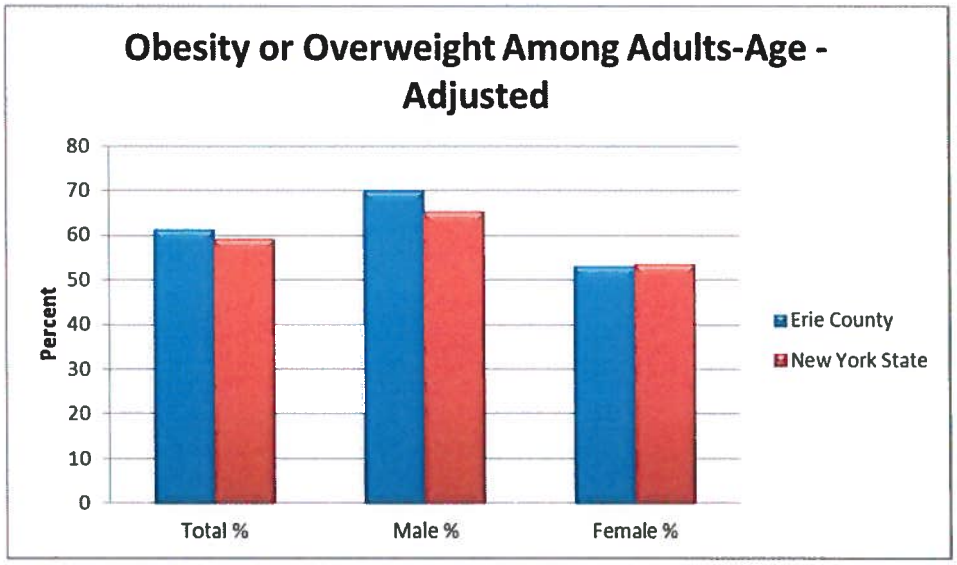


Figure 3

	Erie County	New York State
Total %	61.4	59.3
Male %	70.2	65.4
Female %	53	53.5

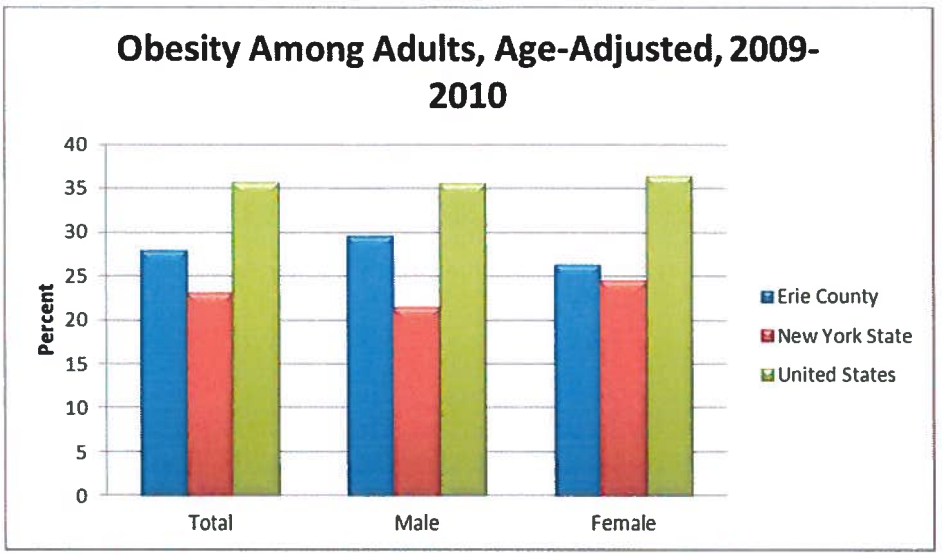


Figure 4

	Erie County	New York State	United States
Total %	28	23.1	36.2
Male %	29.6	21.5	35.6
Female %	26.3	24.6	36.5

County and State Data provided by:
http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/erie.pdf
Expanded BRFSS Report: July2008--June2009
Erie County

U.S.-National Data provided by:
http://www.cdc.gov/nchs/data/databriefs/db82.pdf
NCHS Data Brief: No. 82. January 2012. Prevalence of Obesity in the United States, 2009–2010

Dietary Behavior Data:

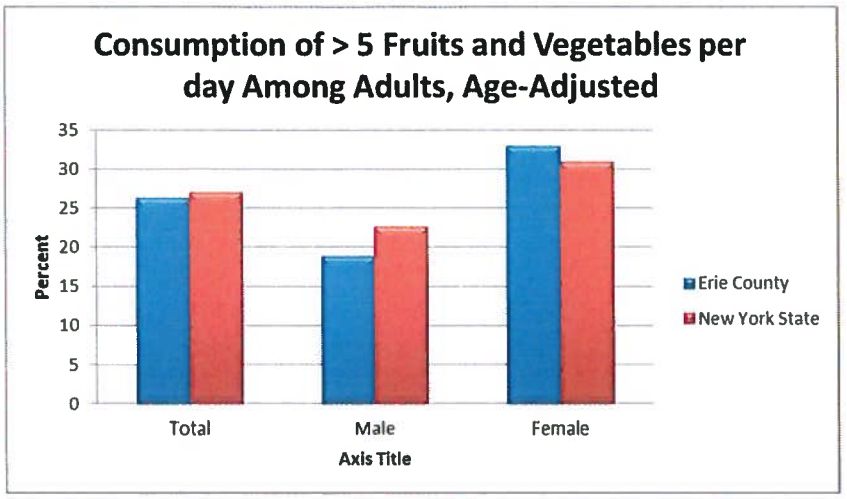


Figure 6

	Erie County	New York State
Total %	26.3	27.1
Male %	18.9	22.7
Female %	33	31

Physical Activity Data:

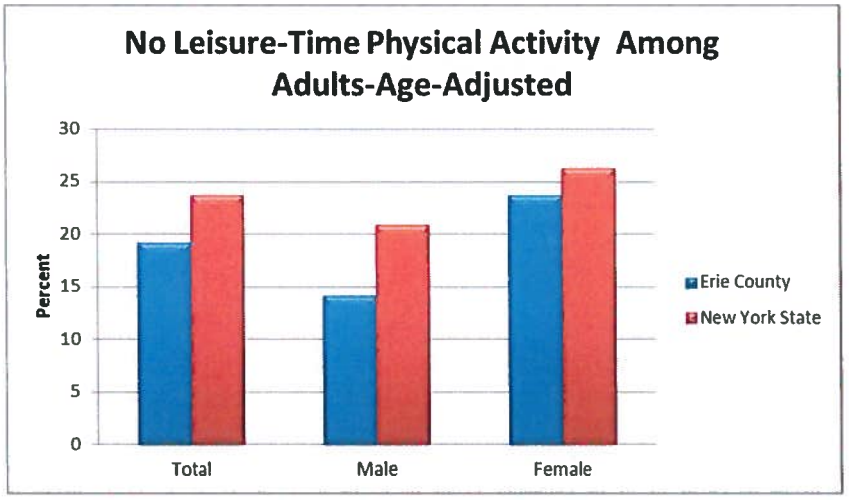


Figure 7

	Erie County	New York State
Total %	19.2	23.7
Male %	14.2	20.9
Female %	23.7	26.3

Focus Area 3: Increase access to high-quality chronic disease preventative care and management in clinical and community settings

Providing preventative care and management services has the ability to prevent much of the burden of chronic disease or avoid many of the related complications. Many New Yorkers do not receive the services recommended to help prevent disease (1).

*Prevention, screening, early detection, treatment, and self-management support will promote achieving equitable outcomes and will enhance the well-being of vulnerable communities.

Diabetes Data:

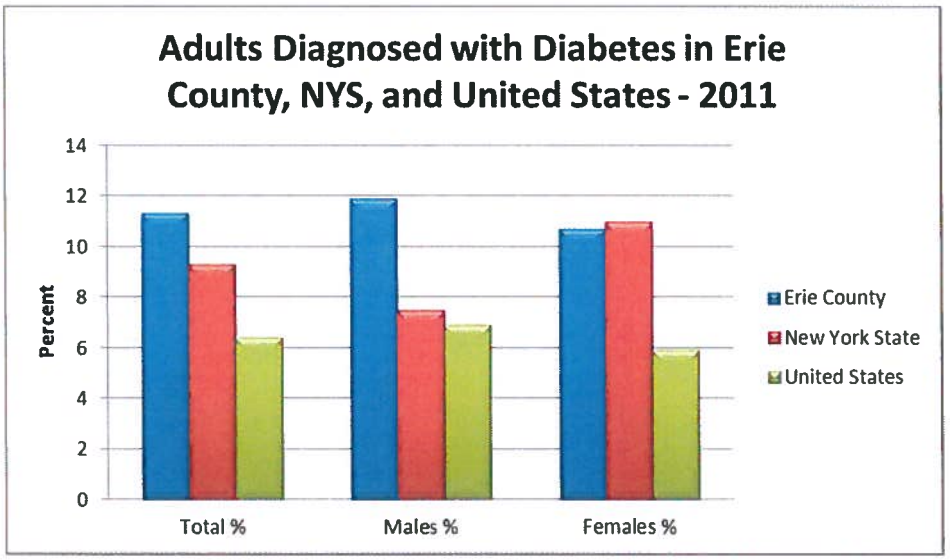


Figure 5

	Erie County	New York State	United States
Total %	11.3	9.3	6.4
Males %	11.9	7.5	6.9
Females %	10.7	11	5.9

In 2007 only half of Medicaid managed care enrollees with DM (49%) received all four recommended clinical preventative care services (HgA1c, lipid profile, nephropathy screening and eye exam) based on national guidelines for diabetes management (1).

Data provided by: http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/erie.pdf
Expanded BRFSS Report: July 2008—June 2009. Erie County
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, data from the National Health Interview Survey. Statistical analysis by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation.
http://www.cdc.gov/diabetes/statistics/prev/national/figbysex.htm

Age-Sex Adjusted Death Rates* For Selected Causes of Death by Resident County New York State – 2011

	Total	Malignant Neoplasms	Diseases of the Heart	Cerebrovascular Disease	Diabetes Mellitus	Cirrhosis of the liver
Erie County	767.2	174.4	195.8	39.0	24.2	9.2
NYS	643.7	155.5	187.1	26.6	17.4	6.7

* Rate per 100,000 population.

http://www.health.ny.gov/statistics/vital_statistics/2011/table39.htm

Cardiovascular Disease-Prevention

- Age-adjusted percentage of adults with cholesterol checked in the last 5 years 2008-2009.
  - 76.1+ % Adults checked Cholesterol in last 5 yrs.

Link to comparative map by County in NYS:
http://www.health.ny.gov/statistics/chac/general/pdf/g23.pdf

- Cardiovascular disease premature death (ages 35-64 years). Rate per 100,000, 2008-2010.

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	476	483	464	1,423	369,017	128.5

Link to CVD premature death rate map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d2.pdf

- Disease of the Heart-Premature death (ages 35-64 years) rate per 100,000.
  Source: 2008-2010 Vital Statistics Data as of February, 2012

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	375	373	371	1,119	369,017	101.1

Link to disease of the heart map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d5.pdf

- Coronary Heart Disease-Premature death (ages 35-64 years) rate per 100,000.
  Source: 2008-2010 Vital Statistics Data as of February, 2012

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	274	272	281	827	369,017	74.7

Link to CHD map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d8.pdf

- Congestive Heart Failure-Premature death (ages 35-64 years) rate per 100,000.
  Source: 2008-2010 Vital Statistics Data as of February, 2012

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	10	16	12	38	369,017	3.4

Link to CHF map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d11.pdf

Prevention Quality Indicators in New York State

The PQIs are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. These indicators serve as a screening tool rather than as definitive measures of quality problems. They can provide initial information about potential problems in a community that may require further, more in-depth analysis.

Prevent Chronic Diseases						
	Indicator	Data Years	Erie County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	28.5 (23.7-33.3)	23.2 (21.2-25.3)	(Table)(Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	16.4	17.6	(Table)(Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	25.5 (20.3-30.8)	16.8 (15.1-18.6)	(Table)(Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	67.0 (60.5-72.9)	66.3 (63.5-69.1)	(Table)(Map)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	56.5	83.7	(Table)(Map)	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	142.4	221.4	(Table)(Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	17.6	15.5	(Table)(Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	4.0	3.2	(Table)(Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	6.6	5.6	(Table)(Map)	4.86

* Fewer than 10 events in the numerator, therefore the rate is unstable
+ Fewer than 10 events in one or both rate numerators, therefore the ratio is unstable
s Data do not meet reporting criteria

1- Alternate modes of transportation include public transportation, carpool, bike, walk, and telecommute
2- Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than ten miles from a supermarket or grocery store in rural areas
3- The 4:3:1:3:3:1:4 immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13
4- Government sponsored insurance programs include Medicaid and Child Health Plus

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/erie.htm

Summary of Nutrition-related data collected from the Erie County CHA Consumer Survey 2012-2013

(1198 Response)

Prevention of chronic disease begins with changes in lifestyle factors such as changes in diet, physical activity, and smoking cessation. This summary describes consumer responses to various health related questions regarding Nutrition specific lifestyle factors.

Nutrition and Chronic Disease Prevention:

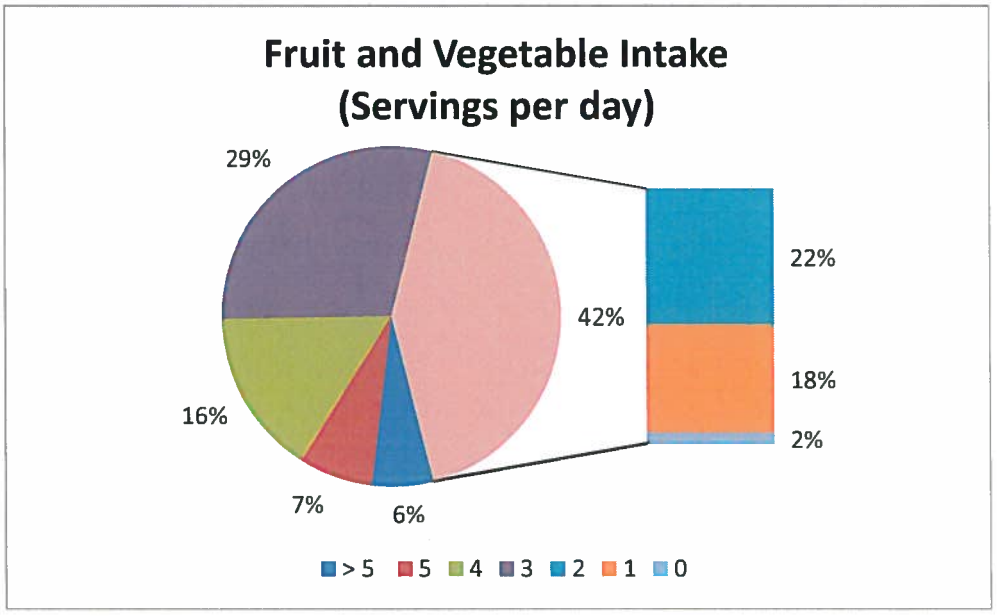
When consumers were asked to select health topics that they were interested in learning more about, the most popular (601 responses) topic selected was Nutrition, followed by Physical Activity and Fitness (584), Stress (541), and Overweight or Obesity (442).

Increased consumption of fruits and vegetables is paramount in chronic disease prevention. The current recommendation 2010 Dietary Guidelines for Americans for fruits and vegetables is 5 servings per day. Increased consumption of fruits and vegetables in the diet promotes healthy weight, heart health, and is associated with reduced risk of many chronic diseases. Moderate evidence indicates that an intake of at least 2 1/2 cups of fruits and vegetables per day is associated with a reduced risk of cardiovascular disease, including heart attack and stroke. It is also suggested that some fruits and vegetables may be protective against certain types of cancer (4).

Consumers demonstrated awareness of the 5 servings a day message when they were asked "How many servings of fruits and vegetables combined do you think you should eat every day?"

The majority (66%) selected either the 5 or >5 fruits and vegetables a day as the amount that should be consumed in a day, yet only (13%) selected eating 5 or >5 fruits and vegetables a day. This demonstrates that the consumers are educated on the 5 a day serving message, but it is not translating to their everyday consumption of fruits and vegetables.

When consumers were asked "How many servings of fruits and vegetables combined do you eat every day on average," 58% (652 responses) selected ≥ 3 servings per day. The breakdown of responses by category are as follows; 6% (66) selected >5 servings, 7% (79) selected 5, 16% (178) selected 4 servings, 29% (329) selected 3 servings, 22% (253) selected 2 servings, 18% (201) selected 1 servings, and 2% (20) selected 0 servings.



*Overall, 58% of consumers report that their daily intake of fruit and vegetable is ≥ 3 servings per day.

The two main reasons for reported as keeping consumers from eating more fruits and vegetables per day were:

1. 45% (535)= Cost
2. 37% (444)= Time it takes to prepare

Beverage consumption contributes to nutritional intake throughout the day, depending on the macronutrient content (protein, carbohydrates and fat). Water consumption is important for good health and chronic disease prevention by replacing other sugary beverages. Consumers were asked, "How many cups of water do you drink each day?"

1. 30% (365) = <4 cups
2. 31% (375) = 4-6 cups
3. 21% (257) = 6-8 cups

***The majority (61%) drink < 6 cups of water a day.**

When consumers were asked "If you were to eat healthier and exercise more, do you think that it would make a difference in how you feel?"- 92% (1100) said "Yes, it would make me feel better."

The following survey questions describe where consumers like to eat when they eat out and how they make their food choices.

B15. When away from home where do you normally eat?

1. 52% (623) =sit down restaurants
2. 21% (247) =Fast food
3. 16% (193) = at friends or family's house

B16. When eating out, do you order based on taste or health?

1. 65% (780) =combination of both taste and health
2. 28% (335) =taste
3. 6% (68) =health

***Taste plays a major role in consumer choice. Only 6% focused solely on health as the determinant for choice during ordering away from home.**

Overall, consumers demonstrate that they have the knowledge of healthy lifestyle factors such as nutrition and physical activity. Modifying diet and lifestyle behaviors such as increasing fruit and vegetable consumption, increased water consumption, and increasing physical activity are all preventative measures. These changes will contribute to prevention of future chronic disease(s), as well as the decrease progression of those with current chronic disease(s).

References

1. New York State Prevention Agenda: *Preventing Chronic Diseases Action Plan.* December 2012.
2. http://www.cdc.gov/obesity/data/adult.html
3. http://www.health.ny.gov/prevention/obesity/strategic_plan/breastfeeding.htm
4. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. Accessed on July 18, 2013. http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf

APPENDIX C

Community Health Improvement Plan (CHIP)

Public Health
Prevent. Promote. Protect.

Erie County Department of Health
Community Health Improvement Plan
2014 - 2017

Community Health Improvement Plan for *Erie County for Collaborative Priority 1*

1.) Promoting Healthy Women, Infants and Children: Focus Area 1-Maternal & Infant Health:
Goal #2: Increase the proportion of NYS babies who are breastfed

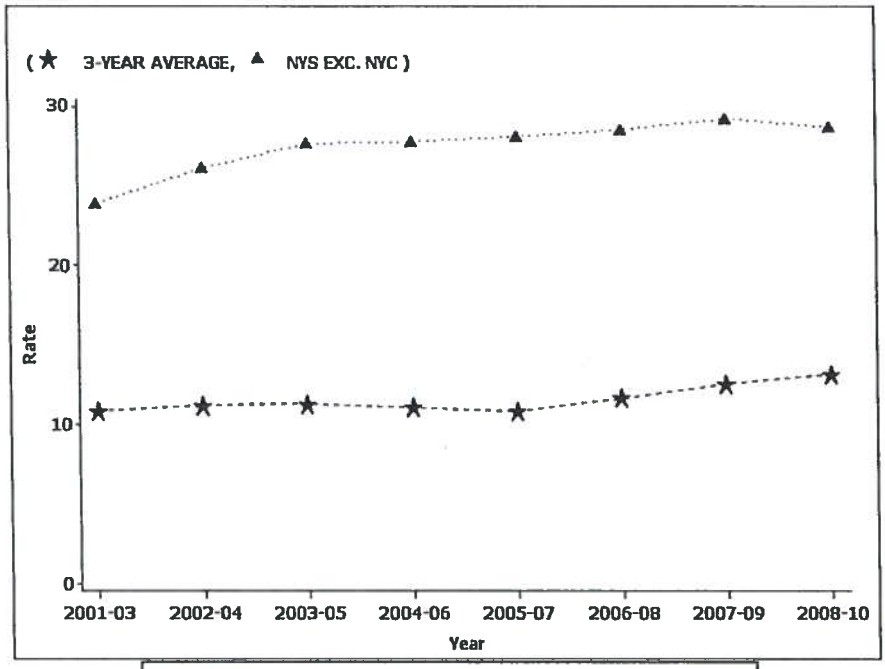
The Erie County Department of Health convened a series of meetings and community conversations with stakeholders to solicit community input.
Hospital system representatives, members of academia from multiple higher education organizations, the United Way of Buffalo and Erie County, P2 Collaborative and Erie County health department representatives met monthly to assess federal, state and local data as well as to do a community scan to identify currently ongoing activities.

Some of the data the group looked at include local consumer surveys, town meeting minutes with CBOs, census data, WIC data, BRFSS, local hospital data and that of pediatric practices interested in increasing these rates in response to the overwhelming obesity problems in the community.
Communities of color, teen moms, and those in the lowest socioeconomic spheres have the lowest rates of breastfeeding initiation according to WIC and so have been an intensive focus of ongoing activities. Breast feeding rates in Erie County are currently at rate of 12.6 of participants compared to 40.6 for all of New York State. All providers working together on these issues in Erie County have as a community determined this to be a good fit to look to the root causes of childhood obesity and all of the ongoing activities in the area to address the issue.

The United Way and UBMD have been collaboratively leading a community coalition entitled Healthy Start Healthy Futures For All for the past 2 years that is looking at Obesity from pregnancy through early childhood that was initiated to try to increase breastfeeding rates in the community. Many of the activities that they identified as

needed are in process of being implemented through a CDC Breastfeeding grant but this group has identified the continuum of additional supports to increase the rates that the hospitals and health department specifically can assist with through policy change and education at the administrative level. (See series of consumer survey results, meeting agendas and minutes attached to Community Health Assessment as Appendix A to track the process in detail.)

