Comprehensive Regional Community Health Assessment

PREPARED FOR: Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties

Courtesy of Finger Lakes Tourism Alliance: Joe Carroll

PREPARED BY: Pivital Public Health Partnership | December 2025

pivital PUBLIC HEALTH PARTNERSHIP On a Rural Health Mission

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Executive Summary

Introduction

The New York State Department of Health (NYSDOH) Prevention Agenda 2025-2030 serves as a roadmap for county health departments, hospitals and other health care systems and partners to develop strategic priorities to ensure the health and well-being of New York State residents. Every six years, New York State requests that local health departments and their local hospital systems work together to create a joint community health assessment and improvement plan. Both should align with the NYSDOH Prevention Agenda and with priorities and requirements detailed by the Public Health Accreditation Board (PHAB).

Local health departments and hospitals must choose at least three areas from the Prevention Agenda on which to focus their community health improvement efforts. Local entities may choose from five domains and 23 priorities within those domains. The five domains are:

1. Economic Stability
2. Social and Community Context
3. Neighborhood and Built Environment
4. Health Care Access and Quality
5. Education Access and Quality

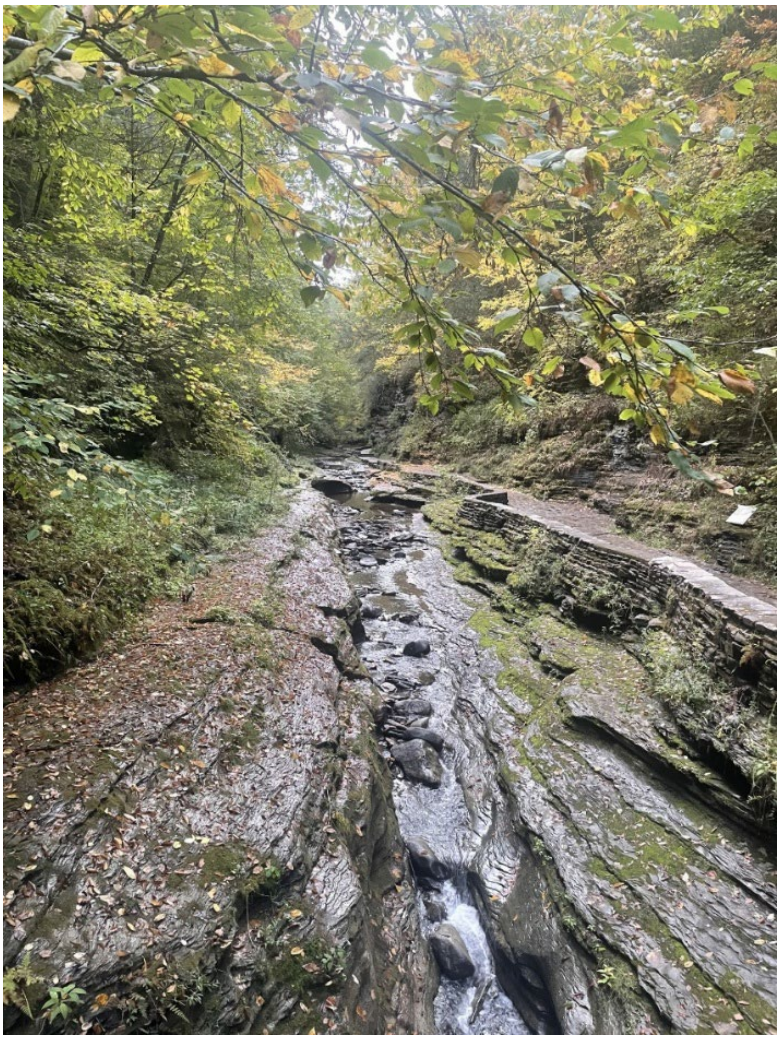


Photo: Watkins Glen State Park courtesy of Schuyler County

Throughout the Community Health Assessment cycle, public health and hospital systems value the input and engagement of key partners and community members who are critical in helping determine which priorities are most important to the community, and what actions ought to be taken to improve the population's health. The following report summarizes the pertinent information relating to the above priority areas. Residents live, work, and seek services beyond their county of residence. The health and well-being of residents in a neighboring county may impact the needs and services in other counties. In addition, collaborative practices such as shared messaging and lessons learned may expand the reach and success of like-minded interventions. Following the comprehensive assessment of the health of the entire region, this report contains a county-specific chapter from the region. Each county's chapter highlights specific needs, including additional demographic indicators, main health challenges, and underlying behavioral, political, and built environmental factors contributing to the county's overall health status.

Key Findings

The health of residents of the Finger Lakes region has been challenged by a variety of factors and circumstances ranging from demographic changes to public health crises. Addressing these challenges requires creative thinking, careful planning, and coordinated action, all of which are described in this community health assessment (CHA).

Although the region's overall population is projected to shrink, the region will experience an increase in the number of older adults over the next several years. This will result in the need to increase the capacity of healthcare and social service agencies, The expected increase in older adults and retirees, paired with a predicted decline in the number of working-age adults, will further exacerbate workforce demands.

Despite the long-standing existence of several unique populations in the region, including migrant farm workers, Amish and Mennonite, Native American and Alaska Natives, researchers have been challenged to collect and interpret data related to their unique health needs. In addition to these populations, there are other demographic and cultural factors which may impact health outcomes and status in a particular county including race, ethnicity, age, income, education, and the infrastructure that makes up the built environment. The 2025–2030 New York State Prevention Agenda organizes these conditions into five domains of social determinants of health: Economic Stability; Social and Community Context; Neighborhood and Built Environment; Health Care Access and Quality; and Education Access and Quality. The data shared below corresponds to the five domain areas of the Prevention Agenda and provides a summary of findings. For more detailed information, please refer to the specific Prevention Agenda sections in this CHA.

Economic Stability

Economic stability refers to socioeconomic disparities, unemployment and underemployment, access to affordable, nutritious food, and housing security. All are closely linked to poor health, affecting physical, mental, and educational outcomes. Children and older adults are especially vulnerable.

Socioeconomic conditions strongly shape community health. Higher poverty levels are associated with more chronic disease, mental health challenges, and limited access to essential resources such as food, housing, education, healthcare, and employment. Poverty also creates wider societal burdens, including homelessness, crime, and higher healthcare costs. Data across counties show notable variation in poverty rates, with several counties exceeding the New York State average. Poverty among older adults is rising in every county, which is concerning given the expected growth of the 65+ population. While household incomes have increased, they are not keeping pace with the living wage needed to meet basic costs.

Access to healthy foods is another key concern. The Food Environment Index (FEI), which reflects food insecurity and distance to grocery stores, indicates that many counties in the region face greater food access challenges than the state overall. High food insecurity rates and large numbers of residents with incomes below the SNAP threshold highlight ongoing economic strain, particularly in rural areas. Limited access to nutritious food contributes to elevated rates of obesity, diabetes, and premature death.

Housing stability also plays an important role in health. When housing is unaffordable or poor in quality, it can create stress, contribute to chronic illness, and limit access to other necessities. The Area Deprivation Index (ADI), which measures socioeconomic disadvantage, shows substantial variation across the region, with some communities experiencing significantly higher levels of deprivation and associated health risks.

Children and older adults are especially vulnerable, as poverty, food insecurity, and unstable housing can disrupt healthy development, worsen chronic conditions, and compound disadvantages over time.

Social and Community Context

Social and community context encompasses the relationships, environments, and local systems that shape people's health and well-being. Strong social connections, a sense of belonging, and access to community resources support positive health outcomes, while factors such as discrimination, isolation, and inequities in the surrounding environment can undermine health.

Mental health concerns are rising across the Finger Lakes region, with increasing rates of depressive disorders and adults reporting frequent poor mental health. Factors such as economic strain, chronic illness, political polarization, and adverse childhood experiences contribute to anxiety and stress, while access to mental health providers remains a challenge. Suicide rates among adults are climbing in most counties, and youth suicide trends vary, with some counties reporting decreases and others showing significant increases.

Drug-related deaths, including opioid overdoses, have escalated sharply in many counties, surpassing statewide averages. Community focus groups also identified growing substance use as a major concern, prompting new local partnerships aimed at addressing addiction.

While smoking has declined across the region, binge drinking has increased, and both behaviors occur at rates higher than the New York State average. Adverse childhood experiences remain a significant issue, with many adults reporting two or more ACEs, which can affect long-term health.

Healthy eating patterns remain a concern across the region. Fewer than half of adults in most counties eat fruit daily, though this is improving, and daily vegetable consumption is declining. Sugary drink consumption is below the state average in most counties yet remains an important target for prevention given its link to obesity and chronic disease. Focus group participants consistently emphasized the importance of healthy eating but noted that affordability and limited grocery access make it difficult to sustain healthy eating habits.

Neighborhood and Built Environment

Neighborhood and built environment depend on clean air and water, safe and affordable housing, well-maintained streets and sidewalks, adequate lighting, low violence, and accessible parks and trails. Although physical activity is essential for preventing chronic disease, many focus group participants reported feeling unsafe on local roads and sidewalks, and residents with mobility limitations often struggle to navigate their surroundings, safely.

Several counties have expanded access to physical activity resources, but rising injuries and violence across the region undermine residents' sense of safety. Regionally, violent crime has risen in recent years, especially since 2020, and is currently at its highest level since 2013. Most counties now exceed the state average in unintentional injury deaths.

Transportation barriers in rural areas further limit access to food and healthcare, as many residents live far from essential services and grocery stores. Low walkability and high social vulnerability scores reflect these challenges. Perceived increases in community violence, regardless of the cause, also discourage community engagement.

Despite these concerns, respondents to the 2024 Regional Access to Care Survey highlighted strong community assets, including volunteers, local non-profit organizations, and hospitals, which help offset shortcomings in the built environment.

Health Care Access and Quality

Health care access and quality play a critical role in preventing disease, supporting healthy development, and reducing inequities. Early and consistent prenatal care lowers risks for mothers and infants, while regular screenings, immunizations, and management of chronic conditions help prevent serious illness and death. Oral health, often tied to socioeconomic status, is another key component of overall well-being. Despite the benefits of these services, many residents face barriers, including transportation challenges, inequitable access, and mistrust, that limit their ability to receive timely, high-quality care.

Access to early prenatal care and abstinence from alcohol, tobacco, and illicit drugs during pregnancy are critical in ensuring healthy starts for our youngest residents. While only a small share of births in the region receive late (third-trimester) or no prenatal care, some counties have rates that are more than twice those of the best-performing counties, underscoring ongoing geographic disparities in timely access. The use of harmful substances during pregnancy has decreased in the region, as have the incidences of preterm births and low birth weights. This is encouraging as the eight counties represented in this regional CHA continue to work collaboratively on maternal child health indicators, interventions, and unified messaging.

Access to primary care and dental care is problematic in rural counties, particularly for low-income and Medicaid-eligible residents. Provider shortages, cost, transportation barriers, and scheduling difficulties hinder timely care. Though mammography rates are high, colorectal cancer and diabetes screenings lag. Dental care, particularly for individuals with Medicaid, remains limited due to a lack of participating providers.

High emergency department use, preventable hospitalizations, and increased behavioral-health visits reflect gaps in primary and specialty care. Public health activities such as TB screening and treatment, blood lead testing, childhood vaccination clinics, and STI testing and treatment remain important stop gaps for individuals who otherwise would lack access to these services. Future improvements may come from telehealth expansion, better broadband, urgent care expansion, and social care networks, though the advent of concierge medicine may worsen inequities.

A 2024 regional survey of more than 1,700 residents confirmed persistent barriers to care (for more detail, please see Regional Access to Care Report section of this CHA). Findings included:

- Shortages of medical, dental, and mental health providers
- Transportation difficulties, especially in rural areas
- Insurance-related challenges for uninsured and Medicaid patients
- Greater access barriers for non-White, rural, and Plain community residents
- Strong community assets, including local organizations and hospitals

Emerging issues include workforce shortages—particularly in behavioral health—limited broadband for telehealth, policy changes affecting Medicaid and SNAP, difficulties integrating new care models, ongoing equity gaps, and the potential benefits of expanding Social Care Networks and urgent care services.

Education Access and Quality

Education is a major determinant of health. People with higher levels of schooling tend to live longer, experience fewer chronic conditions, and enjoy greater economic security. Student absenteeism can stem from a range of issues, including physical and mental health concerns, substance use, unsafe school environments, and low physical fitness. Beyond high school, additional education offers significant advantages: adults with a bachelor's degree typically have higher earnings, lower unemployment, and improved health and living conditions compared to those with only a high school diploma. However, cost and disparities in access continue to limit these opportunities for many.

Education opportunities are reflected in high school graduation rates, per-student spending, and graduation rates among economically disadvantaged students. Most counties surpass the state average for adults with a high school diploma, suggesting that educational attainment may support greater economic stability.

Regional Assets and Resources to be Mobilized

In the Finger Lakes Region, there is a long history of collaboration and coordination among local health departments (LHDs) and community partners. The counties work together on programming, policy development, and unified messaging and have inter-municipal agreements for emergency response. Six of the counties worked together to become nationally accredited in 2020 and are now pursuing multi-jurisdictional reaccreditation. Additionally, LHDs work collaboratively with hospital partners in emergency preparedness, community health priorities, at co-sponsored events, during communicable disease outbreaks, and on boards and coalitions. Each county maintains a group of hospital and community stakeholders with which they complete the CHA and the CHIP. In addition to these relationships, eight Finger Lakes counties are members of the Pivital Public Health Partnership and collaborate with Common Ground Health and the Forward Leading IPA (FLIPA).

Pivital Public Health Partnership

Pivital Public Health Partnership is a collaboration of eight local health departments including Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties. The

network focuses on improving the health and well-being of Finger Lakes residents by promoting health equity in populations who experience disparities. The Pivital board is made up of community members, medical professionals, and public health directors from member counties. Directors meet monthly to strategize and coordinate efforts to improve the health and wellbeing of Finger Lakes residents.

Common Ground Health

Common Ground Health covers the same geographic area as Pivital, with the addition of Monroe County, which has both urban and rural populations. The agency brings together leaders from healthcare, business, education and other sectors to find common ground on health challenges and bring attention to health inequities based on geography, socio-economic status, race and ethnicity. Members meet quarterly at Regional Leadership meetings to discuss challenges in health outcomes and available resources.

Forward Leading IPA (FLIPA)

FLIPA's mission is to strengthen healthcare through meaningful connections by creating opportunities for member organizations to collaborate, build relationships, and share best practices to support the health and wellbeing of communities across upstate New York. The executive director of Pivital represents the eight Pivital counties on the FLIPA board of directors. Current work is centered on the 1115 waiver and creation of a social care network.

These agencies support the work of the CHA and the eventual execution of the CHIP and continually strive toward highlighting alignment, leveraging shared resources, and creating opportunities for shared learning. With facilitation and coordination by each agency, local leaders are able to regularly meet to discuss health challenges and issues as a team and devise plans toward improving the health of all Finger Lakes residents.

In addition to the resources available through Pivital, Common Ground Health, and FLIPA, LHD's are active in regional workgroups and local nonprofit organizations. For a list of partners in each county, please see the specific County chapter.

Keuka Lake, Source: Steuben County

County-Specific Priority Areas

The eight counties of the Finger Lakes region each chose three or four priority areas on which to focus their Community Health Improvement Plans as shown in Table 1.

Table 1: County-Specific Priority Areas

County	Prevention Agenda Domain	Priority Area
Chemung	1. Economic Stability 2. Health Care Access and Quality 3. Neighborhood and Built Environment	• Poverty • Housing Stability and Affordability • Preventive Services – Lead Screening • Access to Community Support Services
Livingston	1. Economic Stability 2. Social and Community Context 3. Health Care Access and Quality	• Nutrition Security • Depression • Oral Health Care
Ontario	1. Economic Stability 2. Health Care Access and Quality 3. Social and Community Context	• Poverty • Preventive Services for Chronic Disease Prevention and Control • Depression
Schuyler	1. Health Care Access and Quality 2. Social and Community Context 3. Economic Stability	• Preventive Services for Chronic Disease Prevention and Control • Primary Prevention, Substance Misuse and Overdose Prevention • Poverty
Seneca	1. Health Care Access and Quality 2. Social and Community Context 3. Economic Stability	• Healthy Children/Preventive Services • Primary Prevention, Substance Misuse and Overdose Prevention • Nutrition Security
Steuben	1. Economic Stability 2. Social and Community Context	• Housing Stability and Affordability • Poverty • Primary Prevention, Substance Misuse, and Overdose Prevention

Wayne	1. Social and Community Context 2. Economic Stability	• Anxiety and Stress • Nutrition Security • Housing Stability and Affordability
Yates	1. Economic Stability 2. Health Care Access and Quality 3. Social and Community Context	• Housing Stability and Affordability • Preventive Services for Chronic Disease Prevention and Control • Anxiety and Stress

Steering Committee

Regional Community Health Assessment Structure and Approach

The regional Community Health Assessment (CHA) effort was led by the Pivital Public Health Partnership, a non-profit affiliation of eight county Public Health Departments in the Finger Lakes region of New York State. Regional CHA partners included: County-level public health departments from Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates; Pivital Public Health Partnership; Common Ground Health; local steering committees; and diverse sectoral organizations. See also County Chapters for specific partners.

Pivital provided county staff with targeted education on the Mobilizing for Action through Planning and Partnership (MAPP) 2.0 Framework; a tool created by the National Association of County and City Health Officials. Additionally, they attended stakeholder meetings and facilitated monthly meetings with health department staff assigned to CHA/CHIP activities. Pivital also provided technical assistance and data support by collecting and entering county-level Community Status Assessment (CSA) data into the Clear Impact performance management scorecard. This ultimately created a regional CSA scorecard to identify shared regional health issues and challenges. County-level teams customized the processes for their local needs and priorities (see specific County Chapters for detailed information.)

While planning was coordinated regionally, each county designated a chairperson who facilitated the CHA process at the local level. Each local health department formed a steering committee best suited to its local needs in order to implement each step of the MAPP 2.0 framework. This adaptive approach allowed each county to follow recognized best practices for collaborative health improvement, while ensuring that local priorities and resources shaped their process.

To enhance data analysis and promote equity, Pivital partnered with Common Ground Health, a health research and planning organization based in Rochester, NY. Common Ground Health supports the nine Finger Lakes counties (the eight represented in this CHA and Monroe County) and is recognized for maintaining the region's most comprehensive health and health care data resources. Their expertise enabled deeper investigation of health trends and identification of health inequities by geography, socio-economic status, race, and ethnicity.

During the Community Context Assessment (CCA), the eight counties worked together regionally to identify key unified questions for focus groups. Each local health department was given the opportunity to customize and enrich CCA questions to meet local needs but agreed to use a minimum set of questions decided upon by regional consensus, ensuring consistency and comparability across the region.

New York State 2025-2030 Prevention Agenda

The NYSDOH Prevention Agenda 2025-2030 serves as a roadmap for county health departments, hospitals and other health care systems and partners to develop strategic priorities to ensure the health and well-being of New York State residents. It guides communities to set priorities, address health disparities, and improve the health and well-being of all New Yorkers. The NYSDOH Prevention Agenda is closely tied to Social Determinants of Health. These determinants are everyday life conditions, such as where people live, work, learn, and play, that affect health, well-being, and opportunities to thrive. (Figure 1)

Figure 1 Social Determinants of Health

Source: CDC

Local health departments, hospitals and partners used the Prevention Agenda to align their CHA and CHIP with statewide goals, ensuring that efforts are data-driven and focused on advancing health equity.

The Prevention Agenda outlines five domains with their associated priority areas as detailed in Table 2. Each domain is a Social Determinant of Health.

Table 2: NYSDOH Prevention Agenda Domains, Priorities and Targets

Domain	Priorities
1. Economic Stability	Poverty
	Unemployment
	Nutrition Security
	Housing Stability and Affordability
2. Social and Community Context	Anxiety and Stress
	Suicide
	Depression
	Primary Prevention, Substance Misuse, and Overdose Protection
	Tobacco/E-cigarette Use
	Alcohol Use
	Adverse Childhood Experiences
	Healthy Eating
3. Neighborhood and Built Environment	Opportunities for Active Transportation and Physical Activity
	Access to Community Services and Support
	Injuries and Violence
4. Health Care Access and Quality	Access to and Use of Prenatal Care
	Prevention of Infant and Maternal Mortality
	Preventive Services for Chronic Disease Prevention and Control
	Oral Health Care
	Preventive Services
	Early Intervention
	Childhood Behavioral Health
5. Education Access and Quality	Health and Wellness Promoting Schools
	Opportunities for Continued Education

Source: NYSDOH Prevention Agenda 2025-2030

Data Method and Process (Methodology)

The CHA provides a comprehensive picture of a community's current health status, including factors that contribute to health risks and challenges. It also identifies priority health needs by analyzing local data and community input.

The eight counties in the Finger Lakes region of New York State represented in this CHA adopted the NACCHO MAPP 2.0 Framework for community improvement in developing this regional CHA. (Figure 2). This broad framework allowed the counties to work as one collective unit while also

enabling them to customize the assessments to best suit the needs and abilities of their individual counties.

Figure 2 MAPP 2.0 Roadmap to Health Equity

Source: NACCHO

The process implemented by each county followed a three-phased approach noted in Figure 3.

Figure 3 MAPP 2.0 phases

Source: NACCHO

Phase 1: *Build the Community Health Improvement Foundation.*

This phase focuses on creating the leadership, partnerships, and shared commitment necessary to guide the MAPP process. It involves forming or strengthening a community health coalition, establishing clear roles and responsibilities, and developing a shared vision for a healthier community. During this step, partners build trust, set expectations, and ensure that diverse voices

are represented, including residents, community organizations, health systems, and local government.

Phase 2: Tell the Community Story
This phase focuses on gathering and analyzing data to create a comprehensive picture of the community's health using three coordinated assessments: the Community Partner Assessment (CPA), Community Status Assessment (CSA), and Community Context Assessment (CCA). Together, these tools integrate quantitative data with qualitative input from residents and stakeholders to identify key health issues, strengths, and challenges, aligned with the Prevention Agenda social determinants of health domains and equity goals. Partners gain a shared understanding of health needs, disparities, and resources, which provides the evidence base for setting priorities and developing strategies for improvement.

Community Partner Assessment (CPA)
The CPA helps community organizations examine both their own internal processes and abilities, as well as their shared capacity as a community network to tackle health inequities. It is designed to guide partners in determining what actions are needed to address inequities at the individual, system, and structural levels. The CPA is intended to address the following questions:

- What are the capabilities, skills and strengths each participating organization possesses that will contribute to improving community health and advancing MAPP goals?
- Who is currently involved in the MAPP process? Who else needs to be involved?[1]

Each county developed and administered a survey and/or convened focus groups as part of its CPA. Details of the survey development and distribution and focus group administration for each county are noted in the specific county section of this CHA. Responses were then organized qualitatively and quantitatively in an effort to identify strengths, weaknesses, opportunities, and threats as identified by respondents.

Community Status Assessment (CSA)

The CSA provides quantitative information about the community, such as population characteristics, health conditions, and disparities. Its purpose is to help communities understand inequities that go beyond individual behaviors or health outcomes, including how these issues connect to social determinants of health and broader systems of power and privilege. Ultimately, the CSA is a community-centered effort intended to capture and convey the community's narrative. The CSA is intended to address the following questions:

- What does the status of the community look like, including key health, socioeconomic, environmental, and quality-of-life outcomes?
- What populations are experiencing inequities across health, socioeconomic, environmental, and quality-of-life outcomes?
- How do systems influence outcomes?[2]

[1] NACCHO Community Partner Assessment Tool, www.naccho.org
[2] NACCHO Community Status Assessment Tool, www.naccho.org

Data for each county was collected and compiled using Clear Impact performance management software. Data sources included:

- United States Census Bureau (census.gov) and the American Community Survey (5-year estimates)
- New York State Prevention Agenda Dashboard
- New York State Community Health Indicator Dashboard
- County Health Rankings
- Centers for Disease Control and Prevention (CDC)
- Behavioral Risk Factor Surveillance System
- NYSDOH Vital Records (Vital Statistics); New York State Department of Health
- New York State's Statewide Planning and Research Cooperative System (SPARCS)
- Graduation Rate Data, 4-year outcomes; New York State Education Department (NYSED)
- NYS Perinatal Data Profile; Statewide Perinatal Data System
- Healthy People 2020; US Dept of Health and Human Services
- Environmental Protection Agency (EPA) Office of Community Revitalization
- The Neighborhood Atlas | Center for Health Disparities Research
- Local area unemployment Statistics (LAUS); U.S. Bureau of Labor Statistics, Office of Employment and Unemployment Statistics
- Evalumetrics Youth Survey (EYS) Reports
- Wilmot Cancer Institute, Cancer in Focus State Cancer Profiles; National Vital Statistics System | SEER
- NYSIIS Performance Report; New York State Immunization Information System
- Immunization Action Plan (IAP) Baseline Reports

Community Context Assessment (CCA)

The Community Context Assessment is a qualitative and quantitative tool used to assess a community's strengths, weaknesses, assets, and challenges specific to each community. It is based on three areas: Community Strengths and Assets, Built Environment, and Forces of Change. The MAPP 2.0 Framework CCA guiding questions were developed collaboratively by participating health departments to ensure continuity in data collection and analysis. Each county had the option of adding additional questions, but all counties asked the following seven questions:

1. Which health issues have the biggest impact on you and/or your community?
2. What does our community have that helps everyone, no matter their income, background, or language, have a fair chance to be healthy and feel welcome?
3. How do the streets, buildings, and sidewalks in different parts of our community help support the health of people, especially those with low incomes, people of color, limited English speakers, people with different genders or sexual orientations, or those with disabilities?
4. Where in our community is it easier or harder to be healthy, and why?
5. What has occurred recently that may affect the health of our community?
6. What may occur in the future?

7. Based on the above – do these things affect some groups more than others?[3]

Data collected during the Community Context Assessments added residents' voices and care was taken to engage often underrepresented populations, including migrant farm workers, members of the LGBTQ community, males, and low-income individuals. Data enhanced understanding of the unique needs of each community and aided in establishing the priority areas chosen by each county.

