

Cortland County Community Health Assessment Community Health Improvement Plan (2022-2024)



Public Health
Prevent. Promote. Protect.

Cortland County Health Department



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- Cincinnatus School District
- Cortland Area Communities That Care (CACTC)
- Cortland County Area Agency on Aging
- Cortland County Community Action Program (CAPCO)
- Cortland County Department of Social Services
- Cortland County Health Department (CCHD)
- Cortland County Mental Health Department
- Cortland Enlarged City School District
- Family and Children’s Counseling Services (FCCS)
- Family Health Network of CNY, Inc. (FHN)
- Guthrie Cortland Medical Center (GCMC)
- Homer School District
- Marathon School District
- McGraw School District
- Seven Valleys Health Coalition (SVHC)
- State University of New York at Cortland (SUNY Cortland)
- Tompkins Cortland Community College (TC3)
- United Way of Cortland County



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Message from the Public Health Director

June 2, 2022

The COVID-19 pandemic has shown the overwhelming reality that a public health threat can affect the whole world. For more than two years now, communities have been facing this global public health threat. With this pandemic we have witnessed profound impacts on health status across communities and within the worlds' economic and political systems.

Despite all of this, public health workers across the nation and across the globe have stepped forward in these unimaginable circumstances by bringing the best science and public health recommendations to their communities on a daily basis throughout the course of this pandemic. What needs to be understood though is that public health did not do this alone, especially in the Cortland County community. The monumental support from our local health systems, physicians, community members, partners, community organizations, and local leaders all continue to play a part in helping to fight this pandemic.

As the community begins to return to a semblance of "normalcy" while we move through the next phase of this pandemic, it is important to once again take a look at all the health indicators that affect the health of our community members. The Cortland County Health Assessment and Improvement Plan 2022-2024 is a collaborative tool to help address the community's priority health challenges.

The Community Health Assessment presents demographic and health indicator data for Cortland County residents, while also examining the social determinants of health, existing assets and resources in the community. The Community Health Improvement Plan establishes specific focus areas and goals for health improvement by addressing chosen priority areas through a collaborative community process.

This collaborative document was developed by the Cortland County Health Department in partnership with Guthrie Cortland Medical Center. Input was also received from numerous community partners who will be involved in making sure that the chosen priority areas will be addressed over the next three years. I look forward to our continued partnership with Guthrie Cortland Medical Center, all our community partners, and the Cortland County residents in improving our community's health.

Sincerely,



Nicole Anjeski, MS, MPH
Public Health Director

Executive Summary

New York State Department of Health (NYSDOH) Prevention Agenda Goals/Focus Areas 2022-2024

Following careful review of secondary data sources via NYSDOH data sets/dashboards and collection/analysis of primary data including; input from over 2,266 members of the community, 1,975 7th-12th grade students in Cortland County, and 20 partnering organizations, the following NYSDOH Prevention Agenda priorities, focus areas, and goals were selected by the CCHD/GCMC Steering Committee:

- Priority Area #1: Promote Well-Being/Prevent Mental/Substance Use Disorders
 - **Focus Area #1: Prevent Mental and Substance Use Disorders**
 - **Goal #1:** Prevent opioid and other substance misuse and death
 - **Goal #2:** Prevent suicide
- Priority Area #2: Prevent Chronic Disease
 - **Focus Area #2: Tobacco Prevention**
 - **Goal #3:** Prevent initiation of tobacco use (including youth vaping)
 - **Goal #4:** Promote tobacco use cessation
 - **Goal #5:** Eliminate exposure to secondhand smoke
- Priority Area #3: Prevent Communicable Diseases
 - **Focus Area #3: Vaccine Preventable Diseases**
 - **Goal #6:** Improve vaccination rates (COVID-19/Flu)
 - **Goal #7:** Reduce vaccination coverage disparities (COVID-19/Flu)

Data collection and analysis for the 2022 Cortland County Community Health Assessment was utilized to confirm, and narrow the scope of both existing priority areas and emergent priority areas (vaccine preventable disease). The “Conclusions: Final Focus Area/Goal Selection” section of this report provides a detailed breakdown of data that supports the selection of the above focus areas and goals.

Cortland County Interventions 2022-2024

Over twenty partnering agencies in Cortland County are involved in implementation and evaluation of the thirty-three evidenced based interventions identified in the 2022-2024 CHA/CHIP. Of these, fourteen interventions target prevention of opioid and other substance misuse and death/suicide prevention, ten target tobacco prevention, and nine target improving vaccination rates/reducing vaccine coverage disparities. A full list of identified interventions is included in the Community Health Improvement Plan.

Evaluation 2023-2024

Beginning in 2023, process measure data will be collected from partnering agencies and uploaded into a shared Community Health Improvement Plan dashboard, which will be accessible to all CHIP partners. Publicly accessible coalition and committee meetings that already exist within the county will be leveraged to present process

measure data to partnering agencies and conduct quality improvement for identified interventions on a quarterly basis. A final outcome evaluation will be conducted in 2025 to determine any measureable changes observed in identified SMART objectives.

Introduction

Background: 2019-2021 CHA/CHIP

In 2018-2019, the Community Assessment Team (CAT), led by the Cortland County Health Department (CCHD) and Guthrie Cortland Medical Center (GCMC), conducted a comprehensive Community Health Assessment (CHA).

The 2019 CHA provided an overview of health indicator data for Cortland County residents using the NYS 2019-2024 Prevention Agenda Framework. The assessment involved analysis of secondary data, which included review of key data indicators by the Community Assessment Team (CAT), collection of primary data in the form of a community-wide survey (n=1,435), and focus groups targeting high risk populations (n=132).¹

Utilizing the results and conclusions of the 2019 CHA to guide decision making, the CAT determined that ***Prevent Chronic Disease*** and ***Promote Well-Being and Prevent Mental and Substance Use Disorders*** would be the health priority areas for Cortland County from 2019-2021.¹

The 2019-2021 Community Health Improvement Plan (CHIP) identified interventions that were selected to address the two priority areas, process measures for quality improvement purposes, and agencies responsible for implementation of specific interventions. These interventions were selected based on their potential for broad impact and consideration of the strengths and capacity of the CCHD and partners.¹

The CCHD collected process measure data from responsible agencies in December 2020 and December 2021, as required by the NYSDOH. However, in March 2020, the COVID-19 pandemic re-directed the focus of the CCHD, GCMC, GCMC/CCHD partners, and community members from the prevention agenda priority areas identified above towards managing the immediate public health crises at hand. As a result, much of the process measure data collected in 2020 and 2021 was incomplete and the CAT did not meet in 2020 or 2021 for quality improvement review of data related to the selected interventions.

In summer 2021, the NYSDOH announced that local health departments and hospitals would be required to undergo a Community Health Assessment and develop a Community Health Improvement Plan for 2022-2024. In October 2021, CCHD and GCMC met to initiate the preliminary planning process for the 2022-2024 CHA/CHIP with the goal of incorporating other partner organizations in winter 2022.

Purpose: 2022-2024 CHA/CHIP

NYSDOH Prevention Agenda 2019-2024

The Cortland County 2022-2024 Community Health Assessment and Community Health Improvement Plan is framed around the 2019-2024 New York State Prevention Agenda. The Prevention Agenda is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities.²

The five NYS Prevention Agenda priority areas include:²

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Prevent Communicable Diseases

The Health Across All Policies initiative is incorporated into the NYSDOH Prevention Agenda and involves collaboration across all community sectors, not just traditional public health and healthcare partners.² The initiative recognizes that health is linked to other complex community-level factors including; housing, transportation, education, environment, parks, and economic development.²

The Cortland County 2022-2024 CHA/CHIP presents and analyzes demographic and primary and secondary health indicator data to identify health challenges for Cortland County community members. It then outlines interventions that will be implemented to address these challenges, in alignment with the NYSDOH Prevention Agenda. The CHA/CHIP is designed to ensure that local community health goals reflect the needs of the community and ensures accountability in addressing those needs.

Identification of Health Disparities

The Cortland County 2022-2024 CHA/CHIP will be utilized to strengthen the community's focus on health disparities in Cortland County. Identifying and addressing health disparities in the community is an important step in moving towards health equity, or the idea that everyone should have a fair opportunity to be healthy.³ According to Healthy People 2020 a health disparity is defined as:

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.³

Eliminating local health disparities in specific populations in Cortland County will lead to improvements in health outcomes for the overall population in Cortland County. The Cortland County 2022-2024 CHA/CHIP process will heavily consider health disparities in all stages of data collection, analysis, and reporting. Wherever possible, data will be presented to determine health disparities related to gender, race, ethnicity, sexual orientation, age, disability status, socioeconomic status, and geography. Additionally, each identified intervention included in the CHIP will align with a disparity identified in the CHA and outline specific ways strategies will address the identified disparity.

Gaps in Healthcare Access

In order to maintain accreditation through the Public Health Accreditation Board (PHAB), the CCHD is required to identify and implement a process used to assess the availability of healthcare services in the community. The 2022-2024 CHA/CHIP will be utilized to support data sharing and collaboration between CCHD and GCMC related to assessing the availability of healthcare services, identification of gaps in healthcare services, and suggesting interventions to fill identified gaps.

Community Health Data Infrastructure

In summer 2021, Seven Valley's Health Coalition (SVHC) led a quality improvement project on the purpose of Cortland Counts and the Community Assessment Team, which was the organizational process and group that lead Community Health Assessments in Cortland County from 2001 to 2019. This process identified a shared desire among Community Assessment Team members to eliminate redundancies in data collection and assessments and improve access to, and sharing of, local real-time data.

The 2022-2024 CHA/CHIP process will set the backbone for continued improvements in Cortland County's Community Data Infrastructure. The proposed community data infrastructure involves GCMC and CCHD leading the CHA/CHIP process every three years as required by the state. The process identifies, using local data, shared community health goals. Process measure data for the CHIP will be collected and analyzed on a quarterly basis in 2023 and 2024, and improvements will be made to the plan along the way. Concurrently, CACTC and SVHC will design survey questions and build capacity, and partner buy-in for the Life Needs Assessment (LNA). The LNA will be essential for, not only providing organizations in Cortland County with real-time data of community member needs, but will be the basis of process measure data for all future CHA/CHIP processes. The data infrastructure also involves communication of CHA/CHIP and LNA data to community partners and community members through the SVHC website and a yearly community presentation. See Appendix A for the proposed Cortland County Community Health data infrastructure.

Scope: 2022-2024 CHA/CHIP

Community of Focus

GCMC and CCHD have defined the community of focus for the CHA as Cortland County. According to GCMC, over 70% of inpatient admissions at GCMC come from Cortland County, and NYSDOH requires hospitals and health departments to collaborate on the CHA process. Choosing to focus on the Cortland County community provides opportunities for ongoing alignment and continuity between CCHD and GCMC.

Phase I: Establishment of 2022 CHA/CHIP Steering Committee and Partners

- **January 2022:** Preliminary analysis of secondary data indicators to narrow scope, informal capacity assessment of CCHD and GCMC, finalization of key stakeholder and community surveys, and development of outreach plan for survey distribution.
- **February 2022:** CCHD presentation to key stakeholders on the 2022-2024 CHA/CHIP process and implementation of Phase II: Community Engagement.

Phase II: Community Engagement (Cortland County 2022 CHA Survey)

- **March-April 2022:** Cortland County 2022 CHA Survey outreach and collection, and analysis of Cortland County 2022 CHA Survey data.

Phase III: Partner Engagement (Key Stakeholder Health Prioritization Survey)

- **May 2022:** CCHD presentation to key stakeholders on secondary data related to focus areas implementation and analysis plan for Key Stakeholder Survey.
- **May 2022:** Implementation of the Key Stakeholder Health Prioritization Survey, analysis of Key Stakeholder Health Prioritization Survey data, and final review of data/selection of CHIP focus area/goals by CCHD/GCMC Steering Committee.

Phase IV: Community Health Improvement Plan

- **May-June 2022:** Collaborate with partnering agencies on developing the 2022-2024 Community Health Improvement Plan.
- **June 2022:** CHA/CHIP set to be approved by GCMC Board of Directors and CCHD Board of Health.
- **August 2022:** Disseminate the results of the CHA/CHIP to the community via press releases, posting on GCMC and CCHD websites, and sharing on social media platforms, and at a community forum.

Phase V: Evaluate Community Progress

- **July 2022-December 2022:** Build capacity to regularly collect process measures. This includes; collaborating on the Life Needs Assessment, creating data sets and dashboards for the CHIP process measure data to feed into, and working with partners to determine what data they can or cannot provide as outlined in the CHIP.
- **January 2023-December 2024:** Quarterly meetings to present process measures for each goal, conduct quality improvement, and make changes to interventions.
- **January-May 2025:** Final outcome evaluation conducted on goals and objectives as outline in the 2022-2024 CHIP.

CHA/CHIP Methods

Preliminary Data Analysis/Capacity Assessment

The 2022-2024 CHA/CHIP process began with an analysis of key data indicators outlined in the NYSDOH Prevention Agenda Dashboard and an informal assessment of CCHD and GCMC's capacity to complete the 2022-2024 CHA/CHIP process.

The purpose of the preliminary data analysis was to narrow the scope of the 2022-2024 CHA without undergoing a resource-intensive data collection process for all five NYSDOH Prevention Agenda Priority areas. It was determined by CCHD and GCMC, that before any considerations about changing/adding additional priorities for 2022-2024 could be made, progress must be assessed towards outcomes related to the two priority areas identified in 2019. Therefore, the preliminary data analysis included an informal review of key data indicators identified in the NYSDOH Prevention Agenda Dashboard for the *Prevent Chronic Disease and Promote Well-Being and Prevent Mental and Substance Use Disorders* priority areas.

Much of the data included in the NYSDOH Prevention Agenda Dashboard is from 2019 or earlier and the baseline data that was included in the 2019-2024 CHA was from 2016 or earlier. However, generally, key data indicators did not show improvements for either priority area and many outcome measures for Cortland County are worse than New York State excluding New York City and Central New York. Additionally, local data reported by community partners over the past two years for CHIP evaluation was incomplete, difficult to compare year to year, or nonexistent.

The lag in county level secondary data indicators reported by the state and inconsistent infrastructure for local data collection makes it difficult to determine how the county fared post 2018/2019 for the two priority areas identified in 2019. Therefore, it was determined the 2022-2024 CHA/CHIP would be utilized to conduct more robust data collection, analysis, and reporting related to the *Prevent Chronic Disease and Promote Well-Being and Prevent Mental and Substance Use Disorders* priority areas.

The 2022 -2024 CHA/CHIP would also include a limited review of secondary data related to communicable disease and injury. I would also include data analysis and reporting related to COVID-19 and COVID-19 vaccination rates in Cortland County. COVID-19 is not incorporated into the 2019-2024 NYSDOH Prevention Agenda, but as an emergent public health threat globally and in Cortland County, it is essential for inclusion in this report.

Secondary Data

Secondary data was accessed from public databases, data sets, and dashboards in order to assess health outcomes, social determinants of health, and healthcare access in Cortland County. It was also utilized to compare key data indicators to New York State and New York State excluding New York City. References for secondary data are indicated at the end of this report. Questions regarding data collection, cleaning, and analysis of this data should be directed to the sponsoring agency.

Secondary data that was included in Cortland County Community Action Program's (CAPCO) 2021 Community Assessment, which was completed in December 2021, was reviewed and adapted for inclusion in the 2022 CHA. Additionally, GCMC assisted with accessing and sharing secondary data related to health outcomes and healthcare access through a subscription to the Community Commons platform.

Excel and Tableau were utilized to clean, analyze, and create visualizations for all secondary data indicators included in the report. In most cases, analysis for secondary data was ad hoc in nature in order to compare with other geographic regions (i.e. New York State, New York State excluding NYC) and historical trends. When provided by the database sponsoring agency, statistically significant changes in key data indicators are noted throughout the report.

Cortland County Community Health Assessment Survey (2022)

The purpose of the 2022 CHA Survey was to utilize primary data collection methods in order to fill in gaps in community level data. Data gaps were identified during the review of secondary and archival data sources in Cortland County.

The following goals were identified for the 2022 CHA Survey:

1. Obtain more recent data about health issues impacting the community.

The majority of secondary data sources mentioned above are years behind (2019 or earlier) and may not accurately represent the current health landscape in Cortland County, especially in the context of the COVID-19 pandemic beginning in 2020. Up to date information about the health of the community is essential in making appropriate public health decisions and allocating resources where they are needed most.

2. Identify health disparities in the community.

Limited secondary data exists to aid in identification of health disparities in Cortland County. Data collection that includes comprehensive demographic questions is essential to combat existing health disparities in the community and continue movement towards health equity.

3. Track trends and gain community perceptions related to healthcare access, social determinants of health, and health related problems.

In 2019, a community wide survey was conducted to determine community member perceptions related to health in Cortland County. The 2022 CHA Survey aims to build on the base of community engagement established in 2019, and identify any changes in perceptions.

Involving community members in identifying community health needs gives CCHD/GCMC a more clear understanding of the community including; health issues, social determinants of health, and the resources available. By allowing community members to share their opinions, CCHD and GCMC hope to create a stronger bond between public health and community members. This can lead to improved communication, increased community collaboration, and mutual respect and understanding. Allowing community members to voice their opinions, will help facilitate a sense of shared ownership and involvement in improving health.

4. Create a baseline for future community level surveys in Cortland County

NYSDOH requires Health Departments and Hospitals to complete a community health assessment every three years. The 2022 CHA survey will serve as a baseline for future CHA/CHIP processes and assist with determining trends in health behaviors. Additionally, lessons learned from the 2022 CHA survey can be utilized to improve the quality of future surveys conducted by GCMC, CCHD, and partnering agencies.

Survey Design

Questions

The 2022 CHA Survey included three categories of questions; community perceptions, NYSDOH Prevention Agenda focus area questions, and demographics. Survey Monkey's algorithm was utilized to estimate survey completion time in order to ensure the survey was a reasonable length (under 10 minutes to complete). For full survey questionnaire see Appendix B.

1. Community Perceptions

Three questions were selected and adapted from the 2019 CHA Survey in order to assess trends in community member perceptions related to; health problems, healthcare access, and social determinants of health.¹ Questions were reviewed by CCHD, GCMC, and the Data & Epidemiology Team at CACTC and additional response options were added if deemed appropriate.

2. NYSDOH Prevention Agenda Focus Areas

Following preliminary analysis of secondary data, it was determined that resources would be allocated to collection and analysis of data related to the current NYS Prevention Agenda priorities in Cortland County; *Prevent Chronic Disease and Promote Well-Being Substance Use and Prevent Substance Use and Mental Health Disorders*.² Research was conducted to identify validated survey questions

for each focus area within these priorities. Questions were selected, adapted, and then reviewed by CCHD & GCMC leadership and the Data & Epidemiology Team at CACTC.

3. Demographics

Demographic questions for the 2022 CHA survey were selected based on a review conducted by CACTC's Data & Epidemiology Team in the spring of 2021. The review included assessing demographic questions from various sources (census, academic institutions etc.) and examining the cultural context of Cortland County. Community partners who work with marginalized groups, such as the Cortland LGBTQ Center, were consulted for cultural competency. Questions were drafted and a final review was conducted by the Director of the Northeast & Caribbean Prevention Technology Transfer Center Network.

After finalization of survey questions, the team at Access to Independence (ATI) of Cortland County reviewed the Survey Monkey questionnaire to determine if any changes needed to be made to ensure compliance with the American Disabilities Act. Consultation from ATI led to the following adjustments; change of Survey Monkey theme to comply with 508 standards, addition of asterisks to required questions, and adding alt text to images. Additionally, large print versions of paper surveys were created.

Question Logic

The following questions were required to submit the digital version of the survey; #1, #2, #3, #14, #28. Question #1, #2, #3, and #14 were all related to community member perceptions and did not ask about the personal health of survey respondents. Question #28 was required to utilize survey logic for question #29 (chronic disease self-efficacy scale). However, there was an optional response, "prefer not to say," for question #28.

Survey Monkey's question logic was applied to question #28 and #29. If a survey respondent answered "yes" to having a chronic health condition in question #28, they were prompted to answer #29 (chronic disease self-efficacy scale).

Survey Implementation

Target Population

The 2022 CHA Survey was targeted towards adult members of the Cortland County community. Members of the community can include people who live, work, go to school, shop, or use healthcare services in Cortland County. Therefore, the survey was not exclusive to individuals who are residents of the county. See the Data Analysis section of this report for a breakdown of the survey population.

Survey Collection

Surveys were collected via Survey Monkey for six weeks from 2/17/2022 until 4/3/2022. At in-person events, respondents had the option to take the survey on paper (large or small print) or via iPad. Additionally, CCHD staff was available to read the survey to respondents who needed additional assistance. Paper surveys collected at tabling events, mailed in, or dropped off were entered into the Survey Monkey platform by CCHD.

A comprehensive survey outreach plan was designed and implemented by a fulltime SUNY Cortland intern placed at CCHD for spring 2022. Special attention was paid to engaging all community sectors and reaching marginalized members of the community. The collaborative community effort and buy-in for the process contributed to the success of survey collection. Outreach materials were designed to create brand recognition around survey activities.

GCMC provided financial resources for paid tabling events and signage and spearheaded engagement with media outlets in the community.

Outreach activities included, but were not limited to, the following:

- **Community Tabling**

Community organizations and businesses were contacted via phone and email to organize tabling at scheduled community events or during times of high traffic at the agency/business. Tabling occurred at the following events/agencies:

- Cortland County Jail: 2/22
- Greggs Market Place: 3/2
- Cincinnatus Market: 3/4
- Homer High School (Theatre Performance): 3/4
- Virgil Senior Group: 3/3 and 3/8
- SUNY Cortland Healthcare Management Major Meeting: 3/8
- Phillips Free Library: 3/9
- Willet Food Pantry: 3/10
- Anderson Farmers Market: 3/11
- Cortland Transit (on the bus): 3/14 and 3/15
- TC3 Employment Fair with ATI: 3/16
- Loaves and Fishes: 3/16 and 3/21
- Preble Senior Group: 3/16 and 3/23
- Preble Food Pantry/Preble Congregational Church: 3/17
- Catholic Charities Food Pantry: 3/18
- Virgil Food Pantry/Virgil United Methodist Church: 3/19
- Truxton Food Pantry/Truxton United Methodist Church: 3/19
- Access to Independence: 3/22
- Salvation Army/Narcan Training: 3/30
- Cortland County Health Department Rabies Clinic: 3/30

- “It Could Be Anyone” Healing Cortland Event: 4/1
- Cortland County Chamber of Commerce Showcase: 4/2
- Central New York Maple Festival (American Legion): 4/2 and 4/3
- **Organizational Listservs, Text Message Groups, and Newsletters**

Large organizations were encouraged to share survey information via population level listservs available to them. The organizations that participated included, but were not limited to:

 - Cortland County Employee Email Listserv: 2/18, 3/11, and 3/31
 - GCMC Employee Facebook Workplace Group: 2/23
 - Family Health Network Patient Text: 3/1
 - 2-1-1 Listserv: 3/2 and 3/31
 - Cortland Health Center Patient Portal Text: 3/10
 - Assembly member Anna Kelles Constituent eBlast: 3/15
 - Guthrie Cortland Medical Center Patient Text: 3/16
 - Cortland Enlarged City School District Parent Email/Phone Blast: 3/17
 - SUNY Cortland Communications Email: 3/31
 - Cortland LGBTQ Center: March newsletter
 - Area Agency on Aging: March newsletter
 - Truxton Academy Charter School: Parent Newsletter
 - Access to Independence: March Newsletter
- **Social Media Posts**

Social media outreach materials were designed and shared with community partners for use on their agency social media pages. Social media posts included, but were not limited to:

 - CCHD Posts: 2/17, 2/23, 3/8, 4/1, 4/3
 - GCMC Posts: 2/24
 - Cortland County Area Agency on Aging Posts: 3/11
 - Shares: Beau Harbin (Cortland County Legislative Minority Leader), Family Health Network, and Seven Valleys Health Coalition
- **Distribution of Paper Surveys and/or Flyers**

The following entities had paper surveys and flyers available for employees/clients or made announcements about the CHA survey at organizational meetings, on websites, or posted on community bulletin boards. CCHD followed up with the agencies at the end of March to collect surveys.

 - Helping Hands Food Giveaway
 - GCMC Patient and Family Advisory Council
 - Cortland County Veterans Service Agency
 - Cortland County Department of Social Services
 - Baptist Bible Church
 - Homer Congregational Church
 - Homer First United Methodist Church
 - Municipalities: Cincinnatus, Scott, Marathon, Homer

- **Phone**

Through outreach activities, community members were directed to a CCHD phone line if they needed assistances with completing the survey.

- **Earned Media**

A press conference organized by GCMC and attended by the President of GCMC and The Public Health Director of CCHD resulted in earned media spots, which included but was not limited to, the following media outlets:

- Cortland Standard Articles: ~2/25
- Spectrum News TV Spot: ~2/25
- X101 Always Classic Facebook Posts: 2/18, 2/24, 3/5, 3/9, 4/1

Overall, the most successful survey outreach occurred through organizational listservs and blast text messages. Survey Monkey analytics show responses spiked when outreach of this nature occurred in the community. However, community tabling events provided vital opportunities to reach marginalized community members who cannot readily access the internet or social media, and are not connected to community agencies.

It should be noted that the ultimate success of survey outreach, the number of outreach events attended, and the number of surveys collected was influenced by the availability of a fulltime SUNY Cortland intern. This allowed CCHD staffing resources to be allocated elsewhere, while still focusing on efforts on survey outreach fulltime.

A total of 2,266 survey responses were collected from community members. According to Survey Monkey analytics, the survey had a 99% completion rate for required questions (1, 2, 3, 14, 28) and an estimated completion time of 11 minutes.⁴ With the exception of the gender identity question (which was open-ended), each survey question had less than 30 respondents skip and there was not a notable drop off.⁴

The majority of respondents were Cortland County residents (88.39 %) with 9.22% being residents of neighboring counties.⁴ As previously mentioned, the target population for the survey included a broad definition of “community” and was not limited to just residents but also those that live, work, go to school, shop, and use services in the county.

2022 CHA Survey Responses by County

	Count
Cortland	2,003
Tompkins	104
Onondaga	32
Cayuga	28
Broome	21
Chenango	15
Tioga	9
Other/No Response	54
Total	2,266

Anonymity

There is no identification of individual survey respondents on the survey questionnaire. Additionally, tracking of IP addresses was turned off in Survey Monkey prior to survey collection. After paper surveys were entered into Survey Monkey, they were shredded.

Both digital and online survey questionnaires began with the following statement:

This survey is completely voluntary and anonymous. You can choose to skip questions or to not complete/submit the survey at any time. The responses you provide will remain anonymous. Following completion of the survey, you will be redirected to a form that will allow you to enter to win the survey incentives. The information submitted on that form will not be attached to your anonymous survey responses.⁴

Confidentiality was further maintained during data analysis by excluding frequency level data for specific demographics if there were less than 10 respondents in the category.

Incentives

To thank survey participants for their time, local businesses were solicited for incentive donations. Research found that survey respondents are more likely to complete a survey if the drawing incentive is one large prize versus several small prizes, therefore donations from local businesses were grouped together to create four larger prizes; a \$50 Visa, a local gift basket, golfing day for four people, and a summer date day. The following businesses made donations: Homer Men & Boy's, Coffee Mania, Hollenbeck's, Daisy Hollow Farm, Elm Tree Golf Course, Cortland Repertory Theater, and Shipwreck Golf.

In order to maintain anonymity, respondents were re-directed to a Google Form in which they could select an incentive to be entered to win following completion of the survey. Incentive winners were notified after the final day of survey collection.

Data Analysis

Focus Areas

The 2022 CHA Survey questions were primarily designed around gaining more information related to NYSDOH Prevention Agenda focus areas.

Question #4 on the Community Health Assessment Survey is adapted from the Rapid Assessment of Physical Activity (RAPA), which is a validated tool used to measure physical activity levels for older adults.^{5,6} The RAPA scale closely aligns with the CDC's recommended levels of physical activity for health benefits in adult populations. It was therefore determined that this scale was to be utilized to assess physical activity across all age groups in this survey.^{5,6}

Using this scale, CHA survey respondents were considered “active,” per the RAPA scale, if they selected one of the following responses: ^{5,6}

- 30 minutes or more a day of moderate physical activities, 5 or more days a week
- 20 minutes or more a day of vigorous physical activities, 3 or more days a week.

Any other response was considered “suboptimal” physical activity level.

Question #5 on the Community Health Assessment Survey is adapted from the fruit and vegetable intake module included on the 2017 Behavioral Risk Factor Surveillance System. ⁷ This 6 item assessment tool was adapted for the BRFSS from the longer, validated 26 item dietary screener. ⁷ The BRFSS utilizes this module to determine the percentage of respondents consuming fruits or vegetables less than one time a day (defined as very low levels of intake).⁷

Using this module, CHA survey respondents are considered to have a very low level of fruit intake if they: reported that in the past month, on a typical day, they consumed any type of fruit less than one time a day (“some days but not every day” or “never” responses) **AND** reported in the past month, on a typical day, they consumed any type of fruit juice less than one time a day (“some days but not every day” or “never” responses) ⁷

Using this module, CHA survey respondents are considered to have a very low level of vegetable intake if they: reported that in the past month, on a typical day, they consumed a green leafy or lettuce salad less than one time a day (“some days, but not every day” or “never” responses) **AND** reported that in the past month, on a typical day, they consumed any kind of fried potatoes less than one time a day (“some days, but not every day” or “never” responses) **AND** reported that in the past month, on a typical day, they consumed any other kind of potatoes, less than one time a day (“some days, but not every day” or “never” responses) **AND** reported that in the past month, on a typical day, they consumed any other type of vegetable, less than one time a day (“some days, but not every day” or “never” responses). ⁷

Questions #6 and #7 are adapted from the Six-Item Food Security Scale developed by the National Center for Health Statistics. ⁸ This scale has been determined to have high specificity and sensitivity for identifying food insecure households. ⁸ Questions responses were coded in Excel, according to the scale, as follows:

- Question #6
 - Never=0
 - Only 1 or 2 months=1
 - Some months but not every month=2
 - Almost every month=2
- Question #7
 - Food purchased did not last [...]=1
 - Could not afford to eat balanced [...]=1
 - Felt you should eat less [...]=1

- Felt hungry [...] = 1
- None of these apply to me = 0

Survey respondents are considered food insecure if the sum of their coded responses to questions #6 and #7 equaled 2 or more (which is considered low or very low food security per the scale).⁸

Question #29 was adapted from the Self Efficacy for Managing Chronic Disease 6-Item Scale which is a valid and reliable measurement used to assess a patient's self-efficacy for managing chronic disease.⁹ The scale asks respondents to indicate how confident they are doing certain activities from 1 (not at all confident) to 10 (totally confident).⁹ Survey logic only prompted survey respondents who selected "yes" to having a chronic disease to complete Question #29. The mean of the six items was calculated for each respondent, which was then averaged for the population demographics. A higher number indicates higher self-efficacy.

Question #8 was selected based on the validated alcohol and substance use screening tool ASSIST.¹⁰ Individuals screened with this tool, who report using a substance at least once in the past three months, would prompt additional screening questions from a provider.¹⁰ Substances are reported at the following intervals:

- Weekly or daily use for non-illicit drugs:
 - Tobacco
 - Alcohol
 - Cannabis
- Reported use at least once in the past three months for illicit drugs:
 - Opioids
 - Stimulants

Note: Opioid use did not distinguish between physician prescribed use and misuse.

Question #9: was adapted from the clinically validated substance use screening tool: CAGE-AID.¹¹ Findings are considered clinically significant if patients respond "yes" to two or more of the four screening questions. However, John Hopkin's consensus panel suggests make the cut-off one "yes" response to identify more individuals at risk.¹¹ For the purposes of this report, the cut-off of one "yes" response was utilized.

Survey respondents were considered "at risk for a substance use disorder" if they selected any of the following responses:

- Felt they should cut down on drinking or drug use
- Been annoyed at people for criticizing drinking or drug use
- Felt bad or guilty about drinking or drug use
- Had a drink or used drugs first thing in the morning

Question #10 was adapted from the validated WHO [Five] Well Being Index. Question responses were coded in Excel, according to the index, as follows:¹²

- All the time = 5

- Most of the time=4
- More than half the time=3
- Less than half the time=2
- Some of the time=1
- At no time=0

Coded responses for each question were summed and ranged from 0 to 25, with 25 representing the best quality of life.¹²

As per the index, survey respondents were coded as having “poor wellbeing” (which is also an indication to test for depression under the ICD-10) if:

- The sum of their coded responses to question #10 were less than 13¹²

Question #11 was adapted from a public perception survey conducted by the American Foundation for Suicide Prevention and the National Action Alliance for Suicide Prevention.¹³ Survey respondents are considered to “know someone with personal experience with suicide” if they selected one of the following:¹³

- Someone I know has died by suicide
- Someone I know has talked to me about thoughts of suicide
- Someone I know has attempted suicide but didn’t die
- I have worried that someone I know might be thinking about suicide

This question also assesses the following questions:

- Percentage of respondents who have attempted suicide
- Percentage of respondents who have had suicide ideation

Community Perceptions

Responses to questions #1, #2, and #3 were exported from Survey Monkey, cleaned in excel, and visualized using Tableau software. Descriptive statistics were utilized to observe trends between 2022 CHA Survey responses and 2019 CHA survey responses and to identify disparities based on demographics for 2022 CHA Survey responses. See the following section for description of analysis related to identifying disparities.

Demographics/Identification of Health Disparities

Demographic Groups

In order to identify disparities in health behaviors, responses to focus area and community perception questions were analyzed for each of the demographic groups. Survey Monkey filters were utilized to create data sets for different demographic groups surveyed, and visualizations were created in Tableau. Demographic groups were either excluded if there were less than 10 survey respondents for the group or incorporated into a larger “umbrella” group. In some cases, demographic groups were combined to strengthen the reliability of the sample.

Zip codes were only included if there are 10 or more survey respondents with the zip code. There were 10 or more survey respondents for each Cortland County zip code listed as a multiple choice option. Zip codes reported under “Other-(Please Specify)” were included if there are addresses within the zip code that are located within Cortland County (13073-Groton, 13835-Richford, 13053-Dryden, 13118-Moravia, 13159-Tully) and there were 10 or more survey respondents that reported the zip code. Zip codes were grouped using the following umbrella terms:

- Non-Rural=13045
- Rural=13077, 13803, 13101, 13040, 13158, 13141, 13863, 13087, 13784, 13053, 13118, 13159

Age groups were only included if there were 10 or more survey respondents within the age group. The only age group excluded by this criteria was “under 18 years.” This age group was only excluded for age-specific breakdowns, and not for measures that included the whole survey population.

- 18-24 Years Old
- 25-34 Years Old
- 35-44 Years Old
- 45-54 Years Old
- 55 to 64 Years Old
- 65 Years and Over

Gender Identity was an open ended question. Responses were tagged in Survey Monkey using one of the following; Male/Man, Female/Woman, MTF Transgender, FTM Transgender, and Non-Binary and/or Gender Non-conforming. Responses were excluded if they were determined to not represent a gender identity. Due to small response rates, survey respondents that did not report their gender as Male/Man or Female/Woman as described below have been grouped under the umbrella term Transgender+ for the purposes of this report. However, it is important to note that specific groups within the Transgender+ community may experience unique disparities. The following are examples of open ended responses and how they were tagged for the purposes of data reporting.

- Male/Man= m, male, man, boy, he, biologic sex male
- Female/Woman= f, female, female-she/her, woman, cis-female, cis-gender female, lady
- Transgender+: FTM transgender, MTF transgender, assigned female at birth, non-binary, gender non-conforming, they/them

Due to small response rates, survey respondents that did not report their sexual orientation as Straight as described below have been grouped under the umbrella term LGBQ+ for the purposes of this report. However, it is important to note that specific groups within the LGBQ+ community may experience unique disparities.

- Straight= Straight, heterosexual

- LGBTQ+= Gay or Lesbian, Bisexual, Pansexual or polysexual, Queer, Asexual or Demisexual, fluid, questioning, non-sexual

Due to small response rates, survey respondents that did not report their race as White as described below, have been grouped under the umbrella term BIPOC for the purposes of this report. However, it is important to note that specific groups within the BIPOC community may experience unique disparities.

- White=respondents that only selected White
- BIPOC=respondents that selected White AND any other race, or selected Asian, Black or African American, American Indian, Native Hawaiian or Pacific Islander, or self-described as; Hapa, Latino, Hispanic, Multi-racial, Mixed Race, Biracial

Household Income was grouped as the following:

- Respondents that reported making over \$50,000 a year
- Respondents that reported making less than \$50,000 a year

Education level was grouped as the following:

- Less than high school diploma
- High school diploma or Some College
- Associate degree
- Bachelor degree
- Graduate degree

Insurance was grouped as the following:

- Medicaid=Medicaid, medical assistance, or any other kind of government assistance plan for those with low income or disability
- Other insurance=insurance through a current or former employer, insurance purchased directly from an insurance company, Medicare, self-pay, Indian Health Services, Tricare or other military insurance, VA

Drug use was grouped as the following:

- People who use drugs (PWUD): respondents that reported using stimulants or opioids in the past three months.
- Not PWUD: respondents that did not report using stimulants or opioids in the past three months.

Children was grouped as the following:

- Young children in home: reported that have children under 6 living in their home
- No young children in home: did not report having children under 6 living in their home.

Ethnicity, people with disabilities and people with chronic disease were grouped based on the “yes/no” responses to questions #28 and #29.

Analysis of Health Disparities

Analysis of health disparity data were adapted from the recommendations of Keppel K, Pamuk E, Lynch J, et al.¹⁴ Health disparities were included in this report according to the following methods:

1. Focus area measures calculated for each demographic group
 - a. Focus area measures calculated and reported in adverse events
2. Percent difference calculated for each demographic group
 - a. Utilized “best group rate” as reference point and “worst group rate” as rate of interest
 - b. Formula:

$$\text{Percentage difference} = \frac{\text{rate of interest} - \text{reference point}}{\text{reference point}} \cdot 100$$

3. For each focus area, the five demographic groups with the largest percent difference were ranked and included in the CHA report.

“Largest disparity” is defined as the demographic group with the largest percent difference between the best group rate and the worst group rate in that demographic.

Re-Purposed Primary Data Sources

Cortland County Youth Development Survey (2021)

Cortland Area Communities That Care (CACTC) is a local non-profit that, in conjunction with local school districts, conducts a county-wide survey of 7th-12th graders each year. All five school districts in the county participate in the survey. The 139 question validated survey tool asks about risk and protective factors and problem behaviors related to youth development.¹⁵ An additional 20 questions are added to the end of the survey each year relevant to Cortland County.¹⁵ The data collected from this survey was re-purposed for the 2022-2204 CHA/CHIP.

All youth survey data was analyzed and provided by Kemi Akinniyi, Epidemiologist at CACTC. Questions regarding youth survey data should be directed to CACTC: data@cortlandareactc.org.

Community Tobacco Survey of Adult Residents in Cortland County (2022)

The Tobacco Free Zone – Cortland, Tompkins, Chenango (TFZ) is a New York State Department of Health funded agency that is a local level coalition within the New York State Tobacco Control Program, administered via the Cortland County Health Department (Cortland, New York).¹⁶ During the spring of 2021, TFZ contracted with Joel LaLone Consulting (Watertown, New York) to complete an adult community tobacco assessment survey in Cortland County, New York.¹⁶ This survey has been repurposed for use in the 2022 CHA/CHIP. Please see Appendix C for the survey Methods and Executive Summary.

Key Stakeholder Health Prioritization Survey (2022)

Purpose

During previous CHA/CHIP cycles, health focus areas were selected by the Community Assessment Team members from the following organizations; the Cortland County Health Department, Guthrie Cortland Medical Center, United Way of Cortland County, Seven Valleys Health Coalition, and SUNY Cortland. Selection of health focus areas involved ad hoc review of data and consensus among the five partnering organizations. However, the 2019-2021 CHIP identified over 30 partners that implemented CHA/CHIP interventions in 2019-2021.

As such, it was determined that the selection of 2022-2024 CHIP focus areas and goals should include input from a much broader group of organizations working in Cortland County. Ideally, input from all partnering organizations will elicit buy-in for continued communications with GCMC and CCHD on progress towards objectives and a desire to participate in CHA/CHIP quality improvement meetings moving forward into 2023-2024.

Additionally, CCHD and GCMC identified the need to design and implement a data-driven and reproducible method for selecting health focus areas and shared community health goals that could ensure consistency across future CHA/CHIP processes.

The purpose of the Key Stakeholder Health Prioritization Survey is three-fold:

1. Engage key stakeholders from the following sectors—healthcare, public health, human services, social services, aging services, education, housing, and transportation—in the CHA/CHIP process.
2. Present key stakeholders with relevant local data, including health disparity data, related to NYSDOH Prevention agenda focus areas to ensure a strong foundational knowledge of local community health issues prior to completion of the Key Stakeholder Health Prioritization Survey.
3. Utilize survey responses to select shared community health goals for 2022-2024.

Survey Design

The Key Stakeholder Health Prioritization Survey was based on the NYSDOH Prevention Agenda and the CDC's Division of Global Health Protection's Field Epidemiology Training Institute for Non-Communicable Disease training module "Prioritizing Public Health Problems."¹⁷ The purpose of the training module is: identify the key stakeholders and partners with whom to prioritize public health problems, identify the criteria for prioritizing public health problems, and reach a consensus on the highest priorities on which to focus prevention and control efforts.¹⁷ The Field Epidemiology Training Modules were pilot tested in low and middle income countries, and deemed appropriate for use in the United States.¹⁷

NYS Prevention Agenda focus areas were included in the Key Stakeholder Health Prioritization Survey, therefore, accompanying the data presentation and CHA report, if they meet one or more of the following criteria:

- Part of Cortland County's current priority areas: *Prevent Chronic Disease and Promote Well-Being and Prevent Mental and Substance Use Disorders*:
 - Physical Activity
 - Healthy Eating
 - Food Security
 - Tobacco Use
 - Chronic Disease Preventative Care Management
 - Alcohol Use
 - Opioid and Other Drug Use
 - Depression/Well Being
 - Adverse Childhood Experiences
 - Suicide
- Cross cutting with Cortland County's current priority areas, but falls under a different priority area:
 - Hepatitis C
 - Built and Indoor Environment
- Can be aligned with efforts related to prevention of COVID-19:
 - Vaccine Preventable Disease

Certain NYSDOH Prevention Agenda focus areas were broken down further for the Key Stakeholder Health Prioritization Survey into NYSDOH Prevention Agenda goals. For example, the "Prevent Mental and Substance Use Disorders" was broken down into the five NYSDOH Prevention Agenda goals due to the broad nature of the focus area.

CCHD and GCMC selected four criteria commonly used for prioritizing health issues from the CDC's Field Epidemiology Training Module based on pertinence to Cortland County (CDC recommends using no more than five criteria).¹⁷ The selected criteria included; the size of the problem, seriousness of the problem, health equity, and resource availability. CDC suggested scales were utilized for size of the problem and seriousness of the problem and scales were designed by CCHD for health equity and resource availability.

See Appendix D for survey questionnaire and criteria scales.

Survey Collection

Key stakeholders were presented with local data, including health disparities data, related to NYSDOH Prevention Agenda priority areas on 5/5/2022. Following the presentation, they were emailed a copy of the presentation and asked to complete one Key Stakeholder Health Prioritization Survey via Survey Monkey for their organization by the end of the day on 5/11/2022. They were encouraged to consult with other leaders/staff/stakeholders in their organization while completing the survey. See Appendix E for presentation and follow up email to stakeholders.

A reminder email was sent out to all key stakeholders on 5/9 and personal emails to key stakeholders that had yet to complete the survey were sent on 5/10.

A total of 20 key stakeholder organizations completed the survey with 80% (16 out of 20) key stakeholders reporting that they consulted with other leaders/staff/stakeholder's before completing the survey.

Data Analysis

Key stakeholders were asked to rate each focus area on a scale of 1 to 5 (scales provided in Appendix D) for each criteria. Individual survey responses were extracted via Excel files from Survey Monkey. Responses from all organizations, for each focus area and each criteria, were summed to create the focus area scores for each criteria; seriousness total, resources total, size total, and equity total. To determine the focus area's "total score" scores for the "seriousness total," "resources total," "size total," and "equity total" were summed. After total scores were calculated for each focus area, focus areas were ranked based on total score from highest to lowest.

Benefits and Limitations of Data

Two types of data sources were utilized in the CHA/CHIP; secondary data (for example data from the NYSDOH, U.S Census etc.) and primary data (data collected here locally for the purposes of the CHA or re-purposed for the CHA). Both of these types of data have limitations and benefits. Due to benefits and limitations of both types of data, it is necessary to include and consider both secondary and primary data sources when prioritizing health issues for the CHA/CHIP.

Secondary Data

Limitations: Most measures are from 2019 or earlier, limited breakdowns of secondary data by demographics.

Benefits: In most cases, the secondary data can be considered representative, meaning statistical analysis has been conducted to determine that it reflects the characteristics of the entire population. Additionally, in most cases, statistically significant changes can be measured (i.e. increases/decreases are not due to random variations in the population).

Primary Data

Limitations: The primary data included in CHA cannot be considered "representative of the entire population" but rather a snapshot health in Cortland based on the survey samples.

Benefits: Data was collected recently and can show what is happening right now related to community health and can be broken down by demographic groups to identify health disparities.

Community Health Assessment

Community Profile

In fall 2021, the Cortland County Community Action Program (CAPCO), conducted a community needs assessment on the causes and conditions of poverty in Cortland County.¹⁸ This assessment included a comprehensive community profile of Cortland County. CAPCO provided CCHD permission to adapt the community profile conducted for their recent assessment as part of 2022 Community Health Assessment.

Geography

Located in Central New York (CNY), Cortland County is in the northernmost area of the Appalachian designated counties in the United States.¹⁹ Cortland is located between Syracuse and Binghamton on the Interstate 81 corridor (Figure 1). It is bordered by Tompkins and Cayuga counties to the West, Tioga and Broome Counties to the South, Chenango and Madison counties to the East, and Onondaga County to the North (Figure 1). The county is comprised of the City of Cortland surrounded by three villages—Homer, Marathon, McGraw—and fifteen townships.¹⁹



Figure 1. Map of Cortland and Surrounding Counties in Central New York

Cortland County has a total land area of 498.76 square miles.²⁰ The population in Cortland County is centered in the City of Cortland and the Village of Homer (Figure 2). The remainder of the county is rural, with a population density of less than 1,000 people per square mile (Figure 2).²¹

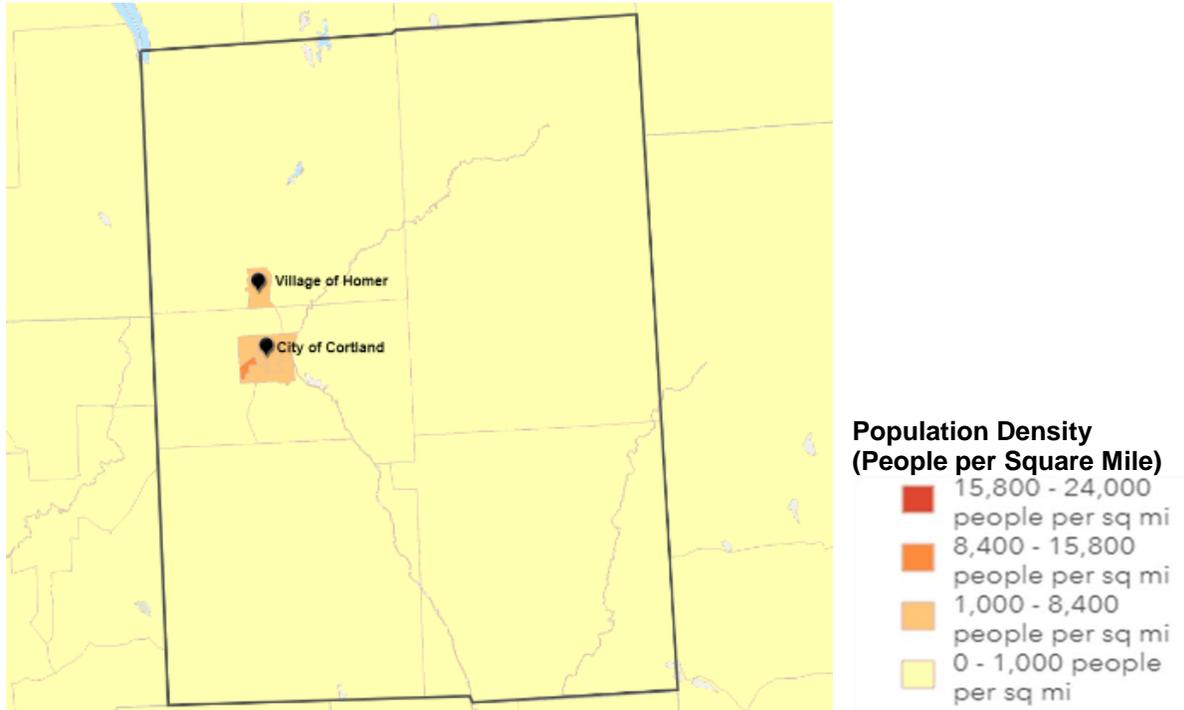


Figure 2. Cortland County Population Density by Census Tract (Esri Updated Demographics, 2021)²¹

Population Trend

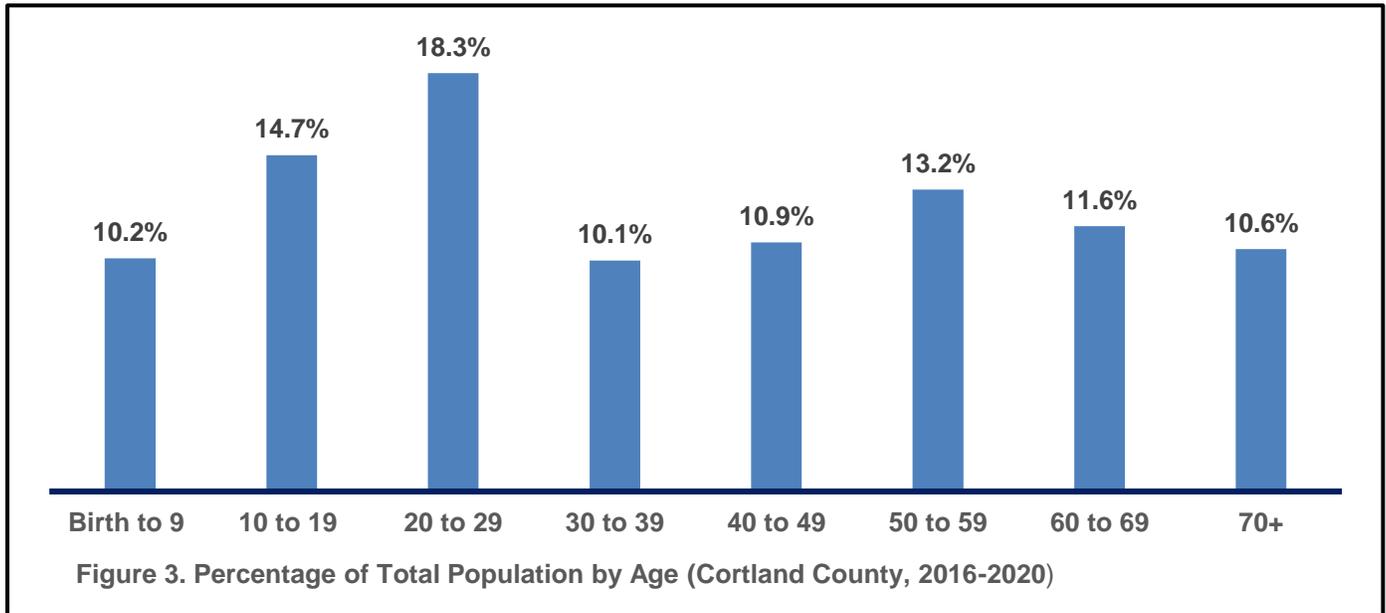
From 2010 to 2020, the population of Cortland County decreased by 5.12% from 49,336 to 46,809 (Table 1).²²⁻²³ Comparatively, the population of New York State increased from 2010 to 2020.²²⁻²³

Table 1. Population Changes by Geography (2016-2020)

	Total Population (2010)	Total Population (2020)	Total Population Change	% Population Change
Cortland County	49,336	46,809	-2,527	-5.12%
New York	19,378,102	20,201,249	+823,147	+4.25%

Age

In 2020, the median age in Cortland County is 36.4 years.²⁴ The relatively young median age in Cortland County is driven by ages 20 to 29 (18.3%) and ages 10 to 19 (14.7%) accounting for the highest percentage of the population (Figure 3).²⁴



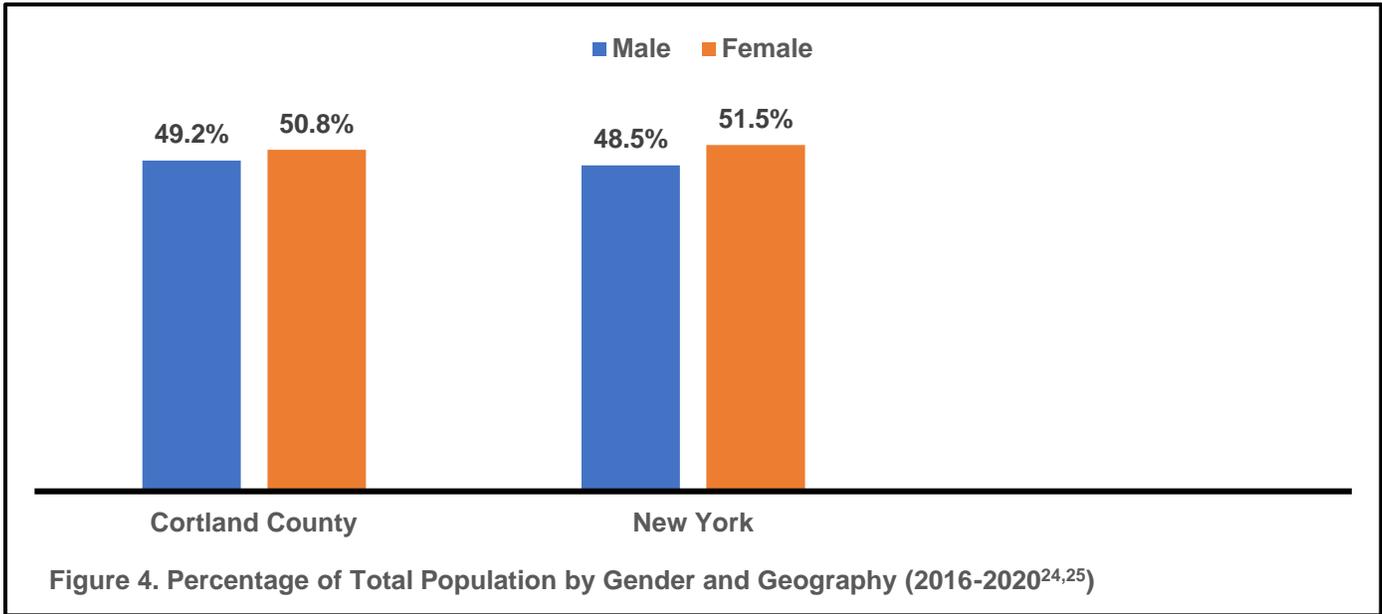
In 2020, similar to Cortland County, the largest age group in New York State is 20 to 29 (Table 2).^{24,25} However, the median age of 39.0 in New York State is slightly higher than the median age in Cortland County.^{24,25}

Table 2. Percentage of Total Population by Age and Geography (2016-2020)^{24,25}

	Birth-9	10-19	20-29	30-39	40-49	50-59	60-69	70+
Cortland County	10.2%	14.7%	18.3%	10.1%	10.9%	13.2%	11.6%	10.6%
New York	11.4%	12.0%	14.1%	13.6%	12.3%	13.6%	11.7%	11.3%

Sex

In Cortland County, 50.8% of the population identifies as female and 49.2% identifies as male, which is similar to the gender distribution in New York State (Figure 4).^{24,25}



Race and Ethnicity

In 2020, 88.1% of Cortland County residents identified as White alone, 5.7% identified as two or more races, 2.2% as Asian, 1.9% as Black or African American, 1.8% as some other race, 0.3% as American Indian or Alaska Native and 0.03% as Native Hawaiian or Pacific Islander (Table 3).²²

Table 3. Total Population by Race (Cortland County, 2020)²²

	# of Residents	% of Residents
White alone	41,250	88.1%
Two or more races	2,672	5.7%
Asian alone	1,028	2.2%
Black or AA alone	895	1.9%
Some other race alone	825	1.8%
AIAN alone	124	0.3%
NHPI alone	15	0.03%

In 2020, 3.5% of Cortland County residents identified as Hispanic or Latino (Table 4).²² Comparatively, 19.5% of New York State residents identified as Hispanic or Latino (Table 4).²²

Table 4. Percentage of Total Population Hispanic or Latino by Geography (Cortland County, 2020)²²

	Percentage of Residents
Cortland County	3.5%
New York State	19.5%

Language

In 2020, most Cortland County residents over age five speak English at home (95.7%) (Table 5).²⁴ Of the 4.3% that speak a language other than English at home; 2.7% speak another Indo-European Language, 0.8% speak Spanish, 0.6% speak Asian or Pacific Island languages, and 0.2% speak some other languages (Table 5).²⁴

Table 5. Language Spoken at Home for Residents Over Age 5 (Cortland County, 2016-2020)²⁴

	# of Residents	Percentage
English	43,323	95.7%
Other Indo-European	1,209	2.7%
Spanish	371	0.8%
Asian or PI	270	0.6%
Some other language	101	0.2%

Social Determinants of Health

The fall 2021 CAPCO community needs assessment also included a comprehensive review of social determinants of health in Cortland County.¹⁸ CAPCO provided CCHD permission to adapt their recent profile on social determinants of health for the purposes of this assessment.

