

County: \_\_Wayne\_\_

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## **Section One- Populations at Risk**

### A. Demographic And Health Status Information

#### 1. Overall Size

Wayne county's total land area of 604.2 square miles is located on the southern shore of Lake Ontario in the Finger Lakes Region of upstate New York. Topographically, the area consists of 15.78% agricultural, 8.31% forest, 24% natural water, 24% industrial, and 21% strip commercial with a maximum 33% residential. The most populous communities being Newark and Lyons.

The three major businesses in the County are farming, agriculture and industry. With 919 farms and farm product sales of \$89 million, Wayne County ranked fifth in New York State in 1992 according to the 1993 Census of Agriculture Data. Approximately 38% of the farm income was from the sale of fruit. Apples are a major portion of the fruit industry in Wayne county. Wayne County is the second largest apple producing county in the nation, and produces about 32% (370 million bushels) of the state's apple crop. Tart cherries (13.9 million pounds) and peaches (5.3 million pounds) are also significant county crops. Dairy farms are the next largest source of agricultural income at \$14.8 million. Nursery crops and field crops (corn, soybeans and wheat) contribute about \$6-7 million to the County's farm sales. There are about 60 farms with a classification of "other" that provide a significant portion (\$16 million) to the industry's sales. These farms are either specialty animals, poultry, or farms that grow crops that are not considered commodities. Agriculturally, the two largest employers are Comstock Foods and Seneca Foods Corporation. Industrially, the largest employers are Mobil Chemical/Huntsman Packaging Corporation, Garlock, Inc., Cadbury Schweppes Inc., IEC, Fold-Pak Corporation, Parker-Hannifin and J.L. Hammett.

#### 2. Breakdowns

##### Age, Sex, Race:

There are 16 townships, with an overall population of 89,123 as of the 1990 census. The New York State Department of Health, Bureau of Biometrics, estimated an 3.3% increase in population or 92,102 in 1996. The female population in 1996 demonstrates an increase of 1213 or 2.6% and the male population an increase of 1766 or 4% (see table 1). Estimates also represent a substantially larger number of males from birth to age 54 (approx. 7320) and a larger number of females in ages 55 & over (approx. 2071). (see table 2) Over this six year period, the population broken down by age demonstrates a 58.6% increase in the 5-17 year old population (increase of 7,167), followed by a 22.5% increase in the 45-54 year old age group (increase of 2,149). The population over 65 years old demonstrates a decrease by 30.8% (decrease of 4,877) and is followed by a 25.7% decrease in the 18-24 year old age group. (see table 2) The majority of the County's population is 96% white (88,453) followed by 3.1% black (2,942), and .7% Hispanic, American Indian, Asian and /or other ethnic origin (705). 1.9% (1,764) of these are classified as Spanish.

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Table 1 : Wayne County Population by Sex

	Census 1990	Estimated 1996	Estimated Increase	Percent Increase
Overall	89123	92102	2979	3.3
Female	45202	46415	1213	2.6
Male	43921	45687	1766	4

Table 2: Wayne County Population by Age and Sex

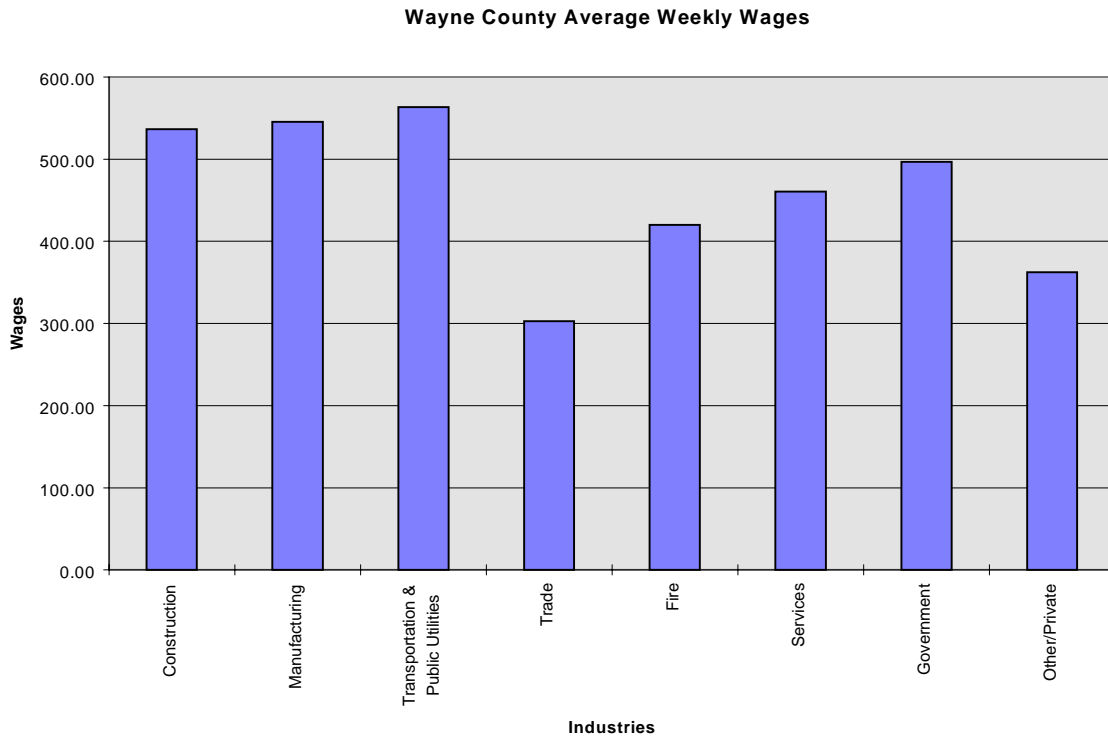
	Census 1990	Estimated Males	Estimated Females	Estimated 1996	Percent Difference
Under 5	7,193	3,719	3,542	7,261	1
5 - 17	12,225	9,987	9,405	19,392	37
18 - 24	8,904	3,428	3,179	6,607	-25.8
25 - 44	28,068	14,632	14,554	29,186	3.9
45 - 54	9,540	5,973	5,716	11,689	18.4
55 - 64	7,369	3,485	3,535	7,020	-4.8
65 + over	15,824	4,463	6,484	10,947	-30.9
Total	89,123	45,687	46,415	92,102	3.3

Income Levels:

In 1990 the median household income was \$32,469 and the family income was \$37,332. The 1989 per capita income per household was \$13,444. The New York State Department of Labors Research Statistics of 1996 indicate the average weekly wage in Wayne County is \$505.19 (approximately \$26,010.00 annually)(see chart 1 for breakdown by type of industry). There were 8.3% of persons below the Federal Working Poverty Line in 1990, representing 5.8% of all families. The largest number of persons below the “Working Poverty” Line appear to reside in the eastern end of the County. (see Map 1). The Villages of Sodus, Lyons, Wolcott and Clyde, and the Town of Butler have the highest percentage below working poverty level. All of these locations average 20.67% of their children between the age of 5 - 18 years old living in poverty. The Village of Red Creek had 23.9% of their elderly population over 65 years of age in poverty conditions.

Chart 1: Wayne County Weekly Wages

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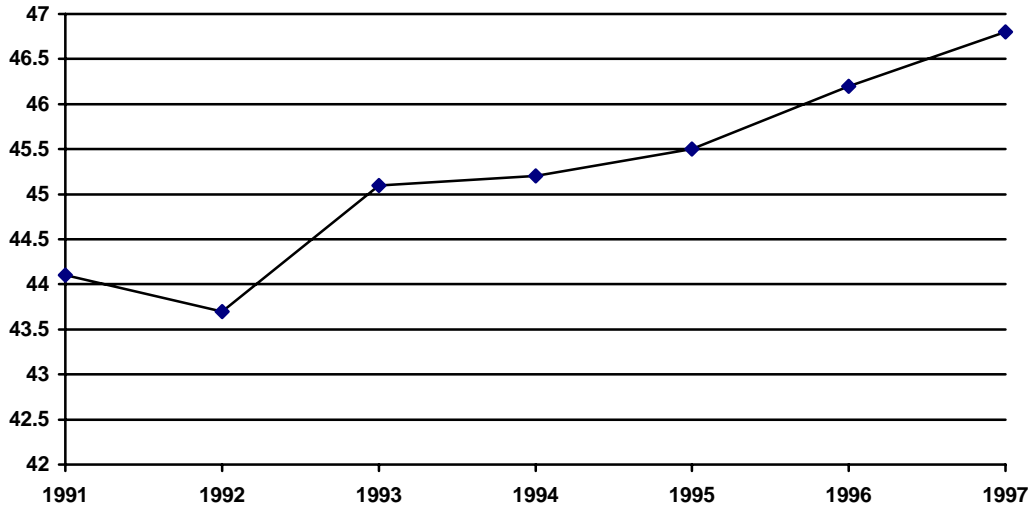


**Employment:**

92.9% of the labor force was employed in 1995 compared to 94.4% in 1990. In age group 65+, 35.7% had work disabilities or mobility or self care limitations. The average civilian labor force in 1997 was 49.2 thousand . The employed population average was 46.8 thousand, an increase from 44.2 thousand employed in 1990 (see chart 2). There was an average of 2.4 thousand unemployed people in 1997 as compared to 2.2 thousand in 1990. The unemployment rate gradually decreased since 1990 and averaged 4.9 thousand in 1997. Nearly half of the work force (45.5%) travels outside the county for employment, according to Socioeconomic Trends in NYS 1950-1990.

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**Chart 2**  
**Wayne County Employed Population per Thousand**



About half of the farms (407) hired some labor during 1992. Approximately 372 of these farms hired 3703 workers for less than 150 days. Many of these would be migrant workers who harvest the fruit. 512 farms did not hire any outside labor. Wayne County contains the largest population of migrant and seasonal farmworkers in New York State, mainly in the peak harvest months of September and October. The County contains an estimated 200 labor camps, with most of those located in the northern and central townships.

**Education:**

There are eleven public school districts in the County, two parochial schools, one BOCES facility and one preschool program for children with special needs. In school year 1997-98 the County’s public school districts population demonstrated a large increase in enrollment from school year 1993-94 to 1997-98 in the western end of the County. Gananda Central School shows a 46% increase, followed by Wayne Central with 9% and Palmyra-Macedon Central with 4%. The Sodus Central and Lyons Central districts had a decrease in population and have the largest % of children identified with disabilities. It is apparent that the majority of the school districts bus most of their children with the exception of Lyons Central with 51% (see table 3 for breakdowns by district).

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Table 3  
Enrollment by School Districts

Schools	1993/1994 Enrollment	1997-1998 Enrollment	Percent of Change	Students identified with disabilities	Approx %	Transported	%
Clyde Savannah Central School	1159	1125	-3%	227	20	1030	92
Gananda Central School	812	1187	46%	165	14	1087	92
Lyons Central School	1227	1219	-.7%	295	24	625	51
Marion Central School	1222	1233	.9%	154	13	1200	98
Newark Central School	2887	2902	.5%	465	16	2257	77
North Rose Wolcott Central School	1880	1909	1.5%	307	16	1859	97
Palmyra Macedon Central School	2334	2415	4%	300	12	1954	81
Red Creek Central School	Data Not Available						
Sodus Central School	1716	1687	-1.7%	353	21	1628	97
Wayne Central School	2696	2941	9%	394	13	2941	100
Williamson Central School	1390	1398	.6%	267	19	1398	100

Educational Attainment:

According to the 1990 Socio-Economic Profile prepared in 1995, 25.7% of persons 25 years or older did not graduate from high school , and only 14% had BA or higher. The average percentage of adults 25+ with high school education or less was 63% (see map 2 for distribution by zip code). The profile also demonstrates that 8.6% of persons 16-19 years old were high school dropouts.

Housing:

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The 1990 household structure was determined to have 75% of households with families and 38.3% of household with families having own children. Population relationships to households were as follows:

- 31.3% of household population 65+ living alone
- 22.7% of <18 year olds not living with married parent
- 68.7% of own children with all resident parents working

The total occupied housing units in Wayne County is 31,977. The majority of housing is owner-occupied homes, with a total of 24,529. The remaining 7,449 are renter occupied homes. There are 4,035 2 - 4 unit dwellings; 1,045 of 5 - 9 unit; and 941 of 10+ unit dwelling; and 4,324 mobile homes.

See appendix #1, 1990 Census of Population and Housing - Selected Characteristics for more information.