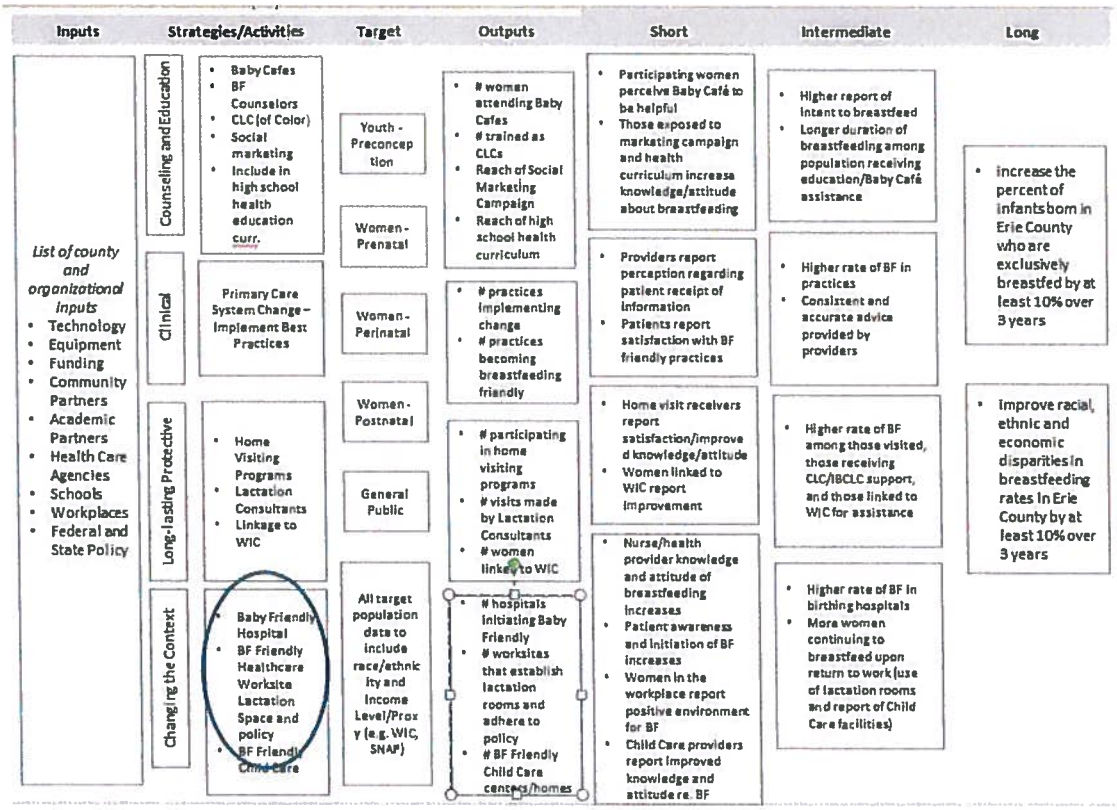
The following graph identifies slight but steady progress in increasing the breastfeeding rates in our most vulnerable population since 2005. To increase this rate in this most disparate population in our community, comprehensive supports need to be in place from Community Health Worker support in both the prenatal land perinatal stages, regular access to primary care, supportive education from all sources, Baby Friendly hospitals to deliver in, Baby Friendly practices to seek and receive healthcare in, lactation rooms at work, Baby Cafes in the community and policies that support all of the aforementioned.



Erie County Percentage of WIC mothers breastfeeding at least 6 months (NYSDOH)

Diverse groups have been meeting for the past year in various geographic settings throughout the county with a core group of individuals from the Catholic Health System, Kaleida Health System, SUNY@UB, Buffalo State College, D'Youville College, the United Way of Buffalo, P2 Collaborative and Erie County and the Health Department (ECDOH) leading the process. ECDOH has facilitated the communication, meetings and decision process acting as the neutral leader of the group.

The results of these meetings and the logic model designed by Renee Cadzow, PhD, D'Youville College, for the next four years with the collaborative group's area of strength to move the indicators circled follows.



Outcome and process measures identified to assist the planning group monitor progress over the short term, and over the three and five year time frames.

Process measures to assess quarterly

- # hospitals initiating Baby Friendly designation process
- # worksites that establish lactation rooms – year one is assessment of baseline number in county

Outcome measures to assess at year 3 and 5

- # of Hospitals who have attained Baby Friendly designation
- # of worksite lactation rooms established and maintained increased by 10% per year in county
- Percent of infants born in Erie County who are exclusively breastfed in hospitals increased by 10% to 55% over three years
- WIC breast feeding rate increased by 10% over 5 years

The baseline for Baby Friendly hospital designation in Erie County is zero.
The baseline for exclusive breastfeeding at hospitals is approximately 45% as noted below:

2011	Total Births	Any Breast Milk	Breast Milk Exclusively	Supplemented with Formula
Mercy Hospital	2367	1446	1188	258
Womens and Childrens Hospital	3048	1568	947	621
Sisters Hospital	2950	1792	1397	395
Millard Fillmore Suburban Hospital	2558	2035	1431	604
TOTALS	10923	6841	4963	1878

A brief description of strategies and best practice or evidence-based practices being implemented including how the community health improvement plan for 2013-2017 integrated lessons learned from past implemented and adapted the interventions.

The Erie County collaborative will continue with the work of the Healthy Start, Healthy Futures for Coalition to implement best practice strategies to increase rates of breastfeeding in the community.
Historically the group has done an assessment of need in the community in this area, developed a process map and have hosted a profession education event, has provided lactation counselor certification trainings, has implemented the first Baby Cafes in the state, has started to work toward Baby Friendly Hospital designation and has provided a place for the CDC to provide a Breastfeeding Friendly Erie County grant.
With the conclusion of this grant funding fast approaching, our goal is to continue with exciting momentum in the community and not let all the good work already done lapse. Working with hospital system leadership the county health department will continue to forge forward with development on Baby Friendly Hospital designation through change and adoption of policies, comprehensive staff training and ongoing assessment and modification to plans as needed.
Funding will be applied for to support a staff person to be housed at United Way of Buffalo and Erie County to move this indicator. They will be responsible to the coalition to move the indicators selected through facilitation of trainings, development of policies and procedures and communication with hospital system leadership as well as practice leadership. Our local hospital systems generally do not directly employ their own physicians but contract with services that employ them. Contractual language will be assessed and modified to support the Baby Friendly Hospital implementation plan. Within the next 3 years we expect to attain designation for one hospital and have the other 3 birthing hospitals in Erie County at different stages working towards this designation.

A brief description of the process that will be used to maintain engagement with local partners over the four years of the Community Health Improvement Plan, and the process that will be used to track progress and make mid-course corrections.

The Erie County Plan will be posted on the website of the local health department and will be available to all in the community. The members of the group have worked together on various projects throughout the years and currently very enthusiastic to move forward. By having a tangible plan and continuing to look for resources we hope to sustain member engagement.

One of the first undertakings of the group is to seek funding for an interactive data dashboard to be developed by one of our academic partners (SUNY @ Buffalo State College) and posted on the ECDOH web site.
The dashboard is proposed to allow multiple levels of access to data for both posting and utilization purposes around health date the community is working collaboratively on. The dashboard format would also allow community members a very visual/pictorial description of health indicators in the community understandable by all. The collaborative group will identify a timeframe of update and a subcommittee to be responsible for maintenance of updates.

The collaborative group will meet monthly alternating monthly face to face or teleconference to keep on track and to continue to move chosen objective. Data will be continuously reviewed; plans will be modified as needed. Meeting minutes will be posted on ECDOH website. Once funding is identified to build dashboard for community to monitor progress, CHIP will be revised to integrate within ongoing plan.

References

1. 2011 SPARCS,
2. 2011 BRFSS
3. Erie County Consumer surveys
4. NYSDOH Prevention Agenda
5. NYSDOH, Erie County WIC Data

Healthy Start Healthy Future for All Coalition • CHIP/CHA

Breastfeeding Friendly Erie County

Breastfeeding Friendly Designation for OB/GYN, Pediatric and Family Medical Practices

Breastfeeding Friendly Erie County started through a NYS Department of Health grant to assist the Healthy Start, Healthy Future for All Coalition to promote breastfeeding in Erie County. Thirteen local agencies, all members of the coalition, received funding totaling $500,000 to implement a comprehensive series of breastfeeding friendly strategies. These strategies support an ecological model, improving practices in medical care, child care, and home visitation, as well as creating community and faith-based supports.

The Erie County Department of Health conducted a Health Assessment that served to inform the Community Health Improvement Plan for Erie County. Working collaboratively with health centers, hospitals, and academia, a joint plan to move indicators within chronic disease and child maternal health – specifically improving breastfeeding rates and decreasing cardio vascular disease.

These initiatives work together to lay the foundation for New York State's Great Beginnings and Baby Friendly Hospital programs slated for implementation beginning in 2015.

National, State, Local Data

Promoting breastfeeding is a high priority strategy adopted by the CDC to improve maternal and child health. While 77% of women in the U.S initiate breastfeeding, by 6 months following birth, 49% of infants are receiving any breast milk and only 16% are exclusively breastfeeding. In NYS, 83% initiate while 53% are breastfeeding at 6 months with only 16.5% exclusive. Most concerning is that our vulnerable populations, namely families served through the WIC program, have the lowest rates with only 13% of Erie County WIC families exclusive at 6 months.

Breastfeeding Benefits

According to the American Academy of Pediatrics, breastfeeding provides infants a protective effect against respiratory illnesses, ear infections, gastrointestinal diseases, and allergies including asthma, eczema and atopic dermatitis. The rate of sudden infant death syndrome (SIDS) is reduced by over a third in breastfed babies, and there is a 15 percent to 30 percent reduction in adolescent and adult obesity in breastfed vs. non-breastfed infants.

Evidence from other sources have shown that breastfed babies are less likely to become victims of child abuse and neglect. Breastfeeding has also been shown to boost a child's IQ.

For breastfeeding mothers, the release of hormones such as prolactin, which produces a peaceful, calming sensation, and oxytocin, which helps prevent uterine hemorrhage and promotes a strong sense of attachment, promotes a quicker recovery from childbirth and aids in the mother-child bonding process.

Studies show that women who have breastfed experience reduced rates of breast and ovarian cancer later in life. Some studies have found that breastfeeding may reduce the risk of developing type 2 diabetes, rheumatoid arthritis, osteoporosis, and cardiovascular disease, including high blood pressure and high cholesterol.

It is estimated that the sub optimal breastfeeding rates in the United States annually account for more than $14 billion in unnecessary pediatric costs. While the causal relationships continue to be studied, a recently released study puts the cost of low breastfeeding rates on maternal health at over $17 billion annually.

Breastfeeding Friendly Erie County

There are five strategies supported by NYS Department of Health, Erie County Department of Health, United Way of Buffalo & Erie County, P^2 Collaborative of WNY, UBMD, Catholic Health and Kaleida Health:

1. Expand, diversify and strengthen coalition efforts to improve breastfeeding rates among Medicaid-eligible women in communities of color,
2. Improve breastfeeding supports in medical practices,
3. Improve breastfeeding supports in home visiting programs,
4. Improve breastfeeding supports in child care and day care settings,
5. Improve community supports for breastfeeding.

Breastfeeding Friendly Practices Designation Implementation Strategies

In Erie County, increasing breastfeeding supports in medical practices is a priority. Through the NYS grant, the objective is to increase the proportion of OB-GYN, Pediatric and Family Medical practices that serve Medicaid-eligible women and their children who achieve DOH Breastfeeding Friendly Designation. Currently, 18 local practices are enrolled in the pilot initiative. As participants in the pilot, practices are encouraged to achieve the designation by March 31, 2014. For those practices with high Medicaid populations, a stipend is available provided the practice meets tight timeframes for completing the implementation strategies.

There are 10 steps to Breastfeeding Friendly Designation by New York State Department of Health. Within these steps are required and voluntary Implementation strategies. For the purposes of this document, all implementation strategies that align with EMR opportunities, whether required or voluntary, are listed.

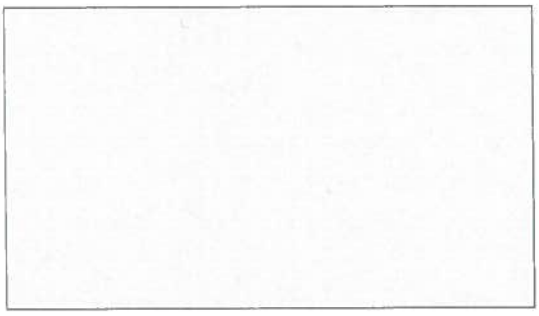
	OB/GYN	Pediatric	Family Medicine
Initiation, exclusivity, duration of Breastfeeding	√	√	√
Breastfeeding Counseling – multiple strategies	√	√	√
Infant Feeding Plans/Birth Plans	√		√
Breastfeeding Assessment (e.g. LATCH Score)		√	√
Automate Vitamin D Prescription		√	√
Referral to NYS Nursing Mothers in the Workplace	√	√	√
Referral of income eligible women to WIC program	√	√	√

Incorporation of the implementation steps is encouraged in order to evaluate the effectiveness of breastfeeding friendly strategies. This is especially important to practices engaged in Meaningful Use and/or Patient Centered Medical Homes, as many of the Breastfeeding Friendly strategies align with these programs.

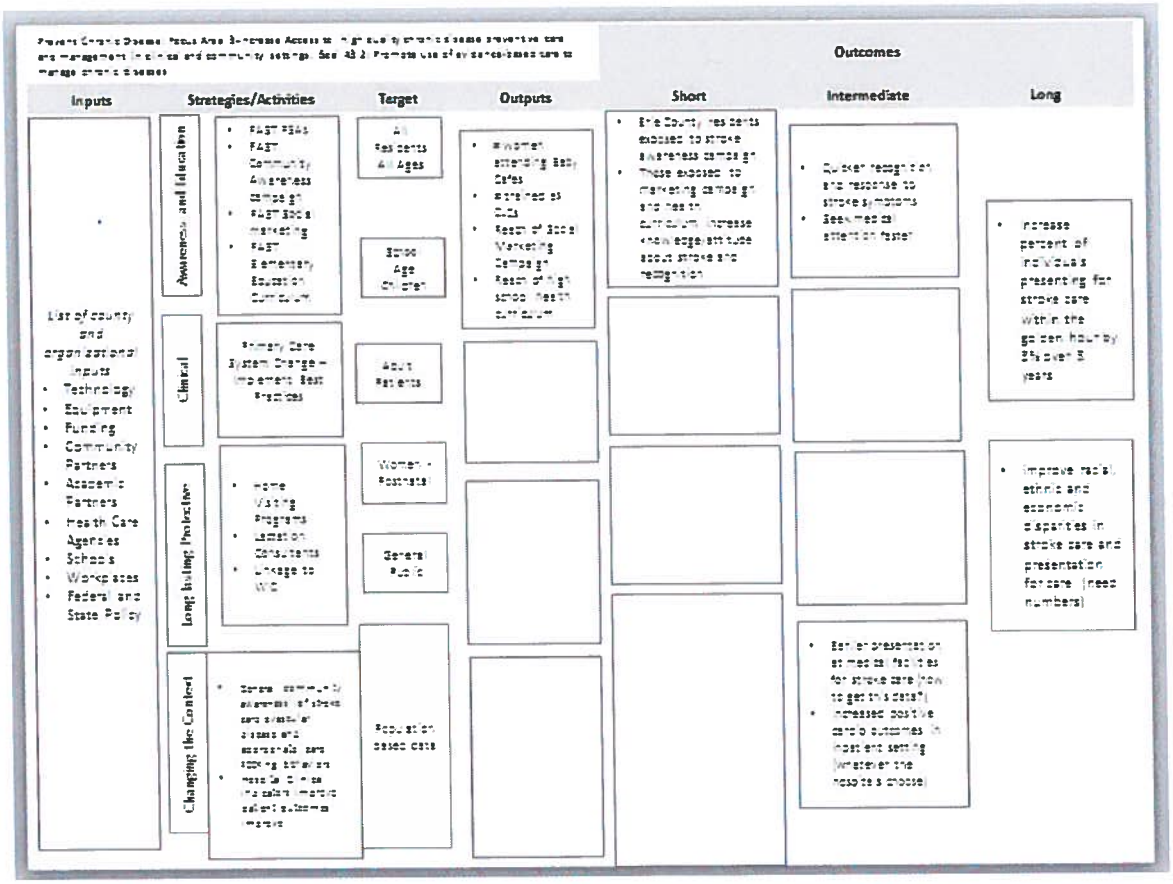
Completed Community Health Improvement Plan for Erie County for:

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings Goal #3.2: Promote use of evidence-based care to manage chronic diseases

1. The Erie County Department of Health convened a series of meetings and community conversations with stakeholders to solicit community input. Hospital system representatives, members of academia from multiple higher education organizations and health department representatives met monthly to assess federal, state and local data as well as to do a community scan to identify currently ongoing activities. Some of the data the group looked at include local consumer surveys, town meeting minutes with CBOs, census data, WIC data, BRFSS, local hospital. (See series of consumer survey results, meeting agendas and minutes attached to Community Health Assessment as Appendix A to track the process in detail.)



Diverse groups have been meeting for the past year in various geographic settings throughout the county with a core group of individuals from the Catholic Health System, Kaleida Health System, SUNY@UB, Buffalo State College, D'Youville College, the United Way of Buffalo, P2 Collaborative and Erie County and the Health Department (ECDOH) leading the process. ECDOH has facilitated the communication, meetings and decision process acting as the neutral leader of the group.



2. Outcome and process measures to assist the planning group monitor progress over the short term, and over the three and five year time frames.

Process measures to assess yearly

- # FAST PSAs distributed
- # FAST PSAs aired
- # of FAST literature pieces distributed
- # FAST educational sessions
- # Children educated

Outcome measures to assess at year 3 and 5

- Percent change of stroke presentation within the golden hour for treatment at medical care facilities
-

3. A brief description of strategies and best practice or evidence-based practices being implemented including how the community health improvement plan for 2013-2017 integrated lessons learned from past implemented and adapted the interventions.

A brief description of the process that will be used to maintain engagement with local partners over the four years of the Community Health Improvement Plan, and the process that will be used to track progress and make mid-course corrections.

The Plan will be posted on the website of the local health department, hospital partners, and that of coalition members. The coalition is new, and currently very enthusiastic. By having a tangible plan and continuing to look for resources we hope to sustain member engagement.

References for Example 1

1. 2012 County YRBS
2. 2011 SPARCS,
3. 2011 BRFSS

Objective 3.2.4:

By December 31, 2017, increase the percentage of health plan members, ages 18-85 years, with hypertension who have controlled their blood pressure (below 140/90):

- By 10% from 63% (2011) to 69.3% for residents enrolled in commercial managed care health insurance.
- B 7% from 67% (2011) to 72% for residents enrolled in Medicaid Managed CareB.
- By 15% among black adults enrolled in Medicaid Managed Care from 58% (2011) to 66.7%.

(Data Source: NYS QARR) (PA Tracking Indicator; Health Disparities Indicator)

Objective 3.2.5:

By December 31, 2017, reduce the age-adjusted hospitalization rate for heart attack by 10% from 15.5 per 10,000 residents (2010) to 14.0 per 10,000 residents of all ages.

(Data Source: SPARCS) (PA Tracking Indicator)

Interventions for Consideration

a. Support the adoption and use of electronic health records. (Community Guide)
b. Promote the inclusion of decision support tools/reminder system modules in the basic electronic medical record packages offered by vendors. (Community Guide)
c. Adopt medical home or team-based care models, especially in practices that serve disparate communities. (Community Guide)
d. Provide technical assistance and quality improvement training to health care organizations and providers, especially those serving disparate communities. (NYSDOH Chronic Disease Program Goal)

Becoming a Million Hearts® Partner: Local Municipalities and Counties Application

Million Hearts® (MH) Application Submission Summary
Name of organization: • Erie County Department of Health
Organization's mission and guiding principles: • The mission of the Erie County Department of Health (ECDOH) is to promote and protect the health, safety, and well-being of Erie County residents through active prevention, education, enforcement, advocacy and partnerships.

Please identify which of the following areas your organization will support (please select two or more):
✓ Focusing on the ABCS (please identify two or more)
  ✓ Aspirin when appropriate
  ✓ Blood Pressure Management/Control
  ✓ Cholesterol Management/Control
  ✓ Smoking Cessation
✓ Sodium Reduction
✓ Trans fat Reduction
✓ Improving the effective delivery and use of clinical preventative services
✓ Improving access to effective care by re-orienting health services (eg. building public health/community and clinical practices linkages)

Briefly describe how the proposed activities support MH and will contribute to the goal of preventing one million heart attacks and strokes by 2017? • Focusing on the above activities within the scope of CVD prevention/smoking cessation while working with key community partners, we will promote greater awareness of the benefits of improving one's cardiovascular health, and of taking greater responsibility for prevention, self-monitoring and management of associated conditions. Encouraging people to take responsibility for their own health deepens their understanding and increases their personal investment in health, creating improved outcomes, and a reduction in the number of people needing medications or other treatment. We will continue to promote available resources and provide relevant health education in appropriate community settings. We support and promote the NYS DOH core messages about what builds strong and healthy hearts that have reached into every New York county:

- be tobacco-free
- eat more fruits and vegetables and low-fat dairy products
- be moderately active for at least 150 minutes or vigorously active for 75 minutes per week
- get your blood pressure and blood cholesterol under control.

What approach(es) will your activities address? Please check all that apply.

- ✓ Developing Personal Skills/Behavior Change (eg. blood pressure monitoring)
- ✓ Policy Development (eg. sodium reduction policies)
  **** Please note:*** *No appropriated Federal funds can be used by CDC or CDC grantees for grassroots lobbying activity directed at inducing members of the public to contact their elected representatives to urge support of, or opposition to, proposed or pending legislation or appropriations or any regulation, administrative action, or order issued by the executive branch of any Federal, state or local government.*
- ✓ Reorienting Health Services/System Change (eg. building public health/community and clinical practices linkages)
- ✓ Create Supportive Environments
- ✓ Strengthening Community Action

Briefly describe how are these activities are new and/or different from your organization's previous activities/efforts (eg. working with a new partner, focus on community-clinical linkages etc.)?

- Emphasizing and increasing the number of local restaurants which utilize the "Healthy Choices" program will help residents/consumers keep nutritional factors in mind, and create more system-wide changes in the way nutritional choices are presented and understood. Increase emphasis and education on Sodium, Sugar, Cholesterol, Trans fats to empower people to make healthier choices. Make it a policy for WNY Restaurant Association members to utilize the Healthy choices labeling program.
- F.A.S.T. stroke awareness campaign (via libraries, community events) on recognition and response to strokes will help improve reaction time to signs and increase survival rates. Also offers an opportunity to educate on stroke prevention by maintaining safe blood pressure.
- Increased support and promotion of walking on an individual or group basis in order to increase weight and blood pressure control, with new emphasis.
- Improved care via new engagement with PAWNY, our local Pharmacists Association. This will provide the necessary clinical framework for promoting the daily aspirin regimen as appropriate, as well as opportunities to increase health messaging around cholesterol, sodium and high blood pressure.
- Smaller local food markets may present opportunities to share ads which include important cardio-health and nutrition messages. May also help to promote community walks.
- Our local Tobacco Free Coalition is a strong partner with whom we can work to increase health messages in more disparate communities, where community residents have been either more resistant to change, or have received less attention. We have a new focus on campuses at Synagogues, community centers and local EMS (Emergency Services Training & Operations) Centers to be designated as a smoke, tobacco **and electronic/vapor** cigarette free. Additionally, Erie County employees can now attend a week long smoking cession program, provided by insurance. 10 people participated last year, and to date none have

returned to smoking. We are promoting it again this year.

Briefly describe your target audience and anticipated reach (eg. demographics, age group, targeted approach reaching vulnerable or at-risk populations or population health strategy etc.)

- Target audiences are Erie County residents (including Erie County Employees), primarily median age and older (but not ignoring youth). We plan to increase (as much as possible) our wellness education in senior centers and refugee centers, especially located in less affluent or underserved neighborhoods, by working with the Near East/West Side (NEWS) Task force or other organizations to identify appropriate locations. We also plan to work with Healthy Community Alliance in Southernmost Erie County to promote these health messages. Some marketing opportunities may help us reach additional demographics.