Childcare and Early Education

There are 15 daycare centers, 10 family daycares, and 10 group family daycare programs in Cortland County (Table 6).²⁶ According to the 2020 reports released by the Child Development Council, there are 784 childcare slots within these modalities available to children under age five in Cortland County.^{26,27} In the 2018-2019 school year, there were also 282 children enrolled in full or half day pre-K programs through private or public schools.¹⁹ In total, this indicates there are an estimated 1,066 childcare/early education slots available to children under age five in Cortland County.

Table 6 calculates the estimated number of childcare/early education slots available based on modality and includes home visiting programs that can provide early education services to children who may receive informal childcare.

Table 6. Estimated number of childcare/early education slots available based on modality (Cortland County, 2021)²⁶⁻³²

	Number	Capacity
Daycare Centers	15	570
Family Daycare	10	80
Group Family Daycares	10	134
Home Visiting Programs	4	184
Public/Private Preschool	-	282 (enrolled)*
Total	184	1,250

*number enrolled in 2018-2019 school year

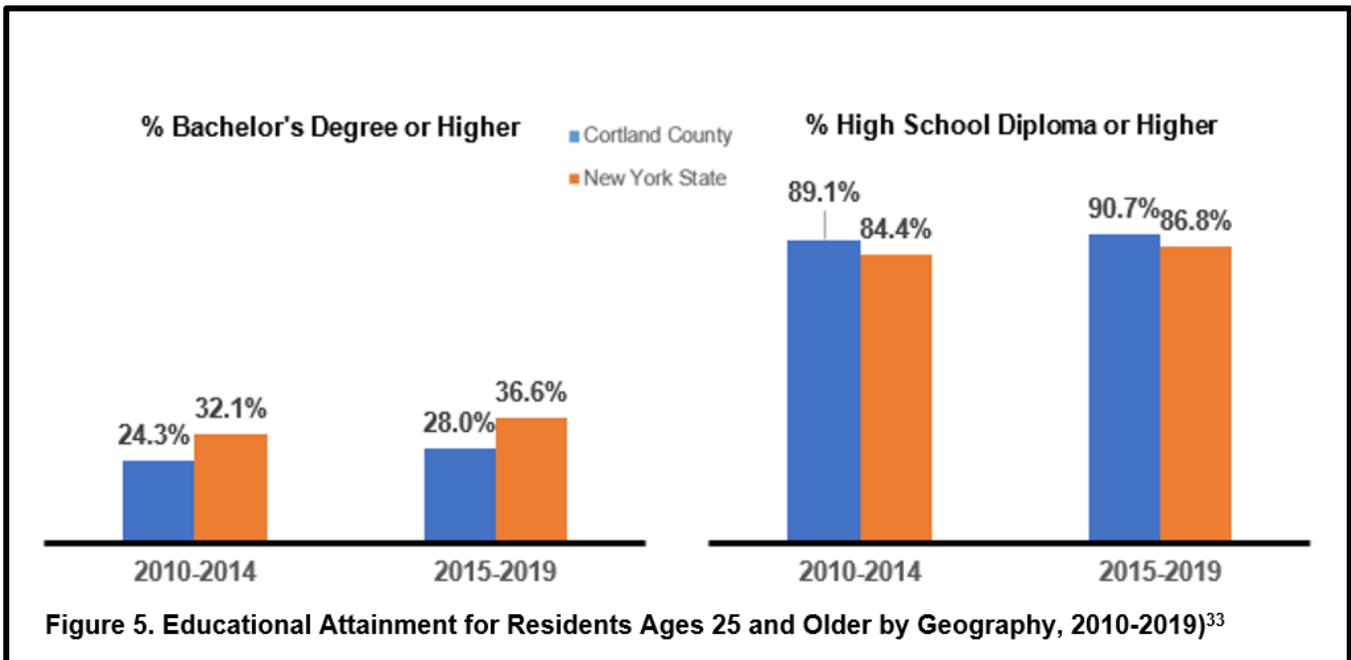
In Cortland County, the percentage of households with children under six in which all parents are part of the labor force is 77.4%, and the number of children under age five in the county is 2,376.²⁴ Therefore, there are an estimated 1,839 children under age five who need childcare in Cortland County.

With 1,250 slots available, as indicated above, there is an estimated deficit of 589 childcare/early education slots in Cortland County that cannot be served by formal modalities. Excluding home visiting, the deficit increases to 773. It can be assumed these families use informal childcare such as family members, friends, and neighbors.

Education

Educational Attainment

From 2010-2014 to 2015-2019, the percentage of Cortland County residents age 25 and over who attained a bachelor’s degree or higher increased from 24.3% to 28.0% (Figure 5).³³ There is little noted change in attainment of high school diplomas or higher during this timeframe (89.1% to 90.7%).³³ A higher percentage of Cortland County residents attained a high school diploma in 2015-2019 compared to New York State (Figure 5).³³ However, Cortland County residents were less likely to attain a bachelor’s degree.



High School Graduation and Dropout

Cortland County graduation and dropout rates are similar to New York State, with 86% of Cortland County students graduating in 2020 compared to 85% in New York State and 6% of Cortland County students dropping out compared to 5% in New York State.²⁸ In 2020, students who are not economically disadvantaged (91.0%) were more likely to graduate high school than students who are economically disadvantaged (81.0%) (Table 7).²⁸ This trend is present historically since 2016.²⁸

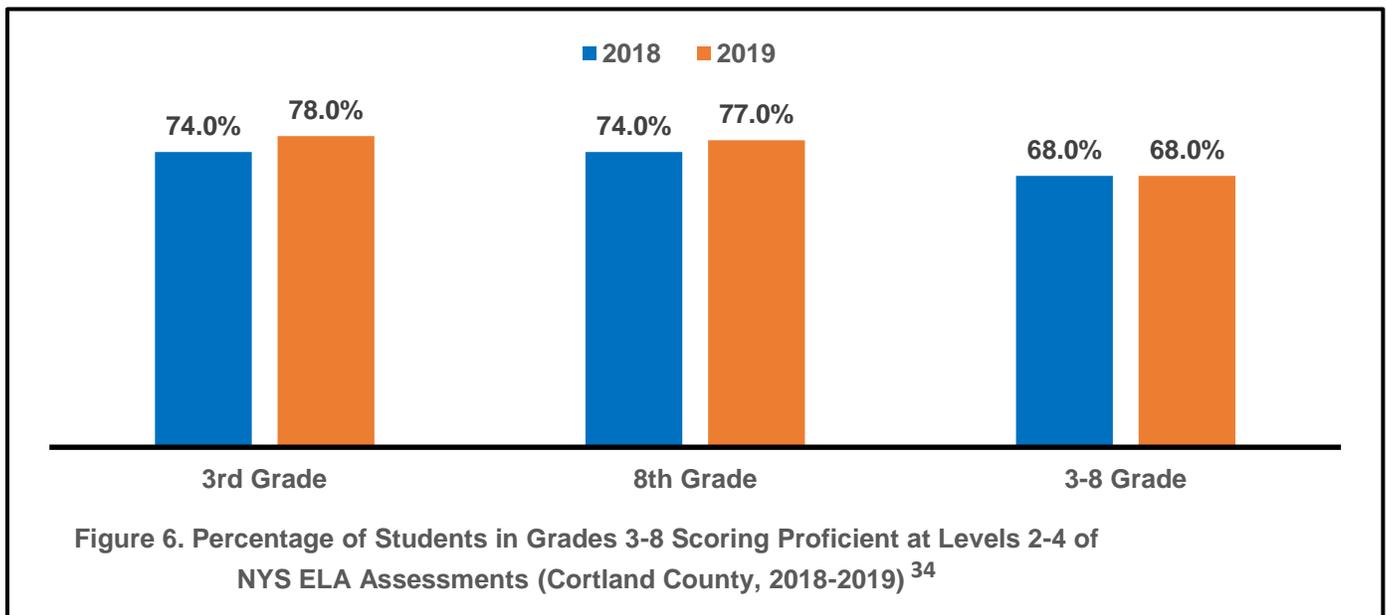
Table 7. High School Graduation Rate by Socioeconomic Status (Cortland County, 2020)²⁸

	2016	2017	2018	2019	2020
Economically Disadvantaged	74.0%	83.0%	81.0%	77.0%	81.0%
Not Economically Disadvantaged	91.0%	91.0%	90.0%	92.0%	91.0%

Grades 3-8 English Language Arts Assessments (ELA)

Due to a change in test design, 2018 is considered a new baseline year for 3-8 grade ELA assessment scores and previous years are not comparable. For the purposes of this assessment, students are considered proficient at levels 2-4, which, according to NYS Department of Education means they are on track to graduate.³⁴

From 2018 to 2019, the percentage of 3rd graders and 8th graders with proficient scores increased from 74% to 78% for 3rd graders and 74% to 77% for 8th graders (Figure 6).³⁴ However, looking at aggregate scores for 3rd-8th graders, the percentage scoring proficient has remained the same at 68% for both 2018 and 2019 (Figure 6).³⁴



In 2019, compared to New York State, the percentage of 3rd graders, 8th graders, and aggregate 3rd-8th graders in Cortland County scoring proficient on ELA assessments was lower (Table 8).²⁸

Table 8. Percentage of Students in Grades 3-8 Scoring Proficient NYS ELA Assessments (Cortland County and New York State, 2019)²⁸

	Cortland County	NYS
3 rd Grade	78.0%	85.0%
8 th Grade	77.0%	81.0%
3-8 Grade	68.0%	75.0%

Not economically disadvantaged students were more likely to score proficient than economically disadvantaged students in 2018 and 2019 (Table 9).²⁸

Table 9. Percentage of Students Scoring Proficient at Levels 2-4 of the NYS ELA Test by SES (Grade 3-8, Cortland County, 2018-2019)²⁸

	2018	2019
Not Economically Disadvantaged	82.0%	81.0%
Economically Disadvantaged	56.0%	58.0%

Kindergarten Readiness

A measure to assess countywide kindergarten readiness in Cortland County was developed by county school districts in 2016. In 2019 a new baseline was established due to a change in how school districts assessed readiness.

Based on this measure, for the 2020-2021 school year, 71% of children entering public school were deemed ready to enter Kindergarten (Table 10).³⁵ This is up from 69% in 2019, the new baseline year. Data is not currently available for specific demographics such as socioeconomic status.

Table 10. Percentage of Kindergarteners Ready to Enter School (Cortland County, 2019-2020 & 2020-2021)³⁵

2019-2020	69.0%
2020-2021	71.0%

School Enrollment

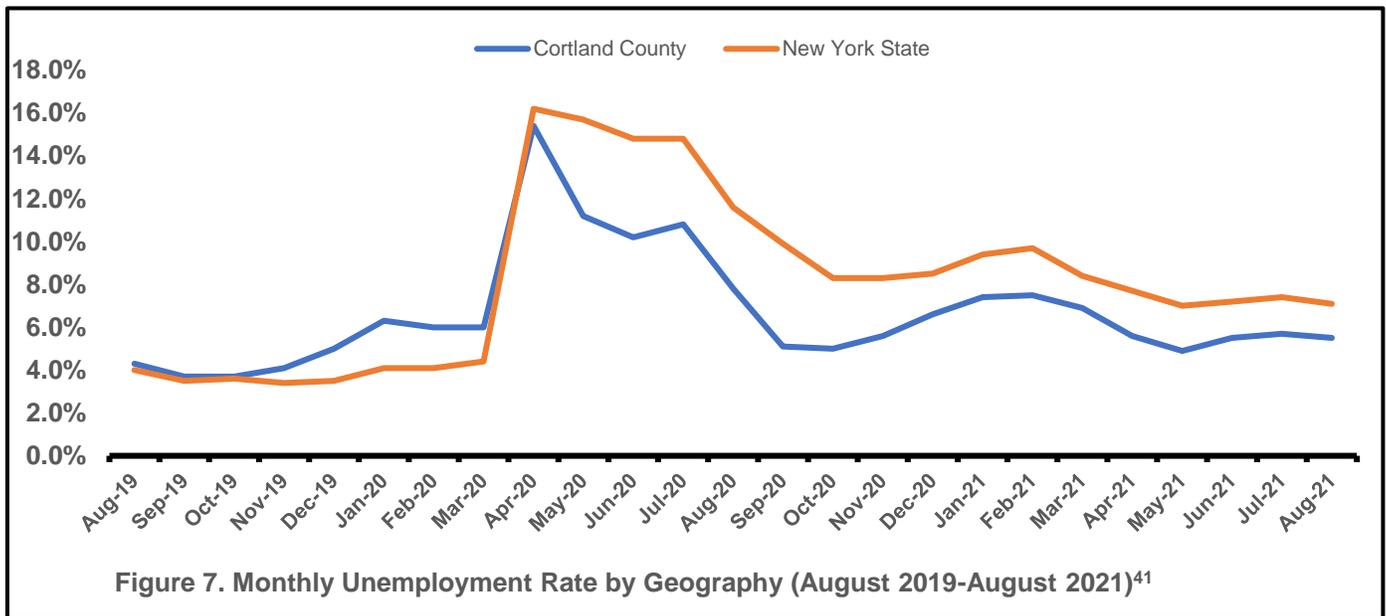
Overall, school enrollment in Cortland County has decreased by 11.5% from 2015-2016 to 2020-2021 (Table 11).³⁶⁻⁴⁰ Each school district, with the exception of McGraw, experienced a decrease in enrollment. The City of Cortland School district experienced the most drastic decrease with enrollment decreasing by 17.98% (Table 11).³⁶⁻⁴⁰ Each of these school districts are part of CAPCO’s Head Start/Early Head Start service area.

Table 11. PreK-12th Grade School Enrollment by District (Cortland County, 2016-2017, 2020-2021)³⁶⁻⁴⁰

	2015-2016	2020-2021	Change in Enrollment
Cortland	2575	2112	-17.98%
Homer	1987	1853	-6.74%
Marathon	739	637	-13.8%
McGraw	514	534	+3.89%
Cincinnatus	592	533	-9.97%
Total	6,407	5,669	-11.52%

Employment and Poverty

When looking at trends in unemployment over the past two years, there was a steep increase in unemployment in both Cortland County and New York State in April 2020. Many workers across the nation were furloughed or laid off during this timeframe due to the COVID-19 pandemic. In Cortland County, unemployment during the past two years peaked in April 2020 at 15.4% and hovered around 10-11% in the following three months (Figure 7).⁴¹ Unemployment in the county has been gradually declining since.

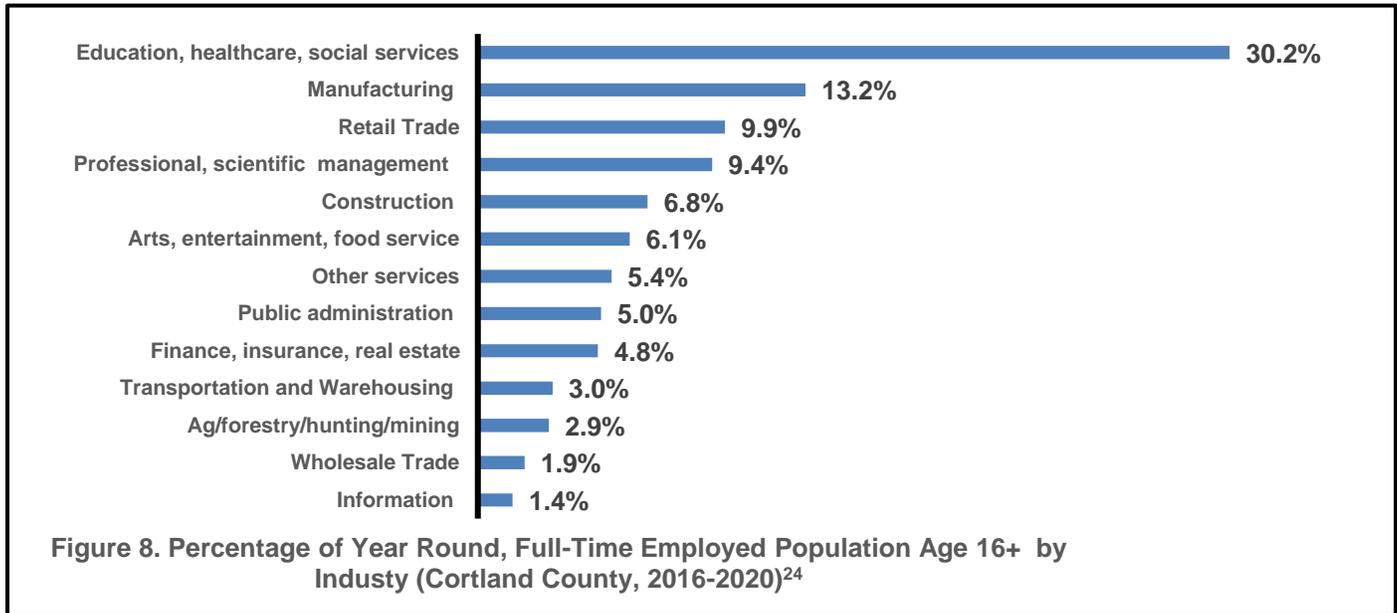


In August 2021, the unemployment rate in Cortland County was 5.5%, compared to 7.1% in New York State (Table 12). Unemployment in Cortland County was also lower than New York State in August 2020, following the steep increase seen in unemployment during late spring of 2020.⁴¹ Cortland County has reached pre-pandemic unemployment rate of about 6.0% observed in January-March 2020.⁴¹

Table 12. Monthly Unemployment Rate for the Month of August by Geography (2019-2021)⁴¹

	August 2019	August 2020	August 2021
Cortland County	4.3%	7.8%	5.5%
New York State	4.0%	11.6%	7.1%

For full-time, year round employed Cortland County residents ages 16 and older, the most common industries of employment are education, healthcare and social services (30.2%). This is followed by manufacturing (13.2%) and retail trade (9.9%) (Figure 8).²⁴ Notably, 27.8% of employed Cortland County residents age 16 and older are involved in physically demanding industries including; ag/forestry/hunting/mining, construction, manufacturing, wholesale trade, and transportation.²⁴



Income

The median income for households in Cortland County is \$59,194, which has increased from \$49,514 in 2011-2015. Cortland County has a lower mean and median income for households than New York State (Table 13).^{24,25,42,43}

Table 13. Median Income for Households by Geography and Year (2011-2015, 2016-2020)^{24,25,42,43}

	2011-2015	2016-2020
Cortland County	\$49,514	\$59,194
New York State	\$59,269	\$71,117

There are 17,925 households in Cortland County with income.³³ The most common source of income for households in the county are earnings through wages, salaries, and self-employment with 77.2% of households reporting this income source. This is followed by social security income (33.3%) and retirement income (24.3%) (Table 14).³³

Table 14. Reported Sources of Household Income (Cortland County, 2019)³³

Earnings (wages, salary, self-employment)	77.2%
Social Security income	33.3%
Retirement income	
Interests, dividends, or non-rental income	20.7%
Cash public assistance/Food Stamps/SNAP	14.4%
Other types of income	11.7%
Supplemental Security Income	6.8%

Poverty

In 2020, 6,365 Cortland County residents (14.4%) live below the federal poverty level and there has been little noted change since 2011-2015 (14.7%) (Table 15). Cortland County has a higher percentage of residents living below the federal poverty level than New York State.^{24,25,42,43}

Table 15. Percentage of Households Living Below the Federal Poverty Level by Geography and Year (2011-2015, 2016-2020)^{24,25,42,43}

	2011-2015	2016-2020
Cortland County	14.7%	14.4%
New York State	15.7%	13.6%

Poverty disproportionately affects certain population groups in Cortland County. When looking at the poverty rate of different demographic characteristics it is apparent that poverty rates are high for; residents who are Hispanic of any race (36.5%), female headed households with no spouse (34.3%), residents with less than a high school degree (27.2%), and residents with disabilities (24.8%) (Table 16).³³

Table 16. Poverty Rates by Demographic Characteristics (Cortland County, 2014-2019)³³

Demographic Characteristic	Poverty Rate
Male	12.7%
Female	20.0%
Under 5	23.6%
Under 18	18.2%
18 to 64	17.5%
65 and over	10.3%
White	16.1%
Black or AA	15.4%
Asian	5.4%
Hispanic (any race)	36.5%
White, not Hispanic	15.9%
Married couple family	4.8%
Female householder, no spouse	34.3%
Less than high school graduate	27.2%
High school graduate	13.7%
Bachelor's degree or higher	6.2%
With disability	24.8%
No disability	15.1%

Housing

Of the 17,745 occupied housing units in Cortland County, 25.9% have one or more substandard conditions (lack complete plumbing facilities, lack complete kitchen facilities, 1 or more occupants per room, monthly owner costs as a percentage of household income exceeds 30%, gross rent as a percentage of household income greater than 30%) (Table 17). This is lower than New York State (39.2%) (Table 17).^{33,44}

Table 17. Percentage of Occupied Housing Units with One or More Substandard Condition by Geography (2014-2019)^{33,44}

	2015-2019
Cortland County	25.9%
New York State	39.2%

In the 2018-2019 school year, less than 1% of students in Cortland County school districts experienced homelessness (24 total students) (Table 18). This has declined from approximately 1% in 2016-2017 (39 students) and 2017-2018 (57 students) (Table 18).³⁶⁻⁴⁰

Table 18. Number and Percentage of Students Experiencing Homelessness by School District (Cortland County, 2016-2017, 2020-2021)³⁶⁻⁴⁰

	2017-2018	2018-2019	2019-2020
Cortland	27 (1%)	12 (1%)	12 (1%)
Homer	22 (1%)	22 (1%)	10 (1%)
Marathon	-	5 (1%)	-
McGraw	-	-	-
Cincinnatus	-	-	-
County	57 (1%)	39 (1%)	24 (0%)

*Percentages rounded in line with NYSED website

Transportation and Communication

Communication

In Cortland County, 90.3% of households have a computer, 79.2% have internet access, and 78.9% have a smartphone (Table 19).^{24,25} Compared to New York State, a lower percentage of households in Cortland County have internet access (Table 19).^{24,25}

Table 19. Communication in Occupied Housing Units Geography (2015-2020)^{24,25}

	Has Internet	Has a Computer*	Has a Smartphone
Cortland County	79.2%	90.3%	78.9%
New York State	85.5%	91.1%	82.0%

*One or more of the following; desktop, laptop, smartphone, tablet, other computer

Public Transportation

Cortland Transit offers public transportation services throughout Cortland and Tompkins County. Buses run throughout the City of Cortland daily from 6am to 6pm. Cortland Transit also offers service to Dryden, Cornell’s campus, and the rural areas of the county such as Cincinnatus, Willet, and Marathon. However, routes outside the City of Cortland have limited times in which they pick up/drop off.

Cortland County Coordinated Public Transit-Human Services Transportation Plan found that from 2017 to 2019, the number of revenue passengers for Cortland County Public Transit has been on the decline (Figure 9).⁴⁵

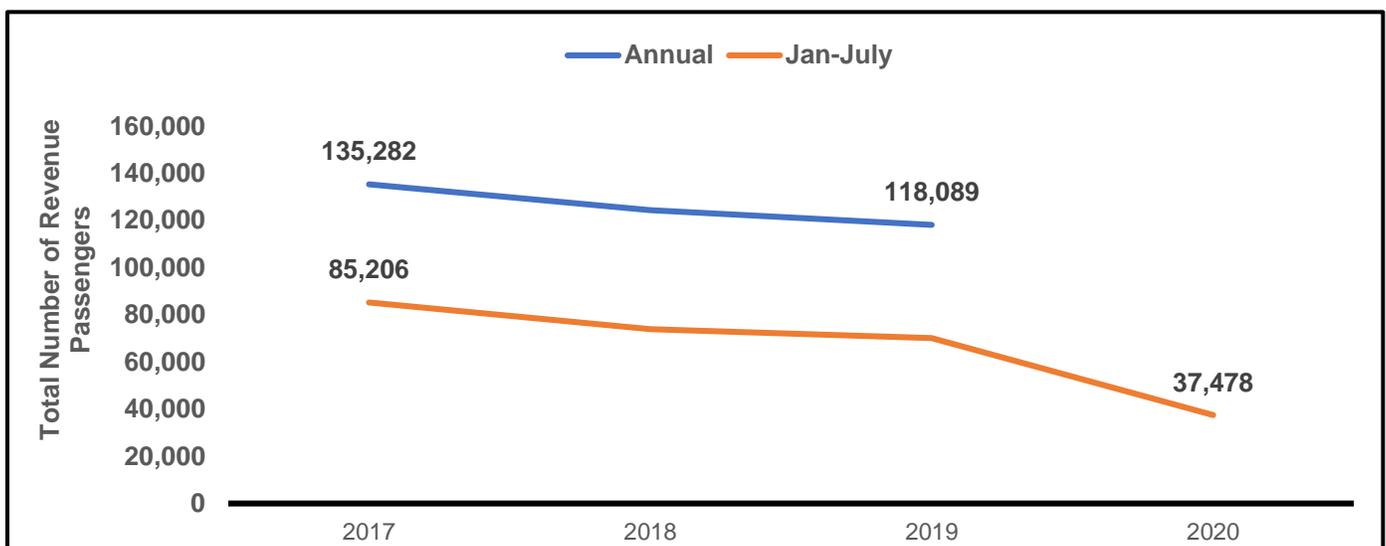


Figure 9. Total Number of Cortland Transit Revenue Passengers (Cortland County, 2017-2020)⁴⁵

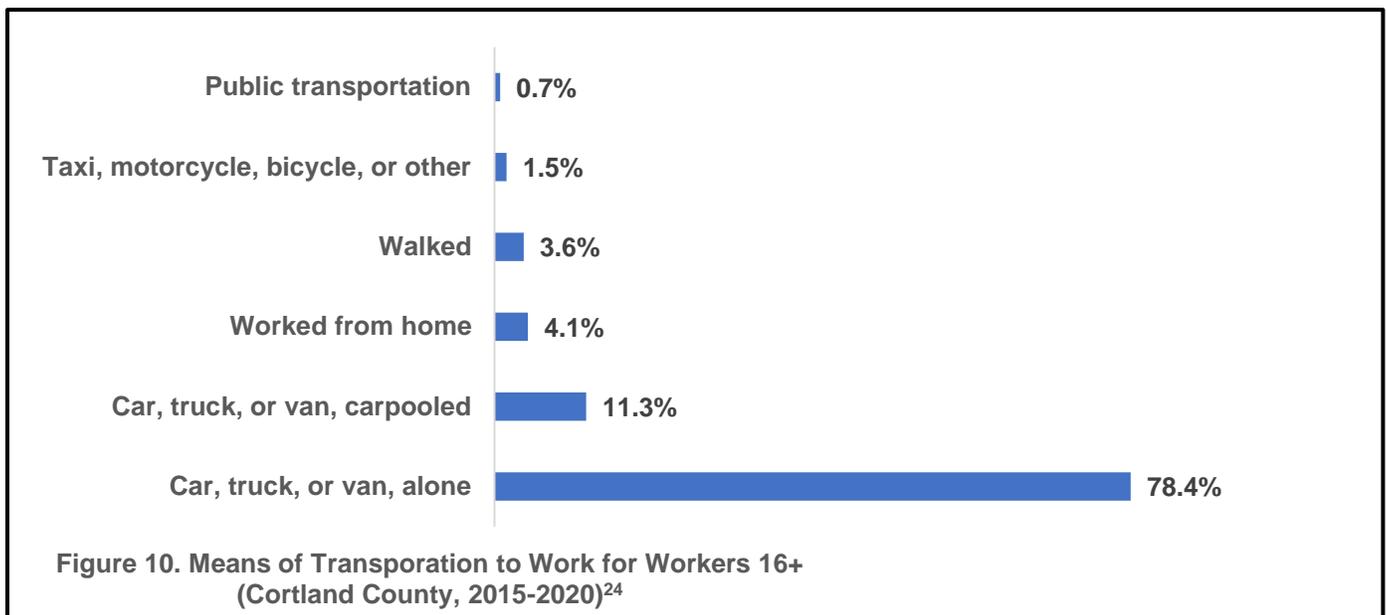
Vehicle Ownership and Commuting

In Cortland County, 7.3% of all occupied housing units did not have a vehicle to use in 2020.^{24,25} Additionally, 23.1% of renter occupied housing units in the county did not have a vehicle. Comparatively, 29.0% of all occupied housing units in New York State do not have a vehicle available for use (Table 20).^{24,25}

Table 20. Occupied Housing Units Without a Vehicle by Geography (2015-2020)^{24,25}

Percentage of Occupied Housing Units	
Cortland County	7.3%
New York State	29.0%

The most common mode of transportation to work for Cortland County workers ages 16 and older is car, truck, or van (alone or carpooling) (Figure 10).²⁴ Only 0.7% of workers in Cortland County use public transportation to get to work.²⁴



Community Member Perceptions—Social Determinants of Health

In the 2022 Cortland County CHA survey (n=2,266), respondents were asked to select what they feel are the top three unmet non-healthcare needs in the Cortland County community. They were provided with a list of fourteen social determinants of health and the option to write in a response.

The top three most selected responses by the total survey population in 2022 were; poverty (49.9%), activities for kids and teens (38%), and childcare (36.9%) (Figure 11).⁴ Comparatively, among the total survey population in 2019 (n=1,435), employment/jobs (73.3%) was the most selected unmet social determinant of health, followed by poverty (65.8%), and housing (50.2%) (Figure 11).⁴⁶

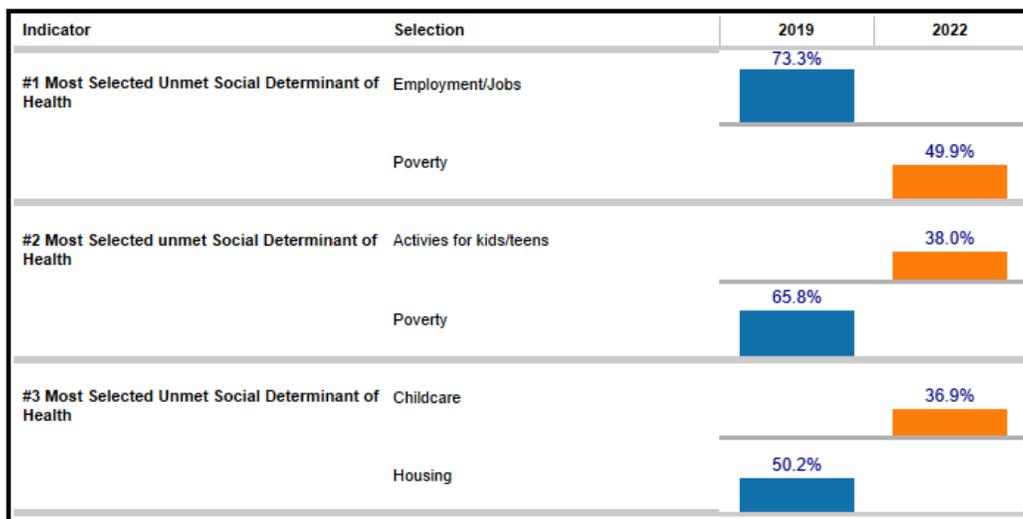


Figure 11. Top three most selected unmet non-healthcare need by CHA Survey Respondents (Cortland County, 2019 and 2022)⁴

There were many deviations from the responses of the total survey population when looking at specific demographics. It is notable that respondents from multiple historically marginalized groups such as LGBTQ+, BIPOC, Transgender+, people who use drugs, people with chronic diseases, people with disabilities, people with Medicaid insurance, and households that make less than \$50,000/year reflected housing as one of the most selected unmet social determinants of health.⁴

When looking at responses by gender identify; poverty was still the most selected response for each gender (Figure 12).⁴ However, childcare was the second most selected response for females/women, employment was the second most selected response for males/men, and healthy food was the second most selected for transgender+ respondents (Figure 12).⁴

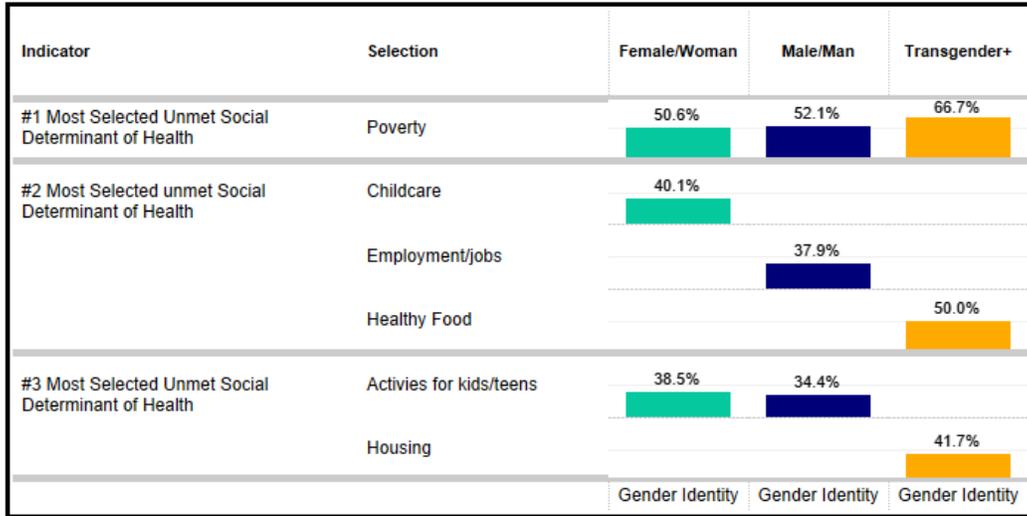


Figure 12. Top three most selected unmet non-healthcare need by CHA Survey Respondents by Gender (Cortland County, 2022)⁴

Notably, the most selected unmet social determinant of health for respondents who are Hispanic/Latino was social opportunities for adults (31.0%) (Figure 13).⁴ This selection was not within the top three unmet social determinants of health for any other demographic group.⁴

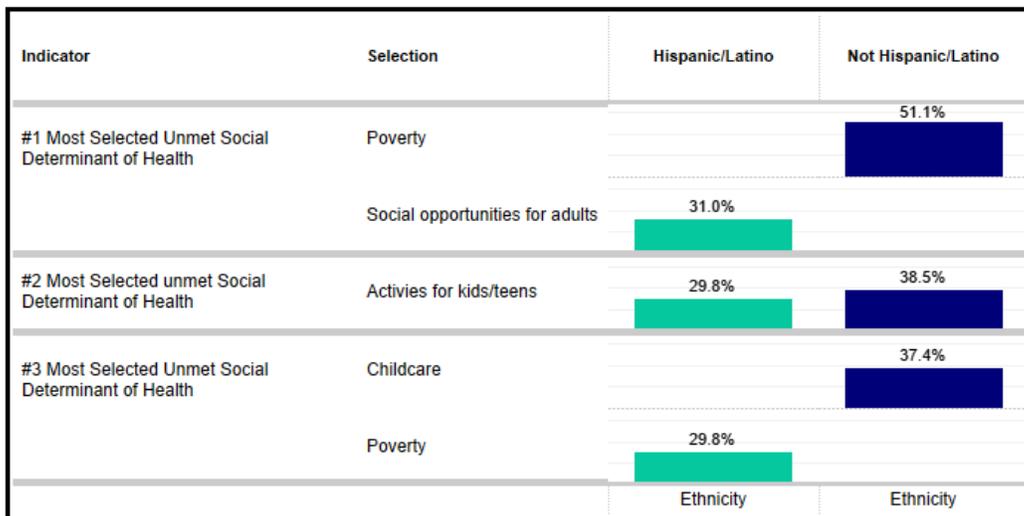


Figure 13. Top three most selected unmet non-healthcare need by CHA Survey Respondents (Cortland County, 2022)⁴

Health Status

Causes of Death

In 2019, the top five leading causes of death in Cortland County were; cancer, heart disease, chronic lower respiratory disease (CLRD), unintentional injury, and cerebrovascular disease (Table 21).⁴⁷ When looking at leading cause of death by gender, the top five leading causes of death were the same for females as the total population (Table 21).⁴⁷ For males, heart disease outranked cancer for #1 leading cause of death, and unintentional injury outranked CLRD for #3 leading cause of death (Table 21).⁴⁷

Table 21. Leading Causes of Death by Gender (Cortland County, 2019)⁴⁷

	Total	Female	Male
#1	Cancer	Cancer	Heart Disease
#2	Heart Disease	Heart Disease	Cancer
#3	CLRD	CLRD	Unintentional Injury
#4	Unintentional Injury	Unintentional Injury	CLRD
#5	Cerebrovascular Disease	Cerebrovascular Disease	Cerebrovascular Disease
#6	Pneumonia and Influenza	High Blood Pressure and Kidney Related Disease	Pneumonia and Influenza
#7	Kidney Disease and Diseases of the Urinary Tract	Pneumonia and Influenza	Diabetes

In 2019, the top five leading causes of premature death (death before age 75) in Cortland County were; cancer, heart disease, unintentional injury, chronic lower respiratory disease, and kidney disease and diseases of the urinary tract (Figure 22).⁴⁷

For females, the 1st, 2nd, and 5th leading causes of premature deaths, are the same as for the total population, however, CLRD outranked unintentional injury for #3 (Figure 22).⁴⁷ For males, suicide replaces kidney disease and diseases of the urinary tract for #5 leading cause of premature death (Figure 22).⁴⁷

Table 22. Leading Causes of Premature Death (>75) by Gender (Cortland County, 2019)⁴⁷

	Total	Female	Male
#1	Cancer	Cancer	Cancer
#2	Heart Disease	Heart Disease	Heart Disease
#3	Unintentional Injury	CLRD	Unintentional Injury
#4	CLRD	Unintentional Injury	CLRD
#5	Kidney Disease and Diseases of the Urinary Tract	Kidney Disease and Diseases of the Urinary Tract	Suicide
#6	Liver Disease	Cerebrovascular Disease	Liver Disease
#7	Cerebrovascular Disease	Liver Disease	Diabetes

Hospitalization and Mortality

In 2019, the age adjusted total mortality rate per 100,000 in Cortland County (755.3) was higher than New York State (622.4) (Figure 14).⁴⁸ This trend has existed since at least 2016. When looking at three year trends from 2014-2016 to 2017-2019, there was not a statistically significant change in this indicator for Cortland County (Figure 14).⁴⁸

In 2019, the age adjusted total hospitalization rate per 10,000 in Cortland County was higher (1,106.5) than New York State (1,050.2) (Figure 14).⁴⁸ Historical data is not comparable to assess statistical significance due to the ICD-9-CM to ICD-10-CM transition.

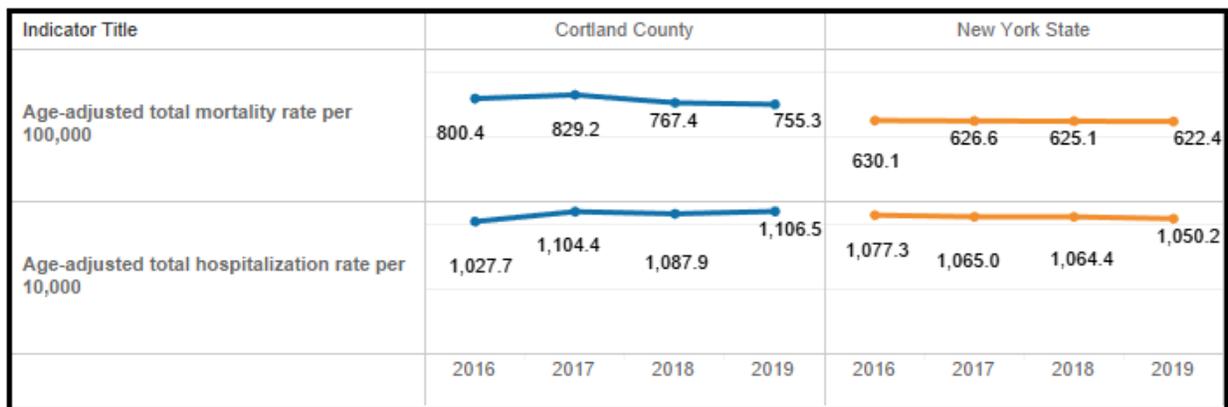


Figure 14. Age Adjusted Total Mortality Rate per 100,000 and Total Hospitalization Rate per 10,000 by Geography (2016-2019)⁴⁸

In 2019, a higher percentage of deaths in Cortland County (46.5%) were considered premature (aged less than 75 years) than New York State (40.9%) (Figure 15).⁴⁸ When looking at three year averages, from 2014-2016 to 2017-2019, there was not a statistically significant change in this indicator for Cortland County.⁴⁸

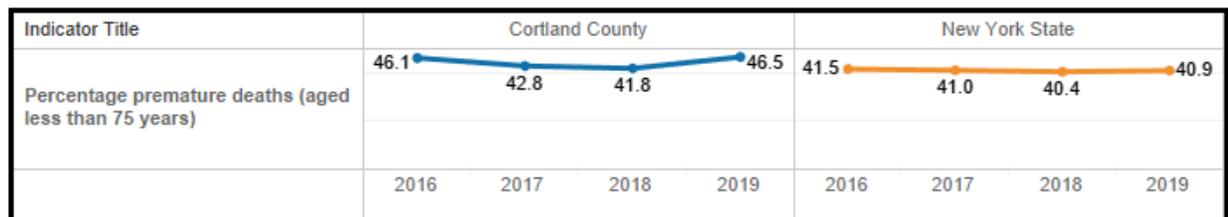


Figure 15. Age Adjusted Total Mortality Rate per 100,000 and Total Hospitalization Rate per 10,000 by Geography (2016-2019)⁴⁸

County Health Rankings

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The rankings use more than 30 measures that help communities understand how healthy their residents are today—health outcomes—and what will impact their health in the future—health factors.⁴⁹

In 2022, Cortland County ranked 45th out of 62 New York State counties for health outcomes (Table 23, Figure 15).⁴⁹ In the past five years, the best ranked Cortland County was for health outcomes was 38th in 2018.⁴⁹ In 2022, Cortland County ranked 23rd out of 62 New York State counties for health factors (Table 23, Figure 15).⁴⁹ This was the best ranked Cortland County has been in the past five years related to health factors.

Table 23. County Health Rankings, Health Outcome and Health Factors (Cortland County 2018-2022)⁴⁹

Year	Health Outcomes Rank	Health Factors Rank
2022	#45	#23
2021	#49	#30
2020	#39	#30
2019	#47	#28
2018	#38	#32

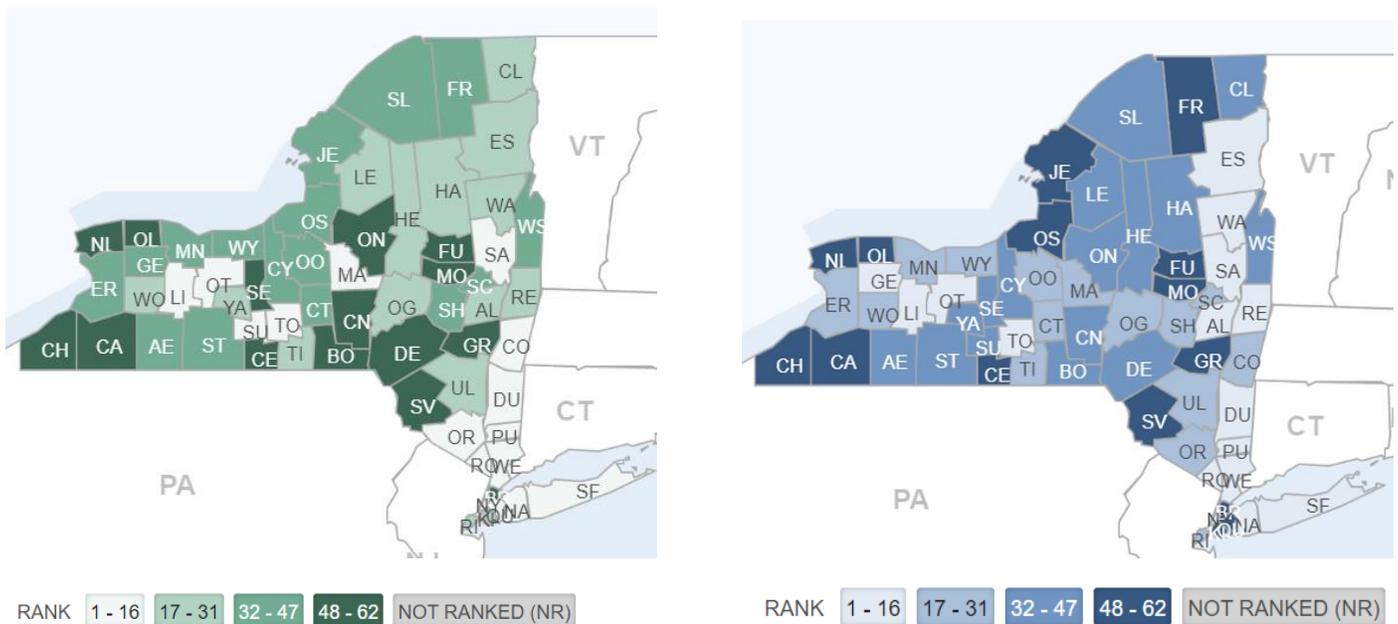


Figure 15. County Health Rankings (New York State, 2022)⁴⁹

Healthcare Access

Addiction/Substance Use Providers

In 2021, Cortland County has a higher rate per 100,000 population of addiction/substance use providers than New York State, 34.18 and 21.17, respectively (Figure 17).⁵⁰ Providers include MDs, DOs, and other credentialed professionals with a CMS valid NPI.⁵⁰

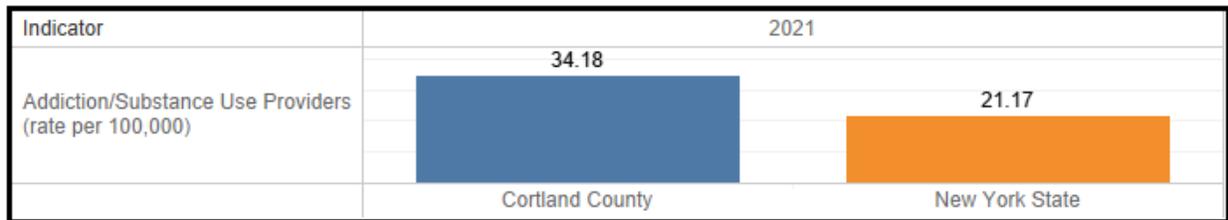


Figure 17. Addiction/Substance Use Providers Rate per 100,000 by Geography (2021)⁵⁰

However, in 2021 Cortland County (10.46) has a lower rate of Buprenorphine providers per 100,000 population than New York State (10.96) (Figure 18).⁵¹ Physicians are required to have certifications to legally dispense or prescribe opioid dependency medications. Providers include physicians authorized to treat opioid dependency with buprenorphine.⁵¹

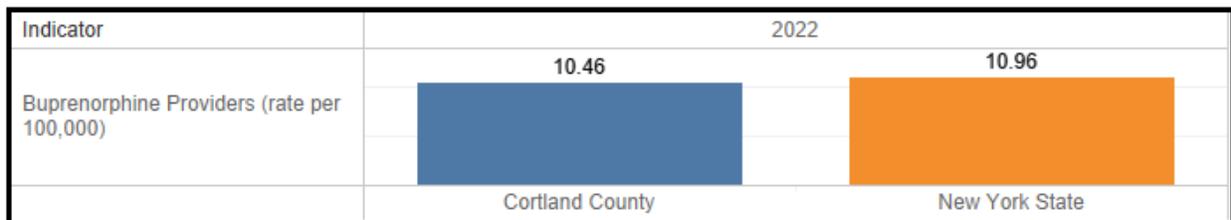


Figure 18. Buprenorphine Providers Rate per 100,000 by Geography (2022)⁵¹

Dental Care

in 2021, Cortland County has a lower rate per 100,000 population of dental providers than New York State, 6.41 compared to 37.07 (Figure 19).⁵⁰ Providers include; dentists, general practice dentist, or pediatric dentists with a CMS valid NPI.⁵⁰

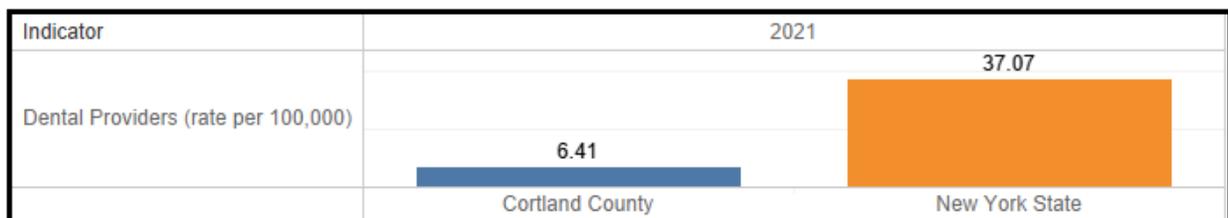


Figure 19. Dental Providers Rate per 100,000 by Geography (2021)⁵⁰

Mental Health

In 2021, Cortland County has a lower rate per 100,000 population of mental health providers than New York State, 147.41 compared to 187.16 (Figure 20).⁵⁰ Providers includes Licensed Clinical Social Workers and other credentialed professionals specializing in psychiatry, psychology, counselling, or children/adolescent/adult mental health with a CMS valid NPI.⁵⁰

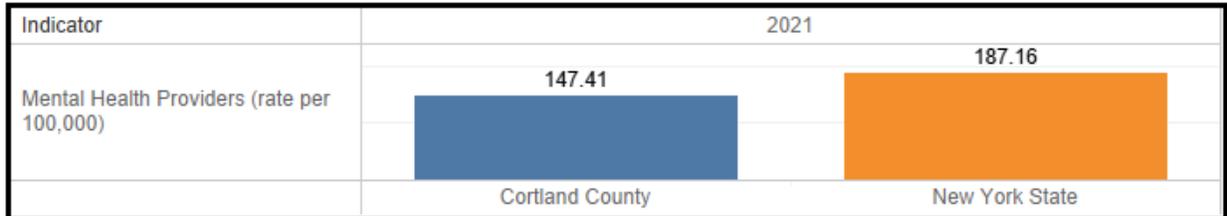


Figure 20. Mental Health Provider Rate per 100,000 by Geography (2021)⁵⁰

Primary Care

In 2021, Cortland County has a slightly lower rate per 100,000 population of Nurse Practitioners than New York State, 34.18 compared to 34.72 (Figure 21).⁵⁰ Additionally, Cortland County has a lower rate per 100,000 population of Primary Care Physicians than New York State (81.18 compared to 109.20) (Figure 21).⁵⁰ Nurses include all advanced practice registered nurses and nurse practitioners, regardless of subspecialty, with a CMS NPI. Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine or pediatrics with a valid NPI.