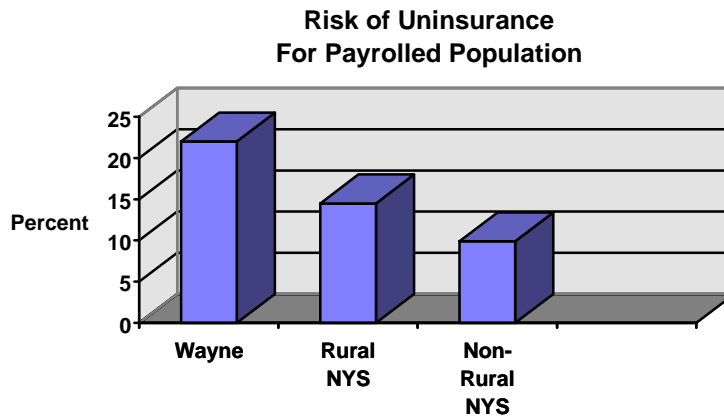
#### Other Characteristics:

It is estimated that there are between 8,000 and 10,000 (10%) uninsured residents of Wayne County. Many of these people are seasonal farm workers, those in transition from welfare to work, those employed part time in food processing plants, and those transitioning from jail to the community. Although there are others (such as part-time employees in the restaurant and resort industry, those in job transition from college and/or the effects of downsizing, and those awaiting social security benefits) who are also believed to be uninsured, it is the former groups that are considered to be high risk populations due to their minority and low socioeconomic status. Many from these groups face significant barriers to accessing primary and secondary preventive health care services. The risk of payroll employees not being offered insurance is 7.5% higher than the rural average. 22% of the employed population. (see chart 3)

The main form of public transportation is the Wayne Area Transportation system (wats). Shuttle buses run daily for minimal cost to riders. The two major state roads through the county are route 104 in the northern portion, and route 31 in the southern portion. A park and ride service is also available, making scheduled stops throughout the county for transport to the Monroe County area.

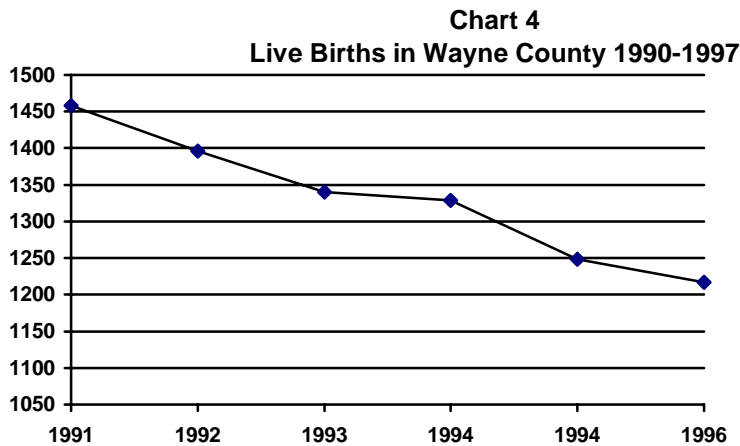
Chart 3

County: Wayne



**3. Natality**

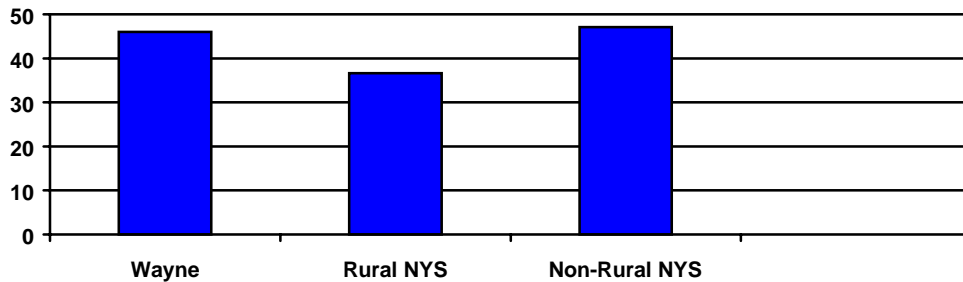
Resident live births decreased by 17% from 1990-1996. The total live births in 1996 was 1217 (see Chart 4) - 1167 white, 41 black, 4 other, 31 Hispanic origin. 31% of the births were delivered by women between ages 25-29 and 28% by women ages 30-34. 71% of the women were married with the majority being over 25 years old. 74% began prenatal care during their first 3 months, 20% during their 4-6th month, 2% during the 7-9th month and 2% had no prenatal care. There were no births in 1996 by women under 15 years old, 41 (3%) by women 15-17 years old and 87 (7%) by women 18-19 years old. Chart 5 demonstrates an above average rate for teenage births in Wayne County.





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**Chart 5**  
**Teenage Births 1994 - 1995**  
**Per 1,000 Females Age 15 - 19**



N = 261                      8,631                      43,165

In 1996, 52% of the newborns were males, 97% were single births, 94% had a birth weight of over 2500 grams and only 2% weighed under 1500 grams. The majority (97%) were born in a hospital setting with 91% having an attending physician. Map 3 demonstrates the percentage of Live Births subject to no or late prenatal care in 1993.

Table 4 is a profile of Wayne County Perinatal Health per 1,000 women.

Table 4 Perinatal Health

Pregnancies (Total)	1,449	73.9	1,481	74.9	1,539	77.2	1,570	78.1	1,614	80
Age 10-14	3	0.8	2	0.6	7	2.1	5	1.5	4	1
Age 15-19	183	66.2	188	67.9	165	59.2	190	67.5	177	62
Births	1,217	13.2	1,248	13.6	1,329	14.5	1,340	14.7	1,396	15
Low Birthweight (<2500 grams)	78	6.4	66	5.3	99	7.4	80	6.0	64	4
Prenatal Care (1st Trimester)	905	75.5	873	71.0	918	70.3	920	71.1	1,074	78
Infant Deaths	7	5.8	11	8.8	8	6.0	9	6.7	10	7
Neonatal Deaths	4	3.3	7	5.6	5	3.8	8	6.0	9	6
Postneonatal Deaths	3	2.5	4	3.2	3	2.3	1	0.7	1	0
Spontaneous Fetal Deaths (20+ wks)	5	4.1	8	6.4	11	8.2	10	7.4	9	6

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Financial coverage was primarily HMOs (65%), Medicaid (21%), private insurance (12%) and self pay (2%). We are seeing an increase in HMO coverage of approximately 6% from 1995-96 and a decrease in private insurance coverage of 7% .(see table 5 - birth breakdowns by mother’s age)

Table 5  
Wayne County Resident Live Birth Summary by Mother’s Age

	Total	under 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	N.S.
Total All Births	1,217	0	41	87	257	377	326	110	19	0	0
Sex Male	629	0	20	47	123	197	171	65	6	0	0
Female	588	0	21	40	134	180	155	45	13	0	0
Race White	1,167	0	36	78	236	370	322	106	19	0	0
Black	41	0	4	7	18	5	4	3	0	0	0
Other	4	0	1	0	1	1	0	1	0	0	0
Ethnicity Hispanic	31	0	2	5	11	6	4	3	0	0	0
Marital Status Out of Wedlock	357	0	40	71	135	67	31	12	1	0	0
Married	860	0	1	16	122	310	295	98	18	0	0
Birthweight <1500 gms	16	0	0	3	5	4	1	3	0	0	0
1500-2499 gms	62	0	1	3	20	20	13	4	1	0	0
2500 + gms	1,139	0	40	81	232	353	312	103	18	0	0
Plurality Single Births	1,188	0	39	85	249	372	316	108	19	0	0
Twins	29	0	2	2	8	5	10	2	0	0	0
Month PNC Began 1st-3rd month	905	0	23	49	162	294	274	87	16	0	0
4th-6th month	243	0	16	23	87	61	39	15	2	0	0
7th-9th month	29	0	1	9	4	9	3	2	1	0	0
None	22	0	0	3	2	10	3	4	0	0	0

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Order of Birth 1st child	471	0	37	69	120	143	80	17	5	0	0
2nd child	447	0	4	16	96	138	147	42	4	0	0
3rd child	192	0	0	1	38	64	59	27	3	0	0
4th child	107	0	0	1	3	32	40	24	7	0	0
Method of Delivery Vaginal	927	0	37	70	202	272	254	81	11	0	0
Cesarean	290	0	4	17	55	105	72	29	8	0	0
Mother's Education <12 Years	181	0	36	40	56	29	13	7	0	0	0
12 Years	435	0	4	42	137	132	91	24	5	0	0
13-15 Years	323	0	0	4	54	118	98	41	8	0	0
16 Years	171	0	0	0	5	64	75	25	2	0	0
17+ Years	97	0	0	0	2	32	48	12	3	0	0
Place of Birth Hospital	1,200	0	41	87	255	372	319	108	18	0	0
Home	13	0	0	0	2	5	5	0	1	0	0
Other	2	0	0	0	0	0	1	1	0	0	0
Primary Financial Coverage Medicaid	264	0	21	50	115	50	20	7	1	0	0
HMO	775	0	15	29	104	264	262	88	13	0	0
Private Ins	150	0	4	7	27	54	40	14	4	0	0
Self Pay	25	0	1	1	10	7	4	1	1	0	0
Attendant Physician	1,105	0	29	73	218	354	307	106	18	0	0
Midwife	98	0	12	14	37	18	13	4	0	0	0
Other	14	0	0	0	2	5	6	0	1	0	0

#### 4. Morbidity

The county continues to focus on sexually transmitted disease prevention. In 1997 the County Health Department investigated 49 cases of Gonorrhea. Over half of these cases were in Lyons (14) and Sodus (14). Williamson followed with 8 cases. Syphilis cases totaled 15, with Sodus having 7 and Williamson having 4. Wayne County continues to be higher than the rural average in sexually transmitted diseases. Other diseases with a large number of investigations were campylocacter (24), Hepatitis C (20), salmonella (12), and Beta streptococcus group A or B non-invasive (11).

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Reportable Diseases Investigated

Campylobacter		24
Cryptosporidia	3	
Giardia		9
Gonorrhea		49
Hepatitis A		1
Hepatitis B		4
Hepatitis C		20
Lyme Disease		1
Pertussis		1
Salmonella		12
Shigella		3
Staphaureous(resistant to penicillin)		2
Streptococcus Group A		7
Streptococcus Pneumoniae		6
Syphilis		15
Viral meningitis		3

Chart 6  
Distribution of Gonorrhea

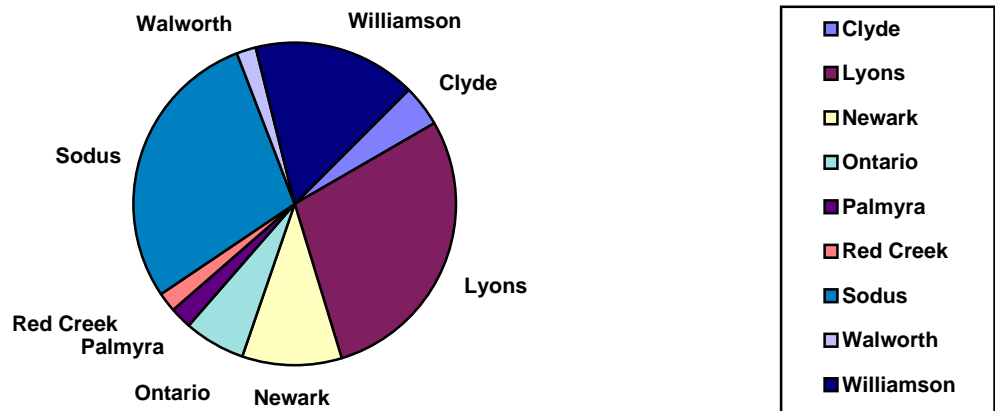


Chart 7  
Distribution of Syphilis

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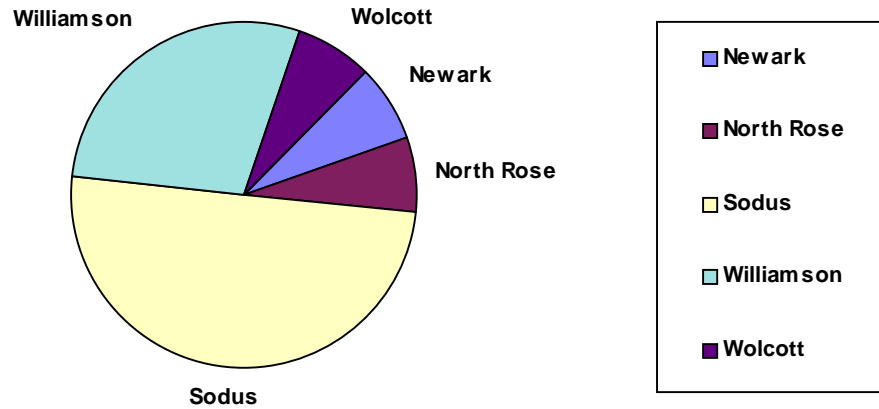


Table 6  
Comparison of Syphilis and Gonorrhea for 1990 - 1997

	1990	1991	1992	1993	1994	1995	1996	1997
Syphilis	8	8	8	1	15	5	6	15
Gonorrhea	70	38	32	53	109	14	34	49

Other Investigations and Referrals

- Colitis - telephone conversation and information sent
- Haemophilus influenzae (non-invasive) 3 cases
- Head lice - numerous calls, numerous fact sheets sent, one home visit, PHN visited Newark schools and assisted with checking heads for lice.
- Hepatitis A (chronic) 1 case
- Hepatitis B (chronic) 4 cases
- Hepatitis C (chronic) 8 cases
- Herpes zoster 1 case
- Lyme disease (indeterminate) 1 case
- Measles (suspected) 1 case
- Miscellaneous - 11 cases
- Neisseria meningitis (non-invasive) 1 case
- Propionibacterium granulosium 1 case
- Psittacosis (suspected) 1 case
- Scabies 2 cases
- Staphylococcus species (non-invasive) 4 cases
- Beta streptococcus group A or B (non-invasive) 11 cases

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Venereal warts 1 case

Yersiniosis - published article on the safe preparation of chitterlings in the Sodus-Williamson Pennysaver, 12/30/97 issue

Table 7 is a profile of Wayne County Disease Morbidity over a five year period. (Newborn Seropositivity and congenital Syphilis Rates are per 100 and 10,000 births respectively. All other rates in this section are per 100,000 population.)