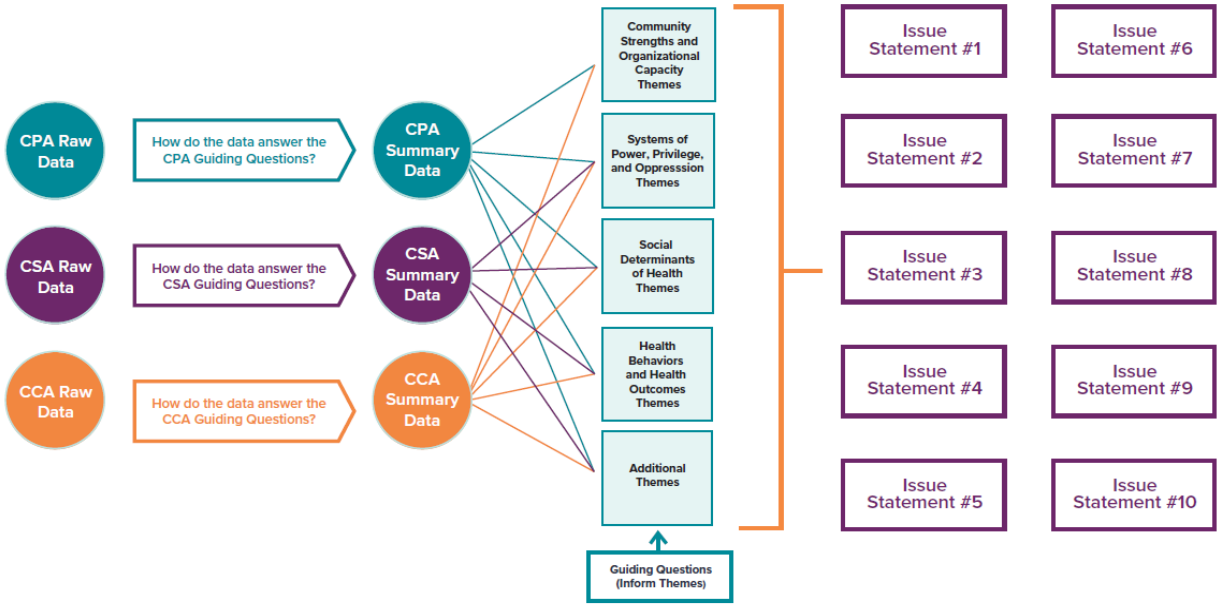
For a description of each county's activities during the CCA, see county-specific chapters in the document.

Data Triangulation

Counties collaborated with Pivital, Common Ground Health, and their county-specific partners and stakeholders to complete the CPA, CSA and CCA.

After each county completed the three assessments, Pivital triangulated the data to develop and propose cross-cutting themes for each county (Figure 4).

Figure 4 Data Triangulation Process

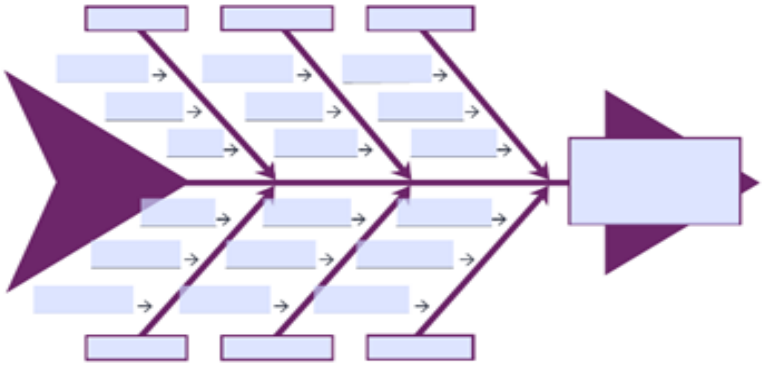


Source: NACCHO

After data was triangulated, counties used Fishbone Diagrams to examine the cause and effect of each identified community issue – Figure 5. Using the *Five Whys* - identifying an issue and asking "why" at least five times to get to the root cause - counties were able to narrow the list of priorities and identify upstream root causes on which to focus. Each county then reviewed findings with their

[3] NACCHO Community Context Assessment Tool, www.naccho.org

Figure 5: Fishbone Diagram



Source: NACCHO

stakeholders and community partners and conducted a Health Assessment Prioritization using a prioritization matrix to rank each theme based on five criteria:

1. Relevance of the issue to community members.
2. Magnitude/severity of the issue.
3. Impact of the issue on communities impacted by inequities.
4. Availability and feasibility of solutions and strategies to address the issue.
5. Availability of resources (time, funding, staffing, equipment) to address the issue.

Each county then identified at least three Prevention Agenda Priorities to address in its CHIP.

Phase 3: Continuously Improve the Community

This phase focuses on using assessment findings and selected priorities to develop, implement, and monitor a Community Health Improvement Plan (CHIP). This phase emphasizes ongoing collaboration, use of evidence-based strategies, and continuous quality improvement to advance health equity and strengthen community conditions over time. After the selection of focused Prevention Agenda priorities to be included in the CHIP, local health departments and community partners will identify evidence-based and promising practices that address the root causes and key drivers of each priority area. Local county committees will then select strategies that are realistic and feasible for implementation, taking into account local capacity, existing and potential partners, and available resources. Following the selection of strategies, partners will identify clear performance measures and selected Prevention Agenda objectives to monitor implementation, track progress, and assess impact over time, supporting a continuous quality improvement approach to community health.

Partner Engagement

Community partners played a key role throughout the CHA and during the development of the CHIP. Each partner completed the Community Partner Assessment (CPA), providing valuable organizational data and insights. They also helped identify and engage community members and organizations for focus groups as part of the Community Context Assessment (CCA), ensuring diverse perspectives were included.

Throughout the process, each county's stakeholders and partners participated in regular meetings where findings from all three assessments were presented. These sessions encouraged questions, feedback, and shared interpretation of the data. These work groups collaboratively reviewed and discussed the triangulated results, allowing partners to validate findings and contribute to identifying key themes.

Finally, partners participated in the prioritization process, ensuring that shared priorities reflected both data and community voice.

Regional Access to Care Report

In addition to the MAPP 2.0 Framework process, Pivital Public Health Partnership, in collaboration with the eight local health departments, administered the Access to Care Survey[4] between July and November 2024 to obtain primary, population-based data on access and barriers to care across the region. The survey, offered in multiple formats and languages, included questions on having a usual source of care, use of routine and preventive services, delays in care due to cost or transportation, experiences with behavioral health care, insurance status, and key demographic characteristics, and yielded more than 1,700 completed responses from residents of the eight counties.

Survey data were cleaned, weighted to reflect the regional population using Census-based distributions, and analyzed using descriptive statistics to characterize access indicators and chi-square tests and logistic regression models to examine differences and disparities by factors such as race, insurance type, geography, and Plain Community status. Findings from this analysis were integrated with MAPP 2.0 assessments and qualitative input from focus groups to identify populations facing the greatest barriers, and were used to inform health issue prioritization.

Key findings from the Survey showed that people in the eight counties still face problems when trying to get health care:

- *Not enough providers*: It is difficult for many people to find a doctor, dentist or mental health provider, especially in rural areas.
- *Transportation issues*: Many people do not have reliable ways to get to appointments, especially if they do not own a car or if they live far away from care.
- *Insurance problems*: People without insurance and those who have Medicaid often have a harder time getting care. They may have to wait longer or travel farther.
- *Unequal access*: Non-White, rural and Plain community (Amish/Mennonite) members face compounded barriers, with reduced routine/preventive care and higher rates of appointment access challenges.
- *Community strength*: People also shared many positive things, like strong local groups, caring volunteers, helpful nonprofit organizations, and local hospitals.

The report also identified emerging issues within the Finger Lakes region:

- *Health care workforce shortages*: Behavioral health, in particular, along with other health care workers are in demand. Rural communities have a difficult time attracting talent because of aging infrastructure and rate of pay.
- *Telehealth expansion*: While telehealth may be expanding in many areas of the country, limited broadband access makes its dissemination problematic in rural areas.
- *Insurance policy changes*: Impending cuts to Medicaid may impact access to care and increase out-of-pocket costs.

[4] Source: Access to Care in the Finger Lakes Region, Collaborative Assessment Report, 2025 https://pivitalphp.org/reports/access-to-care/

- *Supplemental Nutrition Assistance Program (SNAP):* Expected changes to eligibility may mean residents are forced to choose between food and medical care, including prescriptions.
- *Integration of care*: New models of care are being piloted in many areas but face funding and coordination challenges in the Finger Lakes region.
- *Equity gaps*: Mortality rates among minority populations are higher than other groups. Additionally, higher Medicaid-dependence is linked with higher food insecurity issues which impact overall health.
- *Innovative care models*: Social Care Networks and Urgent Care expansion will help to alleviate some rural health concerns and issues.

Comprehensive Regional Community Health Assessment

Demographics

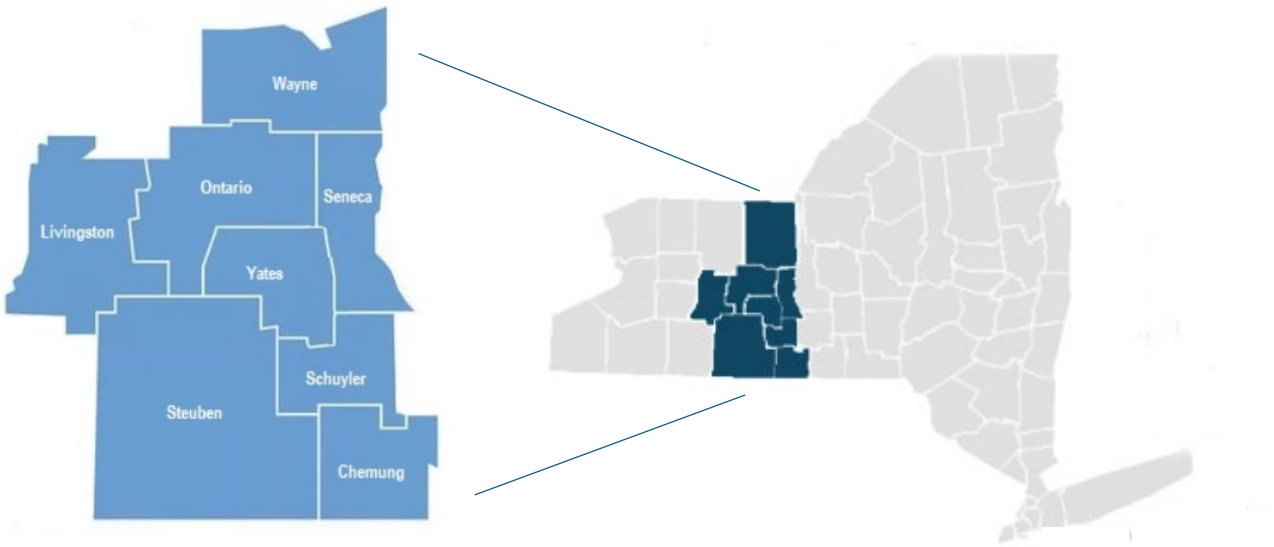
Community Description: The Finger Lakes Region

The Finger Lakes get their name from the series of 11 lakes in central and western New York that resemble the fingers on a hand. Native American lore explains that the lakes were formed when the Great Spirit laid his hand down on the region. The lakes were formed as an impression of his hand blessing the landscape.[5] Scientifically speaking, the lakes were formed by receding glaciers over two million years ago.[6] The area now serves as an idyllic recreational spot with abundant outdoor activities, award-winning wineries, historic and quaint towns, and vast agricultural farmland. While smaller urban areas do exist within the counties, this mostly rural region of New York State shares the health-related issues and illnesses of many rural areas in New York and the United States.

Though the Finger Lakes Region encompasses a larger swath of the state, the eight Finger Lakes counties represented in this Community Health Assessment, include: Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates. (Map 1)

[5] Source: FingerLakesTravelNY.com: History of the Finger Lakes
[6] "*Ithaca is Gorges: A Guide to the Geology of the Ithaca Area, Fourth Edition*" by Warren D. Allmon and Robert M. Ross, published in 2007 by the Paleontological Research Institution

Map 1: The Finger Lakes Region of New York State

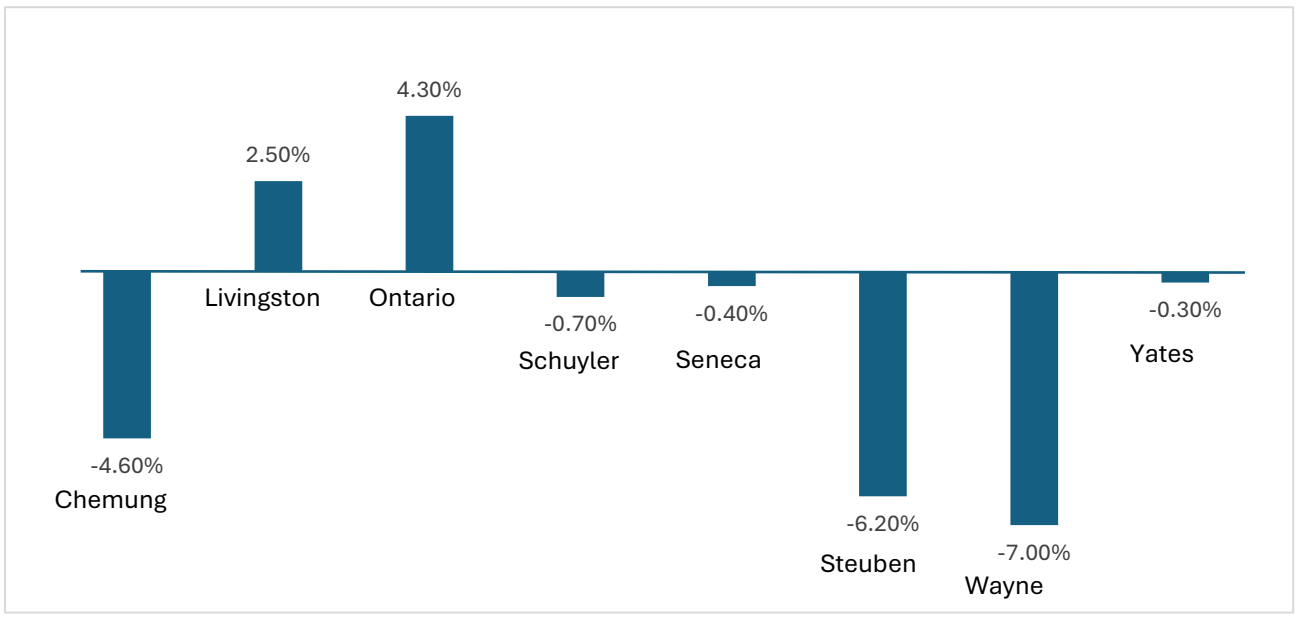


Population Estimates

Overall Population Estimates

There are 515,563 people living in the 8-county Finger Lakes Region. Estimates projecting into the year 2040 demonstrate a slight decrease in the population for most counties, with the exceptions of Livingston and Ontario. Stratified by county, see Figure 6, are the projected population differences

Figure 6: Percent Change in Population from 2020- 2040



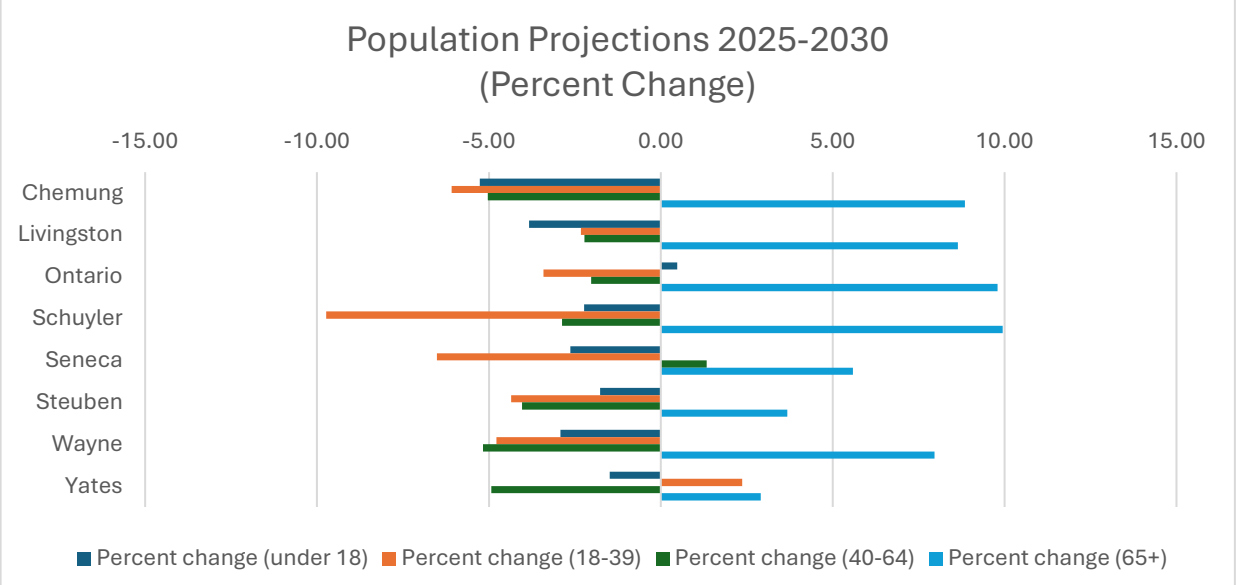
Source: County Health Rankings, Census Population Estimates, Cornell Program on Applied Demographics

over the next 20 years. Some of the largest changes are expected in Chemung, Steuben and Wayne Counties.

Age Group Projections

Over the next five years (2025–2030), the population of residents aged 65 and older is projected to increase in all Finger Lakes counties, while younger age groups (under 18, 18–39, and 40–64) are expected to decline in most counties. Exceptions include: Ontario County, which is projected to see a slight increase in the under-18 population; Seneca County, which is expected to gain residents aged 40–64; and Yates County, which is projected to experience growth in the 18–39 age group. The overall growth in the older adult population will likely increase demand for geriatric care and chronic disease management across the region. Figure 7 illustrates the projected percent change in each age group by county.

Figure 7: Population Projections by Age Group, Finger Lakes Region

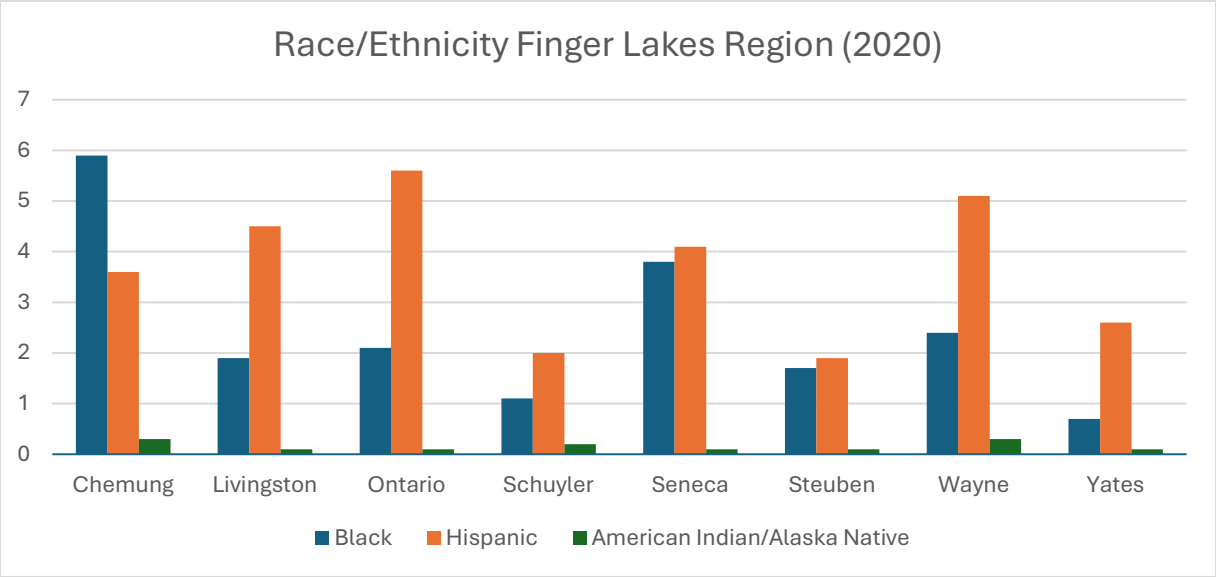


Source: Cornell University Program on Applied Demographics, 2025-2030

Race/Ethnicity

More than 90% of the Finger Lakes Region population is White/Non-Hispanic. Chemung County has the largest non-white population with 5.9% Black, 3.6 % Hispanic, 0.3% American Indian/Alaska Native. (Figure 8)

Figure 8: Race/Ethnicity Finger Lakes Region



Source: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities

Migrant Farm Workers

The 2022 Census of Agriculture reported that there were 22,000 workers on farms in the Finger Lakes region. Just less than one quarter (5,340) were unpaid and probably represented family members or co-op workers. The vast majority (16,600) were paid workers, but not necessarily in full-time or permanent positions. Wayne County had the highest number of migrant workers (3,034) of the eight counties.

Almost 25% of the region's farms contracted with migrant farm workers. Because migrant farm workers move from job to job depending on the season, a single migrant worker may be counted by multiple farms, therefore the total number of migrant workers is potentially an over count of individuals (Table 3).

Table 3: Farms and Farm Workers in the Finger Lakes Region

County	Number of Farms with Hired Workers (2022)	Number of Farms with Migrant Workers (2022)	Hired Farm Labor*		Number of Migrant Workers** (2022)	Number of Unpaid Workers*** (2022)
			Total Workers (2022)	Number of Workers Who Worked <150 days (2022)		
Chemung	48	2	171	90	(D)^	381
Livingston	142	16	998	354	68	477
Ontario	229	32	1,547	718	307	801
Schuyler	108	25	943	547	119	333
Seneca	146	39	1,653	1,212	493	429
Steuben	297	21	1,344	690	66	1,370
Wayne	259	141	3,902	2,590	3,034	677
Yates	250	80	1,625	1,111	390	872
Total Finger Lakes Region	**1,479**	**356**	**12,183**	**7,312**	**4,477**	**5,340**

*Hired farm labor does not include contract/migrant workers.
**Migrant farm workers are workers whose employment requires travel that prevents the worker from returning to his or her permanent place of residence the same day.
***Unpaid workers include agricultural workers not on the payroll who performed activities or work on a farm or ranch.
^Suppressed to avoid disclosing data for individual farms.
Source: US Department of Agriculture, 2022 Census of Agriculture

Migratory and seasonal agricultural workers and their families face distinct barriers that contribute to significant health disparities. Factors such as hazardous working conditions, poverty, inadequate housing, limited clean water, lack of insurance, language and cultural barriers, and fear and mistrust related to immigration status all limit access to consistent, quality care. These challenges increase the risk of serious health issues including diabetes, malnutrition, depression, substance use, infectious diseases, pesticide exposure, and work-related injuries. Migration further heightens these problems by creating isolation and disrupting continuity of care, making it harder to maintain treatment and health records.[7]

A healthy migrant community is essential to the farming industry in the eight-county region and therefore essential to the livelihood of farmers and the economy of the region. Without them, fields may go unplanted, fruit unpicked, and crops unharvested.

Amish/Mennonite

The Plain Community - Amish and Mennonite - is an important part of the Finger Lakes region, contributing substantially to the agricultural sector in many areas. Obtaining reliable, current information about their population size and health outcomes is difficult, particularly at the county

[7] Source: Rural Health Information Hub, 2025: https://www.ruralhealthinfo.org/topics/migrant-health

level, because these groups typically do not participate in surveys like those run by the U.S. Census Bureau.

Elizabethtown College's Young Center for Amish Studies provides annual population estimates that help fill this gap. According to their data, New York State has 60 Amish settlements and 188 districts, totaling roughly 25,220 individuals.[8] Within the Finger Lakes, specifically Livingston, Seneca, Steuben, and Wayne Counties, there are 16 districts with an estimated 3,770 Amish residents.[9] These numbers do not include Mennonite populations. The Young Center also compiles information on various Mennonite groups, often organized by church conference. In New York, the Groffdale Conference Mennonites are estimated at 3,856 people, the Midwest Mennonite Conference at 971, and the Stauffer Mennonite Conference at around 476.[10]

When reviewing data or planning public health efforts, it is important to account for Amish and Mennonite cultural practices. Decision-making about health care is typically influenced by church leaders' guidance. Many families rely on natural or homeopathic health approaches, which can delay lifesaving medical care and affect decisions about family planning, preventive care, dental care, and vaccinations. Home births and delayed prenatal care are relatively common as is breast feeding. Children generally attend school through eighth grade before focusing on farming or learning a trade, increasing exposure to potential injuries. Travel by bicycle or horse-drawn buggy also creates traffic-safety concerns on rural roads shared with faster-moving motor vehicles.

These cultural factors combined with expected population growth are important considerations for public health professionals in the region. Research suggests that when health information is offered by trusted sources and services are easily accessible, Plain families are often receptive to interventions, including certain immunizations. Building cultural understanding and maintaining flexible, consistent outreach can support strong participation in recommended health practices.[11]

American Indian and Alaska Native Population

In 2022, 1,408 residents of the Finger Lakes region identified themselves as American Indian and Alaska Native alone. However, it is important to note that this estimate does not include residents who identify as multiple races.[12]

The Centers for Disease Control and Prevention noted that as of 2023, the average life expectancy for American Indians and Alaska Natives is the lowest of all ethnic groups. American Indians and

[8] "Amish Population Profile, 2025." Young Center for Anabaptist and Pietist Studies, Elizabethtown College. https://groups.etown.edu/amishstudies/statistics/amish-population-profile-2025.
[9] Statistics compiled by Edsel Burdge Jr., Young Center for Anabaptist and Pietist Studies, Elizabethtown College, in cooperation with Joseph F. Donnermeyer, School of Environment and Natural Resources, The Ohio State University, and with assistance from Adam Hershberger, Ohio Amish Library, Millersburg, Ohio.
[10] Compiled from the most recent directories by Edsel Burdge Jr., Young Center for Anabaptist and Pietist Studies, Elizabethtown College, 1 Alpha Drive, Elizabethtown, PA 17022 Updated October 2025
[11] Baillie, K. U. (2018, July 13). *With free vaccinations, ChildProtect program helps Amish communities stay healthy*. *Penn Today*. University of Pennsylvania. https://penntoday.upenn.edu/news/free-vaccinations-childprotect-program-helps-amish-communities-stay-healthy
[12] Source: U.S. Census Bureau Population Estimates Program. Methodology for the United States population estimates: Vintage 2022. 2022. https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2020-2022/methods-statement-v2022.pdf

Alaska Natives can expect to live to 70.1 years as compared with the national estimate of 78.4 years. Further, they also report being in fair or poor health more often than all other racial groups (24.4%). The leading causes of death in this group are heart disease, cancer, unintentional injuries, chronic liver disease, and diabetes.[13]

These disparities exist for a number of reasons but largely correlate back to inadequate educational opportunities, disproportionate rates of poverty, discrimination in the delivery of health services, and the impact of historical intergenerational trauma including centuries of racial discrimination.[14]

Foreign Born Population

The majority of those who are foreign-born living in the Finger Lakes region have become naturalized US Citizens. The naturalization rate varies by county, from as low as 35 percent in Wayne County to 77.9 percent in Yates County (Table 4). Residents coming from other countries may face significant challenges in adapting to the United States' disease prevention and treatment culture and, as such, should be cared for and tended to in a way that is respectful of and collaborative with the customs and beliefs of their heritage.