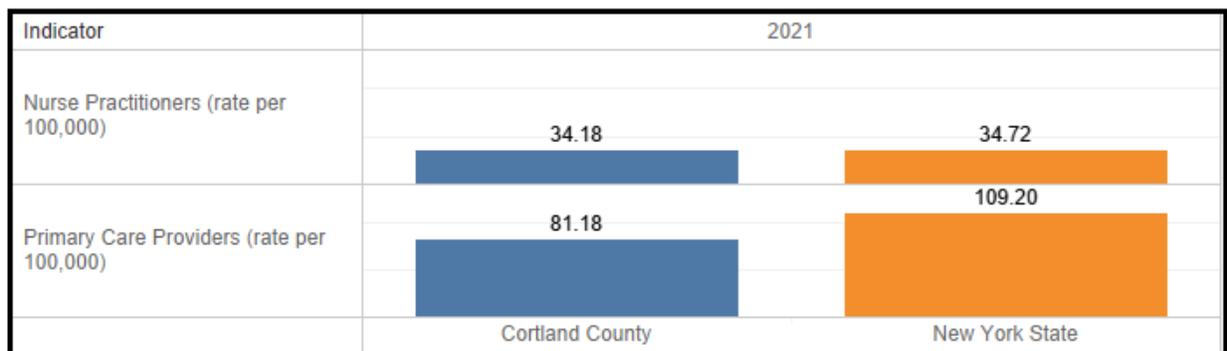


Figure 21. Primary Care and Nurse Practitioner Providers Rate per 100,000 by Geography (2021)⁵⁰

Disparities in Healthcare Access

Health Professional Shortage Areas (HPSA) are defined as having a shortage of primary medical care, dental, or medical health professionals. A higher percentage of the Cortland County population (30.19%) live in a HPSA than New York State (26.91%) (Figure 22).⁵²

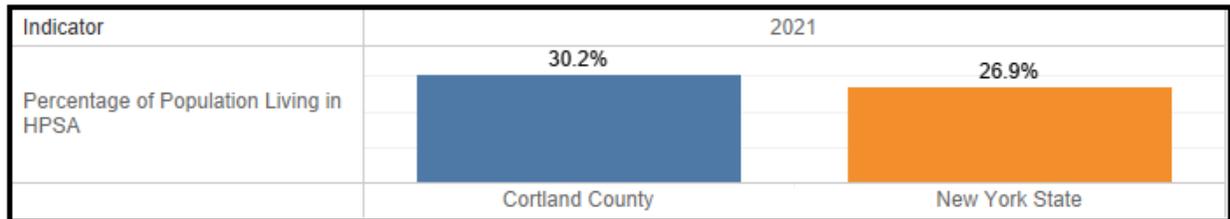


Figure 22. Percentage of the Population Living in an Area Affected by a Health Professional Service Area (2021)⁵²

Disparities exist within the county healthcare services based on geographic locations. Medically Underserved Areas (MUAs) are geographic areas that are identified as having a shortage of primary health services. The following towns are MUA in Cortland County: Scott, Truxton, Cuyler, Solon, Taylor, Freetown, Cincinnatus, Harford, Lapper, Marathon, and Willet (Figure 23).⁵³

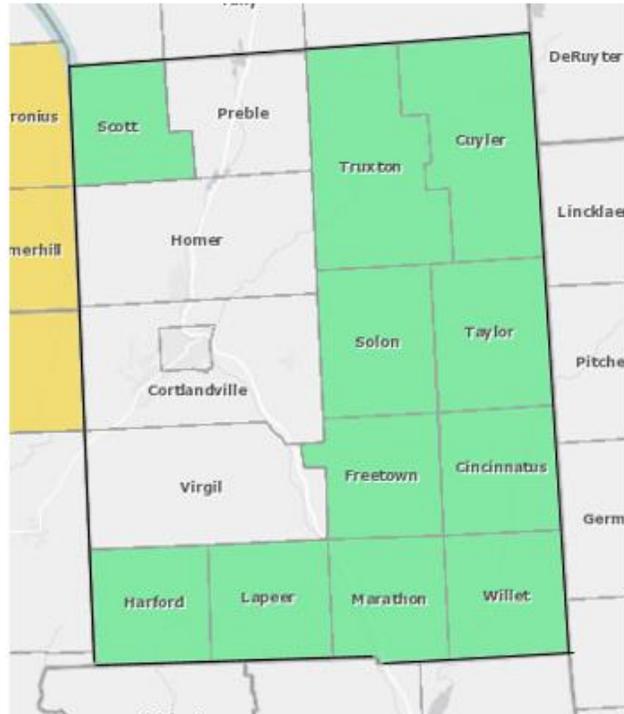


Figure 23. Medically Underserved Areas (Cortland County, 2021)⁵³

Community Member Perceptions—Unmet Healthcare Needs

In the 2022 Cortland County CHA survey (n=2,266), respondents were asked to select what they feel are the top three unmet healthcare needs in the Cortland County community. They were provided with a list of nine healthcare needs and the option to write in a response.

In 2022, the top three most selected responses by the total survey population were; mental health (68%), substance use rehab/counseling/prevention (57.3%), and financial ability to meet healthcare needs (51.4%).⁴ The top three most selected unmet healthcare needs in Cortland County did not change from 2019 to 2022 (n=1,435) (Figure 24).^{4,46}

Nearly all demographic groups followed a similar trend to the total survey population, with the top three most selected responses being mental health, substance use rehab/counseling/prevention, and financial ability to meet healthcare needs in varying order.⁴ The only demographic group that deviated from the total population trend for most selected unmet healthcare need was individual’s 65 years+ who indicated senior care as the most selected unmet healthcare need, replacing substance use/rehab/counseling in the top three.⁴

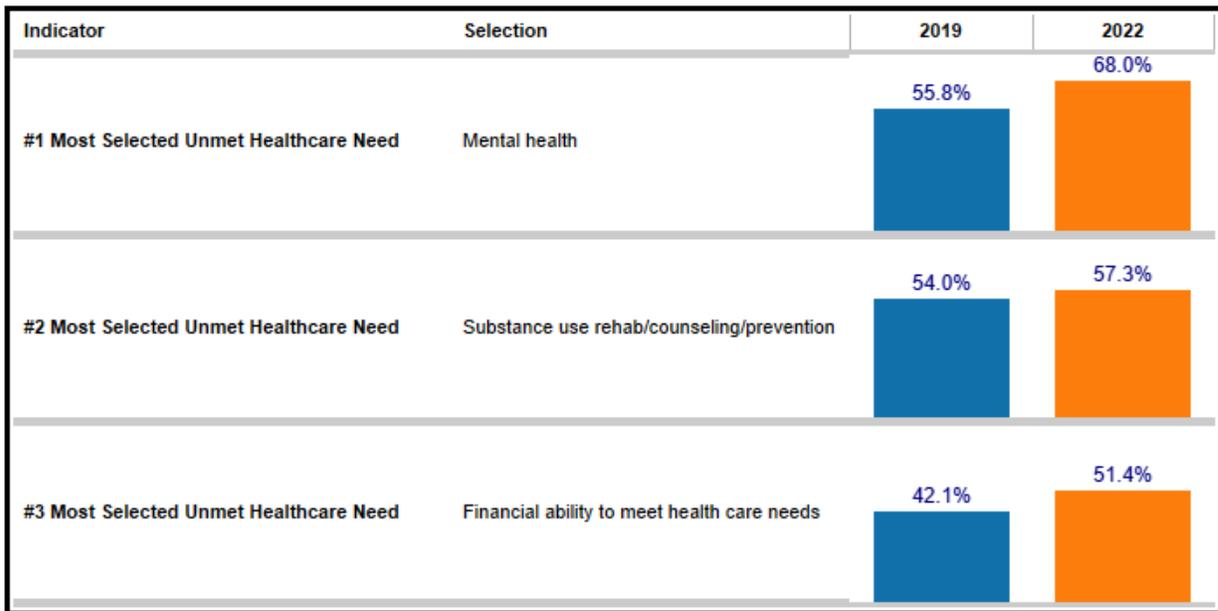


Figure 24. Top Three Most Selected Unmet Healthcare Need by CHA Survey Respondents (Cortland County, 2019 and 2022)^{4,46}

Health Outcomes

Chronic Disease

Chronic diseases are conditions that last more than one year and require ongoing medical attention or impact activities of daily living.

Cancer

The three types of cancer that have the highest mortality rate per 100,000 in Cortland County in 2015-2019 are; lung and bronchus, colorectal, and female breast cancer.⁵⁴ The mortality rate per 100,000 population in Cortland County for each of these three types of cancer, as well as all cancer in general, decreased from 2010-2014 to 2015-2019 (Figure 25).⁵⁴ Looking at three year trend data from 2013-2015 and 2016-2018, there has not been a statistically significant decrease in mortality rate for any of the three cancers listed above or for cancer in general.⁴⁸

In 2015-2019, the all cancer incidence rate per 100,000 in Cortland County (542.0) is higher than NYS (473.5) and increased from 2010-2014 to 2015-2019 (Figure 25).^{54,55} Additionally, in 2015-2019, the all cancer mortality rate per 100,000 is higher in Cortland County (155.9) than NYS (138.9) (Figure 25).^{54,55} Looking at three year trend data, from 2013-2015 to 2016-2018 that all cancer incidence rate per 100,000 significantly worsened.⁴⁸

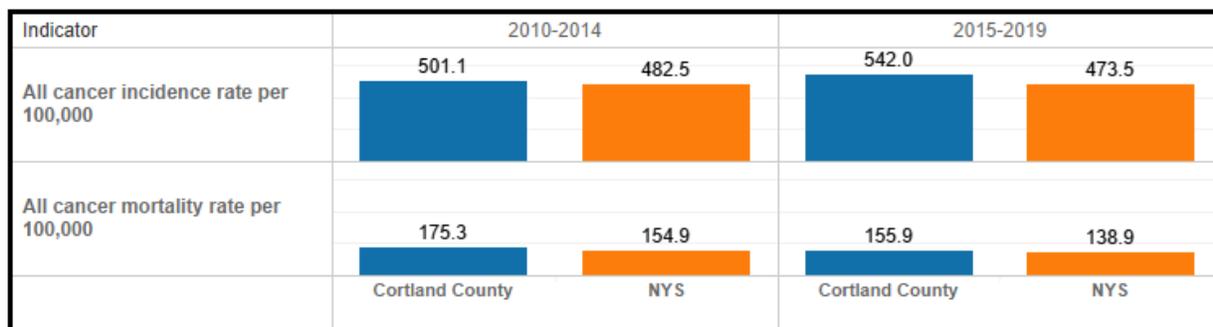


Figure 25. All Cancer Incidence and Mortality rate per 100,000 by Geography (2010-2014 and 2015-2019)^{54,55}

In 2015-2019, the lung and bronchus cancer incidence rate per 100,000 in Cortland County (86.9) is higher than NYS (57.6) and increased from 2010-2014 to 2015-2019 (Figure 26).^{54,55} In contrast, the incidence rate in NYS decreased from 2010-2014 to 2015-2019.^{54,55} Additionally, the lung and bronchus cancer mortality rate per 100,000 is higher in Cortland County (47.1) than NYS (31.4) (Figure 26).^{54,55}

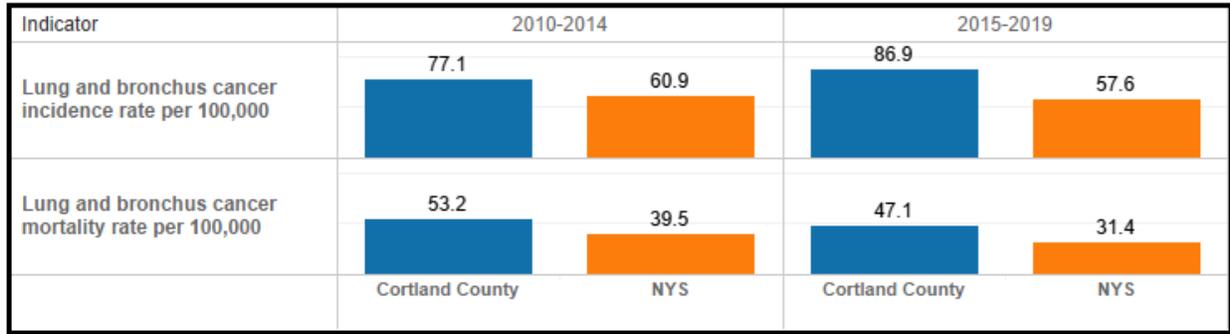


Figure 26. Lung and Bronchus Cancer Incidence and Mortality rate per 100,000 by Geography (2010-2014 and 2015-2019)^{54,55}

In 2015-2019, the colorectal cancer incidence rate per 100,000 in Cortland County (43.4) is slightly higher than NYS (37.7), and has decreased since 2010-2014 for both regions (Figure 27).^{54,55} The colorectal cancer mortality rate per 100,000 is also higher than in Cortland County (14.5) than NYS (12.0) (Figure 27).^{54,55}

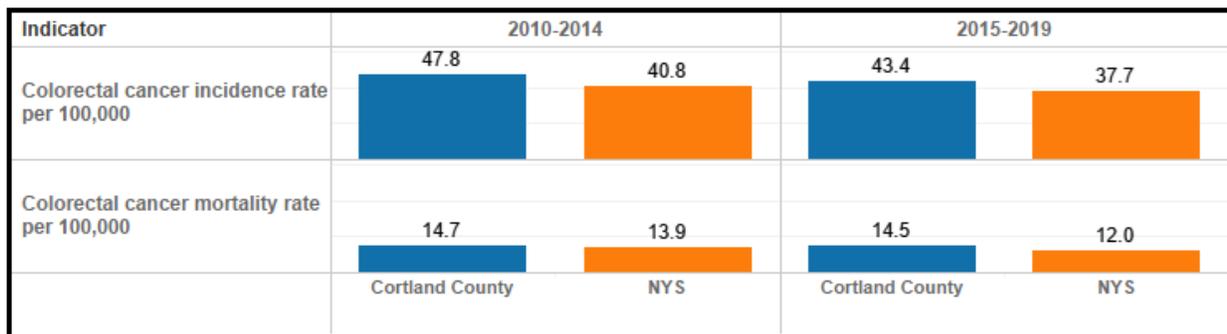


Figure 27. Colorectal Cancer Incidence and Mortality rate per 100,000 by Geography (2010-2014 and 2015-2019)^{54,55}

In 2015-2019, the female breast cancer incidence rate per 100,000 in Cortland County (135.7) is higher than NYS (135.7) (Figure 28).^{54,55} Incidence of female breast cancer in Cortland County and New York State has increased since 2010-2014.^{54,55} The mortality rate per 100,000 in Cortland County is lower than NYS (Figure 28).^{54,55}

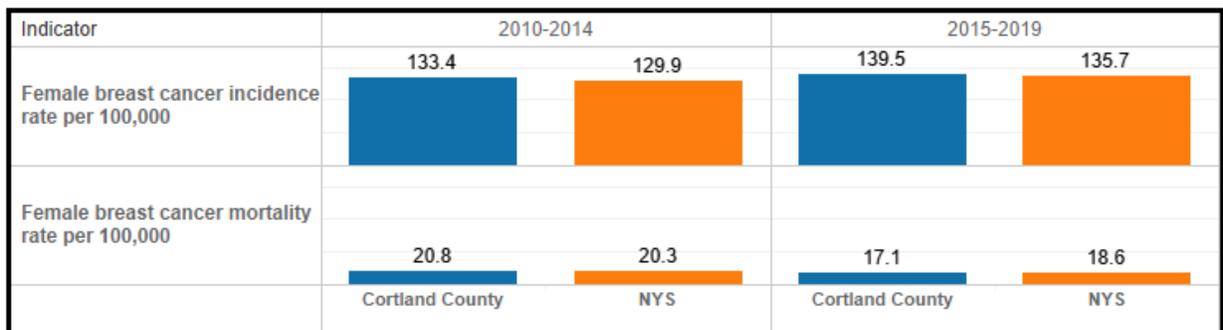


Figure 28. Female Breast Cancer Incidence and Mortality rate per 100,000 by Geography (2010-2014 and 2015-2019)^{54,55}

Cardiovascular Disease

Cardiovascular diseases encompass diseases of the heart and blood vessels and includes but is not limited to; coronary heart disease, stroke, heart failure, and heart attack.

In 2019, the age adjusted cardiovascular disease mortality rate per 100,000 in Cortland County (190.9) is lower than NYS (208.6) (Figure 29).⁴⁸ However, the cardiovascular disease premature deaths (those aged 35-64 years) rate per 100,000 in Cortland County (119.6) is higher than NYS (103.6) as well as the age adjusted cardiovascular disease hospitalization rate per 10,000, 132.7 compared to 126.1 respectively (Figure 29).⁴⁸

The age adjusted cardiovascular disease mortality rate per 100,00 and the age adjusted cardiovascular disease premature death rate per 100,000 have both declined in Cortland County between 2016 and 2019 (Figure 29).⁴⁸ However, when looking at 3 year data trends, there was not a statistically significant decline in either indicator from 2014-2016 to 2017-2019.⁴⁸ Hospitalization trend data is not able to be tested for statistical significance due to ICD-9-CM to ICD-10-CM transition.⁴⁸

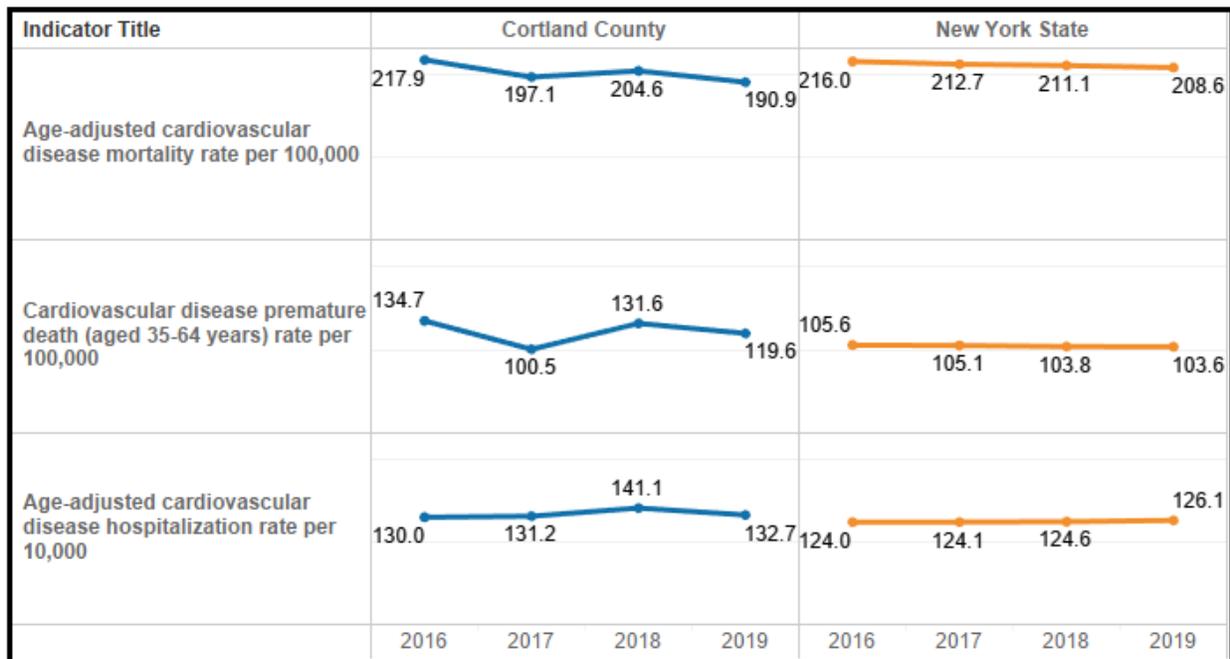


Figure 29. Age Adjusted Cardiovascular Disease Mortality Rate, Premature Death (35-64 years) Rate per 100,000 and Hospitalization Rate per 10,000 by Geography (2016-2019)⁴⁸

Cerebrovascular Disease (Stroke)

Cerebrovascular disease, or stroke, occurs when blood supply to the brain is blocked or when a blood vessel in the brain bursts.

In 2019, the age adjusted cerebrovascular disease mortality rate per 100,000 in Cortland County (24.3) is higher than NYS (23.9) (Figure 30).⁴⁸ Additionally, in 2019, the age adjusted cerebrovascular disease hospitalization rate per 10,000 is higher in Cortland County (22.5) than New York State (21.6) (Figure 30).⁴⁸

The age adjusted cerebrovascular disease mortality rate has declined in Cortland County since 2016.⁴⁸ However, when looking at 3 year data trends, there was not a statistically significant decline in either indicator from 2014-2016 to 2017-2019.⁴⁸ Hospitalization trend data is not able to be tested for statistical significance due to ICD-9-CM to ICD-10-CM transition.⁴⁸

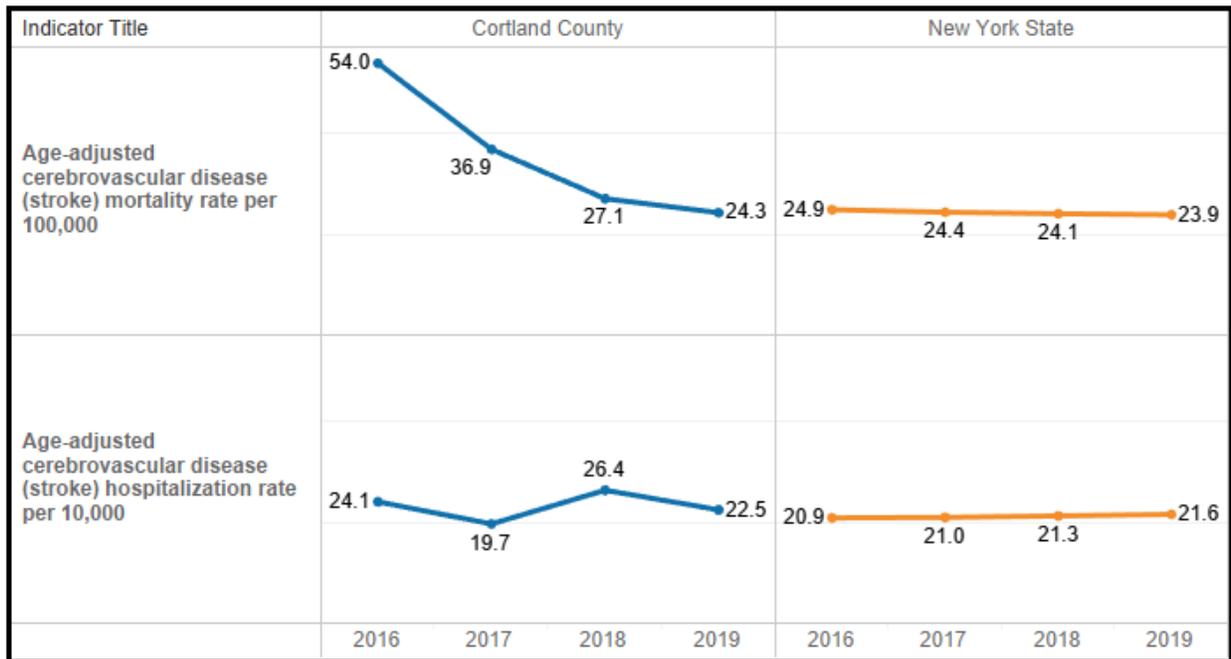


Figure 30. Age Adjusted Cerebrovascular Disease Mortality Rate per 100,000 and Hospitalization Rate per 10,000 by Geography (2016-2019)⁴⁸

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) encompasses the following diseases; chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma.

In 2019, the age adjusted CLRD mortality rate per 100,000 in Cortland County (45.8) is higher than New York State (27.7) (Figure 31).⁴⁸ Additionally, the age adjusted CLRD hospitalization rate per 10,000 in Cortland County (26.5) is higher than New York State (23.4).⁴⁸ Looking at trend data from 2014-2016 to 2017-2019 there was not a statistically significant change in CLRD mortality rate. Hospitalization trend data is not able to be tested for statistical significance due to ICD-9-CM to ICD-10-CM transition.⁴⁸

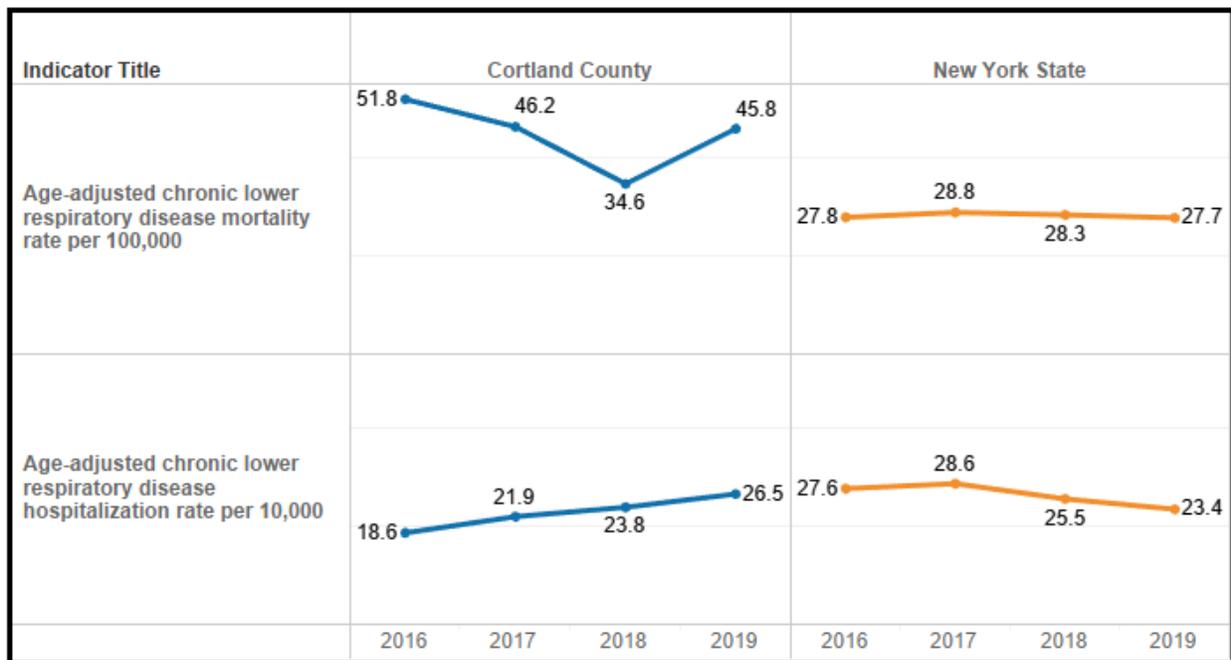


Figure 31. Age Adjusted CLRD Mortality Rate per 100,000 and Hospitalization Rate per 10,000 by Geography (2016-2019)⁴⁸

In 2019, the age adjusted asthma hospitalization rate per 10,000 in Cortland County (6.5) is lower than New York State (9.6) (Figure 32).⁴⁸ Hospitalization trend data is not able to be tested for statistical significance due to ICD-9-CM to ICD-10-CM transition.⁴⁸

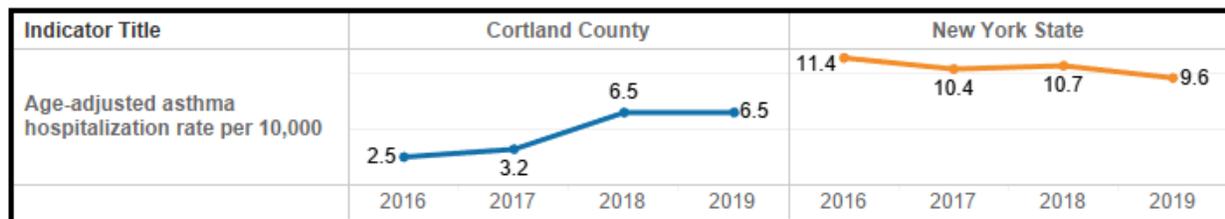


Figure 32. Age Adjusted Asthma Hospitalization Rate per 10,000 by Geography (2016-2019)⁴⁸

Diabetes

Diabetes impacts how the body makes and releases insulin; the body either does not make enough insulin (Type I) or cannot properly use the insulin it makes (Type II). Insulin is the hormone that allows blood sugar into cells to be used as energy.

In 2018, the age adjusted diabetes mortality rate per 100,000 in Cortland County (18.2) is on par with New York State (18.1) (Figure 33).⁴⁸ Data from 2019 is suppressed due to less than 10 events in the numerator making the rate unstable.⁴⁸ In 2019, the age adjusted diabetes (primary diagnosis) hospitalization rate per 10,000 is lower in Cortland County (19.1) than New York State (19.4) (Figure 33).⁴⁸ However, the potentially preventable diabetes short term complications hospitalization rate per 10,000 is higher in Cortland County (9.6) than New York State (6.9) (Figure 33).⁴⁸

From 2017 to 2018 the age adjusted diabetes mortality rate decreased in Cortland County from 26.7 per 100,000 to 18.2 per 100,000, respectively (Figure 33).⁴⁸ When looking at three year trend data from 2014-2016 to 2017-2019 there was not a statistically significant change in diabetes mortality rate.⁴⁸ The age adjusted diabetes hospitalization rate and potentially preventable short term complications rate increased from 2016 to 2019, which is similar to the trend observed in New York State.⁴⁸ Hospitalization trend data is not able to be tested for statistical significance due to ICD-9-CM to ICD-10-CM transition.⁴⁸

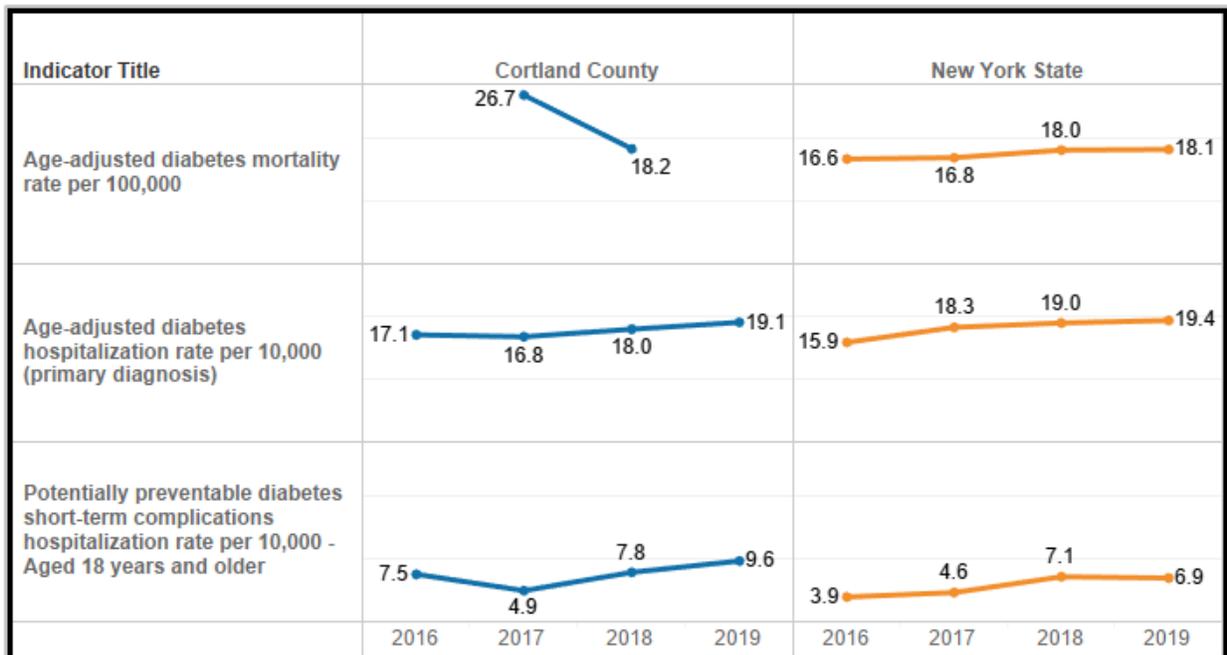


Figure 33. Age Adjusted Diabetes Mortality rate per 100,000, Diabetes Hospitalization rate per 100,000 and Preventable Diabetes Short-Term Complications Hospitalization Rate per 10,000 by Geography (2016-2019)⁴⁸

Obesity

Obesity is a chronic disease that occurs when an individual’s weight is higher than what is considered healthy based on their height.

In 2018, the percentage of adults with obesity in Cortland County (34.4%) is higher than both New York State (27.6%) and New York State excluding NYC (29.1%) (Figure 34).⁵⁶ There was not a statistically significant increase in this indicator for Cortland County from 2016 to 2018.⁵⁶

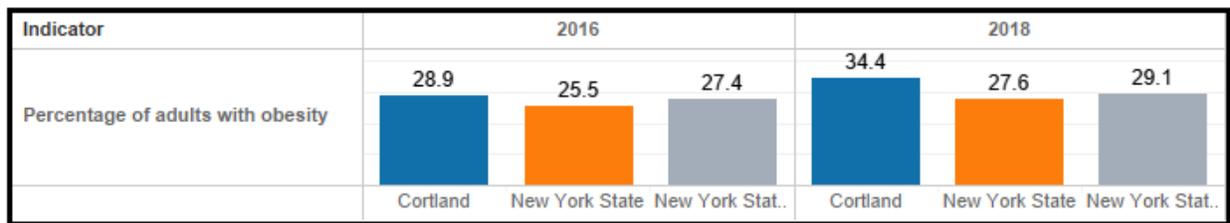


Figure 34. Percentage of Adults with Obesity by Geography (2016, 2017)⁵⁶

From 2017-2019, the percentage of elementary/middle/high school students in Cortland County who were overweight (18.3%), obese (20.8%), or either/or (39.0%) was higher than NYS excluding NYC (Figure 34).⁵⁶ When looking at three year trends, there was not a statistically significant increase in either of these three indicator for Cortland County from 2015-2017 to 2017-2019.⁵⁶

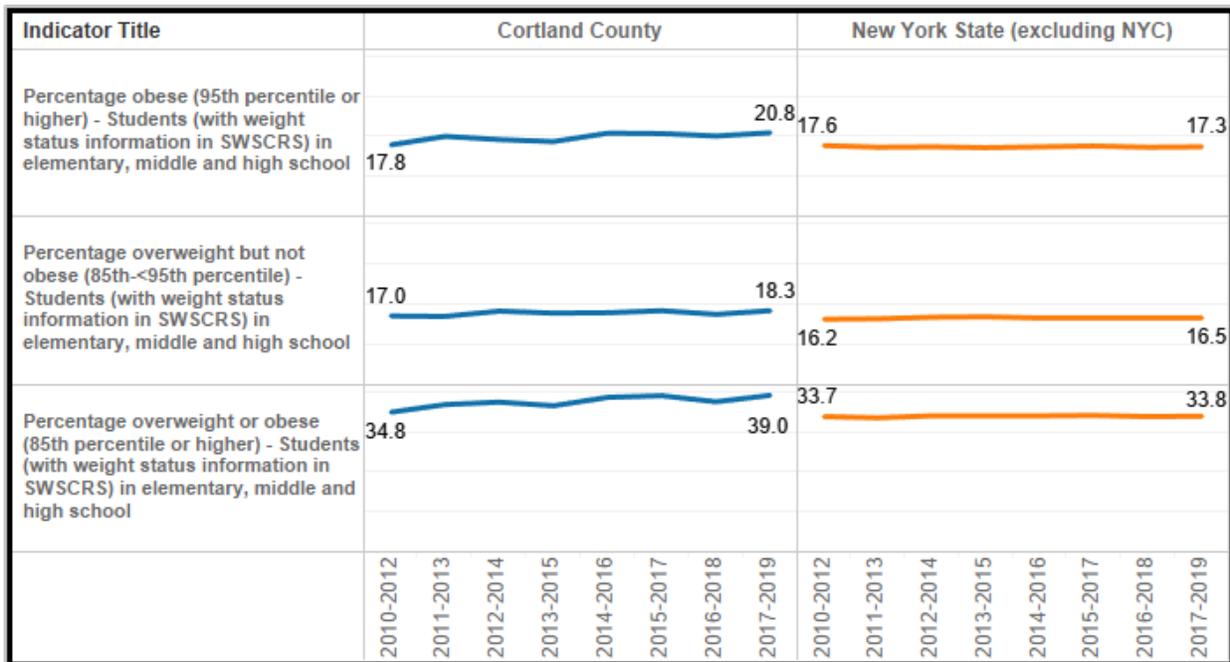


Figure 35. Percentage of Students; Obese, Overweight, or Obese/Overweight by Geography (2010-2012 to 2017-2019)⁵⁶

Communicable Disease

Communicable diseases are illnesses that are spread from one infected person to another or from an animal to a person. They may spread through direct contact, breathing in airborne viruses, contact with bodily fluids, contact with contaminated surfaces, or bites from insects and animals.

General

The ten communicable diseases that had the highest three-year total case counts from 2019-2021 in Cortland County are; COVID-19 (excluded from graph), Chlamydia, Lyme, Seasonal Influenza, Gonorrhea, Chronic Hepatitis C, Campylobacteriosis, Giardiasis, Salmonella, and Cryptosporidiosis (Figure 36).^{57,58} The number of positive COVID-19 tests reported in Cortland County in 2021 (5,270) is nearly four times the total number of all other communicable disease cases reported in the three years from 2019 to 2021.⁵⁸

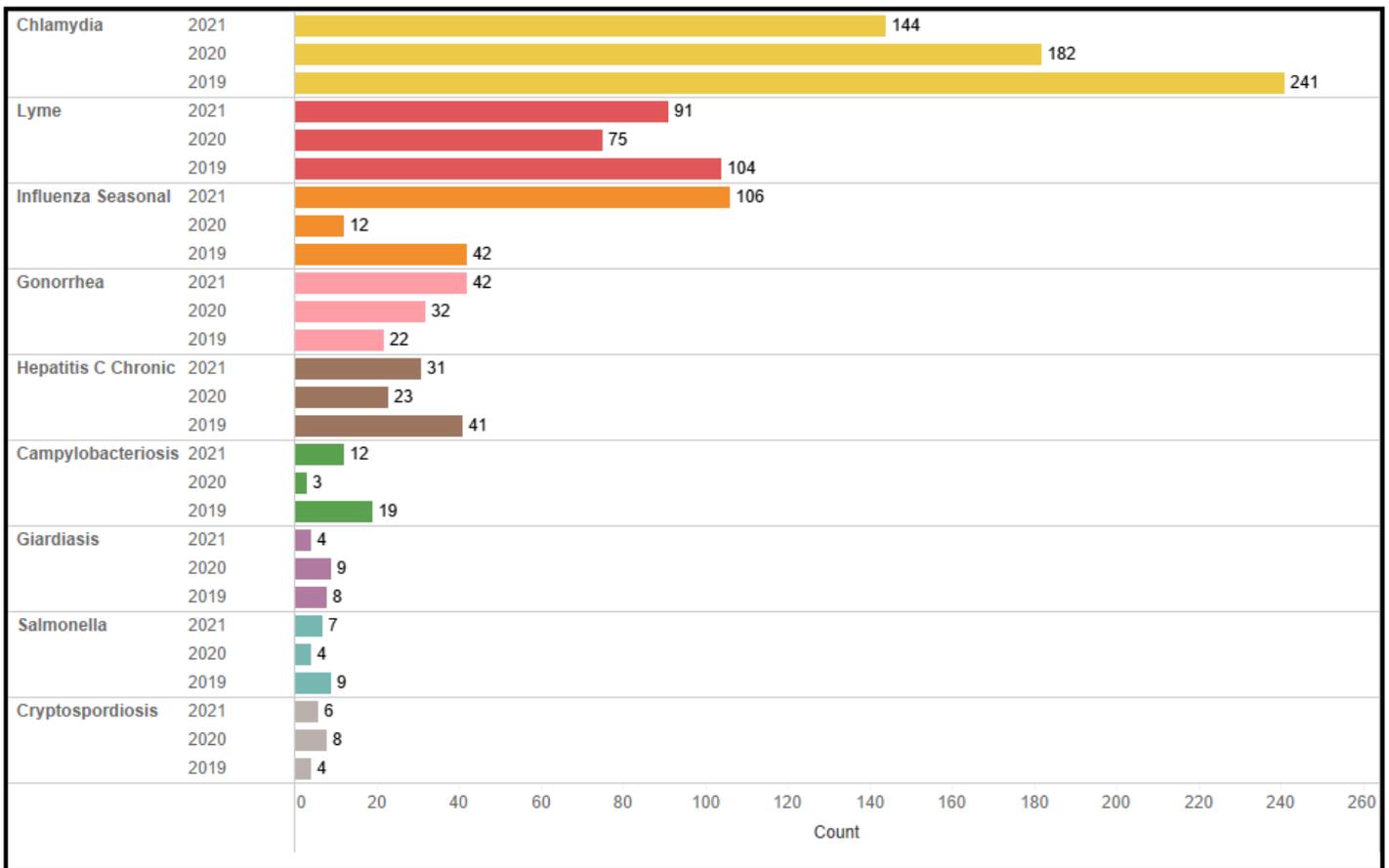


Figure 36. Ten Communicable Diseases with Highest Case Counts in Cortland County (2019-2021, COVID-19 Excluded from Graph)⁵⁷

COVID-19

COVID-19 is a respiratory illness that is commonly spread through breathing in air close to an infected person or having small droplets that contain virus land on the eyes, nose, or mouth. COVID-19 causes a wide range of symptoms from mild to severe, some short term and some long-term.

COVID-19 cases are tracked at the community level using testing data reported through the Electronic Clinical Laboratory Reporting System. This system does not include the reporting of home tests. Notable spikes in COVID-19 positive test results in Cortland County occurred in winter 2020 and winter 2021 (Figure 37).⁵⁸ The day with the highest number of reported COVID-19 positive test results in Cortland County was January 7th, 2022 (Figure 37).⁵⁸

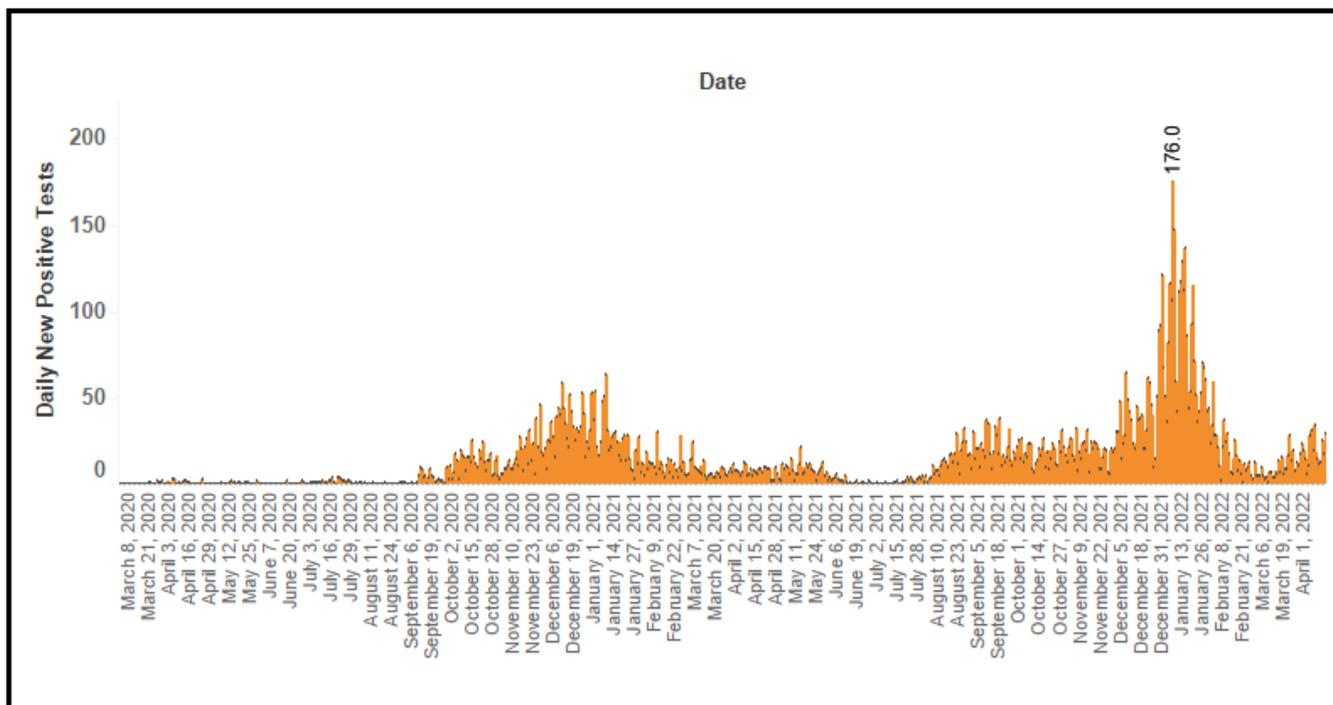


Figure 37. Positive COVID-19 Test Results (March 2020 - May 2022)⁵⁸

Demographic data for COVID-19 cases is collected during case investigations and recorded in the NYSDOH COVID-19 Case Management System, or CommCare.⁵⁸ This data includes positive test results reported through the Electronic Clinical Laboratory Reporting System and positive home tests reported to the CCHD.⁵⁸ In both the final quarter of 2021 and the first quarter of 2022, the age group that had the highest percentage of positive test results reported are individuals ages 20-39, followed by 0-19 year olds (Figure 38).⁵⁸ Note: accurate case demographic data is dependent on the reporting of test results, the data included here is simply a snapshot of all COVID-19 cases in the county as many individuals may not report their positive home test results.⁵⁸

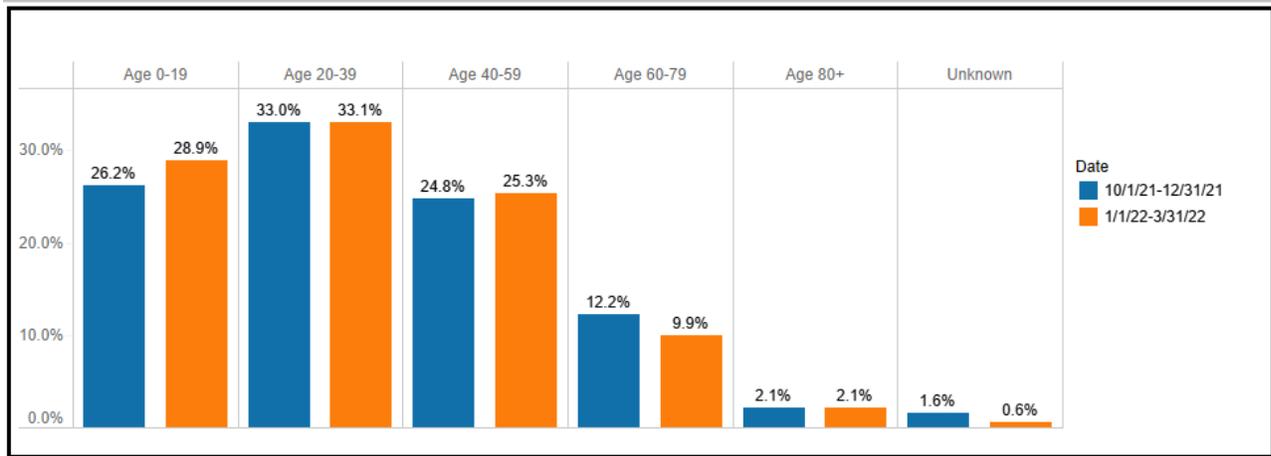


Figure 38. Positive COVID-19 Case by Age (Cortland County, 10/1/21-3/31/22)⁵⁸

Chlamydia

Chlamydia is a sexually transmitted infection that can cause pelvic inflammatory disease in women which can lead to infertility, long-term pelvic pain, and ectopic pregnancy. In 2019, the Chlamydia case rate per 100,000 females (age 15-44) in Cortland County (1,491.3) was lower than New York State (1,766.5) (Figure 39). Additionally, the Chlamydia case rate per 100,000 males (ages 15-44 years) in Cortland County (735.6) was lower than New York State (1,248.6) (Figure 39).

From 2016 to 2019, the Chlamydia case rate for males and females in Cortland County increased, which aligns with the trend seen in New York State. However, three year trend data shows no statistically significant increase in Chlamydia case rates for females from 2014-2016 to 2017-2019.⁴⁸ In contrast, three year trend data shows that Chlamydia case rates for males in Cortland County significantly worsened from 2014-2016 to 2017-2019.

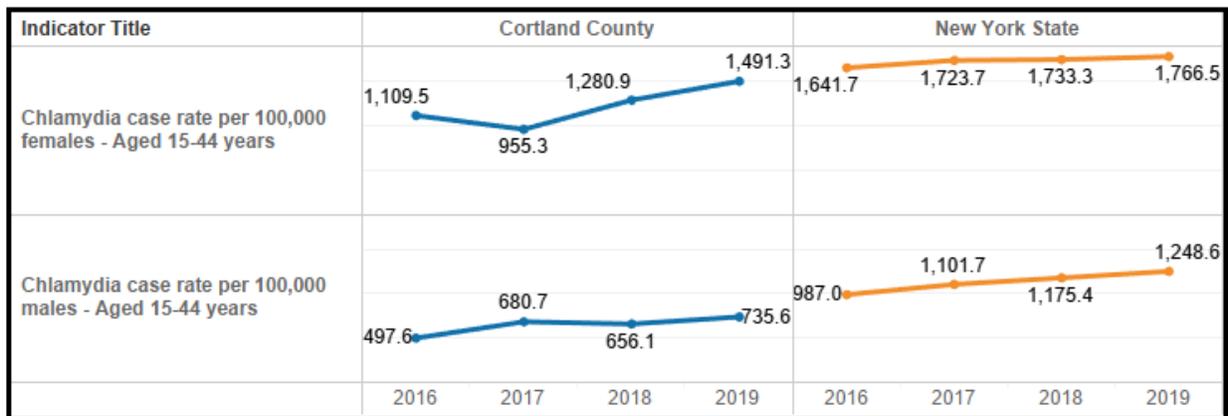


Figure 39. Chlamydia Case Rate per 100,000 Males and Females by Geography (2016-2019)⁴⁸

Gonorrhea

Similar to Chlamydia, Gonorrhea is a sexually transmitted infection that can lead to pelvic inflammatory disease in women. In men, it can cause pain in the tubes attached to the testicles which can lead to infertility in rare cases.

In 2019, the Gonorrhea case rate per 100,000 males (age 15-44) in Cortland County (129.2) was lower than New York State (670.5) (Figure 40).⁴⁸ The most recent year in which the case rate was stable for females was 2016, however, in 2016 the Gonorrhea case rate per 100,000 females (age 15-44) in Cortland County (113.8) was lower than New York State (208.9) (Figure 40).⁴⁸ Looking at three year trends from 2014-2016 to 2017-2019 there was no statistically significant change.⁴⁸

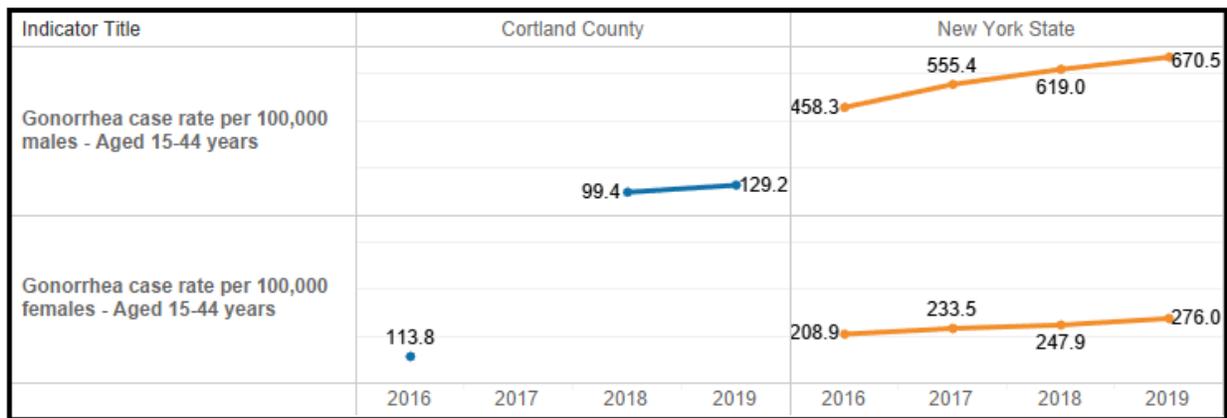


Figure 40. Gonorrhea Case Rate per 100,000 Males and Females by Geography (2016-2019)⁴⁸

Hepatitis C

In 2019, the rate of chronic Hepatitis C cases per 100,000 in Cortland County (85.9) was higher than New York State (48.6) (Figure 41).⁴⁸ Three year trends from 2014-2016 to 2017-2019 show no statistically significant change in Hepatitis C cases in the county.⁴⁸

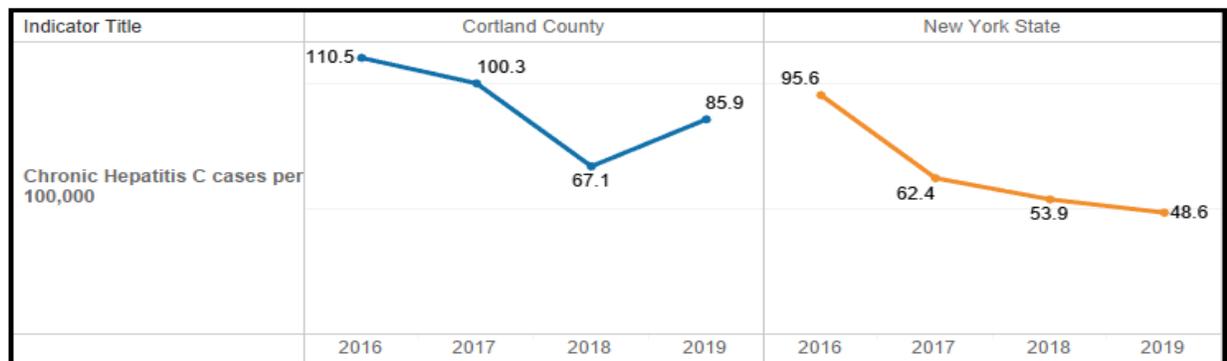


Figure 41. Chronic Hepatitis C Case Rate per 100,000 Males and Females by Geography (2016-2019)⁴⁸

Lyme Disease

Lyme disease is caused by the bacterium *Borrelia burgdorferi* and transmitted to humans through the bite of infected blacklegged ticks.