Table 7

Disease Morbidity

	1996	Rate	1995	Rate	1994	Rate	1993	Rate	1992	Rate
AIDS Cases	12	13.0	5	5.4	3	3.3	9	9.9	5	5
Newborn HIV Seropositive	0	0.0	2	0.2	2	0.2	3	0.2	1	0
Early Syphilis	2	2.2	5	5.4	15	16.4	1	1.1	8	8
Congenital Syphilis	0	0.0	0	0.0	0	0.0	1	7.5	0	0
TB Incidence	3	3.3	2	2.2	5	5.5	4	.4	2	2
Measles Incidence	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Confirmed Animal Rabies	10	--	12	--	66	--	19	--	4	--
Lyme Disease Cases	0	0.0	1	1.1	1	1.1	2	2.2	4	4

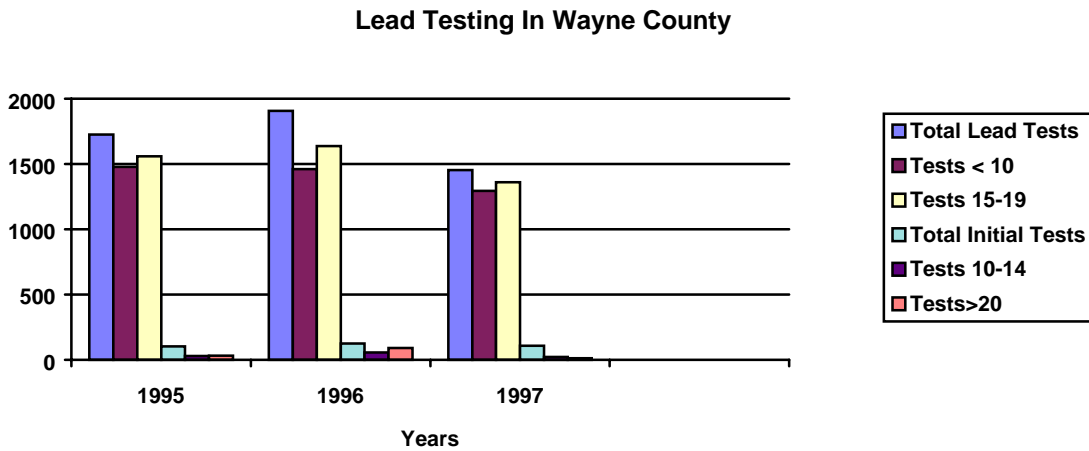
Underimmunization occurs predominantly more in the central and eastern county. Sodus is the largest at risk area. Map 4 demonstrates the index score for townships in Wayne County at risk of underimmunization.

1,322 flu shots were given by Public Health in 1997. Seven clinics were held at senior nutrition cites enabling the health department to give 735 shots to seniors in Wayne County. Others receiving flu shots were County employees and employees from two businesses participating in on site clinics, and persons attending a Health Fair in Wolcott.

The Public Health Department received 1,453 reports of lead levels in children and pregnant women. Of that number only 12 were over 20mcg/dl patients who received a nursing visit for a medical evaluation and referral to the NYS Department of Health for environmental investigation. Statistics in chart 8 demonstrate a decrease in lead cases over the past three years.

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Chart 8



There were 5 Tuberculosis cases in 1997. Of the 133 referrals received , 53 people started INH.

Cancer Incidence averaged annually, 221.4 males and 189 females during the period 1990 - 94. The predominant sites of cancer in males were prostate, lung/ bronchus and colorectal. Female predominant sites were breast, lung/bronchus, colorectal and colon. (see appendix 2 for statistical breakdown)

Wayne County Diabetes Prevalence Estimates for 1993-95 reveal a total number of 2,633 people having this illness. 42% were age 45-64 years old. (see table 8 for age breakdown). Chart 9 compares state and county Diabetes mortality rates during 1991-95.

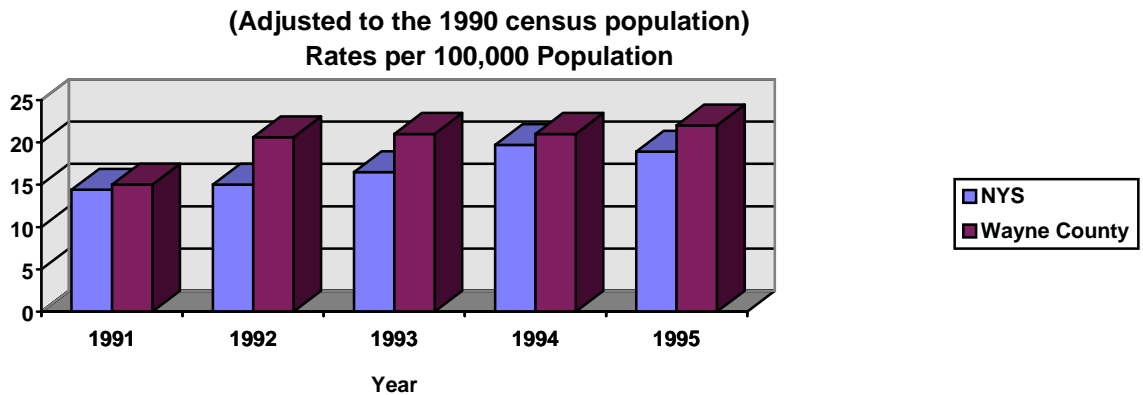
Table 8  
1993 - 1995 Diabetes Prevalence Estimates

Age Group	Estimated # People with Diabetes	Percentage
0 - 17	43	1.6

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18 - 44	350	13.3
45 - 64	1110	42.2
65 - 74	630	23.9
75 +	500	19
Total	2,633	

Chart 9  
1991 - 1995 Diabetes Age-Sex Adjusted Mortality Rates



Approximately 1330 individuals (50.5%) were hospitalized for an average of 8.3 days. Wayne has demonstrated higher numbers of mortality cases per 100,000 people than the state average. All births to women with diabetes (43) had complications.

**5. Mortality**

There were 758 deaths in 1996. Wayne County’s leading cause of death was heart disease, with 237 deaths, followed by 53 deaths by cerebrovascular disease. Other leading causes were lung cancer and accidents. Table 9 demonstrates Wayne county mortality rates per 100,000 population over a five year period.

Table 9  
Wayne County Mortality Rates per 100,000  
1992 - 1996

	1996	Rate	1995	Rate	1994	Rate	1993	Rate	1992	Rate
--	------	------	------	------	------	------	------	------	------	------



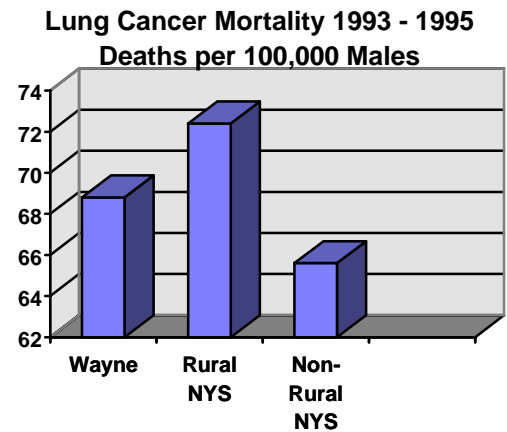
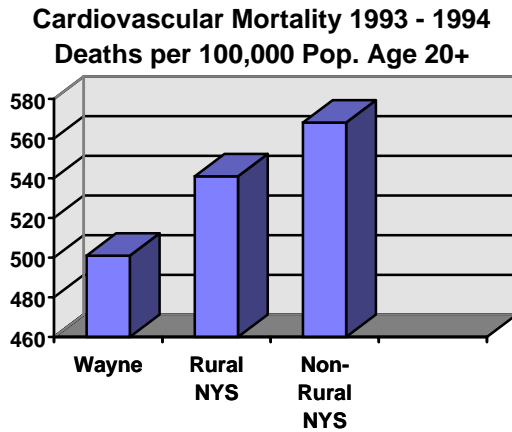
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Total Deaths	758	823.0	753	820.3	770	841.5	756	829.9	720	796
Lung Cancer (Total)	48	52.1	50	54.5	62	67.8	52	57.1	50	55
Lung Cancer (Male)	28	61.3	23	49.7	38	83.9	31	68.8	33	73
Lung Cancer (Female)	20	43.1	27	59.3	24	51.9	21	45.6	17	37
Breast Cancer	14	30.2	14	30.8	16	34.6	14	30.4	8	17
Cervical Cancer	2	4.3	3	6.6	0	0.0	3	6.5	2	4
Cerebrovascular Disease	53	57.5	56	61.0	42	45.9	45	49.4	44	48
Diseases of the Heart	237	257.3	216	235.3	250	273.2	255	279.9	236	261
Homicides	1	1.1	2	2.2	2	2.2	2	2.2	3	3
Suicides	4	4.3	13	14.2	7	7.7	12	13.2	8	8
Unintentional Injury	31	33.7	35	38.1	28	30.6	34	37.3	28	31
Motor Vehicle	15	16.3	24	26.1	16	17.5	18	19.8	17	18

Mortality indicators ranking Wayne County among the 15 best performing rural counties are Cardiovascular (age 20+) 1994-95 and Lung Cancer (male) 1993-95. Indicators that the county is among the weakest profiles are unintentional injury 1994-95 and lung cancer (female) 1993-95 (see chart 10). In 1994-95 infant deaths/1,000 live births was 7.4, this figure being .7 above the rural average.

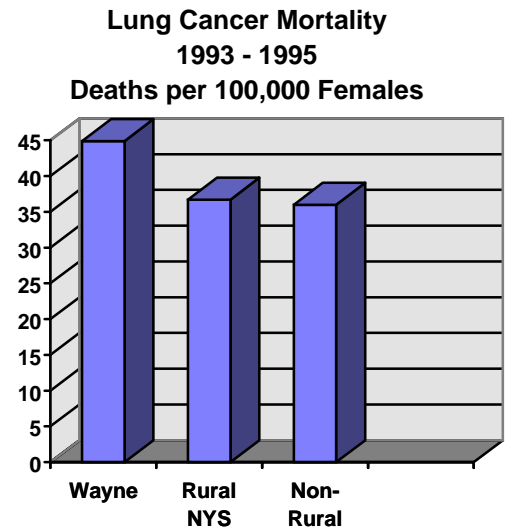
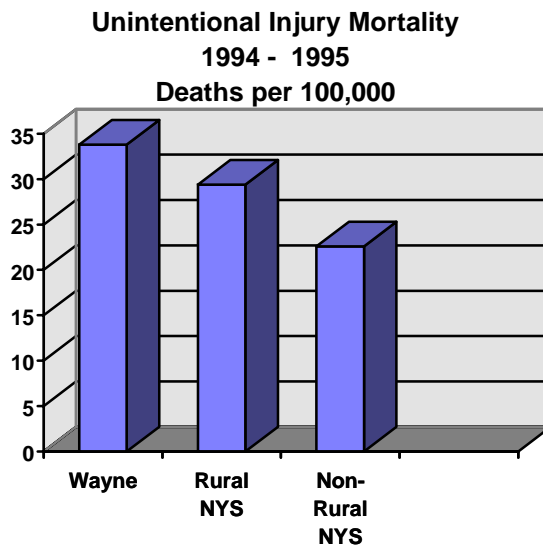
Chart 10  
Examples of Strength

County: Wayne



N= 930 40,198 257,155 N= Unknown  
Data from Rural County Health Profile

Examples of Weaknesses



N= 63 1,995 6,743 N= 72 2,434 9,945

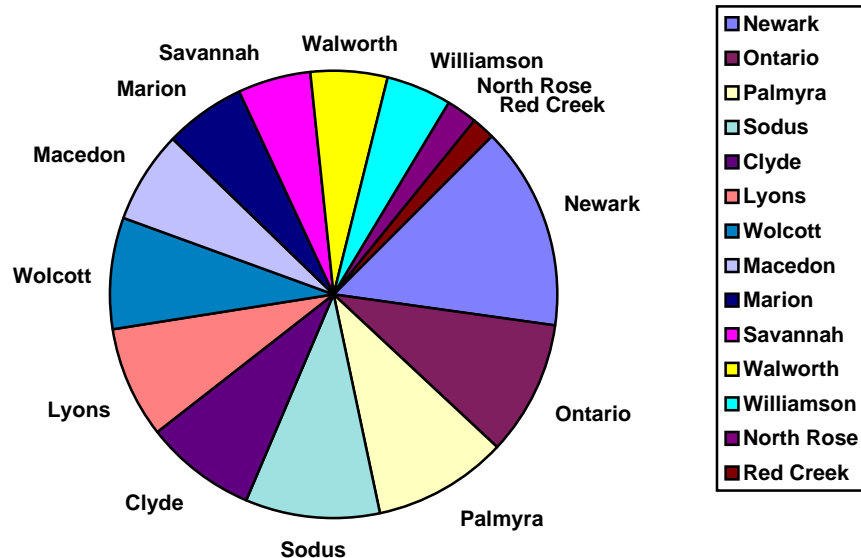
**6. Other Demographic Data**

Vital statistics for 1995 showed there were 185 teen pregnancies in 1995. Newark recorded the highest number of teen pregnancies with 27. Ontario, Palmyra and Sodus were next with 18 each, followed by Clyde, Lyons and Wolcott with 15. Teen pregnancy

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has always been a problem in Wayne County. (see Chart 11)

Chart 11  
Teen Pregnancy by Towns



School districts are now more apt to have students complete behavioral risk surveys on a yearly basis. These tests may be administered to any age group, however most are given to 7-12th grade students. These tests allow the school district to assess the health risks of their students. Most tests include questions on sexuality, alcohol/drug use, violence, exercise, nutrition and mental health.