Please describe your rationale for the activities/strategies selected?

- Activities were selected because they fit well with current available resources, locations already identified for other interventions or activities (based on need and relevance), current partners and viable opportunities to engage new partners. Additionally, these activities will help make system-wide changes, while offering opportunities for individual/group education.

Where and how can your services be accessed (if applicable)?

- Service information is posted on the ECDOH website, and staff are available by phone or email to arrange activities, but most of our community services are delivered via community events and specific outreach.

Are you partnering with other organization on this activity/initiative?

- Buffalo and Erie County Public Library
- Catholic Health System
- Erie County Parks Dept.; Erie County Dept. of Environment and Planning; Erie County Senior Services
- Erie Niagara Tobacco-Free Coalition
- Healthy Community Alliance
- Kaleida Health System
- Near East West Side Task Force
- NYS Department of Health
- PAWNY, our local Pharmacists Association.
- Wellness Institute of Greater Buffalo
- WNY Restaurant Association
- The University at Buffalo Department of Family Medicine
- Buffalo State College Center for Health And Research
- D'Youville College Center for Research

What is your delivery timeframe? Are your activities time limited or ongoing?

- Activities will gear up beginning in May 2014 and proceed through 2017. Progress and

outcomes will be periodically evaluated, and at the end of the campaign.

- Some activities are currently in process and will be ongoing.

What is your evaluation plan? What are your anticipated outcomes? How will these be monitored and/or measured?

- We have already established a CHIP (Community Health Improvement Plan) workgroup, which includes our academic partners, who will develop a comprehensive evaluation plan. The plan will include Erie County-specific baseline information, outcomes and relevant databases, as well as quarterly monitoring, with data updated and revised as needed.
- In order to show that change has occurred locally (reduction in the number of heart attacks/strokes), we will compare recent baseline data with current/future mortality rates. We will separate heart attacks and strokes, and consider age of mortality (whether death is considered premature – age 35-64).
- 2009-2011 NYS data http://www.health.ny.gov/statistics/chac/chai/docs/chr_14.htm provides a complete breakdown for 2009-2011, including 3 yr. totals and county rate. We could compare 2012-2014 data as it becomes available.
- We will also refer to the NYSDOH Prevention Agenda Dashboard.
- Reduction of local cardiovascular events by 3% . Baseline data will be obtained from the NYSDOH Prevention Agenda Dashboard.
- Successful completion of planned activities which will contribute to national statistics, indicating overall improvement toward the following **the national *Million Hearts* goals**:

  47% to 70% increase in aspirin use for secondary prevention
  46% to 70% increase in blood pressure control
  33% to 70% increase in cholesterol management
  23% to 70% increase in help for those who want to quit smoking
  20% reduction in sodium consumption
  50% reduction in trans-fat consumption
- Strategies and activities were chosen to meet the Million Hearts campaign suggestions for doing **"what we know works".**

Additional submission requirements include:

- Letter of endorsement of the MH initiative from your organization.
- How you would like the name of your organization to appear on the CDC website and the URL address for your organization's website.

Questions and Comments

For questions or assistance in completing your submission application please contact:

Laura King Hahn, BScN, Program Initiatives Manager
The Collaboration for Heart Disease and Stroke Prevention (Supporting the Million Hearts® Initiative)
American Heart Association/ American Stroke Association
7272 Greenville Ave. Dallas, TX 75231
Phone: 408.412.8825
Mobile: 650.646.1899
laura.king.hahn@heart.org

Million Hearts
Cardiovascular Community Health Improvement Plan

Action Items

Convene Erie County Million Hearts working group including:

Catholic Health System
Bonnie Polokaf
Maria Foti
their designees

Kaleida Health
Melissa Golen
Deisgnees

UB Family Medicine
Laurene Tumiel Berhalter

D'Youville College
Tony Billittier
Renee Cadzow

Buffalo State College/West Side Youth Development Coalition
William Wieczorek
Jon Linderman
Al Delmerico
Karl Wende
Designees as needed

DSRIP representation from ECMC group, CHS group – cardiac is an indicator chosen by both as of now, must implement a plan to decrease rehospitalizations from cardiac events by 25% in 3 years.

QARR Representatives – P2?

MAP – Diane Picard and youth reps

CCE of Erie County
Cheryl Thayer
Eat Smart NY Representative
Others

Buffalo Niagara Medical Campus – Healthy Kids Healthy Communities
Johnathan – Coordinator

Local American Heart Association representation
Local Pharmacy Association
Pharma as identified
Community Representation – church, youth groups
Business – groceries, banks, foundations, etc
Others

Prevent Chronic Disease: Focus Area 3-Increase Access to high quality chronic disease preventive care and management in clinical and community settings. Goal #3.2: Promote use of evidence-based care to manage chronic diseases

Inputs	Strategies/Activities		Target	Outputs	Outcomes: Short	Outcomes: Intermediate	Outcomes: Long
List of county and organizational inputs • Technology • Equipment • Funding • Community Partners • Academic Partners • Health Care Agencies • Schools • Workplaces • Federal and State Policy	Awareness and Education	• FAST PSAs • FAST Community Awareness campaign • FAST Social marketing • FAST Elementary Education Curriculum	All Residents All Ages School Age Children	• Reach of Social Marketing Campaign • Reach of high school health curriculum	• Erie County residents exposed to stroke awareness campaign • Those exposed to marketing campaign and health curriculum increase knowledge/attitude about stroke and recognition	• Quicker recognition and response to stroke symptoms • Seek medical attention faster	• Increase percent of individuals presenting for stroke care within the golden hour by 3% over 3 years
	Clinical	Primary Care System Change – Implement Best Practices	Adult Patients				
	Long-lasting Protective	• Home Visiting Programs	Elderly Low SES				• improve racial, ethnic and economic disparities in stroke care and presentation for care (need numbers)
	Changing the Context	• General community awareness of stroke, cardiovascular disease and appropriate care seeking behaviors • Hospital Clinical indicators improve, patient outcomes improve	Ethnic Minorities			• Earlier presentation at medical facilities for stroke care (how to get this data?) • Increased positive cardio outcomes in inpatient setting (whatever the hospitals choose)	

Table 44c. Cardiovascular disease among adults[1] among New York State Counties

County	n[2]	Est. # of Adults[3]	Percent	(C.I.)[4]
Albany	656	20,100	8.5	(6.4 - 10.7)
Allegany	651	3,500	8.8	(6.2 - 11.5)
Broome	638	11,700	7.5	(5.2 - 9.8)
Cattaraugus	636	7,600	12.4	(9.3 - 15.6)
Cayuga	659	5,000	8.0	(5.6 - 10.5)
Chautauqua	633	11,000	10.6	(8.1 - 13.0)
Chemung	670	8,200	11.9	(8.1 - 15.8)
Chenango	656	4,100	10.3	(8.0 - 12.7)
Clinton	641	7,300	11.1	(7.6 - 14.6)
Columbia	642	3,400	6.9	(4.8 - 9.0)
Cortland	635	3,300	8.7	(5.7 - 11.8)
Delaware	661	3,800	10.3	(8.0 - 12.7)
Dutchess	671	15,200	6.8	(4.7 - 8.8)
Erie	655	57,900	8.2	(6.0 - 10.3)
Essex	649	2,700	8.9	(6.7 - 11.1)
Franklin	651	3,800	9.4	(6.6 - 12.2)
Fulton	661	4,200	9.9	(7.6 - 12.1)
Genesee	658	4,400	9.8	(7.6 - 12.0)
Greene	650	2,900	7.5	(5.5 - 9.4)
Hamilton	661	300	7.1	(5.3 - 9.0)
Herkimer	644	3,900	8.0	(5.9 - 10.2)
Jefferson	655	5,200	6.0	(4.2 - 7.7)
Lewis	658	2,000	9.8	(7.5 - 12.1)
Livingston	652	3,800	7.5	(5.5 - 9.4)
Madison	649	5,100	9.4	(7.0 - 11.7)
Monroe	661	32,900	5.9	(4.0 - 7.7)
Montgomery	638	3,500	9.4	(7.3 - 11.6)
Nassau	643	70,000	7.0	(3.9 - 10.1)
Niagara	650	19,400	11.6	(8.7 - 14.5)
Oneida	645	11,700	6.5	(4.6 - 8.4)
Onondaga	664	26,000	7.5	(5.4 - 9.6)

[1] Defined as having ever been told by a health professional that respondent had a heart attack or angina or a stroke
[2] Sample size from survey
[3] Estimated number of adults with cardiovascular disease (rounded to the nearest hundred)
[4] 95% confidence interval
* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Table 44d. Cardiovascular disease among adults[1] among New York State Counties - Age-Adjusted[2]

County	n[3]	Percent	(C.I.)[4]
Albany	656	8.0	(6.0 - 10.1)
Allegany	651	8.5	(5.9 - 11.0)
Broome	638	7.0	(4.7 - 9.4)
Cattaraugus	636	11.6	(8.3 - 15.0)
Cayuga	659	7.6	(5.1 - 10.1)
Chautauqua	633	9.1	(6.9 - 11.4)
Chemung	670	11.2	(7.2 - 15.2)
Chenango	656	9.3	(7.0 - 11.6)
Clinton	641	11.2	(7.8 - 14.6)
Columbia	642	5.9	(3.7 - 8.0)
Cortland	635	8.6	(5.8 - 11.4)
Delaware	661	8.3	(6.2 - 10.4)
Dutchess	671	6.8	(4.7 - 9.0)
Erie	655	7.1	(5.1 - 9.0)
Essex	649	7.9	(5.8 - 10.0)
Franklin	651	9.6	(6.7 - 12.6)
Fulton	661	8.6	(6.6 - 10.6)
Genesee	658	8.4	(6.5 - 10.4)
Greene	650	6.8	(5.0 - 8.6)
Hamilton	661	5.0	(3.6 - 6.5)
Herkimer	644	6.8	(4.9 - 8.8)
Jefferson	655	7.0	(5.0 - 9.1)
Lewis	658	8.8	(6.6 - 10.9)
Livingston	652	7.7	(5.6 - 9.8)
Madison	649	9.1	(6.8 - 11.4)
Monroe	661	5.9	(4.0 - 7.7)
Montgomery	638	7.7	(5.8 - 9.6)
Nassau	643	6.4	(3.2 - 9.7)
Niagara	650	10.7	(7.7 - 13.6)
Oneida	645	5.7	(4.0 - 7.4)
Onondaga	664	7.0	(5.0 - 9.0)

[1] Defined as having ever been told by a health professional that respondent had a heart attack or angina or a stroke
[2] Prevalence estimates are age-adjusted to the 2000 US Standard population
[3] Sample size from survey
[4] 95% confidence interval
* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Cardiovascular Disease Indicators - Erie County

2009-2011

Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Cardiovascular disease mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	9,641	351.1	281.2	Yes	299.6	Yes	4th
Age-adjusted	(Table) (Trend) (Map)	9,641	255.1	242.3	Yes	237.9	Yes	3rd
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	1,436	129.4	100.0	Yes	94.7	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	5,287	192.5	144.2	Yes	157.1	Yes	4th
Cardiovascular disease hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	51,022	185.8	178.2	Yes	179.3	Yes	3rd
Age-adjusted	(Table) (Trend) (Map)	51,022	147.5	159.9	Yes	150.9	Yes	3rd
Disease of the heart mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	7,239	263.6	230.9	Yes	240.2	Yes	3rd
Age-adjusted	(Table) (Trend) (Map)	7,239	192.0	198.6	Yes	190.4	Yes	2nd
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	1,142	102.9	81.2	Yes	77.3	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	4,131	150.4	124.7	Yes	130.2	Yes	3rd
Disease of the heart hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	34,029	123.9	120.6	Yes	123.1	No	3rd
Age-adjusted	(Table) (Trend) (Map)	34,029	98.0	107.9	Yes	103.3	Yes	2nd
Coronary heart disease mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	4,950	180.2	186.5	Yes	176.5	No	3rd
Age-adjusted		4,950	131.7	160.4	Yes	139.8	Yes	2nd

	(Table) (Trend) (Map)							
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	852	76.8	66.5	Yes	58.9	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	2,894	105.4	104.0	No	98.7	Yes	3rd
Coronary heart disease hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	12,381	45.1	48.3	Yes	47.4	Yes	2nd
Age-adjusted	(Table) (Trend) (Map)	12,381	36.0	43.0	Yes	39.7	Yes	2nd
Congestive heart failure mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	776	28.3	13.3	Yes	19.8	Yes	4th
Age-adjusted	(Table) (Trend) (Map)	776	19.5	11.2	Yes	15.3	Yes	4th
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	49	4.4	1.5	Yes	2.0	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	481	17.5	7.2	Yes	11.0	Yes	4th
Congestive heart failure hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	9,449	34.4	31.2	Yes	31.3	Yes	3rd
Age-adjusted	(Table) (Trend) (Map)	9,449	26.2	27.6	Yes	25.7	No	3rd
Cerebrovascular disease (stroke) mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	1,595	58.1	31.0	Yes	39.4	Yes	4th
Age-adjusted	(Table) (Trend) (Map)	1,595	41.6	26.9	Yes	31.4	Yes	4th
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	165	14.9	10.7	Yes	10.5	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	697	25.4	11.3	Yes	16.8	Yes	4th
Cerebrovascular disease (stroke) hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	9,390	34.2	27.9	Yes	29.8	Yes	4th
Age-adjusted		9,390	27.0	24.9	Yes	25.0	Yes	4th

	(Table) (Trend) (Map)							
Hypertension hospitalization rate per 10,000 (aged 18 years and older)	(Table) (Trend) (Map)	794	3.7	7.9	Yes	5.4	Yes	2nd
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	(Table) (Map)	N/A	7.1	7.6	No	7.2	No	2nd
Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)	(Table) (Map)	N/A	77.9	77.3	No	79.3	No	2nd
Age-adjusted % of adults ever told they have high blood pressure (2008-2009)	(Table) (Map)	N/A	28.8	25.7	No	27.1	No	3rd

N/A: Data not available

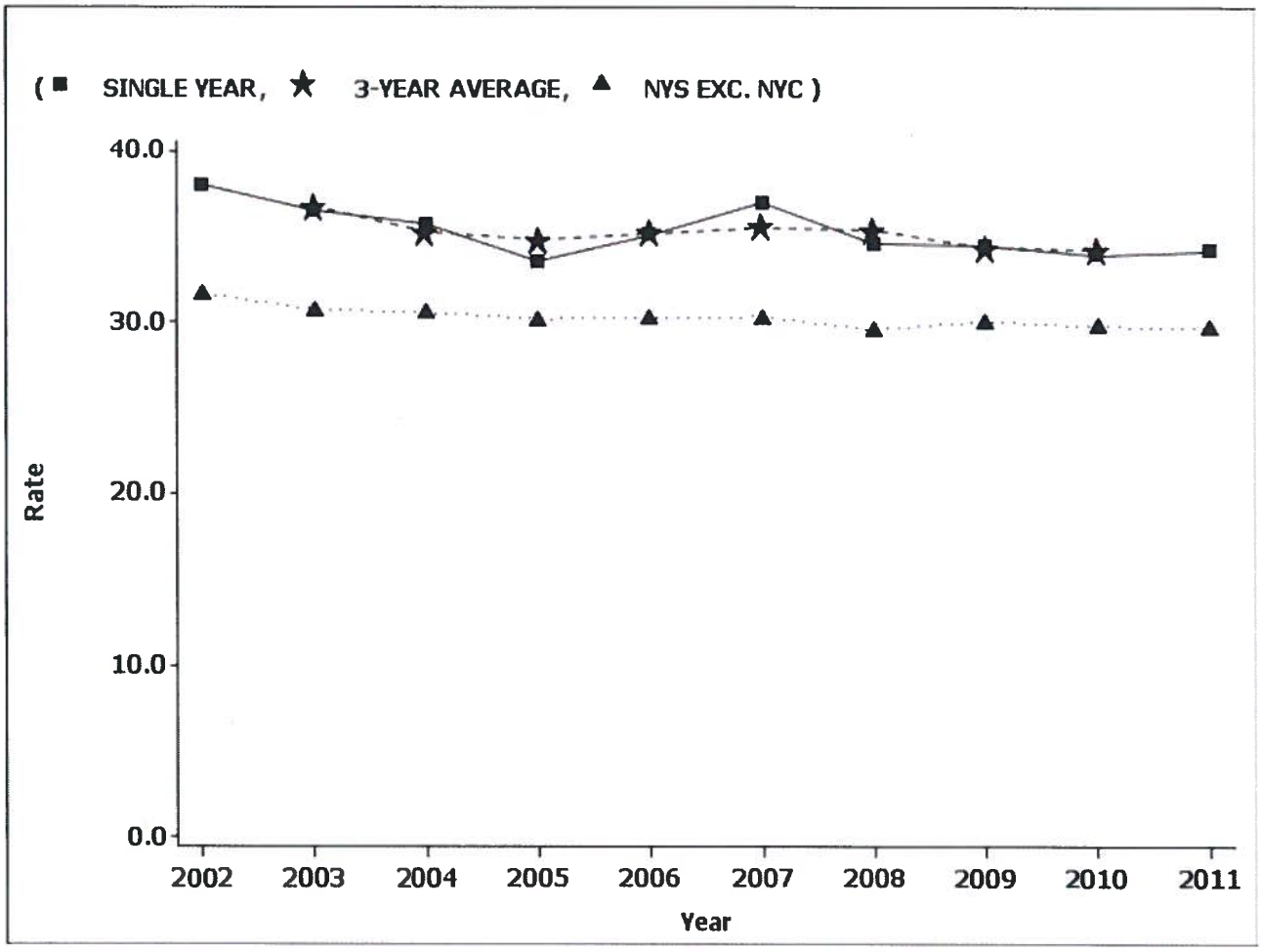
#: Data not available for NYC counties

Please Note

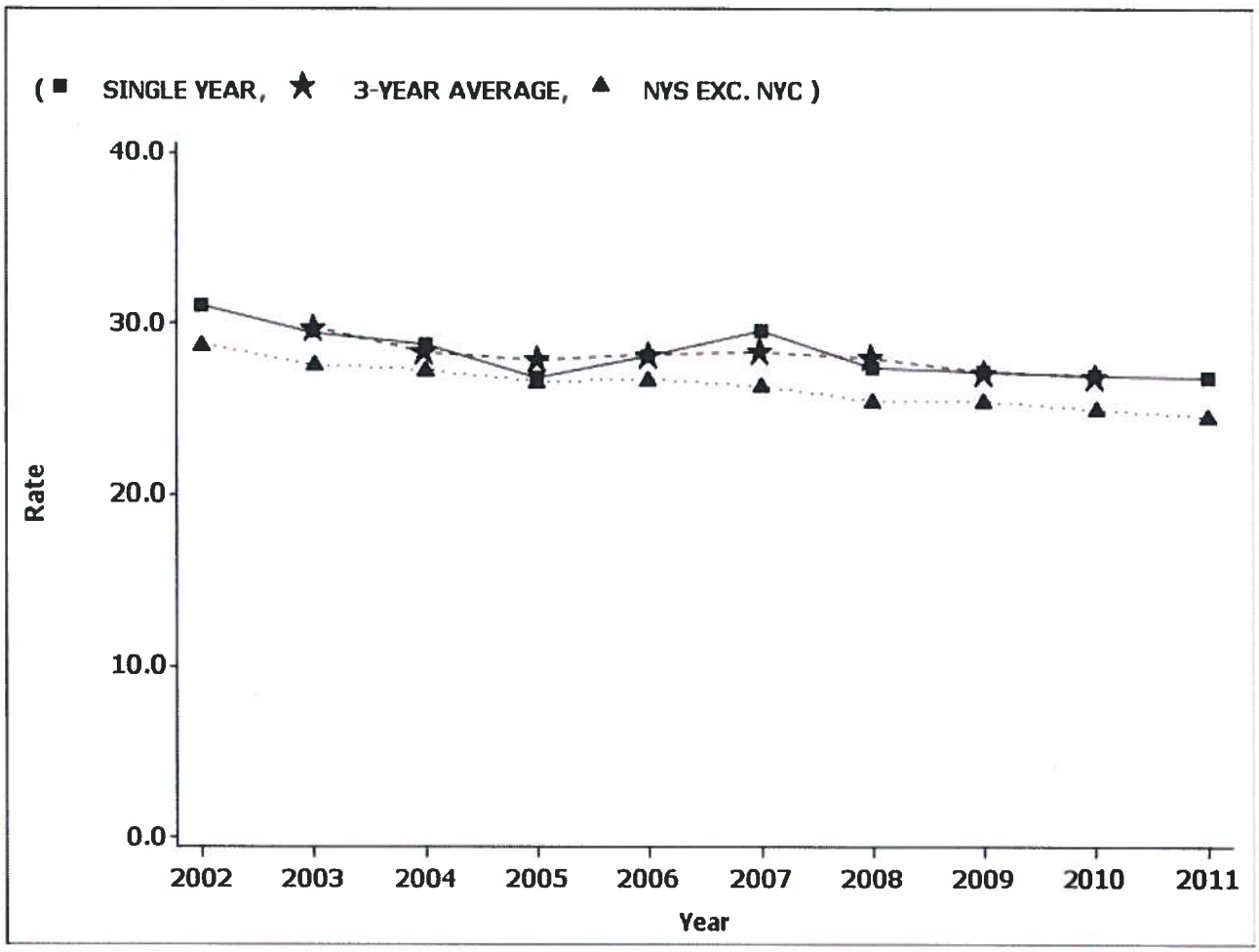
Some documents on this page are saved in the Portable Document Format (PDF). If it's not already on your computer, you'll need to download the latest free version of Adobe Reader.