In 2017-2019, the Lyme disease incidence rate per 100,000 in Cortland County (111.7) was higher than New York State (44.7) (Figure 42). Trend data is not comparable.⁴⁸

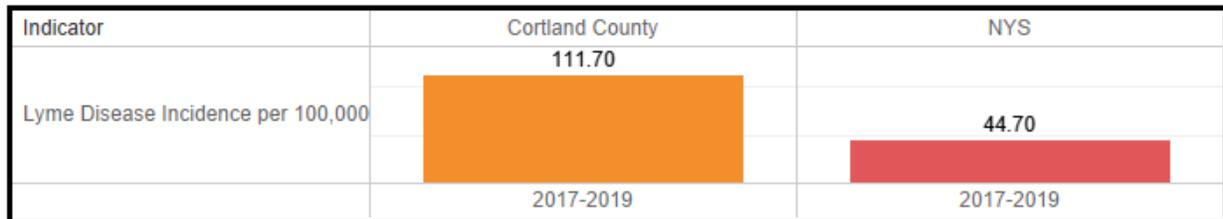


Figure 42. Lyme Disease Incidence per 100,000 by Geography (2016-2019)⁴⁸

Seasonal Influenza

Seasonal influenza data is reported based on the CDC week (week of the epidemiologic year) and starts at week 40. Looking at flu seasonal trends in Cortland County from the 2017-2018 to the 2019-2020 season, each year the weekly case count peaked in CDC week #7 (mid-February) (Figure 43).⁵⁹ Additionally each year from 2017-2018 to 2019-2020, the peak number of weakly cases increased: 84 in 2017-2018, 103 in 2018-2019, and 129 in 2019-2020 (Figure 43).⁵⁹ In 2020-2021 COVID-19 prevention strategies such as closures, masking, and social distancing impacted trends in seasonal influenza. In 2021-2022, Cortland County is experiencing a late season increase in weekly case counts and has yet to reach a peak as of CDC week 19 (mid-May).⁵⁹

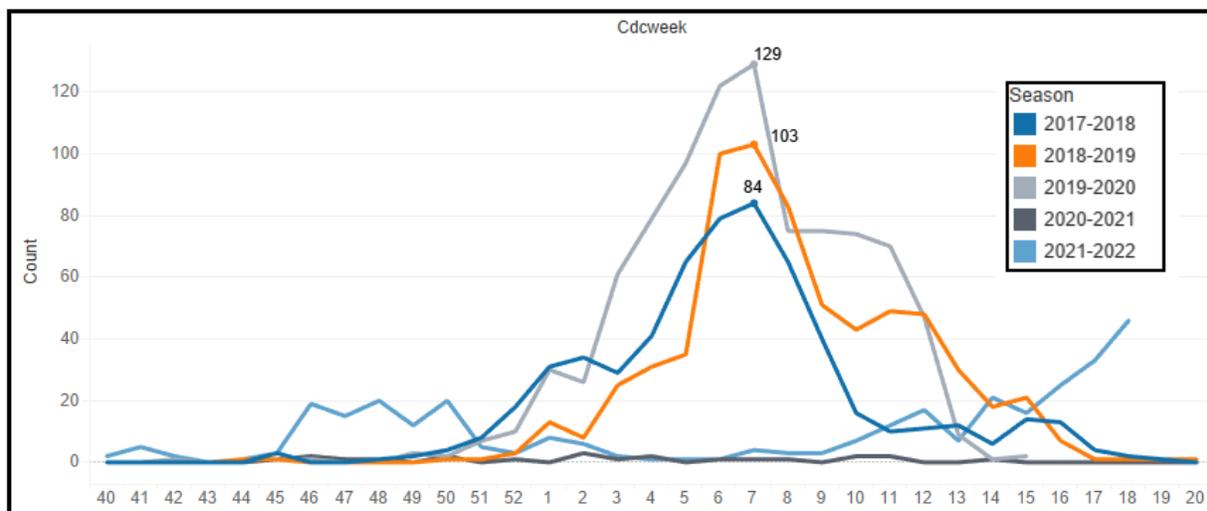


Figure 43. Laboratory Confirmed Influenza Cases by Week (2017-2018 to 2021-2022)⁵⁹

Unintentional Injuries

Unintentional injuries include bodily harm that occur as a result of exposure to an external force or substance such as falling, motor vehicle crashes, and poisoning.

General

In 2019, the age adjusted unintentional injury mortality rate per 100,000 in Cortland County (45.8) and age adjusted unintentional injury hospitalization rate per 10,000 in Cortland County (77.2) are both higher than New York State (33.8 and 64.6, respectively) (Figure 44).⁴⁸ From 2016 to 2019 the age adjusted unintentional injury mortality rate declined in Cortland County, however, the hospitalization rate increased (Figure 44).⁴⁸ Three year trend data for mortality from 2014-2016 to 2017-2019 show no statistically significant change.⁴⁸ Trend data for hospitalization rates are not comparable due to ICD-9-CM to ICD-10-CM transition.⁴⁸

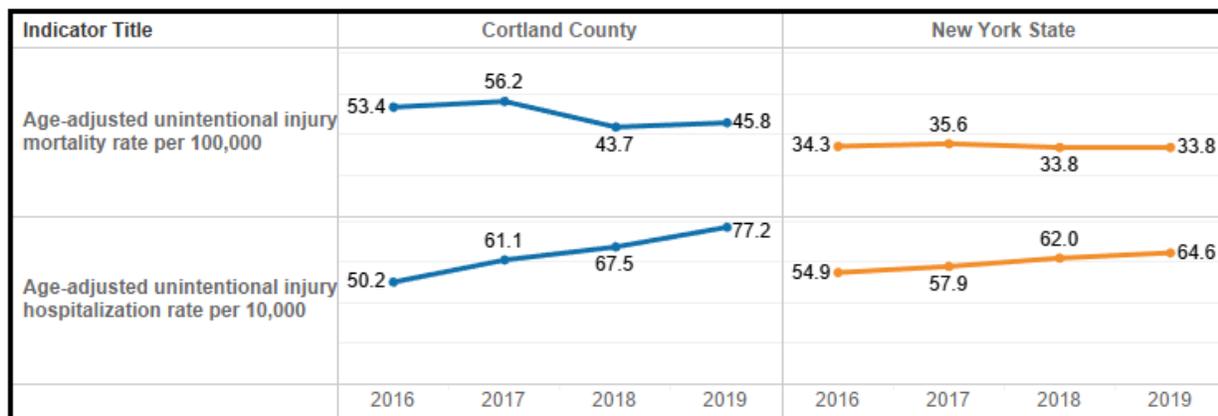


Figure 44. Age Adjusted Unintentional Injury Mortality Rate per 100,000 and Hospitalization Rate per 10,000 by Geography (2016-2019)⁴⁸

Falls, Motor Vehicle Crashes, Poisoning

In 2019, the age-adjusted falls hospitalization rate per 10,000 in Cortland County (39.0), age adjusted poisoning hospitalization rate per 10,000 (9.7), and alcohol related motor vehicle injuries and deaths per 100,000 (56.6) are higher than New York State (35.6, 7.7, 27.6, respectively) (Figure 45).⁴⁸ From 2016 to 2019, each of these indicators increased in Cortland County. However, three year trend data from 2014-2016 to 2017-2019 shows no statistically significant changes for alcohol related motor vehicle injuries and deaths.⁴⁸ Trends from 2014-2016 to 2017-2019 for age adjusted hospitalization rate are not comparable due to ICD-9-CM to ICD-10-CM transition.⁴⁸

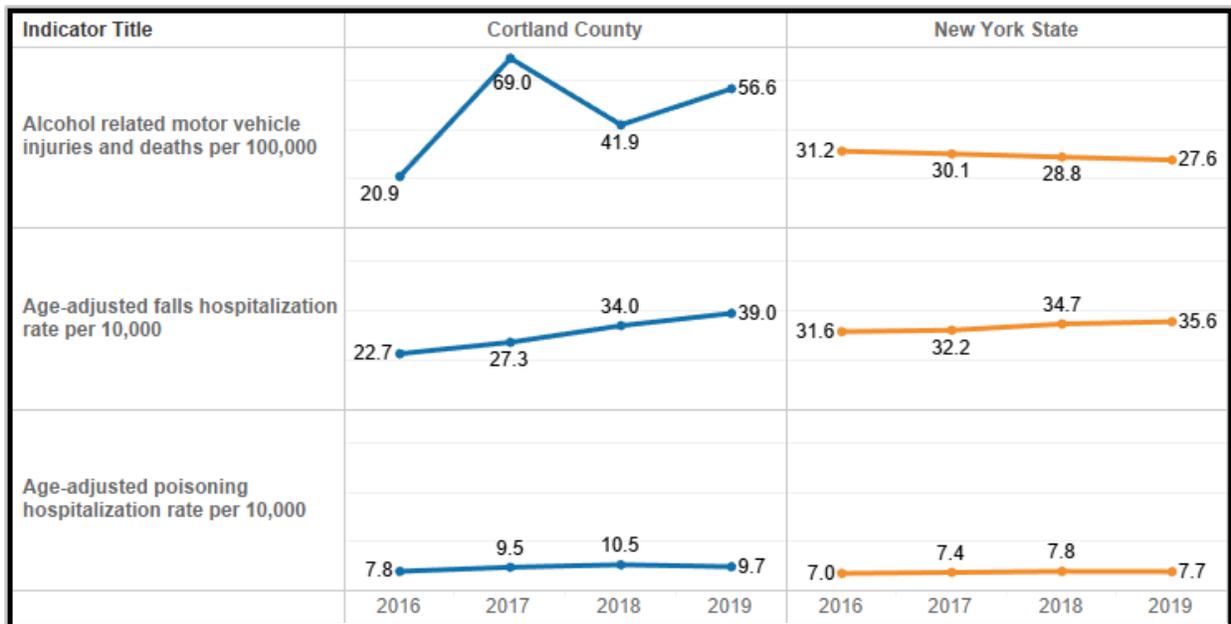


Figure 45. Age Adjusted Falls and Age Adjusted Poising Hospitalization Rate per 10,000 and Alcohol Related Motor Vehicle Injury and Deaths per 100,000 (2016-2019)⁴⁸

Behavioral Health

The NYSDOH Prevention Agenda priority areas for Chronic Disease and Communicable Disease focus on risk and protective factors related to these diseases, such as; physical activity and vaccinations. Unlike Chronic Disease and Communicable Disease; many of the NYSDOH Prevention Agenda priority areas related to Mental Health and Substance Use focus on disease outcomes such as opioid overdose deaths, rate of depression, and death by suicide. For this reason, behavioral health disease indicators are reported in the NYSDOH Prevention Agenda Focus Area Results section of this report. Data for the following conditions are reported in the Focus Area results section:

- Alcohol use
- Opioid and other substance use
- Depression
- Adverse Childhood Experiences
- Suicide

Community Perceptions—Health Related Problems

In the 2022 Cortland County CHA survey (n=2,266), respondents were asked to select what they feel are the top three most important health related problems in the Cortland County community. They were provided with a list of nineteen health related problems and the option to write in a response.

The top three most selected responses by the total survey population were; alcohol and/or substance use (72.2%), mental health problems (60.4%), and overweight/obesity (33.8%) (Figure 46).⁴ In 2019, cancers was the third most selected response in place of overweight/obesity (Figure 46).^{4,4}

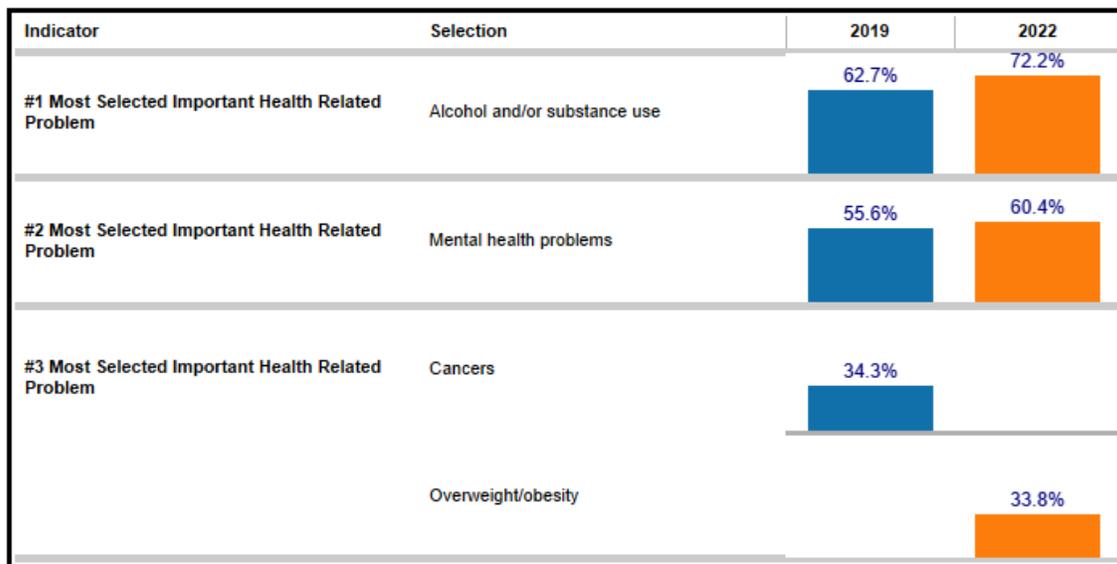


Figure 46. Top three most selected important health related problems by CHA Survey Respondents (Cortland County, 2019 and 2022)^{4,46}

When looking at responses by demographic groups, responses varied by age groups compared to the total survey population, with COVID-19 reflected in the top three responses for 18-24 year olds and child abuse/neglect reflected in the top three responses for 25 to 34 year olds in place of overweight/obesity (Figure 47).⁴

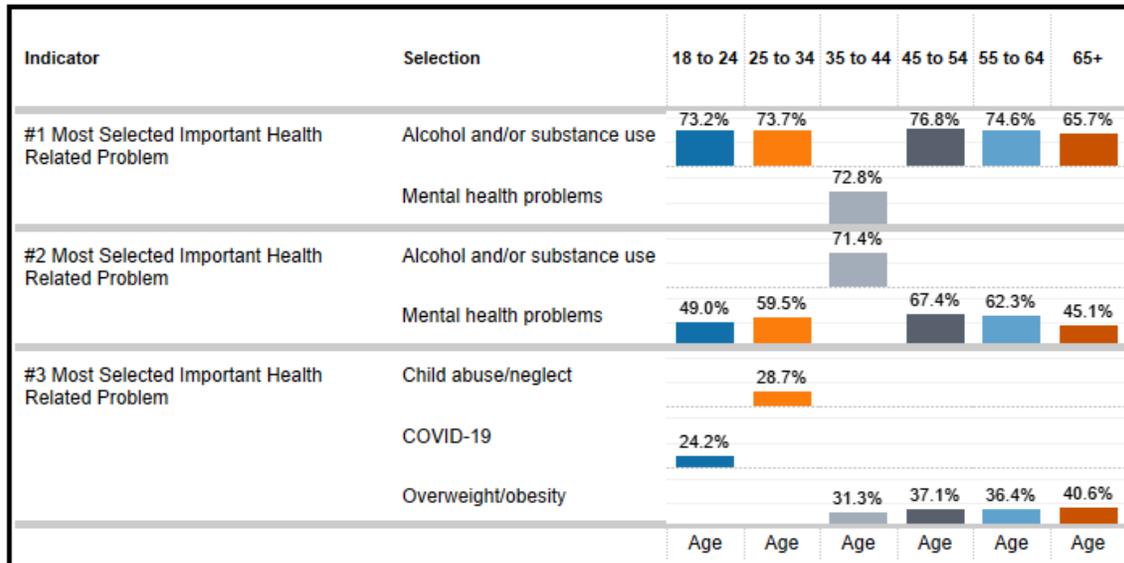


Figure 47. Top three most selected important health related problems by CHA Survey Respondents by Age (Cortland County, 2022)⁴

Additionally, responses varied by gender identity, the Transgender+ survey respondent demographic group reflected suicide as one of the top three important health related problems.⁴ Additionally, Transgender+ was the only demographic group, with the exception of respondents 34 to 44 years old, that reflected mental health as the top most selected health related problem in place of alcohol and/or substance use (Figure 48).⁴

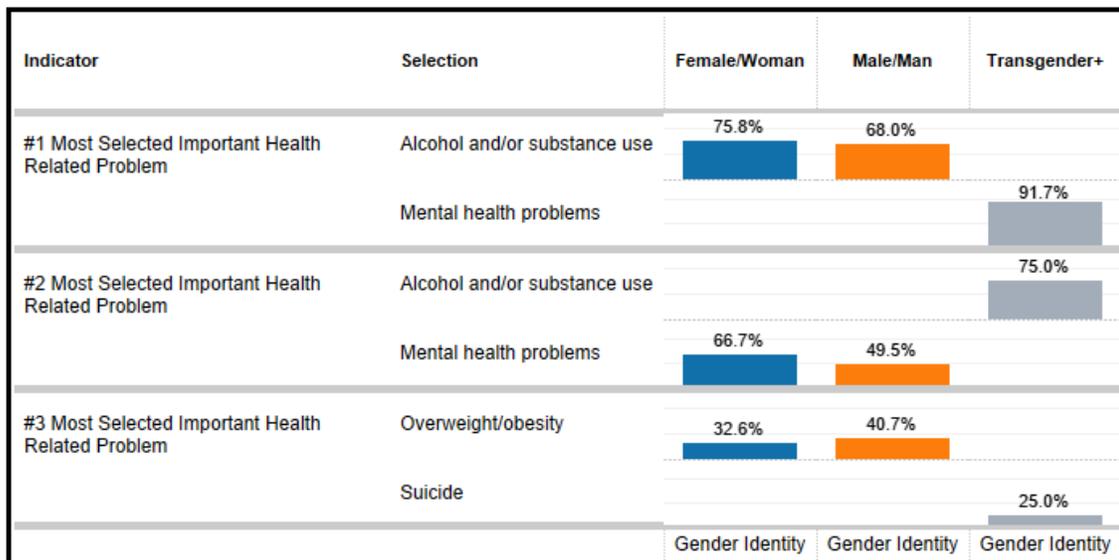


Figure 48. Top three most selected important health related problems by CHA Survey Respondents by Gender (Cortland County, 2022)⁴

NYSDOH Prevention Agenda Focus Area Data

Physical Activity

Research has shown that regular physical activity impacts many health related outcomes including, but not limited to; lowering risk of cardiovascular disease, type 2 diabetes, cancer, Alzheimer’s disease, falls, improving quality of life, reducing risk of depression and anxiety, and improving sleep. As such, physical activity is a cross-cutting focus area that contributes to improvements in health outcomes related to both chronic disease and mental health.

Trends

The most recent secondary data for the percentage of adults who participate in leisure-time physical activity is from 2018. In 2018, a lower percentage of adults in Cortland County (74.9%) participated in leisure time physical activity compared to adults in New York State (76.2%) and New York State excluding NYC (77.6%) (Figure 49).⁵⁶ The percentage of adults in Cortland County participating in leisure time physical activity has decreased since 2016 (77.9%).⁵⁶ However, this decrease was not statistically significant.

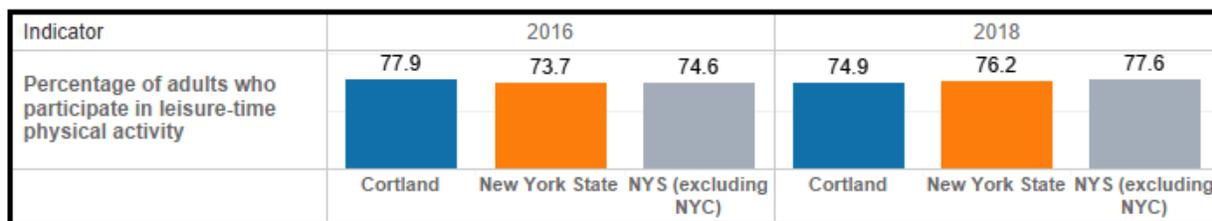


Figure 49. Percentage of Adults Who Participate in Leisure-Time Physical Activity by Geography (2016 and 2018)⁵⁶

Disparities

Both the 2021 Cortland County Youth Development Survey and the 2022 Cortland County Community Health Assessment Survey include questions related to physical activity. This primary data provides a more recent snapshot of the physical activity levels.

In 2021, 55.3% of Cortland County 7th-12th graders reported that they participated in a sports team in the past year (Table 24).⁶⁰ Sports are not the only avenue available for physical activity in youth, but research suggests that playing sports can contribute to being physically active in adulthood. Cortland County Youth Survey data indicates that participation in sports varies by demographics. Only 30.4% of self-identified transgender and questioning youth report participating in a sports team in the past year, compared to 61.2% of self-identified cisgender youth.⁶⁰ Only 37% of self-identified LGBTQ+ youth report participating in a sports team compared to 63.9% of self-identified straight youth.⁶⁰

Table 24. Percentage of 7th-12th Graders That Report Participating in Sports in the Past Year (Cortland County, 2021)⁶⁰

Demographic	Demographic Group	Participation in sports team
Gender Identity	Transgender and Questioning	30.4%
	Cisgender	61.2%
Sexual Orientation	LGBQ+	37.0%
	Straight	63.9%
Race	BIPOC	50.9%
	White	56.1%
Sex	Female	57.2%
	Male	54.3%
Geographic Region	Urban	57.8%
	Rural	56.4%
Total	Total Survey Population	55.3%

Of the total CHA survey population, 70.7% are not considered physically active.⁴ The survey demographics experiencing the largest disparities in physical activity when compared to the reference group are Transgender+ (83.3%), Hispanic/Latino (90.5%), 25-34 year olds (77.2%), respondents with chronic disease (76.8%), and respondents with young children in their home (80.3%) (Table 25).⁴ Please see the methods section for detailed methodology on how this measure was calculated.

Table 25. Percentage of CHA Survey Respondents Physically Active (Cortland County, 2022)⁴

Demographic Group	Demographic Title	Percentage not physically active
Gender Identity	Female/Woman (1,383)	72.57%
	Male/Man (n=491)	63.34%
	Transgender+ (n=12)	83.34%
Ethnicity	Hispanic/Latino (n=84)	90.48%
	Not Hispanic/Latino (n=2,112)	69.97%
Age	18 to 24 (n=149)	70.47%
	25 to 34 (n=289)	77.16%
	35 to 44 (n=419)	73.51%
	45 to 54 (n=396)	73.67%
	55 to 64 (n=531)	68.18%
	65+ (n=466)	64.80%
Chronic Disease Status	Chronic Disease (n=680)	76.77%
	No Chronic Disease (n=1,315)	65.27%
Children	No Young Children in Home (n=1,910)	69.04%
	Young Children in Home (n=330)	80.30%
Total Survey Population	Total Survey Population (n=2,266)	70.71%

Healthy Eating

Eating the recommended amount of fruits and vegetables can reduce the risk of; cardiovascular disease, type 2 diabetes, some cancers, and obesity. Fruits and vegetable intake can also lower blood pressure and promote weight loss.

Trends

The most recently available secondary data related to fruit and vegetable intake in Cortland County is from 2018. In 2018, the age adjusted percentage of adults that consumed less than one fruit or vegetable per day in Cortland County (27.1%) was higher than New York State excluding NYC (26.1%) (Figure 50).⁴⁸ However, since 2016, this indicator has decreased in Cortland County from 30.4%.⁴⁸ Statistical significance is not available for this indicator.

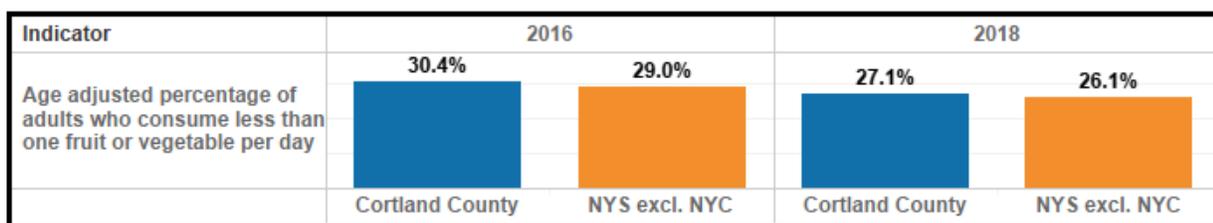


Figure 50. Percentage of Adults Who Report Consuming Less Than One Fruit or Vegetable Daily by Geography (2016 and 2018)⁴⁸

Disparities

The 2022 Cortland County Community Health Assessment Survey included questions related to fruit and vegetable intake. This primary data provides a more recent snapshot related to the healthy eating behaviors of Cortland County residents by different demographic groups.

Of the total CHA survey population, 41% were determined to have very low fruit intake (Table 26).⁴ The survey demographics experiencing the largest disparities in fruit intake when compared to the reference group are; Transgender+ (75%), 18 to 24 year olds (47.7%), respondents with less than a high school diploma (45.9%), respondents who are not Hispanic/Latino (41.2%), and respondents with disabilities (45.1%) (Table 26).⁴ See the methods section for detailed methodology on how this measure was calculated, limitations related to this data set, and definitions of demographic groups.

Table 26. Percentage of CHA Survey Respondents With Very Low Fruit Intake (Cortland County, 2022)⁴

Demographic Group	Demographic Title	Percentage with low fruit intake
Gender Identity	Female/Woman (1,383)	40.50%
	Male/Man (n=491)	40.50%
	Transgender+ (n=12)	75.00%
Age	18 to 24 (n=149)	47.65%
	25 to 34 (n=289)	42.91%
	35 to 44 (n=419)	42.24%
	45 to 54 (n=396)	41.52%
	55 to 64 (n=531)	44.10%
	65+ (n=466)	33.91%
Education Level	Associates (n=386)	45.60%
	Bachelors/Grad (n=1,029)	35.70%
	HS Diploma/Some College (n=786)	45.90%
	Less Than High School (n=37)	45.94%
Ethnicity	Hispanic/Latino (n=84)	33.33%
	Not Hispanic/Latino (n=2,112)	41.21%
Disability	Disability (n=579)	45.10%
	Not Disabled (n=1,610)	39.50%
Total Survey Population	Total Survey Population (n=2,266)	41.04%

Of the total CHA survey population, 28.5% were determined to have very low vegetable intake (Table 27).⁴ The survey demographics experiencing the largest disparities in vegetable intake when compared to the reference group are; respondents with less than a high school diploma (43.2%), Transgender+ (50%), respondents with a household income of less than \$50,000 per year, respondents who do not use drugs (29.1%), and respondents with disabilities (35.8%) (Table 27).⁴

Table 27. Percentage of CHA Survey Respondents With Very Low Vegetable Intake (Cortland County, 2022)⁴

Demographic Group	Demographic Title	Percentage with low vegetable intake
Education Level	Associates (n=386)	30.57%
	Bachelors/Grad (n=1,029)	22.37%
	HS Diploma/Some College (n=786)	34.48%
	Less Than High School (n=37)	43.24%
Gender Identity	Female/Woman (1,383)	27.35%
	Male/Man (n=491)	31.20%
	Transgender+ (n=12)	50.00%
Annual Household Income	<\$50,000/year n=(776)	35.57%
	>\$50,000/year (n=1,278)	24.20%
Drug Use	Not PWUD (n=2,211)	29.05%
	PWUD (n=106)	20.75%
Disability	Disability (n=579)	35.75%
	Not Disabled (n=1,610)	25.67%
Total Survey Population	Total Survey Population (n=2,266)	28.51%

Food Insecurity

Food insecurity is associated with a higher probability of the following diseases; hypertension, coronary heart disease, hepatitis, stroke, cancer, asthma, diabetes, arthritis, COPD, and kidney disease. Food insecure adults and children may also be at higher risk of obesity. Factors related to food insecurity, such as quality, variety, and quantity of food consumed may have a negative effect on children’s mental health. Food security is a complex issue that is impacted by a variety of social determinants of health such as; employment, transportation, and accessibility.

Trends

The most recently available secondary data related to food security is from 2019. In 2019, Cortland County had a higher percentage of people experiencing food insecurity (12.5%) than New York State (10.7%) (Figure 51). Since 2017, the food insecurity rate in Cortland County has hovered between 11% and 12.5%. Statistical significance is not available for this indicator (Figure 51).

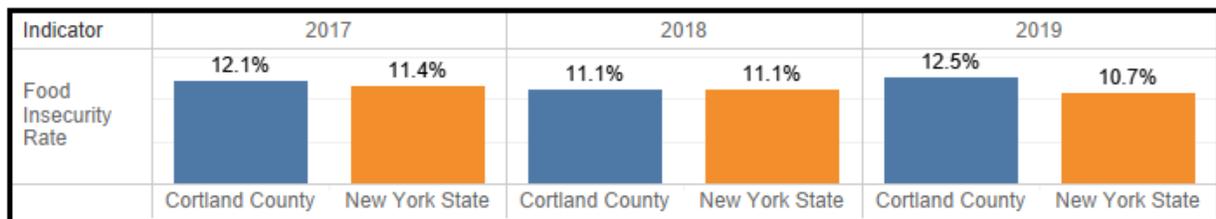


Figure 51. Percentage of Residents Experiencing Food Insecurity by Geography (2017, 2018, 2019)⁴⁸

Disparities

Both the 2021 Cortland County Youth Development Survey and the 2022 Cortland County Community Health Assessment Survey include questions related to food security. This primary data provides a more recent snapshot related to the food security of Cortland County residents by different demographic groups.

The Cortland County Youth Development Survey included a question asking students to report if, during the past year they and/or their parents/guardians, had trouble accessing various life needs. In total, 34.1% of 7th-12th graders in Cortland County reported they had difficulty accessing food in the past year (Table 28).⁶⁰ There are no notable disparities by gender identity, geographic region, race, sex, or sexual orientation based on this data.

Table 28. Percentage of 7th-12th Graders That Report Having Difficulty Accessing Food in the Past Year (Cortland County, 2021)⁶⁰

Demographic	Demographic Group	Difficulty Accessing Food †
Sexual Orientation	LGBQ+	36.3%
	Straight	32.1%
Sex	Female	31.1%
	Male	35.1%
Geographic Region	Urban	32.0%
	Rural	36.0%
Gender Identity	Transgender and Questioning	35.6%
	Cisgender	32.5%
Race	BIPOC	33.3%
	White	34.3%
Total	Total Survey Population	34.1%

Of the total CHA survey population, 17.6% were determined to be food insecure according to the six item food security scale (Table 29).⁴ The survey demographic groups experiencing the largest disparities as compared to the reference group are; 18 to 24 year olds (37.6%), respondents with less than a high school diploma (43.6%), respondents with a household income of less than \$50,000 per year (35%), Transgender+ (58.3%), and respondents with Medicaid insurance (45.3%) (Figure 29).⁴ See the methods section for detailed methodology on how this measure was calculated.

Table 29. Percentage of CHA Survey Respondents With Food Insecurity (Cortland County, 2022)⁴

Demographic Group	Demographic Title	Percentage with food insecurity
Age	18 to 24 (n=149)	37.60%
	25 to 34 (n=289)	30.10%
	35 to 44 (n=419)	22.67%
	45 to 54 (n=396)	17.92%
	55 to 64 (n=531)	12.17%
	65+ (n=466)	4.50%
Education Level	Associates (n=386)	19.90%
	Bachelors/Grad (n=1,029)	9.40%
	HS Diploma/Some College (n=786)	25.70%
	Less Than High School (n=37)	43.60%
Annual Household Income	<\$50,000/year n=(776)	34.97%
	>\$50,000/year (n=1,278)	8.00%
Gender Identity	Female/Woman (1,383)	16.30%
	Male/Man (n=491)	14.66%
	Transgender+ (n=12)	58.33%
Insurance	Medicaid (n=393)	45.30%
	Other Insurance (n=1,966)	13.39%
Total Survey Population	Total Survey Population (n=2,266)	17.60%

Tobacco Prevention

Smoking harms nearly every organ of the body. Smoking causes; cancer, heart disease, stroke, lung disease, diabetes, COPD and can increase the risk of tuberculosis, eye disease, and immune system diseases. In adults, secondhand smoke causes stroke, lung cancer, and coronary heart disease and puts children at increased risk of SIDs, asthma, slowed lung growth and more. Nicotine found in e-cigarettes is highly addictive and can harm youth brain development.

Trends

The most recently available data related to tobacco use that is comparable to New York State is from 2018. In 2018, a higher percentage of adults in Cortland County (19.8%) and adults with an income less than \$25,000 in Cortland County (45.4%) smoke than New York State (12.8% and 20.4%, respectively) (Figure 52).⁵⁶ However, there was not a statistically significant increase in either indicator from 2016 to 2018.

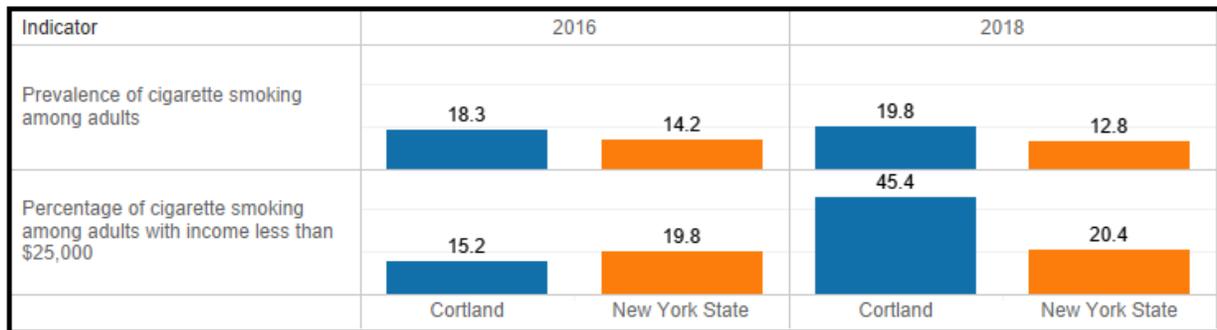


Figure 51. Percentage of Adults that Smoke Cigarettes by Income (2016 and 2018)⁵⁶

The Community Tobacco Survey of Adult Residents of Cortland County asks about tobacco related attitudes and behaviors (Figure 52).¹⁶ In 2021, 22% of the survey population are considered “current smokers” (have smoked at least 100 cigarettes in their lifetime AND report smoking on “at least some days”) (Figure 52).¹⁶ Observed changes from 2004 to 2021 are not significant.¹⁶

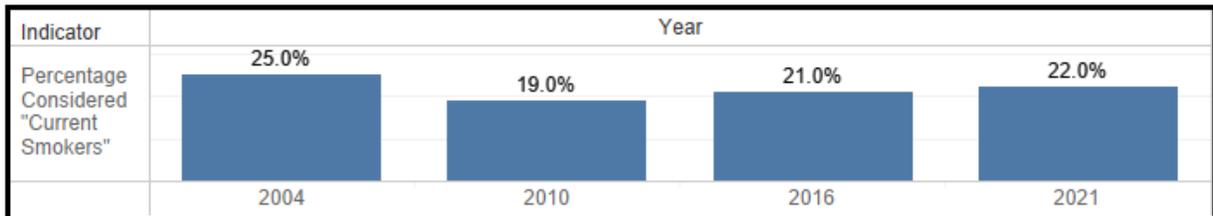


Figure 52. Percentage of Cortland County Adults That Are “Current Smokers” (2004, 2010, 2016, 2021)¹⁶

Disparities

Both the 2021 Cortland County Youth Development Survey and the 2022 Cortland County Community Health Assessment Survey include questions related to tobacco use. Additionally, the 2021 Community Tobacco Survey of Adult Residents of Cortland County was conducted by Joel LaLone Consulting. This primary data provides a more recent snapshot of tobacco use in Cortland County residents.

The Cortland County Youth Development Survey asks about how many times in the past 30 days students have smoked cigarettes or vaped. In total, 1.5% of Cortland County 7th-12th graders reported smoking cigarettes in the past 30 days and 14.5% of reporting vaping (Table 30).⁶⁰ Past 30 day use of cigarettes is low compared to vaping. However, LGBTQ+ youth are more likely to report smoking cigarettes compared to Cisgender and Straight youth. Disparities in vaping behavior are present within each demographic. Transgender and Questioning (21.5%), Urban (16.7%), BIPOC (21.7%), Female (16.3%), and LGBTQ+ (20%) 7th-12th graders being more likely to report vaping (Table 30).⁶⁰

Table 30. Percentage of 7th-12th Graders That Vaping and Smoking Cigarettes in the Past 30 Days (Cortland County, 2021)⁶⁰

Demographic	Demographic Group	Cigarettes	Vaping
Gender Identity	Transgender and Questioning	4.3%	21.5%
	Cisgender	1.3%	15.0%
Geographic Region	Rural	2.1%	13.9%
	Urban	1.0%	16.7%
Race	BIPOC	2.6%	21.7%
	White	1.4%	14.4%
Sex	Female	1.7%	16.3%
	Male	1.1%	11.4%
Sexual Orientation	LGBQ+	3.4%	20.0%
	Straight	1.1%	13.3%
Total	Total Survey Population	1.5%	14.5%

The Community Tobacco Survey is also broken down into demographic groups. The demographic groups experiencing the greatest disparities in smoking are education level (11% for respondents with college degrees compared to 31% with no college) and income level (15% for household income \$100,000+ compared to 30% for income less than \$50,000) (Table 31).¹⁶

Table 31. Percentage of Adults in Cortland County That Are “Current” Smokers by Demographics (Cortland County, 2021)¹⁶

Demographic Group	Demographic Title	Percentage Considered "Current Smokers"
Age	Age 18-44	22.0%
	Age 45-64	19.0%
	Age 65+	23.0%
Children	1+ Child in Home	25.0%
	No Children in Home	19.0%
Education Level	4+ Year Degree	11.0%
	No College	31.0%
	Some College	21.0%
Gender	Female	22.0%
	Male	19.0%
Income Level	<\$50k Annual Income	30.0%
	\$50,000-\$100,000 Annual Income	17.0%
	\$100,000+ Annual Income	15.0%
Total Survey Population	Total Survey Population	22.0%

The 2022 CHA survey asks about substance behaviors in the past three months. For the purposes of this report, substances that are legal in New York State are reported on by weekly use. Results for reporting tobacco use are consistent with the Adult Use Tobacco Survey with the demographics related to education and/or income experiencing some of the largest disparities related to tobacco use (Table 32).⁴

Table 32. Percentage of CHA Survey Respondents That Reported Tobacco Use in the Past Week by Demographics (Cortland County, 2022)⁴

Demographic Group	Demographic Title	Percentage that report tobacco use..
Education Level	Associates (n=386)	14.74%
	Bachelors/Grad (n=1,029)	7.16%
	HS Diploma/Some College (n=786)	21.54%
	Less Than High School (n=37)	25.00%
Insurance	Medicaid (n=393)	30.18%
	Other Insurance (n=1,966)	10.58%
Age	18 to 24 (n=149)	12.92%
	25 to 34 (n=289)	14.59%
	35 to 44 (n=419)	18.97%
	45 to 54 (n=396)	15.28%
	55 to 64 (n=531)	14.09%
	65+ (n=466)	6.73%
Annual Household Income	<\$50,000/year n=(776)	21.06%
	>\$50,000/year (n=1,278)	10.42%
Drug Use	Not PWUD (n=2,211)	13.63%
	PWUD (n=106)	25.00%
Total Survey Population	Total Survey Population (n=2,266)	13.66%

Chronic Disease Preventive Care and Management

Chronic disease preventive care and management involves screening for cancer, early detection of cardiovascular disease, diabetes, and obesity, promoting evidence based care to manage chronic disease, and improving self-management skills for people with chronic disease. Detecting chronic diseases early through recommended screening and tests allows for the best chance of successful treatment and can reduce mortality.

Trends

In 2018, a higher percentage of Cortland County residents aged 45+ (72.1%) and residents aged 45+ with a household income less than \$25,000 a year (71.1%) had a test for high blood sugar or diabetes in the past three years compared to New York State (68.3%) (Figure 53).⁵⁶ From 2016 to 2018 there was not a statistically significant change for either Cortland County measure.⁵⁶

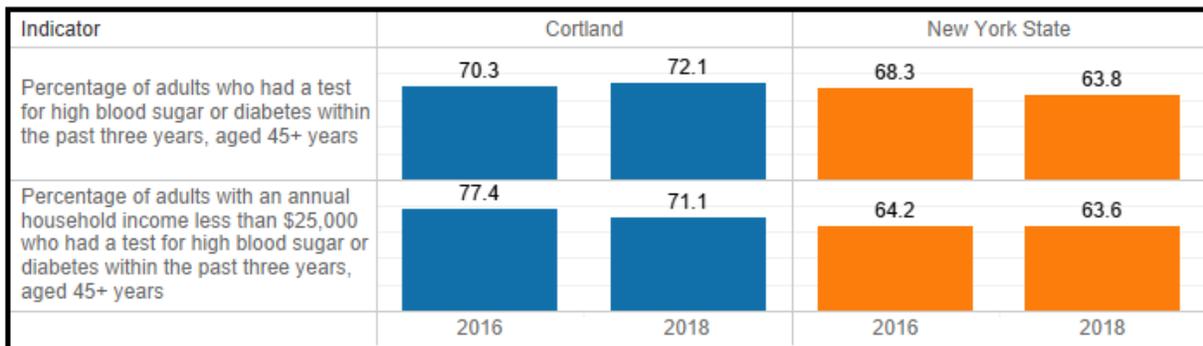


Figure 53. Percentage of Adults That Had a Test for High Blood Sugar/Diabetes within the Past 3 Years, 45+ by Geography (2016 and 2018)⁵⁶

In 2018, a higher percentage of Cortland County residents aged 50-64 years old received colorectal screenings based on the most recent guidance (74.4%) than New York State (65.4%) (Figure 54).⁵⁶ Since 2016, there has not been a statistically significant change in this measure for Cortland County.⁵⁶

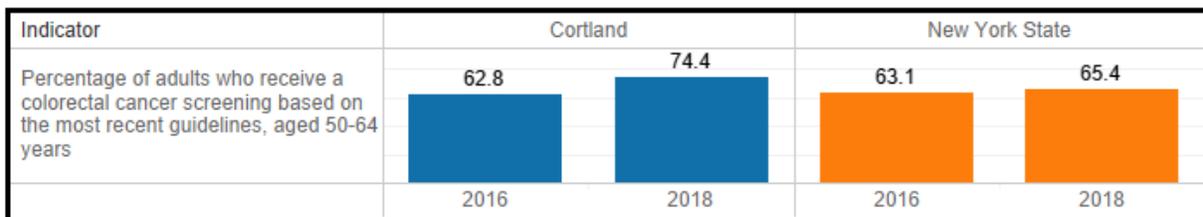


Figure 54. Percentage of Adults Who Received a Colorectal Cancer Screening Based on the Most Recent Guidelines, aged 50-64 by Geography (2016 and 2018)⁵⁶

In 2019, Cortland County was on par with New York State for the percentage of women (aged 50-74 years) who had a mammogram (70.8% and 71.0%, respectively) (Figure 55).⁴⁸ There was not a statistically significant increase from 2018 to 2019.

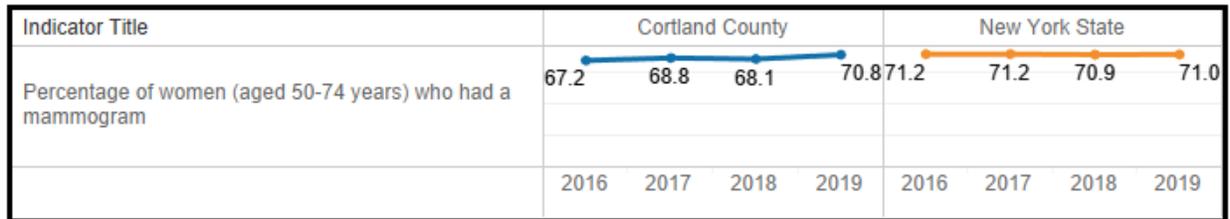


Figure 55. Percentage of Women Aged 50-74 Who Had a Mammogram by Geography (2016 and 2018)⁴⁸

Disparities

The 2022 Cortland County Community Health Assessment Survey included questions related to chronic disease and chronic disease preventive care management.

Of the total CHA survey population that reported having a chronic health condition, the mean self-efficacy score for managing chronic disease was 6.26 out of 10 (Table 33).⁴ Certain demographic groups in the survey population were more likely to have a lower mean self-efficacy score for managing chronic disease including; respondents with Medicaid insurance (5.17), People Who Use Drugs (4.91), Transgender+ (4.72), BIPOC (4.96), and respondents with a disability (5.4) (Table 33).⁴

Table 33. Mean Chronic Disease Management Self Efficacy Score of CHA Survey Respondents That Reported Having a Chronic Disease by Demographics (Cortland County, 2022)⁴

Demographic Group	Demographic Title	Mean chronic disease managemen..
Insurance	Medicaid (n=393)	5.17
	Other Insurance (n=1,966)	7.16
Drug Use	Not PWUD (n=2,211)	6.26
	PWUD (n=106)	4.91
Gender Identity	Female/Woman (1,383)	6.32
	Male/Man (n=491)	6.18
	Transgender+ (n=12)	4.72
Race	BIPOC (n=100)	4.96
	White, alone (n= 2,076)	6.33
Disability	Disability (n=579)	5.4
	Not Disabled (n=1,610)	6.85
Total Survey ..	Total Survey Population (n=2,266)	6.26

Indoor Environment (Lead and Radon)

The quality of indoor home environment can impact the health of residents within the home. Homes built before 1978 can have peeling paint that contains lead which can cause lead poisoning leading to lower IQ, learning, and behavior problems in children. Lead poisoning is also dangerous for adults and can contribute to chronic disease risk factors (high blood pressure) and impact mental health (such as mood disorders). Radon, a radioactive gas that can come through cracks and gaps in building and homes, is the number one leading cause of lung cancer among non-smokers.

Trends

In 2018, the incidence of confirmed high blood lead levels (rate per 1,000 tested children aged <72 months) was higher in Cortland County (16.6) than New York State (3.8) (Figure 56).⁴⁸ Additionally, the incidence increased from 2017 to 2018, however, tests for the statistical significance of this increase are not available for this indicator.⁴⁸

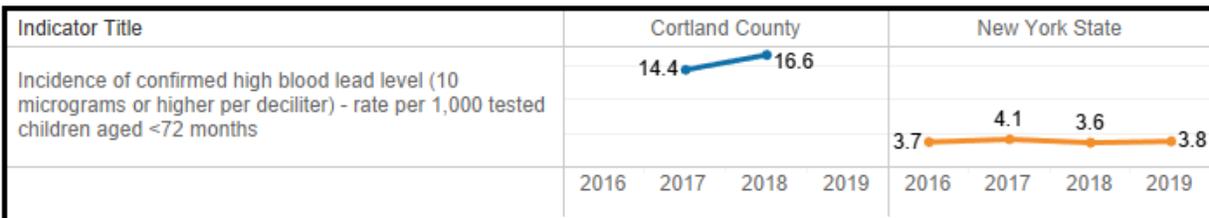


Figure 56. Incidence of Confirmed High Blood Level, Rate per 1,000 Tested Children Age >72 Months (2016 to 2019)⁴⁸

Of children born in 2016, 63.3% had at least two lead screenings by 36 months which is on par with New York State (63.3%) (Figure 57).⁴⁸ This indicator decreased from 2015 to 2016, however, tests for the statistical significance of this increase are not available.

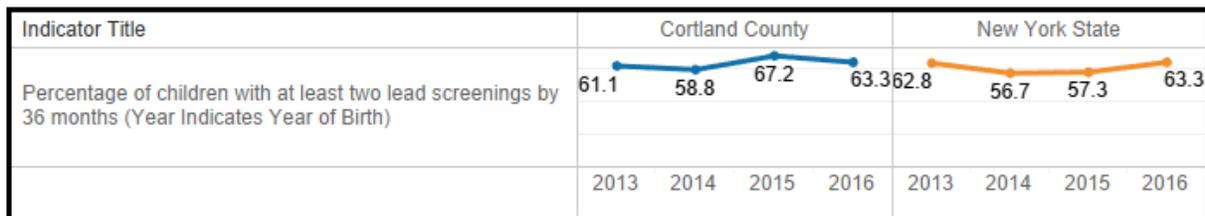


Figure 57. Percentage of Children With At Least Two Lead Screenings by Age 36 Months (2016 to 2019)⁴⁸

New York State has determined that a radon level of 4.0 Picu curies per liter of air or greater is considered high. From 1987-2021, Cortland County has the highest average radon readings for both basement (14.4) and first floors (6.52) in New York State (Figure 58). Figure depicts the ten counties with the highest average basement readings in New York State (Figure 58).⁶¹

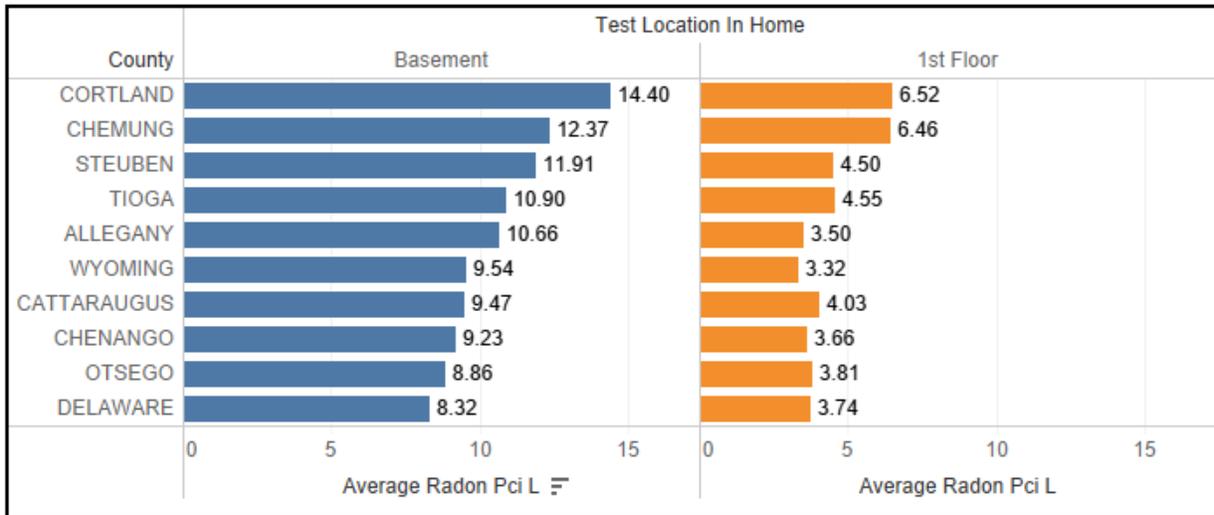


Figure 58. Top Ten Counties with the Highest Average Basement Radon Levels in PicL (Beginning in 1987-December 2021)⁶¹

Disparities

Disparities may exist in radon and lead exposure based on the geographic location of homes in Cortland County. Lead paint is commonly found in homes built before 1978. A higher percentage of homes located in Little York, Harford, Preble, and Homer areas of Cortland County are built before 1980 compared to other zip codes (Table 34).²⁵ Specific towns in Cortland County also experience disparities related to exposure to radon. Cortlandville, Homer, and Preble have the highest average basement radon levels compared to other towns in the county (Table 35).⁶¹

Table 34. Percentage of Homes Built Before 1980 (2015-2020)²⁵

Zip Code	%
Little York-13087	89.7%
Harford-13784	88.8%
Preble-13141	78.6%
Homer-13077	78.5%
Cortland-13045	77.6%
McGraw-13101	72.8%
Willet-13863	72.1%
Marathon-13803	62.0%
Cincinnatus-13040	59.8%
Truxton-13158	58.8%

Table 35. Average Basement Radon Readings by Cortland County Town/Village (1987-December 2021)⁶¹

Town Village City	Test Location In Home	
	Basement	1st Floor
CORTLANDVILLE	17.43	6.71
HOMER	15.59	7.21
PREBLE	15.28	7.90
CORTLAND	14.36	6.95
WILLET	13.95	7.00
CINCINNATUS	11.63	3.57
VIRGIL	11.29	4.48
SCOTT	10.26	3.25
TAYLOR	10.20	3.80
TRUXTON	8.61	5.34

Alcohol

Excessive alcohol use can lead to alcohol use disorder, problems with learning, memory, and mental health. Additionally, excessive alcohol use is linked to; high blood pressure, heart disease, stroke, liver disease, and cancer. Immediate impacts of alcohol use include risk of injury (motor vehicle crashes, falls, drowning, and burns), violence (homicide, suicide and sexual assault), and risky decisions including unsafe sex which can lead to sexually transmitted infections. Alcohol use also contributes to overdose and poisonings.