The results from one school district showed that the onset of first sexual intercourse is alarmingly young! By the age of 15, 25% of the students had been sexually active and 13% of the students had had sexual intercourse by the age of 13. Also by 10th grade, 13% of the students had sexual intercourse with 3 or more partners and by 12th grade 17% of the students had 6 or more sexual partners. (see appendix 8 )

These numbers allow us to estimate that the age of onset of sexual intercourse is becoming younger and younger, and the number of partners students are having is on the rise. Along with the onset of intercourse comes the increased risk of pregnancy, sexually transmitted diseases and the risk of HIV infection.

**7. Interpreting Demographic Trends**

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The following linkages between demographic and secular trends and their suspected connection to poor health and need for public health services is not intended to infer known casualty, but are designed to provide a backdrop against which ongoing health initiatives can envision the goodness of their efforts within county specific constraints.

Low Wages vs. under- and un- insured constituents - Because Wayne County's workforce is engaged in farm-related or unskilled labor, over 1 in 5 wage earners do not enjoy health coverage through their employment. Child Health Plus will close the gap for children and youth in these families, but the wage earners themselves and their spouses will not be impacted by this important New York State initiative. At the same time that demand for such traditional public health services such as immunization and well-child clinics are down, as most of these needs are now being met in primary care physician practices, the parents of these children continue to have no medical home. The risk of noninsurance in Wayne County is 7.5 % higher than for the average for rural areas of the state.

Lower levels of education of the population vs. efficacy of health education and prevention - Use of medical services to prevent illness or responsiveness to symptomatology to intervene at the earliest point in a disease process are more likely to occur among individuals with higher levels of education. The fact that 63 % of individuals over 25 in Wayne County have high school education or less is an indicator that health initiatives targeted to prevent and intervene early are less likely to be successful than in areas that enjoy higher levels of educational status of residents.

High dropout rate from school vs. high teenage pregnancy - These two factors may be circularly related, and both, in fact, correlated with other causal factors, e.g. lack of recreational opportunities, The teenage [16 to 19] birth rate {46 per 1,000 females} in 1994-1995 for Wayne County was 9.4 % higher than the average for rural New York [36.6 per 1,000 females]. Another factor may be the barriers to accessing family planning services (real, because the number of providers has been low, and psychological, related to the overall place of prevention in a present-oriented economic base). The pockets of teen pregnancy appear to correspond to the pockets of poverty.

Large migrant population vs. difficulties in promoting continuity of care - Seasonal farmworkers: have no health insurance; usually English is not their primary language; housing conditions are poor; transportation is frequently not available; have a high illiteracy rate; and are difficult to provide health services to with appropriate continuity of care due to their constant mobility. These factors have been recognized and account for the presence of a regional and local migrant program under state and federal grant funding.

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Noteworthy immigrant population vs. increased exposure risk to emerging pathogens - TB cases have occurred among the Chinese immigrant population, and follow-up treatment has encountered difficult and unique barriers to care.

Risk factors are significantly higher in the Eastern end of the county: income rates rise in the west and set in the east; the same is true for real estate values. The population is younger in the west and lower in the east.

## B. Access to care

### 1. Availability

Wayne county is served by approximately 33 primary care physicians who are affiliated with ViaHealth Wayne Hospital. ViaHealth is the only hospital in the county and consists of two separate campuses; one located in Newark which mainly serves the southern half of the county, and one located in Sodus which mainly serves the northern half of the county. ViaHealth of Wayne was formed on April 1, 1998 with the merger of Myers Community Hospital and Newark-Wayne Community Hospital.. An affiliate of ViaHealth, it is a 354 bed health care organization dedicated to meeting the varied health needs of Wayne County and area residents through a full range of health care services. Services available include: long term care; acute care; 24-hour emergency care; surgical services; laboratory, radiology, and rehabilitation services; inpatient psychiatric care; women's' health care; adult day services; respite; and more. ViaHealth's emergency departments see an average of 300 patients per month who are "self pay".

Other medical services consist of two large medical groups ( Arcadia Family Practice and Pal-Mac Family medicine). There are additional primary care physicians in the county who are affiliated with hospitals in neighboring counties. Patients of these practices access primary care in Wayne County, but in patient and out patient hospital care are provided in other counties. Due to the centralized locations of the two Campus in Wayne County, several residents in the eastern and western portions of the county travel to other counties for medical care.

There are two clinics located in Wayne County: Planned Parenthood, centrally located in Newark and East Hill Family Medical, located in the eastern half of the county in North Rose. Both clinics are only available for appointments on a part time basis, each available for appointments one day a week. No evening or weekend appointments are available.

### 2. Discussion of primary care and preventive health services

The concern that the number of under- and un- insured adults has already been expressed

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herein, with supporting documentation determined by looking at the ACSC rate for the Wayne County adult population. Based on 1994 - 95 SPARCS discharge data, Wayne County's rate for ambulatory care sensitive conditions is approximately 20% higher than the rural average for New York State. Thus the availability and quality of Primary care in the county community needs closer review, particularly to breakdown this overall trend into component conditions more likely to result in inpatient admission rather than in an ambulatory care environment. This will be addressed in the next planning cycle in conjunction with the study being conducted under the auspices of the Wayne Rural Health Network. It is probable that a further initiative will, based on the more specific data, reflect development of additional emergency room diversion resources and/or ambulatory care development.

A second major concern regarding access to primary care relates to the New York State Medicaid Managed Care Waiver. Only approximately 13% of Medicaid recipients are enrolled in one of the two area plans; Blue Choice option and Preferred Care option. The major impediment has been the inability to secure the participation of the majority of the primary care physicians in these Medicaid HMOs. The underlying problem is the differential between reimbursement to article 28 affiliated providers vis-à-vis rates for Medicaid HMO services. This loophole needs to be addressed on a level higher than the county. It should be noted that Medicaid recipients are receiving services from these providers under fee for service, but the advantages of HMO participation, particularly in the area of prevention, are lost. Map 5 displays Medicaid Eligibles distribution by township.

Utilization of preventive health services is a "Mixed Bag". The Child Health Plus initiative is anticipated to close the gap in providing preventive health services for all children, although the ability of existing physician practices to be able to absorb the demand of children newly enrolled in Child Health Plus is questionable. The remaining issue in regards to preventive health services relates to the lack of organization to the many disparate preventive activities that are planned and implemented. It is hoped that a short term objective of the Wayne Rural Health Network will be to create an oversight prevention committee that will seek to harness the array of prevention activities to promote geographic equity and comprehensive response to all of the identified health care priority areas.

### **3. Commonly-identified barriers**

Financial:

None of these providers see patients on a sliding fee scale and few have evening hours. The closest clinic that will see patients on a sliding fee scale is over 50 miles away.

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Based upon the available demographics and experience with working with these populations, an estimate of the uninsured in Wayne County is at 10% of the population. The underserved population has demonstrated to be the seasonal agribusiness community, minority communities, the rural poor of eastern Wayne County, and those transitioning from jail.

Lack of transportation, lack of access to affordable health care, lack of knowledge about community services (including low cost insurance plans such as Value Med), and day to day survival mentality is characteristics of all of these groups.

Structural :

The eastern region of the county has demonstrated a problem with being medically served.

Access to care for the majority of the primary care physicians is limited to a Monday through Friday, 8 am-4:30 PM basis, with 24 hour emergency care available at each campus' ED. Primary care for pediatrics is more accessible, with evening hours offered by most pediatricians 3 evenings a week and on Saturday mornings.

Personal:

Substance abuse and mental health problems have been rated as moderate to severe. There has been an increase in the use of crack and heroin. Wayne County is thought to be a major drug trafficking area due to it's geographical location between two large upstate cities and proximity to Canada. The jail has a discharge rate of 143 people per month. The growth in the county of PINS petitions and Juvenile Delinquent petitions also is a marker that runs coterminous with increased use of illegal substances.

Cultural factors do appear to influence the incidence of domestic violence; outreach efforts to conduct school-based violence awareness workshops have pointed to this particular phenomenon that, while universally occurring, has cultural precursors in minority populations that render the event more intransigent to interventions.

### C. Behavioral Risk Factors

1. STD's, lung cancer, injuries, tuberculosis, WIC access, and prenatal problems are worse than the rural average. Dental care access is also a problem, coupled with the fact that there is lack of fluoride in the water systems of Rose, North Rose, Clyde and Savannah. Under-immunization of adults is another significant problem.

Migrant health services meet the needs of farmworkers through excellent primary care clinics, dental services, case management assistance, and preventive screenings. However, it is only those who migrate within two years who are eligible for these low/no cost services.

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Seasonal farmworkers, unfortunately face similar Third World health conditions and barriers to health care access, but do not have the same services available to them. Language and cultural differences, illiteracy, poverty, poor housing conditions, and unpaid time off are some of the significant problems that this population (like the true migrants) face. Many of these workers are marginalized members of the community who live in old migrant camps and other clustered communities. It has been well demonstrated that there are more documented cases of active tuberculosis, latent syphilis, HIV infection, and undetected or uncontrolled chronic diseases in this resident farmworker population when compared to the true migrants who come to Wayne County.

Minority communities of eastern and central Wayne County health data indicators have determined that African Americans are at higher risk of developing cancer, cardiovascular disease, and hypertension. Hispanics are prone to diabetes. Both populations have significantly higher rates of tuberculosis, HIV and AIDS. Because many from the local population are resettled farmworkers, the risks of pesticide exposure from a time when pesticides were not regulated, as well as lack of available health services before the 1970's, could pose a risk of undetected disease in the aging minority community.

The jail to community transition population tends to be at very high risk for STD's, HIV and other problems compounded by substance abuse. Delay in seeking health care for primary and secondary prevention is also characteristic of this group due to complex psycho-social problems, domestic violence and lack of trust of health and human service agencies. The health provider at the jail estimated that 99% of those released in the past year were uninsured. She also estimated that three referrals a week could be made for nursing health guidance and/or case management assistance to ensure that those with complex health problems do not fall through the cracks.

The impact of Welfare Reform (Welfare to work transition), is just beginning to be recognized. Many who are at entry level jobs cannot afford expensive doctor visits, medications, and other medical supplies. Survival skills have also left this population in a dependency mode, whereby new skills of empowering healthy behaviors and basic life skills need to be applied. National studies have demonstrated the positive impact of public health nursing home visits on improved health outcomes for this population.

2. Rural isolation affects all aspects of health care: preventive information exchange, interventions, monitoring of health issues, mental health (depression-loneliness), transportation issues, etc.

Access to care has been an ongoing issue in Wayne County. Because of the large percentage of under-insured, low income population, medical expenses are too high and early preventive care services are neglected. Limited access to clinics providing contraceptives and education has contributed to the problem of increased teen-age pregnancy. Planned Parenthood and East Hill Family Medical Inc. provide GYN services but have limited hours. There has been an escalation of STD cases due to lack of willing service providers for treatment to males, in



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particular, teen-age males.