Table 4: Foreign Born and Citizenship

County	Percent of Population that is Foreign-born (2020)	Percent Naturalized U.S. Citizen (2020)	Percent Not a U.S. Citizen (2020)
Chemung	3.6	58.0	42.0
Livingston	3.5	51.5	48.5
Ontario	5.0	55.8	44.2
Schuyler	1.9	51.8	48.2
Seneca	2.9	54.4	45.6
Steuben	3.3	38.4	61.6
Wayne	5.0	35.0	65.0
Yates	1.6	77.9	22.1

Source: U.S. Census Bureau, 2020 Census.

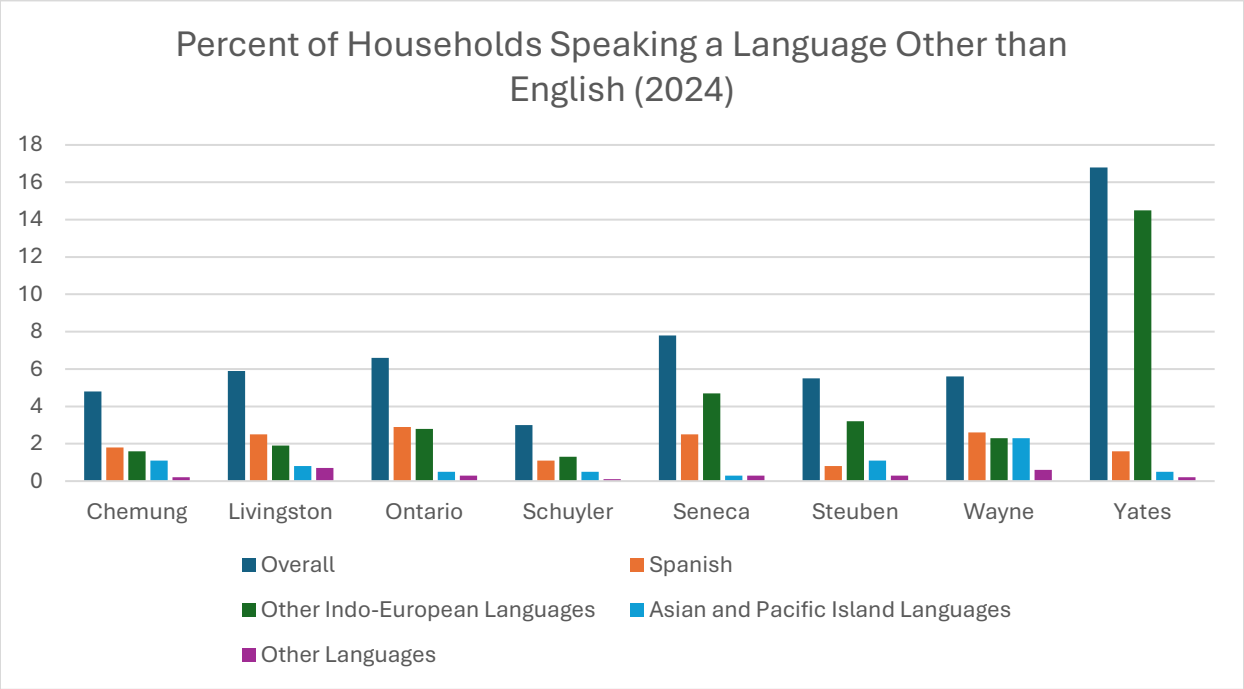
Public health professionals must keep cultural and linguistic differences in mind when collecting and exhibiting data, developing and providing programming, and evaluating the effectiveness of interventions. Demonstrating respect for an individual's national and cultural background fosters trust and strengthens the practitioner–client relationship. Cultural responsiveness enhances the quality of care, supports better health outcomes, and reduces disparities.

[13] Source: CDC, https://minorityhealth.hhs.gov/american-indian-and-alaska-native-health
[14] US Commission on Civil Rights, Broken Promises: Continuing Federal Funding Shortfall for Native Americans, 2018

Household Languages

While most people in the Finger Lakes region primarily use English, a smaller portion of the population speaks other languages at home. These include Spanish, various Asian and Pacific Island languages, and a range of other Indo-European languages (Figure 9). In Yates County, the notable share of Indo-European language speakers is likely influenced by the presence of Amish and Mennonite communities in which some families speak German dialects in the home. Small counties may have no bilingual staff members and few options for obtaining interpreters.

Figure 9: Percent of Households Speaking a Language Other than English



Source: U.S. Census Bureau, 2024 ACS 1or 5-year estimates

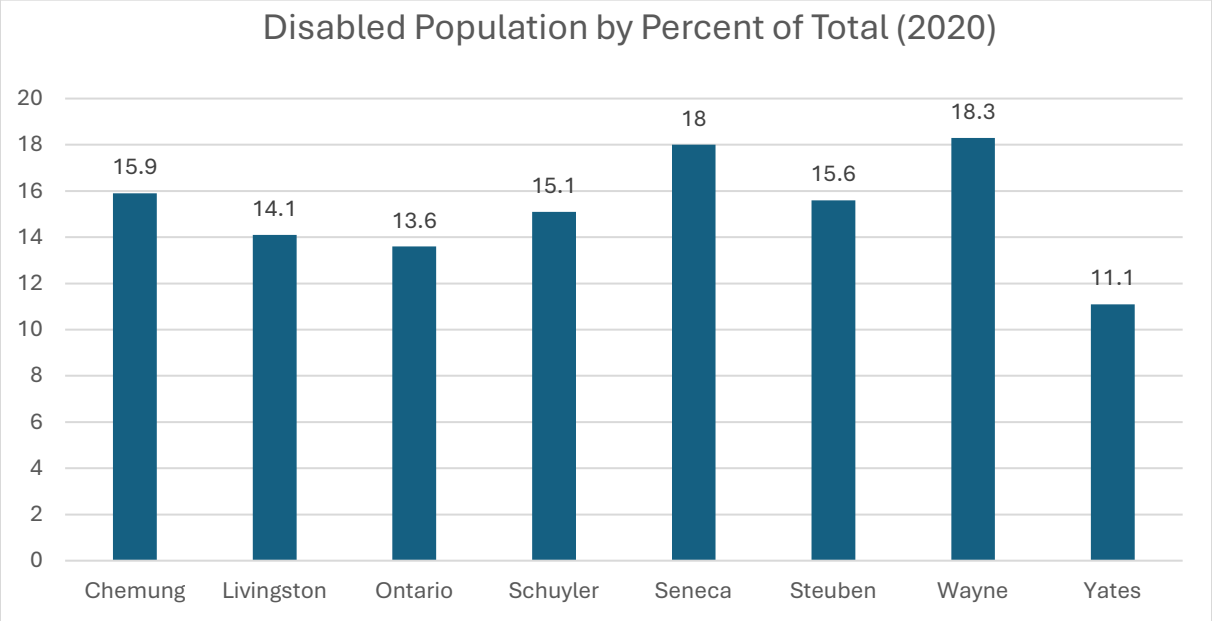
Disability

People with disabilities face a higher likelihood of developing chronic health issues such as obesity, heart disease, and diabetes. Reducing health disparities among this population involves fostering a community culture that supports inclusion and creating welcoming physical spaces free of conditions that might prohibit participation in healthy behaviors. Achieving this requires coordinated efforts across multiple disciplines, including policy, systems, and environments.

Figure 10 shows the disability rate for each county in the Finger Lakes region. The most common disabilities in the region are cognitive, ambulatory and independent living.[15]

[15] Source: U.S. Census Bureau, 2020 Census

Figure 10: Disability Rate by County

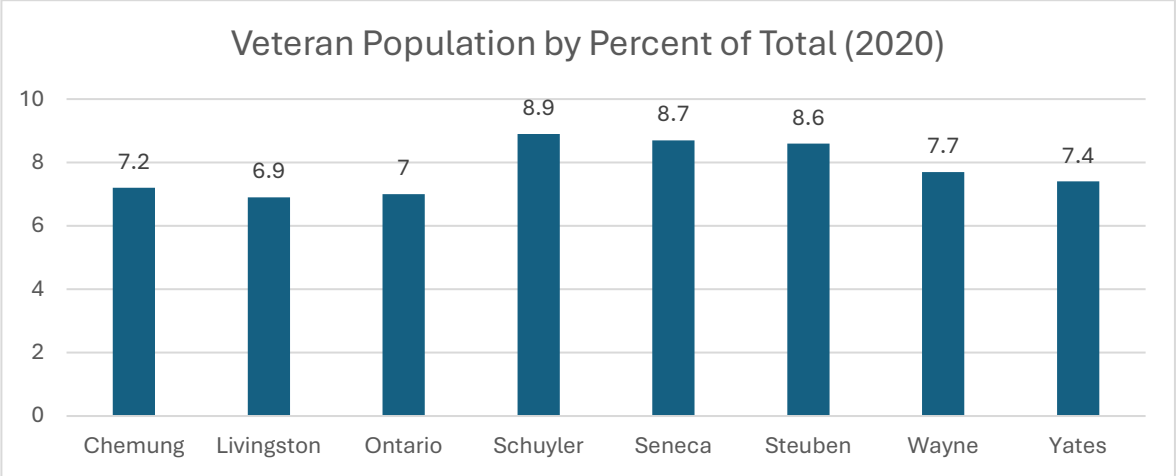


Source: U.S. Census Bureau, 2020 Census

Veterans

The population of veterans in the eight counties of the Finger Lakes is higher than the NYS average of 3.5 percent. Veterans certainly have the same health care needs as others in the community, however, they may also require additional health care services related to mental health, physical health and issues related to environmental exposure during service.[16] Figure 11 details the percentage of veterans in each county.

Figure 11: Veteran Population by Percent of Total Population



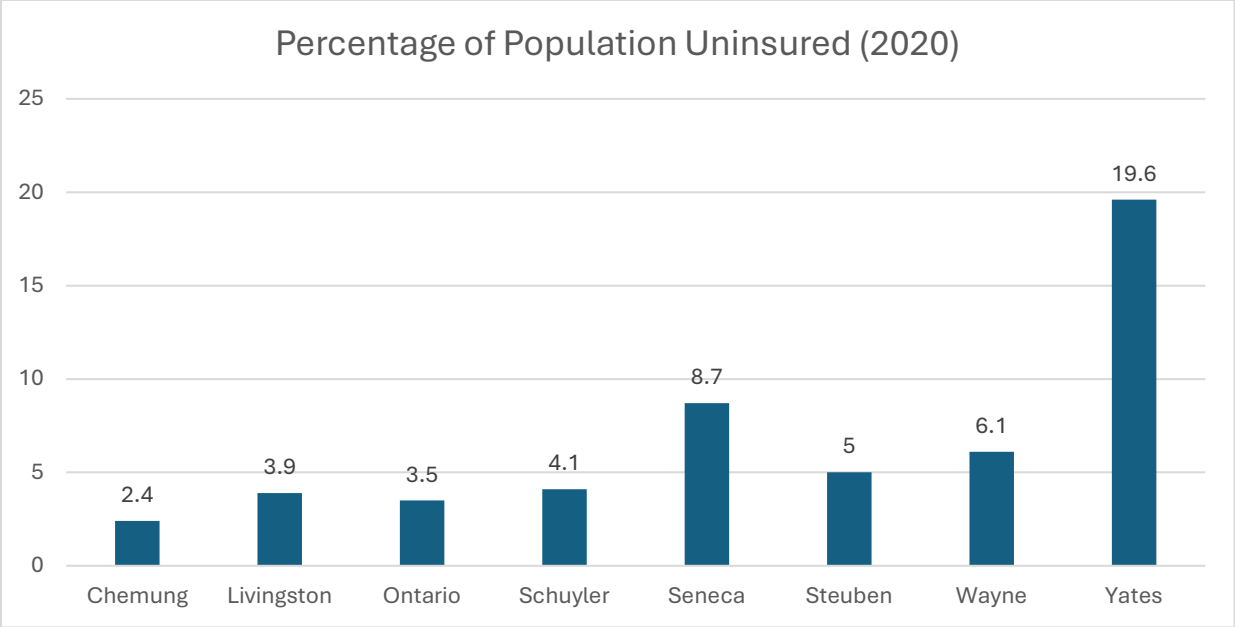
Source: U.S. Census, 2020 Census

[16] Source: Veterans Affairs, https://www.va.gov/health-care/health-needs-conditions/

Health Insurance Status

Health insurance plays an important role in ensuring people can obtain necessary medical services. Like individuals with limited financial resources, those without insurance are less likely to seek routine or preventive care, often lack a consistent healthcare provider, and may rely more heavily on emergency departments for issues that could be managed in primary care. Figure 12 illustrates the share of residents in each county who are uninsured. The notably higher uninsured rate in Yates County is likely influenced by the sizable Amish and Mennonite communities living there.

Figure 12: Health Insurance Status



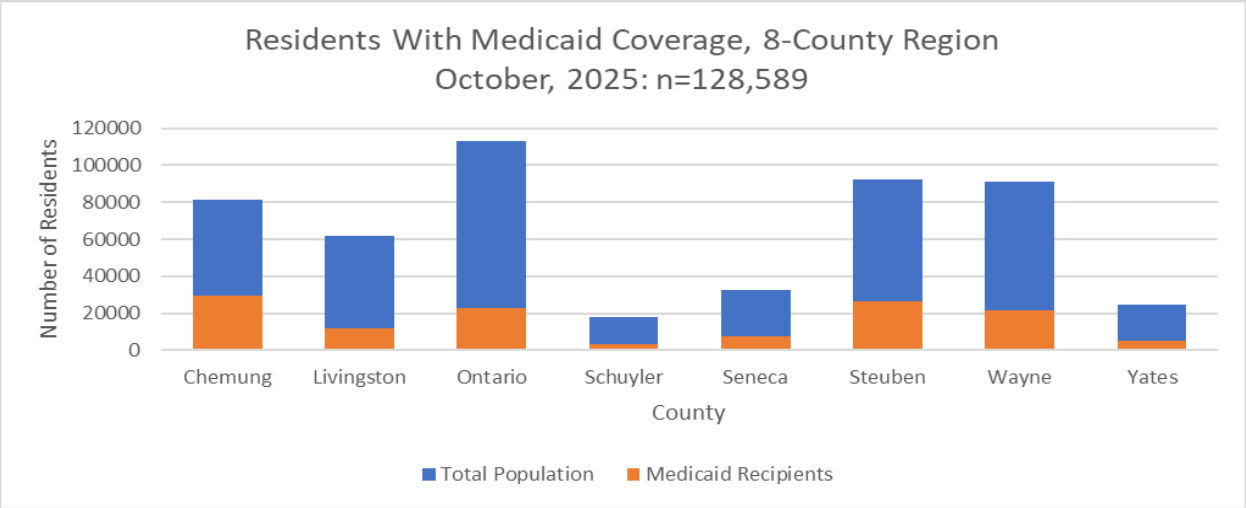
Source: U.S. Census Bureau, 2020 Census

In October of 2025, in New York, 6,812,160 residents were enrolled in Medicaid.[17] Of these, 128,589 are residents of the eight county Finger Lakes Region. According to the NY State of Health, an estimated 1-1.5 million New Yorkers may lose Medicaid coverage in 2026 due to new federal requirements.[18] Using this projection, between 18,774 and 28,290 Finger Lakes residents may lose coverage. Figure 13 highlights the number of residents with Medicaid coverage versus the overall population in each county.

[17]Source: Medicaid Enrollment Databook, October 2025 at https://www.health.ny.gov/health_care/medicaid/enrollment/docs/by_resident_co/current_month.htm

[18] Source: https://info.nystateofhealth.ny.gov/stay-connected

Figure 13: Residents with Medicaid Coverage

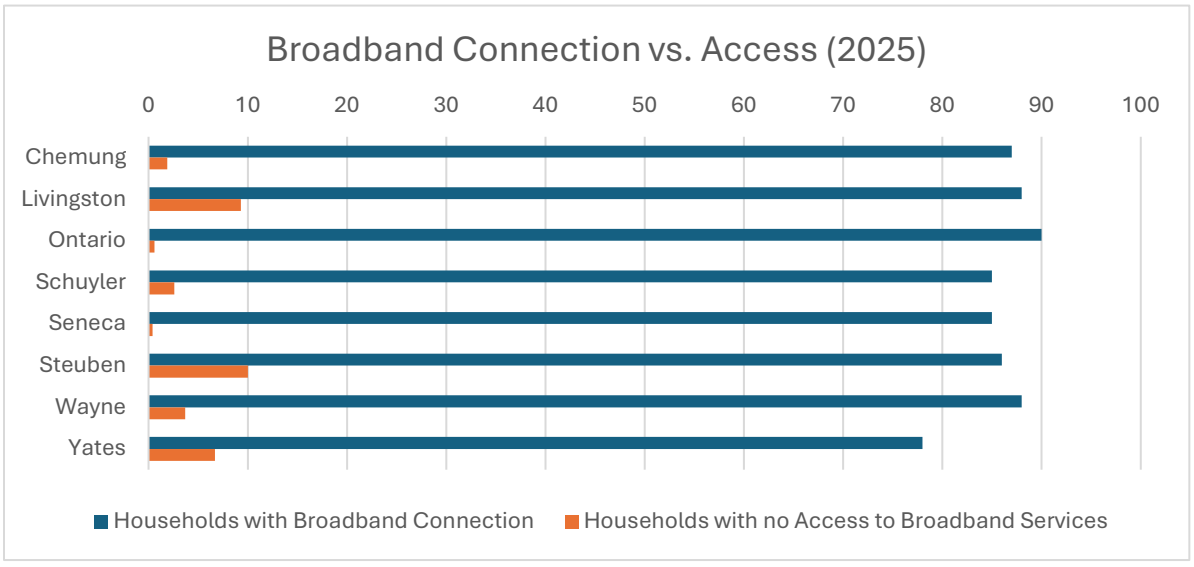


Source: Source: Medicaid Enrollment Databook

Broadband Access

Access to broadband services is considered a necessity. The Covid-19 pandemic elevated the need for broadband access to a new level with remote work and learning and accessible healthcare options. New York State as a whole has extensive broadband access (90%), but not every part of the state has the same access. Figure 14 notes the percentage of households with a broadband connection versus the percentage in the county who have no access to broadband services, meaning broadband service is not available to them to purchase or access.

Figure 14: Broadband Connection vs Broadband Access in each County



Source: Office of the State Comptroller, ACS, County Health Rankings

Transportation

Rural residents lack equitable access to transportation. Low population density often makes public transportation implausible. Access to a personal vehicle can affect an individual's health and wellness in many ways. Unreliable, inconsistent or inconvenient transportation can cause a strain on the ability to access health care services, purchase food and other items, and maintain a job. These can-result in, poor health outcomes, and decreased economic stability.

Figure 15 shows the proportion of households in each Finger Lakes county that do not have access to a vehicle. Yates County's higher percentage is largely due to the Amish and Mennonite communities, who typically use horse-and-buggy travel rather than motor vehicles. This is particularly evident in Map 2.

Map 2: Households without a Vehicle by Zip Code

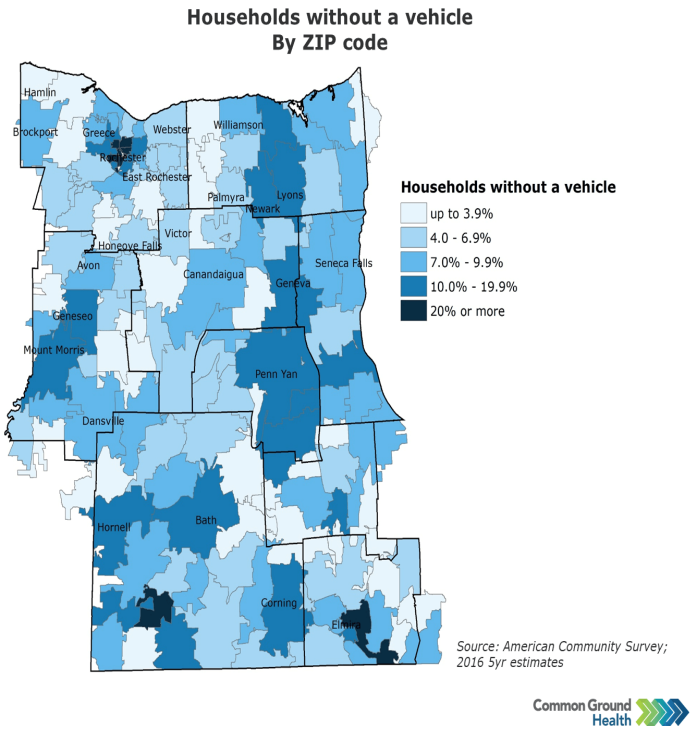
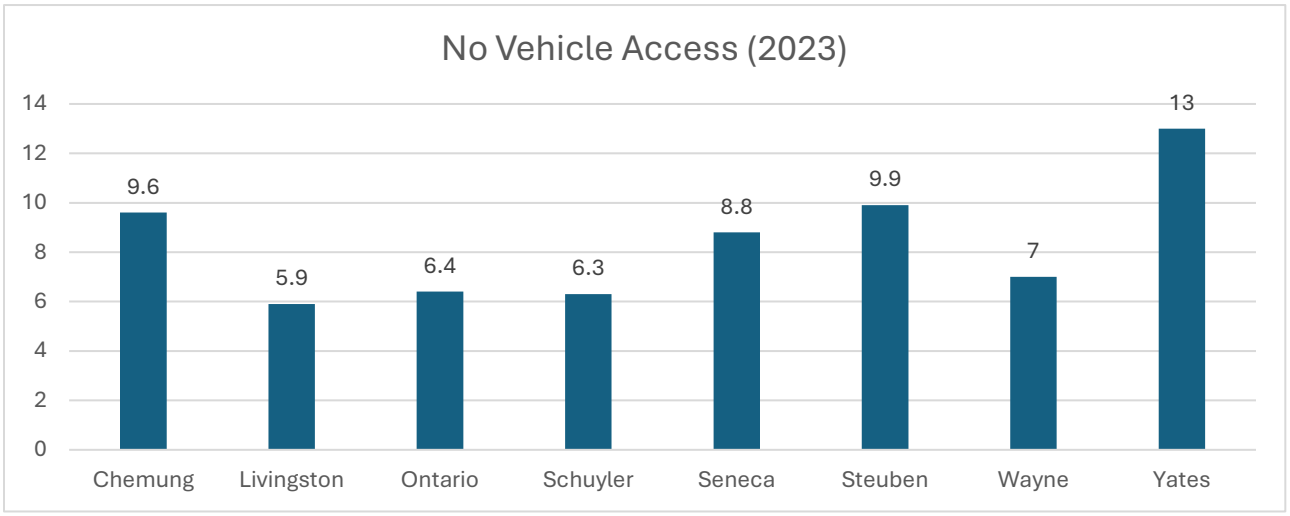


Figure 15: Percent of Households with No Vehicle Access



Source: U.S. Census Bureau 2023 5-year estimates

Life Expectancy

Genetics are not the only indicator of an individual's life expectancy. Social determinants of health impact life expectancy. Table 5 notes the life expectancy in each county in the Finger Lakes region along with the percent change from 2018. Life expectancy is decreasing in most counties and is below the New York State average.

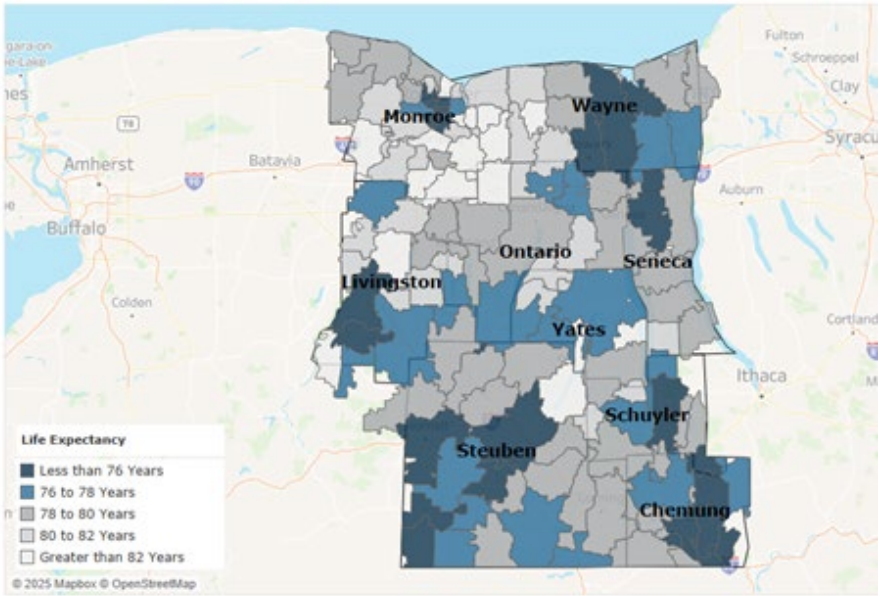
Table 5: Life Expectancy

County	Life Expectancy (2022) (NYS: 79.4)	Percent Change from Baseline (2018)
Chemung	75.0	-3%
Livingston	79.4	-1%
Ontario	79.8	No change
Schuyler	76.5	-2%
Seneca	77.6	No change
Steuben	76.3	-3%
Wayne	77.2	-2%
Yates	78.1	No change

Source: County Health Rankings, National Center for Health Statistics-Mortality Files

In addition, Map 3 further delineates life expectancy by Zip Code. Lower life expectancy by zip code corresponds with increased poverty rates (Maps 6-8), higher preventable hospitalizations (Map 13) and higher Emergency Department visits (Maps 14-18).

Map 3 Life Expectancy by Zip Code, Finger Lakes Region



Source: NYS Vital Statistics; US Census Bureau County Population Estimates and Claritas ZIP Level Estimates; Years 2018-2022 Analysis and Calculations by Common Ground Health (YPLL/Death Rate per 100k population and Life Expectancy)

Courtesy Common Ground Health

Leading Causes of Death

The top causes of death in the counties of the Finger Lakes region may be seen in Table 6 along with the number of deaths per 100,000 population. The top two leading causes of death in all eight counties are heart disease and cancer. All counties except Ontario have a higher death rate per 100,000 population than the New York State average.

The rates shown for Alzheimer's in this table reflect a combined category of "Alzheimer's disease and other dementias" that was age–sex adjusted using local population estimates, whereas the

state Vital Statistics tables report age adjusted rates for “Alzheimer’s disease” alone. As a result, counts for Alzheimer’s disease align with state data, but the inclusion of other dementias and the different adjustment method produce higher overall rates and allow this combined category to appear among the leading causes of death in several counties while still following a trend similar to the state’s Alzheimer's only rates.