Trends

For the most recent year of available data, 2018, Cortland County had a lower age adjusted percentage of adults binge drinking (16.6%) than New York State (17.5%) and New York State exclusive of New York City (18.4%) (Figure 59).⁵⁶ There was no statistically significant change in this indicator from 2016 to 2018.⁵⁶

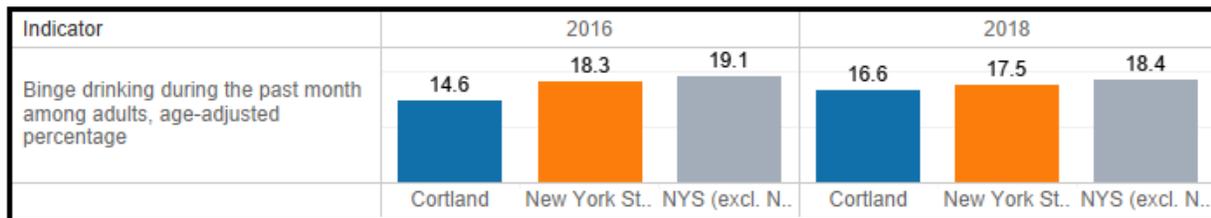


Figure 54. Percentage of Adults That Reported Binge Drinking in the Past Year by Geography (2016 and 2018)⁵⁶

Disparities

In 2021, 13.6% of 7th-12th grade students surveyed reported using alcohol in the past 30 days and 7.1% reported binge drinking. The greatest disparities in alcohol use behavior exist in the transgender and questioning population and LGBTQ+ populations (Table 36).⁶⁰

Table 36. Percentage of 7th-12th Graders That Reported Binge Drinking or Alcohol Use in the Past 30 Days (Cortland County, 2021)⁶⁰

Demographic	Demographic Group	Alcohol	Binge Drinking
Gender Identity	Transgender and Questioning	19.2%	10.9%
	Cisgender	14.0%	6.9%
Sexual Orientation	LGBQ+	16.4%	9.3%
	Straight	13.4%	6.7%
Sex	Female	14.3%	8.0%
	Male	12.2%	6.0%
Geographic Region	Urban	13.0%	6.7%
	Rural	15.4%	8.2%
Race	BIPOC	13.4%	8.1%
	White	13.8%	7.0%
Total	Total Survey Population	13.6%	7.1%

The 2021 Youth Development Survey also utilized the CRAFFT screening questions to determine the percentage of 7th-12th graders at risk of a substance use disorder.⁶⁰ Of the total survey population, 9.5% are considered at risk for a substance use disorder (Table 37).⁶⁰ Disparities exist based on sex, gender identity, and sexual orientation with a higher percentage of female, transgender and questioning, and LGBTQ+ students being at risk for a substance use disorder than their peers (Table 37).⁶⁰

Table 37. Percentage of 7th-12th At Risk of a Substance Use Disorder (Cortland County, 2021)⁶⁰

Demographic	Demographic Group	At Risk of Substance Use Disorder
Sex	Female	12.7%
	Male	5.0%
Gender Identity	Transgender and Questioning	19.8%
	Cisgender	10.2%
Sexual Orientation	LGBTQ+	15.1%
	Straight	8.0%
Geographic Region	Urban	10.1%
	Rural	10.3%
Race	BIPOC	9.8%
	White	9.6%
Total	Total Survey Population	9.5%

Disparity data related to alcohol and other substance use in adults is included under the “Opioids and other substances” section of this report

Opioids and Other Substances

Drugs such as, cocaine, meth, prescription and illicit opioids, and cannabis each pose different threats to health. Drug use can lead to substance use disorders, injuries and accidents, as well as other long term health problems including death due to overdose.

Trends

In 2019, the age adjusted overdose death involving any drug per 100,000 (27.6) and age adjusted death involving any opioid per 100,000 (22.9) in Cortland County were both higher than New York State (18.3 and 14.9, respectively) (Figure 55).⁴⁸ Age adjusted overdose death rate involving any drug and involving any opioid has fluctuated since 2016, but increased from 2018 to 2019.⁴⁸

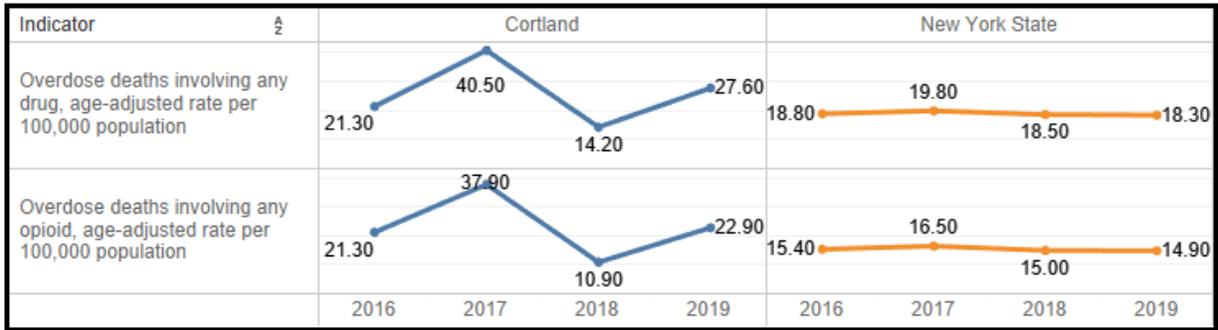


Figure 55. Overdose Deaths Involving Any Drug and Overdose Deaths Involving Any Opioid per 100,000 Population Age Adjusted by Geography (2016-2019)⁴⁸

In 2019, the age adjusted ED visit rate involving any drug overdose per 100,000 (285.3) and the age adjusted ED visit rate involving any opioid overdose per 100,000 (108.6) was higher than New York State (178.8 and 53.1, respectively) (Figure 56).⁴⁸ From 2018 to 2019 there was not a statistically significant increase for either measure in the county.⁴⁸

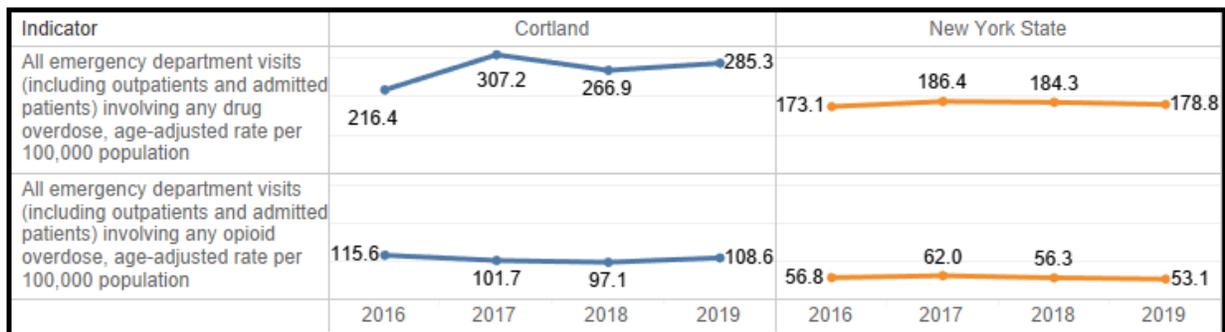


Figure 56. ED Visits Involving Any Drug Overdose and ED Visits Involving Any Opioid Overdose Per 100,000 Age Adjusted by Geography (2016-2019)⁴⁸

The Healing Cortland project collects local archival data related to opioid overdose. Coroner reports provided to the project suggest that, since 2014, there has been an increase in the proportion of overdose fatalities with multiple substances present (Figure 57).⁶³ Cocaine was found in 44% of opioid related overdose deaths.⁶³

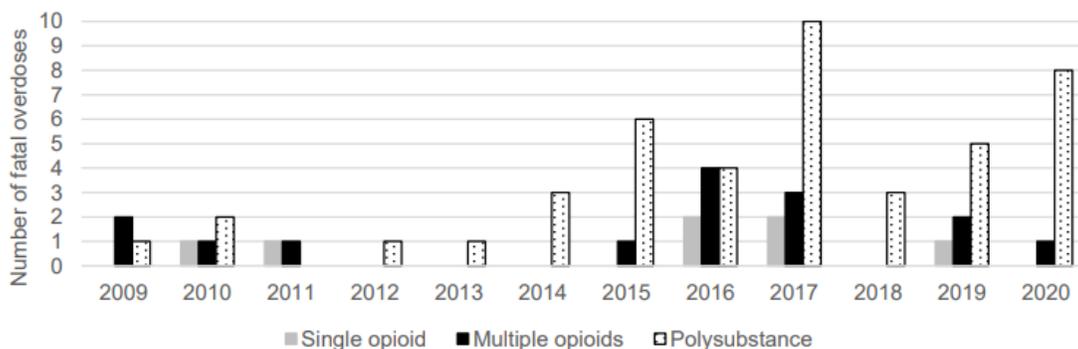


Figure 57. Single Opioid, Multiple Opioids, and Polysubstance Use, 2009-2019 (Source: Healing Cortland)⁶³

In 2020, the age adjusted rate of opioid analgesic prescriptions per 1,000 in Cortland County (418.6) was higher than New York State (270.7) (Figure 58).⁴⁸ From 2019 to 2020 there was a statistically significant decrease in the age adjusted rate of opioid analgesic prescriptions in Cortland County which has been decreasing since 2016. In 2020, the age adjusted rate of patients who received at least one buprenorphine prescription for opioid use disorder per 100,000 in Cortland County (814.5) was higher than New York State (419.1) (Figure 58).⁴⁸ From 2019 to 2020 there was a statistically significant increase in the age adjusted rate of patients who received buprenorphine prescriptions for opioid use disorder per 100,000 in Cortland County, which has been steadily increasing since 2016.⁴⁸

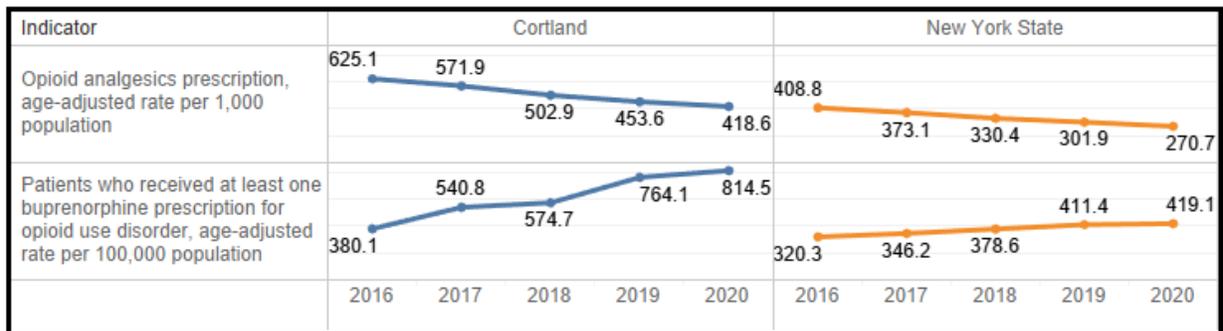


Figure 58. Opioid Analgesics Prescriptions per 1,000 and Patients Who Received At Least One Buprenorphine Prescription per 100,000 by Age Adjusted by Geography (2016-2020)⁴⁸

Disparities

Both the 2021 Cortland County Survey and the 2022 CHA Survey include questions related to opioid and other substance use. This primary data provides a more recent snapshot of drug use in Cortland County. The 2021 Cortland County Youth Survey data shows that, across demographic groups, use of prescription pain relievers without a prescription is low for 7th-12th graders (Table 38).⁶⁰

Table 38. Percentage of 7th-12th That Report Using Prescription Pain Relievers Without a Prescription in the Past Year (Cortland County, 2021)⁶⁰

Demographic	Demographic Group	Presc. Pain Relievers
Sex	Female	1.4%
	Male	0.0%
Gender Identity	Transgender and Questioning	2.0%
	Cisgender	0.5%
Sexual Orientation	LGBQ+	1.6%
	Straight	0.3%
Geographic Region	Urban	0.5%
	Rural	0.7%
Race	BIPOC	0.0%
	White	0.7%
Total	Total Survey Population	0.7%

In total, 29.5% of 2022 CHA survey respondents reported using alcohol in the past week, 9.4% reporting using cannabis in the past week, 3.5% reporting opioid use in the past week (misuse not specified), and 3.1% reported stimulant use in the past week (Table 37).⁴

Additionally, 23.8% of 2022 CHA survey respondents are considered to be at risk for a substance use disorder (alcohol or otherwise) based on the CAGE-AID scale. Survey demographic groups experiencing the greatest disparity of this indicator include; Transgender+ (and Male/Men), Hispanic/Latino, 25 to 34 year olds, respondents with less than a high school diploma, and respondents that are LGBTQ+ (Table 39).⁴

Table 39. Percentage of CHA Survey Respondents That Are at Risk for a Substance Use Disorder and Report Recent Use of Substances by Demographics (Cortland County, 2022)⁴

Demographic Group	Demographic Title	Percentage that are at risk of a substance use disorder	Percentage that report alcohol use in the past week	Percentage that report cannabis use in the past week	Percentage that report opioid use in the past three months	Percentage that report stimulant use in the past three months
Gender Identity	Female/Woman (1,383)	17.7%	27.5%	8.2%	2.0%	1.4%
	Male/Man (n=491)	35.7%	39.7%	13.6%	4.5%	4.5%
	Transgender+ (n=12)	41.7%	9.1%	18.2%	9.1%	0.0%
Ethnicity	Hispanic/Latino (n=84)	47.5%	15.5%	9.5%	21.7%	20.5%
	Not Hispanic/Latino (n=2,112)	23.0%	30.4%	9.6%	2.7%	2.4%
Age	18 to 24 (n=149)	32.2%	25.0%	16.4%	5.4%	6.8%
	25 to 34 (n=289)	34.4%	23.4%	18.7%	8.5%	9.8%
	35 to 44 (n=419)	24.3%	27.5%	12.1%	4.6%	3.1%
	45 to 54 (n=396)	21.7%	32.1%	7.2%	2.8%	2.6%
	55 to 64 (n=531)	23.1%	32.5%	6.9%	1.5%	0.9%
	65+ (n=466)	17.1%	31.7%	3.7%	1.3%	0.4%
Education Level	Associates (n=386)	21.0%	27.4%	10.2%	2.6%	2.9%
	Bachelors/Grad (n=1,029)	24.5%	37.1%	8.3%	1.9%	1.4%
	HS Diploma/Some College (n=786)	23.3%	22.4%	10.6%	5.8%	5.1%
	Less Than High School (n=37)	41.7%	2.9%	11.8%	2.9%	2.9%
Sexual Orientation	LGBQ+ (n=187)	39.1%	28.4%	21.4%	8.3%	11.5%
	Straight (n=1,987)	22.4%	29.7%	8.4%	3.0%	2.3%
Total Survey Populati..	Total Survey Population (n=2,266)	23.8%	29.5%	9.4%	3.5%	3.1%

Hepatitis C

Hepatitis C is a liver infection that is caused by the Hepatitis C virus. Chronic Hepatitis C can cause health problems like cirrhosis and liver cancer. Hepatitis C is spread through blood from an infected person such as through sharing needles to inject drugs. There is no vaccine for Hepatitis C.

Trends

The only secondary data point available at the county level is Chronic Hepatitis C cases per 100,000. In 2019, Cortland County has a higher Chronic Hepatitis C rate per 100,000 (85.9) than New York State (48.6).⁴⁸ Looking at three year trend data, there was no significant change in Chronic Hepatitis C cases per 100,000 in Cortland County from 2014-2016 to 2017-2019.⁴⁸ See page 66 for Figure.

Disparities

Positive Hepatitis C cases are reported to the Cortland County Health Department and investigated by public health nurses. The case investigation includes case interviews or follow up with providers regarding behaviors that could lead to Hepatitis C infection, such as injection drug use.⁵⁷ Data is often incomplete due to inability to reach a case, lack of provider follow up, or missing information in provider notes. However, case investigation data from 2020 and 2021 can provide a snapshot of injection drug use among Cortland County residents that tested positive for Hepatitis C.⁵⁷

Of the 70 case investigations conducted in 2020 and 2021, 32.9% of cases have a reported history of injection drug use, 4.3% do not have a reported history of injection drug use, and 62.9% have an unknown history of injection drug use (Table 40).⁵⁷

**Table 40. Hepatitis C Cases Investigated (n=70)
Cortland County, 2020-2021⁵⁷**

Reported History of Injection Drug Use	32.9%
No Reported History of Injection Drug Use	4.3%
Unknown History of Injection Drug Use	62.9%

Adverse Childhood Experiences

Adverse childhood experiences are potentially traumatic events that occur between the ages of 0 to 17 and include, but are not limited to; experiencing violence/abuse/neglect, witnessing violence, having a family member attempt or die from suicide, and growing up in a household with substance use or mental health problems. Adverse childhood experience increase the risks of injury, sexually transmitted infections, teen pregnancy, sex trafficking, chronic disease such as cancer, diabetes, heart disease, and suicide.

Trends

The only year of secondary data available for the percentage of adults experiencing two or more adverse childhood experiences is 2016. In 2016, a lower percentage of Cortland County residents experienced two or more adverse childhood experiences (24.7%) than New York State (35.6%) and New York State excluding NYC (36.1%) (Figure 59).⁵⁶ Note: percentage for Cortland County is unstable due to high margin of error.

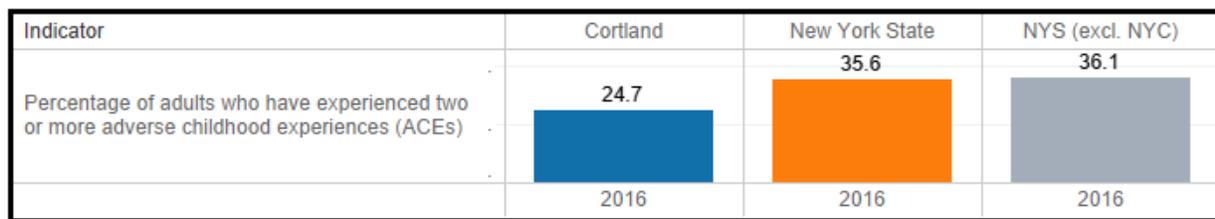


Figure 59. Percentage of Adults Who Have Experienced Two or More Adverse Childhood Experiences by Geography (2016-2020)⁵⁶

In 2020, Cortland County had a higher rate of indicated reports of abuse/maltreatment per 1,000 children aged 0-17 years old (36.7) than New York State (14.6) (Figure 60).⁴⁸ This trend has existed since 2016.

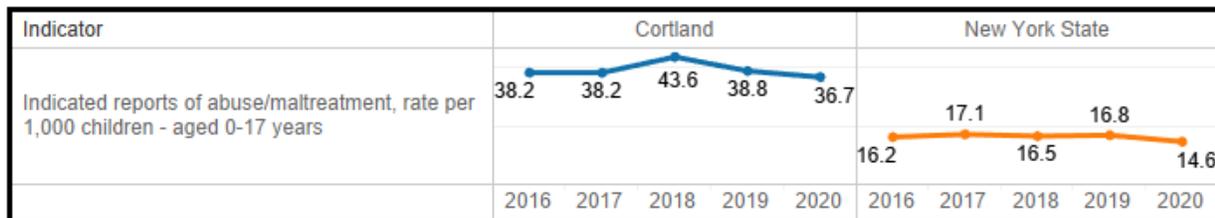


Figure 60. Indicated Reports of Abuse/Maltreatment per 1,000 Children Ages 0-17 by Geography (2016-2020)⁴⁸

Disparities

In 2021, CACTC piloted a question on the Cortland County Youth Survey to assess Adverse Childhood Experiences in Cortland for the first time. The question asked students to select ACEs that they have experienced (abuse, neglect, household challenges etc.).⁶⁰ See Appendix F for question. The data reported here represents 7th-12th graders that selected at least one ACE on the survey.⁶⁰

Preliminary ACEs data from the 2021 Youth Survey suggest that self-identified transgender and questioning youth, BIPOC, female, and LGBTQ+ 7th-12th graders in Cortland County are more likely to have experienced ACEs in their youth than their peers (Table 41).⁶⁰ Due to limitations, it is likely the data presented here is an underestimation of the full extent of ACEs in Cortland County youth.

Table 41. Percentage of 7th-12th That Have Experienced at Least One ACE (Cortland County, 2021)⁶⁰

Demographic	Demographic Group	Have Experienced at Least One ACE
Sexual Orientation	LGBTQ+	68.6%
	Straight	36.1%
Gender Identity	Transgender and Questioning	73.1%
	Cisgender	44.2%
Sex	Female	48.6%
	Male	29.6%
Geographic Region	Urban	43.2%
	Rural	35.8%
Race	BIPOC	46.7%
	White	39.0%
Total	Total Survey Population	39.9%

Note: This data is preliminary in nature due to limitations in question design and the nature of ACEs screening in youth. 2021 served as a pilot year for this question, and survey design will be updated in 2022 by CACTC. ⁶⁰ Limitations to this data include; the full impact of ACEs cannot be known until an individual is over 18 years old (therefore survey respondents may still experience an ACE in their youth) and there is no option to select “none of these apply” for this question (therefore respondents who did not answer; did not experience an ACE, were not comfortable answering the question, or did not make it to the question as it was located at the end of the survey).⁶⁰

Depression/Well-Being

Major depression occurs when a person is in a depressed mood most of the day, nearly every day, for at least two weeks. There are many risk factors for depression and people with serious medical conditions (heart disease, cancer, diabetes etc.) may be at increased risk for developing depression.

Trends

In 2018, the age adjusted percentage of adults who experienced frequent mental distress in the past month in Cortland County (16.4%) was higher than New York State (11.2%) and New York State excluding NYC (11.8%) (Figure 61).⁵⁶ There was not a statistically significant change in this measure in Cortland County from 2016 to 2018.⁵⁶

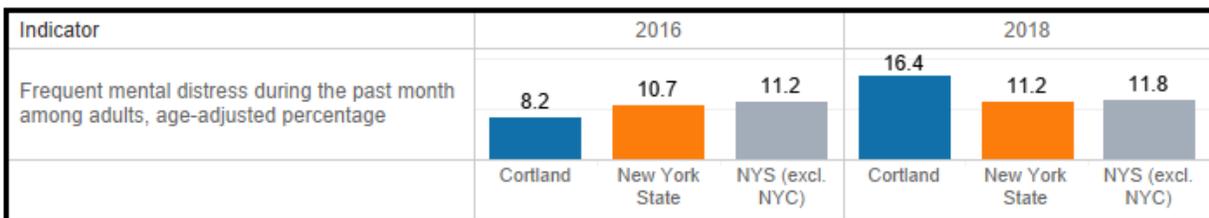


Figure 61. Age Adjusted Percentage of Adults Experiencing Frequent Mental Distress in the Past Month (2016 and 2018)⁴⁸

Disparities

Both the 2021 Cortland County Youth Development Survey and the 2022 Cortland County Community Health Assessment Survey include questions related to depression and/or wellbeing. This primary data provides a more recent snapshot related to depression in Cortland County residents by different demographic groups. Note that data methodology differs from the secondary indicators reported above and therefore data cannot be compared.

The Cortland County Youth Survey asks four questions related to depressive symptoms. Students who answered “yes” to three out of four depressive symptoms questions are considered to be at risk for a depressive disorder. In total, 29.7% of Cortland County 7th-12th graders reported depressive symptoms in 2021 (Table 42).⁶⁰ Additionally, disparities exist based on gender identity, sexual orientation, and sex. Self-identified transgender and questioning youth, self-identified LGBTQ+ youth, and female youth were more likely to report depressive symptoms than their peers (Table 42).⁶⁰

Table 42. Percentage of 7th-12th That Have Depressive Symptoms (Cortland County, 2021)⁶⁰

Demographic	Demographic Group	Depressive Symptoms
Sexual Orientation	LGBQ+	59.4%
	Straight	20.1%
Gender Identity	Transgender and Questioning	66.7%
	Cisgender	26.9%
Sex	Female	40.8%
	Male	16.6%
Geographic Region	Urban	29.8%
	Rural	27.7%
Race	BIPOC	31.7%
	White	29.3%
Total	Total Survey Population	29.7%

Question #10 on the 2022 CHA Survey was adapted from the WHO five item Well Being Index. Responses to each question are summed (ranging from 0-25, with 25 indicating the best quality of life). Summed responses less than 13 are considered “poor well-being” and are an indication for a depression screening in the clinical setting. Please see the methods section for detailed methodology on how this measure was calculated, limitations related to this data set, and definitions of demographic groups.

Disparities exist in the survey population related to well-being for self-identified Transgender+ individuals, young people (ages 25 to 34), people with disabilities and chronic disease, and LGBQ+ individuals (Table 43).⁴

Table 43. Percentage of CHA Survey Respondents With Poor Well-Being by Demographics (Cortland County, 2022)⁴

Demographic Group	Demographic Title	Percentage with poor well-being
Gender Identity	Female/Woman (1,383)	37.17%
	Male/Man (n=491)	34.69%
	Transgender+ (n=12)	75.00%
Age	18 to 24 (n=149)	38.90%
	25 to 34 (n=289)	42.90%
	35 to 44 (n=419)	42.50%
	45 to 54 (n=396)	41.16%
	55 to 64 (n=531)	33.71%
	65+ (n=466)	22.96%
Disability	Disability (n=579)	52.84%
	Not Disabled (n=1,610)	29.13%
Sexual Orientation	LGBQ+ (n=187)	56.45%
	Straight (n=1,987)	33.94%
Chronic Disease Status	Chronic Disease (n=680)	47.70%
	No Chronic Disease (n=1,315)	28.97%
Total Survey ..	Total Survey Population (n=2,266)	36.60%

Suicide

Suicide is a complex public health issue that is associated with a range of risk and protective factors. Suicide and suicide attempts cause emotional, physical, and economic impacts to an entire community. When people die by suicide, surviving families and friends can experience emotions (shock, anger, and guilt), symptoms of depression and anxiety, post-traumatic stress disorder, and increased risk of suicide ideation and suicide attempts. The majority of people who are depressed, attempt suicide, or have risk factors related to suicide do not die by suicide. However, suicide attempt survivors can have serious injuries that have long-term impacts on health.

Trends

In 2017-2019, the age adjusted suicide mortality rate per 100,000 in Cortland County (10.7) was higher than New York State (8.2) (Figure 62).⁵⁶ Looking at three year trends, from 2016-2018 to 2017-2019 there was a statistically significant improvement in this indicator.⁵⁶

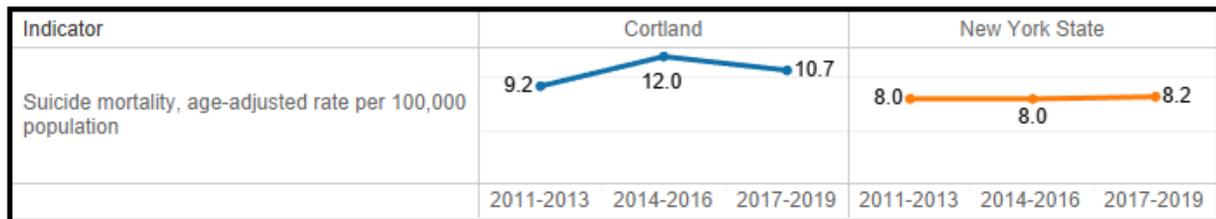


Figure 62. Age Adjusted Suicide Mortality Rate per 100,000 (2011-2013 to 2017-2019)⁴⁸

Disparities

Both the 2021 Cortland County Youth Development Survey and the 2022 Cortland County Community Health Assessment Survey include questions related to suicide ideation and attempts. This primary data provides a more recent snapshot related to the suicide in Cortland County residents by different demographic groups.

The 2021 Cortland County Youth Survey includes two questions related to suicide; how many times in the past year you have seriously considered attempting suicide and how many times in the past year you have actually attempted suicide. In the past year, 23.6% of 7th-12th graders in Cortland County report seriously considering and 7.4% report actually attempting suicide in the past year (Table 44).⁶⁰

Disparities exist in the youth survey data related to suicide attempts and ideation. Youth who self-identify as transgender and questioning, LGBTQ+, BIPOC, and female were more likely to report suicide ideation and attempting suicide in the past year compared to their peers (Table 44).⁶⁰

Table 44. Percentage of 7th-12th That Report Attempting Suicide in the Past Year (Cortland County, 2021)⁶⁰

Demographic	Demographic Group	Suicide Attempts
Sexual Orientation	LGBQ+	19.3%
	Straight	3.7%
Gender Identity	Transgender and Questioning	25.3%
	Cisgender	5.0%
Sex	Female	10.9%
	Male	3.0%
Race	BIPOC	10.5%
	White	7.5%
Geographic Region	Urban	8.6%
	Rural	6.5%
Total	Total Survey Population	7.4%

Disparities exist in the 2022 CHA survey population related to suicide attempts. Respondents who are ages 18 to 24, Transgender+, respondents with disabilities, respondents using Medicaid insurance, and LGBQ+, were more likely to report having attempted suicide in their lifetime (Table 45).⁴

Table 45. Percentage of CHA Survey That Report Attempting Suicide in Their Lifetime by Demographics (Cortland County, 2022)⁴

Demographic Group	Demographic Title	Percentage who have attempted sui..
Age	18 to 24 (n=149)	15.54%
	25 to 34 (n=289)	10.45%
	35 to 44 (n=419)	8.23%
	45 to 54 (n=396)	7.18%
	55 to 64 (n=531)	3.80%
	65+ (n=466)	1.53%
Gender Identity	Female/Woman (1,383)	6.35%
	Male/Man (n=491)	7.04%
	Transgender+ (n=12)	50.00%
Disability	Disability (n=579)	16.00%
	Not Disabled (n=1,610)	3.15%
Insurance	Medicaid (n=393)	19.96%
	Other Insurance (n=1,966)	4.80%
Sexual Orientation	LGBQ+ (n=187)	20.88%
	Straight (n=1,987)	5.24%
Total Survey ..	Total Survey Population (n=2,266)	6.44%

Vaccine Preventable Disease

Influenza (flu) and COVID-19 are both contagious respiratory illnesses. They have similar symptoms that can range from asymptomatic to severe. Compared to flu, COVID-19 can cause more severe illness in some people, takes longer to show symptoms, and can remain contagious in people for longer periods of time. Additionally, from what is currently known, COVID-19 spreads more easily than flu. Both COVID-19 and seasonal flu have vaccines that protect individuals from severe illness, hospitalization, and death.

Trends

In 2019, Cortland County had a higher rate per 10,000 of pneumonia/flu hospitalizations for residents 65 years+ than New York State (209.3 compared to 83.4) (Table 63).⁴⁸ Trend data is not comparable due to the ICD-9 to ICD-10 transition.⁴⁸

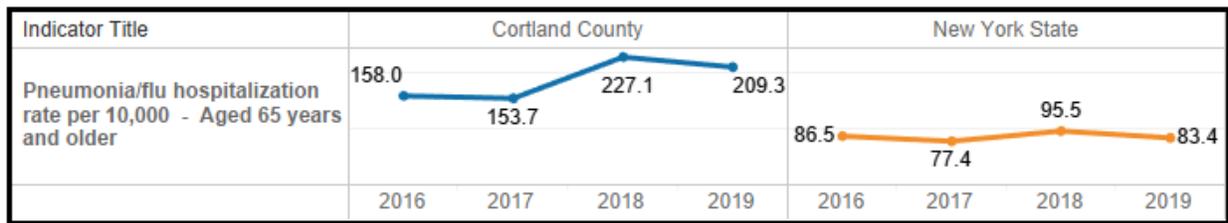


Figure 63. Pneumonia/Flu Hospitalization Rate per 10,000, Age 65+ (2011-2013 to 2017-2019)⁴⁸

According to the New York State Immunizations Information System, from 2018-2019 the percentage of Cortland County residents who received a flu vaccine has been steadily increasing from 26% in 2018-2019 to 31.43% in 2021-2022 (preliminary data) (Figure 64).⁶⁴

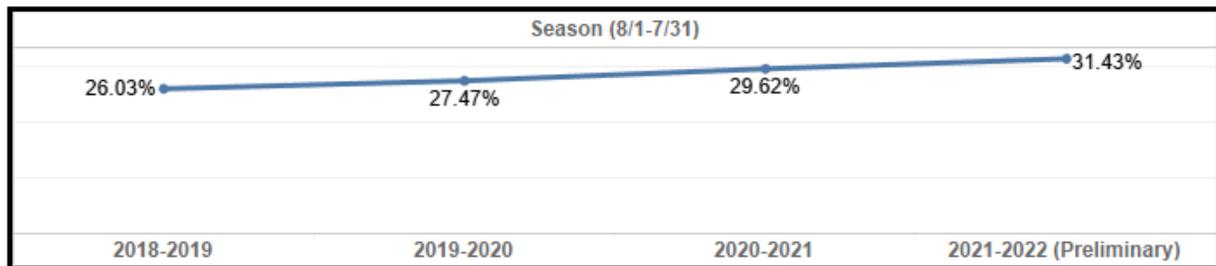


Figure 64. Percentage of Cortland County Residents with a Flu Vaccination by Flu Season (2018-2019 to 2021-2022)⁶⁴

As of 5/4/22, Cortland County lags behind New York State for the percentage of residents (>=5 years old) that are fully vaccinated for COVID-19 (62.7% compared to 81.7%) (Table 46).⁶³

Table 46. Percentage of Total Population Fully Vaccinated for COVID-19 by Geography (2022)⁶³

Total Population >=5 Years Fully Vaccinated for COVID-19 (as of 5/4/2022)⁶³

Cortland County	62.7%
New York State	81.7%

From January 2021 to June 2021, there was a steep increase in the percentage of Cortland County residents fully vaccinated for COVID-19 (Figure 64).⁶³ This aligns with vaccine approval in December 2020. Since winter 2021, the percentage of fully vaccinated residents reached a plateau at nearly 60% (Figure 65).⁶³ Similarly, the percentage of fully vaccinated residents to receive a booster plateaued after experiencing an initial sharp increase.

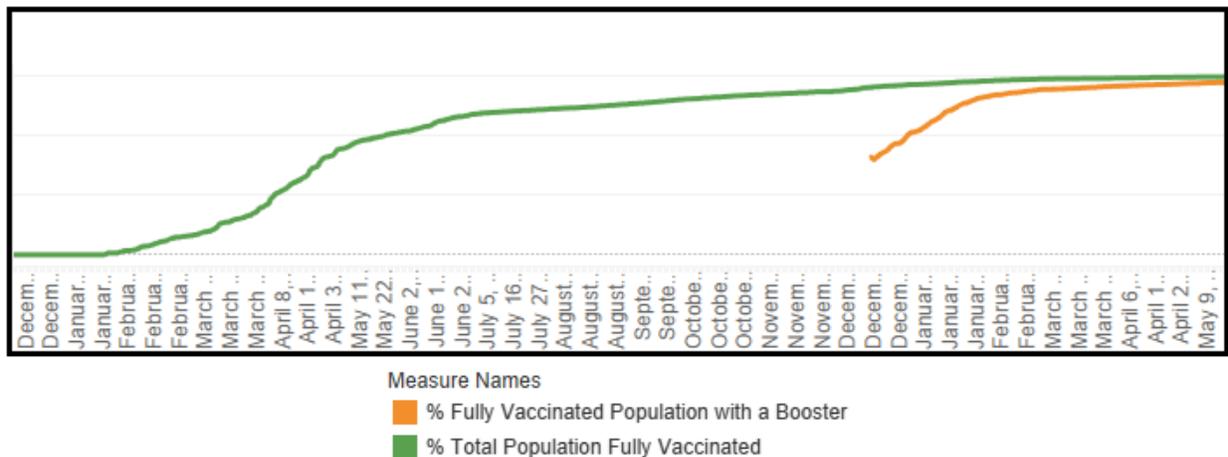


Figure 65. Percentage of Population Fully Vaccinated for COVID-19 and Fully Vaccinated with a Booster (Cortland County, 2020-2022)⁶³

Disparities

Disparities in flu vaccination status exist in Cortland County based on geographic location in the county and age. Residents living in Willet (16.45%), Truxton, (22.52%), and Marathon (26.12%) are less likely to be vaccinated than residents living in other zip codes (Table 47).⁶⁴ Preble is the only zip code with over 50% of residents vaccinated for flu. Residents ages 20-29 are the least likely age group to be vaccinated for flu (10.7%).⁶⁴ Residents age 60+ and under 5 are the most likely to be vaccinated.⁶⁴

Table 47. Percentage of Total Population Vaccinated for Flu by Demographics (2020-2021 Season)⁶⁴

Demographic Group	Demographic	
Zip Code	Preble-13141	53.14%
	Homer-13077	38.15%
	McGraw-13101	30.84%
	Little York-13087	29.63%
	Cincinnati-13040	29.20%
	Cortland-13045	27.96%
	Harford-13784	27.44%
	Marathon-13803	26.12%
	Truxton-13158	22.52%
	Willet-13863	16.45%
	Age	70+
60 to 69		45.01%
50 to 59		27.93%
40 to 49		19.02%
30 to 39		18.49%
20 to 29		10.71%
5 to 19		30.93%
Under 5		42.49%
Total Population	Total Population	29.62%

Similar disparities exist for COVID-19 vaccination in Cortland County.⁶⁵ With the exception of 5-11 year olds (an age group that was just recently approved for vaccination), residents ages 18 to 25 are the least likely age group to be fully vaccinated for COVID-19 (31.8%) (Figure 66).⁶⁵

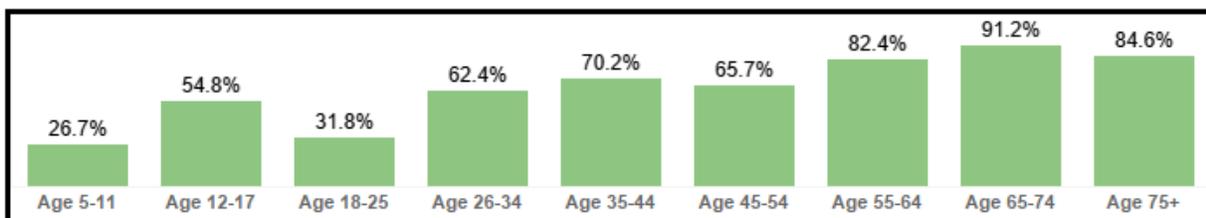


Figure 66. Percentage of Population Fully Vaccinated for COVID-19 by Age (Cortland County, May 2022)⁶³

Additionally, similar to flu vaccination, residents living in Willet (33.7%), Truxton (49.5%), and Marathon (52.7%) are least likely to be fully vaccinated for COVID-19 in 2022 (Table 48).⁶⁵

Table 48. Percentage of Total Population Vaccinated for COVID-19 by Zip Code (2020-2022)⁶⁵

		At Least One Dose	Fully Vaccinated
13863	Willet	35.3%	33.7%
13158	Truxton	52.5%	49.5%
13803	Marathon	56.4%	52.7%
13045	Cortland	60.1%	56.7%
13040	Cincinnati	63.1%	60.3%
13101	McGraw	64.8%	62.4%
13077	Homer	68.3%	64.7%
13141	Preble	73.2%	69.2%
13087	Little York	100.0%	100.0%
13784	Harford	100.0%	98.5%

Key Stakeholder Health Prioritization Survey

The Key Stakeholder Health Prioritization Survey was utilized to rank the NYSDOH Prevention Agenda focus areas. The survey involved Key Stakeholders rating each focus area by four criteria; seriousness of the problem, size of the problem, health equity, and resource availability. The summed scores from each organization created the total score for each focus area, which were then ranked by these total scores. Key stakeholders were provided with a presentation outlining relevant local data to aid in their completion of the survey. Please see the Methods section of this report for full methodology.

A total of 20 organizations in Cortland County completed the survey: Access to Independence of Cortland County, Inc. (ATI), Catholic Charities of Cortland County, Cincinnatus School District, Cortland Area Communities That Care (CACTC), Cortland County Area Agency on Aging, Cortland County Community Action Program (CAPCO), Cortland County Department of Social Services, Cortland County Health Department (CCHD), Cortland County Mental Health Department, Cortland Enlarged City School District, Family and Children’s Counseling Services (FCCS), Family Health Network of CNY, Inc. (FHN), Guthrie Cortland Medical Center (GCMC), Homer School District, Marathon School District, McGraw School District, Seven Valleys Health Coalition (SVHC), State University of New York at Cortland (SUNY Cortland), Tompkins Cortland Community College (TC3), United Way of Cortland County.⁶⁶

Respondents were also encouraged to consult with other leadership in their organizations in order to complete the survey; 16 out of the 20 respondents reported they consulted with organizational leadership/staff members/stakeholders before completing the survey.⁶⁶

It is important to consult stakeholders on what criteria is most important in prioritizing health issues. 10 out of 20 respondents either skipped this question or selected N/A (which indicates they felt the criteria were equally important). Of the respondents that ranked the criteria, the criteria with the highest weighted average was “seriousness of the problem.”

Opioids and other substance use and suicide have the highest score for both total score and seriousness (Table 49).⁶⁶ The depression/well-being focus area has the 3rd highest total score, however, tobacco use (#5 for total score) had a higher total score for seriousness than depression/well-being (Table 49).⁶⁶ Tobacco use is also the focus area that is within the chronic disease priority area with the highest total score (Table 49).⁶⁶ Vaccine Preventable Disease (COVID-19) had a higher total score than Tobacco Use (Table 49).⁶⁶

Table 49. Key Stakeholder Survey Total Summed Score by Focus Area and Total Summed Score by Criteria (Cortland County, 2022)⁶⁶

Focus Area	Total Score	Seriousness	Resources	Size	Equity
#1 Opioids and other substance misuse	291	85	66	63	77
#2 Suicide	284	91	59	52	82
#3 Depression/well-being	280	69	54	73	84
#4 Vaccine Preventable Disease (COVID-19)	271	57	83	59	72
#5 Tobacco use	263	71	70	51	71
#6 Adverse childhood experiences	263	63	51	70	79
#7 Physical inactivity	259	59	58	72	70
#8 Alcohol use	255	65	62	56	72
#9 Food insecurity	252	53	61	56	82
#10 Lack of chronic disease preventative care management	251	65	56	58	72
#11 Lack of healthy eating	244	54	51	65	74
#12 Indoor Environment (Radon/Lead)	223	48	57	47	71
#13 Hepatitis C	202	52	52	28	70

Community Resource Assessment

Key Stakeholder Perceptions

The Key Stakeholder Health Prioritization Survey (n=20) asked survey respondents to rate each focus area on a scale of 1 to 5 regarding resource availability. Health issues with higher resource allocation are more likely to achieve measureable changes in community health outcomes.

See Appendix D for scale. Responses were summed to create a total resources score for each focus area.

The focus areas with the highest total scores for resource availability were; vaccine preventable disease (COVID-19), tobacco use, opioids and other substance misuse, alcohol use, and food insecurity (Table 50).⁶⁶ The focus areas with the lowest total score for resources availability were; adverse childhood experiences and lack of healthy eating (Table 50).⁶⁶

Table 50. Summed Focus Area Scores for Resource Availability (Key Stakeholder Health Prioritization Survey, 2022)⁶⁶

Focus Area	Total Resources Score
Vaccine Preventable Disease (COVID-19)	83
Tobacco use	70
Opioids and other substance misuse	66
Alcohol use	62
Food insecurity	61
Suicide	59
Physical inactivity	58
Indoor Environment (Radon/Lead)	57
Lack of chronic disease preventative care management	56
Depression/well-being	54
Hepatitis C	52
Adverse childhood experiences	51
Lack of healthy eating	51

Community Engagement/Community Member Perceptions

Please see the Community Health Assessment Survey (2022) methods section of this report and community member perceptions sections of under; social determinants of health, healthcare access, and health outcomes. These sections identify community resource needs based on input from 2,266 community members.

Assets/Resources

Cortland County contains a variety of assets and resources available to address health challenges. Assets and resources covered in this section include: public health department, health care facilities, community based agencies, academic institutions, transportation, and data/planning.

Public Health and Healthcare

[Cortland County Health Department](#)

CCHD provided a wide range of public health services to the community since its creation in 1929. CCHD's mission is to promote health, prevent disease, injury, and disability while enhancing the quality of the life within our community. The CCHD has a 2021 budget of approximately \$5.5 million, with a net county cost of approximately \$1.2 million (this includes over \$1.9 million in grants and Article Six State Aid) and 60 employees. For a description of all the programs and services offered by the CCHD, please see the CCHD Annual Reports. The CCHD achieved accreditation in 2021 through the National Public Health Accreditation Board, which ensures the highest level of public health service to the community.

[Guthrie Cortland Medical Center](#)

Guthrie Cortland Medical Center is a 162-bed acute care facility with an attached 80-bed residential care facility that serves the community of Cortland, NY. GCMC has a history of serving the Cortland Community for over 125 years.

In addition to GCMC staff time and resources will be allocated to execute the interventions outlined in the implementation plan, the Guthrie Clinic has designated financial resources to be utilized in addressing CHA priorities through internal initiatives as well as through external community-based projects. The Guthrie Clinic has established a Community Benefit Grant Application process in which community based non-profit organizations can apply for grant funding to complete projects focused on CHA priority areas within the Guthrie service area. Guthrie prioritizes projects focused on prevention and projects that incorporate a systemic approach with measurable goals to evaluate the impact of the intervention. This grant program provides opportunities to facilitate and fund community collaborations to address the most pressing needs identified in the CHA.

With an effort to ensure equitable care for all patients of Guthrie, the Diversity, Equity, and Inclusion (DEI) Initiative was formed in July 2020. The DEI Initiative is comprised of three committees: Patient-Focused, Community-Focused, and Employee-Focused. DEI Initiative committees are dedicated to reviewing organizational practices, policies, and culture under the guidance of senior leadership to close gaps and serve as a resource for community initiatives.

The Guthrie Clinic is committed to minimizing the financial barriers to access medically necessary health care services for patients in its primary service area. Guthrie has increased pay to a new \$15 minimum hourly wage and in 2022, Guthrie made adjustments and improvements to the financial aid policy, increasing support for patients facing financial barriers to accessing treatment.

[Family Health Network](#)

Established in 1972, Family Health Network (FHN) is a Federally Funded Community Health Center (FQHC), serving Cortland and contiguous counties. FHN is the only source of care in three of the five communities served, and the only source of sliding adjustments for low-income individuals and families in the Cortland County region. In addition, we are also a FTCA Deemed Facility. Programs include: **Family Practice**, **Women's Health**, **Perinatal Program**, **Pediatrics**, **Occupational Health**, **School Health Program**, **Family Dentistry**

[Family & Children's Counseling Services](#)

Family & Children's Counseling Services is a private, non-profit organization offering professional counseling and prevention services. Mental health and chemical dependency counseling programs are available for youth, adults and families who are experiencing emotional, personal, and alcohol or drug-related problems. Services are available at multiple locations in Cortland and Madison counties and through our school-based counseling programs. The agency employs a staff of professional counselors and consulting medical personnel with diverse training and experience. It is their goal to provide superior, confidential services for the well-being of each of our clients. [The Cortland Prevention Resources](#) division offers prevention education and services, as well as, mentoring and other programs for youth, adults, families, professionals and educators. The [LGBTQ Resource Center](#) is located at the Prevention offices and offers information, resources and social activities.

[Cortland County Mental Health Department](#)

The goal of the Cortland County Mental Health Clinic is; assisting individuals with mental health issues to become more functional in emotional, cognitive, social, vocational, educational and/or self-care areas. The Mental Health Clinic consists of experienced psychiatrists, psychologists, and social workers. All fees for services are based upon the individual's ability to pay. The Cortland County Mental Health Department also includes; family support services programs, single point of access (SPOA), Horizon House, Prevention Services for Youth, and the Community Services Board and it's subcommittees.

Community Based Agencies

[Access to Independence of Cortland County](#)

Access to Independence empowers people with disabilities to lead independent lives in their community and strives to open doors to full participation and access for all. ATI provides the following core services to the community; advocacy, independent living skills training, information and referral, and peer counseling.

[Catholic Charities of Cortland County](#)

Catholic Charities of Cortland County (CCOCC) is a non-profit human service agency providing services in Cortland County since the 1970s. Services are targeted to those affected by mental health and substance use disorders, people living in poverty, and at-risk youth. Care coordination, residential and housing services, peer supports services and emergency assistance are available.

[Cortland Area Communities That Care](#)

Cortland Area Communities That Care engages the community to promote a healthy culture for positive youth development. From its beginning, in 2002 CACTC has employed a process for data driven decision making. At the same time, it only implements community level strategies known to increase positive outcomes and behaviors (protective factors) and reduce negative outcomes and behaviors (risk factors). CACTC's focus is, and always will be, based on a data driven approach to prevention across all areas that affect the health and success of youth in the community.

[Cortland County Area Agency on Aging](#)

The mission of the Cortland County Area Agency on Aging is to advocate, plan, develop, and provide a coordinated system of programs and services on behalf of all aging citizens of Cortland County so that they might live with independence and dignity. The Area Agency on Aging is comprised of 3 units: Aging Services, Nutrition, Volunteer Engagement Program/ Health and Wellness. The 3 units function together to fulfill the mission of the agency.

[Cortland County Community Action Program](#)

CAPCO is dedicated to providing and advocating for community-wide actions and programs that increase individuals' dignity and self-reliance and improve community conditions. They engage all sectors of the community in Cortland County's fight against poverty. CAPCO provides a wide range of services for the Cortland community including; energy services, Head Start/Early Head Start, WIC, Consumer Directed Services, and Family Development.

[Cortland County Department of Social Services](#)

Cortland County Department of Social Services provides and administers a full range of publicly funded social service and cash assistance programs. Programs include; adult services, childcare assistance program, child protective services, foster care program, Home Energy Assistance Program, Medicaid, Supplemental Nutrition Assistance Program, Support Collection Unit, and temporary assistance/employment.

[Seven Valley's Health Coalition](#)

Seven Valleys Health Coalition (SVHC) has been working to improve the health and well-being of the Cortland County community since 1994. Our commitment to the rural communities we serve guides everything we do: helping people access healthcare services, educating the public on prevention and management of chronic health conditions, encouraging good oral health, increasing access to mental health services, creating an environment that fosters physical activity and healthy eating, and expanding transportation options.

[United Way of Cortland County](#)

United Way for Cortland County has been helping people in Cortland County since 1938. They are structured to support numerous human service programs in addressing the needs of area families. The United Way for Cortland County works to unite the resources of donors and volunteers to support programs in our community that make an impact in the areas of health, financial stability, and family support.

Academic Institutions

[State University of New York at Cortland](#)

SUNY Cortland was established in 1868. The college's health program prepares students for a variety of health professions. Graduates make their careers in a wide range of settings, including health departments, hospitals and other health care facilities, community health organizations, corporate and private wellness facilities, and environmental agencies. Majors include: Community Health, Health Education, Healthcare Management, Human Services Studies, and Pre-Physical Therapy/Occupational Therapy.

[Tompkins Cortland Community College](#)

Tompkins Cortland Health and Wellness Services provides integrated services and programs to promote inclusive individual and community well-being. They offer five distinct areas devoted to students: the Health Center, Mental Health Counseling, the Collegiate Recovery Program, Health Education and Alcohol and Drug Prevention programs, and the on-campus Panther Pantry.

Transportation

[Cortland County's Mobility Management](#) program is housed at the Cortland County Health Department. A key tenant of the program is understanding that transportation is a quality of life issue – one that is connected to health, the economy, housing, sustainability, and so much more. Cortland's Mobility Management system works on identifying our community's transportation needs to work on providing a variety of transportation options. This includes, but is not limited to:

- Working with Cortland Transit to maintain public transportation
- Advocating for a healthy community by promoting alternate transportation including biking and walking
- Sharing information on needed modes of transportation such as non-emergency medical, taxis, rideshare, inter-county transport, volunteer efforts, accessible transport, emergency preparedness, etc.
- Interfacing with community organizations whose consumers require specialized transportation, organizations engaged in transportation, and other supportive efforts that assist persons in traveling and driving safely.

Data and Planning Resources

- Seven Valleys Health Coalition Data Page:
<https://www.sevenvalleyshealth.org/data-referral-resources>
- CACTC Youth Survey Dashboard:
<https://www.cortlandareactc.org/data-dashboards>
- CACTC Youth and Substance Use Publications:
<https://www.cortlandareactc.org/publications>
- United for Alice Reports:
<https://www.unitedforalice.org/all-reports>
- CAPCO 2021 Community Needs Assessment:
<https://www.capco.org/wp-content/uploads/2022/02/2.0-CAPCO-Community-Needs-Assessment-12.20.21-1.pdf>
- Cortland County Consolidated Housing Plan:
https://www.cortland-co.org/DocumentCenter/View/5035/Consolidated_Housing_Plan_417
- Cortland County Coordinated Public Transit-Human Services Transportation Plan
<https://www.dot.ny.gov/divisions/policy-and-strategy/public-trans-repository/Cortland%20Plan-2020.pdf>
- Cortland County Mental Health Local Services/County Plan (Appendix G)
http://www.clmhd.org/img/pdfs/brochure_0ug5mdndcl.pdf
- Area Agency on Aging Four Year Plan
 - Contact the Area Agency on Aging for specifics
- Department of Social Services; Family and Children's Services Plan, Employment Plan, Homeless Housing Plan, Supervision and Treatment Services for Juveniles Plan, Raise the Age Funding Plan
 - Contact DSS for specifics on these plans

Conclusions: Final Focus Area/Goal Selection

The Community Health Assessment process outlined above was utilized to identify the NYSDOH Prevention Agenda Priorities, Focus Areas, and Goals for Cortland County from 2022-2024 Community Health Improvement Plan. Secondary data, local survey data, community member perceptions, and key stakeholder input via the Key Stakeholder Survey were utilized to assess health challenges, disparities, and resources available to address these challenges in Cortland County. See the method section for full Community Health Assessment Methodology.

The conclusions outlined below summarize key data points that determined that the priority area/focus area/goal would be included in the 2022-2024 CHIP. This data was reviewed by the CHHD/GCMC Steering Committee and final selection of goals was determined by the committee. Due to resource and capacity constraints, the following health issues that were within the ten highest scores on the Key Stakeholder Survey will not be addressed in the 2022-2024 CHIP; food insecurity, physical inactivity, indoor environment, and lack of chronic disease preventative care.

#1: Mental and Substance Use Disorder Prevention

Goal #1: Prevent Opioid and Other Substance Misuse and Death

Goal #2: Prevent Suicide

Secondary data points from the NYSDOH data dashboards, primary data from the 2022 CHA Survey (n=2,266) and 2021 Youth Survey (n=1,975), community member perceptions related to community needs from the 2022 CHA Survey, and the results of the Key Stakeholder Health Prioritization Survey, which was completed by 20 local organizations, support selection of the Mental and Substance Use Disorder Prevention Focus Area with the specified goals of 1) Prevent Opioid and Other Substance Misuse and Death and 2) Prevent Suicide. Data also indicates health disparities related to this focus areas and goals exist and can be addressed through targeted interventions.

Key Stakeholder Survey

Opioid and other substance use and suicide were the focus areas from the Promote Well-Being and Prevent Mental and Substance Use Disorders priority area with the highest total scores based on the results of the Key Stakeholder Health Prioritization Survey. Additionally, opioids and other substance use had the highest total score, followed by suicide, out of all 13 focus areas rated. Finally, opioids and other substance use and suicide outscore all other focus areas in the category of “seriousness of the problem” which stakeholders felt was the most important criteria for ranking health problems.

Member Perceptions

Alcohol and/or substance use and Mental health problems were the top two most selected responses to the question “select what you feel are the top three most important health

related problems impacting overall health in the Cortland County community” on the 2022 Cortland County CHA survey. Mental health and substance use rehab/counseling/prevention were the top two most selected responses to the question “select what you feel are the top three unmet healthcare needs in the Cortland County community.

Trends

Any Drug Overdose: Age adjusted overdose death rate per 100,000 involving any drug and age adjusted hospitalization rate per 100,000 involving any drug is higher in Cortland County than New York State (2019).