There are only two sites that provide OB GYN services, one in Newark and the other in Sodus, leaving the western end of the county traveling outside of the county for service and the eastern, more rural population, without easy access to any service. With only one transportation provider in the county, scheduling appointments with transportation schedules is difficult.

Diabetics experience no insurance covering primary and preventive care. These patients end up in hospitals or with disabilities related to no early care.

Wayne County ranks higher than the rural average in female lung cancer. Low income families needing two incomes to survive have increased the number of women working in high risk areas such as factories, restaurants, etc., where smoking is not prohibited, and exposure to second hand smoke occurs. Stress levels and/or related activities have increased and more women are smoking. Cigarette smoking the our most common drug addiction among our adolescents. Research and survey indicators show that smoking has increased, especially among teen age women.

Educational attainment in Wayne county demonstrates a high percentage of our population having a high school or less education. Approximately 8.6% of our children are dropouts. Teen pregnancy, STD rates, and low self-esteem are examples of how the lack of education and/or health education effects our population.

Education is lacking in our work environments as well. Employees are not regularly trained for ergonomics programs, resulting in medical leave and/or loss of income. Several employers contribute to the unintentional injury rate and exposure rate by not requiring pre-employment physical exams. Our seasonal farmworker population is penalized by loss of income for taking time off for medical care.

The results of the study by the State Department of Environmental Conservation, show that 704,177 pounds of commercial pesticides were sold in Wayne County in 1997. More restricted use of solid pesticide products, and the greatest variety of products were sold in our county than any other New York county. The purpose of the study was to organize data so that experts can explore possible relationships between pesticide use and medical conditions such as breast cancer.

#### D. Local Health Care Environment

##### 1. Environmental Influences on Risk Factors

a. The physical environment poses several factors responsible for increased risk to Wayne County residents: large farming industry, with resultant increased risk of work

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related injuries and exposure to pesticides; winter sports, particularly snowmobiling and ice fishing, contribute to mortality and morbidity due to accidents; summer recreation enhanced by the northern Lake Ontario border contributes to injuries, especially as it relates to widespread boating and jet ski activities; and lack of sufficient divided highway for higher speed roads creates hazardous conditions, particularly on State Route 104, which accounts for many deaths and injuries each year.

b. There are few diversion opportunities available to encourage alternatives to incarceration, tending to result in jail time and the subsequent loss of wage earning capacity in the family. There are few respite resources available to permit families to maintain continuity of care of family members with special health or behavioral health care needs. Legal services to those of lower income in regards to civil proceedings are lacking, resulting in lack of redress and behavioral health sequelae. There are no current programs providing mediation to couples seeking to end their relationship via mutual decision-making, thereby saving the costs of court and the negative aspects of adversary actions.

c. Isolation is a problem in the rural areas, particularly for the older age segments and the teen age segments of the population. This can lead to depression and its corresponding health consequence. Very little outreach or home-based programs are available, and those that are prioritized individuals with significant levels of behavioral health issues. The lower educational rates translate into a decreased likelihood of utilizing preventive care.

d. The higher numbers of under- and un- insured increase the likelihood of non-receipt of preventive or even appropriate acute care medical intervention, resulting in higher levels of morbidity as to both frequency and severity. Medical case management to promote timely and appropriate follow-up is not available.

## **2. Other Components of the Health-Related Environment**

a. The schools have identified children and youth at risk of alcohol and substance abuse, dating violence, teenage pregnancy, STD, smoking, and poor school performance and high dropout rates. These will be discussed in greater detail under Section Four, Local Health Priorities. Additional health concerns identified by area schools include: head lice, which resulted in a coordinated multi-agency response; trauma related responses, which has led to districts establishing protocols for response to trauma to the student population, e.g. car accidents claiming fellow students, teachers, etc.; and, in general, a call for school-based services. This latter objective has proven impossible for most area service providers to respond to, given the current activity levels at their central sites. The hope is that ongoing efforts at service coordination may result in grant requests that seek to allocate resources to community agencies to permit them to personalize and target resources to each district.

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The worksite wellness program did not really take in Wayne County; even efforts to establish wellness activities in the Health Services Building, which houses Behavioral Health, Public Health, and Aging and Youth, were only modestly successful. Certainly absenteeism and resultant loss of productivity is a critical factor to local businesses, but no serious efforts to standardize EAP programs has occurred. Instead, separate agencies vie behind the scene for these dollars, bid low to get them, and produce short-term (3 or less contacts) that do little more than to increase follow-up referrals to the major providers who are not funded to accommodate these additional needs. An industry council would prove very beneficial in identifying the range of employment-related health issues and developing strategies to combat them.

b. Geographic components of the health-related environment include, but are not limited to: the land area classified as wetlands, which mitigates against a county-wide water and sewer system; and the glacial remnants, i.e. drumlins, which mitigate against east-west road development that would help to minimize the variation in resources between the richer western sections and the poorer eastern sections of the county. Radon emissions are present in the subterrain but in levels that just border on hazardous.

c. Newsprint media are cooperative in printing press releases; local weeklies rely on fillers from various canned sources to augment their issues with health-related topics. Radio stations are less likely to offer any significant free air time for PSAs, but, if combined with only a few paid adds, will offer much more free airing of the spots. TV is clearly not of much assistance in “getting the word out” and, in fact, appear to be more interested in focusing on the downside of events that on the positive spin that can be garnered from negative occurrences.

d. The Wayne County Board of Supervisors has commissioned an Ad-Hoc Committee on Smoking in Public Places. A community survey was conducted and 640 responses were received. The results are in process of analysis and a final report is anticipated, with recommendations, in October, 1998. The study will be included in the next MHSP.

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## **Section Two - Local Health Unit Capacity Profile**

A. Organization The reviewer is referred to the LHU's organizational chart, appendix 3 to this Community Health Assessment. Since the reorganization of the Wayne County Public Health Service in 1994, each service area has been discretely compartmentalized. This was necessary to correct the ongoing practice of dedicating all staff to today's priorities, which inevitable involved daily service demand from the Community Home Health Agency and frequently to the disadvantage of the Prevention Service, as these activities tend to be more planned, communicable disease outbreaks notwithstanding. The hidden cost of this partitioning was some loss of experienced public health nurses, which has been more than offset since that time by the LHU's ability to hire staff in the Prevent Team who have either transferred to Prevent from CHHA as vacancies occurred or who were hired with some actual public health experience.

B. Staffing and Skill Level All of the agency's supervisors (3) are bachelor prepared; the Director of Patient Services has a Masters in Nursing and is also a Nurse Practitioner. The Health Educator is Bachelor prepared, with considerable work processing abilities, including document handling. The Public Health Director has a Masters in Preventive Medicine and a PhD in Interdisciplinary Studies: Preventive Medicine and Social Work. Dr. Mabon has taught Social and Health Policy at both bachelor and graduate level; he has taught Social Science Research at the Bachelor level. Dr. Mabon has had experience as a Research Associate in a large program evaluation study at Ohio State University and is adept at managing large datasets and statistical packages. In 1994 he was the Principal Investigator in a study of mental health services in county jails in New York State; the survey was a project of the New York State Conference of Local Mental Hygiene Directors and the final report was used in some measure to target improvements in funding for such services, including statewide trainings and recommended policy changes.

C. Adequacy and Deployment of Resources - The most significant resource at this juncture for insuring that our LHU has sufficient wherewithal to meet the demand for responsiveness to Community Health Assessments, Municipal Health Service Plans, and program evaluations is found in the hardware and software capabilities enjoyed by Wayne County Public Health staff. The agency's data processing inventory now reflects 32 stand-alone PCs and 18 laptops ! Granted, some of the PCs are pre-pentium, but in terms of their ability to use the network software, they work very well as "dumb terminals." The agency has two network services, one for all other, and one targeted for the CHHA, which is in process of entering real time with its HBO integrated databases, HAMS (business) and DOC+ (clinical casemanagement). Of particular importance to this infrastructure resource question is the current users license for SPSS, Statistical Package for the Social Sciences, which has the capacity to handle large data sets and perform virtually any statistical test from Chi Square to multiple stepwise regression, data transformations, and multi-media output. Another important development was the execution of a formal service linkage agreement in September, 1998 between Wayne County Data Processing and Wayne County Public Health wherein Data Processing

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has agreed to accept primary responsibility for managing, monitoring, and troubleshooting all hardware and software within the Public Health Department, insuring adequate response and overall management controls on this mushrooming work related activity. We were able to download much of the data used in this Community Health Assessment through the HIN.

D. Expertise and Technical Capacity to Perform a Community Health Assessment - Beauty is in the eye of the beholder, so they say. This item would appear to be more appropriate for the reviewer to comment on subsequent to our submission of the CHA and DOH review. In looking at the Public Health Infrastructure item included in Healthy People 2010 Objectives: Draft for Public Comment the following areas appear germane:

....Training in Essential Public Health Services - Viewed by current LHU administration as the most important expenditure need in the budget, training is a constant initiative that has proven difficult but not impossible to sustain. Prior approval of all training is required at the Public Health Committee of the Board of Supervisors. Documentation is offered in the form of a listing of trainings attended by staff in calendar year 1998 to date (see Appendix 4 ). Attendees are asked to present summary findings at staff meetings or discussion brown bag lunches to maximize information sharing. An ongoing goal is to form staff development networks with sister agencies in the community to maximize the dollars available and those benefiting.

....Onsite Access to Data - Wayne LHU is linked to the internet via the HIN. Most stand-alone PCs have high speed modems and are capable of electronic linkage to data sources. In addition, in house software is capable of performing state of the art data management.

....Access to Public Health Information and Surveillance Data - Again, the capacity is there, and the access to the HIN is in place. Getting the data in the HIN in a timely manner is perhaps a greater need beyond our capacity to resolve.

....Data Collection and Tracking Healthy People 2010 objectives for select populations - The real limitation here is that most morbidity data are not disaggregated sufficiently to permit high utilization by the Local Health Unit. Funds are certainly not available to permit mounting separate studies but mini-grants along those lines would be responsive to this issue.

....Performance Standards for Essential Public Health Services - These appear to be in process of development as the public health world evolves in response to the changes in the health care industry. Since we are public health, we anticipate such performance standards will be outlined for us to follow.

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....Health Improvement Plans - Our interpretation of this is “after you receive your report card grade, what regimen are you going to follow to improve your grade and how will your efforts be scored.” We will be able to address this more clearly when the report card phase of our Community Health Assessment is fully completed; this is scheduled for the next planning cycle.

....Access to Comprehensive Epidemiological Services - The LHU will exponentially advance in this area when the HIN is tied into the CDC for emerging pathogens, response to outbreaks, etc. All our state and national resources will be on line to assist at the local level, and vice-versa, when this cyberhealth is launched.

....Collaboration and Cooperation in Prevention Research Efforts - Already established as a standard practice, our Prevent Team functions regularly as an adjunct to both the DOH Regional Office for technical assistance and active conjoint operations, e.g. TB, STD, and Communicable Diseases, and with the DOH District Office in Geneva for environmental health interface on comingled health concerns, e.g. lead, individual water and sewer contamination, and foodborne outbreaks involving restaurants. The jump from the frying pan of crisis response to the research prevention level is just one more step in our history of collaboration. Public - Private partnerships are already growing and may also evolve to such joint prevention research/collaboration, but the likelihood appears less positive in this arena due to the competition among private providers for ownership of such projects and control of the funding that accompanies them.

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### **Section Three- Problems and Issues in the Community**

#### A. Profile of Community Needs

The physical, psychological, and social health of needs of county consumers are met through a myriad configuration of public, private, and voluntary organizations. Such community resource organizations range from affiliated hospitals, solo and group medical practices, Article 28 clinics, Article 31 outpatient clinics, voluntary agencies providing noncertified supportive, adjunct, and direct care, and collaborations and networks, providing conjoint and concurrent activities around specific initiatives.

A listing of each agency can be determined from the 1998 Ontario-Wayne Human Resource Directory. A copy of this listing is appendix 5.

#### 1. & 2. Group Listing, Collaborative Efforts

Wayne County Public Health is working collaboratively with a variety of county agencies to help improve the health status of the community. All of these efforts are being conducted by groups with the capacity and interest to collaborate to improve the health status of the community. In addition, each separate effort is described for each collaboration already underway, and includes an up-to-date assessment of services as they relate to the particular area of concern addressed by the respective collaboration.

Wayne CHEC- the Wayne County Health Education Coalition is a network of local agencies whose mission is to provide Wayne County youth and families with clear, consistent health information that empowers them to establish healthy, productive lifestyles. This network allows for not only a collaboration on health education efforts, but also coordination of programming and reduction in duplication of services. Specific programs are being worked on to address high risk populations and educational needs.

Wayne County Rural Health Network- was designed to identify emerging and unmet county health needs and to ensure that resources and services are in place to meet service needs. The network provides a forum for the exchange of information between agencies and individuals. A copy of their mission statement is appendix 6. The work groups that constitute the total efforts of the Rural Health Network are: Network Development; Emergency Medical Services; Behavioral Health; Managed Care; hospital consolidation, i.e. reconfiguration of acute care services between two local campuses of ViaHealth of Wayne, Inc.; and Senior Care. The performance targets and milestones of these work groups is appendix 7.