Across the region, the most commonly diagnosed cancers reflect patterns seen statewide, with female breast, prostate, and lung cancers appearing most frequently in many counties, alongside colorectal cancer in some areas. These cancers represent a substantial share of the overall cancer burden even when they are not always the leading causes of cancer death, underscoring the importance of continued emphasis on screening, early detection, and treatment.

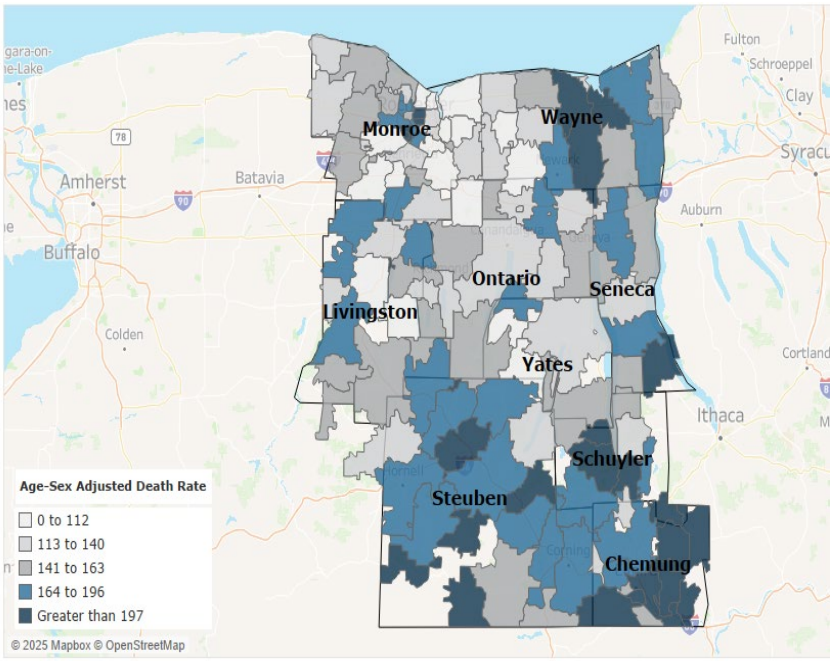
Table 6: Leading Causes of Death 2022

County	First Cause	Second Cause	Third Cause	Death Rate/100,000 (NYS: 744.2/100,000)
Chemung	*Heart Disease* 235.6/100,000	*Cancer* 184.7/100,000	*Alzheimer's and Other Dementias* 87.0 /100,000	1,014
Livingston	*Cancer* 145.1/100,000	*Heart Disease* 122.1/100,000	*Alzheimer's and Other Dementias* 73.1/100,000	763.1
Ontario	*Heart Disease* 141.8/100,000	*Cancer* 128.9/100,000	*Alzheimer's and Other Dementias* 69.8/100,000	716.9
Schuyler	*Cancer* 221.5/100,000	*Heart Disease* 210.8/100,000	*Diabetes* 63.6/100,000	974.3
Seneca	*Heart Disease* 167.6/100,000	*Cancer* 155.8/100,000	*Alzheimer's and Other Dementias* 87.8 /100,000	812.9
Steuben	*Heart Disease* 204.7/100,000	*Cancer* 187.8/100,000	*Alzheimer's and Other Dementias* 71.5/100,000	944.8
Wayne	*Cancer* 151.5/100,000	*Heart Disease* 170.4/100,000	*Alzheimer's and Other Dementias* 78.3/100,000	828.0
Yates	*Cancer* 143.3/100,000	*Heart Disease* 142.6/100,000	*Alzheimer's and Other Dementias* 88.4/100,000	839.3

Source: New York State Department of Health Vital Statistics, 2022

Map 4 highlights the age-adjusted death rate for heart disease per 100,000 population and Map 5 details the age-adjusted death rate for cancer per 100,000 population in each of the counties of the Finger Lakes. Note that the highest death rates for both cancer and heart disease in both maps coincide with the highest poverty rates (Maps 6-8), and lowest life expectancy of the counties. It also coincides with higher preventable hospitalizations (Map 13) and higher Emergency Department visits (Maps 14-18).

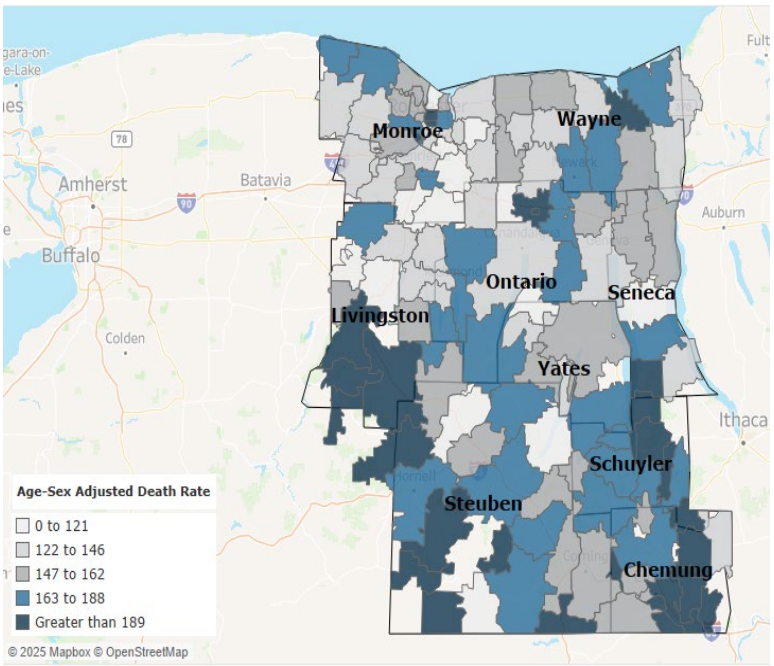
Map 4: Age-Adjusted Death Rate for Heart Disease Rate per 100,000



Courtesy: Common Ground Health

Source: NYS Vital Statistics; US Census Bureau County Population Estimates and Claritas ZIP Level Estimates; Years 2018-2022 Analysis and Calculations by Common Ground Health (YPLL/Death Rate per 100k population and Life Expectancy)

Map 5: Age-adjusted Death Rate for Cancer Rate per 100,000



Courtesy: Common Ground Health

Source: NYS Vital Statistics; US Census Bureau County Population Estimates and Claritas ZIP Level Estimates; Years Analysis and Calculations by Common Ground Health (YPLL/Death Rate per 100k population and Life Expectancy)

Leading Causes of Premature Death

The top causes of premature death in the counties of the Finger Lakes region may be seen in Table 7 with the number of deaths per 100,000 population. Consistent across all eight counties, the top three causes of premature death (before age 75) are cancer, heart disease and unintentional injury. Most counties also exceed the New York State average rate for premature death.

Unintentional injury deaths in Yates County may be due in part to its Mennonite population. There are many family-owned farms on which children assist parents with chores. Transportation by horse and buggy and bicycle further increases the risks for injuries on roadways.

Table 7: Leading Causes of Premature Death 2022

County	First Cause	Second Cause	Third Cause	Premature Death Rate (NYS: 326.8/100,000)
Chemung	*Cancer* 111.7/100,000	*Heart Disease* 88.3/100,000	*Unintentional Injury* 75.4/100,000	496.2
Livingston	*Cancer* 80.8/100,000	*Unintentional Injury* 43.6/100,000	*Heart Disease* 33.4/100,000	324.1
Ontario	*Cancer* 60.5/100,000	*Heart Disease* 60.7/100,000	*Unintentional Injury* 38.1/100,000	304.6
Schuyler	*Cancer* 123.0/100,000	*Heart Disease* 65.8/100,000	*Unintentional Injury* 62.0/100,000	420.2
Seneca	*Cancer* 91.5/100,000	*Heart Disease* 50.8/100,000	*Unintentional Injury* 36.7/100,000)	369.6
Steuben	*Cancer* 97.1/100,000	*Heart Disease* 62.6/100,000	*Unintentional Injury* 48.9/100,000	423.5
Wayne	*Cancer* 93.6/100,000	*Unintentional Injury* 58.1/100,000	*Heart Disease* 65.6/100,000	398.4
Yates	*Unintentional Injury* 63.4/100,000	*Cancer* 61.4/100,000	*Heart Disease* 46.0/100,000	334.4

Source: New York State Department of Health Vital Statistics, 2022

County Health Rankings

The University of Wisconsin Population Health Institute has created the County Health Rankings & Roadmaps, a program that works to improve health outcomes for all and to close the health disparities gap between those with the most and least opportunities for good health.[19]

As the county health rankings model has evolved, so have the measures. Table 8 demonstrates how each county in the Finger Lakes ranks compared with New York State and the nation as a whole. Two categories are referenced: Health and Well-being describes health as "more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the

[19] County Health Rankings, https://www.countyhealthrankings.org/about-us

ability of people and communities to contribute to the world."[20] Community Conditions refer to the social determinants of health. Generally, the Finger Lakes region is better than or equal to New York State and the nation in terms of health and well-being and community conditions.

Table 8: County Health Rankings (2025)

County	Health and Well-being		Community Conditions	
	New York State	U.S.	New York State	U.S.
Chemung	Worse	Better	Worse	About Equal To
Livingston	Better	Better	Better	Better
Ontario	Better	Better	Better	Better
Schuyler	About Equal To	Better	Worse	About Equal To
Seneca	Better	Better	Worse	About Equal To
Steuben	About Equal To	Better	About Equal To	Better
Wayne	About Equal To	Better	About Equal To	Better
Yates	Better	Better	Worse	About Equal To

Source: County Health Rankings

Courtesy Ontario County

[20] County Health Rankings, https://www.countyhealthrankings.org/health-data

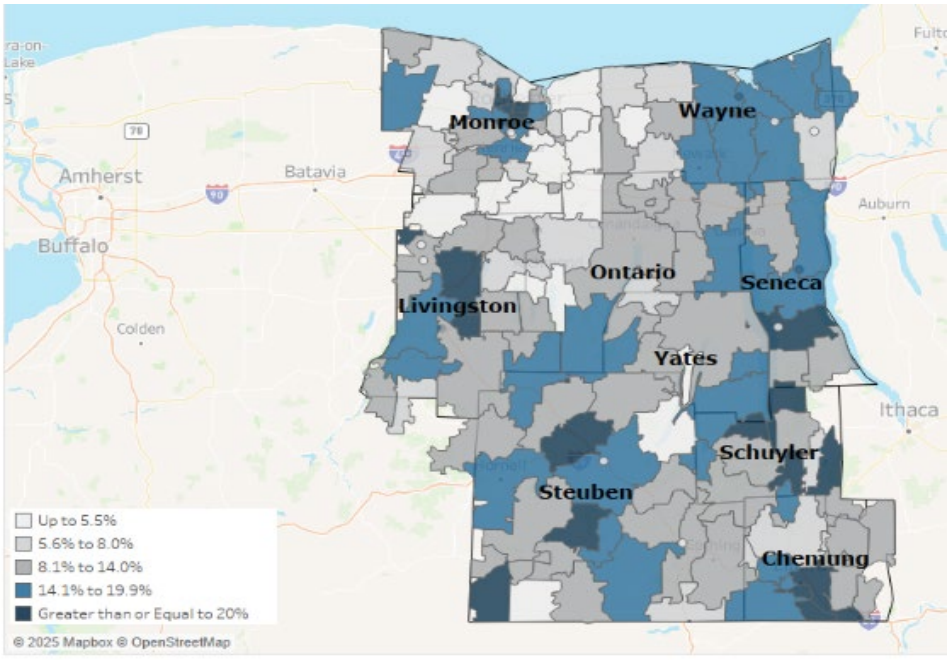
New York State 2025-2030 Prevention Agenda Domains and Priorities

This section details the New York State Prevention Agenda domains and their associated priorities by exploring region-wide data.

Economic Stability

Poverty and Unemployment

Map 6 Overall Poverty in the Finger Lakes Region



U.S. Census Bureau, 2019-2023 ACS 5-yr Estimates. Table S1701 (Poverty Status in the Past 12 Months)

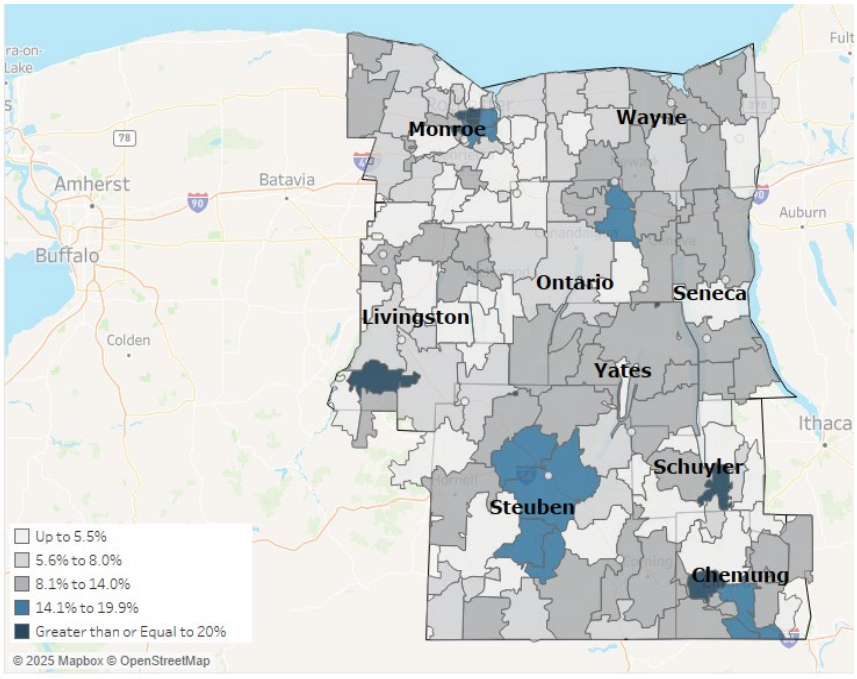
Courtesy Common Ground Health

The socio-economic status of communities greatly impacts the health outcomes of the individuals residing there. Higher rates of poverty have been linked to increased anxiety and mental illness, higher mortality rates and increased risk of chronic disease. Additionally, communities with increased rates of poverty have more limited access to necessities such as food, shelter, healthcare, education, and employment. Rural poverty is often characterized by isolation and lack of access to resources rather than overcrowded housing and crime, which are more prevalent in urban communities. Map 6 notes poverty rates by zip code in the Finger Lakes region.

The population of those 65 years of age and older is expected to increase through at least 2040. Map 7 shows the poverty rate by zip code in this age group. Older Americans living in poverty are at risk for experiencing earlier mortality, higher rates of disability, loneliness, depression and anxiety.[21] These patterns indicate that poverty is not evenly distributed, with older adults in rural and higher-deprivation ZIP codes facing disproportionate financial and health burdens, which can widen existing health inequities.

[21] Source: Thornton, M., Bowers, K., (January 31, 2024) "Poverty in Older Adulthood: A Health and Social Crisis" OJIN: The Online Journal of Issues in Nursing Vol. 29, No. 1, Manuscript 3

Map 7: Poverty rates by Zip Code for those Over 65 Years of Age



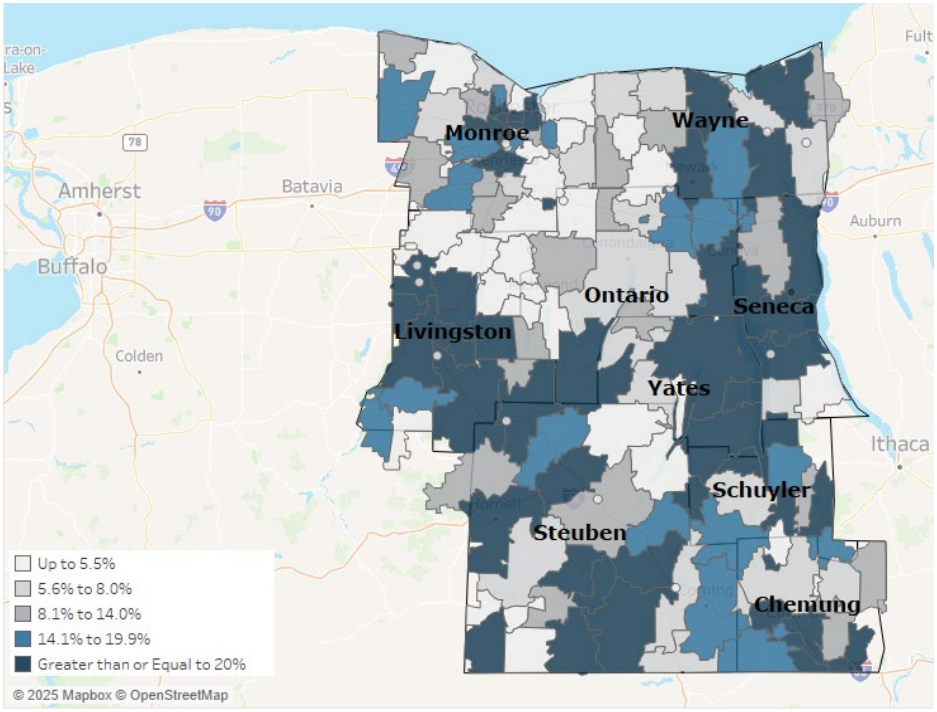
U.S. Census Bureau, 2019-2023 ACS 5-yr Estimates. Table S1701 (Poverty Status in the Past 12 Months)

Courtesy Common Ground Health

Map 8 shows the poverty rate by zip code in each county for those under age 18. According to the American Psychological Association,[22] childhood poverty is significant and can be long lasting. It is associated with subpar housing and homelessness, poor nutrition and hunger, less safe neighborhoods, educational lags, and substandard childcare. All of these affect the ability of children to be successful and to be mentally and physically healthy.

The societal costs of poverty are significant, not just to individuals, but to the community at large. They include affordable housing shortages, increased homelessness, workforce shortages, increased crime, and more reliance on social sectors such as temporary housing, the justice system, food banks, Medicaid and SNAP. New York Counties share Medicaid and SNAP benefit costs with the federal government. When poverty rates increase, local contributions to these programs increase, as well, straining already strapped county budgets.

Map 8: Poverty Rate by Zip Code for those Under 18 Years of Age



U.S. Census Bureau, 2019-2023 ACS 5-yr Estimates. Table S1701 (Poverty Status in the Past 12 Months)

Courtesy Common Ground Health

[22] Source: https://www.apa.org/topics/socioeconomic-status/poverty-hunger-homelessness-children

Table 9 notes the poverty rates, median household income, living wage requirement, and unemployment rate for the eight counties compared with the NYS average and the prevention agenda (PA) target. The living wage requirement refers to the amount of money one person would need to earn to cover basic household expenses including taxes for one adult and two children. The percent change from the baseline year is also noted. For several counties, the poverty rate exceeds the NYS average and, in many cases, is increasing. The population of those over 65 living in poverty, though it does not exceed the NYS average, is particularly alarming as it has increased in all counties. The average household income has increased, but it has not kept pace with the living wage requirement.

Table 9 Poverty Rates in the Finger Lakes Region

County	% Poverty 2023 NYS: 13.7 PA:12.5*	% Change from 2018*	% Poverty ages <18 2023 NYS: 19*	% Change from 2018*	% Poverty ages >65 2023 NYS: 12.7 PA=11*	% Change from 2018*
Chemung	15.8	+7.0	22.0	+10.0	10.1	+15.0
Livingston	11.6	-14.0	12.0	-14.0	6.9	+17.0
Ontario	9.2	-4.0	10.0	-9.0	7.6	+27.0
Schuyler	15.1	+9.0	19.0	-10.0	8.9	+75.0
Seneca	13.3	+7.0	21.0	+5.0	9.0	+25.0
Steuben	13.7	-2.0	19.0	0.0	11.1	+63.0
Wayne	11.3	0.0	14.0	-7.0	8.3	+9.0
Yates	14.1	+24	18.0	-14.0	12.5	+51
	Median Household Inc. 2023 NYS: $82,100**	% Change from 2019**	Living Wage Required 2023 NYS: $61.75***	% Change from 2021***	%Unemployed (January 2025)****	% change from January 2019****
Chemung	$60,500	+4.0	$50.73	+30.0	4.4	-2.2
Livingston	$70,200	+16.0	$51.12	+29.0	4.6	-9.8
Ontario	$79,400	+19.0	$56.94	+37.0	6.1	+29.8
Schuyler	$65,200	+25.0	$49.95	+31.0	6.1	-1.6
Seneca	$58,600	+15.0	$48.77	+26.0	3.6	-5.2
Steuben	$64,300	+21.0	$49.08	+29.0	5.0	+8.7
Wayne	$73,000	+18.0	$51.24	+29.0	4.6	-9.8
Yates	$66,200	+9.0	$51.14	+33.0	4.5	+4.7

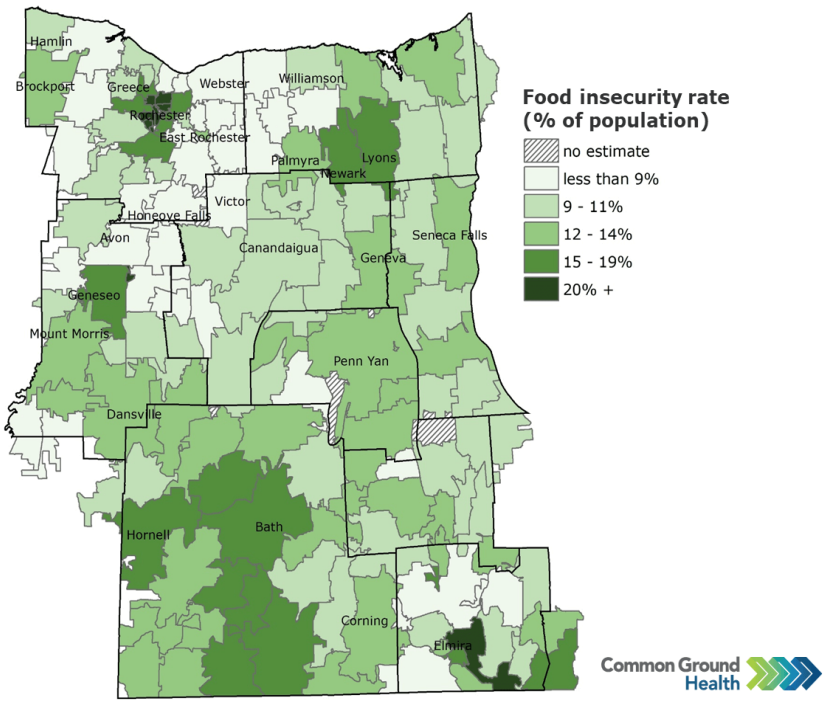
*Source: *Poverty Rates: American Community Survey (2018-2023)*
***Average Household Income: Small Area Income and Poverty Estimates, U.S. Census (2019-2023)*
****Living Wage Requirement: The Living Wage Calculator (2021-2024)*
*****Unemployment Rate: U.S. Department of Labor (2019-2025)*

Nutrition Security

The Food Environment Index (FEI) measures how easily residents can access healthy, affordable foods. The score is based on both the rate of food insecurity and the percentage of low-income residents who live far from a grocery store. Scores range from 0 (worst) to 10 (best). Lack of access to healthy foods is strongly associated with increased rates of obesity, chronic disease (such as diabetes and heart disease), and early death.

The Food Insecurity Rate highlights the economic disparities that may contribute to increases in poverty rates. The Food Insecurity Rate, expressed as a percentage of the total population, measures the share of households that lack consistent access to enough food for an active, healthy life. Map 9 shows the Food Insecurity Rate by Zip Code in the Finger Lakes region.

Map 9: Food Insecurity Rate by Zip Code



Source: Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2018: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016. Feeding America, 2018.

A strong food environment is important because limited access to healthy food is linked to higher rates of chronic diseases (like obesity and diabetes), premature death, and poorer overall community health, especially in low-income and rural communities.

Over the past three years, cross-sectional community surveys conducted by the Pivital Public Health Partnership in Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties show that food insecurity is both common and worsening. Using the validated two-item Hunger Vital Sign screener, the share of surveyed households reporting food insecurity increased from 26% in 2019–2020 to 67% in 2023–2024, indicating that more than two in three responding households now experience concern about having enough food or difficulty affording balanced meals. During the same period, the proportion of respondents who reported knowing someone struggling with food insecurity rose from 45% to 65%, underscoring that food hardship is widely visible within residents' social networks and community life.

A total of 1,289 responses were collected across the eight counties (Chemung 76, Livingston 209, Ontario 380, Schuyler 80, Seneca 164, Steuben 52, Wayne 126, and Yates 202), providing community input to inform assessment and planning. These survey findings complement secondary indicators such as FEI, food insecurity rate, and SNAP eligibility, reinforcing that many

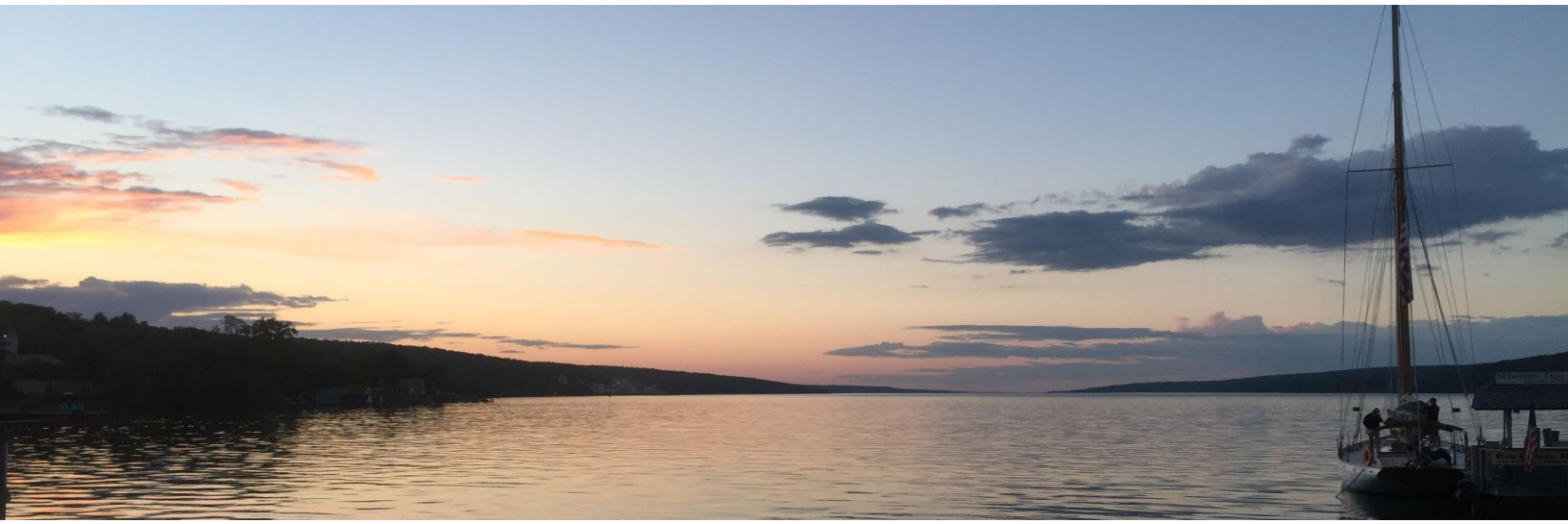
rural residents face both geographic and economic barriers to healthy food and that targeted strategies to improve nutrition security are needed across the region. Taken together, these findings show that food insecurity disproportionately affects residents in lower-income and more remote ZIP codes, contributing to avoidable gaps in diet-related health outcomes and reinforcing existing inequities.