Opioid Overdose: Age adjusted overdose death rate per 100,000 involving any opioid and age adjusted hospitalization rate per 100,000 involving any opioid is higher in Cortland County than New York State (2019).

Suicide Death: Age adjusted suicide mortality rate per 100,000 in Cortland County is higher in Cortland County than New York State (2017-2019).

Disparities

Youth: The largest observed disparities for Cortland County youth in 7th-12th graders at risk for a substance use disorder are related to sex, gender, and sexual orientation with the percentage of female (12.7%), transgender and questioning (19.8%), and LGBQ+ (15.1%) youth at risk of a substance use disorder higher than male (5.0%), cisgender (10.2%), and straight (8.0%) youth. Disparities; sex, gender identity, sexual orientation

Similar to risk of substance use disorders, the largest observed disparities in reported suicide attempts for Cortland County youth in 7th-12th grade are related to sexual orientation, gender identity, and sex with a higher percentage of LGBQ+ (19.3%), transgender and questioning (25.3%), and female (10.9%) youth reporting attempting suicide in the past year compared to straight (3.7%), cisgender (5.0%), and male (3.0%) youth. Disparities identified; sexual orientation, gender identity, sex.

Adults: The largest observed disparities in individuals at risk of a substance use disorder in the 2022 Cortland County CHA survey population are related to gender identity and ethnicity with a higher percentage of transgender+ (41.7%), male/men (17.7%), and Hispanic/Latino (47.5%) respondents being at risk of a substance use disorder compared to female/women (17.7%) and Not Hispanic/Latino (23.0%). (Data Source: 2022 Cortland County CHA Survey). Disparities identified; gender identity, ethnicity.

The largest observed disparities in reported suicide attempts for respondents of the 2022 Cortland County CHA survey are related to age, gender identity, and disability with a higher percentage of 18-24 year olds (15.5%), transgender+ (50%), and people with disabilities (16%) reporting attempting suicide in their lifetime compared to other age groups, female/women (6.4%), and people without a disability (3.2%).

#2: Prevent Tobacco Use

Goal #1: Prevent Initiation of Tobacco Use (including Youth Vaping)

Goal #2: Promote Tobacco Use Cessation

Goal #3: Eliminate Secondhand Smoke

Secondary data points from the NYSDOH data dashboards, primary data from the 2021 Community Tobacco Survey of adult Cortland County residents (n=439) and 2021 Youth Survey (n=1,975), community member perceptions related to community needs from the 2022 CHA Survey, and the results of the Key Stakeholder Health Prioritization Survey, which was completed by 20 local organizations, support selection of the Prevent Tobacco Use focus area. Data also indicates health disparities related to this focus areas and goals exist and can be addressed through targeted interventions.

Key Stakeholder Health Prioritization Survey

Tobacco use was the focus area from the chronic disease priority area with the highest total score based on the results of the 2022 CHA Key Stakeholder Survey. Tobacco use was tied with Adverse Childhood Experiences for the 5th highest total score out of all 13 focus areas rated by stakeholders. However, Tobacco outscored ACEs and Depression/Well-being focus areas in the category of “seriousness of the problem” which stakeholders felt was the most important criteria for ranking health problems.

Community Member Perceptions

Cancer was the 5th most selected response for the question “select what you feel are the top three most important health related problems impacting overall health in the Cortland County community” on the 2022 Cortland County CHA survey and tobacco use was 9th most selected out of 20 possible options.

Trends

Cancer: Lung and bronchus cancer mortality rate and incidence per 100,000 is higher in Cortland County than both New York State and New York State excluding NYC (2015-2019). Additionally, both New York State and New York State excluding NYC experienced a decline in lung and bronchus cancer incidence from 2010-2014 to 2015-2019, whereas Cortland County experienced an increase in lung and bronchus cancer incidence during this timeframe.

Stroke: Age adjusted cerebrovascular disease (stroke) mortality rate per 100,000 and hospitalization rate per 10,000 is higher in Cortland County than New York State (2019).

Chronic Lower Respiratory Disease: The age adjusted chronic lower respiratory disease mortality rate per 100,000 and hospitalization rate per 10,000 is higher in Cortland County than New York State (2019). From 2016 to 2019, the age adjusted chronic lower respiratory disease hospitalization rate per 10,000 increased in Cortland County, while New York State observed a decline.

Youth Tobacco Use: The percentage of 7th-12th graders in Cortland County that reported vaping in the past 30 days increased from 13.9% in 2020 to 14.5% in 2021, outpacing alcohol for the most used substance by Cortland County youth. 2021 was the first year since 2017 to 2018 that there has been an observed increase in youth vaping in Cortland County.

Adult Tobacco Use: In 2021, the percentage of adults in Cortland County that smoked on “at least some days” was 22%. There has not been a statistically significant change in current adult smoking in Cortland County since 2004. (Data Source: 2021 Community Tobacco Survey of Adults Residents of Cortland County). In 2018, Cortland County had a higher prevalence of cigarette smoking among adults than New York State (Behavioral Risk Factor Surveillance System).

Disparities

Youth: The largest observed disparities in reported youth vaping in the past 30 days are based on race and sexual orientation, with students who are BIPOC (21.7%) and students who are LGBTQ+ (20%) being more likely to report vaping in the past 30 days compared to students who are White (14.4%) or Straight (13.3%). Disparities identified; race, sexual orientation

Adults: In 2021, the largest observed disparities in reported adult cigarette smoking are for residents without a college degree (30%) and residents with an annual income less than \$50,000 a year (30%) compared to residents with a 4 year degree (11%) and residents with an annual income of over \$100,000 a year (15%) (Data Source: 2021 Community Tobacco Survey of Adults Residents of Cortland County). A similar trend was observed in the 2022 Community Health Assessment Survey, with the largest observed disparities in reported weekly or daily tobacco use present in respondents without a high school diploma and residents who use Medicaid insurance. Disparities identified; income level, education level.

#3: Vaccine Preventable Disease

Goal #6: Improve COVID-19 and Flu Vaccination Rates

Goal #7: Reduce COVID-19 and Flu Vaccination Coverage Disparities

Secondary data points from the NYSDOH data dashboards, primary data from the 2022 CHA Survey (n=2,266) and 2021 Youth Survey (n=1,975), community member perceptions related to community needs from the 2022 CHA Survey, and the results of the Key Stakeholder Health Prioritization Survey, which was completed by 20 local organizations, support selection of the Vaccine Preventable Disease Focus Area with the specified goals of 1) Improve COVID-19 and Flu Vaccination Rates 2) Reduce COVID-19 and Flu Vaccination Coverage Disparities. Data also indicates health disparities related to this focus areas and goals exist and can be addressed through interventions.

Key Stakeholder Survey

The Vaccine Preventable Disease (COVID-19) focus area had the fourth highest total score based on the results of the 2022 CHA Key Stakeholder Survey. It also had the highest total score for focus areas not related to substance use/mental health and the highest total score for the “resource availability” criteria.

Community Member Perceptions

COVID-19 was the 6th most selected response to the question “select what you feel are the top three most important health related problems impacting overall health in the Cortland County community” by 2022 Cortland County CHA survey respondents.

Trends

COVID-19: As of May 4th, 2022 a lower percentage of Cortland County residents were fully vaccinated for COVID-19 (62.7%) compared to New York State (81.7%).

Flu: Cortland County has a higher flu/pneumonia hospitalization rate per 10,000 for ages 65+ (197.0) than New York State (85.5). Additionally, less than 50% of Cortland County residents ages 18+ are vaccinated for flu (45.8%).

Disparities

Vaccination provided by the NYSDOH COVID-19 Dashboards (COVID-19) and NYSIIS (Flu) indicate that disparities exist in vaccination coverage in Cortland County based on age and geographic location. Residents living in rural areas of the county—Willet, Truxton, Marathon—are less likely to be vaccinated for COVID-19 or flu than other areas. Young adults in the county have lower vaccination rates than other age groups.

Community Health Improvement Plan

Engagement/Evaluation

Data will be collected on a quarterly basis starting in 2023 from CCHD, GCMC, and partnering organizations. Data will be organized into an interactive Tableau dashboard that will be made accessible to partnering organizations and community members. The remainder of 2022 will involve building capacity to prepare to collect data and track process measures effectively starting in 2023.

Continued engagement with partners will be ensured through quarterly focus area meetings starting in 2023. The meetings will involve presenting process measure data and discussing any changes that need to be made to the CHIP based on the data.

Cortland County Health Department and Guthrie Cortland Medical Center will utilize existing community meetings to ensure participation in the quarterly CHIP review by all key partnering organizations. The following community meetings will be utilized:

- Adult Immunization Coalition of Cortland County
 - Meets quarterly
 - Vaccine Preventable Disease Focus Area
- SPEAK Up Cortland Suicide Prevention Coalition
 - Meets monthly
 - Suicide Prevention Focus Area
- Chemical Dependency Subcommittee
 - Meets most months
 - Opioid and Other Substance Use Prevention Focus Area
 - Tobacco Use Prevention Focus Area

A final outcome evaluation will be conducted in early 2025 to determine any progress made towards stated outcome objectives.

Following approval by the Cortland County Board of Health and Guthrie Cortland Medical Center Board, the CHA/CHIP will be disseminated to community members via; press releases, a community presentation, social media communications, and posted on the GCMC and CCHD websites. A paper copy can be provided upon request without charge at GCMC. The community presentation, to be held by the end of August 2022, will be livestreamed to ensure accessibility for community members that are unable to attend the presentation. A recording of the presentation will be made available of the Cortland County Health Department website. Additionally, the CHA/CHIP report will be posted on the website, along with any subsequent dashboards that are created.

CCHD Website: <https://www.cortland-co.org/432/Health-Department>

GCMC: <https://www.guthrie.org/about-us/community-benefits/community-health-needs-assessment>

CHIP Focus Areas Summaries

The following summaries identify goals, SMART objectives, process measures and interventions for each focus area selected. Additionally, organizations that are involved in implementing the identified interventions are noted, including CCHD and GCMC, where applicable. If indicated as a partner for a particular intervention, CCHD, GCMC, and/or identified partners are providing resources to implement the intervention in Cortland County. Resources may include but are not limited to; grant money, staff time, space, media/advertising, data, and volunteers. Additionally, the summaries outline specific health disparities that will be addressed through implementation of the CHIP. Health disparities were identified during the CHA process.

Focus Area #1 Summary: Mental and Substance Use Disorders Prevention

Goal #1: Prevent Opioid and Other Substance Misuse and Death

Goal #2: Prevent Suicide

Identified Health Disparities:

Sexual Orientation (Goal #1), Ethnicity (Goal #1), Sexual Orientation (Goal #2), Disability and Chronic Disease (Goal #2), Age (Goal #2).

Partner Organizations: Family & Children’s Counseling Services, Cortland County Mental Health Department, Catholic Charities of Cortland County, Southern Tier Aids Program, REACH Medical, Cayuga Recovery Services, Healing Hearts Collaborative, Prevention Network of CNY, Tompkins Cortland Community College, SUNY Cortland, Cortland Area Communities That Care, Law enforcement agencies, Cortland Prevention Resources and Cortland LGBTQ Center, Seven Valleys Health Coalition, Cortland Enlarged City School District, Cortland County Jail, Family Health Network, Guthrie Cortland Medical Center, Cortland County Health Department, Cortland County Community Action Program, Access to Independence of Cortland County, Healing Cortland, SPEAK UP Cortland, Media, Pharmacies

SMART Objectives:

1. Reduce the age adjusted overdose death rate per 100,000 involving any opioid by 40% from the 2019 baseline of 22.9 to 13.7 by the end of 2024. (Data Source: NYSDOH Annual Opioid Report)
2. Reduce the age adjusted overdose death rate per 100,000 involving any drug by 40% from the 2019 baseline of 27.6 to 16.5 by the end of 2024 (Data Source: NYSDOH Annual Opioid Report).
3. Reduce the age adjusted rate of emergency department visits per 100,000 involving any opioid overdose by 40% from the 2019 baseline of 108.6 to 66 by the end of 2024. (Data Source: NYSDOH Annual Opioid Report)

4. Reduce the age adjusted rate of emergency department visits per 100,000 involving any drug overdose by 40% from the 2019 baseline of 285.3 to 170 by the end of 2024 (Data Source: NYSDOH Annual Opioid Report)
5. Decrease the percentage of residents with self-reported Hispanic/Latino ethnicity that are at risk of a substance use disorder by 30% from the 2022 baseline of 48% to 34% by the end of 2024 (Data Source: Cortland County Community Health Assessment Survey).
6. Increase the rate of buprenorphine providers per 100,000 population in Cortland County by 15% from the 2022 baseline of 14.46 to 16.6 by the end of 2024 (Data Source: Community Commons, SAMHSA, Guthrie)
7. Additional SMART objectives related to opioid overdose to be set by December 2022 in alignment with Healing Communities Study initiative.
8. Reduce the age adjusted suicide mortality rate by 20% from the 2017-2019 baseline of 10.7 per 100,000 to 8.6 per 100,000 by the end of 2024. (NYSDOH Suicide and Self Harm Dashboard)
 - a. Decrease the # of residents who are male dying by suicide by 20%
 - b. Decrease the # of residents ages 45-64 dying by suicide by 20%
 - c. Decrease the # of suicide deaths caused by firearms by 30%
9. Decrease the percentage of 7th -12th grade students in Cortland County who report seriously considering attempting suicide at least one time in the past year from the 2019 baseline of 24.3% to 21% by the end of 2024. (Data Source: CACTC Youth Survey)
10. Decrease the percentage of 7th-12th grade students in Cortland County who report actually attempting suicide at least one time in the past year by 40% from the 2019 baseline of 9.4% to 5.6% by the end of 2024. (Data Source: CACTC Youth Survey)
11. Decrease the percentage of LGBTQ+ 7th-12th grade students in Cortland County that report attempting suicide in the past year by 20% from the 2021 baseline of 19.3% to 15.5% by the end of 2024. (Data Source: CACTC Youth Survey)
12. Decrease the percentage of LGBTQ+ 7th-12th grade students in Cortland County that report seriously considering attempting suicide in the past year by 20% from the 2021 baseline of 49.9% to 40% by the end of 2024. (Data Source: CACTC Youth Survey)
13. Additional SMART Objectives to be set by December 2022 based on Electronic Syndromic Surveillance System

Evidence Base:

1. <https://www.cdc.gov/suicide/pdf/suicideTechnicalPackage.pdf>
2. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>
3. <https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>
4. <https://www.samhsa.gov/find-help/recovery>

Interventions:

1. **Intervention #1:** Train and equip individuals who are most likely to encounter or witness an overdose with Naloxone/Narcan (people who use drugs, first responders, criminal justice settings). Expand targeted Naloxone distribution to these populations via pop-up events, COTI mobile clinic, orders built in to EMR at Guthrie, and distribution through harm reduction programs/the jail.
 - a. **Partners:** Cortland County Health Department, Guthrie Cortland Medical Center, Family & Children’s Counseling Services, Healing Hearts Collaborative, Catholic Charities of Cortland County, Prevention Network of CNY, Southern Tier Aids Program, Tompkins Cortland Community College, REACH Medical, Cayuga Addiction Recovery Services, Cortland Area Communities That Care (coordination/promotion)
 - b. **Process Measures:** # of Narcan pop-up events, # of total Narcan kits distributed, # of Narcan kits distributed to first responders, # of Narcan kits distributed in criminal justice setting, # of Narcan kits distributed through harm reduction programs; STAP and REACH Medical, # of Narcan kits distributed in Guthrie ER, # of OOPPs active in Cortland County
2. **Intervention #2:** Increase availability of/access and linkages to syringe services programs provided through the Southern Tier Aids Program. Promote and expand access to safe disposal of syringes and educate community members on the benefits and purpose of Syringe Services programs.
 - a. **Partners:** Southern Tier Aids Program, Family & Children’s Counseling Services, Cortland Area Communities That Care (coordination/promotion), Cortland County Health Department Fellow (promotion)
 - b. **Process Measures:** lbs. of used syringes collected, # of syringes distributed by STAP, # of mobile STAP visits to Cortland County, # of STAP clients that live in Cortland County, # of social media posts and average reach on CCHD and Healing Cortland Facebook pages related to syringe services program promotion/education
3. **Intervention #3:** Establish additional permanent safe drug disposal sites at area pharmacies and organize and promote drug take back days in the community.
 - a. **Partners:** Cortland Area Communities That Care, Family and Children’s Counseling Services, Guthrie Cortland Medical Center, Tompkins Cortland Community College, SUNY Cortland, County Law Enforcement agencies, Southern Tier Aids Program, Cortland Prevention Resources, Pharmacies, Healing Cortland, Cortland County Health Department Fellow (promotion)
 - b. **Process Measures:** # of drug take back days, lbs. of drugs collected, # of social media posts and average reach on CCHD and Healing Cortland Facebook pages related to disposal sites and take back days
4. **Intervention #4:** Build support systems to care for people who use substances and those at risk of overdose, through referral system from Guthrie ER and Cortland County Mental Health Department to Family & Children’s Counseling

Services, promotion and implementation of Family & Children’s Counseling Services COTI mobile clinic and peer programs, Catholic Charities Wishing Wellness Center peer program, Cayuga Addiction Recovery Services peer program, and the Tompkins Cortland Community College Recovery Space.

- a. **Partners:** Catholic Charities of Cortland County, Tompkins Cortland Community College, Family & Children’s Counseling Services, Cayuga Addiction Recovery Services, Cortland County Mental Health Department, Healing Cortland, Guthrie Cortland Medical Center, Cortland County Health Department Fellow (promotion)
 - b. **Process Measures:** # of Guthrie referrals to Family & Children’s Counseling Services, # of STAP services, # of active peer programs, # of employed peers, # of events held at the Wishing Wellness Center, # of TC3 students engaged in treatment through the College Recovery Space, # clients engaged in Cayuga Addiction Recovery Services peer program, # of clients engaged in FCCS peer program, # of social media posts and average reach on CCHD and Healing Cortland Facebook pages related to peer/recovery programs
5. **Intervention #5:** Increase the availability of/access and linkages to Medication-Assisted Treatment (MAT) including Buprenorphine for opioid use disorder (and Naltrexone and Gabapentin for other substance use disorders) especially in populations experiencing substance use disparities (Hispanic/Latino).
 - a. **Partners:** Family & Children’s Counseling Services, Southern Tier Aids Program, Reach Medical, Family Health Network, Cortland County Jail, Cayuga Addiction Recovery Services
 - b. **Process Measures:** # of STAP referrals to MAT, # of Cortland County clients receiving MAT through REACH Medical, Family & Children’s Counseling Services and Cayuga Addiction Recovery Services, # of Hispanic/Latino Cortland County clients receiving MAT through REACH Medical and Family & Children’s Counseling Services, buprenorphine prescribing rate per 100,000, # of providers offering low-threshold buprenorphine, # of waived physicians actively prescribing MAT, # of inmates receiving MAT in the jail, # of provider trainings on MAT
6. **Intervention #6:** Implement universal Screening, Brief Intervention, and Referral to Treatment (SBIRT) at Guthrie Cortland Medical Center, Family Health Network, Family & Children’s Counseling Services, Cortland County Mental Health Department, Cortland County Jail, and Tompkins Cortland Community College
 - a. **Partners:** Guthrie Cortland Medical Center, Family Health Network, Tompkins Cortland Community College, Cortland County Jail, Family & Children’s Counseling Services
 - b. **Process Measures:** # of Guthrie patients screened, # of FHN patients screened, # of TC3 students screened, # of TC3 students receiving brief intervention and/or referral to treatment. # of inmates receiving a screen upon admission, # of provider trainings

- 7. Intervention #7:** Identify and support people at risk of suicide through the following interventions:
- a. Intervention #7a.** Provision of evidenced based Gatekeeper trainings offered by SPEAK Up Cortland
 - i. Partners:** SPEAK Up Cortland, Cortland County Mental Health Department
 - ii. Process Measures:** # of evidenced based trainings held, # of school employees trained in suicide prevention, # of community members trained in suicide prevention, % of 7th-12th graders that report speaking to teacher/school staff about feelings of stress or depression, % of 7th-12th graders that report speaking to their parents about feelings of stress and depression
 - b. Intervention #7b.** Implementation of evidence based screening using the Columbia Scale and evidence based Stanley/Brown safety planning when discharging patients from Guthrie Cortland Medical Center ER and at Cortland County Mental Health Department and Family & Children's Counseling Services
 - i. Partners:** Guthrie Cortland Medical Center, Cortland County Mental Health Department, Family & Children's Counseling Services
 - ii. Process Measures:** % of patients screened with Columbia Scale in ER, % of patients discharged with a safety plan, % of clients at screened with Columbia Scale that received a safety plan
 - c. Intervention #7c.** Implementation of integrated primary care and behavioral healthcare at Family Health Network and Family & Children's Counseling Services locations
 - i. Partners:** Family Health Network, Family & Children's Counseling Services
 - ii. Process Measures:** # of patients referred from primary care to integrated behavioral healthcare, # of behavioral healthcare providers on staff.
 - d. Intervention #7d.** Provision Crisis Intervention Training (CIT) for law enforcement coordinated by Seven Valleys Health Coalition
 - i. Partners:** SPEAK Up Cortland, Cortland County Mental Health Department, Seven Valleys Health Coalition, local law enforcement
 - ii. Process Measures:** # of law enforcement officers completing CIT, # of CIT calls related to suicide ideation
 - e. Intervention #7e.** Promotion of the Cortland County Crisis Line and Suicide Hotline
 - i. Partners:** SPEAK Up Cortland, Cortland County Mental Health, Cortland County Health Department Fellow (promotion)
 - ii. Process Measures:** # of posts and average reach of posts on CCMH/CCHD/SPEAK Up Cortland social media pages with the hotline #s, # of calls to the Cortland County Crisis Line

- 8. Intervention #8:** Implement safer suicide care through systems changes at Guthrie Cortland Medical Center including; building design modifications that incorporate designated psych rooms in the ED and provision of necessities such as showers/nutritional area/care plan development for youth awaiting transfer, review/improve/standardize workflows for patients at risk of suicide, and collaborate with Complex Care Protocol and Crisis Intervention Team.

 - a. Partners:** Guthrie Cortland Medical Center
 - b. Process Measures:** # of systems changes to support safer suicide care (technology purchases, policies, established workflows etc.), # of community meetings discussing Guthrie systems changes
- 9. Intervention #9:** Strengthen access and delivery of mental health and suicide care by reducing provider shortages in the community through expansion and promotion of telehealth services at Cortland County Mental Health, Family & Children’s Counseling Services, and Guthrie Cortland Medical Center and promotion of the telehealth room and supports at Access to Independence.

 - a. Partners:** Cortland County Mental Health Department, Family & Children’s Counseling Services, Guthrie Cortland Medical Center, Cortland County Health Department Fellow (promotion)
 - b. Process Measures:** % of clinicians offering telehealth services at CCMH/FCCS/GCMC, % of telehealth services versus in-person services resulting in no-shows at CCMH/FCCS/GCMC, # of phone/video appointments at CCMH/FCCS/GCMC, # of systems changes to support telehealth (technology purchases, policies etc.)
- 10. Intervention #10:** Reduce access to lethal means among person at risk of suicide through education and promotion of safe storage practices for firearms and medication, distribution of gun locks, and community drug take back days.

 - a. Partners:** SPEAK Up Cortland, Cortland County Mental Health Department, Local Law Enforcement, Cortland Area Communities That Care, Cortland Prevention Resources, Cortland County Health Department Fellow (promotion)
 - b. Process Measures:** # of individuals that receive suicide prevention education when applying for a gun permit, # of individuals that receive suicide prevention education at gun shops/gun clubs, # of firearms surrendered to law enforcement due to mental health crisis, # of gun locks distributed to community partners, # of posts and average reach of posts promoting safe gun storage/gun locks on CCHD/CCMH/SPEAK Up Facebook pages, lbs. of drugs collected at drug take back events,
- 11. Intervention #11:** Lessen harm and prevent future risk of suicide among people who have lost a close contact to suicide through engagement with local media entities on the best practices and recommendations for reporting on suicide and implementation/promotion of Seven Valleys Health Coalition’s Post Trauma Response Team (PTRT). The PTRT can assist those impacted by a sudden

traumatic loss (including suicide) with reducing feelings of helplessness, confusion, and anxiety and promote individual and community healing.

- a. **Partners:** Media, Seven Valleys Health Coalition, SPEAK Up Cortland, Cortland County Mental Health Department, Cortland County Health Department Public Health Fellow (promotion)
 - b. **Process Measures:** # of suicide-related articles published in the Cortland Standard, # of suicide-related articles published on the Cortland Voice, # of suicide-related articles published on CNY Central, % of suicide-related articles/media stories that follow best practices for reporting on suicide, # of follow ups with media entities that did not follow best practices for reporting on suicide, # of meetings/email communications with media entities educating them on safe reporting of suicides, # of calls to 2-1-1 activating PTRT team, # of total PTRT activations
- 12. Intervention #12:** Promote connectedness and strengthen the social capital of high risk populations through implementation/promotion of community engagement activities and programs for individuals experiencing disability/chronic disease and individuals who are LGBTQ+.
- a. **Partners:** SPEAK Up Cortland, Seven Valleys Health Coalition, Family & Children’s Counseling Services/The Cortland LGBTQ Center, Access to Independence, Cortland County Health Department Fellow (promotion).
 - b. **Process Measures:** # of individuals to complete chronic disease self-management course, % of individuals that had a higher self-efficacy score after completing the chronic disease self-management course, # of youth that attended Gender Sexuality Alliance (GSA) meetings, # of adults 18+ that attended Wavelengths LGBTQ+ Support Group, # of community engagement activities hosted by the Cortland LGBTQ Center, # of individuals engaged in peer counseling through ATI, # of social nights hosted by ATI, # of attendees at ATI hosted social events, # of posts and average reach on CCHD and SPEAK Up Cortland Facebook pages promoting community engagement activities for high risk populations.
- 13. Intervention #13:** Teach coping and problem-solving skills through implementation of the evidenced based social-emotional learning program *The Good Behavior Game* at Cortland Enlarged City Schools, implementation of the *Conscious Discipline* Approach in CAPCO Head Start/Early Head Start classrooms, and implementation/promotion of evidenced based parenting skills programs through Cortland Prevention Resources (*Positive Parenting, Parenting Wisely*).
- a. **Partners:** SPEAK Up Cortland, Cortland Prevention Resources/Family & Children’s Counseling Services, Cortland Enlarged City School District, CAPCO, Cortland County Health Department Public Health Fellow (promotion)
 - b. **Process Measures:** # of classrooms implementing the Good Behavior Game, # of students involved in Good Behavior Game, # of Head Start/Early

Head Start staff trained in Conscious Discipline Approach, # of Positive Solutions classes provided to Head Start/Early Head Start families, # of Head Start/Early Head Start families to complete a Positive Solutions class, # of family goals met by Head Start/Early Head Start families, # of Head Start/Early Head Start staff to complete professional development related to the Conscious Discipline Approach, # of parents to complete Positive Parenting program, # of parents to complete Parenting Wisely program, # of posts and average reach of posts on CCHD and SPEAK Up Cortland page promoting parenting program

14. Intervention #14: Strengthen economic supports and promote housing stabilization through Social Determinant of Health screenings and referral in Guthrie primary care settings and implementation/promotion of CAPCO's Weatherization Assistance Program (WAP), EmPower NY, and Home Energy Assistance Program (HEAP) and Catholic Charities of Cortland County's Emergency Rental Assistance Program.

a. Partners: Guthrie Cortland Medical Center, CAPCO, Catholic Charities of Cortland County

b. Process Measures: % of eligible GCMC primary care patients screened for SDOH, # of GCMC primary care patients reporting financial stress, # of SDOH referrals completed, # of households served by WAP, # of households served by EmPower NY, # of households served by HEAP, # of households served by NYS Emergency Rental Assistance Program, # of posts and average reach of posts related to housing stabilization programs on the CCHD Facebook page.

Focus Area #2 Summary: Prevent Tobacco Use

Goal #3: Prevent Initiation of Tobacco Use (including Youth Vaping)

Goal #4: Promote Tobacco Use Cessation

Goal #5: Eliminate Secondhand Smoke

Identified Health Disparities:

Sexual Orientation, Socioeconomic Status, Age

Partner Organizations: Cortland County Health Department, Guthrie Cortland Medical Center, Family Health Network, Family & Children’s Counseling Services, Cortland County Mental Health Department, Cortland Prevention Resources/The Cortland LGBTQ Center, Cortland Area Communities That Care, CNY Regional Center for Tobacco Health Systems at St. Joseph’s Health, Youth-Orientated Facilities, Homer School District, Cortland Enlarged City School District, Marathon School District, McGraw School District, Cincinnatus School District, Cortland County Health & Wellness Committee

SMART Objectives:

1. Decrease the percentage of 7th-12th graders in Cortland County that report vaping in the past month by 30% from the 2021 baseline of 14.5% to 10.2% by the end of 2024. (Data Source: CACTC Youth Survey)
2. Decrease the percentage of LGBTQ+ 7th-12th graders in Cortland County that report vaping in the past month by 30% from the 2021 baseline of 20% to 14% by the end of 2024. (Data Source: CACTC Youth Survey)
3. Increase the percentage of adults ages 18 and older in Cortland County that think menthol in cigarettes make it easier for youth to start smoking by 30% from the 2021 baseline of 34% to 44% by the end of 2024. (Data Source: Tobacco Free Zone Community Tobacco Survey of Adults Residents of Cortland County, CCHD)
4. Decrease the percentage of adults ages 18 and older in Cortland County that are “current smokers” by 30% from the 2021 baseline of 22% to 15.5% by the end of 2024. (Data Source: Tobacco Free Zone Community Tobacco Survey of Adults Residents of Cortland County, CCHD)
5. Decrease the percentage of adults ages 18 and older in Cortland County with an annual income of less than \$50,000 a year that are “current smokers” by 30% from the 2021 baseline of 30% to 21% by the end of 2024. Data Source: Tobacco Free Zone Community Tobacco Survey of Adults Residents of Cortland County, CCHD
6. Increase the percentage of adults ages 18 and older in Cortland County that support policies that prohibit smoking in apartment buildings, townhouses, and other multi-unit complexes by 15% from the 2021 baseline of 45% to 52% by the end of 2024. (Data Source: Tobacco Free Zone Community Tobacco Survey of Adults Residents of Cortland County, CCHD)

7. Increase the number of multi-unit buildings that adopt a smoke free policy by 50 units each year, for a total of 100 units by the end of 2024. (Data Source: Tobacco Free Zone, CCHD)

Evidence Base:

- <https://www.publichealthlawcenter.org/sites/default/files/resources/Regulating-Flavored-Tobacco-Products-2017.pdf>
- <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/sectionA-I.pdf>
- <https://www.hazeldenbettyford.org/addiction/intervention/teen-intervene>
- https://cdn.shopify.com/s/files/1/2015/4727/files/TGFD_Middle_Study_2013_Mar_ch_FULL.pdf?11417683230398401779
- <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>
- <https://www.cdc.gov/sixteen/tobacco/index.htm>

Interventions:

1. **Intervention #1:** Engage in ongoing efforts to build and maintain an adequate Reality Check Program in Cortland County. Reality Check is a youth led movement in New York State that empowers youth to become leaders in their communities in exposing what they see as the manipulative and deceptive marketing tactics of the tobacco industry. Reality Check is for youth ages 13-18 who want to engage peers, local leaders, businesses and community members to expose the truth about the tobacco industry. Reality Check efforts are evidence-based, policy-driven, and use cost-effective approaches that decrease youth tobacco use, protect youth from exposure to tobacco marketing and imagery and eliminate exposure to secondhand smoke.
 - a. **Partners:** Cortland County Health Department, Local School Districts, Youth-Orientated Facilities
 - b. **Process Measures:** # of youth participating in the program, # of meetings each month, # of member trainings conducted, # of youth speaking engagements at town/village board meetings, # of youth presentations at Board of Ed meetings, # of youth focused organizations that publicly support protecting youth from tobacco store marketing, # of non-reality check youth groups supporting tobacco-free activities.
2. **Intervention #2:** Expand Implementation of the Too Good for Drugs program in schools. *Too Good for Drugs* is a comprehensive family of evidence-based substance use prevention interventions designed to mitigate the risk factors linked to problem behaviors and build protection within the child to resist problem behaviors.
 - a. **Partners:** Cortland Prevention Resources, CACTC, Local School Districts
 - b. **Process Measures:** # of students to receive full TGFD program, # of TGFD sessions held, # of schools/grades participating % of participating classrooms that received all 10 TGFD classes

3. **Intervention #3:** Promote referrals to the Teen Intervene Program for vaping behaviors. Teen Intervene is an evidence based, individualized, three session program, designed for youth 12-19 years old who are experiencing mild to moderate problems with alcohol or drug use. The program helps teens identify how drugs impact their lives and promote healthy behaviors.
 - a. **Partners:** Cortland Prevention Resources, Local School Districts (referrals), Cortland County Health Department (promotion)
 - b. **Process Measures:** # of teens referred to the program for behaviors related to vaping/tobacco use, # of social media posts on CCHD page promoting program, average reach of social media posts on CCHD page promoting program
4. **Intervention #4:** Implement a social norming campaign targeting Cortland County youth ages 13 to 18 years old correcting misperceptions about peer vaping (collaborate with LGBTQ+ organizations and individuals).
 - a. **Partners:** CACTC, The Cortland LGBTQ Center, Cortland County Health Department
 - b. **Process Measures:** # of Snapchat ads, average Snapchat reach of social norming ads, % of video completions, Snapchat ad frequency
5. **Intervention #5:** Create an environment that demands policy change to restrict the density of tobacco retailers, keeps prices of tobacco high, and prohibits sale of flavored products including menthol (collaborate with LGBTQ+ organizations and individuals).
 - a. **Partners:** Cortland County Health Department, The Cortland LGBTQ Center
 - b. **Process Measure:** # of community meetings with LGBQ+ organizations, # of social media posts related to LGBQ disparities/menthol on CCHD Facebook, average reach of posts related to LGBQ disparities/menthol on CCHD Facebook, # earned media activities/events, # of social media posts related to tobacco marketing/sales on CCHD Facebook page, average reach of posts related to tobacco marketing/sales on CCHD Facebook page, # of influential community members/organizations in each county to announce support to protect youth from tobacco marketing, # of local laws or regulations passed promote healthy retail environment
6. **Intervention #6:** Conduct compliance inspections of tobacco vendors under Public Health Law 13-F (ATUPA-Adolescent Tobacco Use Prevention Act Program) to determine if vendors are selling tobacco/vapor products to underage youth, selling flavored vapor products including menthol, and/or discounting tobacco/vapor products.
 - a. **Partners:** Cortland County Health Department
 - b. **Process Measure:** # of compliance checks conducted, # of hearing notices issued
7. **Intervention #7:** Implement the Standard of Care Model for Nicotine and Tobacco treatment through participation agreements with CNY Regional Center for

Tobacco Health Systems at St. Joseph's Health at Cortland County Mental Health Department and Family & Children's Counseling Services. The Standard of Care Model includes; screening every client/patient for tobacco use status, designating a dedicated staff member to coordinate tobacco dependence treatments, educating staff (providing CEs) related to tobacco dependence treatments, and providing resources such as access to quit-lines, self-help materials, and information on tobacco use medications to clients/patients. Continued development, improvement, and implementation of workflows at Guthrie Cortland Medical Center and Family Health Network involving screening patients for tobacco use and secondhand smoke exposure, promoting tobacco cessation referral to in-house specialists, and health communications campaigns to providers and patients on benefits and resources related to tobacco cessation (future exploration of participation agreements for FHN and GCMC with CNY Regional Center for Tobacco Health Systems at St. Joseph's Health to align with other health systems in the county).

- a. **Partners:** CNY Regional Center for Tobacco Health Systems at St. Joseph's Health, Cortland County Mental Health Department, Family & Children's Counseling Services, Guthrie Cortland Medical Center, Family Health Network, Cortland County Health Department (promotion)
 - b. **Process Measures:** # of patients/clients screened for tobacco use, % of patients/clients screened, # of patient/client referrals to tobacco cessation, # of CE credits issued to staff related to tobacco cessation, # of communications to providers related to tobacco cessation/education, # of social media posts related to cessation on CCHD Facebook, average reach of posts related to cessation on CCHD Facebook, # of healthcare provider referrals to quit line, # of Nicotine Replacement Therapy units requested, # of quit line enrollees receiving Nicotine Replacement Therapy
8. **Intervention #8:** Promote Employee Assistance Program and Health Insurance coverage to encourage Cortland County and Guthrie employees to access counseling and evidenced based cessation resources, implement required employee trainings at Family & Children's Counseling Services related to tobacco cessation.
 - a. **Partners:** Guthrie Cortland Medical Center, Cortland County Health Department, Family & Children's Counseling Services, Cortland County Employee Health & Wellness Committee
 - b. **Process Measure:** # of communications related to EAP and tobacco cessation from Cortland County Employee Health & Wellness Committee, # of communications related to EAP and tobacco cessation to GCMC staff, # of county employees utilizing EAP, % of FCCS employees completing tobacco cessation training, # of calls to NYS quit line, # of Nicotine Replacement Therapy units requested, # of quit line enrollees receiving Nicotine Replacement Therapy

- 9. *Intervention #9:*** Create an environment that demands policy change to reduce or eliminate tobacco use in outdoor areas and de-normalizes tobacco use.
- a. *Partners:*** Cortland County Health Department
 - b. *Process Measure:*** # of community meetings where the importance of implementing outdoor air policies is presented, # of employers that adopt tobacco-free outdoor air policies, # of employers that received literature/toolkit on outdoor air policies, # of presentations held at trade groups and services clubs, # of tobacco litter flagging events held, # of social media posts related to outdoor environments on CCHD Facebook, average reach of posts related to outdoor environments on CCHD Facebook.
- 10. *Intervention #10:*** Create an environment that promotes smoke-free multi-unit housing.
- a. *Partners:*** Cortland County Health Department
 - b. *Process Measure:*** # of communications sent via community listservs/emails related to smoke-free housing, # of earned media related to smoke-free housing, # of partnering agencies that provide support of Smoke Free Housing Policies, # of personal tenant stories provided to property managers, # of meetings with section 8 housing managers to educate on smoke-free policies

Focus Area #3 Summary: Vaccine Preventable Disease

Goal #6: Improve COVID-19 and Flu Vaccination Rates

Goal #7: Reduce COVID-19 and Flu Vaccination Coverage Disparities

Identified Health Disparities:

Geographic Region, Age

Partnering Organizations: Cortland County Health Department, Family Health Network, Guthrie Cortland Medical Center, Access to Independence, Seven Valleys Health Coalition, SUNY Cortland

SMART Objectives:

1. By the end of December 2024, increase the percentage of Cortland County residents that are fully vaccinated for COVID-19 by 47%, from the February 2022 baseline of 58.1% to 85.9%. (Data Source: CDC Integrated County View)
2. By the end of December 2024, increase the percentage of 18-25 year olds in Cortland County that are fully vaccinated for COVID-19 by 47% from the February 2022 baseline of 31.0% to 45.8%. (Data Source: NYSDOH COVID-19 Vaccination Demographic Dashboards)
3. By the end of the 2023-2024 flu season, increase the percentage of Cortland County residents with a seasonal flu vaccine by 25% from the 2020-2021 season baseline of 29.6% to 37.0%. (Data Source: CCHD, NYSIIS)
4. By the end of the 2023-2024 flu season, increase the percentage of Cortland County residents ages 20-29 with a seasonal flu vaccine by 25% from the 2020-2021 season baseline of 10.7% to 13.4%. (Data Source: CCHD, NYSIIS)

Evidence Base:

1. <https://www.cdc.gov/vaccines/covid-19/downloads/vaccination-strategies.pdf>
2. <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/rca-guide/downloads/Field-Guide-Rural-Considerations-Addendum-508.pdf>
3. https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/rca-guide/downloads/CDC_RCA_Guide_2021_Tools_AppendixG_InterventionTables-508.pdf

Interventions

1. **Intervention #1:** Implement mass media social marketing campaigns that provide effective messages delivered by trusted messengers (local health department, ATI, SUNY Cortland) that frame COVID-19 vaccination as the social norm in Cortland County, promotes discussing concerns about COVID-19 vaccination with healthcare providers, combats COVID-19 misinformation, and advertises 'home' delivered vaccination resources/events. Utilize media channels and social media geo-fencing that aims to reach 18-25 year olds and residents living in Willet,

Truxton, Marathon, and Cincinnatus. Incorporate monthly QI to ensure effectiveness of messages.

- a. **Partners:** Cortland County Health Department, Access to Independence, SUNY Cortland (separate campaigns)
 - b. **Process Measures:** *CCHD & ATI Campaign:* % of Snapchat video completions, Snapchat reach 18-25 target, Facebook reach 18-25 target, frequency of snapchat ads 18-25 target, % of Facebook video completion rural target, Facebook reach rural target, frequency of Facebook ads rural target, monthly % change in fully vaccinated Willet/Marathon/Truxton residents, monthly % change in fully vaccinated 18-15 year old residents, number of local radio ads, number of local newspaper ads, number of radio ad deliveries, number of newspaper ad deliveries, # of media channels used. *SUNY Cortland Campaign:* reach of Instagram posts.
2. **Intervention #2:** Recruit, train, and deploy COVID-19 and Flu vaccine ambassadors from rural areas of Cortland County through implementation of ATI's Vaccine Ambassador initiative for people with disabilities and promoting participation in the Cortland County Adult Immunization Coalition. Ambassadors can include providers, first responders, businesses, faith based organizations, or general community members who are trained to empower other community members to discuss positive vaccination experiences with their social networks.
- a. **Partners:** Access to Independence, Cortland County Health Department, Adult Immunization Coalition of Cortland County
 - b. **Process Measures:** # of immunization coalition meetings, # of attendees at immunization coalition meetings from non-traditional health/public health sectors, # of meetings in which community members from rural areas attended, # of meetings in which training is provided to encourage vaccine ambassadorship, # of active vaccine ambassadors in the community.
3. **Intervention #3:** Provide "home" delivered COVID-19 and flu vaccinations to rural residents in Cortland County through the following; leveraging SVHC Supports for Health program that provides transportation to medical appointments for people with a self-identified disability, people who care for or live with someone with a self-identified disability, and low income individuals, promotion of Family Health Network's COVID-19 vaccination clinics, and maintaining confidentiality through pairing COVID-19 vaccination with other internal medicine services through Family Health Network's Mobile Medical Unit.
- a. **Partners:** Seven Valleys Health Coalition, Access to Independence, Family Health Network, Cortland County Health Department (promotion)
 - b. **Process Measures:** # of Supports for Health rides provided to vaccine appointments, # of posts and average reach of posts on CCHD and SVHC Facebook pages related to Supports for Health, number of posts and average reach of posts on CCHD and SVHC Facebook pages promoting FHN vaccination clinics and mobile medical units, # of FHN vaccine clinics

offered in Willett/Truxton/Marathon/Cincinnati, # FHN Mobile Medical Unit visits in Willett/Truxton/Marathon/Cincinnati

4. **Intervention #4:** Implement a mass media social marketing campaign that provides effective messages delivered by trusted messengers (local health department, vaccine ambassadors) promoting discussions of concerns about flu vaccination with provider and combating flu misinformation. Incorporate monthly QI to ensure effectiveness of messages
 - a. **Partners:** Cortland County Health Department
 - b. **Process Measures:** % of Snapchat video completions, Snapchat reach, frequency of snapchat ads, Facebook reach, % of Facebook video completions, frequency of Facebook ads, number of local radio ads, number of local newspaper ads, number of radio ad deliveries, number of newspaper ad deliveries, # of media channels used
5. **Intervention #5:** Conduct public health detailing visits to healthcare providers in the community to educate them on COVID-19 and influenza immunization recommendations, encourage NYSIIS reporting, and provide evidence based strategies to promote COVID-19 and influenza immunization coverage.
 - a. **Partners:** Cortland County Health Department
 - b. **Process Measures:** # of public health detailing visits conducted, % of healthcare providers that received a follow up visit/phone call in the quarter after the detailing visit.
6. **Intervention #6:** Support SUNY Cortland COVID-19 vaccination requirements through assisting with the preparation and collection of mandated annual post-secondary institution immunization survey.
 - a. **Partners:** Cortland County Health Department, SUNY Cortland
 - b. **Process Measures:** % of SUNY Cortland students vaccinated, # of site visits to SUNY Cortland conducted
7. **Intervention #7:** Provide workplace COVID-19 or flu vaccine clinics at Family Health Network and Guthrie Cortland Medical Center and implement vaccine requirements for employees for COVID-19 and flu vaccines.
 - a. **Partners:** Family Health Network, Guthrie Cortland Medical Center
 - b. **Process Measures:** % employees at FHN and GCMC with exemptions, # of workplace vaccine clinics held, # of employees vaccinated
8. **Intervention #8:** Implementation of medical provider vaccine standardization at Guthrie Medical Group through best practice EMR alerts to identify patients in need of, or overdue for, vaccines and established workflows so vaccines can be provided at any primary care appointment at Guthrie Medical Group and implementation of Pre-Visit Planning (PVP) workflows at Family Health Network that identify gaps in vaccine care for each patient, determine if patient EHR needs updating per NYSIIS, provider education, and offering vaccines at every appointment during regular business hours.
 - a. **Partners:** Guthrie Cortland Medical Center, Family Health Network

b. Process Measures: # of clinics implementing presumptive approach to vaccination, # and/or % of patients vaccinated at clinics with standing orders vs. no standing orders, # of provider trainings on presumptive approach to vaccination

9. Intervention #9: Utilize phone call, text message, patient portals, emails, postcards, and letters to remind patients of upcoming vaccination clinics, scheduled vaccination appointments, overdue vaccines and provide education and/or to prompt scheduling of vaccination appointments at Guthrie Medical Group and Family Health Network clinics.

a. Partners: Family Health Network, Guthrie Cortland Medical Center

b. Process Measures: % of patients opted in to text message reminders, # of text blasts with vaccine education, # of text blasts prompting appointment scheduling for vaccination, # of text blasts about upcoming vaccine clinics, # of postcard mailings related to vaccination.

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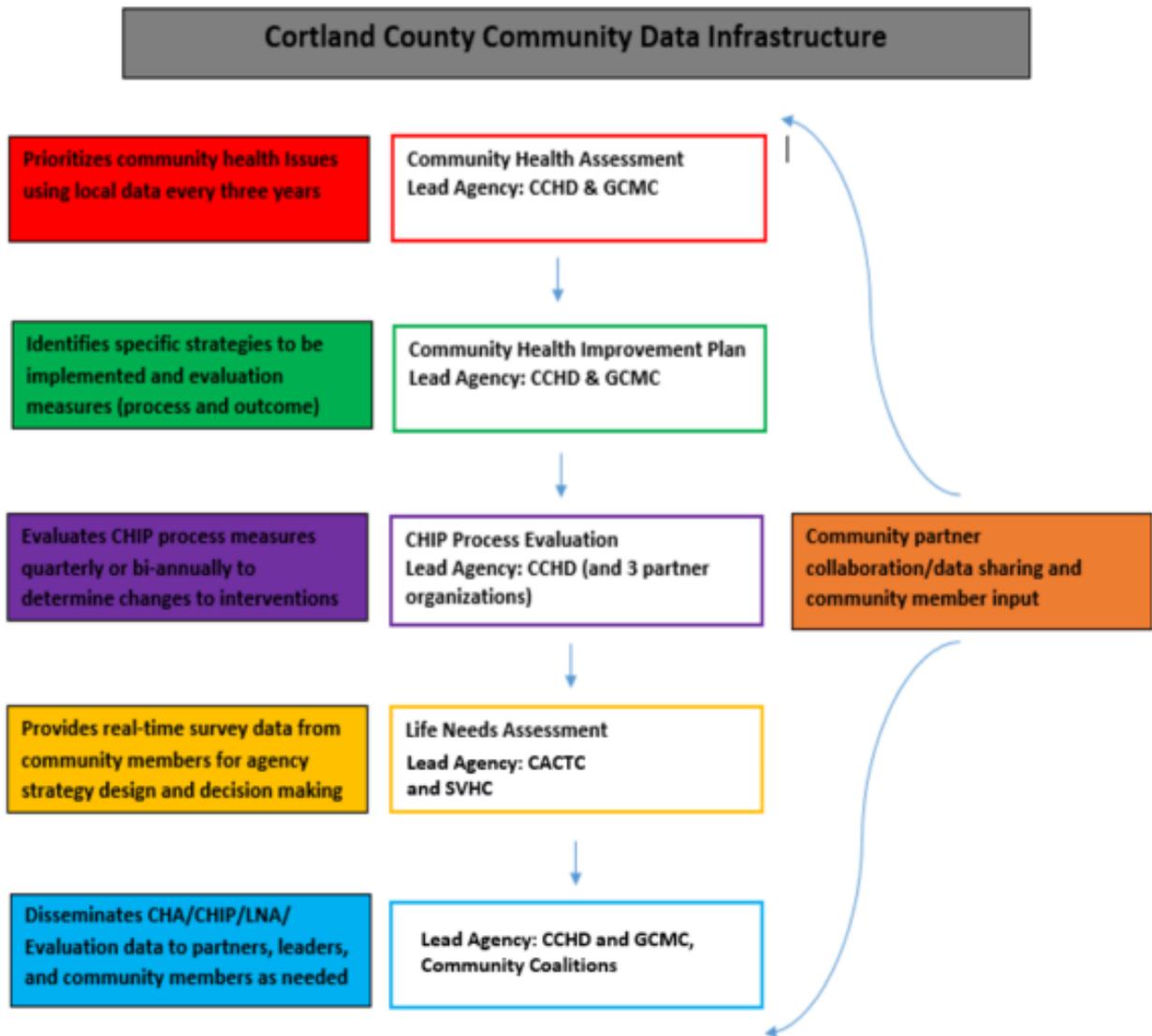
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Appendix A. Proposed Community Data Infrastructure



Appendix B. 2022 CHA Survey Questionnaire



Cortland County Community Health Assessment Survey

Thank you for participating in the Cortland County Community Health Assessment Survey. The purpose of the survey is to assess the state of community health in Cortland County. **This survey is completely voluntary and anonymous.** You can choose to skip questions or to not complete/submit the survey at any time. The responses you provide will remain anonymous. Following completion of the survey, you will be redirected to a form that will allow you to enter to win the survey incentives. The information submitted on that form will not be attached to your anonymous survey responses.

* 1. Select what you feel are the top three most important health related problems impacting overall health in the Cortland County community?

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol and/or substance use | <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Overweight/obesity |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sexually Transmitted Infections (STIs) (e.g. Chlamydia, Gonorrhea, Syphilis) |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> HIV/Aids | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Infectious Disease (not including COVID-19) | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Lung Disease (asthma, emphysema, COPD) | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health problems | |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Motor vehicle crash injuries | |
| <input type="checkbox"/> Other (please specify) | | |
| <input style="width: 400px; height: 20px;" type="text"/> | | |

* 2. Select what you feel are the top three unmet healthcare needs in the Cortland County community?

- | | |
|--|--|
| <input type="checkbox"/> Dental | <input type="checkbox"/> Senior care (home aides, adult day care/respite programs) |
| <input type="checkbox"/> Financial ability to meet health care needs | <input type="checkbox"/> Specialty care |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Substance use rehab/counseling/prevention |
| <input type="checkbox"/> Nursing homes/long-term care | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Primary care | |
| <input type="checkbox"/> Other (please specify) | |
| <input style="width: 400px; height: 20px;" type="text"/> | |

* 3. Select what you feel are the top three unmet non-healthcare needs in the Cortland County community?

- | | | |
|--|--|--|
| <input type="checkbox"/> Activities for kids/teens | <input type="checkbox"/> Healthy food | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Housing | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Clean air and water | <input type="checkbox"/> Internet | <input type="checkbox"/> Social opportunities for adults |
| <input type="checkbox"/> Education | <input type="checkbox"/> Literacy | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment/jobs | <input type="checkbox"/> Places for physical activity; outdoor spaces/parks/gyms | |
| <input type="checkbox"/> Other (please specify) | | |

4. Select the statement that most accurately describes your physical activity. Please refer to the following definitions:

- **Light:** your heart beats slightly faster than normal, you can talk and sing
- **Moderate:** your heart beats faster than normal, you can talk but not sing
- **Vigorous:** your heart rate increases alot, you can't talk or your talking is broken up by large breaths

- I rarely or never do any physical activities
- I do some light or moderate physical activities but not every week
- I do some light physical activity every week
- I do moderate physical activity every week, but less than 30 minutes a day or 5 days a week
- I do vigorous physical activity every week, but less than 20 minutes a day or 3 days a week
- I do 30 minutes or more of moderate physical activity, 5 or more days a week
- I do 20 minutes or more a day of vigorous activity 3 or more days a week

5. In the past month, how often did you consume the following in a typical day?

	Never	Some days, but not every day	One time a day	Two times a day	3-4 Times a day	5+ Times a day
Any type of fruit (do not include juices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100% fruit juice such as apple or orange (not including fruit flavored drinks or fruit juices with added sugar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A green leafy or lettuce salad (with or without other vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any kind of fried potatoes (including french fries, home fries, or hash browns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other kind of potatoes (including baked, boiled, mashed or potato salad)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other type of vegetable (not including lettuce salads or potatoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In the past 12 months, how many times did you or someone in your household cut the size of a meal or skip a meal because there wasn't enough money for food.

- Never
- Only 1 or 2 months
- Some months but not every month
- Almost every month

7. In the past 12 months, have you or anyone in your household experienced any of the following related to your food situation. Select all that apply.