The Wayne County Rural Healthcare Network received \$158,800 as a part of the New York State health care grants awarded to rural communities to improve the health of residents in rural communities and provide greater access to health care to those living in remote or sparsely populated areas. In addition, rural health grants will be awarded during each of the next two years. The development of

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rural health networks, where providers agree to join together to improve community service, allows for the most efficient use of resources and helps retain local control in a competitive health care market. The primary objectives of the rural health network development grants include increasing the number of comprehensive, cost effective health care systems serving rural areas, increasing community involvement and innovative solutions to health system issues, increasing and strengthening network cooperation, and increasing the number of primary health care personnel trained and practicing in rural communities.

Wayne County Behavioral Health Consortium- (formerly the Wayne County Chemical Dependency Service Providers' Consortium) is an organization of some 40 chemical dependency, mental health and other human service agencies serving Wayne County. The Consortium provides a forum for the communication, coordination, collaboration and support of Wayne agencies for discussion of issues, action, and work toward an integrated service delivery system. The Consortium works in conjunction with the Wayne County Community Services Board and assists with input into the annual plan for Mental Health, Mental Retardation, Alcoholism and Substance Abuse Services.

Wayne Diabetes Network- provides community blood glucose screenings to help identify individuals who may have diabetes and not know it. Includes educational programming and linkages to local support groups, physicians and educational programming.

Tobacco Action Coalition of the Finger Lakes- this project focuses on tobacco related issues in the Finger Lakes Region. Activities have included: educational campaigns for school aged children; presentations by nationally known speakers; advocacy for cleaner indoor air and stricter smoking restrictions via secondhand smoke campaigns; compliance checks in the four county areas (compliance in Wayne County in 1997 was 98%!); youth advocacy through "Operation Storefront", a project directed at tobacco advertising; updates on smoking cessation for health care providers to learn new strategies for helping patients quit smoking.

The Wayne County Task Force on AIDS- a collaboration of local health and human service care agencies who direct efforts to preventing the spread of HIV. Responsible for the peer educator group called WATER (Wayne Area Teens Educating Responsibility). These students provide educational programs to other students via the classroom, health fairs, special programming, community centers and etc.

The ATF also provides: community education programs; observes World AIDS Day each year through special advertising, ceremonies, activities with school districts; sponsors poster contests; and creates awareness of HIV/AIDS related issues within the community.

Women's Health Partnership- this is a state and federally funded project that enables women to receive mammograms and pap smears who have no insurance or whose insurance is limited and would prevent them from receiving such services. Members comprising this Partnership include: the American Cancer Society, ViaHealth of Wayne -both Newark and



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Myers campuses, the New York State Department of Health, Cancer Action, Inc., Finger Lakes Visiting Nurse Service and Public Health.

LEICC- the Local Early Intervention Coordinating Council is a state mandated council established in each municipality, consisting of members appointed by the Early Intervention Official. Members include: four parents of children 12 years or younger, three service providers, one child care provider, department heads of social services/health/mental health, local DDSO and one Committee on Preschool Special Education representative. The council acts as an advisory committee regarding planning, delivery and assessment of services, and identifies service delivery reforms needed to promote services within natural environments.

Migrant Health Care Project- the Finger Lakes Migrant Health Care Coordination Project (FLMHCP) is a federally funded migrant health program that incorporates outreach, in-camp screening, primary care clinics, HIV and MCH case management services, and on/off site dental care. In 1994, Wayne County Public Health joined the project to assure this population access to public health, preventive, and nursing services. A full time public health nurse was hired to coordinate referrals and follow-up for clients from the farm worker population in need of public health services, nursing care, and/or health guidance. A full time bilingual/bicultural Community health Worker was funded in 1996 to help public health providers decrease barriers to care. The FLMHCP provided Creole and back-up Spanish interpretive services. Because of local migration patterns, adjoining counties (Yates, Ontario and Seneca) signed service linkage agreements to allow these two staff members to coordinate and provide services in these counties. In 1997, Steuben County signed onto the agreement as well. The program has been recognized for two years in a row to be a model program for serving this population and other high-risk populations.

Nutrition Coalition- the Nutrition Coalition is a group of health and human services agencies brought together because of a common interest in improving nutrition awareness and practice of Wayne County families to reduce the risk of heart disease and cancer in the next generation. The Nutrition Coalition includes representatives from Wayne County Public Health, Wayne county Cooperative Extension, Wayne County Area Agency on Aging, Finger Lakes WIC, Head Start, Wayne County Community Action Program, Even Start, Finger Lakes Migrant Program and Wayne County Red Cross Food Pantries. By sharing resources and expertise, we hope to reach a maximum number of the targeted population and change nutrition behaviors to improve health.

With the Nutrition Coalition receiving funding from the Public Health Priority Partnership Initiative an assessment tool was developed and the WIC, Head Start and AAA receivers of WIC Farm market coupons were surveyed (over 300 families). Coordinated distribution of nutrition education materials continues. Data from WIC and Head Start evaluations have helped us identify communities in eastern Wayne County in need of aggressive attention by members. A gleaning program has been developed to provide fresh produce in season for the food pantries and feeding centers. A group food buying program is being reorganized and now serves 220 families, double the previous years participation. The 1998-99 goal for

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the group includes a plan to more actively involve schools. Funding attempts to support a full time nutritionist-coordinator failed when a late mail delivery contributed to an RFP being returned .

Healthy Babies, Healthy Families- this project is funded through the March of Dimes and provides a community-based, prevention focused parenting education program to pregnant females and their partners who are medically and educationally under served. Several county agencies assist by providing education on issues such as: nutrition, effects of alcohol and other drug use on the unborn, how to access services through the Department of Social Services, birth control options and pregnancy prevention, and effects of violence during pregnancy.

The goal of this project is to improve the overall health of babies by preventing birth defects and infant mortality. Not only does this project provide education, but it also allows participants to practice positive and correct behavioral actions that can result in healthy babies and healthier families.

Parent Network for Children With Special Needs- established in 1995 as a result of the first Public Forum on Early Intervention. The goal of this group is to foster communication and support between parents of children with special needs, primarily in the birth to age five range. Participation has included parents of school age children as well. A number of different resources are utilized with this group, including guest speakers, videos, written materials and group activities. Families entering into the Early Intervention system are informed of the opportunity to participate. other means of informing families about the Network include newspaper articles and announcements, service providers, newsletters and word of mouth.

School Nurses Meetings- school nurses from each of the 11 school districts, Head Start, Roosevelt Children's Center, and BOCES meet together with Wayne county Preventive Service Team Members 1-2 times yearly to share education updates of mutual interest and roundtable to identify community trends/needs and activities/resources to address those needs identified. The school nurses have joined the LHU as "Partners in Prevention", assisting in distribution of information on lead poisoning prevention, immunizations, reducing risk behaviors, head lice management, and early identification of outbreak situations in Wayne County communities. Prevent Team members present programs at school health fairs and regularly communicate with the school nurses and health education staff to plan timely programs and interventions in the various districts.

Finger Lakes Perinatal Advisory Committee- a group of Public Health, Hospital and Primary Care Providers in the Finger Lakes area that meet quarterly and as needed to discuss care availability, trends and problems in the rural area relating to perinatal issues. Members of the group collaborated with Blue Choice Option to develop a Psychosocial assessment tool specific for the rural Finger Lakes counties outside Rochester. The tool addresses issues of transportation, isolation, cultural diversity and literacy unique to the area and significantly influencing access to care and compliance during the perinatal period.

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Community Health Workers and Public Health MCH nurses (work load assigned by zip codes) complete the tool in the home setting and immediately refer families for services that do not require insurance coverage (WIC, infant seats, food closets, etc.) and alert the HMO and Provider to issues of substance abuse, physical abuse, unsafe living conditions, etc.

Finger Lakes Parent Support Network - A nine county not-for-profit that offers weekly support groups for parents of children with SED (serious and persistent emotional disturbance), as well as simultaneous respite care for their children to not only permit parents to attend the groups but also provide educational and recreational services to their children. Transportation is also provided. The collaboration piece comes into play as the parents become advocates for parents as a special needs group and enter into boards, coalitions, and networks to advance their efforts.

Consolidated Children's Services Initiative - First a federal, and now a state initiative, this local collaborative process involves Youth Bureau, DSS, Probation, Mental Health, Substance Abuse and Alcoholism providers, and other interested parties in regular meetings at a Tier I and a Tier II level to develop individualized service plans on behalf of children at risk of placement or children in placement who are approaching readiness to return to the community

Parent Educators- Parent Educator representatives from area health and family service agencies meet bimonthly to coordinate provision of parenting education options to Wayne County Residents. The group publishes a bimonthly newsletter which lists all parenting programs being offered in Wayne County and work together to provide court mandated programs as/where needed. They collaborate to provide a variety of parenting programs in response to identified need and locations to avoid duplication of effort/resources. Agencies involved are: County Public Health, Cooperative Extension, Even Start, Parent Connection, Community Health Workers (Rushville), Wayne Youth Bureau, East Hill Family Medical, Head Start, Migrant Head Start, Finger Lakes Parents Network, and Roosevelt Children Center.

Other Collaborative Efforts:

Wayne County Public Health recently submitted New York State Department of Health PCI aimed at improving the health of medically indigent and medically underinsured adults. Federal and State efforts have expanded health insurance coverage for uninsured children and adolescents, however, a significant gap remains in health insurance coverage for adults.

Wayne County Public Health entered into a collaboration agreement with Rushville Health Center and have a history of working collaboratively and successfully in serving other increased risk, uninsured populations. Projects include: 1. development/implementation of service programs to be provided with primary and secondary prevention for under- and uninsured, Medicaid recipients and/or enrollees in managed care plans; 2. develop strategies to improve primary care service availability and utilization in underserved areas; and 3. development of collaborations among primary care providers and hospitals, LHU's, human service agencies, local mental health and behavioral health providers/agencies, etc.

Public Health currently participates in an Active Surveillance for Invasive Bacterial Disease grant to

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monitor population-based incidence and epidemiological characteristics of invasive disease due to pathogens of public health importance. The pathogens currently under surveillance are neisseria meningitis, haemophilus influenzae, group B streptococcus, group A streptococcus and streptococcus pneumonia.

Public Health participates in an integrated County Planning Initiative for Children, Youth & families, to revise current planning educational requirements and to explore development of flexible funding mechanisms. An educational goal to encourage high school graduation in an effort to help youth with low self esteem, reduce teen-age pregnancies and substance abuse.

The Foodborne Diseases Active Surveillance Network is the foodborne disease component of CDC's emerging infectious program. Foodnet has five components: active laboratory-based surveillance, survey of clinical laboratories, survey of physicians, survey of the population, and case control studies. the objective of the population survey is to determine the prevalence of illness in five population-based sites in the United States.

### **3. Assessment of Services**

This question appears and reappears and reappears throughout the CHA document; differences between one area seeking assessment vis-a-vis another area in the document are not apparent. What is included here is a general assessment of major health service areas, with some comments, that have already been touched upon in population at risk, health status, and access to care discussions and will be reflected in the discussion on local health priorities. What follows is a grid reflecting major service areas and ratings for the attributes related to those areas. This global overview is enhanced with specific discussion following the grid presentation, Table 10.

Table 10

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**Global Assessment Rating**

SCORING: A = ACCEPTABLE I = NEEDS IMPROVEMENT N = NOT AVAIL.

	AVAIL. TRANSP.	ACCESS. SLID. FEES	AFFORD.	ACCEPT.	QUALITY	HOURS		
INPT.	A	A	I	A	A	A	I	I
PCP- OB/GY N	I	I	I	A	A	I	I	I
PCP- GEN. MED.	A	I	I	A	A	I	I	I
PUBLI C CLINIC	I	I	A	A	A	A	I	A
LABS	A	I	I	A	A	A	I	I
PHAR M.	A	A	I	A	A	I	I	I
NURSI NG HOME S	A	I	I	A	A	A	A	I
ASST' D LIVING	N	N	N	A	A	A	I	I
INFO & REFER.	A	A	A	A	A	A	A	A
EYE CARE	A	I	I	A	A	I	I	I
DENTA L	A,I	A,I	I	A	A	I	I	I
HOME CARE	A	A	I	A	A	I	A	I
ED	A	I	I	A	A	A	I	I
EMS	A	A	I	A	A	A	A	I

In Wayne County, the lack of available clinic facilities and private provider resources for Medicaid recipients still exists, particularly dental care. The lack of adequate dental services has been an ongoing problem for many years and one which we have tried to alleviate with limited success. However, we continue to seek out opportunities to work collaboratively with other individuals and groups to address

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this problem.