Table 10 compares each county's Food Environment Index (FEI) with its estimated food insecurity rate to illustrate ongoing challenges with nutrition security in the region. Counties with FEI scores below the New York State value of 8.7, such as Chemung, Schuyler, Seneca, and Steuben, face relatively greater barriers to healthy food access, including affordability and proximity to grocery stores. At the same time, food insecurity affects roughly one in eight to one in seven residents across the counties, with the highest rates generally observed in more rural areas, indicating that many households continue to struggle to afford enough nutritious food.

Table 10 Food Environment Index in the Finger Lakes Region

County	Food Environment Index (2022) (NYS: 8.7)*	% Change from 2018*	Food Insecurity Rate (2023)**
Chemung	7.9	0.0	14.4
Livingston	8.7	+4.0	11.8
Ontario	8.8	+2.0	11.8
Schuyler	8.4	+2.0	13.9
Seneca	8.4	+2.0	14.0
Steuben	8.1	-1.0	13.6
Wayne	8.7	+4.0	11.9
Yates	8.8	-1.0	12.4

*Source: *County Health Rankings, USDA, **Feeding America: Map the Meal*



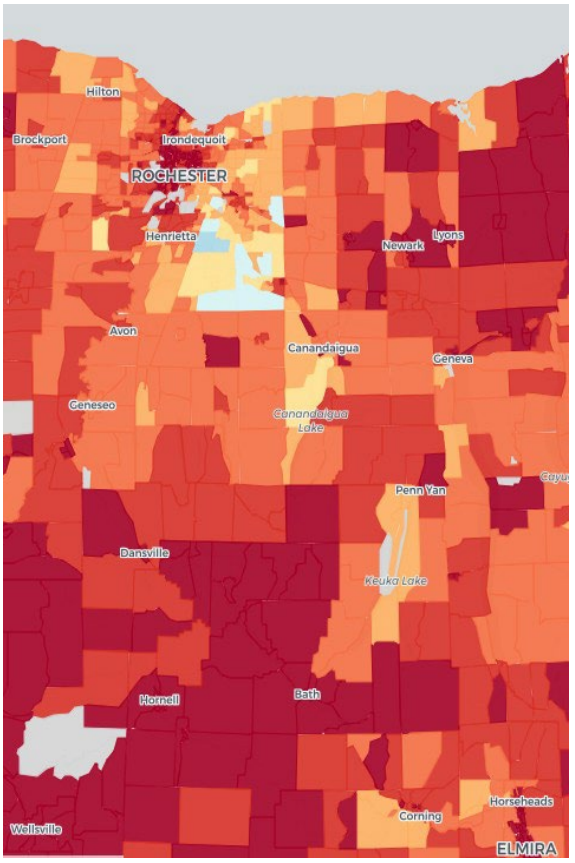
Seneca Harbor, Courtesy Seneca County

Housing Stability and Affordability

Poor housing conditions are closely linked to health risks, influencing everything from chronic disease rates to mental well-being. Access to safe, stable, and affordable housing remains a top priority for residents across the region. A high housing cost burden -when households spend a large share of their income on housing - can signal financial strain and potential housing instability, which in turn may affect health outcomes and access to other basic needs.

The Area Deprivation Index (ADI) provides additional context by measuring the level of socioeconomic disadvantage in a community based on factors such as income, education, employment, and housing quality. Higher ADI scores indicate greater disadvantages, which can often be associated with poorer housing conditions and elevated health risks. Map 10 notes the ADI by zip code in the Finger Lakes. The ADI is measured from 1 (blue - least deprived) to 10 (red - most deprived). Most deprived areas of the region also coincide with higher poverty rates as can be seen in Maps 6-8.

Map 10: Area Deprivation Index by Area



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index.

Table 11 compares both the housing cost burden and the Area Deprivation Index (ADI) across the counties of the Finger Lakes region, with New York State averages. The data suggest that, while housing cost burdens in most Finger Lakes counties fall below the state average of 19 percent, ADI scores are higher across all counties, indicating that many areas experience greater socioeconomic disadvantage than the state overall. This contrast underscores the complex relationship between housing affordability, neighborhood conditions, and community health.

Table 11 Housing Cost Burden and Area Deprivation Index in the Finger Lakes Region

County	Housing Cost Burden (2023) (NYS: 19%)*	% Change from 2015*	Area Deprivation Index (ADI) (2023) (NYS: 5.5)**	% Change from 2019**
Chemung	15%	+25	9.3	+3
Livingston	10%	-23	8.7	0
Ontario	11%	+10	8.2	-1
Schuyler	11%	-8	8.9	-2
Seneca	12%	+9	9.0	0
Steuben	11%	+10	9.4	+1
Wayne	11%	+10	9.0	0
Yates	12%	-8	8.5	+1

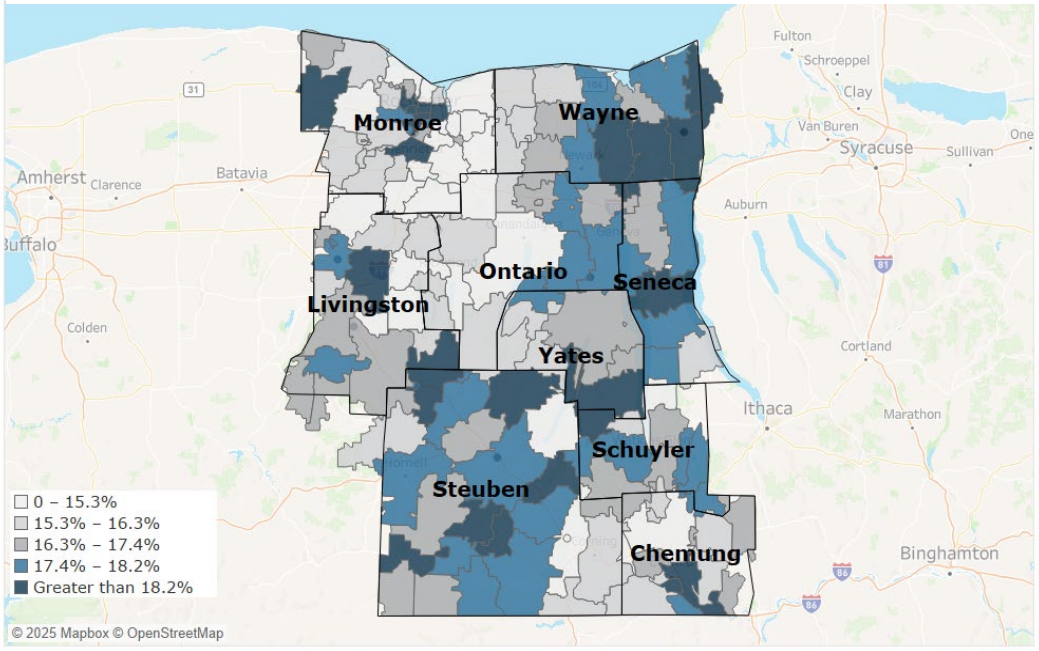
Source: *Housing Cost Burden: American Community Survey (2015-2023)

**ADI: Kind AJH, Buckingham W. Making Neighborhood Disadvantage Metrics Accessible: The Neighborhood Atlas. New England Journal of Medicine, 2018. 378: 2456-2458. DOI: 10.1056/NEJMp1802313. PMCID: PMC6051533. (2019-2023)

Social and Community Context

Anxiety and Stress

Map 11: Frequent Mental Distress Among Adults (Mental Health Not Good for 14+ of past 30 days)



Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. (2022)

The rate of depressive disorders and the percentage of adults reporting 14 or more days of poor mental health in a month increased significantly across the counties of the Finger Lakes between 2018 and 2022. (Table 12). Map 11 highlights those reporting 14 or more days of poor mental health in the past 30 days by zip code in the Finger Lakes region. Because county estimates are based on survey samples, some of the larger percentage changes - especially in smaller counties - may reflect statistical variability and should be interpreted with caution rather than as exact shifts in prevalence.

The map illustrates that frequent mental distress (14 or more days of poor mental health in the past month) is elevated in many ZIP codes across the region, reinforcing county-level survey data showing rising rates of depressive disorders and frequent poor mental health among adults.

In 2021, all eight counties reported higher percentages of adults with a depressive disorder than in 2016, with increases ranging from about 5% to more than 75%. Similarly, the share of adults reporting 14 or more days of poor mental health in the past month was higher than in 2018 in every county, indicating a broad rise in mental distress.

Many factors influence rates of anxiety and stress, including economic stability, chronic health conditions, and adverse childhood experiences. Lack of access to mental health providers in rural areas is a factor that makes receiving treatment for anxiety and stress challenging.

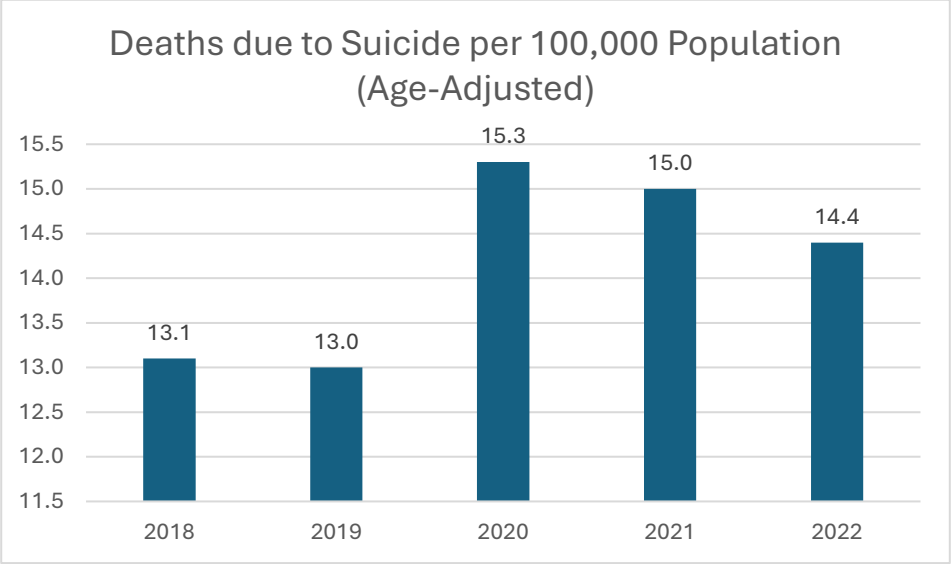
Table 12: Rate of Depressive Disorders and Percentage of Adults Reporting 14 or more days of Poor Mental Health in a Month

County	Percent of Adults Reporting a Depressive Disorder (2021) (NYS=18.7)	Percent Change from 2018 Baseline	Percent of Adults Reporting 14 or more Days of Poor Mental Health Per Month (2021) (NYS=16)	Percent Change from 2018 Baseline
Chemung	35.4	+36	18	+20
Livingston	24.9	-15	18	+29
Ontario	27.9	+64	18	+38
Schuyler	24.1	-18	20	+33
Seneca	18.3	-16	18	+20
Steuben	29.5	+7	19	+27
Wayne	20.3	-23	18	+20
Yates	24.3	+40	19	+36

Source: New York Expanded Behavioral Risk Factor Surveillance System

Suicide Rate

Figure16 Suicide Rates for the Finger Lakes Region (age-adjusted)



Source: County Health Rankings; National Center for Health Statistics – Mortality Files

Adult suicide mortality in the eight-county region has remained elevated over the past five years, increasing from 13.1 deaths per 100,000 residents in 2018 to a peak of 15.3 in 2020 and remaining above the 2018 baseline through 2022 at 14.4 per 100,000. These values represent age-adjusted rates based on 5-year County Health Rankings data (2014–2018 for the 2018 baseline and 2018–2022 for the most recent point), demonstrating that suicide continues to be a persistent and significant cause of premature death across the region. Because these rates are calculated from very small numbers of deaths, even one additional death can cause large percentage changes, so trends should be interpreted cautiously.

Youth suicide rates for the region, drawn from the New York State Prevention Agenda dashboard for ages 10–19, are based on small numbers of deaths (fewer than 10 events per 5-year period) and are therefore considered statistically unstable. Because of this instability, youth suicide rates are

flagged as unreliable in official reporting and should be interpreted with extreme caution, emphasizing the need for ongoing monitoring rather than firm conclusions about trends.

Overdose Deaths by Drugs

Overdose deaths related to opioids and any drug show an alarming increase in most counties exceeding NYS averages. Overdose deaths may be indicative of substance use problems within a community. Table 13 presents regional overdose mortality rates for opioids and all drugs combined, alongside New York State averages and Prevention Agenda targets, to illustrate the extent to which the Finger Lakes Region is above desired levels. Because the regional rates draw on small numbers of deaths in some counties, relatively few additional deaths can result in large percentage changes over time, so trends should be interpreted with caution rather than as precise shifts in riskFocus group participants in several counties noted the increase in drug use as problems within their counties. Several counties have developed partnerships with organizations that deal directly with drug use and misuse.

Table 13: Overdose Deaths

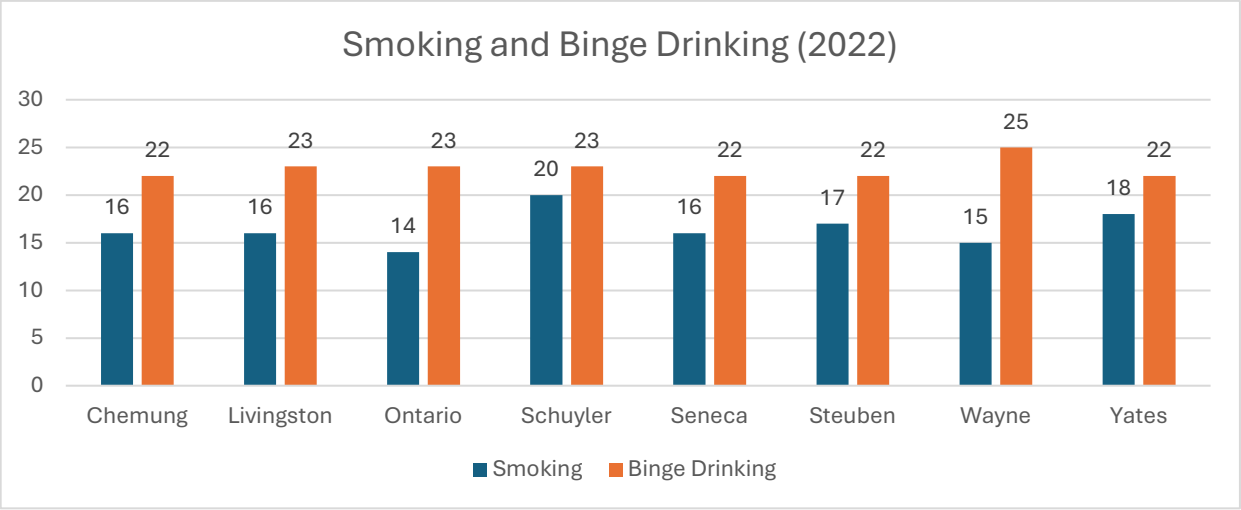
County	Age-Adjusted Rate of Opioid Overdose Deaths per 100,000 (2022) (NYS=27)	Percent Change from 2013 Baseline	Age-Adjusted Rate of Overdose Deaths Involving any Drug per 100,000 (2022) (NYS=31.3 PA=22.6)	Percent Change from 2013 Baseline
Chemung	40.9	+605	46.5	+489
Livingston	22.3	+829	24.5	+433
Ontario	12	+500	16	+332
Schuyler	21.4	+2,040	39.8	+3,880
Seneca	14.4	+700	24.6	+779
Steuben	30.7	+708	31.3	+341
Wayne	29.8	+645	35.2	+314
Yates	0	0	8.2	+720

Source: NYS Opioid Data Dashboard

Smoking and Binge Drinking

Smoking rates have decreased in each county from 2018 to 2022, while the rates of reported binge drinking have increased, with the exception of Schuyler which remained unchanged (Figure 17). All rates exceed the New York State averages of 12 percent for smoking and 20 percent for binge drinking.

Figure 17: Smoking and Binge Drinking

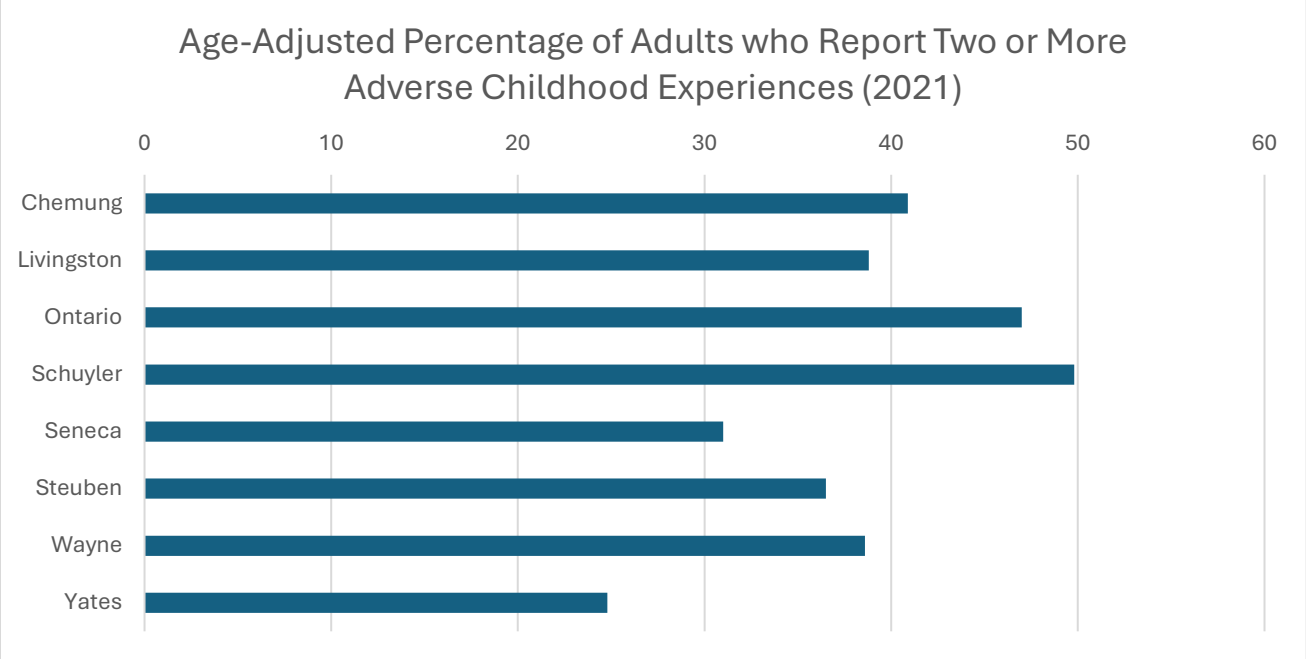


Source: Behavioral Risk Factor Surveillance System

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are those negative emotional and physical circumstances one experiences before age 18. They may include neglect, sexual abuse, parental divorce, mental illness and/or substance abuse in the home, and exposure to violence. ACEs impact individuals well into adulthood and may include physical and mental long-term health problems. The age-adjusted percentage of adults with two or more ACEs may be seen in Figure 18.

Figure 18: Adverse Childhood Experiences



Source: National Center for Health Statistics

Healthy Eating

The Finger Lakes Region is largely rural with hundreds of farms and farm stands, during harvest season. Unfortunately, the number of people without access to a vehicle and/or who live far from a grocery store is substantial. The cost of healthy foods is also a factor in whether or not families are able to purchase fruits and vegetables.

The percentage of adults who eat fruits daily is under 50% for most of the counties but is trending upward, which is a promising sign. More people eat vegetables each day, but that percentage decreased for each county between 2016 and 2021. The number of people who drink one or more sugary drinks each day is below the NYS average in all but three counties (Livingston, Ontario, Schuyler). (Table 14)

Focus group respondents noted that though healthy eating is a priority, it is difficult for many to afford healthy foods. While dollar stores, convenience stores and fast-food restaurants are prolific across the region, grocery stores are less common in many communities.

Table 14: Healthy Eating

County	Percentage of Adults who Eat Fruit Daily (2021)	Percent change from 2016 baseline	Percentage of Adults who Eat Vegetables Daily (2021)	Percent change from 2016 baseline	Percentage of Adults with an Annual Household Income <$25,000 who drink one or more sugary drinks every day (2021) (NYS = 34.1)	Percent change from 2016 baseline
Chemung	41.7	No change	46.9	-25	25.5	-47
Livingston	49	-9	56.5	-2	37.5	-14
Ontario	49	-9	52.1	-24	45.2	+71
Schuyler	45.6	+17	60.3	-3	42.4	+18
Seneca	57.3	+13	71.3	-6	28.1	-25
Steuben	44.7	+9	52	-21	20.5	-42
Wayne	42.3	+20	57.2	-7	20.3	-40
Yates	63.4	+16	70.2	-4	17.1	+60

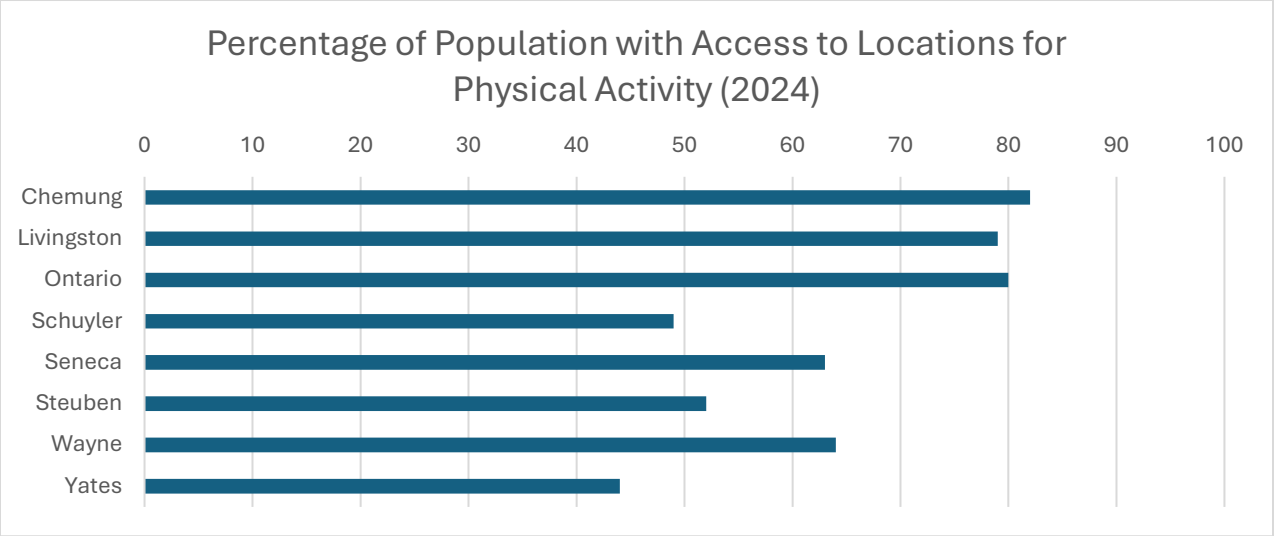
Source: Behavioral Risk Factor Surveillance System

Neighborhood and Built Environment

Opportunities for Active Transportation and Physical Activity

While healthy eating is a major component of preventing and managing chronic diseases, so is physical activity and exercise. More than 50 percent of the population in several counties have access to locations for physical activity (Figure 19). Livingston, Steuben, and Wayne counties all increased the share of residents with access to physical activity resources between 2021 and 2024, with Steuben showing a particularly notable rise of 940 percent.

Figure 19: Access to Locations for Physical Activity.

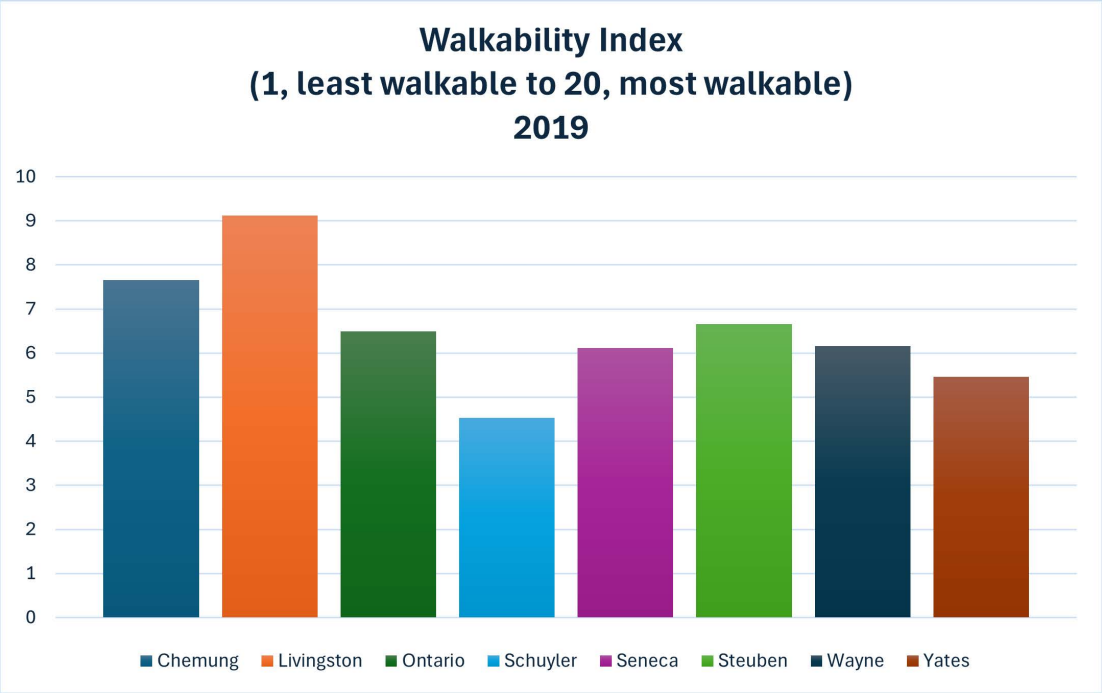


Source: ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles

The Walkability Index measures how walkable a county is on a scale from 1 (least walkable) to 20 (most walkable). Overall, the Finger Lakes counties included in this chart have relatively low walkability scores, ranging from about 4.5 to just over 9 on the 20-point scale. The 2019 Walkability Index scores are: Chemung 7.6, Livingston 9.12, Ontario 6.49, Schuyler 4.53, Seneca 6.11, Steuben 6.66, Wayne 6.16, and Yates 5.46 (Figure 20).