Questions or comments: phiginfo@health.state.ny.us
Revised: October, 2013

Erie County Cerebrovascular disease (stroke) hospitalization rate per 10,000



Cerebrovascular disease (stroke) hospitalization age-adjusted rate per 10,000



Cerebrovascular disease (stroke) hospitalization rate per 10,000

	Crude Rate			Age Adjusted Rate		
Year	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	38.0		31.7	31.0		28.7
2003	36.5	36.8	30.7	29.5	29.8	27.6
2004	35.7	35.3	30.6	28.8	28.4	27.3
2005	33.6	34.8	30.2	26.8	27.9	26.6
2006	35.1	35.2	30.3	28.1	28.2	26.7
2007	37.0	35.6	30.3	29.6	28.3	26.4
2008	34.6	35.3	29.6	27.4	28.0	25.5
2009	34.4	34.3	30.1	27.1	27.1	25.5
2010	34.0	34.2	29.8	26.9	27.0	25.0
2011	34.2		29.6	26.8		24.5

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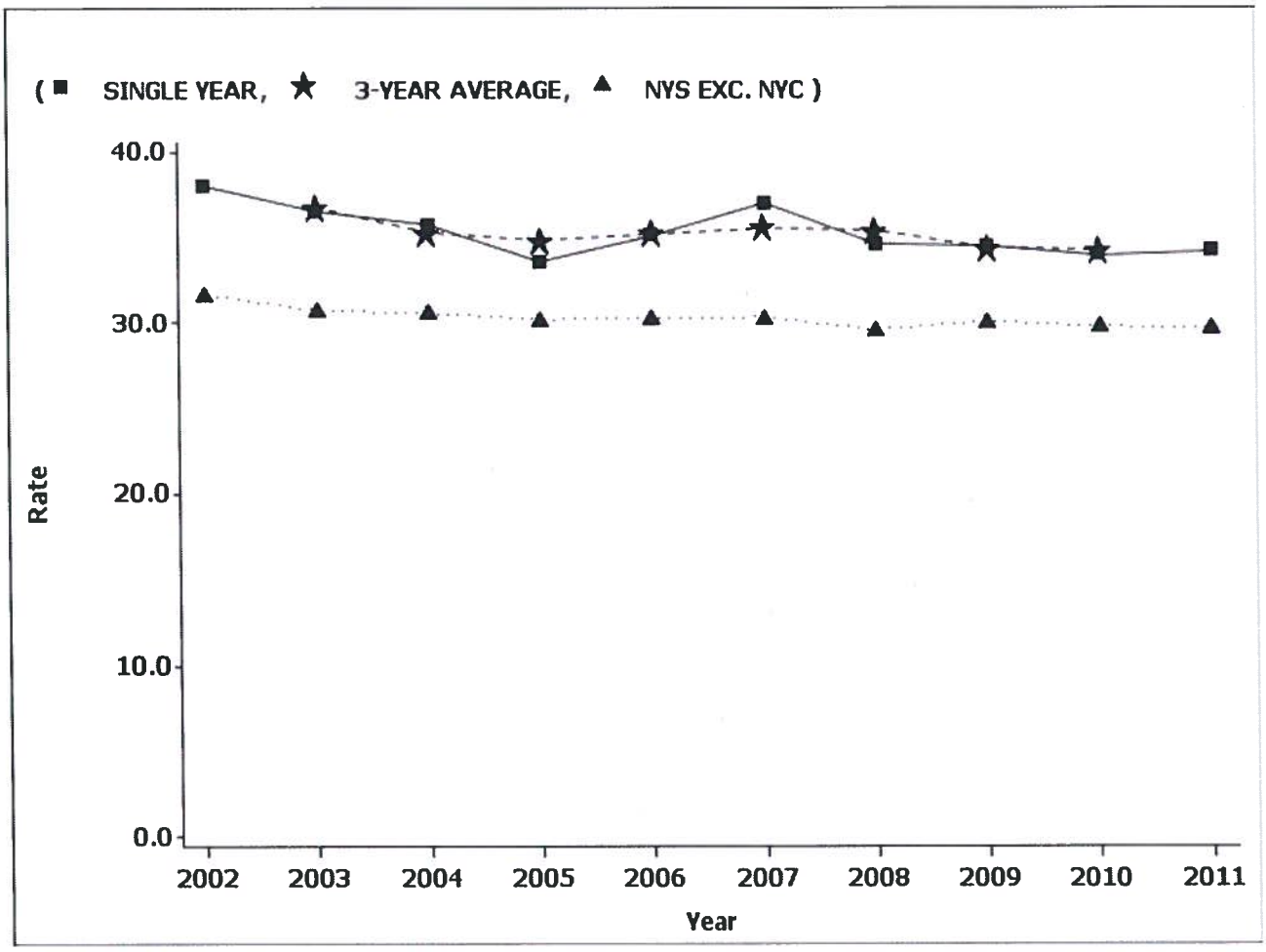
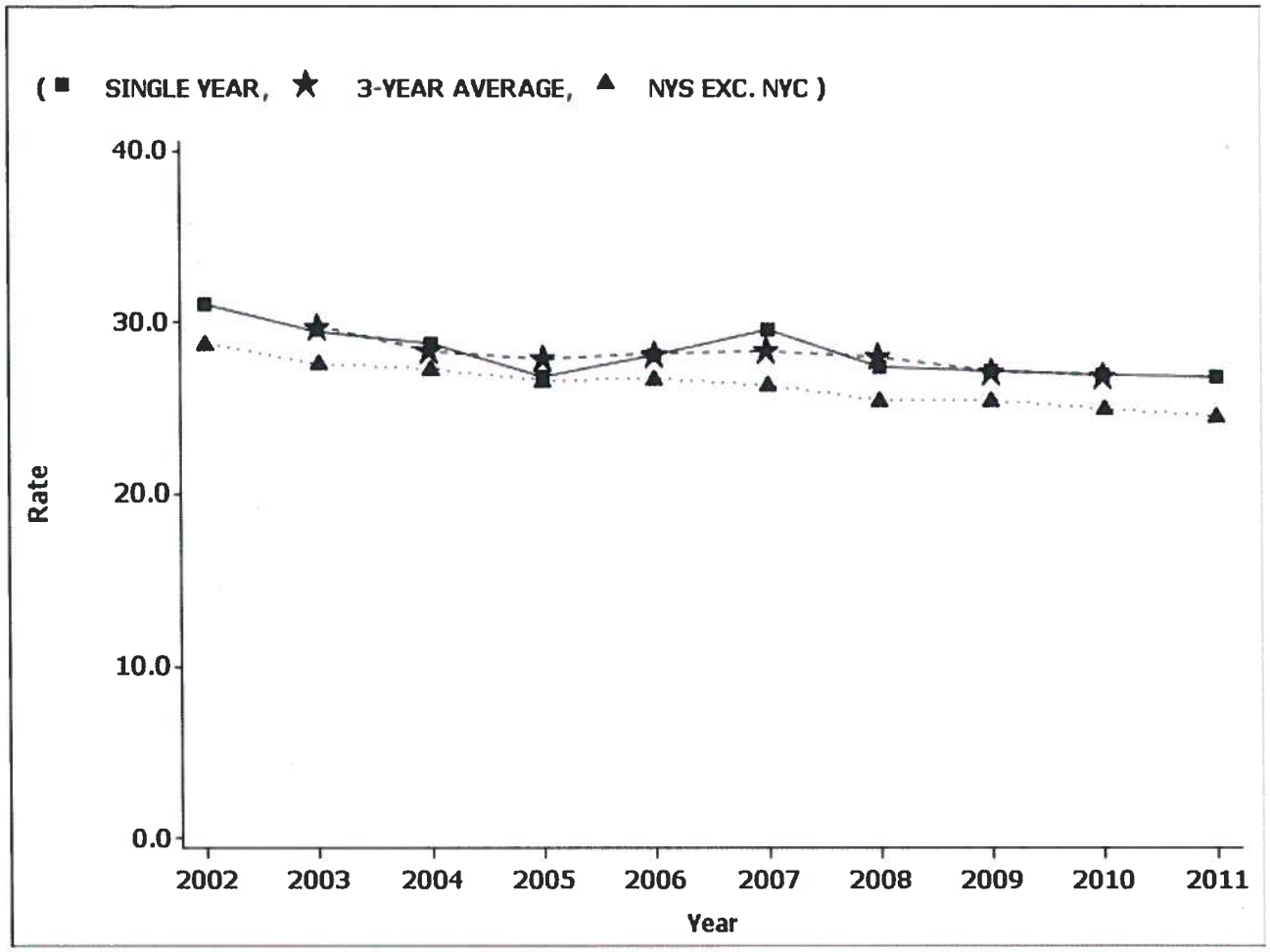
Revised: October, 2013

Erie County Cerebrovascular disease (stroke) hospitalization rate per 10,000



Cerebrovascular disease (stroke) hospitalization age-adjusted rate per 10,000



Cerebrovascular disease (stroke) hospitalization rate per 10,000

	Crude Rate			Age Adjusted Rate		
Year	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	38.0		31.7	31.0		28.7
2003	36.5	36.8	30.7	29.5	29.8	27.6
2004	35.7	35.3	30.6	28.8	28.4	27.3
2005	33.6	34.8	30.2	26.8	27.9	26.6
2006	35.1	35.2	30.3	28.1	28.2	26.7
2007	37.0	35.6	30.3	29.6	28.3	26.4
2008	34.6	35.3	29.6	27.4	28.0	25.5
2009	34.4	34.3	30.1	27.1	27.1	25.5
2010	34.0	34.2	29.8	26.9	27.0	25.0
2011	34.2		29.6	26.8		24.5

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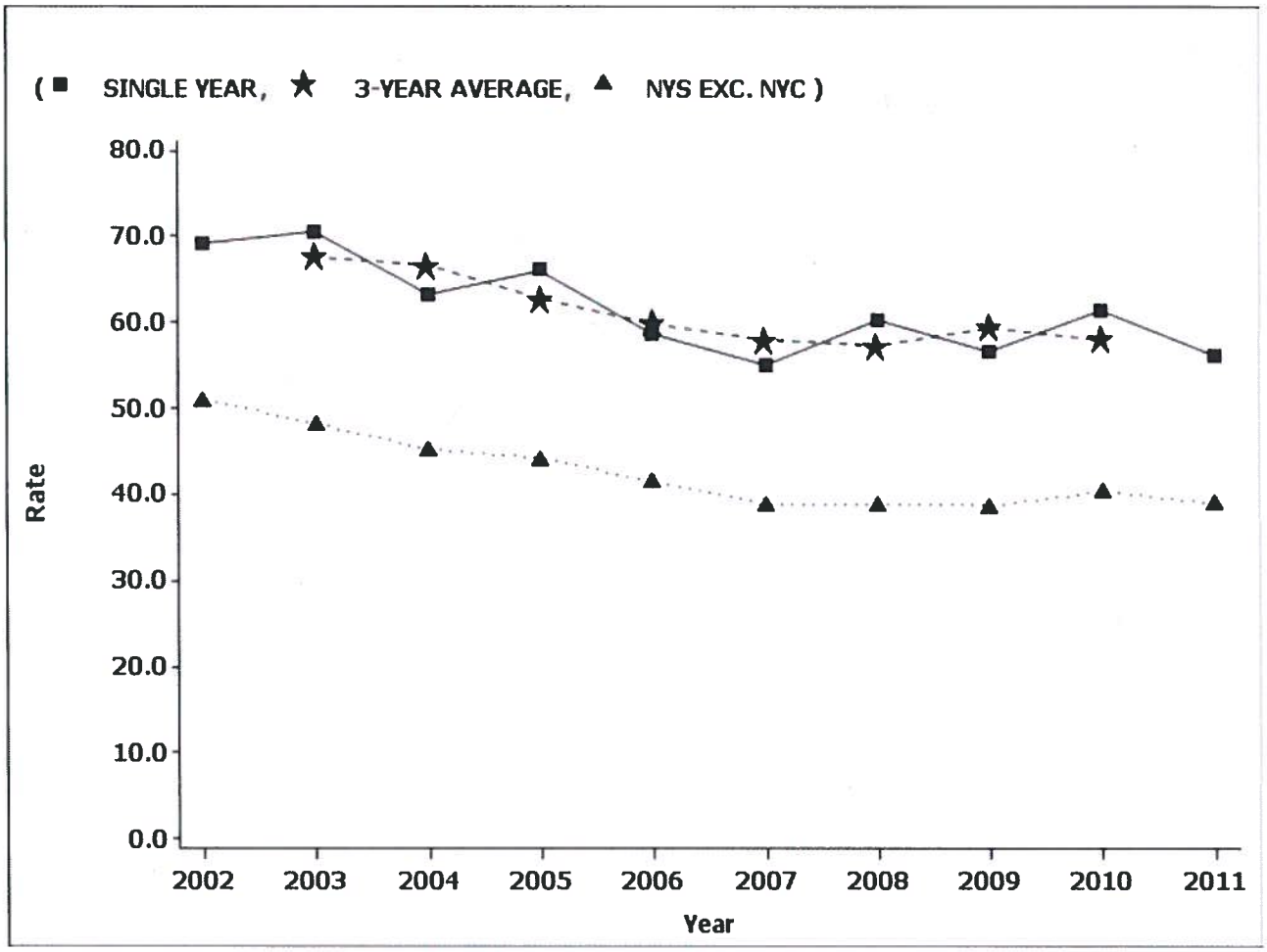
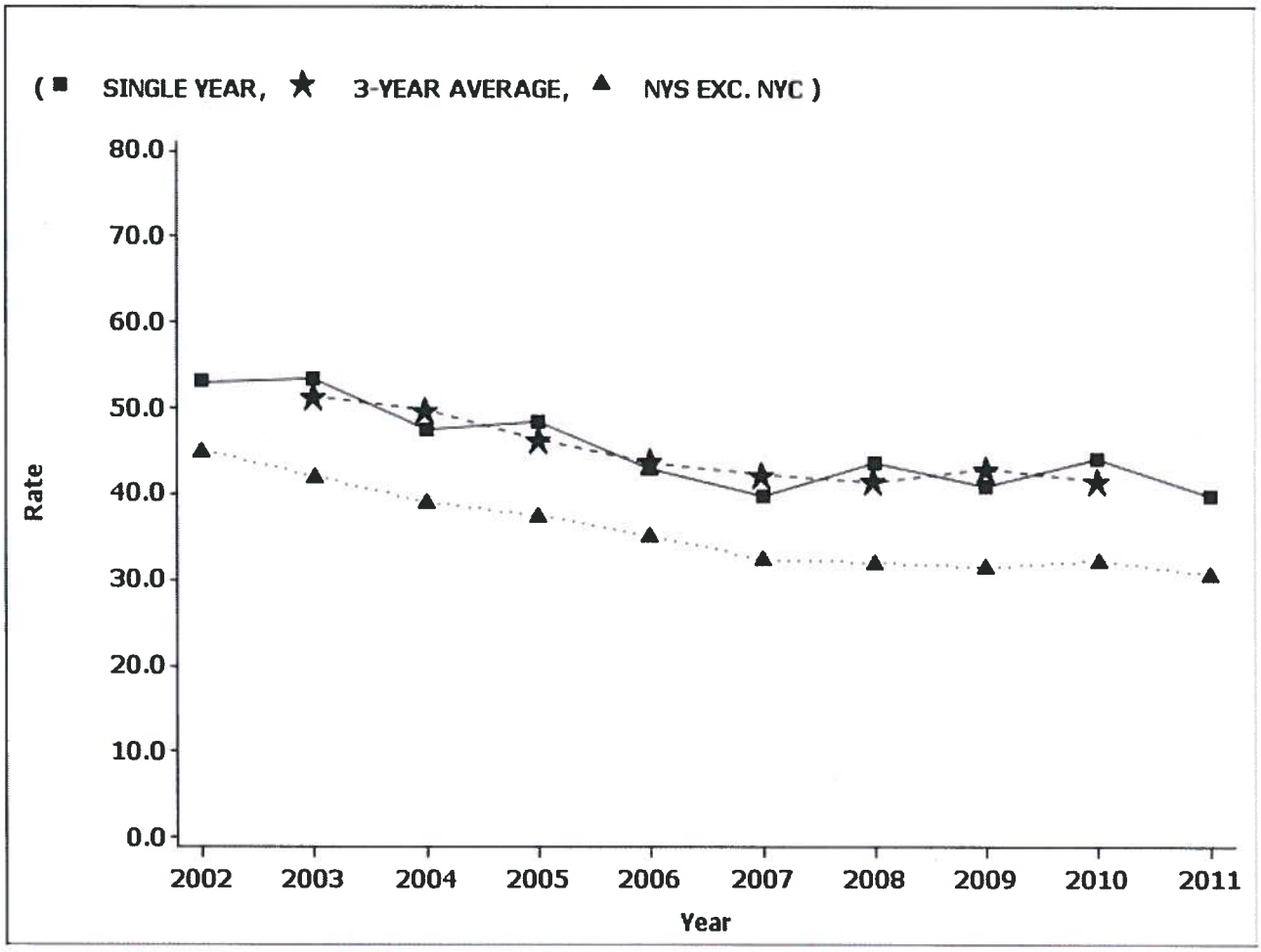
Revised: October, 2013

Erie County Cerebrovascular disease (stroke) mortality rate per 100,000



Cerebrovascular disease (stroke) mortality age-adjusted rate per 100,000



Cerebrovascular disease (stroke) mortality rate per 100,000

	Crude Rate			Age Adjusted Rate		
Year	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	69.1		51.1	53.1		45.1
2003	70.4	67.6	48.2	53.3	51.3	42.1
2004	63.3	66.6	45.3	47.5	49.7	39.1
2005	66.1	62.7	44.2	48.4	46.3	37.5
2006	58.6	59.9	41.5	43.0	43.7	35.2
2007	55.0	58.0	38.8	39.8	42.2	32.4
2008	60.3	57.3	38.8	43.7	41.4	32.0
2009	56.5	59.5	38.7	40.8	42.8	31.5
2010	61.5	58.1	40.4	44.0	41.6	32.2
2011	56.2		39.0	39.8		30.6

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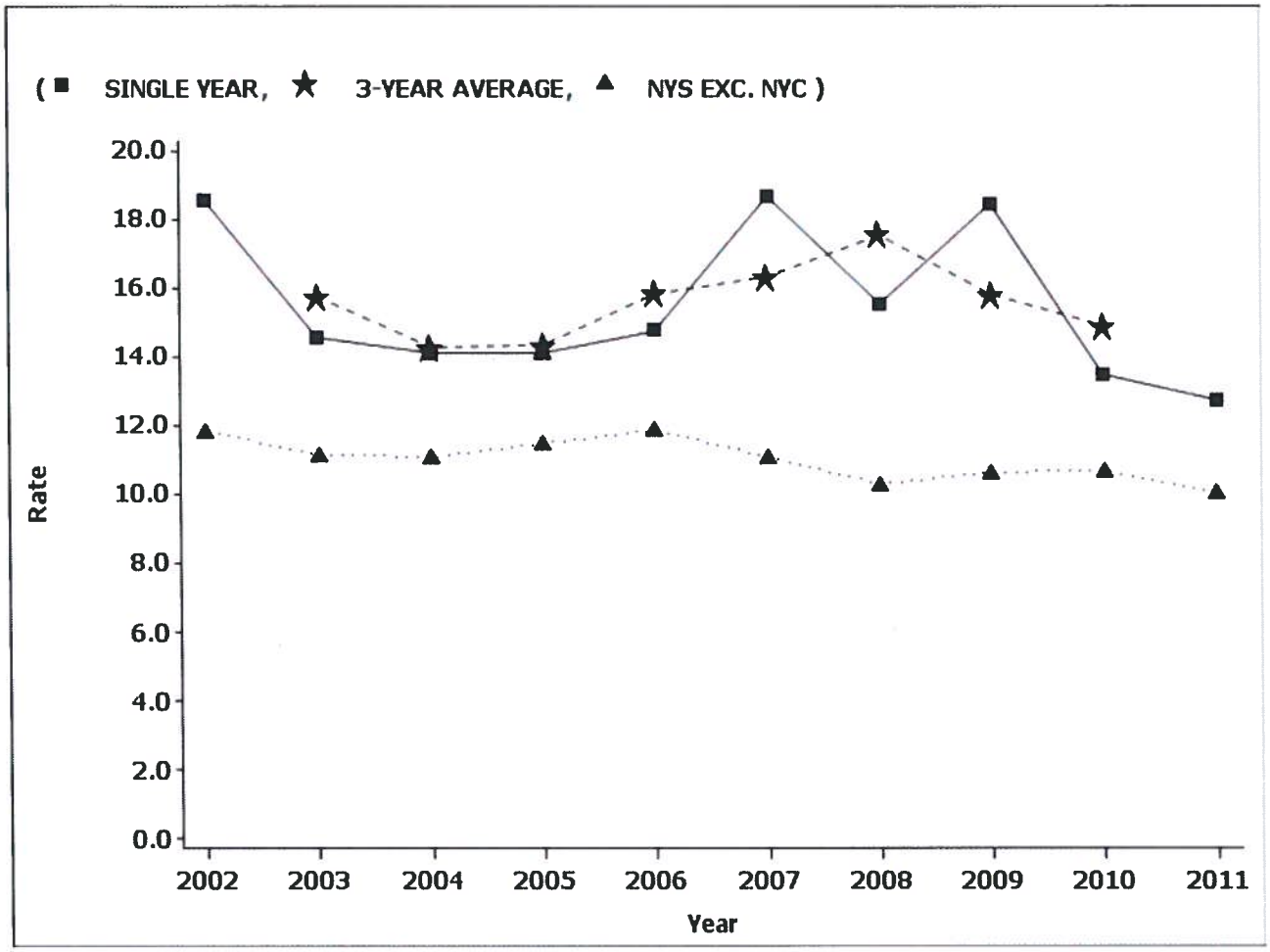
Erie County Cerebrovascular disease (stroke) premature death (aged 35-64 years) rate per 100,000



Cerebrovascular disease (stroke) premature death (aged 35-64 years) rate per 100,000

	Crude Rate		
Year	Single Year	3-Year Average	NYS exc. NYC
2002	18.6		11.8
2003	14.6	15.7	11.2
2004	14.1	14.3	11.1
2005	14.1	14.3	11.5
2006	14.8	15.8	11.9
2007	18.6	16.3	11.1
2008	15.5	17.5	10.3
2009	18.4	15.8	10.6
2010	13.5	14.9	10.7
2011	12.7		10.0

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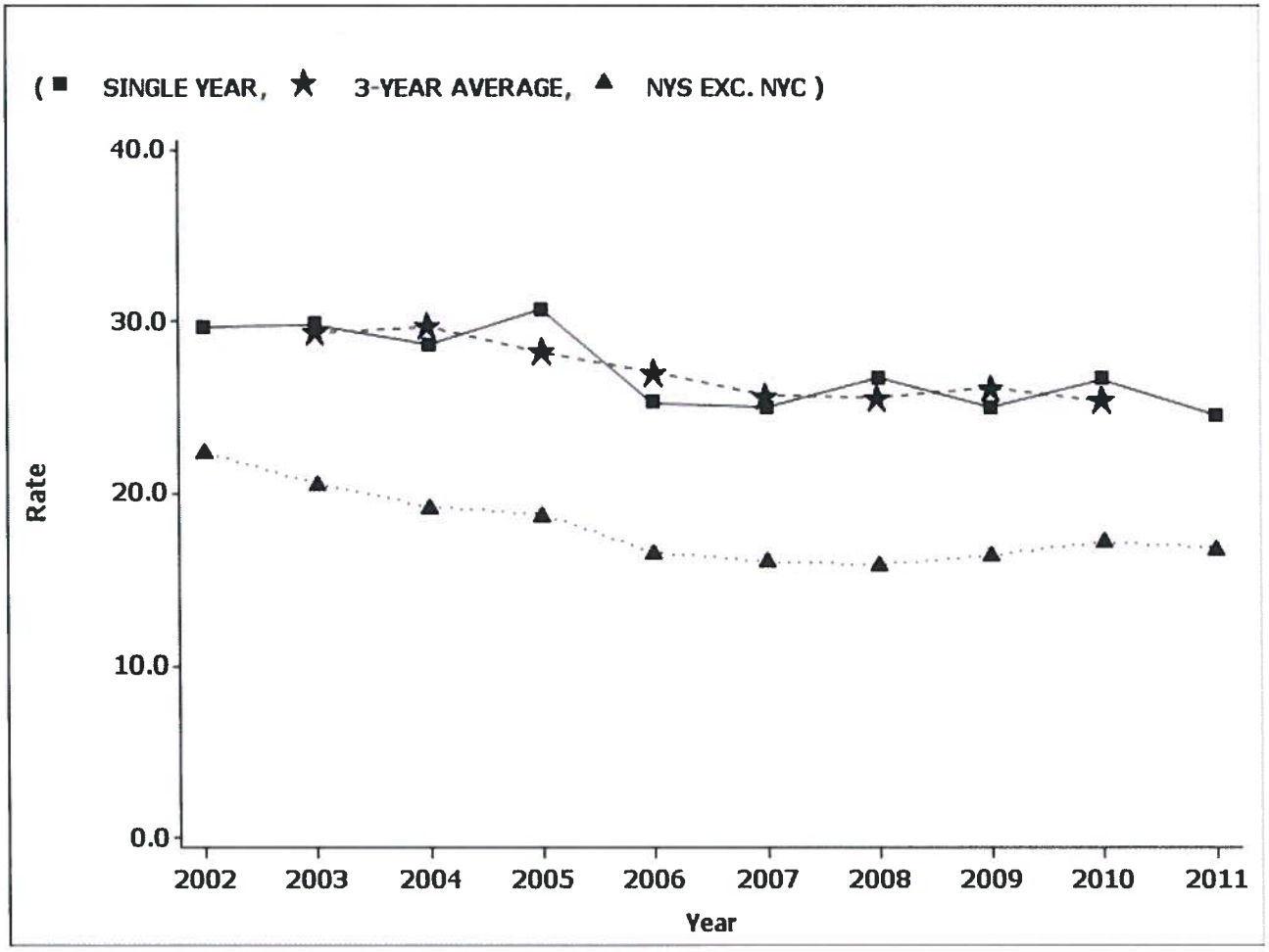
Revised: July, 2013