The Finger Lakes Dental Clinic in Sodus sees anyone with Medicaid and offers a sliding fee scale for the uninsured. From January to July, 1998, 1,403 clients of all ages received dental services. Office hours are Monday, Wednesday and Thursday from 9-5 and Friday from 8-4. Emergency clients are seen right away, otherwise, the office is booking appointments three months in advance.

In addition, The Finger Lakes Dental Clinic sees all children ages four years of age and older who are entering the Wayne County HeadStart Program. Children receive an initial visit for cleaning and then a second appointment for a general dental health assessment.. Follow up appointments are made as needed. As is often the case, many of the children do not return for follow up appointments due to problems with transportation and/or working parents.

Of note, HeadStart contracts with Rushville Health Center's Traveling Dental Clinic which makes on-site visits to some of the schools that are located in different parts of the county, however, not all of these areas are able to accommodate the unit. As a result, many children do not benefit from this service and those that do not necessarily receive the necessary follow up unless appointments are made at the Sodus clinic.

The Finger Lakes Migrant Health Center , a federally-funded grant program, serving the Migrant population, has a satellite clinic which is also located in Sodus. To date, approximately 800 clients have received dental services. The case mix is about half and half for adults and children. Office hours are more variable in order to accommodate the farmworkers. All appointments are made through the Rushville Health Center located in Ontario County.

It was recently learned that Gov. Pataki recently signed a bill which will add dental coverage to the Child Health Plus Plan slated to go into effect January 1, 1999.

#### **4. Discussion of significant outreach/health education efforts:**

As discussed earlier, the Wayne County Health Education Coalition is a collaborative effort of local agencies who meet and discuss what health education programs they are providing in the county. Such agencies participating include: AIDS Rochester, Planned Parenthood, East Hill Family Medical, Cancer Action, the Victim Resource Center, the Council on Alcoholism, Cornell Cooperative Extension, ViaHealth, the Wayne County Youth Bureau and Wayne County Public Health. These meetings allow us to coordinate programming efforts and reduce duplication of services and efforts. This networking allows for the identification of particular health concerns or problem areas and a time to discuss how these problems should and could be addressed through educational efforts.

There is a large demand for educational programs on sexual assault prevention. These programs are offered to Wayne County middle and high schools through health education classes. This is a collaborative effort between the Victim Resource Center, the local rape

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crisis agency, and Wayne County Public Health. In 1997 44 programs were presented to over 1000 students. Over half of the school districts in the county request this program.

As you can see from the statistics gathered from the local rape crisis center, the number of sexual violence cases has remained constant over the past few years (see Table 11). These numbers are representative of only those cases that are reported. It is estimated that these numbers are low, as sexual assault is a very under-reported crime.

Table 11  
Sexual Violence Cases 1983 - 1996

Ages of Victims	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
0 - 4 years	0	1	2	1	0	2	5	9	6	4	6	10	13	12
5 - 9 years	0	4	2	1	3	4	2	7	7	12	22	16	14	14
10 – 14 yrs	4	9	3	7	4	9	11	17	10	16	17	28	21	32
15 – 17 yrs.	4	1	8	13	10	8	10	14	15	22	15	14	14	18
All Minors	8	15	15	22	17	23	28	47	38	54	60	68	62	76
18 yrs. +	16	15	26	2	17	29	20	46	33	55	61	52	27	40
TOTAL	24	30	41	42	34	52	48	93	71	109	121	120	89	116

The Wayne County Task Force on AIDS is very active in the community. One of our on-going projects is the peer education group called WATER (Wayne Area Teens Educating Responsibility). This group provides HIV/AIDS related education to a variety of audiences including students in middle and high schools, the general public and community centers clients. Other HIV activities occur throughout the year including observance of World AIDS Day and the promotion of anonymous testing services. The Task Force is also active in collaborative efforts with other Task Forces in the Finger Lakes Area.

Tobacco is another area where efforts are significant. Wayne County Public Health has been part of the Tobacco Action Coalition of the Finger Lakes since 1992. During that time, we have participated in many projects and anti-smoking campaigns. Compliance checks have been ongoing since 1993 with only 30% of local stores complying with NYS regulations of selling tobacco products to adults over the age of 18. In 1997, the compliance rate has jumped to 98%! Along with completing the compliance checks, there was also a considerable amount of education provided to tobacco retailers informing them of the legal age to purchase tobacco products. TACFL has also promoted several public campaigns on Environmental Tobacco Smoke and the dangers associated with secondhand smoke. Currently in Wayne County a special task force is working on a presentation to the local Board of Supervisors to recommend the county adopt stricter smoking regulations. These regulations would eliminate smoking in dining areas of all restaurant, excluding bars.

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There have also been youth advocacy projects, including the latest effort of “Operation Storefront”. This project was completed in the Finger Lakes area and it was found that in Wayne County there are approximately 36.8 tobacco advertisements per store! Presentations for middle and high school students have been sponsored by TACFL with national speakers such as David Goerlitz and Rick Bender.

#### 5. Resources for Medicaid Recipients

Dr Seeley of Geneva is the one of two Pediodontists in the area, that serves children in Ontario, Seneca and Wayne County, however, he is semi-retired and not taking any new referrals; and, with his office in Geneva, transportation then becomes an issue. Dr. Whitney has an office in Williamson and sees Migrant clients one day a month on a sliding fee scale. Rushville Health Center is currently in the process of recruiting another Pediodontist for the Sodus Dental Clinic.

In Marion, Dr. Nash has stopped accepting any new Medicaid recipients referring them to the St. Mary’s Dental Clinic in Penfield. Reportedly, a large number of Wayne County residents utilize the service.

Finally, many MA recipients are referred to the Rochester’s Eastman Dental Clinic, but again, due to the location, transportation is a problem.

Regarding private provider resources in Wayne County, we are faced with a similar lack of adequate services to the Medicaid population. Add that to the transportation problem and you are faced with many residents that have considerable barriers to accessing services.

The Arcadia Family Practice has four physicians and two Nurse Practitioners on staff that provide uncomplicated obstetrics, newborn and child care, adult medicine and individual and family counseling. The offices are located in Newark, Clyde and Marion. Reportedly, the Marion is only accepting new maternity patients. The practice in Clyde admits new clients as a result of a selective process; and are not admitting any new MA clients.

The Wayne Medical Group is a Family Practice model and consists of the Newark Medical Center, the Sodus Health Center and the Wolcott Center all of which admits MA clients. Office hours are Monday - Friday from 9-5.

Pal-Mac Family Medicine is located in Macedon and has four MD’s on staff, two of whom admit new MA clients. Office hours are Monday, 8:30-7:15 and Tuesday-Friday from 8:30 to 5.

There a few solo practices in the county. The Williamson Medical PC has two physicians, and one Nurse Practitioner which accepts MA clients. Dr. Pulvino, in Newark, provides strictly primary care for women; and doesn’t accept new MA clients unless they have been referred by another physician. Office hours are the standard with one late evening a week.

Dr. Smith is located in Ontario but is not accepting any new patients. Recent information indicates that a plan is being discussed to discontinue Maternity (Labor/Delivery) at



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the ViaHealth Sodus Campus in spite of the fact the studies have shown that there exists a large population of teen pregnancy, high-risk pregnancies and transportation problems in the north- and northeastern parts of the county. The compact of such a decision would require consideration of alternate responses to this geographic area.

Reportedly, many residents are having to travel to the Medical Association of the Finger Lakes, located in Geneva; the Canandaigua Medical Group; or, travel to neighboring counties to access services under medicaid.

Special mention must be made of the impasse unique to Wayne County in the area of medicaid managed care: Wayne DSS has only been able to sign up approximately 13 % of the eligible managed care medicaid population, not because the individuals are not willing to voluntarily enroll, but because the major supplier of OB/GYN medical Services, the Wayne Medical Group, will not enroll as participating providers in either of the County's two medicaid managed care plans: Blue Choice Option and Preferred Care Option. Wayne Medical Group does serve the medicaid population, but on a fee-for-service basis as a satellite of Rochester General Hospital's Article 28 clinic license. The rates are quite different, so the decision of Wayne Medical is presented as a business decision. Efforts to negotiate a bigger share of the medicaid managed care pre-payment from the HMOs to the Wayne Medical Group have reached an impasse: Wayne Medical indicates the DSS commissioner must support the differential rate for them, but the commissioner has referred them to state DOH; state DOH, in turn, advises Wayne Medical they need the support of the local commissioner. Calls to NYSACHO revealed, in response to canvassing of other counties, that Wayne is apparently the only county in the state with this unique problem, thereby perhaps insuring its ongoing lack of resolution. The concern is that the preventive approach called for in HMO plans may not be present in episodic care arrangements, thereby contributing to overall morbidity at higher cost to do so.

## B. Profile of Unmet Need for Services

### 1. Indicated Changes in Services for High Risk Groups

The most significant common factor among the high risk groups identifies: individuals with lower educational levels; those from more remote rural areas of the county; those with risk factors for chemical dependency, mental illness, teen pregnancy, single parenthood, and STDs; frail elderly; and the un- and under- employed and insured, is isolation. If transportation is the most recurrent missing link in continuity of care, the lack of outreach services is the most common missing ingredient to health service delivery. This covers all aspects of care, from acute to inpatient, from emergency to chronic conditions, from primary to specialty services. What is supposed to be in place, at least for the medicaid population, is transportation to medical appointments; but the supply has never been adequate to meet the demand and improvement in this core support is unlikely. What is needed is a primary care initiative for those who have fallen in the cracks of the "system" that would include a medical case management component that would insure access to those who lack the means, and sometimes the will, to seek help.

### 2. Targeted Interventions

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Language is an increasing barrier to care owing to the large seasonal migrant population, the resultant large resettled Spanish-speaking population, as well as the regular migration of immigrants to Wayne County, notably Chinese. Every effort is made to utilize bi-lingual staff, but candidates are not always available.

Sliding scale arrangements are only available in public and voluntary agencies; for profit and private corporations do not generally accept referrals when the individual does not have the ability to pay. The ED is suspected to be the primary care provider for these consumers, and the higher rate of ACSC determinations upon discharges appears to confirm this trend. Again, looking at the impact of Mental Health Casemanagement services on the individual with significant and persistent levels of mental illness, the most logical initiative would be a health casemanagement services designed to overcome the barriers to care by changing the locus of the engagement from the provider to the home of the consumer. Innumerable dollars in more costly tertiary levels of intervention and lost productivity could be saved, creating an investment pool which would replenish the operating base of such a program.

Opening up medicaid transportation vendorships to providers would close the gap in insuring availability of such mandated transportation for health care purposes for the medicaid population. Creation of a public county-wide ambulance company that would only respond to transport requests related to outpatient care would close the gap for the non-medicaid lower income consumers.

### 3. Service Gaps

As indicated previously herein, the eastern area of the county experiences the most significant gaps in health care coverage. Differentiation below this general geographic description is difficult based on disparate data; converging mortality and morbidity information, together with provider feedback, will take place in the next planning cycle. Breaking these generalized convictions into specific geographic targets based on an even playing field of criteria, using objective markers, is targeted as an LHM infrastructure goal.

### 4. Barriers

The major barriers are not technological, time, or conflicting values, but real, i.e. financial. Resources with which consumer-intensive services such as health casemanagement could be arranged; resources to increase prevention services which, in addition to the public health target population of the entire community, must also be targeted to special needs groups within that general population because they are at higher risk; resources to offer primary care services to those without financial recourse; resources to develop a self-help center that would, through peer encouragement, support health care consumers and their families by prior preparation, direct assistance, and ongoing consultation.

### 5. Disease Control Program Changes

TB- Though our rate of disease would usually be classed as a low risk, local issues like our yearly influx

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of 7000 migrant farm workers frequently from areas of high risk (Haiti, Mexico), a population of resettled farm workers now advancing in age and without primary care access, an increasing number of immigrants and foreign adoptees, illegal aliens and an increase in substance abuse and HIV in the community places more people at risk for developing disease after exposure. For these reasons the TB staff have adopted a proactive approach. A weekly PPD clinic every Monday 10AM-12 has been added and results of elective, employment related and outbreak related PPD readings are computerized. Education and PPD screening are offered to Wayne County Employees that work in areas where there is risk of exposure as well as volunteer EMS staff from departments in the northeastern part of the county. Pre-employment/duty assignment screening needs to be formalized in several of the county departments and EMS departments. Further education and coordination will be required.

Professional staff from area provider offices are offered updates on PPD placement and interpretation as TB staff notice that there are staffing changes or they are requested by the provider.

The two area hospital campus' of ViaHealth have each got one isolation room that allows minimum standards for AFB isolation but neither has an anteroom and thus could not be used for isolation of a jail inmate with suspect or known TB. The Wayne County Jail also does not have AFB isolation on site. WCPH Preventive Supervisor has recommended that ViaHealth address the need for AFB isolation rooms at their facility and also assisted in a DOL (Dept. of Labor) evaluation of the jail to obtain a recommendation for isolation areas at both the booking and medical areas of the facility to adequately protect workers under the TB Standard.