Walking or biking for exercise in rural upstate communities can be dangerous due to roads that often lack sidewalks, shoulders, and streetlights, especially outside village centers. Between October and April, roadways and any existing sidewalks may be icy or snow-covered, and higher speed limits on county and town roads can discourage walking and biking for recreation or transportation. Although there are YMCA facilities and other indoor exercise options in parts of the region, many residents face barriers such as membership costs, limited hours, and lack of reliable transportation, which can reduce access to safe places for physical activity.

Figure 20: Walkability Index

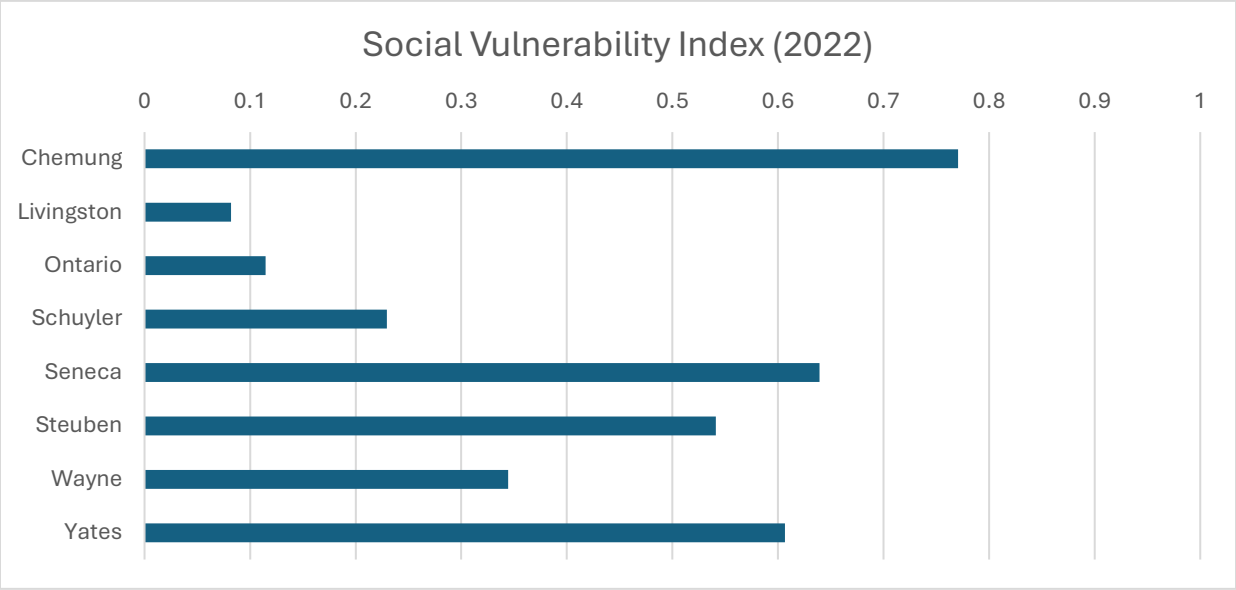


Source: EPA Office of Community Revitalization

Access to Community Services and Support

The Social Vulnerability Index was developed to measure the level of access to community services and support in the wake of emergencies. It is a useful tool for public health programming and outreach as it considers poverty, unemployment, income, high school graduation rate, single parent homes, individuals with disabilities, those over 65, minority status, spoken language, housing and transportation. It is measured on a scale from 0 (lowest vulnerability) to 1 (highest vulnerability). While no county is considered highest vulnerability, Chemung, Seneca, Steuben and Yates are above the 0.5 midpoint. (Figure 21)

Figure 21: Social Vulnerability Index

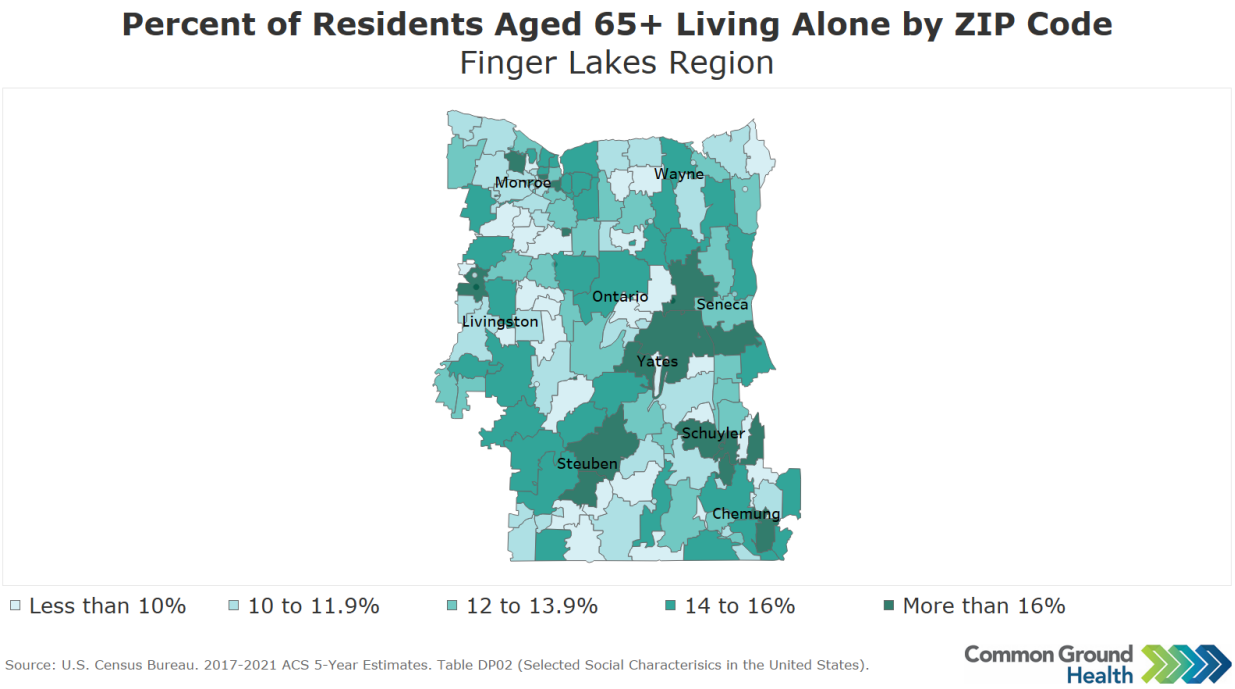


Source: Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Interactive

Source: Ontario County

The Finger Lakes Region is aging and people over the age of 65 who live alone may lack access to community services and support. Map 12 highlights the distribution of this population. Loneliness and social isolation among adults over 65 can create serious physical, mental, and social health challenges. Physical challenges include increased risk of chronic diseases, higher mortality risk, and poor nutrition and sleep. Mental health impacts include depression and anxiety, cognitive decline and lower resilience in coping with mental and physical challenges. Social isolation may make it difficult to access services and supports, particularly during emergencies like a fall. Social isolation may also cause a loss of purpose and can perpetuate elder abuse by allowing it to go undetected.[23]

Map 12: Percentage of the population of those 65 years and older living alone by zip code



Injuries and Violence

Injuries and violence are a major and growing concern across the eight-county Finger Lakes region. Because "injuries and violence" in this assessment includes several distinct indicators (unintentional injury, violent crime, and firearm-related deaths), each measure uses a different baseline year based on data availability. For example, unintentional injury trends use a 2015 baseline, firearm-related deaths use 2018, and violent crime uses 2013. As a result, rates and trends should be interpreted within the context of each indicator's specific baseline year rather than as a single combined trend for injuries and violence.

[23] Perissinotto CM, Stijacic Cenzer I, Covinsky KE. Loneliness in older persons: a predictor of functional decline and death. Arch Intern Med. 2012 Jul 23;172(14):1078-83. doi: 10.1001/archinternmed.2012.1993. PMID: 22710744; PMCID: PMC4383762.

Unintentional injuries in NYS Vital Statistics include deaths from external causes that are not intentionally self-inflicted or due to assault, such as motor vehicle crashes, falls, drownings, fires and burns, accidental poisonings (including many drug overdoses coded as unintentional), and other accidental injuries.

Unintentional Injuries in the eight counties of the Finger Lakes region have increased since 2015 and in many cases, alarmingly. The exception is Seneca County which decreased in age-adjusted death rate for unintentional injury in 2015 from 2022. Three counties are below the New York State average for age-adjusted death rate for unintentional injury. Conversely, five counties exceed the New York State average for age-adjusted death rate (death before age 75) for unintentional injury. All counties have increased in this indicator from baseline. (Table 15)

Table 15: Injuries and Violence

County	Age-Adjusted Death Rate for Unintentional Injury per 100,000 (2022) (NYS = 54.1)	Percent Change from Baseline of 2015	Age-Adjusted Premature Death Rate (Death Before Age 75) for Unintentional Injury per 100,000 (2022) (NYS = 46.9)	Percent Change from Baseline of 2015
Chemung	88.2	+102	75.4	+144
Livingston	50.7	+14	43.6	+46
Ontario	48.1	+26	38.1	+32
Schuyler	66.3	+46	62	+57
Seneca	43.5	-2	36.7	+27
Steuben	58.6	+99	48.9	+136
Wayne	64.3	+60	58.1	+61
Yates	80.3	+267	63.4	+424

Source: New York State Department of Health - Office of Quality and Patient Safety - Division of Information and Statistics - Bureau of Health Informatics - Vital Statistics Unit

Violence related harms show similar concern in the region and require clear definitions. Violent crime refers to reported offenses of murder, rape, robbery, and aggravated assault, compiled from local law enforcement data by state and federal justice agencies and expressed as a rate per 100,000 residents. Firearm related deaths are measured as the number of deaths due to firearms per 100,000 population over a five year period, based on national mortality data and Census population estimates; this measure includes suicides, homicides, and other firearm fatalities defined by specific ICD10 codes, and values are suppressed for counties with fewer than 10 deaths. Because recent changes in population estimation methods affect the denominator for firearm fatality rates, comparisons across years should be made with caution. In the Finger Lakes region, the violent crime rate has risen from about 120.9 per 100,000 in 2013 to approximately 154.5 per 100,000 in 2022, and firearm related deaths have also increased since 2018 and now exceed the statewide rate, although they remain concentrated in specific communities. Together,

these patterns indicate that many residents face elevated risks of both accidental and intentional injury, underscoring the need for coordinated prevention strategies focused on traffic safety, fall and poisoning prevention, firearm safety, and community violence reduction.

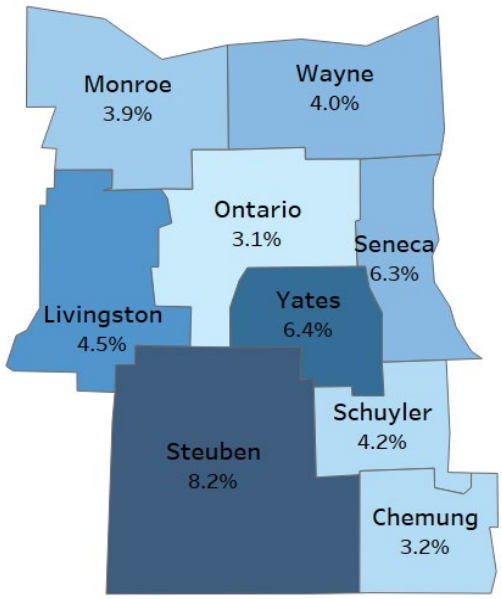
Health Care Access and Quality

Access to and Use of Prenatal Care

Maternal and child health have been areas of focus for the Finger Lakes Region counties in several past Community Health Improvement Plans. According to Healthy People 2030, "improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can impact future public health challenges for families, communities, and the health care system."[24]

Receiving early and adequate prenatal care is important for ensuring a healthy pregnancy. At prenatal visits, health care providers screen for diseases, provide vaccinations, and manage maternal chronic diseases that may be exacerbated by or have a negative impact on their pregnancy. In addition, health care providers educate pregnant persons about labor, delivery, postpartum depression, and early warning signs of complications. Ensuring timely prenatal care is obtained can lower the incidence of premature birth, low birth weight babies and infant mortality.[18]

Map 13: Percentage of births with late (3rd trimester) or no prenatal care (2019-2021)



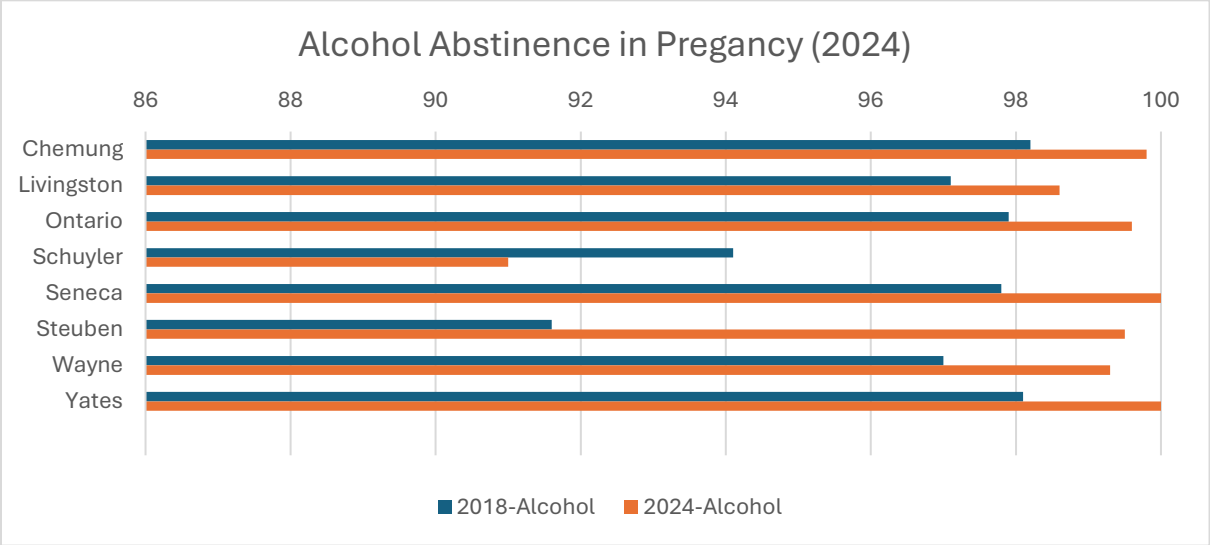
Source: NYS Perinatal Data Profile 2019-2021

Despite regional efforts, some pregnant residents still begin care late in pregnancy or receive no prenatal care at all. Map 13 shows that, while most births occur with timely prenatal care, a notable minority in several counties receive care in the third trimester or not at all, highlighting persistent geographic disparities in early access that can contribute to preterm birth, low birth weight, and higher infant and maternal risks.

Prenatal care may also be measured using three abstinence indicators – alcohol (Figure 22), smoking (Figure 23), and illegal drugs (Figure 24). All counties have improved in each indicator from 2018 to 2024 with the exception of alcohol abstinence in Schuyler County.

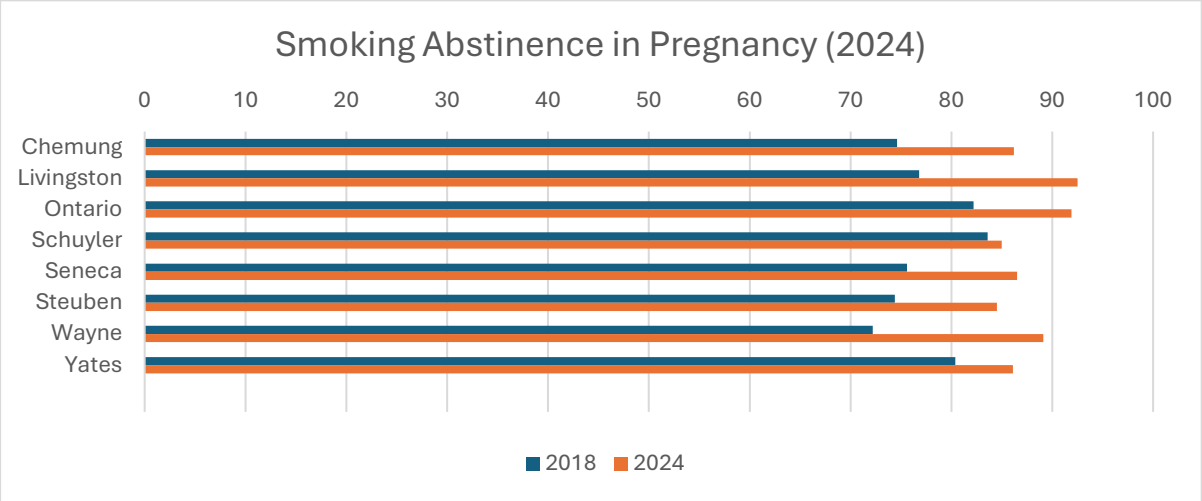
[24] Source: Healthy People 2030 https://odphp.health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup

Figure 22: Alcohol Abstinence in Pregnancy



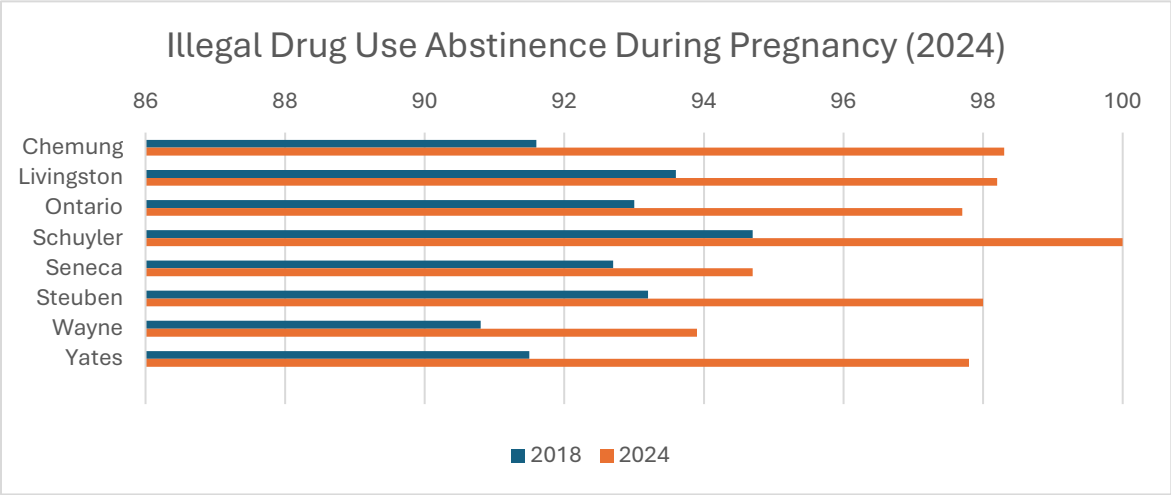
Source: Healthy People 2020; US Department of Health and Human Services.

Figure 23: Smoking Abstinence in Pregnancy



Source: Healthy People 2020; US Department of Health and Human Services.

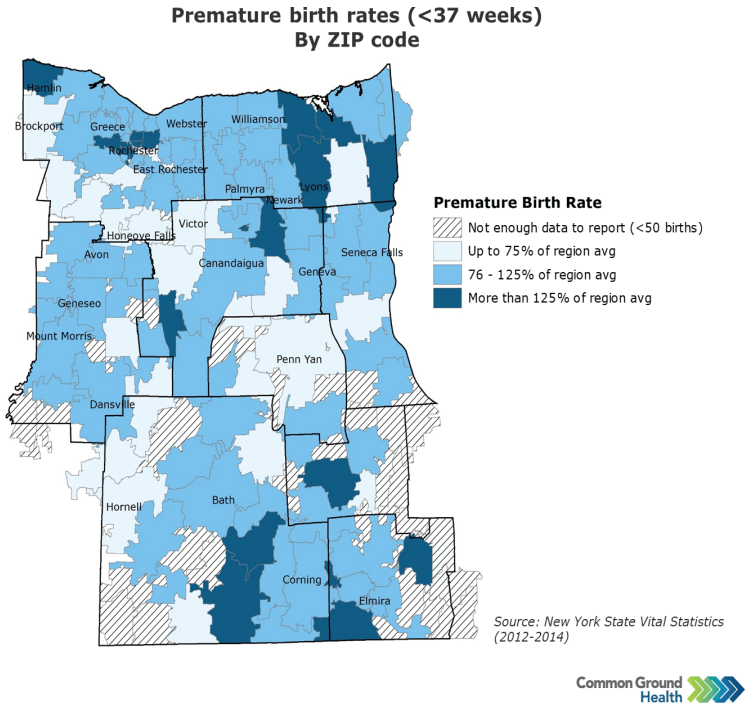
Figure 24: Illegal Drug Abstinence in Pregnancy



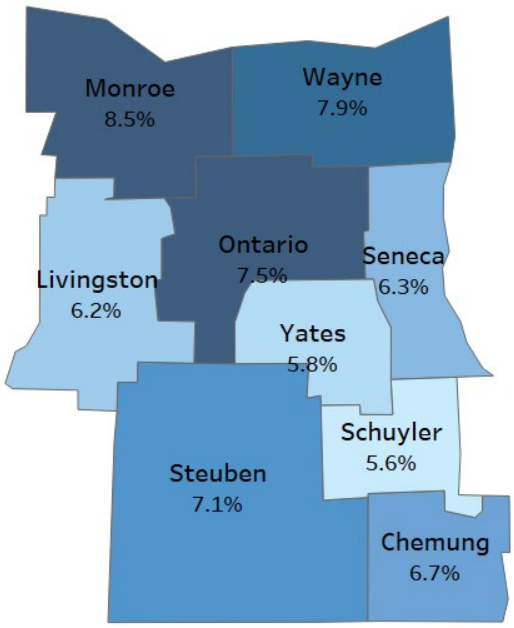
Source: Healthy People 2020; US Department of Health and Human Services.

Additionally, lack of access to prenatal care may be manifested by low live birth weights (<2,500 grams or about 5 lbs., 8 oz.) and premature births (live births before 37 weeks) (Figure 25 and Maps 14, 15, 16).

Map 14: Premature birth Rates



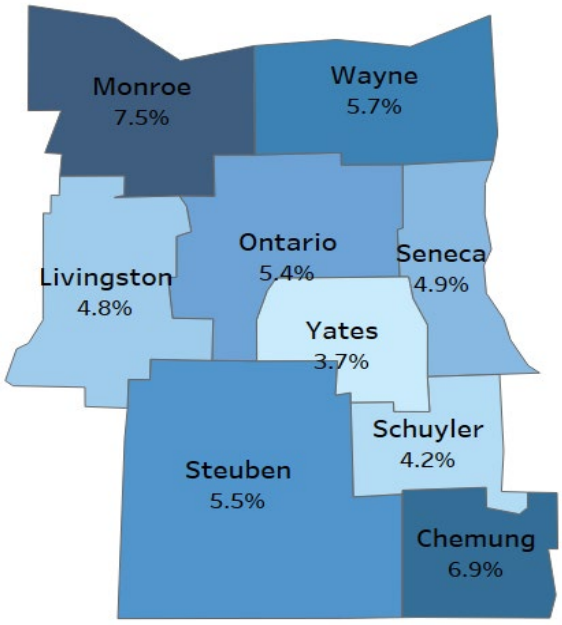
Map 15: Percentage of Premature Births with 32 - < 37 Weeks Gestation (2019-2021)



Source: NYS Perinatal Data Profile 2019-2021

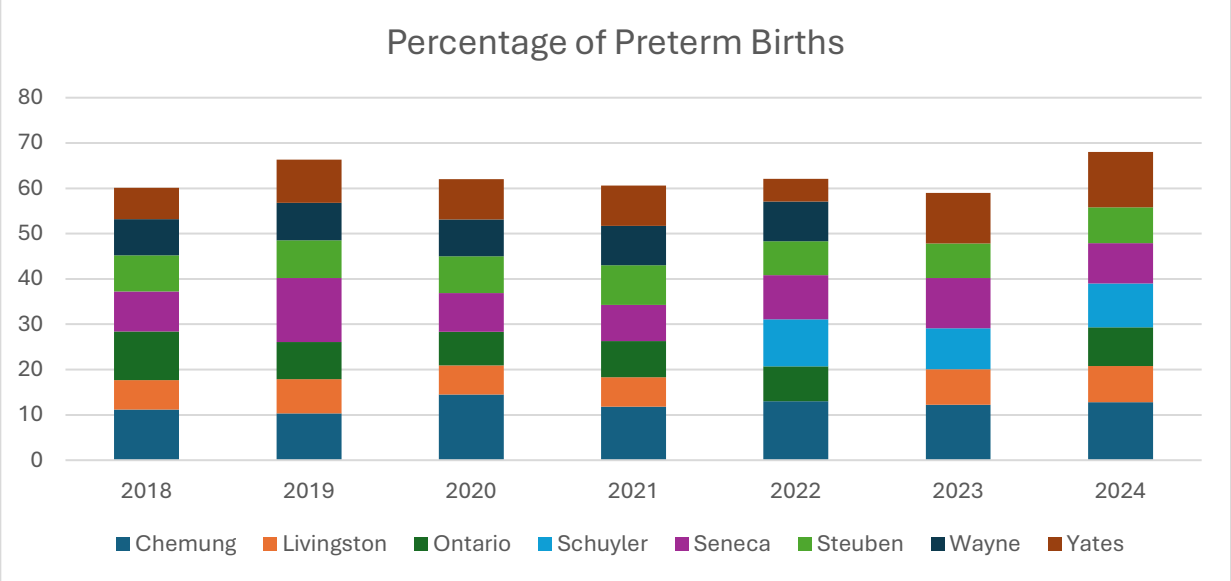
A baby born prematurely is immediately at risk for complications including jaundice, anemia, feeding and airway issues, and apnea. The earlier in pregnancy a baby is delivered, the more likely it is that the baby will need to spend time in the neonatal intensive care unit (NICU). Long-term health complications associated with premature birth include vision and hearing deficits, neurological delays, delays in speech and language development and deficits in social and emotional regulation. Of note, premature birth is the primary cause of low birth weight.[25]The percent of live births with low birth weight has remained relatively unchanged in the region from 2018 (6.4%) to 2023 (also 6.4%). A missing value is reported for counties with fewer than 10 low birthweight births in the time frame was the case in 2021.[26]