Erie County Cerebrovascular disease (stroke) pretransport mortality rate per 100,000



Cerebrovascular disease (stroke) pretransport mortality rate per 100,000

	Crude Rate		
Year	Single Year	3-Year Average	NYS exc. NYC
2002	29.6		22.4
2003	29.9	29.4	20.6
2004	28.6	29.7	19.2
2005	30.7	28.2	18.8
2006	25.3	27.0	16.6
2007	25.0	25.7	16.1
2008	26.7	25.5	15.9
2009	25.0	26.1	16.4
2010	26.7	25.4	17.2
2011	24.5		16.9

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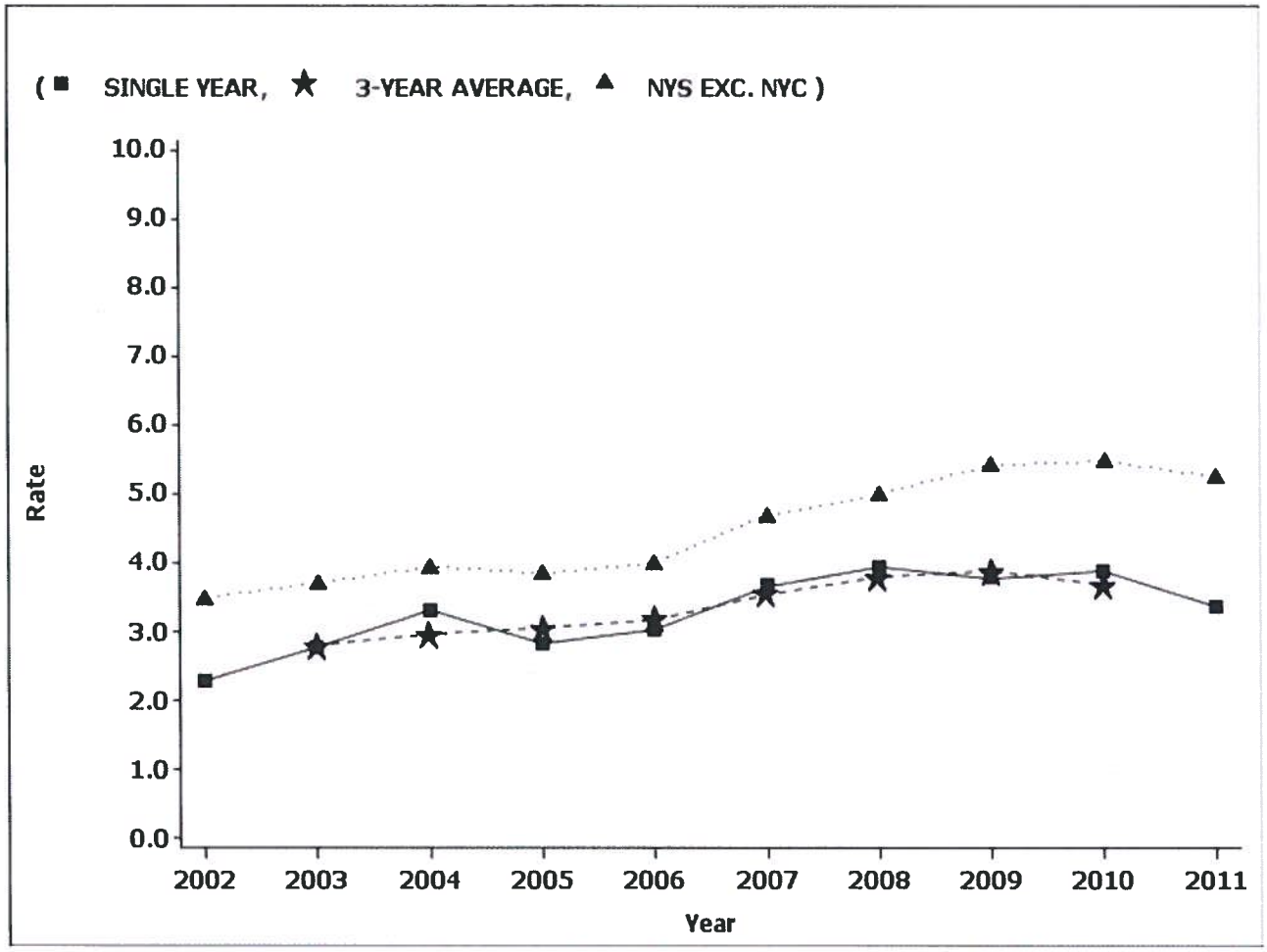
Revised: July, 2013

Erie County Hypertension hospitalization rate per 10,000 - Aged 18 years and older

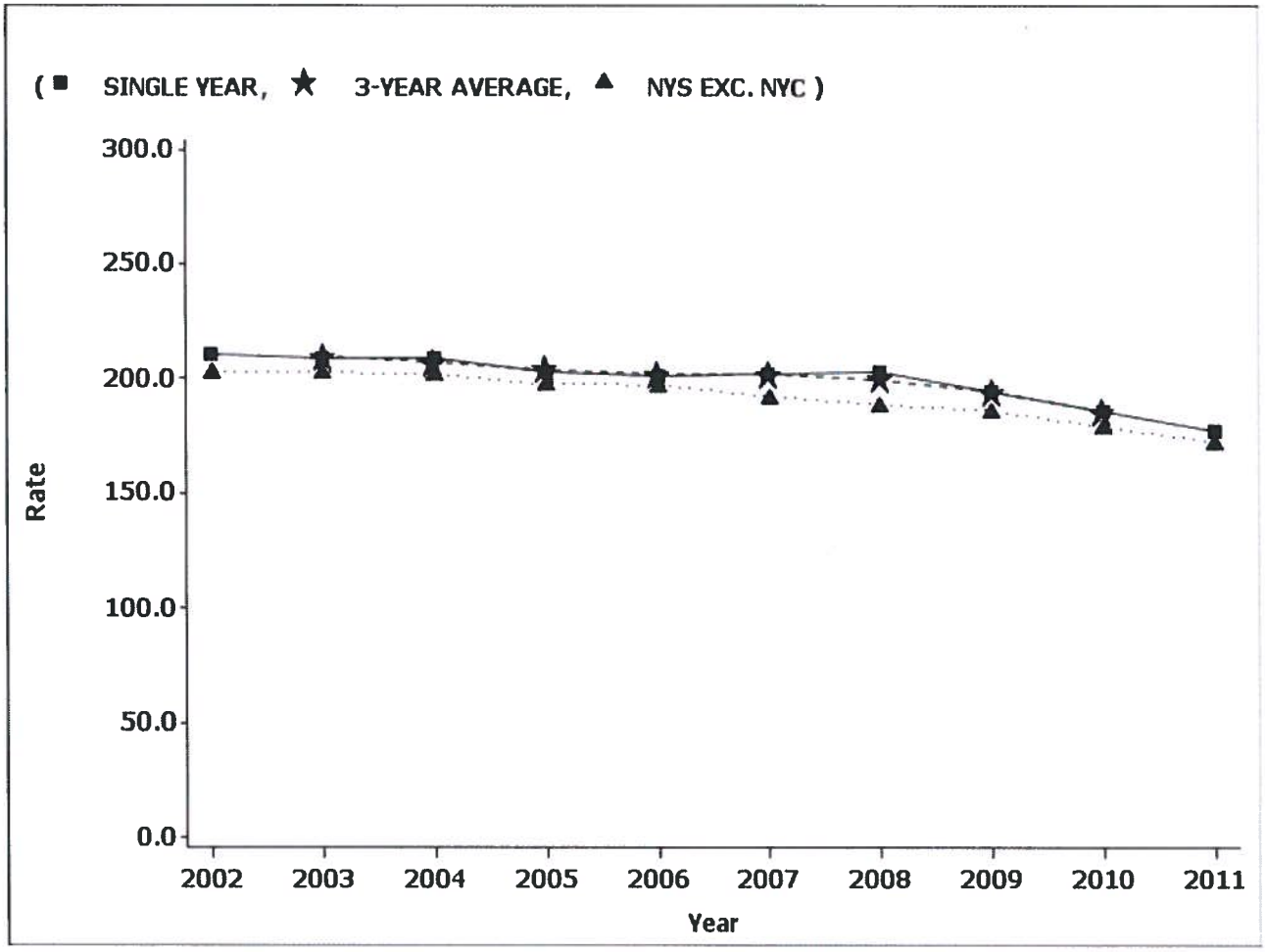


Hypertension hospitalization rate per 10,000 - Aged 18 years and older

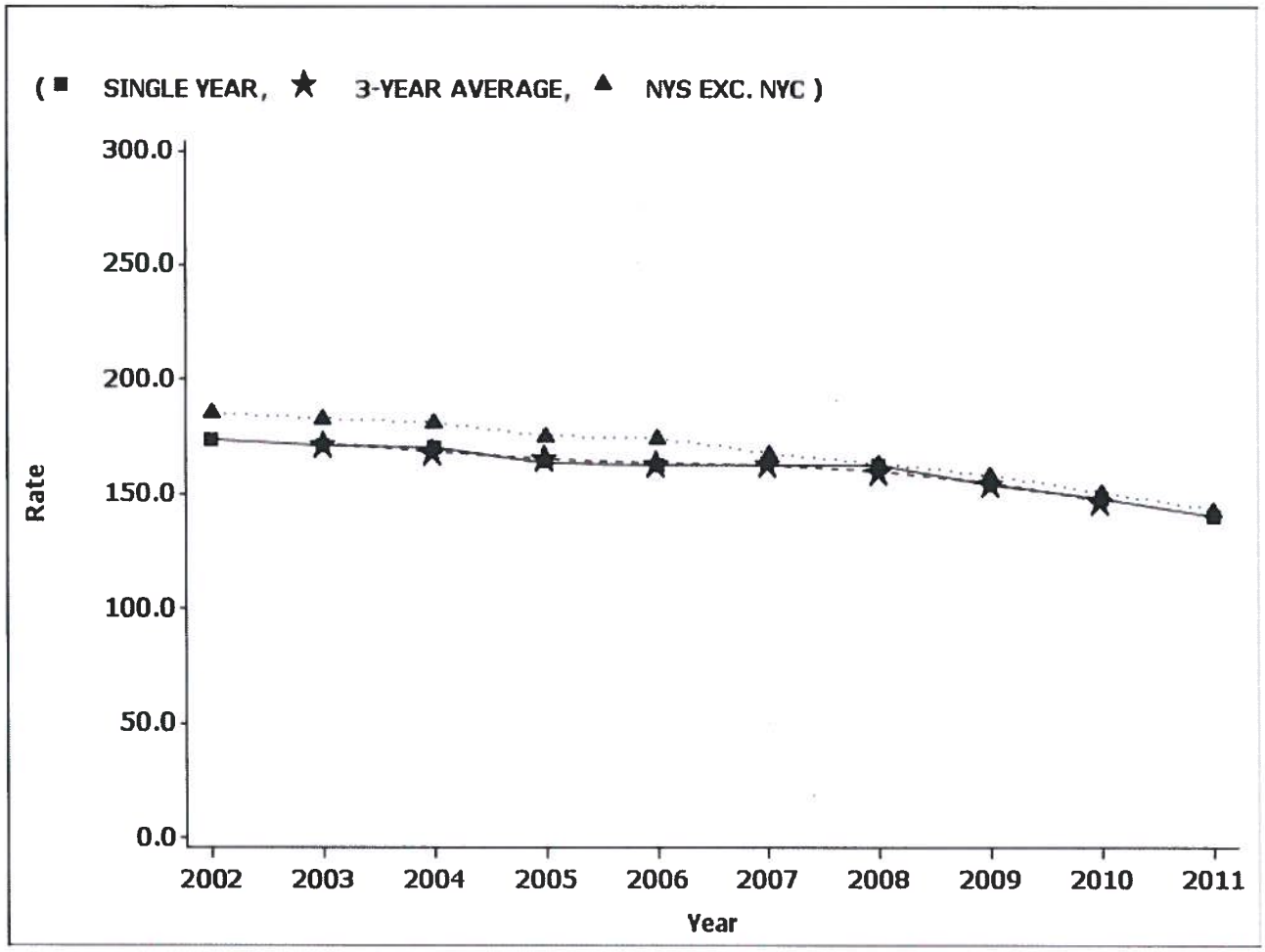
	Crude Rate		
Year	Single Year	3-Year Average	NYS exc. NYC
2002	2.3		3.5
2003	2.8	2.8	3.7
2004	3.3	3.0	3.9
2005	2.8	3.1	3.9
2006	3.0	3.2	4.0
2007	3.7	3.6	4.7
2008	3.9	3.8	5.0
2009	3.8	3.9	5.4
2010	3.9	3.7	5.5
2011	3.4		5.3

Questions or comments: phiginfo@health.state.ny.us
Revised: October, 2013

Erie County Cardiovascular disease hospitalization rate per 10,000



Cardiovascular disease hospitalization age-adjusted rate per 10,000

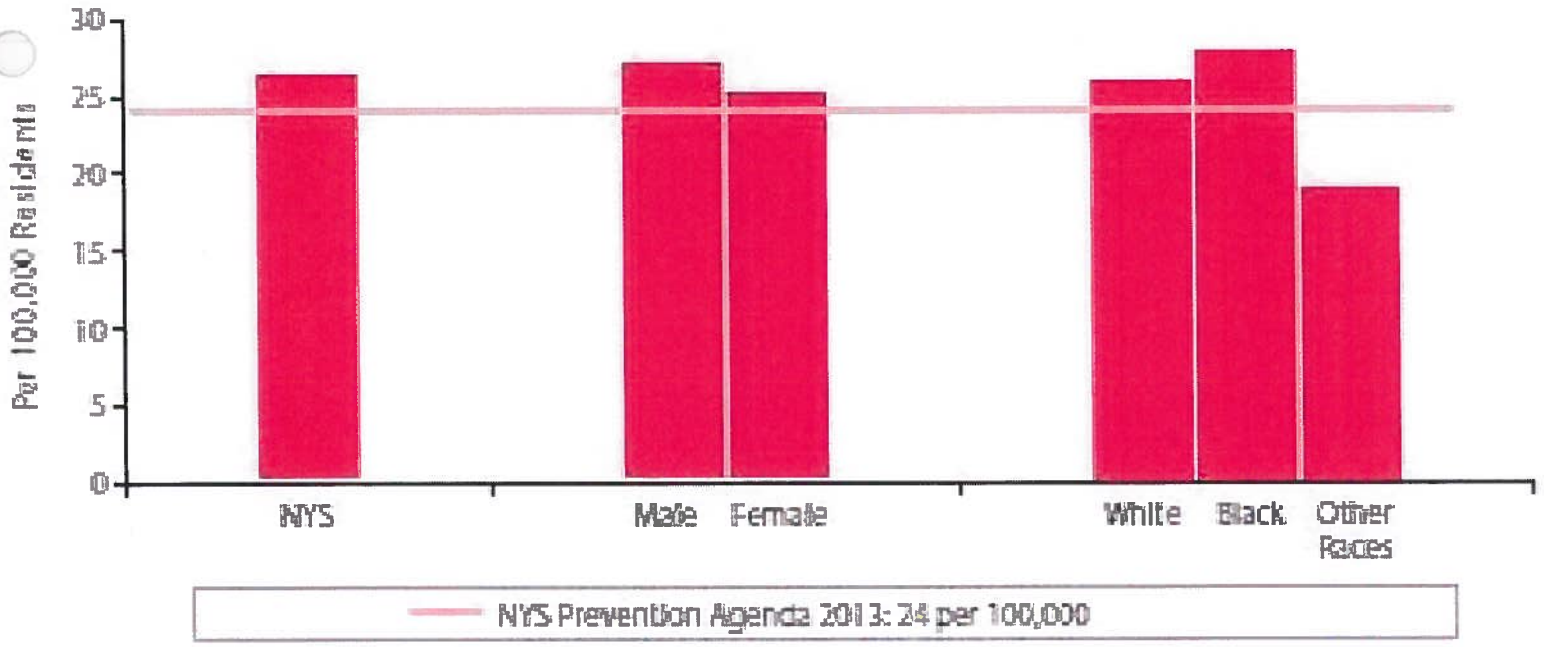


Cardiovascular disease hospitalization rate per 10,000

	Crude Rate			Age Adjusted Rate		
Year	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	210.6		203.2	174.1		185.5
2003	209.0	209.4	202.7	171.3	171.9	183.0
2004	208.8	206.8	202.0	170.4	168.5	181.3
2005	202.7	204.2	197.7	164.0	165.7	175.3
2006	201.1	201.9	197.3	162.9	163.3	174.7
2007	201.8	202.0	192.3	163.2	163.0	168.0
2008	203.2	199.8	188.7	162.9	160.1	163.3
2009	194.4	194.5	186.2	154.4	155.0	158.5
2010	185.9	185.8	179.0	147.9	147.5	151.0
2011	177.1		172.6	140.2		143.6

Questions or comments: phiginfo@health.state.ny.us
Revised: October, 2013

Figure 10 NYS Prevention Agenda 2013 target for stroke mortality and age-adjusted stroke mortality rates in NYS by gender and race, 2008



Population Segment	Age-adjusted Rate (per 100,000)
NYS Prevention Agenda 2013	24
NYS	26.4
Male	27.3
Female	25.2
White	26.0
Black	28.0
Other Races[a]	19.1

[a] Cases missing race data are not included in the Other Races category.

In 2008, the NYS age-adjusted mortality rate for stroke of 26.4 per 100,000 residents remained above the goal established by the Prevention Agenda (24 per 100,000).

Age-adjusted mortality rates for stroke in 2008 exceeded the Prevention Agenda goal (24 per 100,000) for both men and women (27.3 and 25.2 per 100,000 residents, respectively).

or more information regarding the NYS Prevention Agenda:
ttp://www.nyhealth.gov/prevention/prevention_agenda/chronic_disease/index.htm

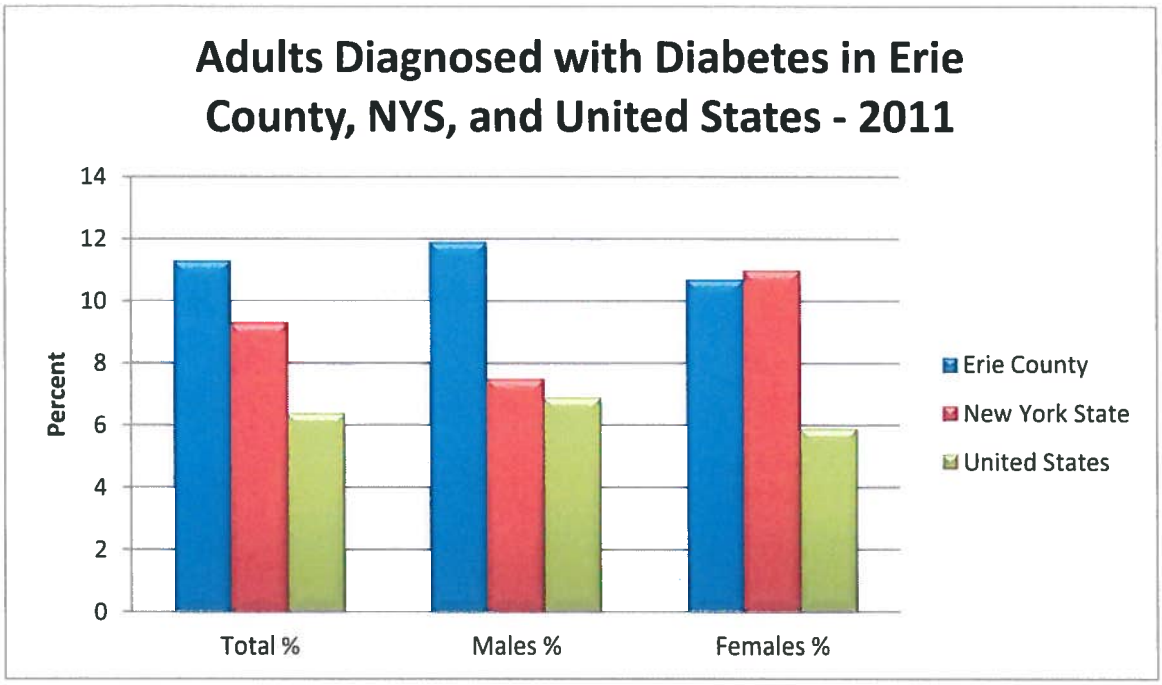


Figure 1

	Erie County	New York State	United States
Total %	11.3	9.3	6.4
Males %	11.9	7.5	6.9
Females %	10.7	11	5.9