- Food purchased did not last and there was not money to buy more
- Felt you should eat less because there wasn't enough money for food
- None of these apply to me
- Could not afford to eat balanced meals (meals that include fruits, vegetables, grains, protein and dairy)
- Felt hungry but did not eat because there wasn't enough money for food

8. In the past 3 months, how often have you used the following substances?

	Never	Once	Twice	Monthly	Weekly	Daily/almost daily	Prefer not to say
Tobacco Products (cigarettes, chewing tobacco, cigars)	<input type="radio"/>						
Alcohol (beer, wine, spirits)	<input type="radio"/>						
Cannabis (marijuana, pot, grass, weed, hash)	<input type="radio"/>						
Opioids (heroin, morphine, methadone, codeine)	<input type="radio"/>						
Stimulants (cocaine, meth, MDMA/ecstasy/Molly)	<input type="radio"/>						

9. In your lifetime, have you experienced any of the following related to alcohol or drug use? Select all that apply.

- Felt you should cut down on your drinking or drug use
- Had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover
- Been annoyed at people for criticizing your drinking or drug use
- None of these apply to me
- Felt bad or guilty about your drinking or drug use
- Prefer not to say

10. For each statement, please indicate how often you have experienced the following over the past two weeks:

	All the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In your lifetime, have you experienced any of the following related to suicide. Select all that apply. **(Note: if you or a loved one is in mental health crisis and needs support please call the National Suicide Prevention Lifeline at 1-800-273-8255)**

- | | |
|---|---|
| <input type="checkbox"/> Worried about the mental health of someone you know | <input type="checkbox"/> You have had thoughts about suicide |
| <input type="checkbox"/> Someone you know has died by suicide | <input type="checkbox"/> You have attempted suicide |
| <input type="checkbox"/> Someone you know has talked to you about thoughts of suicide | <input type="checkbox"/> You don't know anyone who has thought about or died by suicide |
| <input type="checkbox"/> Someone you know has attempted suicide but didn't die | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> You have worried that someone you know might be thinking about suicide | |

12. In the past week, what strategies have you used to protect yourself from COVID-19? Select all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Washed hands regularly with soap and water | <input type="checkbox"/> Stayed at home | <input type="checkbox"/> Kept my child up to date on COVID-19 vaccine and booster recommendations |
| <input type="checkbox"/> Stood 6 feet apart from another person | <input type="checkbox"/> Cleaned surfaces like door handles, counters, faucets, and remotes | <input type="checkbox"/> Stayed home for five days after testing positive |
| <input type="checkbox"/> Worked from home | <input type="checkbox"/> Avoided gatherings of more than 10 people | <input type="checkbox"/> Stayed home for five days after being exposed to someone who was sick |
| <input type="checkbox"/> Used alcohol based hand sanitizer | <input type="checkbox"/> Avoided gatherings of more than 50 people | <input type="checkbox"/> Got tested because I had symptoms |
| <input type="checkbox"/> Covered coughs and sneezes with a tissue or elbow | <input type="checkbox"/> Wore a well-fitting face mask in public | <input type="checkbox"/> None |
| <input type="checkbox"/> Attended school remotely or had child attend school remotely | <input type="checkbox"/> Kept myself up to date on COVID-19 vaccine and booster recommendations | |

Other (please specify)

13. How do you pay for your healthcare costs? Select all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Insurance through a current or former employer or union | <input type="checkbox"/> Medicaid, Medical Assistance, or any kind of government assistance plan for those with low income or disability | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Insurance purchased directly from an insurance company | <input type="checkbox"/> Tricare or other military insurance | <input type="checkbox"/> Self pay |
| <input type="checkbox"/> Medicare (for people 65+ or with certain disabilities) | <input type="checkbox"/> VA | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other (please specify) | | |

* 14. Select the three best ways to reach you with information:

- | | | |
|---|---|---|
| <input type="checkbox"/> The Cortland Standard | <input type="checkbox"/> Facebook | <input type="checkbox"/> Tabling at community events |
| <input type="checkbox"/> The Cortland Standard website | <input type="checkbox"/> Instagram | <input type="checkbox"/> Grocery bag inserts |
| <input type="checkbox"/> Other newspapers (excluding the Cortland Standard) | <input type="checkbox"/> Snapchat | <input type="checkbox"/> Flyers at social centers (i.e. churches, libraries etc.) |
| <input type="checkbox"/> The Cortland Voice | <input type="checkbox"/> TikTok | <input type="checkbox"/> Flyers in the mail |
| <input type="checkbox"/> Local radio-X101 Always Classic | <input type="checkbox"/> YouTube | <input type="checkbox"/> Flyer distributed by schools or workplace |
| <input type="checkbox"/> Other radio stations | <input type="checkbox"/> Local television ads | |
| <input type="checkbox"/> Spotify | <input type="checkbox"/> Billboards | |
| <input type="checkbox"/> Other (please specify) | | |

15. Zip Code:

- | | |
|--|-----------------------------|
| <input type="radio"/> 13045 | <input type="radio"/> 13158 |
| <input type="radio"/> 13077 | <input type="radio"/> 13863 |
| <input type="radio"/> 13101 | <input type="radio"/> 13141 |
| <input type="radio"/> 13040 | <input type="radio"/> 13784 |
| <input type="radio"/> 13803 | <input type="radio"/> 13087 |
| <input type="radio"/> Other (please specify) | |

16. County of Residence:

- Cortland County
- Other (please specify)

17. Age:

- | | |
|--------------------------------------|---|
| <input type="radio"/> Under 18 years | <input type="radio"/> 45 to 54 years |
| <input type="radio"/> 18 to 24 years | <input type="radio"/> 55 to 64 years |
| <input type="radio"/> 25 to 34 years | <input type="radio"/> 65 years and over |
| <input type="radio"/> 35 to 44 years | |

18. Gender Identity:

19. Sexual Orientation:

- Straight
- Gay or Lesbian
- Bisexual
- Pansexual or polysexual
- Queer
- Prefer to self describe (please specify)
- Asexual or demisexual
- Fluid
- Questioning
- Prefer not to say

20. Race (select all that apply):

- White
- Asian
- Black or African American
- Prefer to self describe (please specify)
- American Indian
- Native Hawaiian or Pacific Islander
- Prefer not to say

21. Are you Hispanic or Latino?

- Yes
- No
- Prefer not to say

22. Education Level:

- Less than high school
- High school diploma or equivalent
- Some college, no degree
- Associate degree
- Bachelor degree
- Graduate degree
- Prefer not to say

23. Annual Household Income:

- Under \$25,000
- \$25,000-\$34,000
- \$35,000-\$50,000
- \$50,000-\$75,000
- More than \$75,000
- Prefer not to say

24. How many people (including yourself) rely on the income provided above?

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight
- Nine or more
- Prefer not to say

25. Are there children under 6 years old living in your home?

- Yes
- No
- Prefer not to say

26. Was your home built before 1978?

- Yes
- No
- Not sure

27. Do you have a disability (such as visual impairment, hard of hearing, mental health difficulty, mobility difficulty) or learning difficulty (such as dyslexia)?

- Yes
- No
- Prefer not to say

* 28. Do you have a chronic health condition?

- No
- Prefer not to say
- Yes, please specify condition below



Cortland County Community Health Assessment Survey

29. If you answered "yes" to question #28 (above), please answer the following: On a scale from 1 to 10 (with 1 being not at all confident and 10 being totally confident) how confident are you that you can

	1 (not at all confident)	2	3	4	5	6	7	8	9	10 (totally confident)
Keep the fatigue caused by your disease from interfering with the things you want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep the physical discomfort or pain of your disease from interfering with the things you want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep the emotional distress caused by your disease from interfering with the things you want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep any other symptoms or health problems you have from interfering with the things you want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the different tasks and activities needed to manage your health condition so as to reduce you need to see a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do things other than just taking medication to reduce how much your illness affects your everyday life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix C. Adult Tobacco Survey Methods and Executive Summary

Cortland County (New York) – Adult Community Tobacco Survey – June 2021

1.1 PURPOSE AND GOALS FOR THIS STUDY

The *Tobacco Free Zone – Cortland, Tompkins, Chenango (TFZ)* is a New York State Department of Health funded agency that is a local level coalition within the New York State Tobacco Control Program, and whose administration is via the Cortland County Health Department (Cortland, New York). During the spring of 2021, TFZ contracted with *Joel LaLone Consulting* (Watertown, New York) to complete an adult community tobacco assessment survey in Cortland County, New York. The study included a survey of 439 adult residents of Cortland County.

The variables recorded in this study (survey questions) were developed with a focus of simultaneously accomplishing several study goals, including assisting future workplan development and planning, evaluation of effectiveness of past initiatives, and better educating local decision-leaders and the general public regarding current tobacco-related attitudes and behaviors. The survey instrument included approximately 25 survey questions relating to the following eight primary sections of questions/information regarding attitudes and behaviors related to tobacco. The specific tobacco-related topics that are studied and reported in the remainder of this document are:

1. **Outdoor Tobacco Policies**
2. **Retail Tobacco Sales Policies**
3. **Attitudes about Tobacco Advertising**
4. **Attitudes about Flavored Tobacco Products**
5. **Protecting Youth from Tobacco Imagery on Screen**
6. **Smoke-Free Housing**
7. **Tobacco Use**
8. **Electronic Nicotine Delivery System (ENDS) Use**

This report is a summary and explanation of the findings of the Cortland County community tobacco study completed for the *Tobacco Free Zone – Cortland, Tompkins, Chenango* in June 2021. When possible, comparisons of the current results are made to the results of previous community tobacco surveys completed in the county between 2004 and 2016. Additionally, the current 2021 Cortland County results are cross-tabulated by several possible demographic explanatory factors and reported both graphically and in tabular format. Finally, Cortland County results are compared to results that have been found in 35 separate New York State county-specific similar studies during the interval of January 2020 through June 2021, to provide perspective surrounding the magnitudes of the current Cortland County results.

1.2 METHODOLOGY

How These Data Were Collected

A mixed-mode survey sampling methodology utilizing both random telephone interviewing and random email-invitation online surveying was employed in this study with a total of 439 Cortland County adult residents completing the survey in May and June of 2021. Three different sampling modalities were used in the mixed-mode sampling design utilized.

- 1) Live interviewer calling to a random selection from a list of all available **landline telephone numbers** for the county was completed.
- 2) Similarly, live interviewer calling to a random selection from a list of all available **cellular phone numbers** for the county was completed.

Cortland County (New York) – Adult Community Tobacco Survey – June 2021

- 3) Finally, in addition to the phone interviews, a random selection of available opt-in email addresses for residents of the county were each sent an invitation to **complete the survey online**.

All telephone calls were made between the hours of 3:00-9:00 pm during evenings between May 17, 2021 and June 4, 2021 using a virtual remote call center. The online version of the survey was open for three weeks during late May 2021 and early June 2021, closing on June 11, 2021. To be eligible to complete the survey participants were required to be at least 18 years of age, and a resident of Cortland County. No participant rewards, neither pre-incentives nor post-incentives, were used in this study. The composition of this study sample shown by sampling modality is summarized below in Table 1.

Table 1 Sampling Modalities – *the contribution to the overall sample*

Modality	Number of Surveys Completed (unweighted contribution to the sample)	% of Total Sample (weighted contribution to the sample)	Response Rate (% of valid phone numbers/email addresses that completed the survey)
Cell phone call	104	32%	15%
Landline call	87	19%	
Email invitation (online)	248	50%	3%
Total Sample Size	n=439	n=439	-
"Cell-only" participants	47%	56%	-

Using this mixed-mode sampling methodology, the resulting participation rates for this study (approximately 15% of all valid telephone numbers attempted, and approximately 3% of all valid email invitations distributed) are considered very good among the industry standards of survey sampling.

In accordance with the American Association of Public Opinion Research (AAPOR) Transparency Initiative pledge the following details and disclosure for the *telephone-interviewing and online surveying* employed in this study, including the following characteristics and facts, should be considered by any reader:

1. **(T) Dates of Data Collection:** May 17, 2021 through June 11, 2021.
2. **(R) Recruitment:**
 - Telephone: All telephone participants were recruited to participate via telephone by random selection from a list of all available valid active residential and cellular telephone lines in Cortland County, New York, USA.
 - Online (Email): Participants were recruited to participate via an email invitation with a link to the survey embedded by random selection from a list of all available email addresses for residents in Cortland County, New York, USA.
3. **(A) Population Under Study:** All adult residents of Cortland County, New York, USA. There are approximately 48,000 residents in the county, with approximately 38,000 of the 48,000 residents age 18 or older, it is these adults who are the population of interest in this study.
4. **(N) List Source:**
 - Telephone: Electronic Voice Services, Inc., www.voice-boards.com
 - Online (Email): Bulk Email Superstore, www.contactai.com, and InfoUSA,
5. **(S) Sampling Design:**
 - Telephone: The entire phone list described in #2 was randomized, and residential and cellular phone numbers were randomly selected to contact to invite to participate in the survey. Call-backs were made to valid phone numbers where no individual answered the call on the first attempt.
 - Online (Email): The entire email address lists described in #2 were randomized, and email addresses of residents of Cortland County, NY were randomly selected to contact to invite to participate in the survey. One reminder follow-up invitation was sent to all who did not complete the survey with the first invitation.
6. **(P) Population Sampling Frame:**
 - Telephone: As described in #2, the sampling frame includes all available residential listed phone numbers, for adults in Cortland County, NY, both landlines and cellular phones included.
 - Online (Email): As described in #2, the sampling frame includes all available email addresses of residents of Cortland County, NY.
7. **(A) Administration:**
 - Telephone: Survey administered via telephone from a remote virtual call center, in both English and Spanish, using SurveyMonkey as the CATI system.
 - Online (Email): Survey administered online from an email invitation, only in English, using SurveyMonkey.
8. **(R) Researchers:** Joel LaLone Consulting, Watertown, NY, completed the research on behalf of the Tobacco Free Zone – Cortland, Tompkins, Chenango, the Cortland County Health Department, Cortland, NY

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- 9. **(E) Exact Wording of Survey:** The survey instrument is attached as an appendix.
- 10. **(N) Sample Sizes:** As is discussed in much greater detail for this study later in this report: n=416 overall for the study, with an overall average margin of error of approximately ±5.5%, including the design effect due to weighting.
- 11. **(C) Calculation of Weights:** Survey results are weighted by gender, age, educational attainment, sampling modality, residence type, and race/ethnicity. Target weighting parameters are obtained from the U.S. Census Bureau to minimize nonresponse bias. Finally, weights have been trimmed to reduce the design effect. The result of this data weighting and curation process is a design effect of approximately 2.2.
- 12. **(Y) Contact Information:** Mr. Joel LaLone, Owner, Joel LaLone Consulting, contact information on page 3.

The Nature of the Sample in this Study

Table 2 describes the characteristics of the sample collected in this study using this multi-mode sampling design.

Table 2 Demographics of the Sample Compared to U.S. Census Estimates
(sample results weighted for gender, age, education, residence type, sampling modality, race/ethnicity, and trimmed)

Demographic Characteristics:	Cortland County (2021 Study Weighted Sample %'s)	Cortland County (U.S. Census Estimates)
Gender		
Male	48%	49%
Female	52%	51%
Transgender	1%	-
Age		
18-44	47%	48%
45-64	32%	32%
65+	21%	20%
Education Level		
HS Graduate or less	39%	41%
Some College	32%	31%
College Graduate <small>(4+years)</small>	29%	28%
Household Income		
Under \$50,000	46%	46%
\$50,000-\$100,000	34%	32%
\$100,000 or more	20%	22%
Residence Type		
Live in a MUD	30%	34%
Do not live in a MUD	67%	66%
Not sure	3%	-
Rental Property Type (among MUD-dwellers)		
Gov. subsidized housing	17%	Estimates not available.
Not subsidized housing	83%	
Not sure	0%	
Race/Ethnicity		
White/Caucasian	92%	93%
Black/African American	2%	2%
Hispanic or Latino	3%	3%
Asian	1%	1%
Native Hawaiian/Pac. Is.	1%	0%
American Indian/Alaskan	1%	0%
Household Composition - # children under age 18 in the home:		
None	65%	28% of households have at least one resident under the age of 18
1	13%	
2	13%	
3	6%	
4	2%	
5+	2%	

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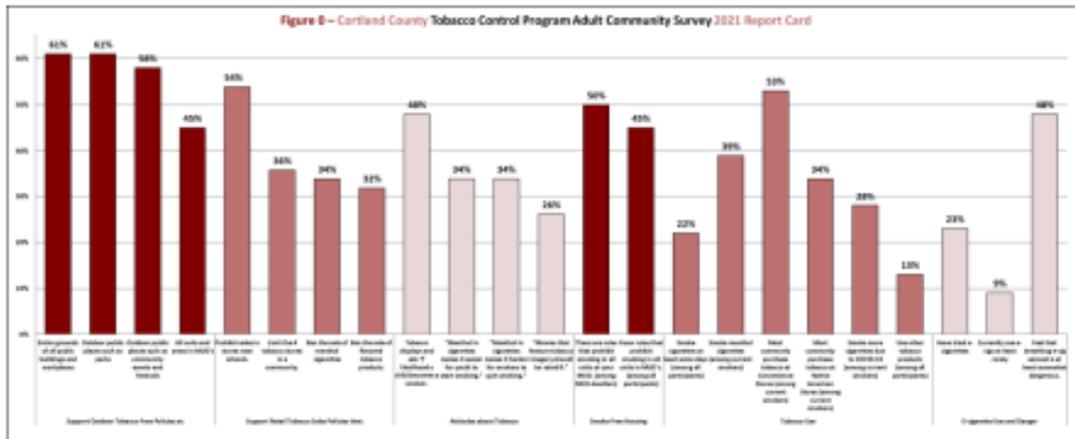
Section 2

Topline Executive Summary of Study Findings

A survey using mixed-mode sampling methodology (including all three of *landline* and *cellular* phone random sampling, and *email-invitation online* surveying) of adult residents of Cortland County, New York is completed approximately once every two years with a goal of collecting tobacco-related information on behalf of *Tobacco Free Zone – Cortland, Tompkins, Chenango*. These data are intended to be used by *Tobacco Free Zone – Cortland, Tompkins, Chenango* to plan future initiatives, educate the public and decision-makers regarding tobacco-related issues, as well as used to evaluate and assess impact and effectiveness of past initiatives. In 2021 the study included interviews/surveys of 439 adult residents completed during the months of May and June of 2021. The survey instrument was constructed with approximately 25 survey questions, organized in eight separate sections of tobacco-related attitude, opinion, and behavior survey items. This topline executive summary provides brief noteworthy highlighted findings in 2021 for each of the eight areas of study, with reference to current results, trends that have emerged since past studies in the county, comparisons to current regional NYS average results, and selected highlights of results for key subgroups (often-times the attitudes and behaviors of the subgroup of *current cigarette smokers*).

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2.0 Overall Study Highlights – *The View from 30,000 Feet*



Outdoor Tobacco Policies – By a large margin, residents currently show more support than opposition to policies that prohibit smoking at various public outdoor locations that have been studied.

Retail Tobacco Sales Policies – Residents continue to report far more support for than opposition to policies that would prohibit tobacco sales at stores located near schools, although the level of support in the county has decreased in the past five years. Residents report less support than opposition to limiting the number of stores that can sell tobacco in one’s community, banning the sale of menthol cigarettes, and banning the sale of flavored tobacco products like little cigars and smokeless tobacco (excluding menthol cigarettes).

Attitudes about Tobacco Advertising – Residents continue to be far more likely than not to agree that tobacco displays and advertisements increase the likelihood that a child will become a smoker.

Attitudes about Flavored Tobacco Products – Residents are more likely to agree than disagree that menthol in cigarettes both make it easier for youth to start smoking, and harder for current smokers to quit.

Protecting Youth from Tobacco Imagery on Screen – By more than a two-to-one margin in 2021 residents tend to disagree rather than agree (53% disagree to 26% agree) that “Movies that feature tobacco imagery should be rated R”, with residents in 2021 much less likely to agree with this statement than was found in the county in 2016.

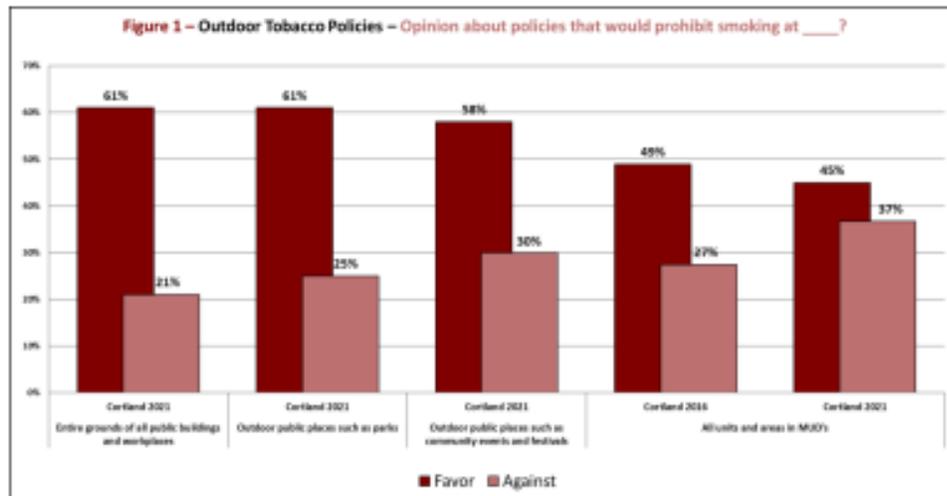
Smoke-Free Housing – Currently approximately one-half of MUD-dwellers in the county (50%) report that there is a rule in their building that prohibits smoking in all residential units, and only about one-in-four lives where smoking is allowed in all units (28%). This represents a tremendous change from only 4% living where no smoking is allowed in any units found in the county in 2008. Residents are more likely to support than oppose smoke-free policies that would prohibit smoking in all residential units of multiple-unit dwellings.

Tobacco Use – The conventional cigarette smoking rate has remained stable over recent years in the county (currently 22%), while the rate of use of other non-cigarette tobacco products in the county is currently 13%. Among current cigarette smokers almost two-in-five (39%) indicate that they smoke menthol cigarettes. By far, the most common location where smokers purchase their tobacco is at convenience stores/gas stations. When asked the impact that the COVID-19 pandemic has had upon their frequency of smoking, current cigarette smokers are much more likely to indicate that the pandemic has caused them to smoke more cigarettes (28%) than they are to report that it has caused them to smoke less cigarettes (8%), with a most common response, however, of remained smoking the same amount of cigarettes (62%).

E-cigarette Use – Approximately one-fourth of all adult residents (23%) have tried e-cigarettes or other vaping products in the past, with 9% currently use e-cigarettes at least rarely, a large increase since first measured in the county in 2014 (when rate was only 3%). Residents strongly believe that breathing the aerosol from someone else’s e-cigarette is harmful to one’s health (only 18% feel that breathing the aerosol from someone else’s e-cigarette is not at all harmful).

Cortland County (New York) – Adult Community Tobacco Survey – June 2021

2.1 Outdoor Tobacco Policies – Executive Summary

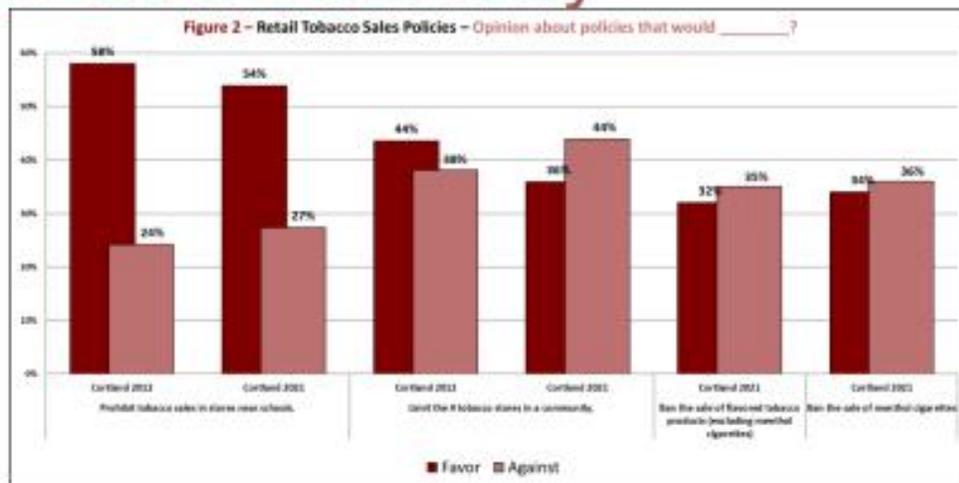


1. A high level of support has been found in Cortland County for a policy that would prohibit smoking on the entire grounds of all public buildings and workplaces – 61% of adults (all participants were asked this item, whether currently employed or not) in Cortland County favor and only 21% oppose this type of smoke-free policy. The 61% rate of favoring this potential policy in 2021 is not significantly different from the current regional average support rate of 62%. A small portion of *current cigarette smokers* in Cortland County in 2021 favor a smoking prohibition policy on the entire grounds of all public buildings and workplaces (only 19% of smokers favor, while 56% are against). (Table 6)
2. Strong support for a policy that prohibits smoking in outdoor public places such as public parks has been found in Cortland County – among adults in Cortland County 61% indicate that they are in favor of a policy that prohibits smoking in outdoor public places such as public parks, while currently in Cortland County only 25% express opposition to this potential policy. The 61% rate of favoring this potential policy in 2021 is not significantly different from the current regional average support rate of 56%. Only approximately one-third of *current cigarette smokers* in Cortland County in 2021 favor a smoking prohibition policy in outdoor public places such as public parks (33% of smokers favor, while 57% are against). (Table 7)
3. Support for a policy that prohibits smoking in outdoor public places such as community events and festivals has been found in Cortland County – a majority of adults in Cortland County (58%) indicate that they are in favor of a policy that prohibits smoking in outdoor public places such as community events and festivals, while currently in Cortland County only 30% express opposition to this potential policy. The 58% rate of favoring this potential policy in 2021 is not significantly different from the current regional average support rate of 59%. Support in 2021 for a policy that prohibits smoking in outdoor public places such as community events and festivals is much lower among *current cigarette smokers* in Cortland County (only 17% of smokers favor, while 76% are against). (Table 8)
4. More support for than opposition to a policy that prohibits smoking in apartment buildings, townhouses, and other multi-unit complexes, including indoor areas, private balconies and patios has been found in Cortland County – a larger portion of adults in Cortland County indicate that they are in favor

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of a policy that prohibits smoking in apartment buildings, townhouses, and other multi-unit complexes, including indoor areas, private balconies and patios (45%) than the portion who indicate that they are opposed (37%). The 45% rate of favoring this potential policy in 2021 is not significantly different from the current regional average support rate of 50%, and has not changed significantly in the county from 49% found in 2016. Approximately one-tenth of current cigarette smokers in Cortland County in 2021 favor a smoking prohibition policy in apartment buildings, townhouses, and other multi-unit complexes, including indoor areas, private balconies and patios (11% of smokers favor, while 79% are against). (Table 9)

2.2 Retail Tobacco Sales Policies – Executive Summary



- When asked their opinion about a policy that would prohibit the sale of tobacco products in stores that are located near schools a majority of Cortland County adults (54% in the county) are in favor, while only 27% are against the potential policy. The 54% rate of favoring this potential policy has not changed significantly from 58% found in the county when first studied in 2012. The 54% support rate in Cortland County in 2021 is significantly lower than the current regional average support rate of 63%. Among current cigarette smokers in Cortland County in 2021 there is far less support for a policy that would prohibit the sale of tobacco products in stores that are located near schools – only 34% favor, while 56% are against. (Table 10)
- When asked whether one is in favor of a policy that would limit the number of stores that could sell tobacco in one’s community, Cortland County adults are not strongly in support (only 36% in Cortland County are in favor, while 44% are against). The 36% rate of favoring this potential policy in 2021 is significantly lower than the 51% found in the county in 2016, and the 2021 Cortland County support rate is significantly lower than the current regional average support rate of 47%. Among current cigarette smokers in Cortland County in 2021 only 15% favor this limit on the number of stores that could sell tobacco in one’s community, while 78% are against. (Table 11)
- Cortland County adults show more opposition than support for a policy that would ban the sale of menthol cigarettes (only 34% indicate “favor” in Cortland County, while 36% indicate “against”). The 34% rate of favoring this potential policy in Cortland County in 2021 is significantly lower than the current regional average support rate of 42%. Support for a policy that would ban the sale of menthol cigarette is very low among current

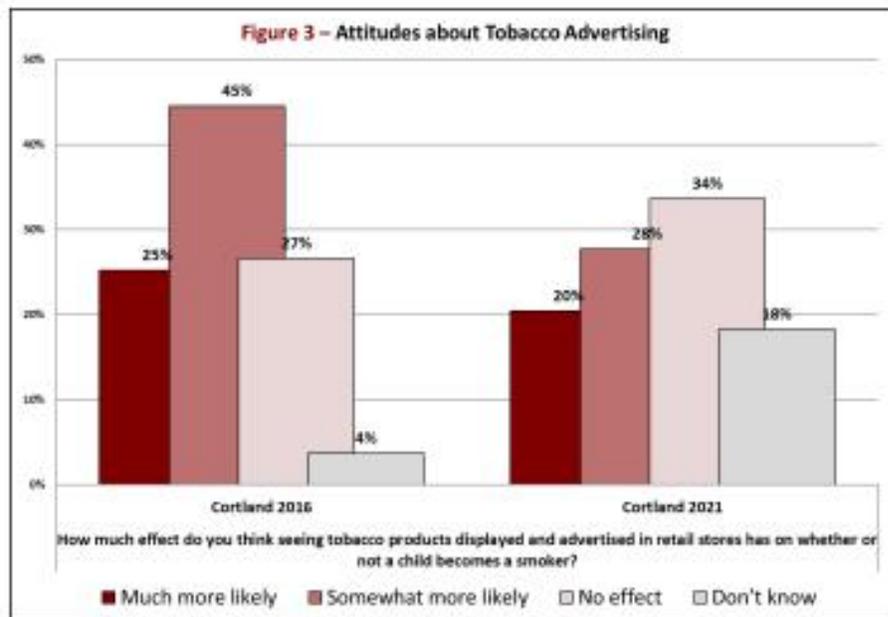
Cortland County (New York) – Adult Community Tobacco Survey – June 2021

cigarette smokers in Cortland County in 2021 with only 9% of *current cigarette smokers* in the county responding “favor”, while 72% of *current cigarette smokers* in the county are opposed. (Table 12)

8. Cortland County adults show less support than opposition for a policy that would ban the sale of flavored tobacco products like little cigars and smokeless tobacco (excluding menthol cigarettes) (32% indicate “favor” in Cortland County, while 35% indicate “against”). The 32% rate of favoring this potential policy in Cortland County in 2021 is significantly lower than the current regional average support rate of 46%. Support for a policy that would ban the sale of flavored tobacco products like little cigars and smokeless tobacco (excluding menthol cigarettes) is very low among *current cigarette smokers* in Cortland County in 2021 with only 12% of *current cigarette smokers* in the county responding “favor”, while 66% of *current cigarette smokers* in the county are opposed. (Table 13)

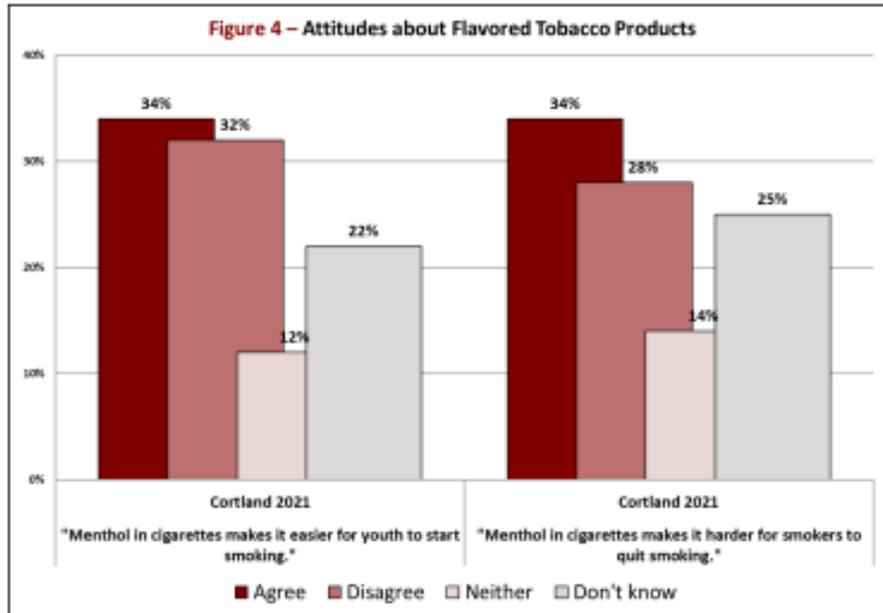
2.3 Attitudes about Tobacco Advertising – Executive Summary

9. It is more common that Cortland County adult residents believe that seeing tobacco products displayed and advertised in retail stores increases the likelihood that children become smokers than it is to believe that these displays and advertisements have no effect upon a child’s likelihood to smoke (48% versus 34%, respectively). In 2021, 20% respond “much more likely to become a smoker” and another 28% respond “somewhat more likely”, while only 34% of adult residents believe that there is “no effect”. The 48% rate of responding “at least somewhat more likely” in Cortland County in 2021 has decreased significantly from 70% found in the county in 2016, and it is significantly lower than the current regional average rate of 65%. Among *current adult cigarette smokers* in Cortland County in 2021, perception of the negative impact of tobacco displays and advertisements upon children is less common (among *current adult cigarette smokers*, only 7% respond “much more likely to become a smoker” and another 15% respond “somewhat more likely”, while 52% believe that there is “no effect”). (Table 14)



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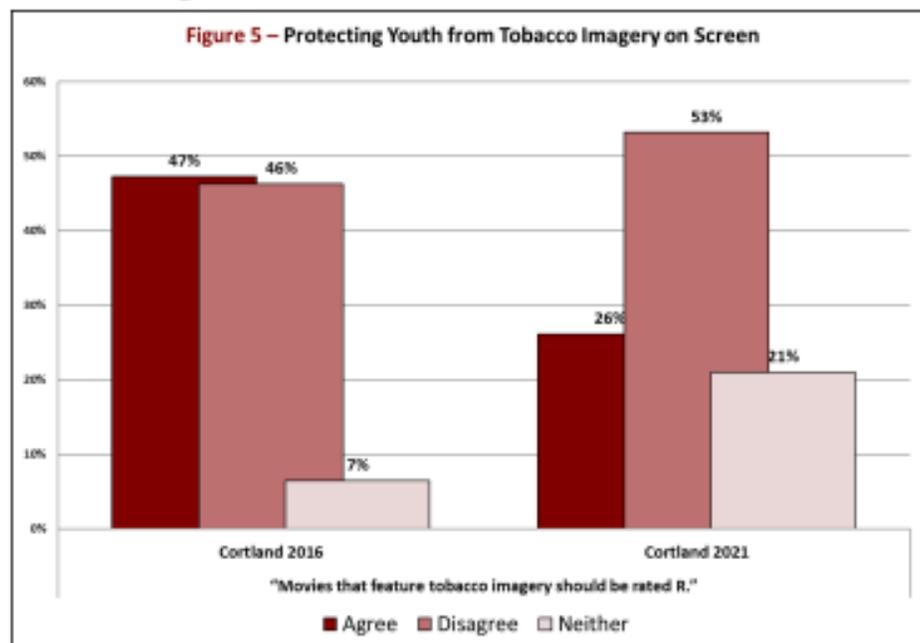
2.4 Attitudes about Flavored Tobacco Products – Executive Summary



- Cortland County adults tend to agree more than disagree that "Menthol in cigarettes makes it easier for youth to start smoking."** (34% indicate "agree" in Cortland County, while only 32% indicate "disagree"). The 2021 agreement rate in Cortland County (34%) is significantly lower than the current regional average agreement rate of 42%. Agreement among *current cigarette smokers* in Cortland County in 2021 is less common with only 21% of *current cigarette smokers* in the county responding "agree", while 55% of *current cigarette smokers* in the county disagree. (Table 15)
- Cortland County adults tend to agree more than disagree that "Menthol in cigarettes makes it harder for smokers to quit smoking."** (34% indicate "agree" in Cortland County, while only 28% indicate "disagree"). The 2021 agreement rate in Cortland County (34%) is not significantly different from the current regional average agreement rate of 39%. The disagreement among *current cigarette smokers* in Cortland County in 2021 is larger with 24% of *current cigarette smokers* in the county responding "agree", and a large rate of 50% of *current cigarette smokers* in the county disagreeing. (Table 16)

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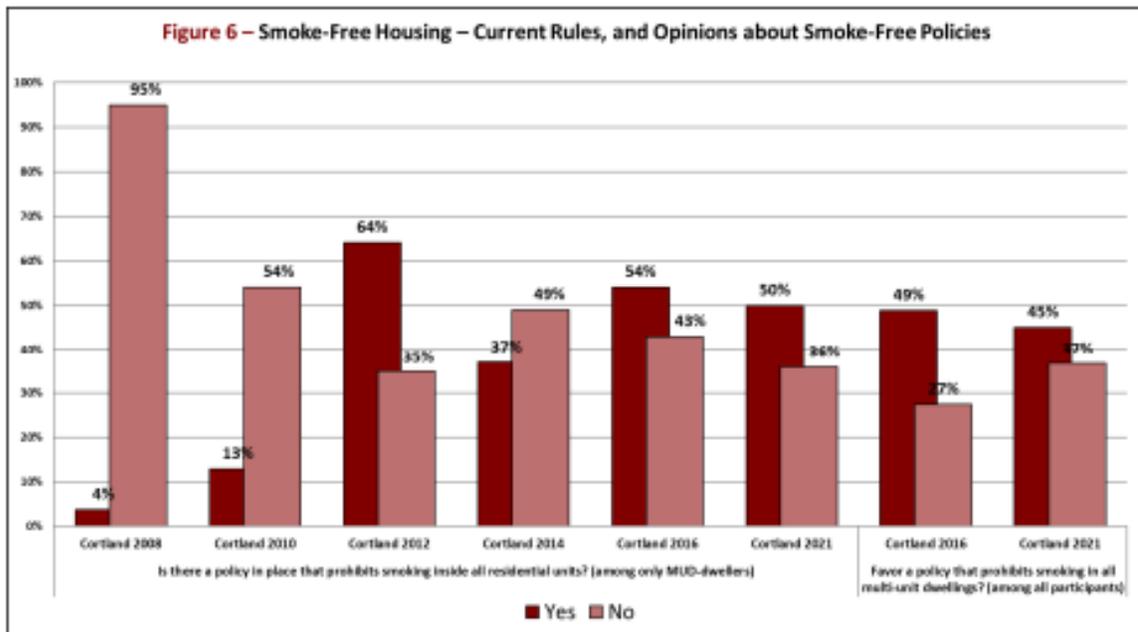
2.5 Protecting Youth from Tobacco Imagery on Screen – Executive Summary



12. When asked their opinion about whether one agrees with the following statement, “**Movies that feature tobacco imagery should be rated R**” a minority of Cortland County adults agree (26%), while 53% of participants disagree. The 2021 agreement rate in Cortland County (26%) is significantly lower than the current regional average agreement rate of 33%, and has decreased significantly from 47% found in the county in 2016. Among *current smokers* in Cortland County in 2021, it becomes less likely that one agrees that “Movies that are feature tobacco imagery should be rated R” (agreement rate among *smokers* is only 11%; while 67% of *smokers* disagree). (Table 17)

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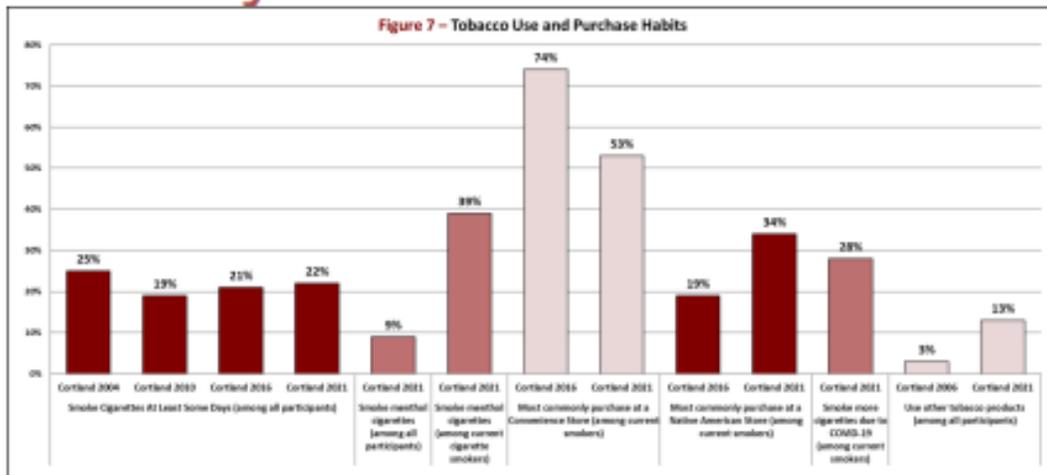
2.6 Smoke-Free Housing – Executive Summary



- Among residents in Cortland County who live in multi-unit dwellings (apartments) approximately one-half (50%) indicate that **there is a rule set by their landlord in their building that prohibits smoking tobacco inside the residential units**, while only 36% indicate that smoking is allowed in all or some residential units. The rate of living in a smoking-prohibited-everywhere-inside MUD housing in Cortland County (50%) is not significantly different from the current 2021 regional average rate of 47%, and has increased significantly from only 4% found in the county when first studied in 2008. MUD-dwellers who are *current cigarette smokers* in 2021 have a lower likelihood to indicate that smoking is prohibited everywhere in the residential units of their building as do non-smokers – 25% vs. 56%, respectively. (Table 18)
- More support for than opposition to a policy that prohibits smoking in apartment buildings, townhouses, and other multi-unit complexes, including indoor areas, private balconies and patios has been found in Cortland County – a larger portion of adults in Cortland County indicate that they are in favor of a policy that prohibits smoking in apartment buildings, townhouses, and other multi-unit complexes, including indoor areas, private balconies and patios (45%) than the portion who indicate that they are opposed (37%). The 45% rate of favoring this potential policy in 2021 is not significantly different from the current regional average support rate of 50%, and has not changed significantly in the county from 49% found in 2016. Approximately one-tenth of *current cigarette smokers* in Cortland County in 2021 favor a smoking prohibition policy in apartment buildings, townhouses, and other multi-unit complexes, including indoor areas, private balconies and patios (11% of smokers favor, while 79% are against). (Table 9)

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2.7 Tobacco Use – Executive Summary

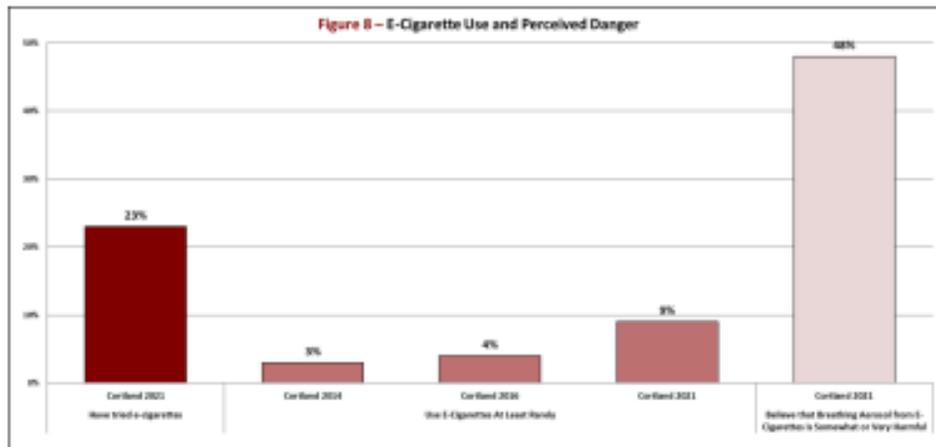


15. Approximately one-half of adults in Cortland County in 2021 (51%) have **smoked at least 100 cigarettes in their lifetime**. This rate has remained between 40%–53% each of the nine studied years throughout the past 17 years (was 53% in 2004), and in 2021 is not significantly different from the current regional average rate of 48%. (Table 19)
16. The **current cigarette smoking rate found in Cortland County is: a total estimate of 22% current smokers**, with 17% smoking cigarettes every day and 5% smoking on only some days. The current cigarette smoking rate (“current” is defined as “on at least some days”, meaning every day or some days; and having smoked at least 100 cigarettes in one’s entire life) in Cortland County has not changed significantly from the rates found in Cortland County tobacco studies completed between 2004–2016 (rate was 25% in 2004). The current 22% smoking rate in Cortland County is not significantly different from the current regional average of 18%. Almost one-third (29%) of participants in 2021 indicate that they are former smokers (have smoked 100+ cigarettes in their entire lifetime, but no longer smoke at all). (Tables 20 and 21)
17. Significant **correlations with cigarette smoking – potential explanatory factors that may be related with the likelihood that a Cortland County adult resident will be a current cigarette smoker** – that were discovered in 2021 include that residents with lower formal education levels (approximately 31% of those who have not attended any college are smokers), and residents from households with lower annual incomes (30% of those who are from households with incomes of \$50,000 or less annually are smokers) **are most likely to be current cigarette smokers**. (Table 21)
18. **Use of menthol cigarettes** (among those who are current cigarette smokers) in Cortland County in 2021 is somewhat common (39% of current cigarette smokers report to use menthol cigarettes, which is a rate of 9% among all participating adults). The current 39% menthol cigarette use rate among Cortland County cigarette smokers is not significantly different from the current regional average of 42%. (Table 22)
19. Among current cigarette smokers in Cortland County **convenience stores and gas stations continue to be the most common locations where they purchase their tobacco products** (53% in 2021, decreased from 74% in 2016), followed by Native American stores (34% in 2021, increased from 19% in 2016). These rates are not significantly different from the current regional averages. (Table 23)

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- 20. Current cigarette smokers were asked “How has the COVID-19 pandemic has influenced your tobacco use?”, and approximately one-fourth of adult smokers in Cortland County (28%) responded with “I now smoke more”, while only 8% responded with “I now smoke less”, however, the most common response was “I now smoke about the same” (62%). These rates are not significantly different from the current regional averages of 28% “more”, 14% “less”, and 57% “same”. (Table 24)
- 21. Use of other tobacco products (those other than conventional cigarettes) among Cortland County residents is less common than conventional cigarette use (in 2021, only 13% use non-cigarette tobacco products, while 22% smoke conventional cigarettes). Note that this survey question was asked as follows: “Do you currently use any other type of tobacco products, other than cigarettes? – Yes or No”. This phrasing did not have the same specificity as other tobacco-use questions that had possible response choices of “every day”, “some days”, and “not at all”. Therefore, the definition of the word “use” was left to the discretion of the participants in the overall non-cigarette tobacco use survey question. The reported 13% rate of non-cigarette tobacco use in Cortland County in 2021 is not significantly different from the current regional average rate of 9%, however, it has increased significantly from 3% found in the county in 2006. A possible and likely connection between smoking conventional cigarettes and using other forms of tobacco is evident among Cortland County adults in 2021 – approximately 29% of current cigarette smokers in Cortland County in 2021 also use other tobacco products, while only 8% of non-smokers report to do so. (Table 25)
- 22. When asked the specific types of other tobacco products (those other than conventional cigarettes) used, Cortland County residents most commonly report to use smokeless tobacco, including dip, chew, and snus (4.4%), followed by using cigars (3.7%). Again a possible and likely connection between smoking conventional cigarettes and using other forms of tobacco is evident among Cortland County adults – approximately 8% of current cigarette smokers in Cortland County in 2021 also use smokeless tobacco products, while only 3% of non-smokers report to do so. (Table 26)

2.8 Electronic Nicotine Delivery System (ENDS) Use – Executive Summary



- 23. Approximately one-in-four adults in Cortland County (23%) report that they have tried using an electronic cigarette, e-cigarette, or other vaping product, even just one time. The “ever-tried” e-cigarette use rate in 25

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Cortland County in 2021 (23%) is not significantly different from the current regional average of 29%. A possible connection between smoking conventional cigarettes and using e-cigarettes is very evident among Cortland County adults – approximately 40% of *current cigarette smokers* in Cortland County in 2021 have tried e-cigarettes in the past, while this rate drops to only 31% among *former cigarette smokers*, and further to only 12% among those who have *never smoked conventional cigarettes*. (Table 27)

24. Currently 9% of adults in Cortland County report to **use e-cigarettes or other electronic vaping products at least rarely**. The e-cigarette use rate in Cortland County in 2021 (9% use at least rarely) is not significantly different from the current regional average of 11%, however, it has increased significantly from 2.5% found in the county in 2014, and 4.2% found in 2016. (Table 28)
25. Residents of Cortland County strongly **believe that breathing the aerosol from someone else's e-cigarettes or other electronic vaping products is harmful** (26% respond "very harmful", and another 22% respond "somewhat harmful", while only 18% respond "not at all harmful"). The rate of responding "very harmful" in Cortland County in 2021 (26%) is not significantly different from the current regional average rate of 30%. A possible and likely connection between smoking conventional cigarettes and perception of the danger of e-cigarettes is evident among Cortland County adults – approximately 11% of *current cigarette smokers* in Cortland County in 2021 feel that breathing the aerosol from e-cigarettes is "very harmful", while 30% of *non-smokers* report this perception. (Table 29)

Appendix D. Key Stakeholder Survey Questionnaire

Cortland County 2022 CHA/CHIP Key Stakeholder Focus Area Prioritization Survey

1. Organization:

2. If your organization would like to be included as a participating partner for the CHA/CHIP report, please upload a file of your organizational logo here:

Choose File

Choose File

No file chosen

3. Did you consult with other organizational leaders/staff members/stakeholders before completing this survey?

Yes

No

Responses to questions #3-7 will be utilized to prioritize and select the focus areas for 2022-2024. Some questions may rely on personal knowledge/experiences, however, data included in the focus area PowerPoint should be utilized to assist with answers whenever possible.

4. Please rate each focus area based on the size of the problem.

Size of problem: Number or percentage of people affected in Cortland County

	Size of problem
Lack of healthy eating	<input type="text"/>
Food insecurity	<input type="text"/>
Physical inactivity	<input type="text"/>
Tobacco use	<input type="text"/>
Lack of chronic disease preventative care management	<input type="text"/>
Alcohol use	<input type="text"/>
Opioids and other substance use	<input type="text"/>
Adverse childhood experiences	<input type="text"/>
Suicide	<input type="text"/>
Depression/well-being	<input type="text"/>
Hepatitis C	<input type="text"/>
Vaccine Preventable Disease (COVID-19)	<input type="text"/>
Indoor Environment (Radon/Lead)	<input type="text"/>

Size of problem

- 1-Relatively few people affected
- 2-Moderate number of people affected in particular subgroups
- 3-Moderate number of people affected across the entire population
- 4-Large number affected in particular subgroups
- 5-Large number affected across entire population

5. Please rate each focus area based on the seriousness of the problem.

Seriousness of problem: Potential for a health problem to result in severe disability or death

	Seriousness of Problem
Lack of healthy eating	<input type="text"/>
Food insecurity	<input type="text"/>
Physical inactivity	<input type="text"/>
Tobacco use	<input type="text"/>
Lack of chronic disease preventative care management	<input type="text"/>
Alcohol use	<input type="text"/>
Opioids and other substance use	<input type="text"/>
Adverse childhood experiences	<input type="text"/>
Suicide	<input type="text"/>
Depression/well-being	<input type="text"/>
Hepatitis C	<input type="text"/>
Vaccine Preventable Disease (COVID-19)	<input type="text"/>
Indoor Environment (Radon/Lead)	<input type="text"/>

Seriousness of Problem

▾

- 1-Not life threatening or disabling
- 2-Not life threatening, but sometimes disabling
- 3-Moderately life threatening or disabling
- 4-Moderately life threatening with a strong likelihood of disability
- 5-High likelihood of death or disability

6. Please rate each focus area based on the resources available to address the problem.

Resources available: Amount of resources - funding (grants, donations), time, space, volunteers, expertise - currently or potentially available in Cortland County to address health problem

	Resources Available
Lack of healthy eating	<input type="text"/>
Food insecurity	<input type="text"/>
Physical inactivity	<input type="text"/>
Tobacco use	<input type="text"/>
Lack of chronic disease preventative care management	<input type="text"/>
Alcohol use	<input type="text"/>
Opioids and other substance use	<input type="text"/>
Adverse childhood experiences	<input type="text"/>
Suicide	<input type="text"/>
Depression/well-being	<input type="text"/>
Hepatitis C	<input type="text"/>
Vaccine Preventable Disease (COVID-19)	<input type="text"/>
Indoor Environment (Radon/Lead)	<input type="text"/>

Resources Available

- 1-Few resources available and few opportunities to increase resources
- 2-Few resources available and some opportunities to increase resources
- 3-Some resources available and some opportunities to increase resources
- 4-Some resources available and many opportunities to increase resources
- 5-Many resources available and many opportunities to increase resources

7. Please rate each focus area based on the potential for improvements in health equity in Cortland County.

Improvements in health equity: Severity of health disparities identified in Cortland County for the health issue and the likelihood interventions will address these disparities

	Equity
Lack of healthy eating	<input type="text"/>
Food insecurity	<input type="text"/>
Physical inactivity	<input type="text"/>
Tobacco use	<input type="text"/>
Lack of chronic disease preventative care management	<input type="text"/>
Alcohol use	<input type="text"/>
Opioids and other substance use	<input type="text"/>
Adverse childhood experiences	<input type="text"/>
Suicide	<input type="text"/>
Depression/well-being	<input type="text"/>
Hepatitis C	<input type="text"/>
Vaccine Preventable Disease (COVID-19)	<input type="text"/>
Indoor Environment (Radon/Lead)	<input type="text"/>

Equity

- 1-Very unlikely that interventions would improve health equity
- 2-Unlikely that interventions would improve health equity
- 3-Unclear if interventions would improve health equity
- 4-Likely that interventions would improve health equity
- 5-Very likely that interventions would improve health equity

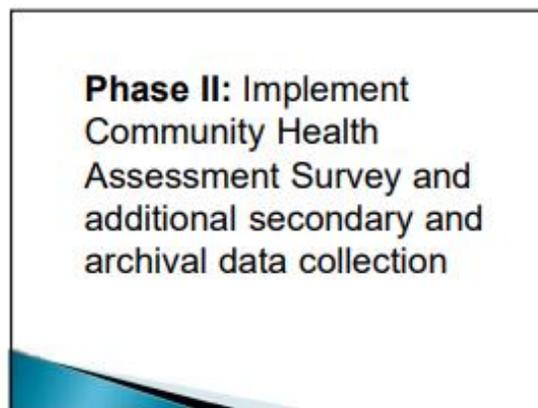
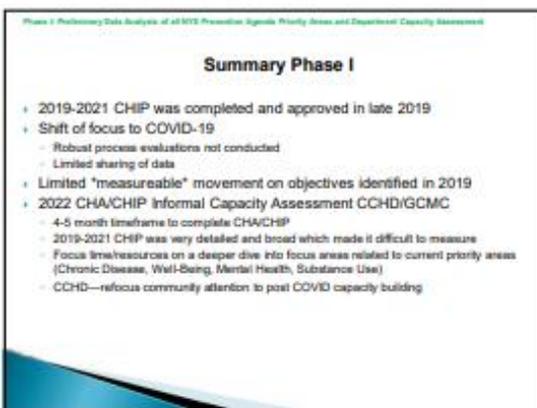
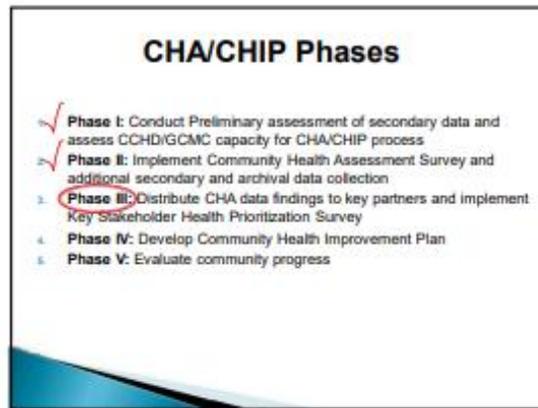
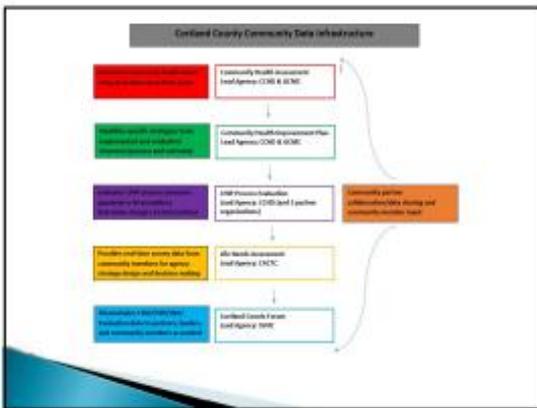
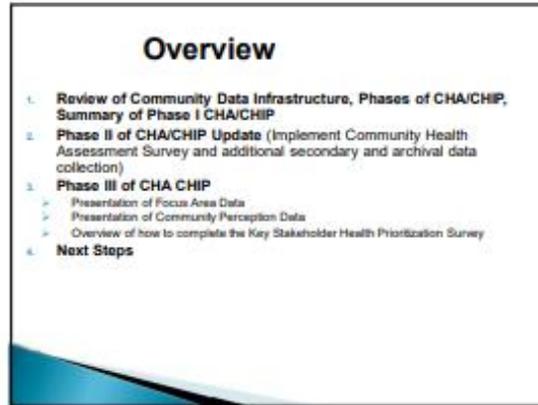
8. Please rate the following criteria based on how important it is in the selection of health focus areas for Cortland County, with 1 being the least important and 4 being the most important. Please select N/A or skip this question if you feel they are equally important.