STD/HIV - NYSDOH AIDS Institute staff have been offering anonymous HIV counseling and testing 2 times a month at the public health office in Lyons. The number of appointment requests varies but usually responds to ads placed by WCPH at regular intervals. Availability of the testing is publicized at every teaching opportunity by WCPH, AIDS Task Force, W.A.T.E.R. Peer Educators and Wayne CHEC members.

The number of HIV+ individuals are beginning to impact on the local care delivery system and especially the jail. Transporting patients and /or inmates to treatment centers in Rochester or Syracuse is often difficult and costly. Few local providers feel comfortable managing HIV+ individuals. HIV care has been added to our list of services offered in anticipation of the need to offer evaluations and/or primary and preventive care soon to this growing population. Evaluation of the need and resources to address them are in process.

The lack of resources for male STD screening and treatment has prompted WCPH to move ahead with plans to offer an STD/HIV clinic in our existing clinic area. The request for addition of Venereal Disease Treatment to our certificate has been made, policy and procedures are near completion for the approval process. It is hoped to begin service late October-November 1998.

PNEUMONIA- Morbidity and Mortality data reflects a high incidence of pneumonia related deaths for a rural county. Pneumovax vaccine is offered year-round at the WCPH Adult Immunization Clinic with a sliding fee scale available and area providers have been encouraged to provide it in their offices.

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Vaccination is promoted each Fall along with the Flu promotions but a large number of persons at risk and many providers remain needing education and encouragement to take advantage of the prevention opportunity. Unfortunately, area providers and their staff are reluctant to take the time and travel outside the immediate area for adult immunization updates. They sometimes respond to information brought to their practice setting or teleconferences brought in locally. WCPH has requested approval to use immunization grant funds to set up a teleconference downlink site at our office in Lyons to bring the learning opportunities closer to the providers and/or allow us to tape all or portions of presentations to loan to the practice groups. Visual teaching materials for the public and for providers would be of assistance.

Immunizations are discussed by Prevent Team staff at every teaching opportunity. Zipcode identified data would also be helpful to move individuals and providers toward addressing prevention.

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## Section Four - Local Health Priorities

Extensive media coverage of two recent violent deaths of teens in Lyons and public release by the district of their school risk assessment data clearly identifying sexual activity, substance abuse, tobacco use, violent/abusive behavior as areas of community concern for action, have created renewed interest in reducing risk factors associated with these symptomatic behaviors. Other school districts are documenting though not publicizing similar findings. The Wayne County Community is stepping out of a long period of ignorance and/or denial of these issues and seems ready for corrective action. ( see Appendix 8 - Lyons Central School Risk Survey)

The Wayne County Health Education Coalition was originally convened as a committee to address Wayne County's high teen pregnancy and STD rates. Other stakeholders were invited to the table and available data from Wayne Youth Bureau, School District's Risk Assessment surveys and multiple agency experience with persons presenting for service trends were combined to identify priority needs in the community and formulate a strategy to intervene with a collaborative effort to maximize effect while conserving available resources. Areas of concern included: low self esteem, powerful negative peer pressure, family dysfunction, poor school performance and drop outs, dating violence behaviors, early initiation of sexual activity (12-15 years of age) often with multiple partners (unprotected), early use of alcohol, drugs, tobacco and practices of body piercing and tattooing . In view of this, a broader mission statement was adopted by the coalition: The mission of the Wayne County Health Education Coalition (Wayne CHEC) is to provide Wayne County youth and families with clear, consistent health information that empowers them to establish a healthy productive lifestyle.

Education interventions would be coordinated with school districts (beginning with Lyons District while funding sources are explored), community centers and the Wayne County Jail. Existing curriculums were reviewed for age and issue appropriateness and corresponding parent focused programs identified for concurrent presentations when possible to foster effective family communication.

The coalition prepared a workplan and budget for an Abstinence Education project to the Bureau of Women's Health that would allow for a Health Educator/Coordinator and culturally sensitive community health workers to coordinate efforts of the 10 coalition members, schools and recreation (community) centers. Though the scheduled implementation date has passed we have not had any word about whether the project will be grant funded. The coalition is proceeding with existing resources on a small scale to perfect intervention strategies in readiness for a county wide application when funding allows. Education efforts will be concentrated at an earlier age (4th-8th grade) in hopes of empowering the youth to make healthier choices and break the negative spiral that is currently impacting the whole community. Wayne CHEC also serves as a communication point to help the LHU assess access to service problems.

Through discussion with the member provider agencies a serious gap in availability of STD treatment and preventive education for males (youth and adult) was identified. This prompted adjustment of some of the established curriculums to include males. Family planning providers were approached to work on adjusting their services to include males and, as this would require major policy changes on their part, Wayne County Public Health moved ahead with plans to offer a free STD clinic in the existing clinic

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area. The STD clinic should be ready to open by Mid October-November 1998.

EDUCATION- previous data had documented the high teen pregnancy and drop-out rates in many schools. Wayne County Public Health is partnering with the schools, WIC, Cooperative Extension (EFNEP program), Wayne CAP (Community Action Program), Head Start, Even Start and others to promote return to school and or completion of GED . WCPH and the other stakeholders participated in preparing an RFP through Head Start for an Early Head Start program targeting families from antepartal period through the third year of life . Partnering agencies would work with families to promote early access to medical care, parenting readiness (which would include work on budgeting, work readiness and parenting skills), parenting skills improvement , optimal parent-child nutrition, immunization, lead poisoning prevention, utilization of services and planning for long term health and education needs. The communications involved in the preparation of the RFP has resulted in improving appropriateness of interagency referrals and awareness.

NUTRITION/ PHYSICAL ACTIVITY- As demonstrated in data presented above , Wayne County has a higher than average rural incidence of heart disease and cancer. Research has proved that a diet high in fiber and regular, sustained activity may reduce the incidence of both cancer and some forms of heart disease.

The Nutrition Coalition pre and post test information from families that participated in the WIC Farm Market Coupon project demonstrated some changes in nutrition behaviors or at least in some, the willingness to change. The education interventions contributed to a marked increase of attendance at the Farm Markets and Purchase of fruits and vegetables in season. The gleaning program developed by members has grown to involve several area farmers who donate crops that are harvested by Butler Shock Inmates, delivered to all of the food pantries and feeding sites and distributed to those in need along with handling, cooking and preserving , safety information. The group buying program has been improved and number of participating families has doubled in the past year.

Data from WIC and Head Start intake information on area children has identified the Clyde-Savannah area as an area that has a high incidence of overweight children with a less than optimal activity tolerance. The community also is served by one grocery store with limited availability of fresh fruits and vegetables- given the documented transportation, education, access to medical care and financial problems in the area, the area has been targeted by the coalition members for special attention in 1998-99 but resources are limited.

The Coalition is pleased with progress so far and anxious to include schools and local industry and businesses in the work group to reach a broader population. A Grant application was completed to include a full time Nutritionist/Coordinator to expand the program to include nutrition education and interventions to influence behavior changes including more regular physical activity in the family lifestyle. The RFP was returned unread, stalling forward movement until another funding source can be identified. Because of the LHU's multiple obligations it is difficult to provide the coordination and support that an effective program would need. The Nutrition Coalition will continue to meet bimonthly and prn to enhance and maintain present efforts and seek

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funding for planned future endeavors. The meetings serve as an opportunity for interagency networking.

ACCESS TO CARE - Access to care for screening and treatment for STD's was discussed above. Inability of a large portion of the Wayne County population to access primary and preventive care has been well documented as relating to the high prevalence of risk behaviors, lack of knowledge about how or when to access care, lack of medical insurance and limited or lack of availability of providers in some parts of the County. In an attempt to address the needs of this population, Wayne County Public Health approached ViaHealth and Rushville Health Center to propose a collaborative effort to improve the picture with short term and long term interventions and planning. Based on a model that has worked well to provide for the health care needs of the migrant population, a PCI proposal has been submitted for approval. The intent of the PCI initiative is:

1. to empower uninsured adults to identify and plan for their long term health care needs
2. introduce and promote the acceptance of primary care and the managed care model of those inexperienced in accessing medical care
3. Reduce inappropriate use of emergency rooms
4. prevent disease transmission and promote healthy lifestyles with health screening, immunization and education
5. Reduce the impact/escalation of chronic disease by early detection, education and case management.

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**Section Five - Opportunities for Action**

Table 12: Opportunities for Action

	Adolescent Health	Access to Care	Education	Other
Community-Based Organizations	Pooling of Health Ed Resources - Wayne CHEC	Rural Health Network - fund study; promulgate results	CHEC - Offer county-wide parenting classes	Join Wayne Health Network - Plan County-wide
Businesses	Donations to Community Centers	Distribute Info; Offer Insurance	Promote Job Fair	Trainings to reduce injuries
Labor and Work Sites	Offer similar trainings to workers.	Demand insurance coverage	Promote Job Fairs	Attend Trainings to reduce injuries
Schools	Promote stay-in-school programs for pregnancies	Referrals from School Nurses of non-covered students	Hold district and county-wide job fairs	Take providers needs into account when writing grants
Colleges	Promote college to High School students	Insure students are covered by health center	Expand Wayne - base of FLCC	Offer study ops to view local issues
Government	eliminate smoking ads and billboards	Promote public care for un/under insured	Expand free flu clinics	Pass smoking in public places law
Health Care Providers	Special Programs for Teens	Offer free services through WCPO	Special programs for single parents	Enroll in medicaid managed care
Health Care Insurers	Develop plans to extend coverage	Open Self-Insurance Plans	Sponsor incentive e.g., scholarships	Promote use of all available providers
Food Industry	Sponsor media messages of prevention	Offer coverage particularly to suppliers	Promote awareness on packaging	Sponsor prevention contents
Media	Public Service Time	Public Service Time	Public Service Time	Cover collaborative activities
LHU	Leadership; WATER coordination	Improved Prevention Service access	Focus on Single Parent	Continue outreach efforts



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**Section Six - Report on Statewide Performance Measures**

Deferred until standardized format of performance measures are in place

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## Section Seven - Community Report Card

Wayne County's community report card will be an ongoing process. From priorities identified for Wayne County a list of goals have been established. With these goals in mind we will then evaluate how well we accomplished them and what we will need to take further action on. Grading will be performed at the end of each year while looking at the current goals to see if any upgrading needs to be brought about. This report card system will allow for flexibility. The current areas for particular focus within the next year will be:

### Adolescent Health

- Reducing STDs
- Increase Education on Sexual behaviors and the impact
- Reducing violence among youth
- Reducing use of tobacco
- Promote nutrition and physical activity

### Access to Care

- Increase Child Health Plus information to families
- Improve access to preventive services
- Improve access to medical care
- Reduce visits to Emergency Rooms

### Education

- Increase number of High School graduates
- Increase parenting skills
- Reduce STDs in high risk adults
- Educate need for immunization in adults

Document distribution will be to New York State Department of Health in Albany and Rochester. We will make the results known to all providers and organizations we work with as well as a summary to the consumers.

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Data Sources for Local and Regional Data:

Data	Sources
Population	NYS, Dept. of Health - Bureau of Biometrics U.S. Bureau of the Census, 1990 Census
Income Levels	U.S. Bureau of the Census, 1990 NYS Dept. of Labors Research Statistics of 1996 NYS DOH Immunization Studies (revised 5/97)
Employment	NYS Dept. of Labor U.S. Bureau of the Census, 1990
Education	U.S. Bureau of the Census, 1990 Four County School Boards Assoc. NYS DOH Immunization Studies (revised 5/97)
Housing	U.S. Bureau of the Census, 1990 NYS Dept. of Labor
Risk of Un-insurance	NYS Dept. of Labor & DOL Employer listing by payroll size 1995
Live Births 1990-97	Bureau of Biometrics
Teenage Births 1994-95	NYS Vital Records, Birth Record
Perinatal Health	NYS Dept. of Health , County Health Indicator Profiles 1992-96
Resident Live Births 1996 by mother's age	Bureau of Biometrics
Gonorrhea Distribution	Wayne County Public Health Records
Syphilis Distribution	Wayne County Public Health Records
Disease Morbidity 1992-96	NYS Dept. of Health , County Indicator Profiles
Cancer Incidence	NYS Dept. of Health, NYS Cancer Registry

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Diabetes Prevalence NYS Dept. of Health, Diabetes Control Program

Mortality (per 100,000) NYS Dept. of Health, County Indicator Profiles  
1992-96

Teen Pregnancy by zip code Newark-Wayne PCAP Clinic

Access to Care:

Ambulatory Care Sensitive Conditions SPARCS, Wayne County Rural Health Network

Sales of Pesticides State Dept. of Environmental Conservation 1997

Sexual Violence Cases Local Rape Crisis Center

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# Wayne County Public Health Organizational Chart