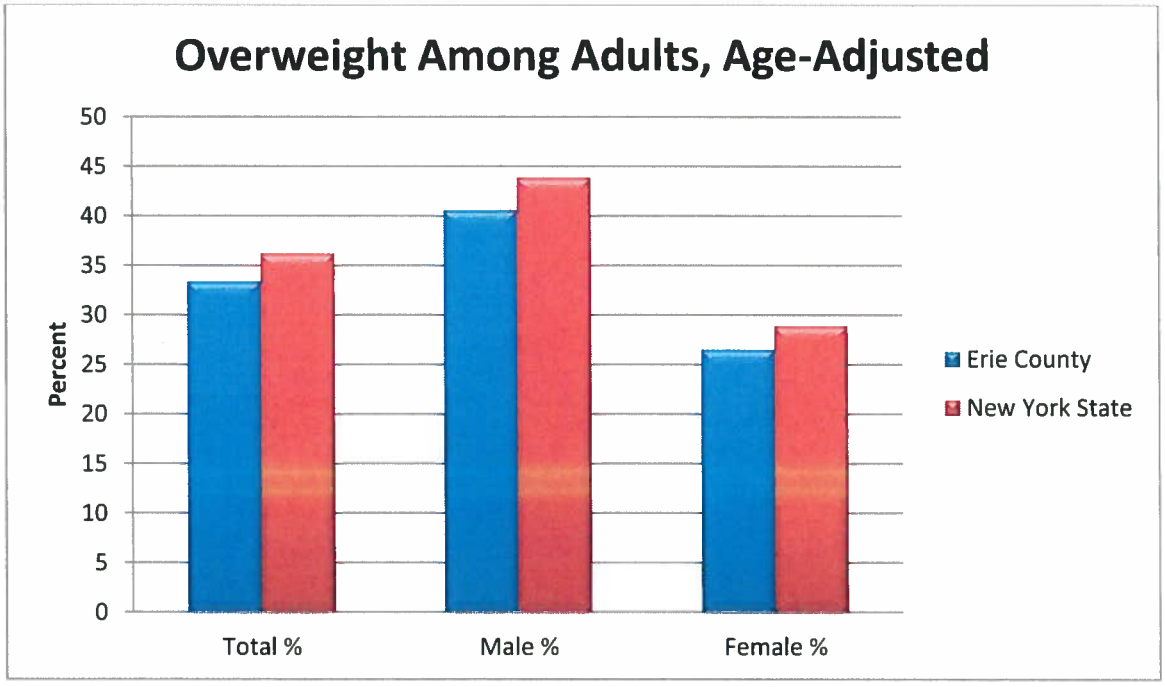


Figure 2

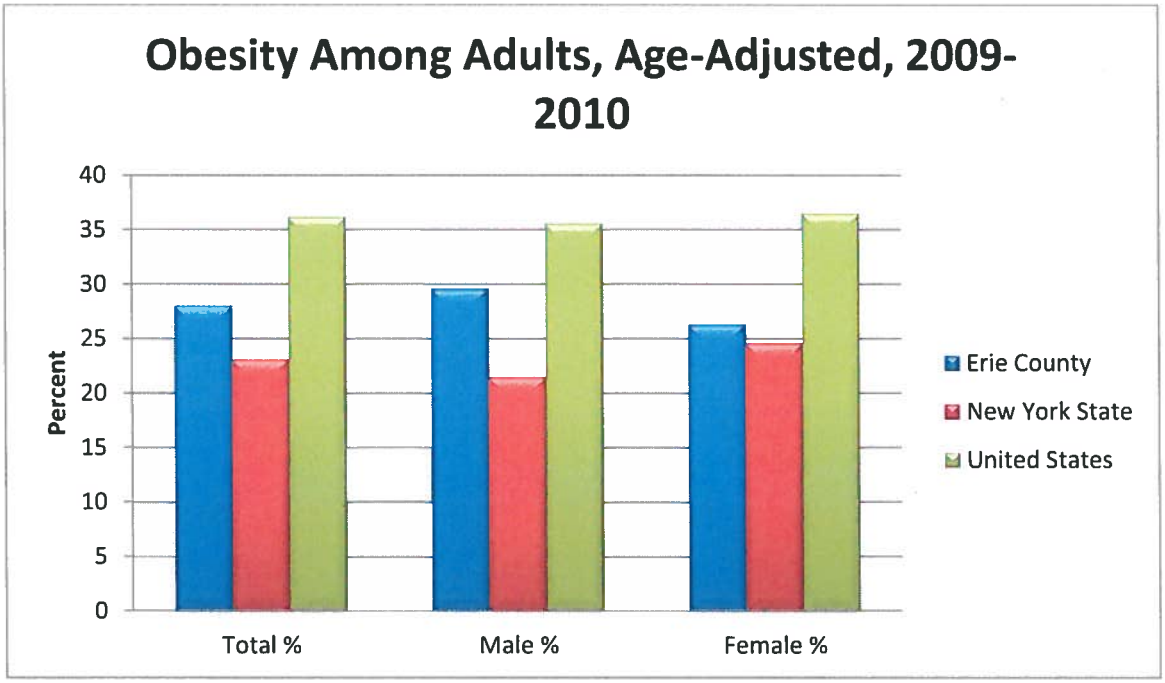


Figure 3

Data provided by: http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/erie.pdf
Expanded BRFSS Report: July2008--June2009
Erie County

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, data from the National Health Interview Survey. Statistical analysis by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation.
http://www.cdc.gov/diabetes/statistics/prev/national/figbysex.htm

National Obesity statistic provided by: http://www.cdc.gov/nchs/data/databriefs/db82.pdf

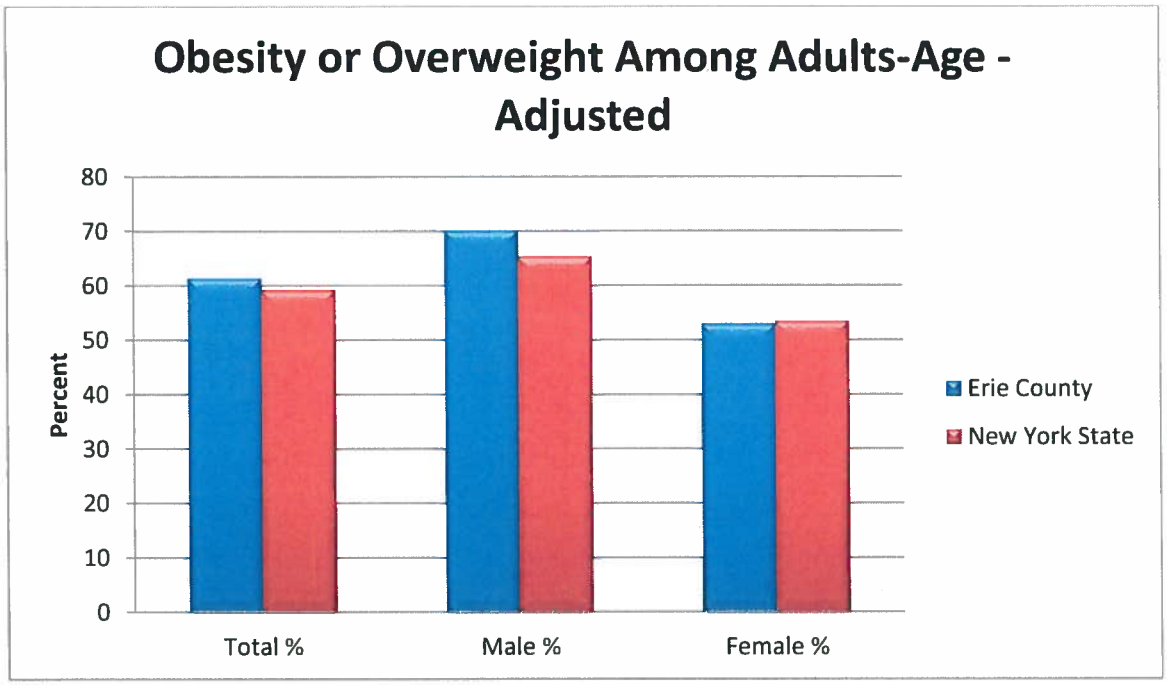


Figure 4

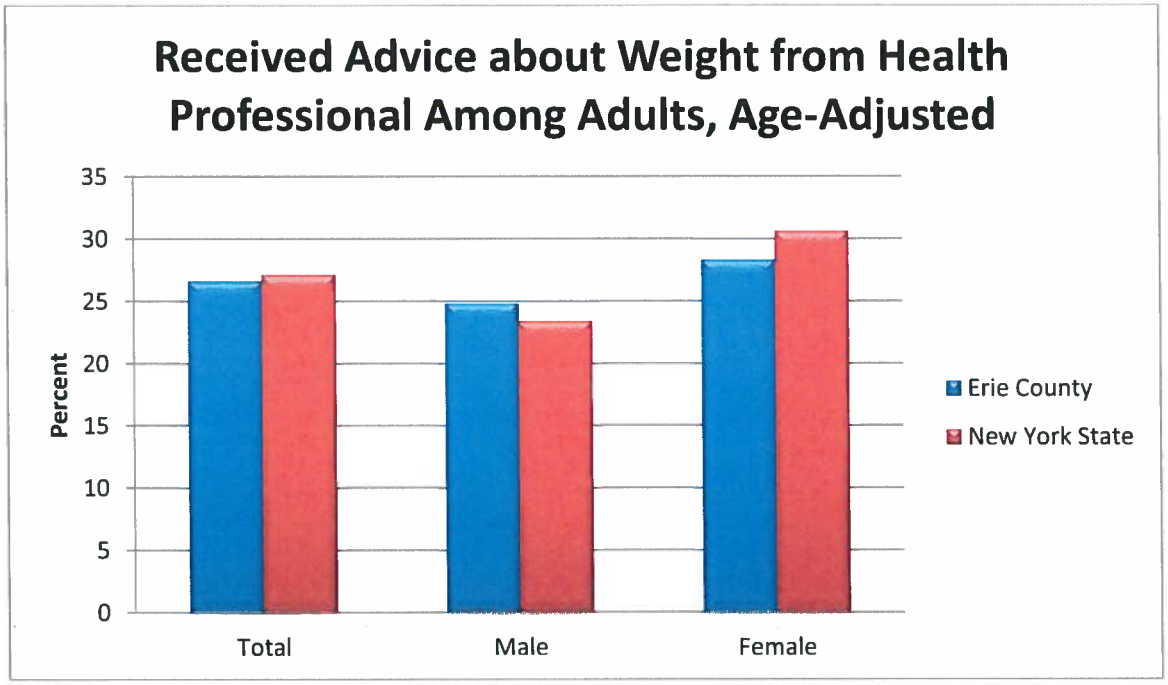


Figure 5

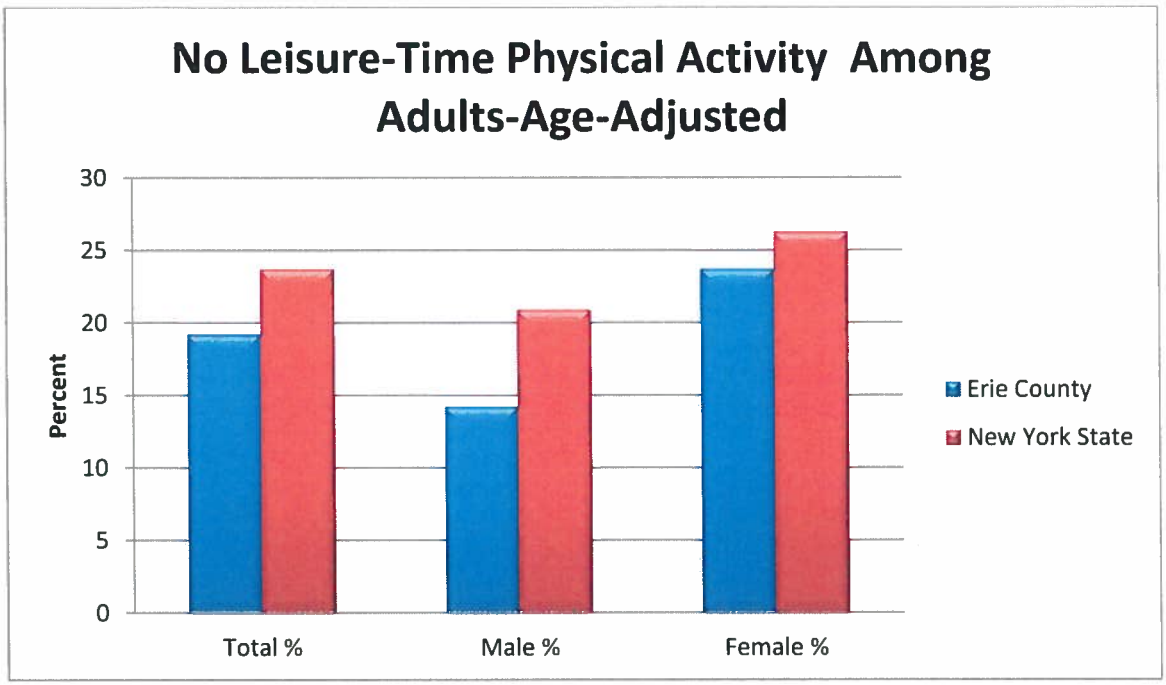
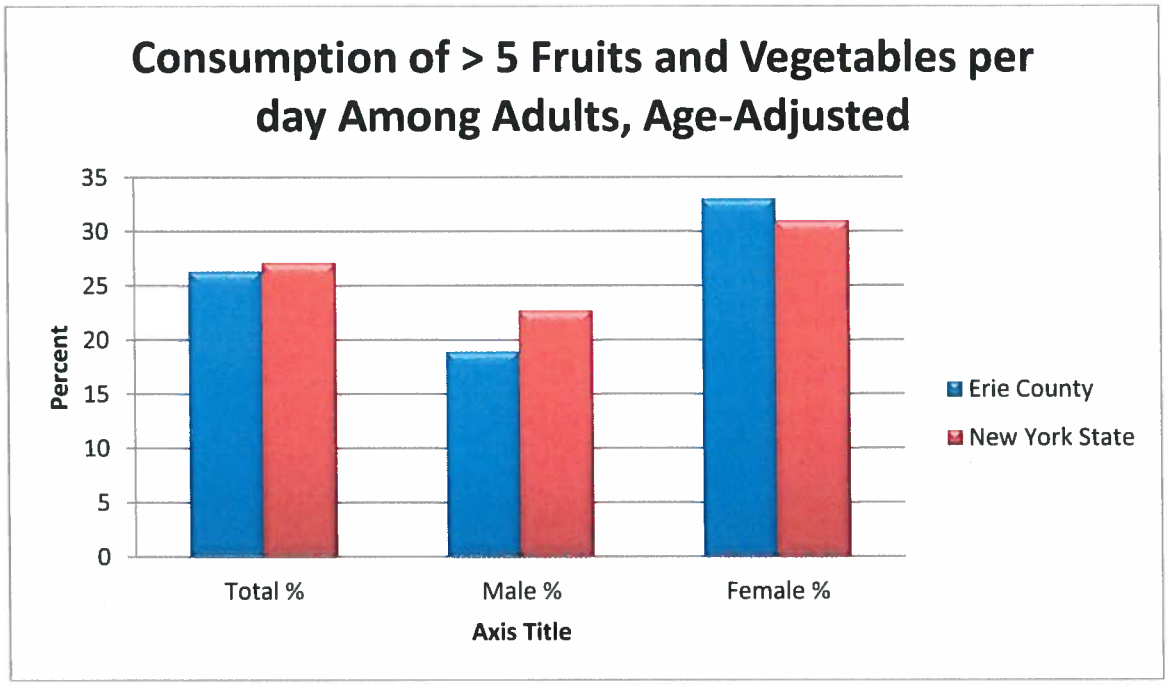

No Leisure-Time Physical Activity Among Adults-Age-Adjusted
30
25
20
15
10
5
0
Percent
Total %
Male %
Female %
Erie County
New York State

Figure 6


Consumption of > 5 Fruits and Vegetables per day Among Adults, Age-Adjusted
35
30
25
20
15
10
5
0
Percent
Total %
Male %
Female %
Axis Title
Erie County
New York State

Focus Area #1: Reduce Obesity in Children and Adults

New York State Community Health Indicator Reports - Obesity and Related Indicators

All students (elementary - PreK, K, 2nd and 4thgrades, middle - 7th grade and high school - 10thgrade) for Erie County, New York.

Source: 2008-2010 Student Weight Status Category Reporting System Data as of July, 2012

- Percentage overweight but not obese (85th-<95th percentile)
  - Erie County
    - 12.3 %
- Percentage obese (95th percentile or higher)
  - Erie County
    - 15.4 %
  - NYS 2017, public school children statewide
    - **Overarching Objective 1.0.1**: 16.7 % (pg. 4, NYS Prevention Agenda)
- Percentage overweight or obese (85th percentile or higher)
  - Erie County
    - 27.7 %

- Age-adjusted Percentage of adults obese (BMI 30 or higher) (2008-2009)
  - Erie County
    - 28 %
  - NYS 2017, adults ages 18 and older who are obese
    - **Overarching Objective 1.0.2**: 23.2 % (pg. 4, NYS Prevention Agenda)

Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

Region/County	Percentage (CI)
Region- 1 Western New York	
Erie	28.0 (22.9-33.1)

http://www.health.ny.gov/statistics/chac/general/g75.htm

Age-adjusted percentage of adults eating 5 or more fruits or vegetables per day

Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

Region/County	Percentage (CI)
Region- 1 Western New York	
Erie	26.3 (21.3-31.3)

http://www.health.ny.gov/statistics/chac/general/g77.htm

Focus #3: Increase Access to High Quality Chronic Disease Preventative Care and Management in Both Clinical and Community Settings

Table 39: Death Rates* For Selected Causes of Death by Resident County New York State – 2011

County	Total	Cause of Death										
		Diseases of the Heart	Malignant Neoplasms	Cerebrovascular Disease			CLRD[1]	Total Accidents	Diabetes Mellitus	Homicide/Legal Intervention	Cirrhosis of the Liver	Suicide
New York State												
New York State	755.7	225.9	180.0	31.6	4.6	24.7	35.5	27.0	20.1	4.2	7.6	8.3
Erie	1043.1	277.7	229.8	56.2	2.0	21.1	52.2	32.4	31.7	4.8	11.4	11.8

* Rate per 100,000 population.

http://www.health.ny.gov/statistics/vital_statistics/2011/table39.htm

Table 40: Age-Sex Adjusted Death Rates* For Selected Causes of Death by Resident County New York State – 2011

County	Total	Cause of Death										
		Diseases of the Heart	Malignant Neoplasms	Cerebrovascular Disease	AIDS	Pneumonia	CLRD[1]	Total Accidents	Diabetes Mellitus	Homicide/Legal Intervention	Cirrhosis of the Liver	Suicide
New York State												
New York State	643.7	187.1	155.5	26.6	4.2	20.3	30.5	24.9	17.4	4.2	6.7	8.0
Erie	767.2	195.8	174.4	39.0	1.6	15.0	38.5	28.1	24.2	5.1	9.2	11.6

* Rate per 100,000 population.

http://www.health.ny.gov/statistics/vital_statistics/2011/table39.htm

Prevention Quality Indicators in New York State

The PQIs are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. These indicators serve as a screening tool rather than as definitive measures of quality problems. They can provide initial information about potential problems in a community that may require further, more in-depth analysis.

Prevent Chronic Diseases						
	Indicator	Data Years	Erie County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	28.5 (23.7-33.3)	23.2 (21.2-25.3)	(Table)(Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	16.4	17.6	(Table)(Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	25.5 (20.3-30.8)	16.8 (15.1-18.6)	(Table)(Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	67.0 (60.5-72.9)	66.3 (63.5-69.1)	(Table)(Map)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	56.5	83.7	(Table)(Map)	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	142.4	221.4	(Table)(Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	17.6	15.5	(Table)(Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	4.0	3.2	(Table)(Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	6.6	5.6	(Table)(Map)	4.86

* Fewer than 10 events in the numerator, therefore the rate is unstable
+ Fewer than 10 events in one or both rate numerators, therefore the ratio is unstable
s Data do not meet reporting criteria

1- Alternate modes of transportation include public transportation, carpool, bike, walk, and telecommute
2- Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than ten miles from a supermarket or grocery store in rural areas
3- The 4:3:1:3:3:1:4 immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13
4- Government sponsored insurance programs include Medicaid and Child Health Plus

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/erie.htm

CVD-Prevention

- Age-adjusted percentage of adults with cholesterol checked in the last 5 years 2008-2009.
  - 76.1+ % Adults checked Cholesterol in last 5 yrs.

Link to comparative map by County in NYS:
http://www.health.ny.gov/statistics/chac/general/pdf/g23.pdf

- Cardiovascular disease premature death (ages 35-64 years). Rate per 100,000, 2008-2010.

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	476	483	464	1,423	369,017	128.5

Link to CVD premature death rate map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d2.pdf

- Disease of the Heart-Premature death (ages 35-64 years) rate per 100,000.
  Source: 2008-2010 Vital Statistics Data as of February, 2012

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	375	373	371	1,119	369,017	101.1

Link to disease of the heart map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d5.pdf

- Coronary Heart Disease-Premature death (ages 35-64 years) rate per 100,000.
  Source: 2008-2010 Vital Statistics Data as of February, 2012

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	274	272	281	827	369,017	74.7

Link to CHD map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d8.pdf

- Congestive Heart Failure-Premature death (ages 35-64 years) rate per 100,000.
  Source: 2008-2010 Vital Statistics Data as of February, 2012

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	10	16	12	38	369,017	3.4

Link to CHF map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d11.pdf

NYS Prevention Agenda

Preventing Chronic Disease Action Plan

Chronic diseases are among the most preventable diseases and are affected most by three modifiable risk behaviors: lack of physical activity, unhealthy nutrition and tobacco use. "The World Health Organization" (WHO) has estimated that if the major risk factors for chronic disease were eliminated, at least 80 percent of all heart disease, stroke and type-2 diabetes would be prevented, and more than 40 percent of cancer cases would be avoided (1)."

Focus Area 1: Reduce obesity in children and adults

*Obesity is second to tobacco use as the leading cause of preventable death, and may soon surpass it.

*Obesity disproportionally impacts low-income and minority communities.

*Focus Area 3: Increase access to high-quality chronic disease preventative care and management in clinical and community settings. This focus area plays a critical role in reducing the impact of chronic disease.

Region	Obese Children (ages 2-19)	Overweight or Obese Children	Obese Adults	Overweight or Obese Adults
Erie County	15.4 %	27.7 %	28 %	61.4%
NYS	17.6 %	---	24.6 %	59.3 %
National US	17 %	---	35 %	---
(NYS 2017)-Objective	16.7 %	---	23.2 %	---

--- No Data Found

Obesity is a significant risk factor for type-2 diabetes, asthma, high blood pressure and high cholesterol. These conditions are beginning to present in children and adolescents at increasing rates (1).

Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death (2).

- NYS ranks second highest among the states for expenditures attributed to obesity.
- Expenditures totaled $11.1 billion (in 2009 dollars) (1).

Breastfeeding and Obesity Prevention

Breastfeeding has long been recognized as the gold standard for infant nutrition. Research has demonstrated that breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. Evidence is accumulating that breastfeeding also reduces the infant's risk of childhood and adult obesity.

Exclusive breastfeeding during the first 4 to 6 months was most consistently associated with reduced risk of being overweight, while most studies found that increased duration of any breastfeeding (up to 12 months) was associated with decreasing risk of overweight as a child. Exclusive breastfeeding refers to nourishing a child only with human milk through nursing (3).

*** Goal (#1.3) – **Objective 1.3.2:** By 2017, increase the percentage of infants born in NYS hospitals who are exclusively breastfed during the birth hospitalization by 10% from 43.7% (2010) to 48.1%.

***Goal (#1.4) – **Objective 1.4.2:** By December 31, 2017, increase the percentage of employers with supports for breastfeeding at the worksite by 10%.

The IOM Obesity Prevention interventions include breastfeeding counseling and support systems in the workplace, and strengthening support of breastfeeding in the workplace (1).