Map 16: Percentage Low Birth Weight (<2.5 kg) Singleton Births (2019-2021)



Source: NYS Perinatal Data Profile 2029-2021

Figure 25: Percentage of Preterm Births in the Region from 2018-2024



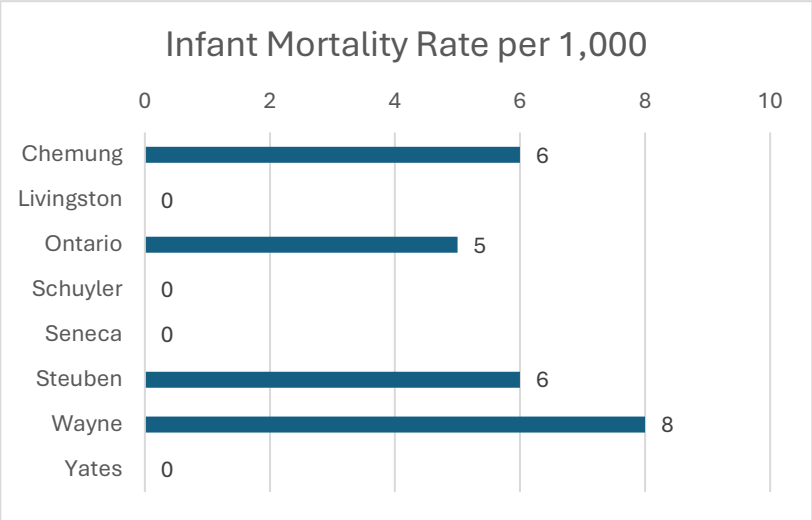
Source: National Center for Health Statistics

[25] Stanford Children's Health, Low Birthweight
[26] Stanford Children's Health, Low Birthweight

Prevention of Infant and Maternal Mortality

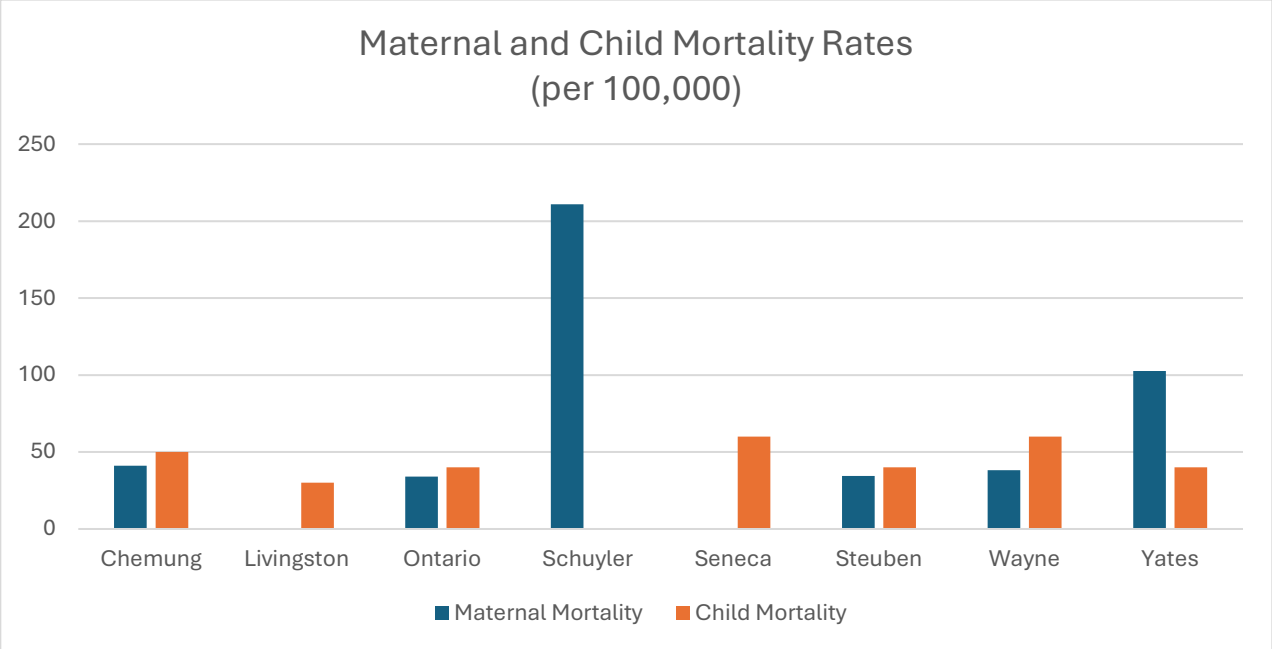
Prematurity and its related conditions are the leading causes of infant mortality. Reducing rates of preterm births, therefore should decrease infant mortality. (Figure 26). Figure 27 shows maternal (per 100,000), child (per 100,000) mortality rates while Figure 26 shows infant (per 1,000) mortality rates in the Finger Lakes region. If data are expressed as 0, it may not indicate that there was no mortality. Data may not be available or the number may be too small as not to be reportable. The New York State average maternal mortality rate is 22 per 100,000. More than half of the counties exceed that rate. The New York State average for child mortality is 40. More than half of the counties are at or above that rate.

Figure 26: Infant Mortality Rate per 1,000 (2022)



Source: National Center for Health Statistics

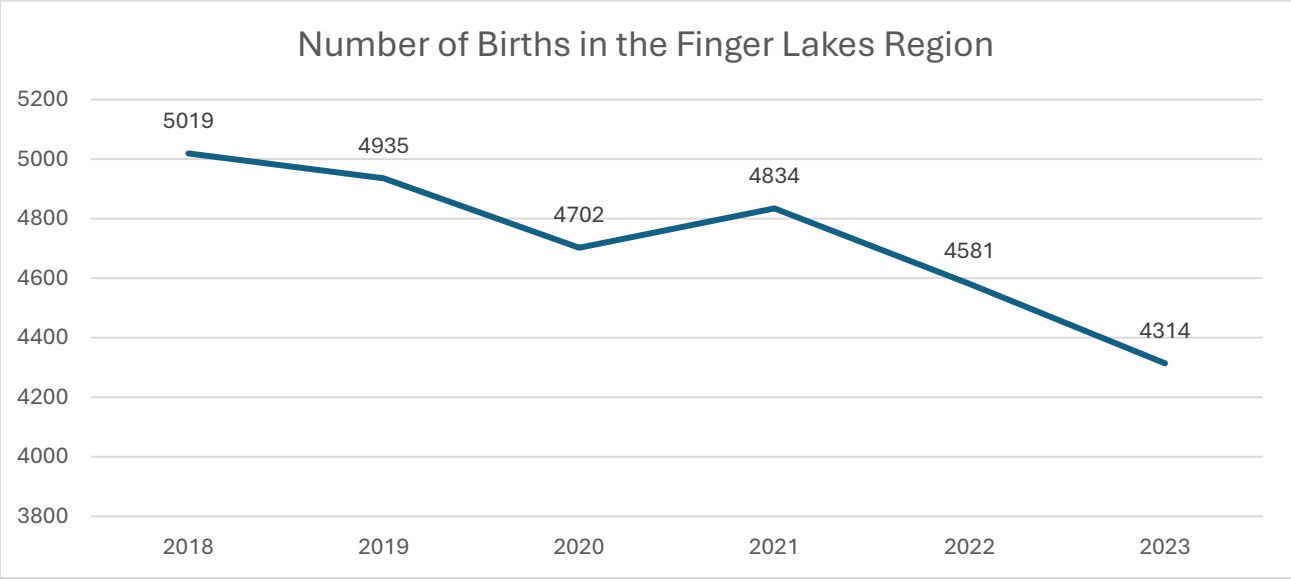
Figure 27: Maternal and Child Mortality Rates per 100,000 (2022)



Source: National Center for Health Statistics

Total births in the Finger Lakes region have been on a steady decline until a precipitous drop in 2024 (Figure 28).

Figure 28: Number of Births in the Finger Lakes Region



Source: Statewide Planning and Delivery System (SPDS)

Preventive Services for Chronic Disease Prevention and Control

Most chronic diseases are preventable and are closely tied to modifiable behaviors, including poor diet, limited physical activity, tobacco use, and heavy alcohol consumption. These conditions significantly drive up health care costs and place substantial pressure on the health care system. In New York State, chronic illnesses - such as heart disease, stroke, cancer, COPD, diabetes, and obesity - are the primary causes of disability and death. They create a considerable health burden and greatly diminish overall quality of life, contributing to six in ten deaths.[27]

Many New Yorkers also experience multiple chronic conditions at the same time. Expanding early screening and detection, strengthening self-management skills, and improving access to health care providers and referral services can play a major role in reducing both the occurrence and severity of chronic diseases.[28]

Access to care is a widespread barrier, especially for those on Medicaid or living in poverty. Even when primary care, dental care, and mental health care are available, access may be inequitable across populations and places. Cost, insurance limitations, scheduling practices, and a lack of transportation continue to be barriers to access. These barriers may prevent people from seeking acute care, as well as preventive measures such as dental exams, yearly physicals, and cancer screenings.

[27] Source: NYS Prevention Agenda
[28] Source: NYS Prevention Agenda

A look at practitioner access in Table 16 provides insight into the problem of obtaining both acute and preventive health care in the region as well as insights into the problem of chronic disease management.

Table 16 Provider Access in the Finger Lakes Region

County	Primary Care Physicians – Number of residents to one physician (2021) (NYS: 1,240)	Mental Health Providers Number of residents to one provider (2024) (NYS: 260)	Dentists Number of residents to one dentist (2022) (NYS: 1,200)	Primary Care Providers Other than Physicians Number of residents to one provider (2024) (NYS: 610)
Chemung	1,280	290	1,540	560
Livingston	2,200	640	1,980	1,130
Ontario	1,210	330	1,660	680
Schuyler	1,610	430	3,530	1,590
Seneca	3,740	410	3,290	1,120
Steuben	1,790	400	2,810	930
Wayne	4,300	800	2030	1,420
Yates	2,050	840	2,220	1,220

Sources: County Health Rankings & Roadmaps, using data from the Area Health Resources Files (primary care physicians), CMS National Provider Identifier and NPPES files (mental health providers, dentists, and other primary care providers).

Courtesy Ontario County

Access to and use of preventive services may also be measured by the percentage of residents who have undergone diagnostic testing such as mammograms and colorectal screenings. Additionally, those who have been tested for and diagnosed with high blood pressure or diabetes as detailed in Table 17. A large percentage of residents receive mammography services, and those on Medicare doing so exceed the New York State average.

Table 17: Preventive Services

County	Percentage of those 50-74 years who have gotten a Mammogram (2022)	Percentage of those on Medicare who have gotten a Mammogram (NYS = 44%) (2022)	Percentage of Those Receiving Colorectal Screening (2022)	Percentage of Those who have had a test for High Blood Sugar/ Diabetes Test (2021)	Percentage of those with an income < $25,000 who have had a test for High Blood Sugar/ Diabetes (2018) (NYS = 62.2%)	Percentage of those Diagnosed with High Blood Pressure (18+) (2021)
Chemung	74.4	51	61.3	66.9	52.8	29.7
Livingston	79	51	62	61.6	75.4	28.8
Ontario	75.9	52	65.3	63.2	56.6	28.9
Schuyler	73.7	50	61.4	62.9	63.4	28.8
Seneca	73	47	61.3	63.3	64.3	31.9
Steuben	76.9	50	59.9	59.4	49.5	29.8
Wayne	79.6	43	62.3	65	51.4	29.1
Yates	75.5	55	63.2	69.6	48.7	30.1

Sources: County Health Rankings, American Medical Association, National Provider Identifier, Healthy People 2020, NYS Prevention Agenda, Statewide Perinatal Data System, National Center for Health Statistics, CDC, Vital Records, Behavioral Risk Factor Surveillance System, NYS Medicaid Program, IAP Baseline Report, NYSIIS Performance Report, Child Health Plus.

Oral Care

Oral care is important to overall health. Lack of dental insurance, insufficient provider numbers, and lack of dentists willing to see Medicaid clients contribute to residents' inability to access preventive and acute dental care. Table 17 describes the state of dental care in the region. All data points demonstrate room for improvement, particularly Medicaid preventive visits for those ages 2-20 as early preventive care prevents future chronic conditions. (Table 18)

Table 18: Oral Care

County	Adult Dental Visits (%) (2019)	Medicaid Visits (age 2-20) (%) (2023)	Medicaid Visits (%) (2023)	Medicaid Preventive Visit (%) (2023)	Medicaid Preventive Visit (age 2-20) (%) (2023)
Chemung	65.4	43.3	25.2	21.4	40.8
Livingston	69.9	41.3	26.7	22.7	38.7
Ontario	74.5	40	25	21.1	37.1
Schuyler	58.4	43.6	24.3	20.6	40.5
Seneca	69.1	34.8	21.6	17.4	30.9
Steuben	59.5	41.1	23.9	20.2	38.5
Wayne	66.6	39.4	25.1	20.6	36.2
Yates	62.6	41.2	25.1	21.1	37.2

Sources: County Health Rankings, American Medical Association, National Provider Identifier, Healthy People 2020, NYS Prevention Agenda, Statewide Perinatal Data System, National Center for Health Statistics, CDC, Vital Records, Behavioral Risk Factor Surveillance System, NYS Medicaid Program, IAP Baseline Report, NYSIIS Performance Report, Child Health Plus.

Lack of access to dental care, the use of non-fluorinated well water by many rural residents, and an emerging trend of municipalities removing fluoride from public water systems leave Finger Lakes residents at risk for oral diseases and disorders.

Emergency Department Visits and Preventable Hospitalizations

Emergency Departments may serve as the source of primary care for those who are underinsured or lack health insurance. In addition, lack of provider access may contribute to increased reliance on emergency rooms and may cause preventable hospitalizations. Migrant populations fearing deportation may defer medical care until an emergency room visit and subsequent hospitalization is necessary. Mennonite community members often self-treat common maladies and wait until they are experiencing advanced illnesses which require the use of an emergency room.

Many Finger Lakes counties exceed New York State averages for emergency department visits and preventable hospitalizations. Four counties exceed the state rate for behavioral health ED visits; four exceed the state rate for all preventable hospitalizations; and all but one county exceeds the state rate for all emergency department visits. The number of emergency department visits related to behavioral (suicidal thoughts, substance use, psychiatric disorders), and mental health (depressive disorders) are areas that may be improved. (Table 19)

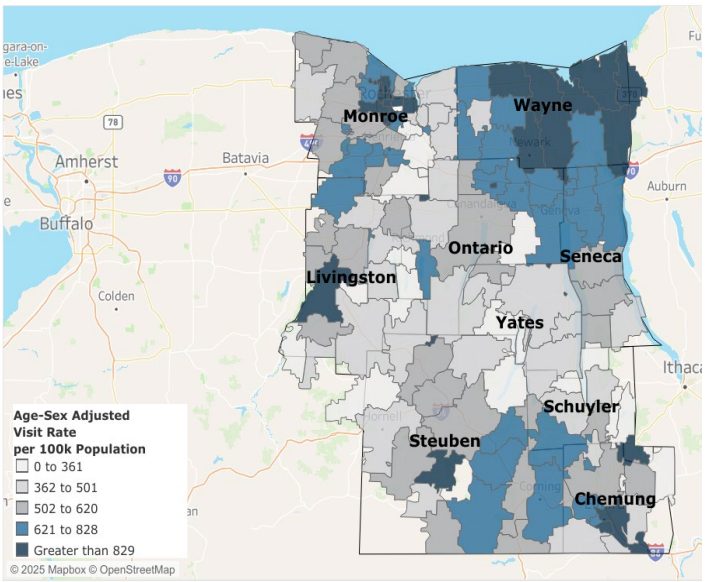
Table 19: Emergency Department Visits and Preventable Hospitalizations

County	All Emergency Department Visits (2023) (NYS = 29,809)	All Behavioral Health Conditions ED Visits (2023) (NYS = 6,872)	All Mental Health ED Visits (2023) (NYS = 3,370)	All Preventable Hospitalizations (2023) (NYS = 808)
Chemung	43,624	8,622	4,204	1,046
Livingston	27,323	5,798	2,470	723
Ontario	33,756	6,132	2,645	780
Schuyler	52,967	7,108	3,523	954
Seneca	38,723	6,873	3,014	885
Steuben	44,043	8,215	3,292	720
Wayne	31,387	8,617	3,423	1,072
Yates	41,443	4,935	2,303	604

Source: SPARCS

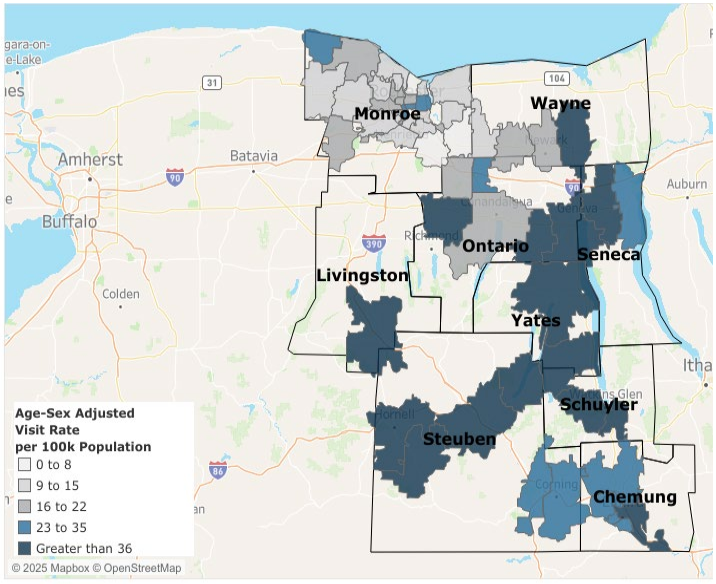
Map 14 highlights the potentially preventable hospitalizations by zip code in the Finger Lakes region. This map corresponds with maps highlighting life expectancy as well as emergency department visits for heart disease, cancer, hypertension, depressive disorders, and anxiety and panic disorders (Maps 17-22) as well as poverty (Maps 6-8). Note that the concentrations of potentially preventable hospitalizations as well as the emergency department visits cluster in similar areas of the region. This corresponds with higher poverty rates as well as decreased life expectancy. Higher rates of emergency department use and preventable hospitalizations in certain counties and populations—especially people living in poverty, on Medicaid, or in rural areas—signal inequitable access to timely, high-quality outpatient care and contribute to widening health disparities.

Map 17: Potentially Preventable Hospitalizations



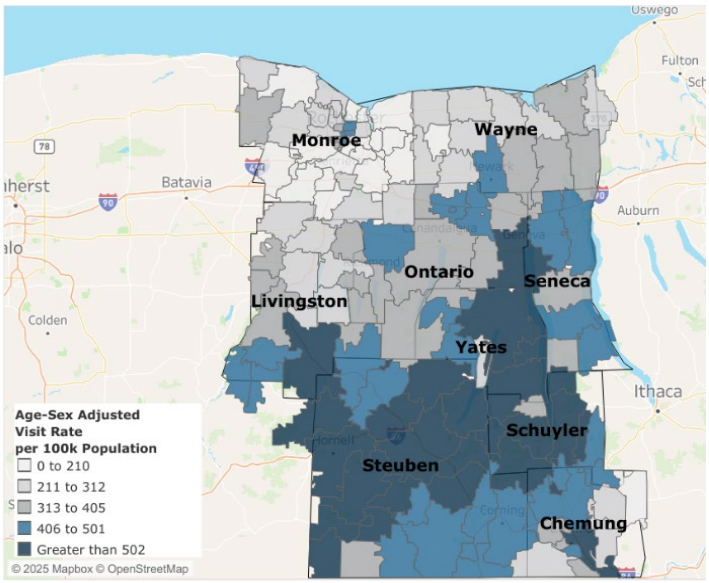
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map 18: ED Visits for Cancer by Zip Code



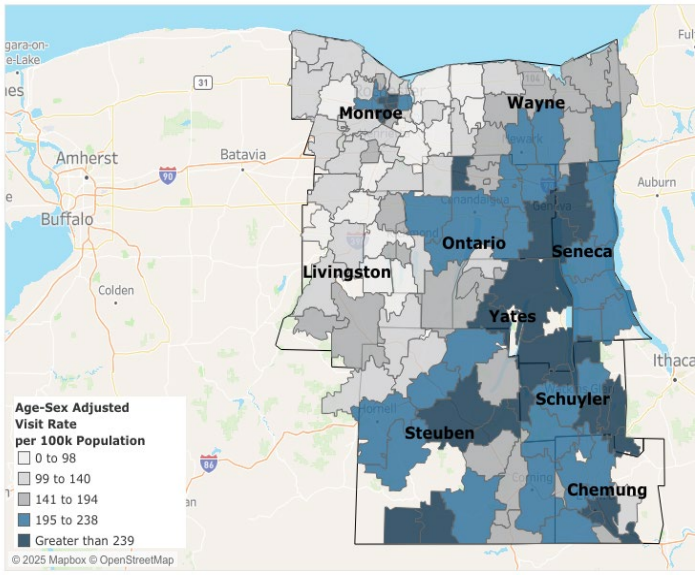
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map 96: ED Visits Related to Heart Disease by Zip Code



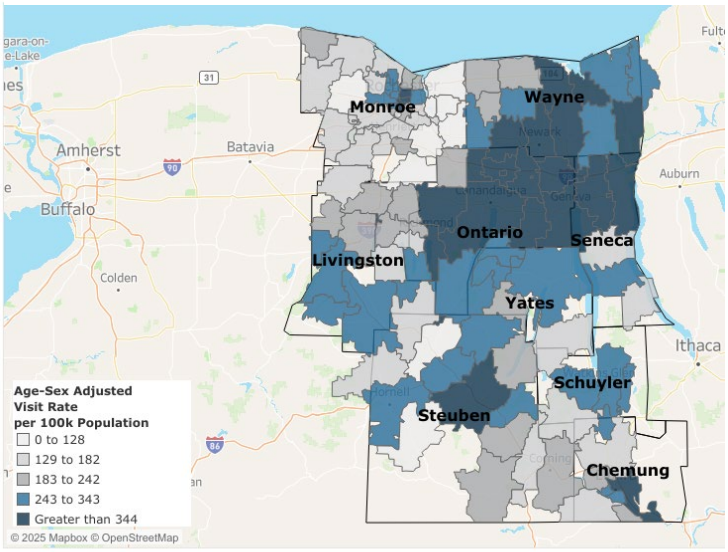
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map 20: ED Visits for Hypertension by Zip Code



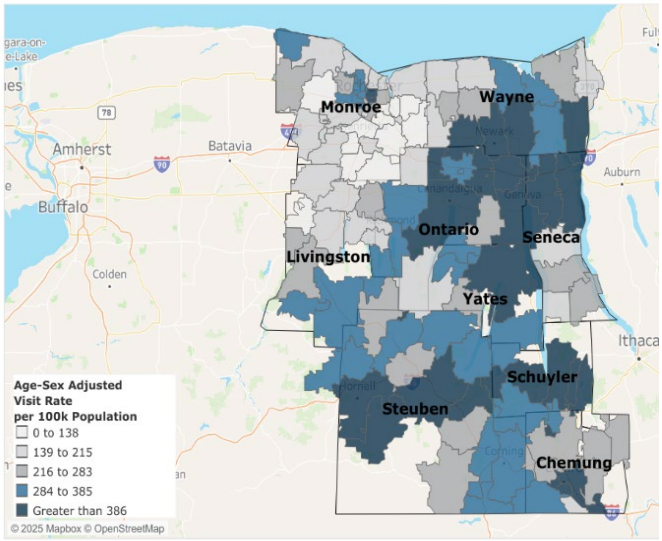
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map 21: ED Visits for Depressive Disorders by Zip Code



Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map 22: ED Visits for Anxiety and Panic Disorders by Zip Code

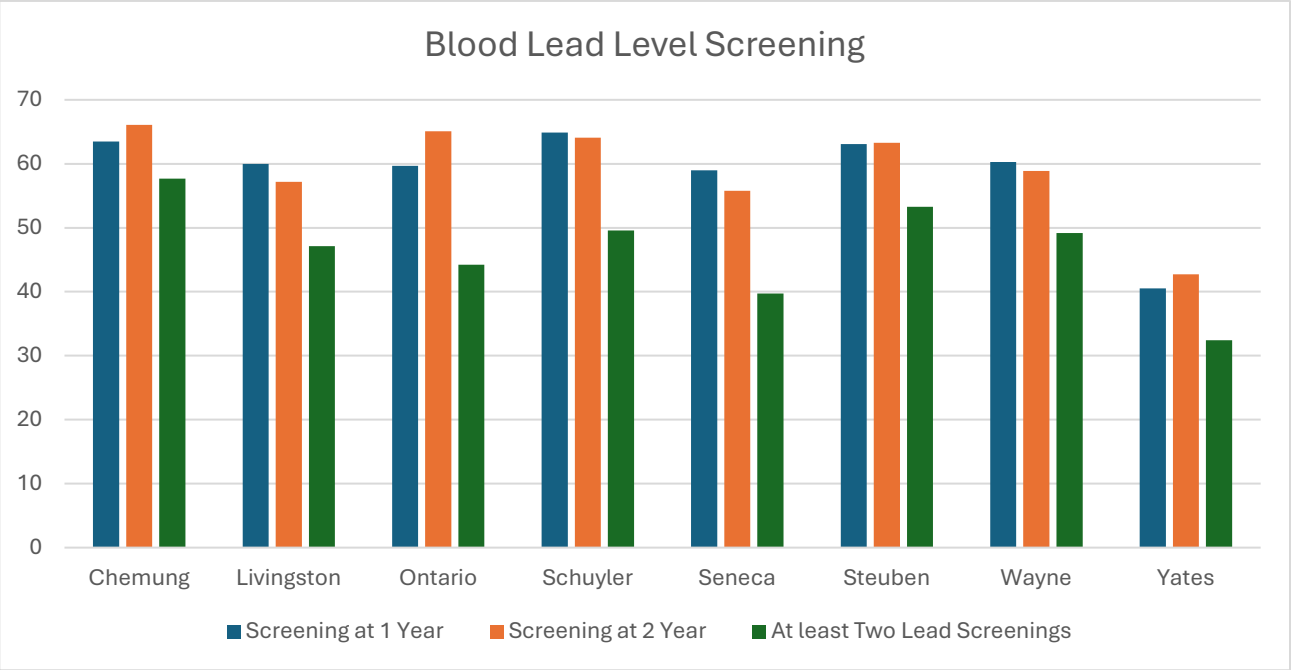


Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Blood Lead Level Screening and Vaccinations

One important screening that happens during well-child visits is a blood lead level test. "Asymptomatic lead poisoning has become more common in children. Blood lead levels of greater than 5 ug per dL are associated with impairments in neurocognitive and behavioral development that are irreversible."[29] It is required that children to have at least two screenings in the first 36 months of life – one at age one and one at age 2. (Figure 29) In addition, the 4:3:1:3:1:4 (four doses of DTaP (Diphtheria, Tetanus, and Pertussis), three doses of polio (IPV), one dose of MMR ((Measles, Mumps, and Rubella)), three doses of Hib ((Haemophilus influenzae type b)), three doses of Hepatitis B, one dose of Varicella, and four doses of pneumococcal vaccine (PCV)) childhood vaccination series are key to keeping not just children, but the overall population free of vaccine preventable diseases. (Figure 30)

Figure 29: Blood Lead Level Screening in the Finger Lakes Region

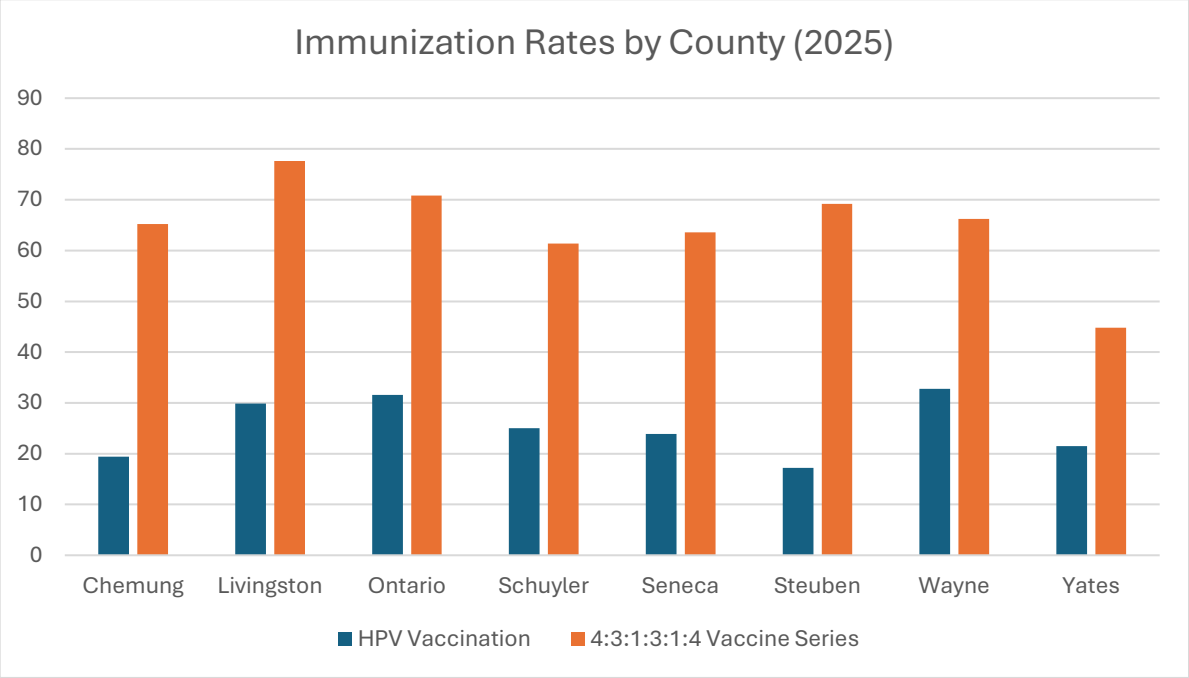


Source: NYSIIS Performance Report

[29] Mayans, L. (2019). Lead poisoning in children. American family physician, 100(1), 24-30.