	1-Least Important	2	3	4-Most Important	N/A
Size of problem	<input type="radio"/>				
Seriousness of problem	<input type="radio"/>				
Resource availability	<input type="radio"/>				
Health equity	<input type="radio"/>				

9. Please select the focus areas that your organization is currently addressing with evidence based interventions (or will be addressing in the next year). Responses to this question will be utilized to organize workgroups for the Community Health Improvement Plan once focus areas are selected.

- | | |
|---|---|
| <input type="checkbox"/> Lack of healthy eating | <input type="checkbox"/> Adverse childhood experiences |
| <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Physical inactivity | <input type="checkbox"/> Depression/well-being |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Lack of chronic disease preventative care management | <input type="checkbox"/> Vaccine Preventable Disease (COVID-19) |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Indoor Environment (Radon/Lead) |
| <input type="checkbox"/> Opioids and other substance use | |

Appendix E. Key Stakeholder Presentation



Phase II: Implement Community Health Assessment Survey and additional secondary and archival data collection

Scope of the Community Health Assessment

- Community Profile**
Population trends, age, sex, race/ethnicity, language
- Social Determinants of Health**
Education, Employment, Poverty, Housing, Transportation, Media
- Healthcare Access**
Substance use providers, dental care, mental health care, primary care
- Health Outcomes**
Chronic Disease
Communicable Disease
Unintentional Injury
Behavioral Health
- Health Focus Areas**
NYSDOH Prevention Agenda Focus Areas related to chronic disease and substance use/mental health
- Prioritization of Health Focus Areas**
Results of the Key Stakeholder Health Prioritization Survey

Community Participation

Health Disparities

Phase II: Implement Community Health Assessment Survey and additional secondary and archival data collection

NYSDOH Prevention Agenda Focus Areas

Priority Area: Prevent Chronic Disease

1. Physical Activity
2. Healthy Eating
3. Food Security
4. Tobacco Prevention
5. Chronic Disease Preventive Care and Management

Priority Area: Promote Well Being and Prevent Mental and Substance Use Disorders

6. Alcohol
7. Opioids and other substances
8. Adverse Childhood Experiences
9. Depression/Well-Being
10. Suicide

Priority Area: Communicable Disease

11. Hepatitis C
12. Vaccine Preventable Disease

Priority Area: Promote a Healthy and Safe Environment

13. Indoor Environment (Lead and Radon)

Phase III: Distribute CHA data findings to key partners and implement Key Stakeholder Health Prioritization Survey

Key Stakeholder Survey

- Each organization will submit one survey!
- Discuss with other leaders in organize to support buy-in
- Following CDC's guidance for prioritizing health issues
- Will require you to utilize the data presented today and your own expertise/experience to complete the survey.
- Rate (not rank) each focus area by the following criteria:
 - Size of the problem:** number or percentage of people affected in Cortland County
 - Severity of the problem:** potential of health problem to result in severe disability or death
 - Health equity:** severity of health disparities identified in Cortland County and the likelihood that interventions will address disparities
 - Resources available:** amount of resources/funding (grants, donations), time, space, volunteers, expertise-currently or potentially available in Cortland County
- Rate each criteria (will be used to determine if partners feel any criteria should be weighed as more important than others in access)
- Score based on ratings of focus areas
 - Highest scoring focus areas will be selected (2-4)

Phase II: Implement Community Health Assessment Survey and additional secondary and archival data collection

Data Sources Benefits/Limitations

- Secondary Data**
 - Limitations**
 - Out of date—most measures from 2010 or earlier (pre-COVID)
 - Limited demographic breakdowns of data
 - Benefits**
 - Is considered "representative" of entire population, in most cases
 - Items for statistically significant change, conducted, in most cases
- Primary Data**
 - Limitations**
 - Cannot be considered "representative" of entire population at this point. Must be used as a "snapshot" of community health.
 - Benefits**
 - Recently collected data, shows what is happening right now
 - Can ask specific questions we need to know about the community
 - Access to case level data that can be broken down by demographics to clarify disparities
 - Botton Line!**
 - Cannot rely on secondary or primary data alone to make decisions. Utilize multiple primary and secondary data sources to gain the clearest picture of a particular health problem in the community.

"It is better to be roughly right than precisely ignorant"

Phase II: Implement Community Health Assessment Survey and additional secondary and archival data collection

Secondary Data Sources

- NYSDOH Community Health Indicators Dashboard
 - Updated by NYSDOH in Spring 2022
- NYSDOH Prevention Agenda Dashboard
 - Updated by NYSDOH in Spring 2022
- United States Census and American Community Survey

Phase II: Implement Community Health Assessment Survey and additional secondary and archival data collection

Primary Data Sources

2022 Cortland County Community Health Assessment Survey

- Goals**
 - Obtain more recent data about health issues impacting community
 - Identify health disparities in the community
 - Track trends about community perceptions
 - Create baseline for future surveys
- Survey Design**
 - Designed by CCHD using primarily validated survey questions related to chronic disease and substance use/mental health (NYSDOH Prevention Agenda Focus Areas)
 - Feedback obtained from SCBC and CACTC on questions and ATI on accessibility
- Survey Collection/Outreach**
 - Lead by full-time CCHD BIRTH Cortland Healthcare Management Intern
 - Implemented 2/17/22-8/22/22 by CCHD/SCBC and partners across all sectors
 - Target population:
 - Adults in the Cortland County community
 - Outreach**
 - Interactive
 - Tabling
 - Text Messages/Listserv
 - Social Media
 - Samuel Media
 - Reaching Marginalized Groups
 - 2,288 surveys collected in total
 - 88.5% Cortland County residents, 9.22% residents of neighboring counties

Phase 8: Implement Community Health Assessment Survey and additional secondary and archival data collection

Primary Data Sources

2021 Cortland County Youth Development Survey

- **Goals**
 - Collect data related to risk behaviors in Cortland County youth population
- **Survey Design**
 - Validated 139 question survey tool with 20 additional questions added
- **Survey Collection**
 - Implemented in the Fall of each school year by CACTC and local school districts
 - Target Population: 7th-12th graders in all 5 Cortland County school districts participate
 - 1,975 surveys collected in 2021
 - Data analysis conducted by CACTC Epidemiologist for all youth survey data included in the Community Health Assessment

Phase 8: Conduct CHA Data Tooling to key partners and implement Key Stakeholder Health Prioritization Survey

Definitions of 2022 CHA Survey Measures

Not physically active: respondents that did not report that they do 30 minutes or more of moderate physical activity 5 or more days a week or they do 20 minutes or more of vigorous physical activity 3 or more days a week (KMPH, 2016).

Very low fruit intake: respondents that reported, on a typically day over they past month, they consumed that and that juice less than one time a day (BRFSS Sub-vegetable scale module).

Very low vegetable intake: respondents that reported, on a typically day over they past month, they consumed green leafy salads and other vegetables, and fruit potatoes and any other types of potatoes less than one time a day (BRFSS Sub-vegetable scale module).

Food insecurity: respondents that scored 2 or higher on the six-item food security scale (National Center for Health Statistics Food Security Scale).

Mean chronic disease management self-efficacy: a survey population's mean score (out of 10) on the Self-Efficacy for Managing Chronic Disease 6-item Scale.

Alcohol/tobacco/cannabis use in the past week: respondents that reported alcohol, tobacco, or cannabis use weekly or daily/monthly daily in the past three months.

Smoked/tobacco use in the past three months: respondents that reported smoked or used one or more times, monthly, weekly or daily/monthly daily in the past three months.

At risk of substance use disorder: respondents that reported they've experienced at least one of the following in their lifetime related to alcohol or drug use, but they should not down, been annoyed at people for criticizing or bragging use, felt bad or guilt about drinking/drug use, had a drink or used drugs first thing in the morning to steady nerves/get rid of a hangover (CAGE-AID, Johns Hopkins, collection, 2016).

Fear well-being: respondents that scored less than a 13 on the five-item well-being scale (WHO well-being Index).

Personal experience with suicide: respondents that reported one of the following related to suicide in their lifetime: they know someone who died by suicide, someone has talked to them about thoughts of suicide, they know someone who has attempted suicide. They have noticed that someone they know may be thinking about suicide (American Foundation for Suicide Prevention and The National Action Alliance for Suicide Prevention).

Suicide ideation: respondents that reported they have had thoughts about suicide.

Suicide attempts: respondents that reported they have attempted suicide.

Phase 8: Conduct CHA Data Tooling to key partners and implement Key Stakeholder Health Prioritization Survey

Definitions of 2021 Youth Development Survey Measures

Participated in sports teams: respondents that reported that, in the past 12 months, sports teams with an activity they "enjoy" participated in.

Difficulty accessing food: respondents that reported, during the past 12 months, they or their parents/caregiver had trouble accessing food.

Difficulty accessing a safe place to live: respondents that reported, during the past 12 months, they or their parents/caregiver had trouble accessing a safe place to live.

Cigarettes: respondents that reported smoking cigarettes at least one time in the past 30 days.

Vaping: respondents that reported vaping at least one time in the past 30 days.

Alcohol: respondents that reported using alcohol at least one time in the past 30 days.

Binge Drinking: respondents that reported having five+ drinks on the same occasion on at least one day in the past 30 days.

Marijuana: respondents that reported they used marijuana at least one time in the past 30 days.

Prescription pain reliever: respondents that reported they used prescription pain relievers not prescribed to them at least one time in the past 30 days.

At risk of a substance use disorder: respondents that scored a 2 or higher on the CRAFFT scale.

Have experienced at least one ACE: respondents that selected they have experienced at least one of the listed adverse childhood experiences in their lifetime.

Depressive Symptoms: Respondents that a reported experiencing at least 3 out of 8 depression symptoms.

Suicide ideation: Respondents that reported they have seriously considered attempting suicide in the past year.

Suicide attempts: Respondents that reported they have actually attempted suicide in the past year.

Phase 8: Conduct CHA Data Tooling to key partners and implement Key Stakeholder Health Prioritization Survey

Definitions of Demographic Groups for 2022 CHA Survey

- Gender Identity
 - Transgender
 - Female/Male
 - Non-binary
 - None
 - RPIC
- Race
 - White
 - Black
 - Hispanic/Latino
 - Not Hispanic/Latino
- Geography
 - Front-Side Coast
 - Non-Front-Side Coast
- Income Level
 - <\$10,000/year
 - \$10,000/year
 - >\$10,000/year
- Sexual Orientation
 - LGBTQ+
 - Straight
 - Queer
 - Gay
 - Other
 - Not Declared
 - Children
 - Young Children in Home
 - Old Young Children in Home
- Drug Use
 - People Often Use Drugs
 - Not People Often Use Drugs
- Insurance
 - Medicaid
 - Other Insurance
 - Other: Age, Education Levels

Phase 8: Conduct CHA Data Tooling to key partners and implement Key Stakeholder Health Prioritization Survey

Health Disparity Ranking Methods (2022 CHA Survey)

- Measures calculated for each indicator
 - Measured in adverse events (note: chronic disease self-efficacy scale not comparable)
 - Percent difference calculated for each demographic group
 - Utilized "best group rate" as reference point and "worst group rate" as rate of interest

$$\text{Percent difference} = \frac{\text{worst of interest} - \text{reference point}}{\text{reference point}} \times 100$$

- For each focus area, five demographic groups with largest percent difference ranked and included in report
- Each focus area's demographic group with the largest percent difference ranked against other focus area's demographic group with the largest percent difference and included in summary

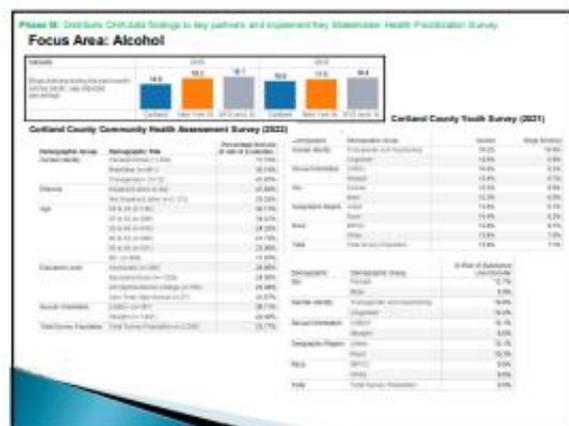
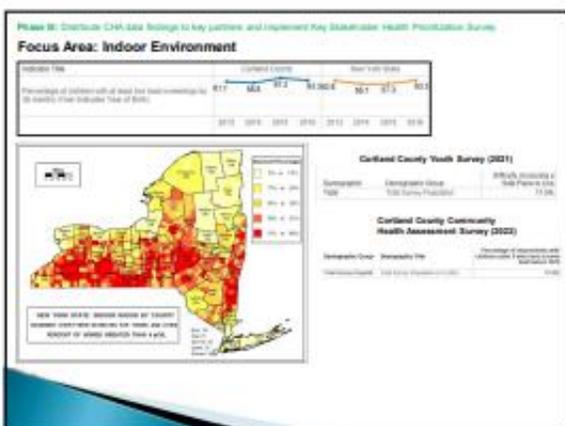
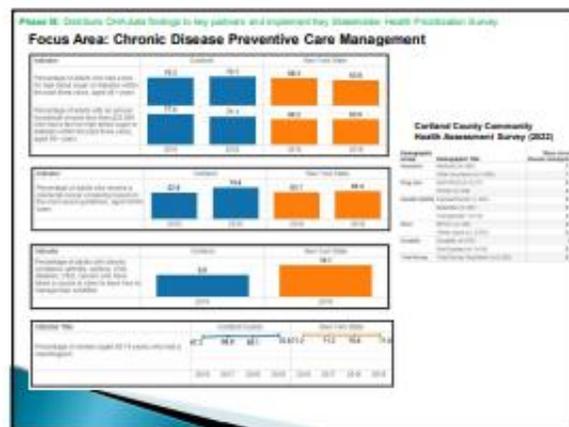
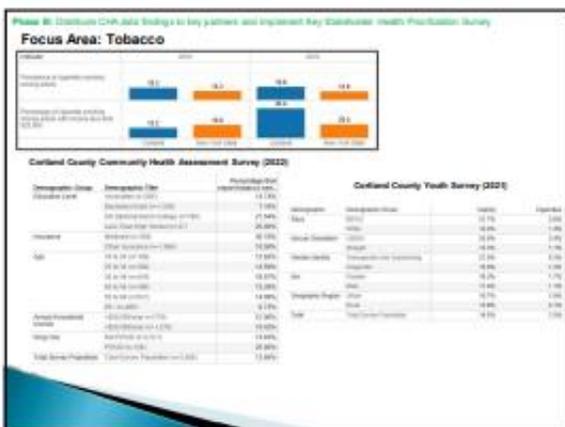
Methods adapted from: Keppel K, Pamuk E, Lynch J, et al. Methodological issues in measuring health disparities. *Vital Health Stat 2*. 2005;(141):1-16.

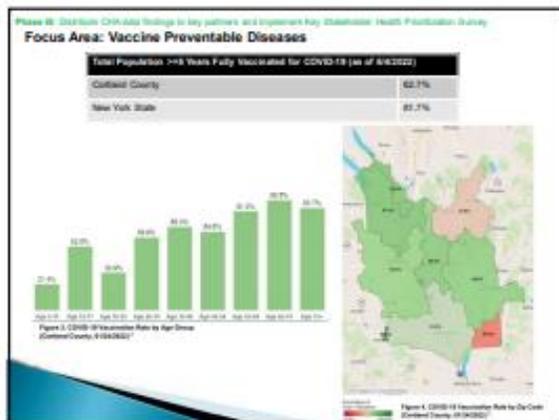
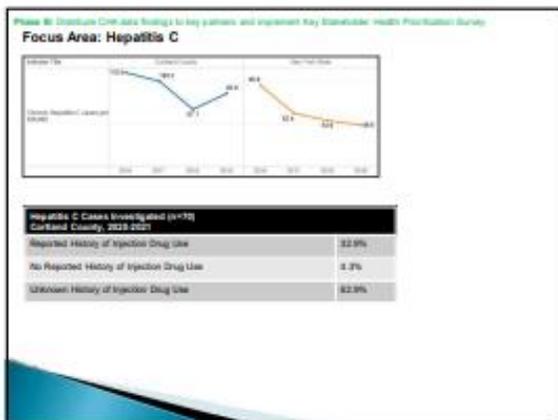
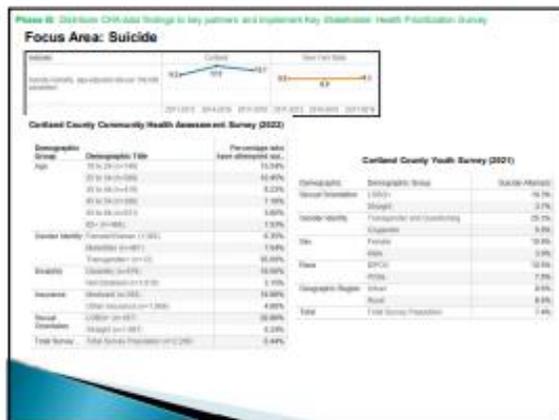
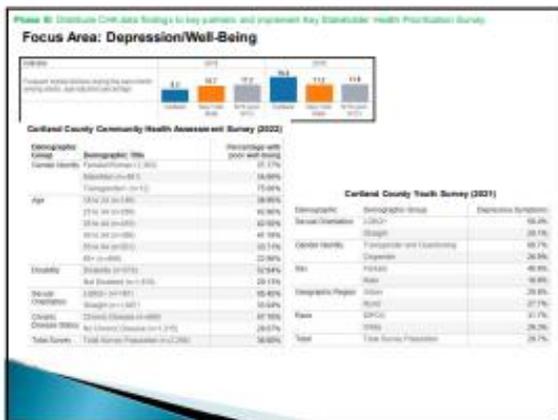
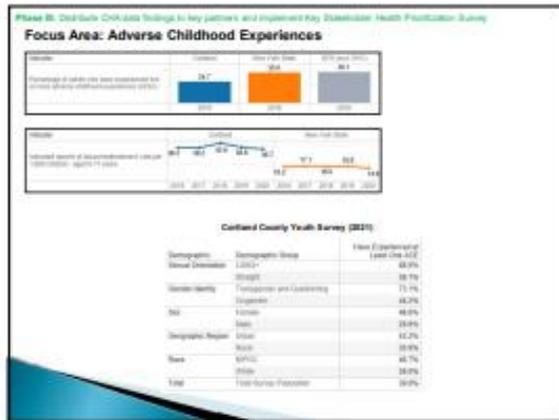
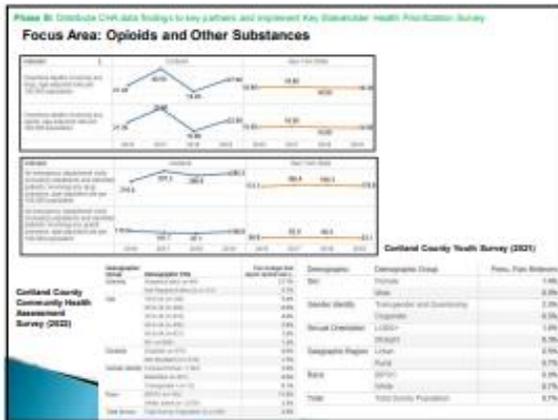
Phase 8: Conduct CHA Data Tooling to key partners and implement Key Stakeholder Health Prioritization Survey

Focus Area: Physical Activity

Demographic Group	Demographic Title	Percentage of adults who participate in moderate to vigorous physical activity
White	White (n=1,487)	71.6%
Black	Black (n=1,101)	61.1%
Hispanic	Hispanic (n=1,101)	69.9%
Not Hispanic	Not Hispanic (n=1,101)	70.4%
Young Children in Home	Young Children in Home (n=1,101)	71.3%
Old Young Children in Home	Old Young Children in Home (n=1,101)	71.3%
Total Sample Population	Total Sample Population (n=4,791)	70.1%

Demographic Group	Demographic Title	Percentage of adults who participate in moderate to vigorous physical activity	Corresponding Focus Area	Reference Point
White	White (n=1,487)	71.6%	Chronic Disease	71.6%
Black	Black (n=1,101)	61.1%	Chronic Disease	61.1%
Hispanic	Hispanic (n=1,101)	69.9%	Chronic Disease	69.9%
Not Hispanic	Not Hispanic (n=1,101)	70.4%	Chronic Disease	70.4%
Young Children in Home	Young Children in Home (n=1,101)	71.3%	Chronic Disease	71.3%
Old Young Children in Home	Old Young Children in Home (n=1,101)	71.3%	Chronic Disease	71.3%





Phase III: Distribute CHA data findings to key partners and implement Key Stakeholder Health Prioritization Survey

Summary: Health Impacts (Seriousness of Problem)

- 1. Physical Activity**
Research has shown that regular physical activity impacts many health-related outcomes including, but not limited to: Lower risk of cardiovascular disease, type 2 diabetes, cancer (including breast, colon, and lung), Alzheimer's disease, and falls, improved quality of life, reduced risk of depression and anxiety, and better sleep. 30 weight loss, showed weight gain prevention of weight regain.
- 2. Healthy Eating**
Eating the recommended amount of fruits and vegetables can reduce the risk of cardiovascular disease, type 2 diabetes, some cancers, and obesity. Fruits and vegetable intake can also lower blood pressure and promote weight loss.
- 3. Food Security**
Food insecurity is associated with a higher probability of the following diseases: hypertension, coronary heart disease, hepatitis, stroke, cancer, asthma, diabetes, arthritis, COPD, and kidney disease. Food insecure adults and children may also be at higher risk of obesity. Factors related to food insecurity such as quality, variety, and quantity of food consumed may have a negative effect on children's mental health.
- 4. Tobacco**
Smoking harms nearly every organ of the body. Smoking causes cancer, heart disease, stroke, lung disease, diabetes, COPD, and can increase the risk of tuberculosis, eye disease, and immune system diseases. In adults, secondhand smoke causes stroke, lung cancer, and coronary heart disease and puts children at increased risk of SIDS, asthma, slowed lung growth and more. The long-term side effects of vaping, or e-cigarette use, are still being studied. However, nicotine found in e-cigarettes is highly addictive and can harm youth brain development.
- 5. Chronic Disease Preventive Care Management**
Chronic disease preventive care and management involves screening for cancer, early detection of cardiovascular disease, diabetes, and obesity, promoting/preventing later care to manage chronic disease, and improving self-management skills for people with chronic disease. Getting chronic diseases early through recommended screening and tests allows for the best chance of successful treatment and can reduce mortality.
- 6. Indoor Environment (Radon and Lead)**
Radon is a radioactive gas that forms naturally when radioactive materials break down in rocks, soil and groundwater. Progress can be expected to reduce from breathing radon in air that comes through cracks and gaps in buildings and homes. Radon is the number one cause of lung cancer among non-smokers. Lead is commonly found in homes built before 1978. Lead poisoning in children can cause: lower IQ, decreased ability to pay attention, and underperformance in school. Adults who have prolonged exposure to lead may have high blood pressure, heart disease, kidney disease, and reduced fertility.

Phase III: Distribute CHA data findings to key partners and implement Key Stakeholder Health Prioritization Survey

Summary: Health Impacts (Seriousness of Problem)

- 7. Alcohol**
Excessive alcohol use can lead to alcohol use disorder, problems with learning, memory, and mental health. Additionally, excessive alcohol use is linked to high blood pressure, heart disease, stroke, liver disease, and cancer. Immediate impacts of alcohol use include risk of injury (motor vehicle crashes, falls, drowning, and burns), violence (homicide, suicide and sexual assault), and risky decisions including unsafe sex which can lead to STIs and unplanned pregnancy. Alcohol use also contributes to overdose from opioids and painkillers.
- 8. Opioid and Other Substances**
Drugs such as, cocaine, meth, prescription and illicit opioids, and cannabis each pose different threats to health. Drug use can lead to substance use disorders, injuries, and accidents, and other long-term health problems including death due to overdose.
- 9. Adverse Childhood Experiences**
Adverse childhood experiences are potentially traumatic events that occur between the ages of 0 to 17 and include, but are not limited to: experiencing violence (interpersonal, witnessing violence, having a family member attempt or die from suicide, growing up in a household with substance use or mental health problems), adverse childhood experiences increase the risks of injury, sexually transmitted infections, teen pregnancy, sex trafficking and chronic disease such as cancer, diabetes, heart disease, and suicide.
- 10. Depression/Mental Illness**
Major depression occurs when a person is in a depressed mood most of the day, nearly every day, for at least two weeks. There are many risk factors for depression and people with various medical conditions (heart disease, cancer, diabetes etc.) may be at increased risk for developing depression.
- 11. Suicide**
Suicide is a complex public health issue that is associated with a range of risk and protective factors. Suicide and suicide attempts cause emotional, physical, and economic impacts in an entire community. When people die by suicide, surviving families and loved ones experience emotions (shock, anger, and grief), symptoms of depression and anxiety, PTSD, and increased risk of suicide ideation and suicide attempts. The majority of people who are depressed, attempt suicide, or have risk factors related to suicide do not die by suicide. However, suicide attempt survivors can have serious injuries that have long-term impacts on health.
- 12. Hepatitis C**
Hepatitis C is a liver infection that is caused by the Hepatitis C virus. Chronic Hepatitis C can cause health problems like cirrhosis and liver cancer. Hepatitis C is spread through blood from one infected person such as through sharing needles to inject drugs. There is no vaccine for Hepatitis C.
- 13. Vaccine Preventable Diseases**
Most people with COVID-19 get better within weeks of illness, some people experience post COVID conditions. Post COVID conditions are a wide range of new, returning or ongoing health problems people can experience four or more weeks after first being infected with the virus that causes COVID-19.

Phase III: Distribute CHA data findings to key partners and implement Key Stakeholder Health Prioritization Survey

Summary: Health Disparities (Equity)

Focus Areas Ranked by Largest Disparity (2022 CHA Survey Respondents)

1. Suicide (Age)
2. Food Insecurity (Age)
3. Opioid Use (Ethnicity)
4. Tobacco Use (Education Level)
5. Alcohol/Risk of Substance Use Disorder (Gender)
6. Poor well-being (Gender)
7. Vegetable Intake (Education)
8. Physical Activity (Gender)

*No comparable data: chronic disease self management, ACEs, Hepatitis C, Indoor Environment, Vaccine Preventable Diseases**

Phase III: Distribute CHA data findings to key partners and implement Key Stakeholder Health Prioritization Survey

Community Member Perceptions

- > Trends
- > Unmet healthcare needs
- > Health related problems
- > Social determinants of health

Next Steps

- > Partners to complete key stakeholder survey by end of day on 5/11
 - > One survey per organizations
 - > 2-4 focus areas will be selected
- > Phase IV: Develop Community Health Improvement Plan
- > Phase V: Evaluate community progress
- > Continue to build on community data infrastructure
 - > Life Needs Assessment

Questions?

Appendix F. ACE's Youth Survey Question

12. In your lifetime, have you seen or been present when the following experiences happened? (Choose all that apply.)

- Lived with a parent/caregiver who went to prison
- Felt unsupported, unloved, or unprotected
- Lived with a parent/caregiver who had mental health issues
- Had a parent/caregiver insult, humiliate, or put you down
- Had a biological parent or caregiver who has ever had, or currently has, a problem with alcohol or drugs
- Lacked appropriate care by any caregiver (ex. not been protected from unsafe situations or not being cared for when sick or injured)
- Seen or heard a parent/caregiver screamed at, sworn at, insulted, humiliated, slapped, kicked, punched, or hurt with a weapon by another adult
- Had any adult in your house often or very often push, grab, slap, or throw something at you, or ever hit you so hard you were injured
- Ever been threatened in a way that made you afraid you might be hurt
- Experienced sexual abuse (had anyone touch you or ask you to touch them in a way that was unwanted or made you feel uncomfortable)
- Witnessed significant changes in the relationship status of your caregiver (divorce, separation, or a romantic partner moving in/out)

Appendix G. County Plan/Local Services



Cortland County
2020-2021 County Plan
Community Services Board

New York Mental Hygiene Law requires that each local government unit (LGU) annually develop and submit a comprehensive plan, establishing long term mental hygiene system goals and objectives for the county. LGU Responsibilities:

- Determine community needs and encourage programs for prevention, assessment, treatment, social and vocational rehabilitation, education, training, and public education related to behavioral health.
- Review behavioral health services and local facilities in relation to needs.
- Establish long range goals consistent with those of the state.
- Seek to assure that all population groups are covered and sufficient services are available.
- Promote cooperation and coordination of local providers and systems serving those with behavioral health challenges.

The process to develop the county plan and priorities involved review and update over four months in 2020 for each subcommittee and the monthly Community Service Board Meeting.

- Previous year goals were reviewed, progress updated, and strategies revised.
- The effect of the 2020 Pandemic on Cortland's system of care was assessed and reviewed.
- Access and utilization data reviewed, and behavioral health needs survey will be completed by Subcommittee groups.
- New and revised goals and strategies are added, and goals are prioritized for submission in the 2020-2021 County Plan.
- The plan was presented and discussed at meetings of the CSB and Subcommittees for any final changes and approval.

**Approved by Community Service Board Members 9/11/2020
2019-2020 County Plan**

**Priority Outcome 1:
Substance Use Disorder (SUD) and Prevention**

Develop a comprehensive plan to address issues related to Substance Use (broadly defined to include tobacco, alcohol, opiates, methamphetamines, cocaine, etc.), with specific focus on the impact of Opioids in Cortland County, that includes prevention, recovery, treatment and in community crisis intervention strategies.

Goal 1.1 SUD Coordination and Collaboration

A number of community groups (CD Subcommittee, CACTC) are currently focused on substance use issues with coordination happening primarily through overlapping membership integrating efforts. The HEALing Communities Studyⁱ (previously CHASE Grant) will report to the CD subcommittee as it enhances systems integration of planning, prevention and treatment needs and services across systems for Cortland.

Strategies

- Dedicated staff through the HEALing Communities Study report to the CD Subcommittee at least quarterly on epidemiological assessments, coordinate systems integration opportunities, and prioritize revised or new service developments.
- Finalize and utilize data dashboard to inform decision making and track outcomes.
- Support Cortland County priorities in the New York State Prevention Agendaⁱⁱ.
- Collaborate with the Cortland County Health Department to share resources targeted toward addressing substance use disorders and integrate within the community system of care.
- Utilize ongoing Justice League / Sequential Intercept Model (SIM) to foster integrated mental health, substance abuse and criminal justice system planning through a 2021 update of the SAMHSA SIM grant opportunityⁱⁱⁱ.

Goal 1.2 SUD Prevention and Education

Promote and support community prevention efforts and education regarding: drug and alcohol use signs and symptoms, the danger of drugs and alcohol for individuals and available community treatment and recovery resources for children and youth, parents, physicians, and pharmacies.

Strategies

- Collaborate toward shared goals with the Cortland Public Health Department's Community Health Improvement Plan (CHIP) for prevention and education efforts aimed to reduce tobacco/vaping use, alcohol abuse, and opioid overdose deaths.^{iv}
- Support resources to sustain the work of the Cortland Area Communities That Care (CACTC)^v.
- Collaborate with local and regional coalitions supporting Cortland, such as: Central New York Regional Coalition and new prevention coalitions at SUNY Cortland^{vi} and TC3^{vii} by through LGU collaboration and presentations to the CD Subcommittee.

- Cortland Prevention Resources^{viii} and the Cortland City School District^{ix} provide primary prevention and support in many schools around the county, and these resources are at risk of lost resources given the current state fiscal crisis. Survey school districts to identify needs and priorities and provide opportunities for collaboration towards sharing of limited resources.
- Raise awareness of current prevention programming to stabilize and recover from the effect of the 2020 Pandemic, by scheduling regular presentations/updates by prevention providers to the CD Subcommittee.
- Encourage access to the Regional Family Engagement Specialist by supporting collaboration with Cortland Prevention Resources^x and scheduling presentation to the CD Subcommittee.
- Promote prescription takeback events in Cortland County and drug disposal kiosks at Cortland City Police Department, Cortland County Sheriff's Office, Homer Police Department and Guthrie Cortland Medical Center, and Pharmacy community needle exchange, and expansion of drug kiosk availability to other parts of the county.
- Explore opportunities for Cortland community harm reduction training and harm reduction strategies as outlined by NYS OASAS and NYS DOH^{xi}.
- Promote community training efforts of CACTC in partnership with Guthrie Cortland Medical Center, the Health Department, and Lemoyne College with primary care providers in the community to relate to Opioids and prescribing practices. Promote their targeted awareness campaigns and prevention toolkits for providers, pharmacies and parents
- Support Prevention Agenda goals and workforce development needs, by promoting training and utilization of Screening Brief Intervention and Referral to Treatment (SBIRT) Model and Integrated Mental Health Mental Health/Addictions Treatment Training (IMHATT) certificate, via provider trainings in the Columbia Center for Practice Innovations (CPI)^{xii} virtual free webinars.

Goal 1.3 SUD Crisis Intervention

Encourage, stabilize, and enhance community treatment resources to more immediately respond to urgent treatment needs with the appropriate level of care.

Strategies

- Stabilize and support COTI programs (based on NYS OASAS guidance) to develop access to: Medication Assisted Treatment (MAT), counseling, peer services and case management by providing outreach and mobile services to engage difficult to reach populations and individuals.
- Promote the enacted Police and Angel Assisted Recovery Program in Cortland County.
- Promote and develop supports to manage emergent and crisis needs, as further intensified by the 2020 Pandemic, through: the provision of Naloxone (Narcan) training through multiple pathways, including: Cortland County Health Department, Guthrie Cortland Medical Center and the Cortland County Jail. Encourage universal Narcan prescription with all opioid prescriptions.
- Explore the High Intensity Drug Trafficking Area (HIDTA)^{xiii} overdose detection mapping data program for “hot spotting” overdoses, Narcan use, and police response in near real time, allowing for targeted outreach, engagement and intervention efforts, and promoting and expanding harm reduction efforts. Supportive efforts for implementation through the HEALing Communities Study.

- Promote use of 24 hour Regional Open Access Center(s) in Ithaca and Syracuse to serve as a crisis stabilization, assessment and referral hubs for the County and Regional support.
- Promote utilization of Detox beds at Helio Health^{xiv} in Binghamton and new Detox beds in Ithaca through Alcohol and Drug Council of Tompkins County^{xv}, and to support post pandemic intensified treatment needs.

Goal 1.4 SUD Treatment and Services

Promote access to SUD services and supports for Cortland County residents.

Strategies

- Expand availability and access to peer recovery coaches, mentors and advocates (youth and adult).
- Supporting programming transition to sustainability of services in response to Cortland County Center of Treatment Innovation (COTI) funding following NYS OASAS guidance.
- Support warm handoffs and expedited connections to community services for vulnerable individuals returning to the community from prison, jail, hospitalization or rehabilitation settings.
- Support and enhance the connection of Guthrie Cortland Medical Center^{xvi} to the SUD system of care in Cortland County.
- Promote the use Medication Assisted Treatment (MAT) in new settings including: hospital, jail, Article 31 clinic settings.
- Promote SUD Stigma Reduction in health settings.
- Promote development of mobile treatment capacity to outlying areas of the county and disconnected populations through the use of treatment in community settings and utilization of telehealth.
- Promote enhanced SUD assessment and interventions with the implementation and expansion of Vivitrol Program within the Cortland County Jail.
- Develop and enhance connection to Catholic Charities of Cortland County (CCOCC)^{xvii} re-entry services to support transition coordination for inmates released from county jail.
- Explore and support opportunities to develop community peer recovery centers (youth and adult).

Priority Outcome 2:

Housing

Ensure that safe affordable housing is available to all, with the appropriate supports to promote successful community living and full community integration.

Goal 2.1

Partner with NYS OMH, NYS OASAS, and Cortland DSS to identify shared needs for emergency and transitional housing in Cortland County.

Strategies

- Advocate for state and local housing funding models for highest need/at risk individuals, and advocate for consistent regulations that increase the likelihood of compliance and success.
- Support county DSS efforts to find solutions to issues enhanced by Code Blue Requirements such as warming centers.
- Support the creation of community based supports that promote and enhance housing security.

- Partner with NYS OMH, NYS OASAS, and Cortland DSS to explore opportunities for highest need/risk individuals who are chronically homeless or unstable in their housing due to complex behavioral health needs.
- Advocate for additional NYS OPWDD Family Support resources to support local opportunities for parents to develop relationships and resources that enhance the housing possibilities presented by self-directed planning.
- Advocate for planning opportunities for aging caregivers of children with developmental disabilities who need to make proactive and self-directed plans that will allow their children to stay in their community and be cared for.
- Advocate for new Children/Youth IRA's to be sited in Central New York, focused on children and youth who are eligible in the OPWDD System and having behavioral issues.
- Support Empire State Supported Housing Initiative (ESHI)^{xviii} housing development grant opportunities for Cortland County inclusive of options for any of the following: homeless, mental health, substance use, and/or developmental disabilities (category one, two, or three awards per ESHI).

Priority Outcome 3:
Crisis Intervention

Expand and support the capacity to recognize and respond more immediately with behavioral health crisis assessment and supports to address the urgent needs of all the citizens of Cortland County. Pandemic and post-pandemic needs for behavioral health crisis support to our Community are expected.

Goal 3.1 Training and Coordination

Provide training and support to the workforce and first responders to crisis situations in Cortland County.

Strategies

- Support the collaborative Critical Incident Team (CIT)^{xix} through ongoing training, community consultation, and collaboration meetings.
- Promote coordination between community providers and Guthrie Cortland Medical Center (specifically emergency department, psychiatric unit, and case management) for high needs youth and adults. Create cross systems pathways to supports for complex needs or high risk individuals. Promote education and understanding of the psychiatric units' planned new Electroconvulsive therapy (ECT)^{xx} program.
- Support integration of community supports and services within Guthrie Cortland Medical Center (Care Coordination, Peer, and Family Support).
- Support the ongoing development and sustainability of the Community Trauma Response Team.
- Promote and enhance the "Speak Up Cortland" Suicide Prevention Coalition in the County, to serve as a planning and coordinating process for identification of needs, training and best practices related to Suicide Prevention.

Goal 3.2 Services

Stabilize and support services able to respond in the community and/or provide access to immediate services and supports to stabilize behavioral health crises.

Strategies

- Promote the expanded use of the Mobile Crisis Team through Liberty Resources^{xxi} and work in partnership with the Central New York Directors Planning Group (CNYDPG) towards the expansion of program to eventually be a 24/7 resource.
- Advocate for cross systems integration/training for crisis services supporting individuals with developmental disabilities process in Central New York in collaboration with NYS OPWDD^{xxii}.
- Promote and expand access to local Crisis Respite opportunities for all ages and disability populations.
- Monitor impact of OPWDD Respite rate changes on access to respite services at Starry Night.
- Develop access to Family Support Services to provide education, support and advocacy to individuals supporting family members in crisis via presentations to the DD subcommittee.
- Support the development of more intensive community based supports for individuals with chronic complex needs by advocating for the creation of a local ACT (Assertive Community Treatment) team, or utilizing the NY State “*In lieu of services*” process to create equivalent services.
- Enhance supports for the management of the Assisted Outpatient Treatment (AOT) process in collaboration with NYS OMH.
- Develop mental health and substance use program services to offer “Medication Only” support for individuals declining verbal therapy or as a bridge service to accessing outpatient clinic medical staff.
- Advocate for greater access to inpatient psychiatric beds and/or extend NYS OMH State Psychiatric Center Greater Binghamton’s catchment area to additionally include Cortland, for youth and adults. Frequent shortages have resulted in long waits for placement, often hours away from families and emotional supports. This need during and post pandemic is increasing.
- Expansion of telemedicine services across the system of care for community based treatment services with access to telehealth through collaborative efforts with NYS OMH, OASAS, DOH. Identify resources to support providers and county residents with obtaining technology and connectivity options.
- Support enhanced access to skill building and community based respite services.
- Support agency development of capacity to provide NYS OMH Child and Family Treatment Services (CFTSS) and Home and NYS DOH Community Based Services (HCBS)^{xxiii} to Cortland County residents.
- Review and coordinate Cortland’s inclusion to the future National Suicide Prevention Line, 988^{xxiv}, initiating in 2022 for crisis and information lines to ensure consistent response and expedited access to support. Collaboration and planning between NYS OMH and “Speak Up” Suicide Prevention program for successful implementation by 2022.

Priority Outcome 4:

Transportation

Work to reduce the impact of transportation barriers in access to services and supports across Cortland County.

Strategies

- Collaboration with community partners to assess and respond to the impact of funding changes related to public transportation in Cortland County, and the associated impact on residents with behavioral health needs.

- Provide representation of behavioral health needs to the Mobility Management System through participation in the Transportation Advisory Board^{xxv} and advocate for updated review of Cortland’s transportation plan.
- Work with MAS^{xxvi} to promote community understanding of process to access Medicaid transportation.
- Advocate with MAS for improvements in local systems access to transportation utilizing the CNY Regional Planning Consortium^{xxvii} and other regional planning groups.
- Support efforts to integrate services in towns and villages that enhance access to care.
- Expansion of access to telemedicine services. NYS OMH^{xxviii} and OASAS^{xxix} are working to streamlining regulations to adapt to lesson’s learned during the 2020 pandemic, to make that service a more viable resource for providers and patients easing access care.
- Encourage and support community efforts to develop mutual aid such as CAPCO’s Volunteer Driver Program to support access to ride sharing services.

Priority Outcome 5: Workforce

Behavioral health workforce development has been identified as a significant barrier to access to services across systems in Cortland County (and New York State). 2020 Pandemic further strained the behavioral health workforce, who rapidly responded to the needs of Cortland’s community. Resulting in workforce stress and burn-out, restricted access to services, longer waiting lists, difficulties in engagement, and reduced efficacy of services.

Strategies

- Work with the Central New York Regional Planning Committee (RPC) to advocate for appropriate funding of programs to pay competitive salaries and to reduce the regulatory (paperwork and process) burdens and state guidelines that allow people to practice at the top of their license need to be explored.
- Advocate within the RPC Workforce Development Subcommittee to enhance access to tuition reimbursement and paid internship opportunities for professions in behavioral health.
- Support regional efforts to enhance internship opportunities through the development of information sharing events between college placement coordinators and agency representatives.
- Support regional efforts to develop core training programs for new staff in areas such as care management and peer services.

Priority Outcome 6: Service Access and Planning

Ensure the LGU role (consistent with Mental Hygiene Law) in the oversight, management and implementation of behavioral health plans and services to Cortland County residents across all three behavioral health service systems (OASAS, OMH, OPWDD) that promotes access to care that is timely and effective in addressing behavioral health needs.

Goal 6.1 Systems Access

Create county systems partners to integrate processes and funding to create a "No Wrong Door" that is capable of outreaching to vulnerable populations, standardized assessments to determine eligibility for services, connects to appropriate services, and monitors engagement with\and outcomes to care. Explore possibilities for an integrated and collaborative settings where multiple department and system access points can collaborate to engage and connect county residents to appropriate supports.

Strategies

- Partner with AAA, DSS, Health, and OPWDD on creation of a coordinated access point to services and cross systems planning.
- Collaborate with system partners on planning and promotion of events around access to services and community training to facilitate cross systems collaboration.
- Support Seven Valleys Health Coalition implementation and promote Cortland 211 for county information, access and referral to services. Monitor usage data and trends through the Mental Health Subcommittee.
- Support and promote the CIT training and collaboration through Seven Valleys Health Coalition^{xxx}, Cortland County Sheriff^{xxxii}, the City of Cortland Police & their Office of Community Policing^{xxxii}, and the Cortland Mental Health Department to support the dignity of every individual encountered. Cortland's CIT partnership employs a community policing approach and diverts as able to alternatives to incarcerations (ATI). This will additionally help to respond to 2020 Pandemic increased needs. Collaboration, data, and trends are monitored through the monthly CIT committee for local solution planning.
- Implement NYS OMH System of Care (SOC)^{xxxiii} model in collaboration with other County Departments and providers, such as Support Cortland County Coordinated Children's Initiative (CCSI) Tier 2, as a cross system process to engage families, identify service gaps, and access barriers, and provide opportunities for collaboration.

Goal 6.2 Regional and State Opportunities

Provide local leadership and leverage partnerships in regional and statewide groups to ensure that the needs of Cortland County residents are being included in resource allocation and systems planning.

Strategies

- New York State Conference of Local Mental Hygiene Directors
- Central New York Director's Planning Group
- Central New York Regional Planning Committee
- Care Compass Network (DSRIP) – and their post DSRIP transformation
- Medicaid Managed Care systems transformation, including OMH Children's System Transformation and OPWDD Transformation Agenda
- South Central Behavioral Health Care Collaborative
- New York State Office of Mental Health System of Care (SOC)

Goal 6.3 Supports for Transitions

Develop and operationalize protocols for transitions for youth and adults. Transitions are being defined as, but are not necessarily limited to; discharge from hospital or residential placement, transition planning for children with special needs (IEP, 504) as they move from school to post-school life, transition from child-serving to adult services or any transition impacting individuals served by behavioral health services.

Strategies

- Monitor impact of shifting OPWDD vocational service models on transitioning students.
- Develop and support opportunities to involve school districts in learning about behavioral health systems changes, and participate in needs assessment and planning.

- Develop processes to track individuals with developmental disabilities that are transitioning from lower levels of care into nursing homes and may not have natural supports.
- Partnership with state hospitals to notify SPOA when a local resident has been admitted to ensure good planning for discharge.
- Coordinate role of COTI Team with Regional Open Access Centers to support transitions to identified levels of care.
- Enhance relationships with NY State Residential Treatment Facility Programs to promote improved discharge planning.
- Continue to refine SPOA process in collaboration with cross system partners to identify needs and support transitions with appropriate connections to care.
- Support Community Reentry Process initiated by CCOCC to enhance connection to supports for individuals released from jail and state prison system.
- Support the Early Recognition and Screening Program to integrate into non-behavioral health settings, enhance connection to SPOA and monitor reports and outcomes through the Mental Health Subcommittee.

Priority Outcome 7:
Employment Services

Support the coordination and development of employment services and supports that allow for individuals to participate in meaningful activities in the most integrated setting that will meet their needs, regardless of disability.

Strategies

- Support the community Taskforce to Increase Disability Employment (TIDE) through Access to Independence of Cortland County, Inc. ^{xxxiv} that seeks to mobilize community partners to raise community awareness of, build community capacity for and eliminate attitudinal and physical barriers to Employment First for people with disabilities.
- Work with business community and behavioral health providers in Cortland County to expand pre/employment services and integrated competitive employment opportunities for individuals served across all three behavioral health service systems.
- Partner with Cortland County Workforce Investment Board^{xxxv} to match community needs to opportunities for workforce development.
- Work to identify and engage high risk and underserved populations (i.e.: homeless, post incarceration) to connect them to vocational services with the appropriate supports to encourage success.

Priority Outcome 8:
Community Engagement

Support and expand efforts to integrate services within community initiatives related to training.

- Promote the NYS OMH initiative of School Health Assessment and Performance Evaluation (SHAPE) System, web-based platform that offers schools, districts a targeted resources to support school mental health quality improvement by addressing accountability, excellence, and sustainability^{xxxvi}.

- Develop and enhance relationship and connection between behavioral health systems and the Cortland Community Center.
- Monitor and assess needs for training, resources and programs that are going to be necessary to meet shifting needs related to mandates for Raise the Age and NYS State Aid funding changes to Cortland services.
- Develop and enhance relationships with funding entities such as the CNY Community Foundation.
- Engage Cortland County towns and villages group as a forum to advance integration of services to outlying communities of Cortland County.
- Support the development and implementation of the Cortland County Opportunity Community to move people out of poverty.
- Collaborate with the Finger Lakes Resiliency Network^{xxxvii} for trauma involved care training and support the Adverse Child Experiences Study (ACES) learning collaborative to promote awareness regarding the impact of trauma, and promote the coordinated training and implementation of trauma informed practices across community services and settings.
- Engage with Cortland County faith communities to identify needs and support community interventions.
- Respond to the impact on community behavioral health services of "New York State Criminal Justice Reform" (bail initiative).
- Explore development of new service delivery models related to jail diversion, including the potential development/expansion of specialty courts (drug, opioid, mental health) as a resource to engage individuals in treatment and support services as an alternative to incarceration.
- Implement recommendations from the 2019 VERA Institute and CRS reports and provide assistance as requested by the Cortland County Legislature related to behavioral health.
- Explore unmet mental health needs for children aged 0-5. Collaborate with the Literacy Coalition and identify opportunities to intervene when behavioral health needs are impacting developmental milestones.

ⁱ https://healingcommunitiesstudy.org/sites/new_york.html

ⁱⁱ https://health.ny.gov/prevention/prevention_agenda/2019-2024/

ⁱⁱⁱ <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

^{iv} <https://www.cortland-co.org/DocumentCenter/View/7168/2019-2024-Cortland-County-Community-Health-Assessment-and-Improvement-Plan>

^v <https://www.cortlandareact.org/>

^{vi} <https://www2.cortland.edu/offices/student-development-center/substance-abuse-prevention-and-education/index.dot>

^{vii} <https://www.tompkinscortland.edu/campus-life/community-coalition>

^{viii} <https://www.cortlandprevention.org/>

^{ix} <http://www.cortlandschools.org/teacherpage.cfm?teacher=788>

^{xi} https://www.health.ny.gov/health_care/medicaid/redesign/2018/harm_reduction.htm

^{xii} <https://practiceinnovations.org/>

^{xiii} <http://www.odmap.org/>

^{xiv} <https://www.helio.health/treatment-programs/inpatient-detoxification/>

^{xv} <https://alcoholdrugcouncil.org/>

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- xvi <https://www.guthrie.org/locations/guthrie-cortland-medical-center>
- xvii <https://www.ccocc.org/>
- xviii <https://omh.ny.gov/omhweb/rfp/2019/esshi-housing/index.html>
- xix Previously known as the Cortland County Emotionally Disturbed Person Response Team (EDPRT)
- xx <https://www.psychiatry.org/patients-families/ect>
- xxi <https://www.liberty-resources.org/mobile-outreach-residential-respite-services/>
- xxii NYS OPWDD START program will not expand in NYS or come to CNY. Pending guidance from OPWDD on new approach expected in 2021.
- xxiii <https://omh.ny.gov/omhweb/bho/childrensmc.html>
- xxiv <https://www.fcc.gov/document/fcc-designates-988-national-suicide-prevention-lifeline>
- xxv <https://www.dot.ny.gov/divisions/policy-and-strategy/public-trans-repository/Cortland%2520Plan-2014.pdf>
- xxvi <https://www.medanswering.com/>
- xxvii http://www.clmhd.org/rpc/Central-Region_44_217_sb.htm
- xxviii <https://omh.ny.gov/omhweb/guidance/telemental-guidance.pdf>
- xxix <https://oasas.ny.gov/system/files/documents/2020/02/telepractice-standards.pdf>
- xxx <https://www.sevenvalleyshealth.org/cortland-cit>
- xxxi <https://www.cortland-co.org/351/County-Sheriffs-Office>
- xxxi <https://www.cccops.com/>
- xxxi <https://www.msnavigator.org/resources/agency?aID=11&catID=0&subCatID=0>
- xxxi <https://www.atcortland.org/>
- xxxi <https://www.cortland-co.org/245/Cayuga---Cortland-Workforce-Investment-B>
- xxxi https://www.shapeamerica.org/advocacy/State-Toolkits/New_York_Toolkit.aspx
- xxxi <https://www.flxresilience.org/>