Breastfeeding Data

Percentage of WIC mothers breastfeeding at least 6 months
Source: 2008-2010 NYS Pediatric Nutrition Surveillance System Data as of July, 2012

	Women breastfed 6 months +	Average WIC births	Percentage
Region/County	**Total**	**2008-2010**	**%**
Region- 1 Western New York			
Erie	1,181	2,983	13.2
NYS	104,459	87,707	39.7
National US	818,127	3,146,642	26.0

http://www.health.ny.gov/statistics/chac/general/g62.htm
http://www.cdc.gov/pednss/pednss_tables/pdf/national_table2.pdf

Percentage of WIC mothers breastfeeding at least 6 months

	Crude Rate	
Year	3-Year Average	Upstate New York
2001-03	10.9	23.9
2002-04	11.2	26.1
2003-05	11.3	27.7
2004-06	11.1	27.8
2005-07	10.9	28.1
2006-08	11.7	28.5
2007-09	12.6	29.2
2008-10	13.2	28.7

http://www.health.ny.gov/statistics/chac/general/g62_14.htm

*Since 2001-2003, the 3-year Average % for Erie County WIC mothers who breastfed at least 6 months increased from 10.9% to 13.2%.

Objective 1.0.1: Reduce the percentage of WIC children (ages 2 through 4) who are obese from 13.1% (2010) by 5% to 12.4% (2017).

Buffalo Public Schools Youth Risk Behavior Survey 2011

Dietary Behaviors:

Students describing themselves as slightly or very overweight

Middle School	High School
23%	27%

Physical Activity:

Students who report not engaging in any vigorous physical activity during the 7 days prior to taking the survey

Middle School (BPS)	High School (BPS)	NYS 2009	US 2009
20%	17.3%	17%	23%

Students who report watch ≥ 3 hours of television on average school day

Middle School (BPS)	High School (BPS)	NYS 2009	US 2009
50%	43%	33%	33%

Adult Overweight and Obese Data (2008-2009):

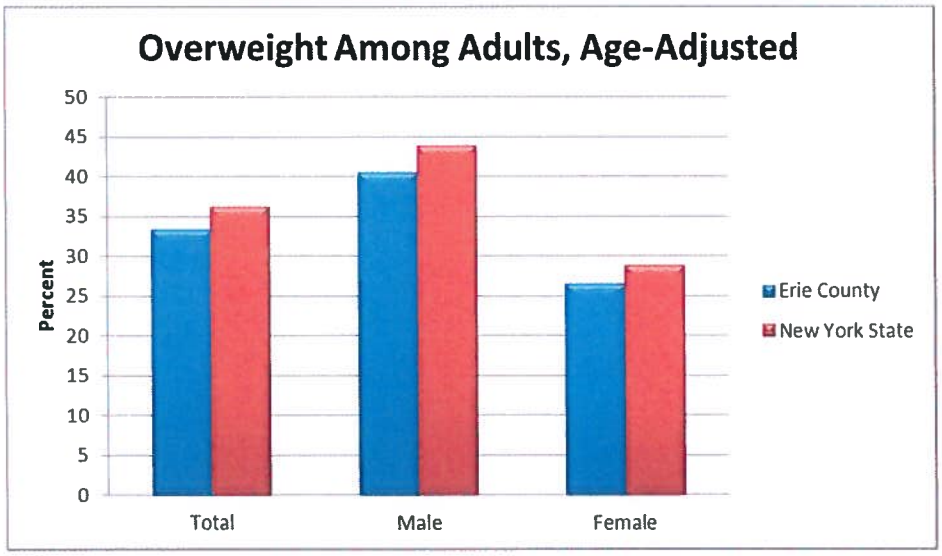


Figure 1

	Erie County	New York State
Total %	33.4	36.2
Male %	40.6	43.9
Female %	26.5	28.9

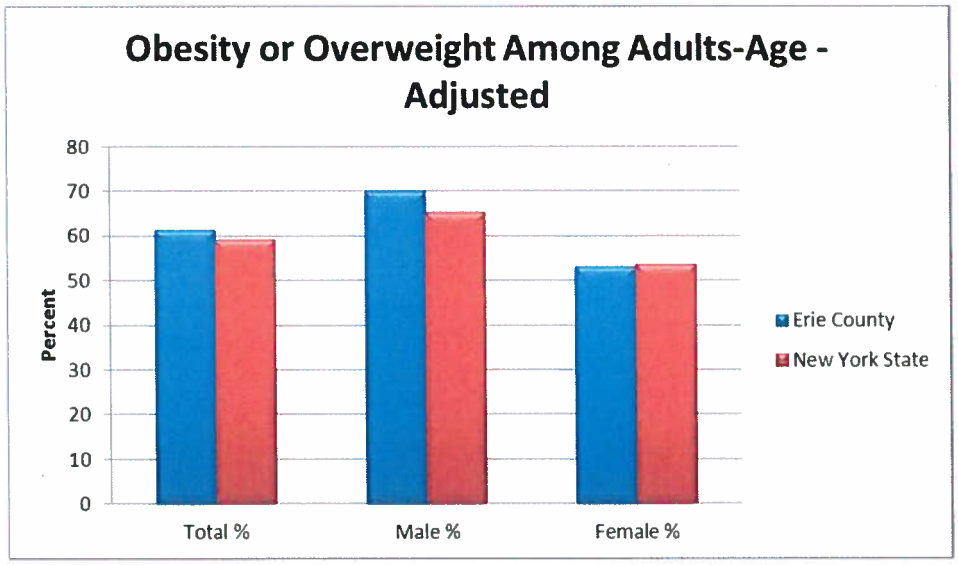


Figure 3

	Erie County	New York State
Total %	61.4	59.3
Male %	70.2	65.4
Female %	53	53.5

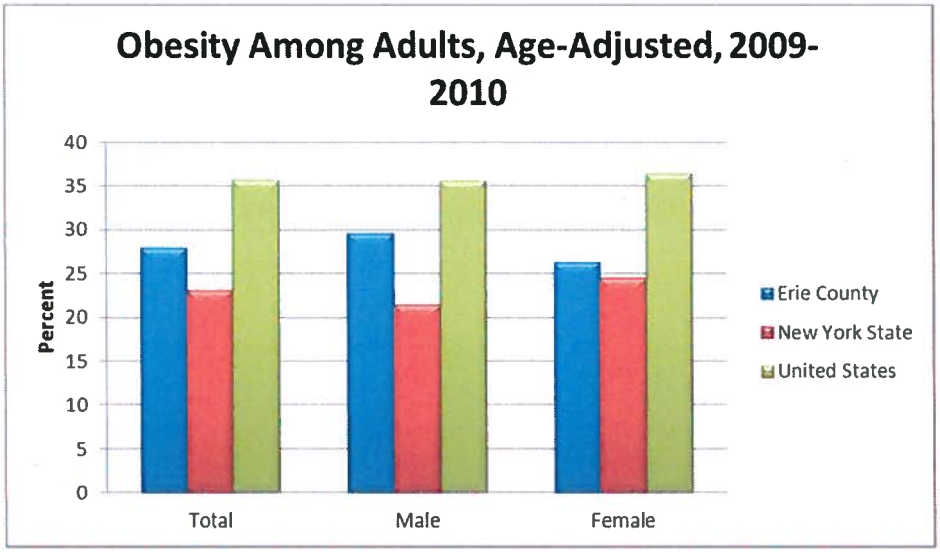


Figure 4

	Erie County	New York State	United States
Total %	28	23.1	36.2
Male %	29.6	21.5	35.6
Female %	26.3	24.6	36.5

County and State Data provided by:
http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/erie.pdf
Expanded BRFSS Report: July2008--June2009
Erie County

U.S.-National Data provided by:
http://www.cdc.gov/nchs/data/databriefs/db82.pdf
NCHS Data Brief: No. 82. January 2012. Prevalence of Obesity in the United States, 2009–2010

Dietary Behavior Data:

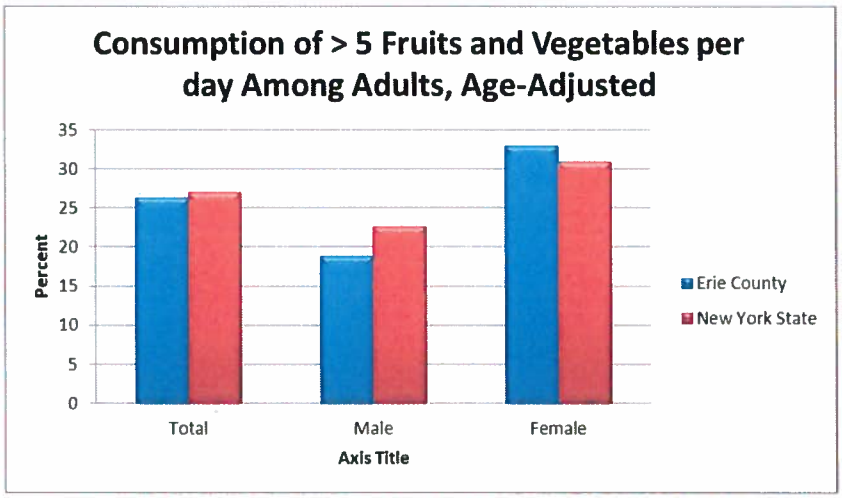


Figure 6

	Erie County	New York State
Total %	26.3	27.1
Male %	18.9	22.7
Female %	33	31

Physical Activity Data:

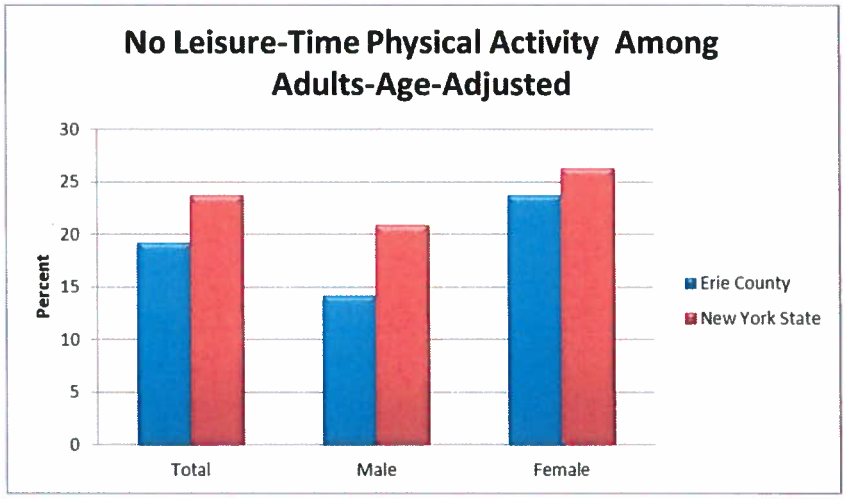


Figure 7

	Erie County	New York State
Total %	19.2	23.7
Male %	14.2	20.9
Female %	23.7	26.3

Focus Area 3: Increase access to high-quality chronic disease preventative care and management in clinical and community settings

Providing preventative care and management services has the ability to prevent much of the burden of chronic disease or avoid many of the related complications. Many New Yorkers do not receive the services recommended to help prevent disease (1).

*Prevention, screening, early detection, treatment, and self-management support will promote achieving equitable outcomes and will enhance the well-being of vulnerable communities.

Diabetes Data:

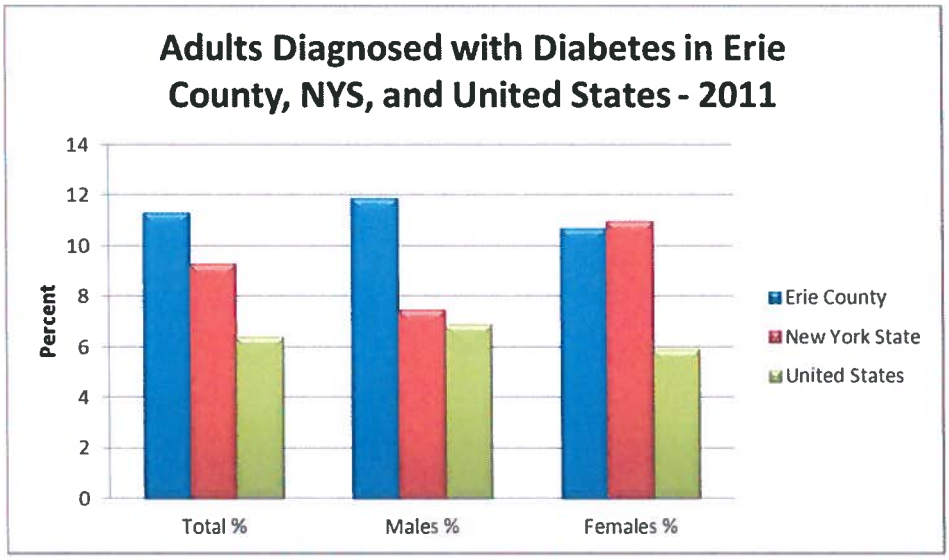


Figure 5

	Erie County	New York State	United States
Total %	11.3	9.3	6.4
Males %	11.9	7.5	6.9
Females %	10.7	11	5.9

In 2007 only half of Medicaid managed care enrollees with DM (49%) received all four recommended clinical preventative care services (HgA1c, lipid profile, nephropathy screening and eye exam) based on national guidelines for diabetes management (1).

Data provided by: http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/erie.pdf
Expanded BRFSS Report: July 2008—June 2009. Erie County
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, data from the National Health Interview Survey. Statistical analysis by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation.
http://www.cdc.gov/diabetes/statistics/prev/national/figbysex.htm

Age-Sex Adjusted Death Rates* For Selected Causes of Death by Resident County New York State – 2011

	Total	Malignant Neoplasms	Diseases of the Heart	Cerebrovascular Disease	Diabetes Mellitus	Cirrhosis of the liver
Erie County	767.2	174.4	195.8	39.0	24.2	9.2
NYS	643.7	155.5	187.1	26.6	17.4	6.7

* Rate per 100,000 population.

http://www.health.ny.gov/statistics/vital_statistics/2011/table39.htm

Cardiovascular Disease-Prevention

- Age-adjusted percentage of adults with cholesterol checked in the last 5 years 2008-2009.
  - 76.1+ % Adults checked Cholesterol in last 5 yrs.

Link to comparative map by County in NYS:
http://www.health.ny.gov/statistics/chac/general/pdf/g23.pdf

- Cardiovascular disease premature death (ages 35-64 years). Rate per 100,000, 2008-2010.

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	476	483	464	1,423	369,017	128.5

Link to CVD premature death rate map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d2.pdf

- Disease of the Heart-Premature death (ages 35-64 years) rate per 100,000.
  Source: 2008-2010 Vital Statistics Data as of February, 2012

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	375	373	371	1,119	369,017	101.1

Link to disease of the heart map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d5.pdf

- Coronary Heart Disease-Premature death (ages 35-64 years) rate per 100,000.
  Source: 2008-2010 Vital Statistics Data as of February, 2012

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
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Link to CHD map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d8.pdf

- Congestive Heart Failure-Premature death (ages 35-64 years) rate per 100,000.
  Source: 2008-2010 Vital Statistics Data as of February, 2012

	Deaths				Average population	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Region- 1 Western New York						
Erie	10	16	12	38	369,017	3.4

Link to CHF map by County in NYS:
http://www.health.ny.gov/statistics/chac/mortality/pdf/d11.pdf

Prevention Quality Indicators in New York State

The PQIs are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. These indicators serve as a screening tool rather than as definitive measures of quality problems. They can provide initial information about potential problems in a community that may require further, more in-depth analysis.

Prevent Chronic Diseases						
	Indicator	Data Years	Erie County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	28.5 (23.7-33.3)	23.2 (21.2-25.3)	(Table)(Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	16.4	17.6	(Table)(Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	25.5 (20.3-30.8)	16.8 (15.1-18.6)	(Table)(Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	67.0 (60.5-72.9)	66.3 (63.5-69.1)	(Table)(Map)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	56.5	83.7	(Table)(Map)	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	142.4	221.4	(Table)(Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	17.6	15.5	(Table)(Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	4.0	3.2	(Table)(Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	6.6	5.6	(Table)(Map)	4.86

* Fewer than 10 events in the numerator, therefore the rate is unstable
\+ Fewer than 10 events in one or both rate numerators, therefore the ratio is unstable
s Data do not meet reporting criteria

1- Alternate modes of transportation include public transportation, carpool, bike, walk, and telecommute
2- Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than ten miles from a supermarket or grocery store in rural areas
3- The 4:3:1:3:3:1:4 immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13
4- Government sponsored insurance programs include Medicaid and Child Health Plus

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/erie.htm

Summary of Nutrition-related data collected from the Erie County CHA Consumer Survey 2012-2013

(1198 Response)

Prevention of chronic disease begins with changes in lifestyle factors such as changes in diet, physical activity, and smoking cessation. This summary describes consumer responses to various health related questions regarding Nutrition specific lifestyle factors.

Nutrition and Chronic Disease Prevention:

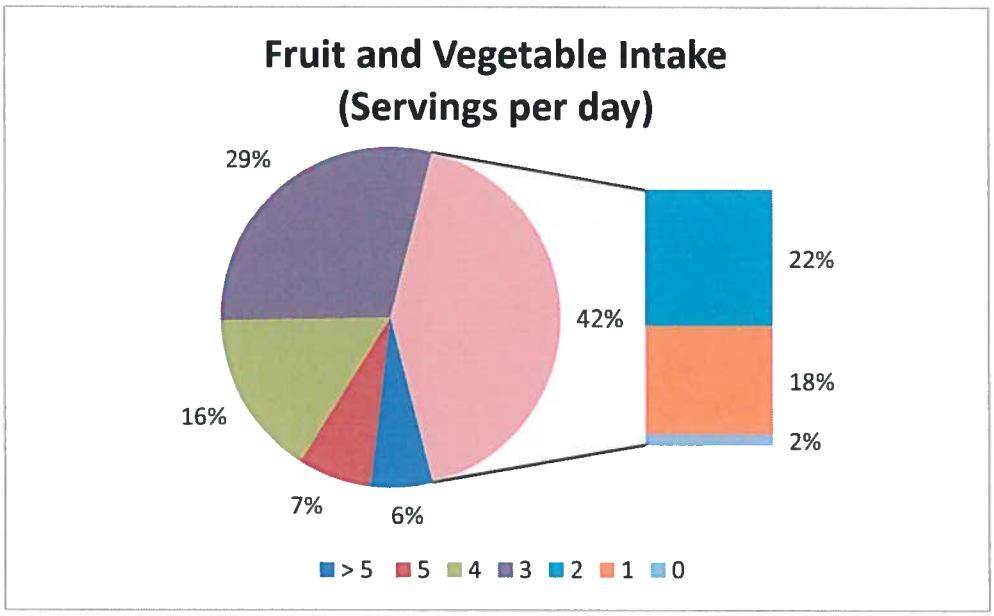
When consumers were asked to select health topics that they were interested in learning more about, the most popular (601 responses) topic selected was Nutrition, followed by Physical Activity and Fitness (584), Stress (541), and Overweight or Obesity (442).

Increased consumption of fruits and vegetables is paramount in chronic disease prevention. The current recommendation 2010 Dietary Guidelines for Americans for fruits and vegetables is 5 servings per day. Increased consumption of fruits and vegetables in the diet promotes healthy weight, heart health, and is associated with reduced risk of many chronic diseases. Moderate evidence indicates that an intake of at least 2 1/2 cups of fruits and vegetables per day is associated with a reduced risk of cardiovascular disease, including heart attack and stroke. It is also suggested that some fruits and vegetables may be protective against certain types of cancer (4).

Consumers demonstrated awareness of the 5 servings a day message when they were asked "How many servings of fruits and vegetables combined do you think you should eat every day?"

The majority (66%) selected either the 5 or >5 fruits and vegetables a day as the amount that should be consumed in a day, yet only (13%) selected eating 5 or >5 fruits and vegetables a day. This demonstrates that the consumers are educated on the 5 a day serving message, but it is not translating to their everyday consumption of fruits and vegetables.

When consumers were asked "How many servings of fruits and vegetables combined do you eat every day on average," 58% (652 responses) selected $\geq$ 3 servings per day. The breakdown of responses by category are as follows; 6% (66) selected >5 servings, 7% (79) selected 5, 16% (178) selected 4 servings, 29% (329) selected 3 servings, 22% (253) selected 2 servings, 18% (201) selected 1 servings, and 2% (20) selected 0 servings.



*Overall, 58% of consumers report that their daily intake of fruit and vegetable is ≥ 3 servings per day.

The two main reasons for reported as keeping consumers from eating more fruits and vegetables per day were:

1. 45% (535)= Cost
2. 37% (444)= Time it takes to prepare

Beverage consumption contributes to nutritional intake throughout the day, depending on the macronutrient content (protein, carbohydrates and fat). Water consumption is important for good health and chronic disease prevention by replacing other sugary beverages. Consumers were asked, "How many cups of water do you drink each day?"

1. 30% (365) = <4 cups
2. 31% (375) = 4-6 cups
3. 21% (257) = 6-8 cups

***The majority (61%) drink < 6 cups of water a day.**

When consumers were asked "If you were to eat healthier and exercise more, do you think that it would make a difference in how you feel?"- 92% (1100) said "Yes, it would make me feel better."

The following survey questions describe where consumers like to eat when they eat out and how they make their food choices.

B15. When away from home where do you normally eat?

1. 52% (623) =sit down restaurants
2. 21% (247) =Fast food
3. 16% (193) = at friends or family's house

B16. When eating out, do you order based on taste or health?

1. 65% (780) =combination of both taste and health
2. 28% (335) =taste
3. 6% (68) =health

***Taste plays a major role in consumer choice. Only 6% focused solely on health as the determinant for choice during ordering away from home.**

Overall, consumers demonstrate that they have the knowledge of healthy lifestyle factors such as nutrition and physical activity. Modifying diet and lifestyle behaviors such as increasing fruit and vegetable consumption, increased water consumption, and increasing physical activity are all preventative measures. These changes will contribute to prevention of future chronic disease(s), as well as the decrease progression of those with current chronic disease(s).

References

1. New York State Prevention Agenda: *Preventing Chronic Diseases Action Plan.* December 2012.
2. http://www.cdc.gov/obesity/data/adult.html
3. http://www.health.ny.gov/prevention/obesity/strategic_plan/breastfeeding.htm
4. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. Accessed on July 18, 2013. http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf

Erie County CHA Consumer Survey 2012-2013

1198 Response

A1. What health topics are you interested in learning more about?

***More than one topic is able to be selected, % may add up to more than 100%**

Consumers answered:

1. 50% (601) =Nutrition
2. 49% (584) =Physical Activity and Fitness
3. 45% (541) =Stress
4. 37% (442) =Overweight or Obesity

B1. How often do you participate in physical activity or exercise for ≥ 30 minutes?

1. 25% (295) =5-7 times/week
2. 24% (288) =1-3 times/week
3. 17% (201) =try to add it in where possible (taking stairs, etc.)

B4. How many servings of fruits and vegetables combined do you eat every day on average?

1. 27% (329) =3
2. 21% (253) =2
3. 17% (201) =1

   *Only 7% (79) selected 5 a day, 6% (66) selected >5

B5. How many cups of fruits and vegetables combined do you think you should eat every day?

1. 51% (606) =5
2. 15% (180) =3
3. 15% (174) = >5

*****The majority (66%) selected either the 5 or >5 fruits and vegetables a day as the amount that should be consumed in a day, yet only (13%) selected eating 5 or >5 fruits and vegetables a day. (27%) selected eating 3 servings and a combined (40%) selected 2 or <2 servings per day. This demonstrates that the consumers are educated on the 5 a day serving message, but it is not translating to their everyday consumption of fruits and vegetables.**

B6. When consumers were asked what keeps them from eating more fruits and vegetables every day, they answered:

1. 45% (535) =Cost
2. 37% (444) =Time it takes to prepare
3. 23% (276) =Other
4. 19% (232) =Lack of Access to fresh fruits and vegetables

B12. When consumers were asked "If you were to eat healthier and exercise more, do you think that it would make a difference in how you feel?"- 92% (1100) said "Yes, it would make me feel better."

B14. How many cups of water do you drink each day?

1. 30% (365) = <4 cups
2. 31% (375) = 4-6 cups
3. 21% (257) = 6-8 cups

***The majority (61%) drink ≤ 6 cups of water a day.**

B15. When away from home where do you normally eat?

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3. 16% (193) = at friends or family's house

B16. When eating out, do you order based on taste or health?

1. 65% (780) =combination of both taste and health
2. 28% (335) =taste
3. 6% (68) =health

***Taste plays a major role in consumer choice. Only 6% focused solely on health as the determinant for choice during ordering away from home.**

When consumers chose the top 3 topics that they felt were the most important health issues, Physical Activity, Nutrition, and Overweight or Obesity were voted as the top 3.

1. 40% (474) = Physical Activity
2. 38% (459) =Nutrition
3. 37% (442) =Obesity or Overweight

Survey Demographics were as follows:

1. 33% (394) =18-29
2. 21% (250) =60 or over
3. 18% (217) =50-59
4. 14% (164) =30-39
5. 14% (163) =40-49

Gender:

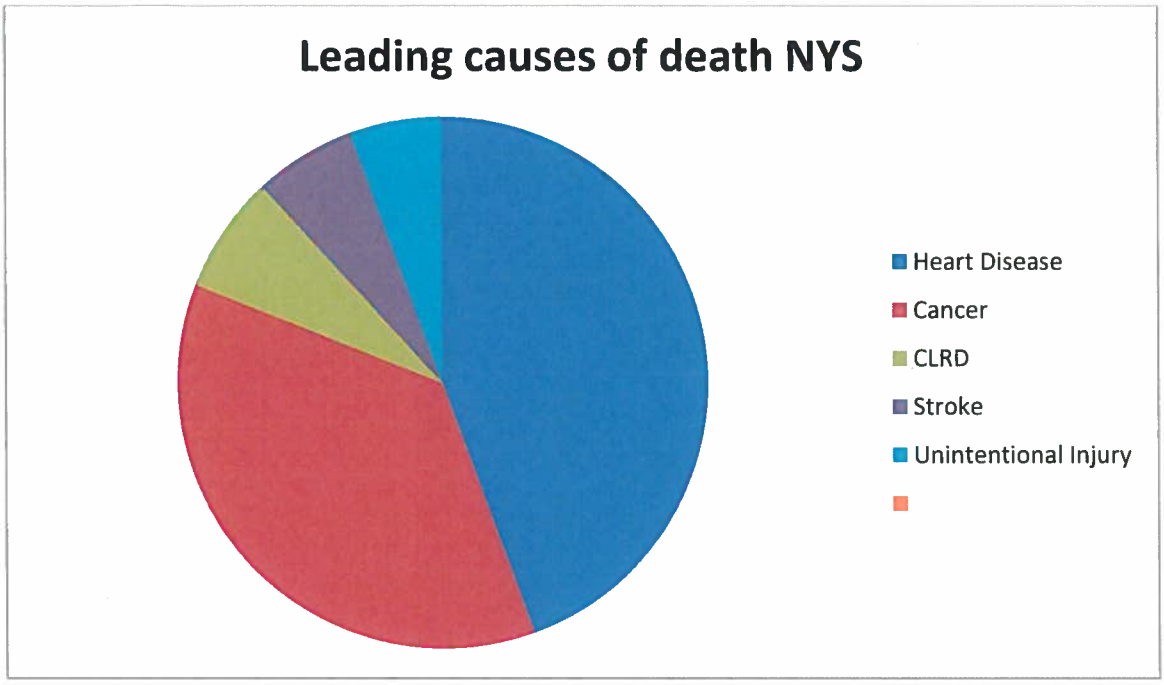
1. Female =72% (864)
2. Male =25% (300)

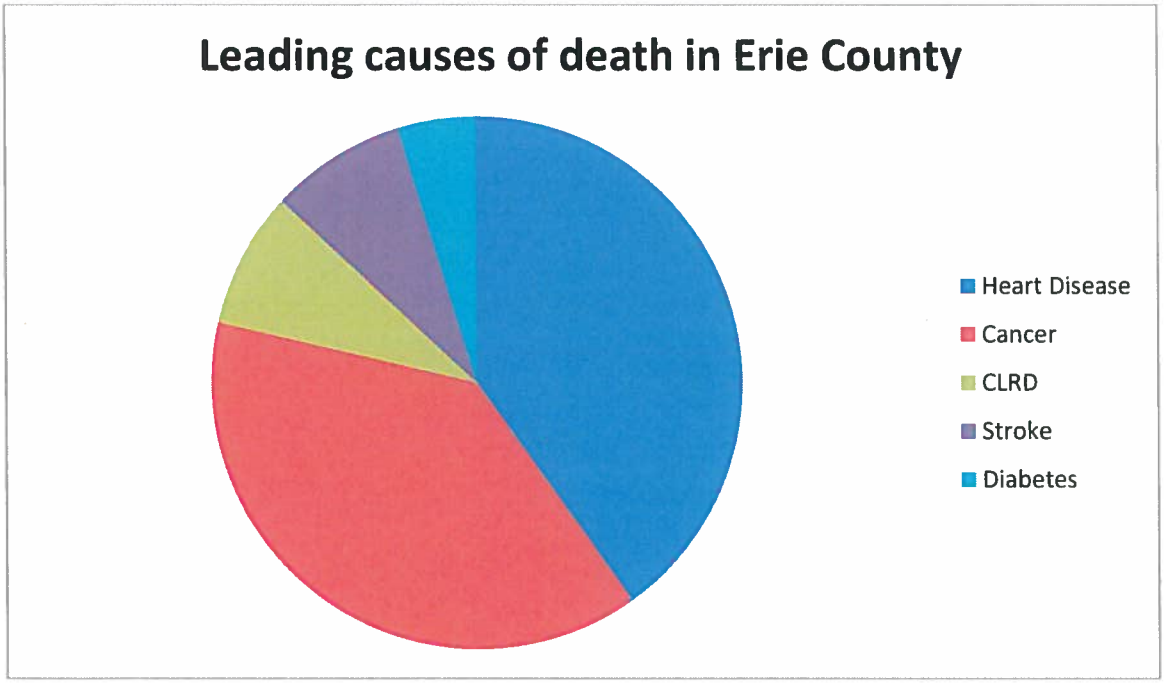
Race/Ethnicity:

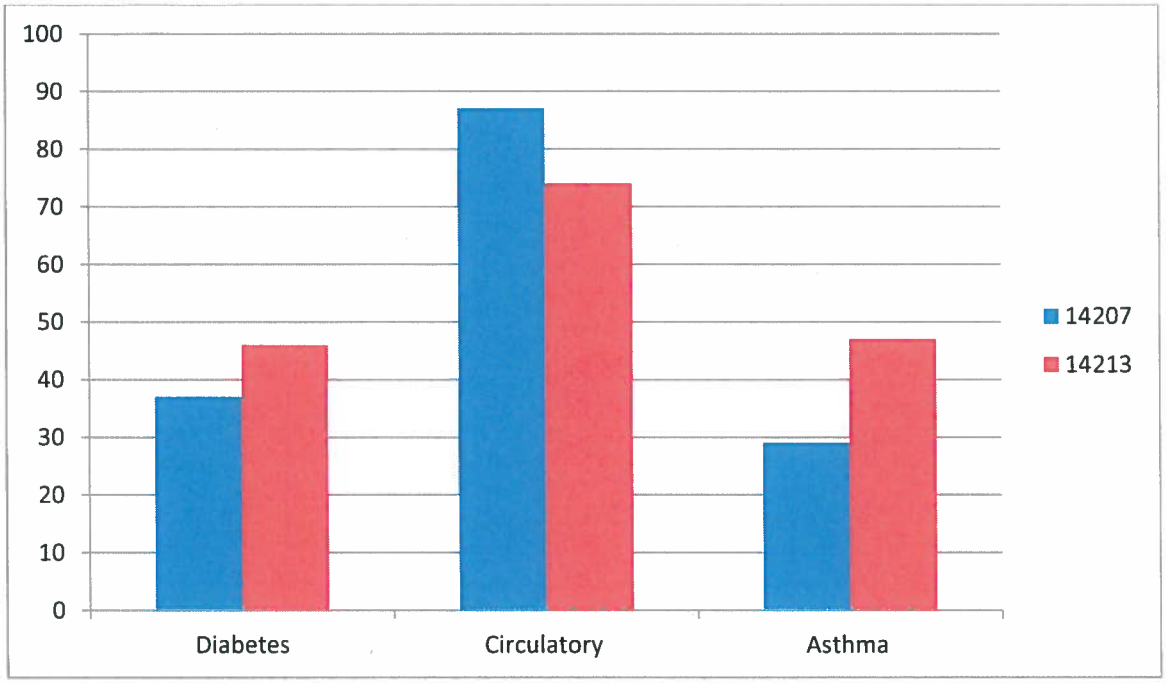
1. White/Caucasian =83% (975)
2. African-American =10% (121)
3. Hispanic/Latino =4% (50)

Income:

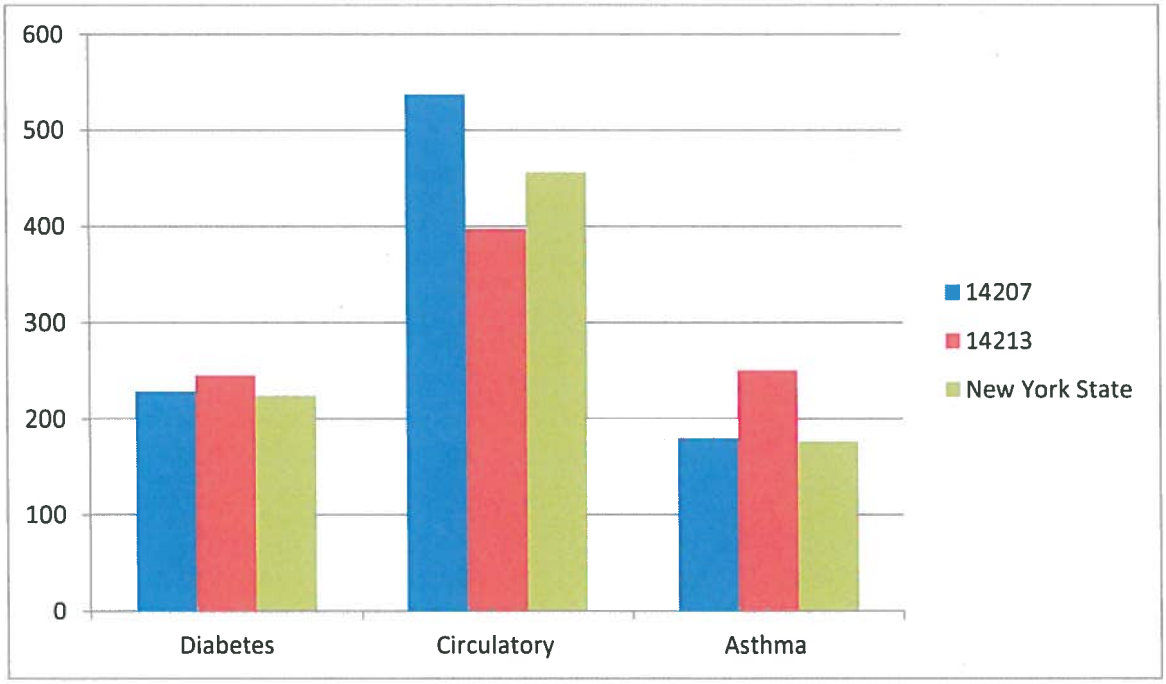
1. 20% (239) = < $15,000
2. 19% (224) = > $85,000
3. 10% (117) = $25,000-$34,999
4. 9% (104) = $55,000-$64,999


Leading causes of death NYS
Heart Disease
Cancer
CLRD
Stroke
Unintentional Injury

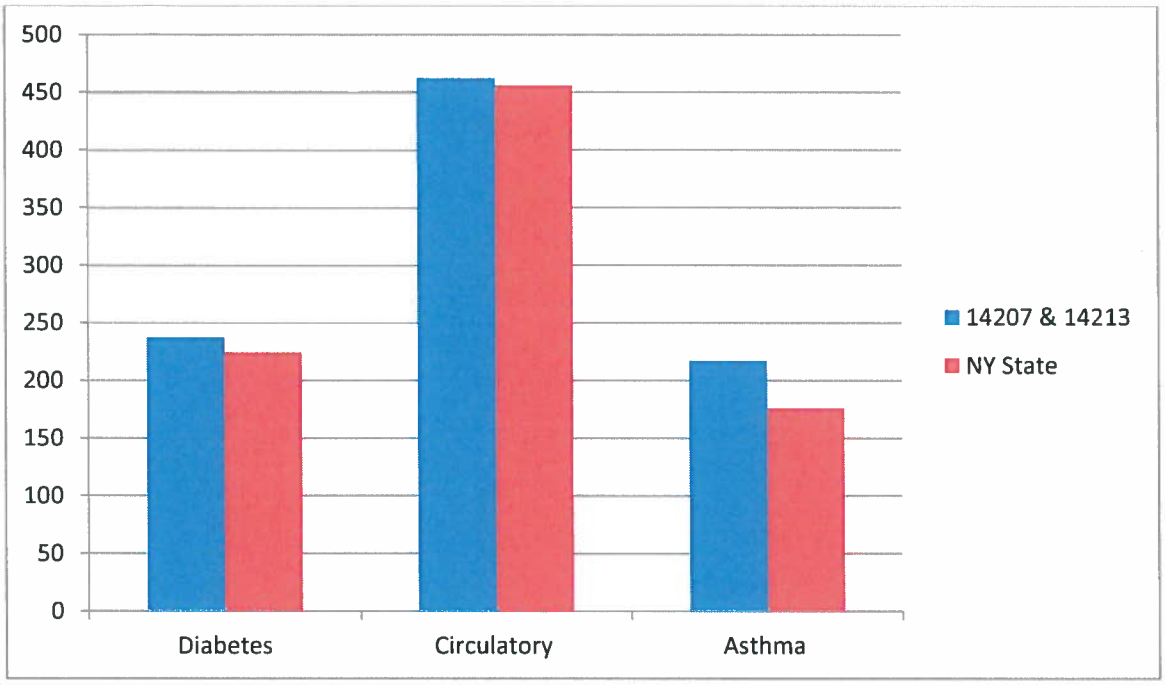

Leading causes of death in Erie County
Heart Disease
Cancer
CLRD
Stroke
Diabetes



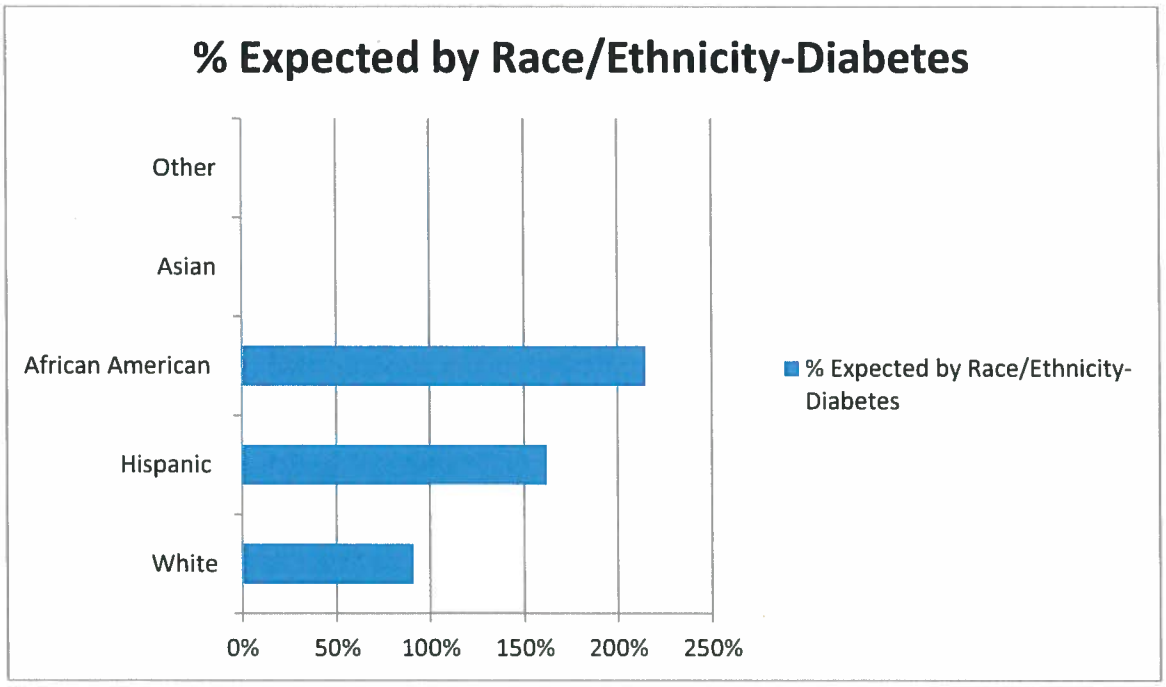
Hospital Admissions for Condition Based on Zip Code



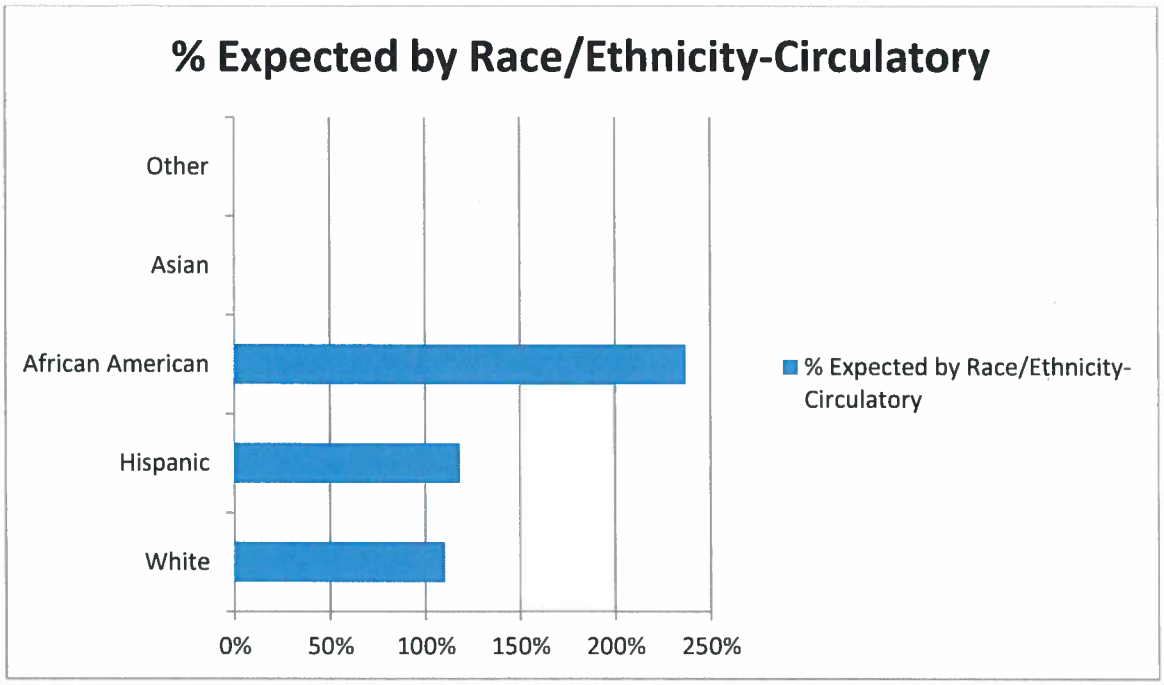
Hospital Admission Area Rate vs. State Rate



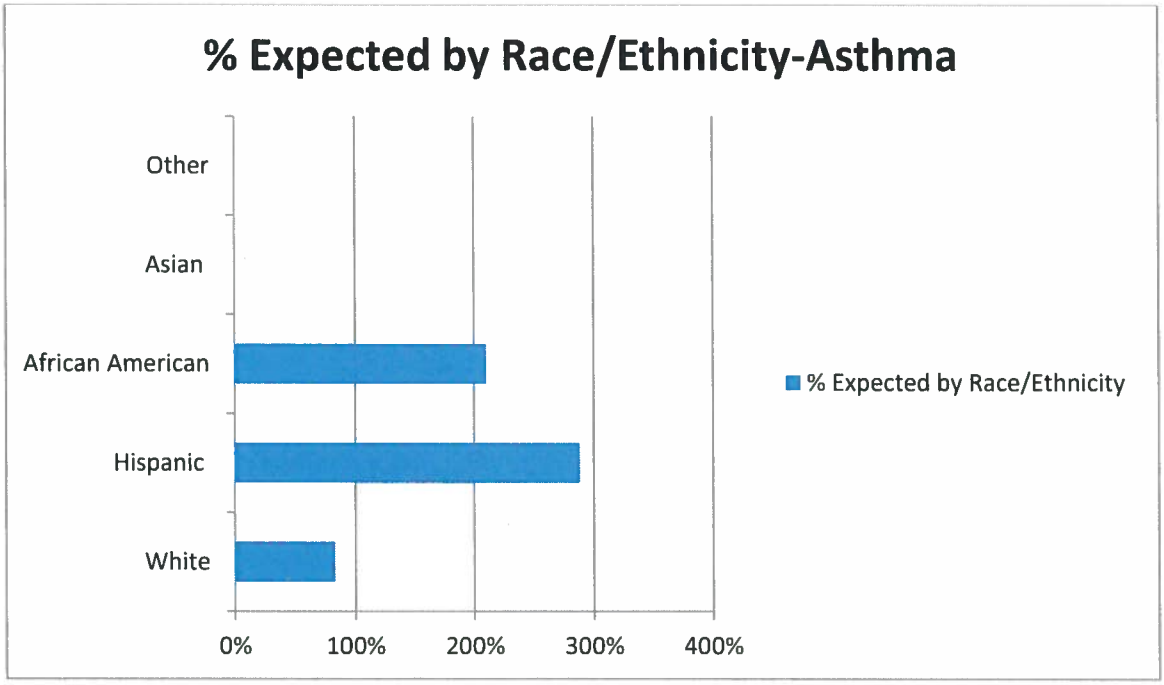
Hospital Admission Rate for Both Zip Codes vs. NY State



Admission % expected by race/ethnicity for both zip codes



Admission % expected by race/ethnicity for both zip codes



Admission % expected by race/ethnicity for both zip codes