The Finger Lakes region shows persistent gaps in key pediatric and adolescent preventive services, despite relatively strong early-childhood immunization rates. Across the eight counties, completion of the 4:3:1:3:1:4 vaccine series consistently exceeds both lead screening by age two and adolescent HPV vaccination, indicating that standard early-childhood vaccines are delivered more reliably than other preventive services. HPV vaccination is the lowest measure in every county, and lead-screening completion remains only moderate, signaling missed opportunities for cancer prevention and early detection of environmental hazards affecting low-income and rural children.

Figure 30: Immunization Rates by County in the Finger Lakes



Source: NYSIIP

Education Access and Quality

Health and Wellness Promoting Schools

Health and wellness promoting schools refers to the non-academic factors that impact whether a student is set up for success. These may include the prevalence of healthy food choices and ability to participate in physical activity.

One important indicator of how well schools are supporting students is chronic absenteeism, defined as missing at least 10 percent of school days in a year. State-level data from the 2022–2023 school year show that nearly one in three New York students is chronically absent, with rates varying by region, race and ethnicity, and socioeconomic status. Chronic absenteeism has increased sharply in rural districts, reaching 13.4 percent in low-need rural areas, 25.2 percent in average-need rural areas, and 33.0 percent in high-need rural areas. Economically disadvantaged students, students with disabilities, and English language learners experience the highest

absenteeism rates, highlighting the need for school-based strategies that address health, transportation, and other non-academic barriers to attendance.[30]

Additional indicators include the percentage of teens and young adults who were neither working nor in school (disconnected youth), the number of school age students eligible for free or reduced lunch and the number of childcare centers per 100,000 children under age 5 as highlighted in Table 20.

Table 20: Education-related Socio-economic factors

County	% teens and young adults (age 16-19) neither working nor in school (2025) (NYS: 7%)	% school age children eligible for free or reduced lunch (2025) (NYS: 57%)	Number of childcare centers per 1,000 children under age 5 (2025) (NYC: 6)
Chemung	11	53	6
Livingston	5	44	7
Ontario	5	43	6
Schuyler	Not available	43	5
Seneca	14	56	3
Steuben	9	50	8
Wayne	9	50	4
Yates	Not available	55	3

Source: County Health Rankings

Three measures of opportunities for continued education are the high school graduation rate, the average spending per student, and the high school graduation rate of economically disadvantaged students. All counties except Seneca and Yates exceed the New York State average percent of adults over age 25 with a high school diploma or equivalent. A quality education may improve the economic prosperity of residents by allowing them to obtain better compensated employment which increases their economic stability. (Table 21)

Table 21: Education Indicators

County	Percent of adults over age 25 with a high school diploma or equivalent (2023) (NYS = 88)	Average gap ($) between actual and required spending in public school districts (2022) (NYS = $12,754)	Graduation rate of economically disadvantaged students (2023) (NYS = 82)
Chemung	91	9,909	75
Livingston	93	11,626	87
Ontario	93	12,784	85
Schuyler	91	11,955	80

[30] Source: New York's Stubbornly High Rates of Chronic Absenteeism. October 2024. https://www.osc.ny.gov/files/reports/pdf/missing-school-ny-chronic-absenteeism.pdf

Seneca	85	13,399	80
Steuben	92	12,721	85
Wayne	91	12,785	81
Yates	84	9,915	81

Source: U.S. Census Bureau, ACS, NYSED

The findings in this Community Health Assessment show that health in the Finger Lakes region is shaped by intersecting social and economic conditions, including poverty, food and housing insecurity, transportation barriers, provider shortages, and educational opportunity. These challenges are not experienced equally: older adults, children, people living in rural and higher deprivation ZIP codes, and residents from historically marginalized groups often face higher risks and fewer resources, leading to persistent health inequities across the region. At the same time, strong community assets—including collaborative public health and health care systems, engaged community organizations, and dedicated residents—provide a foundation for collective action.

The accompanying county chapter build on this regional picture by highlighting the county's specific strengths, challenges, and priority populations. Together, the regional and county level- assessment will guide the development of Community Health Improvement Plans that focus on advancing health equity, strengthening the conditions where people live, learn, work, and age, and improving health outcomes for all residents of the Finger Lakes region.

Farm overlooking Keuka Lake, Courtesy of Steuben County

Seneca County

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Courtesy, Hudson Valley Post

Table of Contents – Seneca County

Participating Partners and Community Representation

A diverse coalition of organizations and community members participated in the Seneca County Community Health Assessment (CHA) process to ensure broad stakeholder input and representation from populations experiencing health disparities. The following partners contributed:

Organization	Sector	Population
UR Medical – Finger Lakes Health	Hospital	All
TACFL – Tobacco Action Coalition of the Finger Lakes	Community Advocates	
North Seneca/South Seneca Ambulance	Ambulance	All
Alzheimer's Association	Not For Profit Organization	Aging Populations
Seneca County Board of Health	Other	All
Finger Lakes Community Health	FQHC	All
Seneca County Community Counseling Center	Behavioral Health providers	Historically excluded or marginalized population groups
South Towns Engaging People for Solutions (STEPS)	Not For Profit Organization/Civic Group	All – Southern Towns
Office for the Aging (OFA)	Community Organization	Aging Populations
United Way of Seneca County	Civic Group	Historically excluded or marginalized population groups, with a youth priority
Child and Family Resources	Civic Group	Children and Families, historically excluded or marginalized population groups
Cornell Cooperative Extension	Community Organization	All
Finger Lakes Area Counseling and Recovery Agency (FLACRA)	Behavioral Health Provider	Historically excluded or marginalized population groups
Seneca County Planning Department	Community Organization	All
Seneca County Department of Social Services	Community Organization	Children and Families, historically excluded or marginalized population groups
Law Enforcement (Local PD, Sheriff, State Police)	Community Organization	All
School Districts (Waterloo, Seneca Falls, Romulus, South Seneca)	School	Children ages 4- 18

Women's Leadership Council	Community Advocates	Historically excluded or marginalized population groups
Northeast College of Health Sciences	Higher Education	Young Adults
SPCC – Society for Protection and Care of Children	Civic Group	Children and Families
WIC	Community Organization	Mothers with children

Executive Summary

Seneca County has identified three priority areas for this Community Health Assessment. They are:

- Healthy Children Preventive Services
- Primary Prevention, Substance Misuse, and Overdose Prevention
- Nutrition Security

Disparity Groups

Specific disparity groups include older adults and children living in poverty, Medicaid-enrolled children and adults with low preventive dental use, and residents with low socioeconomic status who have difficulty obtaining affordable dental care and other essential services.

Data Sources

Seneca County's CHA incorporated a blend of quantitative and qualitative data sources, including secondary data from the Behavioral Risk Factor Surveillance System, County Health Rankings, National Center for Health Statistics, American Community Survey, U.S. Census, NYS Medicaid Program, and local performance reports. The CHA also used primary data collected through a structured questionnaire used to guide focus groups as part of the Community Context Assessment (CCA). Further, forces of change and asset mapping assessments were undertaken with community partners as part of the Community Partner Assessment (CPA) to triangulate findings and shape the selection of priority areas.

Partners and Roles

A diverse coalition of organizations and community stakeholders participated throughout the Seneca County CHA process beginning in early 2025. A total of five meetings were held and key partners included the Seneca County Health Department, UR Medicine - Finger Lakes Health (Geneva General Hospital), Pivital Public Health Partnership and local agencies. Five focus groups were held during the months of April, May, and June of 2025 to engage the broader community. Partners contributed by participating in regular CHA committee meetings where they reviewed and interpreted data, completed prioritization surveys, and helped identify the health priorities to be addressed within Seneca County's Community Health Improvement Plan.

Summary of Findings

Seneca County faces a wide range of health and social challenges that are closely tied to economic conditions, access to services, and long-term community well-being. Poverty has increased among both children and older adults, contributing to financial strain, food insecurity, housing instability, and limited access to transportation and healthcare. Although unemployment remains low, median household income lags behind the state, and residents continue to experience barriers to affordable, nutritious food - challenges likely exacerbated by the recent loss of a key grocery store in the southern end of the county.

Housing and mental health indicators show mixed trends. While major housing problems remain below state averages, the number of cost-burdened households is rising. Reports of poor mental health have increased, and although suicide rates have declined overall, they remain above the state average. Although rates remain lower than New York State (NYS), substance use remains a significant concern, with a sharp increase in drug-related overdose occurring in 2022. Tobacco use has decreased, but smoking and heavy alcohol use still exceed state averages.

Fruit and vegetable intake remains inconsistent, sugary-drink consumption has improved, and access to physical activity opportunities has declined for Seneca County residents. Adult obesity has increased, and childhood obesity remains significantly higher than statewide levels. Preventive services show mixed outcomes as childhood immunization rates are improving but still below the NYS average. Lead-screening rates among one- and two-year-olds have slowly improved since 2020; however, continued efforts toward increasing the percentage of children receiving at least two lead screenings by the age of three are needed due to the drop in numbers. Adult screening for diabetes and colorectal cancer has declined. Access to dental care, especially among Medicaid enrollees, remains a persistent challenge.

Education and youth-related indicators further illustrate community needs. Disconnected youth rates are high, childcare availability is extremely limited, and school districts face a growing gap between required and actual per-pupil spending. While high school graduation rates are improving, post-secondary educational attainment continues to trail behind the state.

Despite these challenges, Seneca County has notable strengths. Life expectancy is stable, prenatal health behaviors have improved, breast-feeding rates are strong. The preventable hospitalization rate decreases substantially from 2017 to 2021; however, has trended upward in the last few years. Civic engagement and community participation remain solid, helping to buffer the effects of rising social vulnerability.

Overall, Seneca County exhibits resilience and progress in several health domains, but economic instability, limited access to care, rising injury and mental-health burdens, and preventable chronic disease risks continue to pose substantial challenges. These findings highlight a need for strengthened preventive services, improved access to healthcare and nutritious food, expanded mental-health and substance-use supports, and targeted efforts to address the social and economic conditions that shape long-term health.

In early 2026, the CHA/CHIP committee will meet to discuss and finalize interventions and strategies that will be incorporated into Seneca County's Community Health Improvement Plan (CHIP) based on priorities identified during the CHA process. Simultaneously, specific measures will also be determined to track progress for each for each of the interventions. Preliminary CHA findings have been discussed with health department staff, Health Advisory Committee and the Board of Health members and periodic updates will be provided throughout the 2025-2030 cycle. The CHA/CHIP will be made available for public view on our health department website: www.senecacountyhealthny.gov

Community Description

Service Area

Seneca County is located in New York State's Finger Lakes region and includes a mix of small towns and villages. Bounded by Seneca Lake to the west and Cayuga Lake to the east, the county covers roughly 390 square miles in total, of which about 324 square miles is land and around 66–67 square miles (roughly 17%) is water.

Because services are centralized and social service agencies are concentrated in the northern part of the county, residents in southern or more remote areas may face challenges, such as longer travel distances, limited transportation, and geographic isolation, to access care, especially for uninsured, Medicaid, or elderly populations.

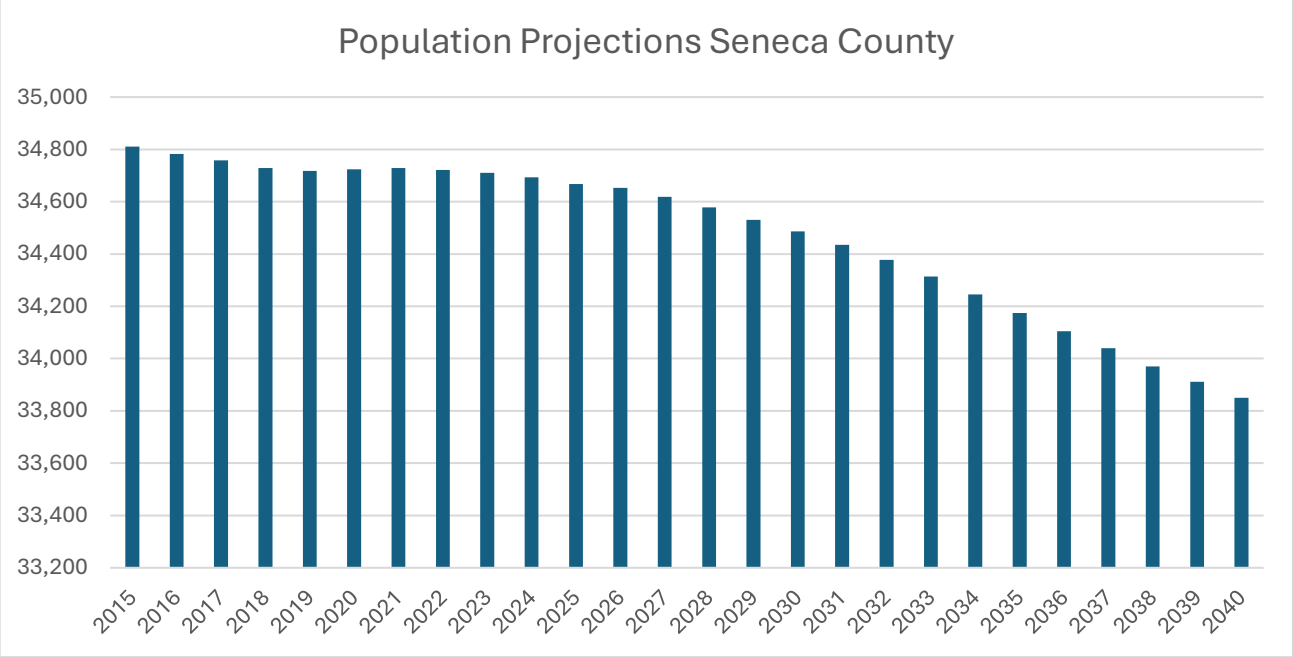
Demographics

Demographic information is essential in public health because it helps identify which populations are most affected by specific health issues and where resources are needed most. By understanding factors such as age, income, race, and geography, public health professionals can design targeted interventions, reduce health disparities, and plan services that effectively meet a community's needs.

Population

Seneca County's population of 32,349 is slowly decreasing and this trend is expected to continue through 2040 as shown in Figure S1. Municipalities with the greatest population density are found in the northern portion of the county as illustrated in Map S1 with 57.9% of residents living in a rural area. The unequal distribution of populations along with geographical isolation contributes to resource deserts for many rural residents in the southern portion of the county.

Figure S1: Population Projections Seneca County



Source: Cornell Program on Applied Demographics

Figure S2 shows the number of county residents by sex and age. The county has two larger population groups; 30-34 years of age and 60-64 years of age. Both an aging and a young population present unique health care challenges. The median age in Seneca County is 42.8, while the percentage of the population that is female is 48.7% and those identifying as LGBTQ+ is 5.8%.

Census data for Seneca County indicate the population is predominantly White (88.1%) followed by Hispanic or Latino (4.11%), Black or African American (3.6%), Asian (0.7%) and American Indian or Alaska Native (0.01%). The regional section of this CHA denotes additional population considerations including Amish/Mennonite and farmworkers.

Map S1 Population Density Seneca County

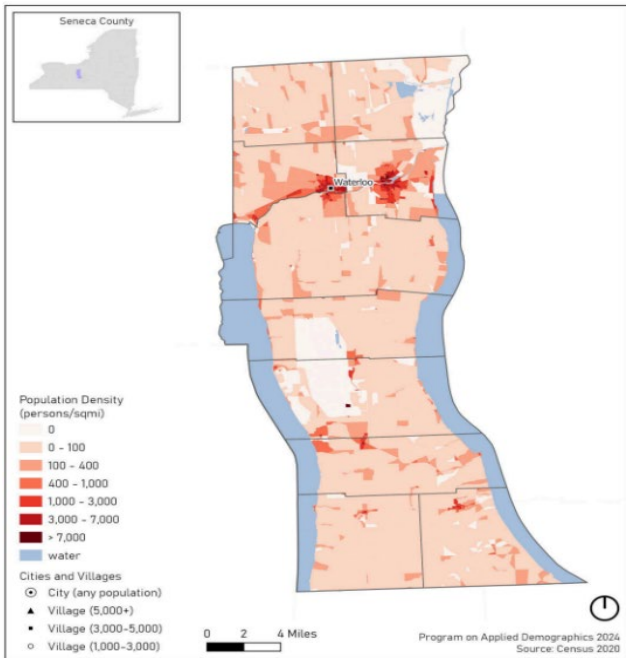
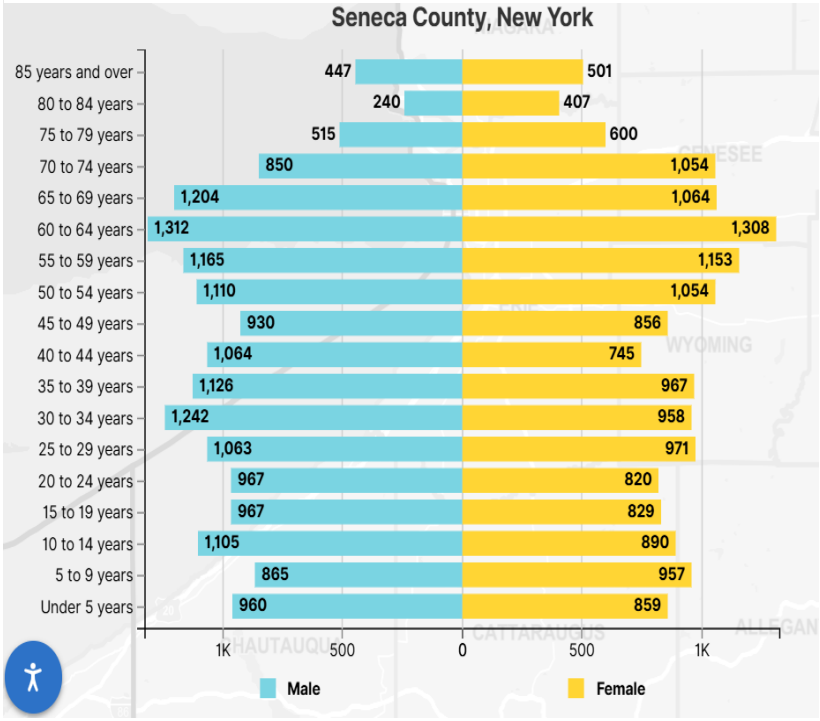


Figure S2: Population by Age and Sex



Veterans and Disability

Veterans often have distinct health needs, including higher rates of chronic conditions, mental health challenges, and service-related injuries. 2023 Census figures indicate the veteran population in Seneca County accounts for 8.7%, well above the state average of 3.9%. Of that number, 93% are male and 7% are female.

Disabled persons may face heightened barriers to care, transportation, employment, housing, and healthy living. The disabled population in Seneca County is 18% compared with 13.5% in New York State. The most common disabilities are cognitive, independent living and ambulatory difficulty.

Language Spoken at Home

In Seneca County, per the U.S. Census, the percentage of people who speak a language other than English at home is 7.8% which include Spanish, Indo-European, and Asian and Pacific Island. English language proficiency is one factor in ensuring residents are able to communicate their needs and understand their options, particularly related to health care. Those speaking Indo-European languages may represent a larger Amish/Mennonite population in the county.

Broadband Access

Broadband access is important because it enables residents to use essential services such as telehealth, online health information, appointment scheduling, and remote monitoring, tools that are especially vital for rural communities and those with limited transportation. Reliable internet also supports health education, emergency communication, social connection, and access to benefits and resources, helping reduce disparities and improve overall community well-being.

Broadband access in Seneca County, as measured in the 2025 County Health Rankings, is 85% as compared to New York State broadband services at 90%. The percentage of the population with no access to broadband services, meaning broadband is simply not available in their area, is 0.4% in Seneca County.

Health Status Description

Specific Methodology

The CHA provides a comprehensive picture of a community's current health status, including factors that contribute to health risks and challenges, and identifies priority health needs by analyzing local data and community input. Community partners played a key role throughout the development of the CHA. Each partner completed the Community Partner Assessment (CPA), providing valuable organizational data and insights and participated in regular meetings where key cross-cutting themes from the CPA, CCA and CSA were presented. Based on cross-cutting themes, a fishbone diagram was created for each to help narrow down the potential cause and effects of each of the issues. These sessions encouraged questions, feedback, and shared interpretation of the data. All partners were provided the opportunity to then participate in the prioritization process used to identify which health priorities would be addressed in Seneca County, ensuring that these priorities reflected both data and community voice.

The prioritization process involved a matrix with drop-down menus numbered 1 to 5 (one being most important; 5 being least important) to rank each identified issue based on five criteria to determine which three issues would be chosen as priority areas for this CHA.

The five criteria used to prioritize issues were:

- Relevance of the issue to community members
- Magnitude/severity of the issue
- Impact of the issue on communities impacted by inequalities
- Availability and feasibility of solutions and strategies to address the issue
- Availability of resources (time, funding, staffing, equipment) to address the issue

New York State Prevention Agenda 2025-2030

Table S1 reveals the NYS Prevention Agenda Domains and Priorities. Local health departments are tasked by NYS, based on data collected during the CHA process, to choose at least three priority areas under one or more domains to address within their respective communities. The domains and priorities in bold will be the focus areas for Seneca County's Community Health Improvement Plan (CHIP). The Community Partners column reflects the percentage of partners who feel they either have the capacity to address some aspects of the specific priority area or routinely work with clients who are impacted by those priorities.

Table S1: NYS Prevention Agenda

Domain	Priorities	Community Partners
1. Economic Stability	Poverty	63%
	Unemployment	50%
	Nutrition Security	**75%**
	Housing Stability and Affordability	75%
2. Social and Community Context	Anxiety and Stress	75%
	Suicide	38%
	Depression	75%
	Primary Prevention, Substance Misuse, and Overdose Prevention	**63%**
	Tobacco/ E-cigarette Use	50%
	Alcohol Use	50%
	Adverse Childhood Experiences	75%
	Healthy Eating	75%
3. Neighborhood and Built Environment	Opportunities For Active Transportation and Physical Activity	13%
	Access to Community Services and Support	75%
	Injuries and Violence	25%
4. Health Care Access and Quality	Access to and Use of Prenatal Care	38%
	Prevention of Infant and Maternal Mortality	38%
	Preventive Services for Chronic Disease Prevention and Control	75%
	Oral Health Care	0%
	Preventive Services Healthy Children	**75%**
	Early Intervention	63%
	Childhood Behavioral Health	25%
5. Education Access and Quality	Health and Wellness Promoting Schools	50%
	Opportunities for Continued Education	38%

The following section details Seneca County's health status related to the Prevention Agenda domains and priorities.

Domain: Economic Stability

Socioeconomic disparities are closely linked to poor health in Seneca County, affecting physical, mental, and educational outcomes, with children and older adults being especially vulnerable. The county prioritizes addressing these social determinants of health, including unemployment, food insecurity, and housing instability.

Unemployment and underemployment: Contributes to major health inequities in Seneca County. Individuals who are unemployed face greater barriers to health care and experience worsening health the longer unemployment persists. Employment challenges in the region stem from shifts in the labor market, wage stagnation, and other economic factors. Addressing these issues requires cross-sector collaboration and integrating workforce well-being of public health and economic strategies.

Nutrition Security: Access to affordable, nutritious food is vital for preventing chronic disease and supporting healthy development. Food insecurity disproportionately affects low-income households, people with less education, and those who are unemployed.

Lack of transportation is a primary barrier to accessing full-service grocery stores throughout the rural and low-income communities within the county.

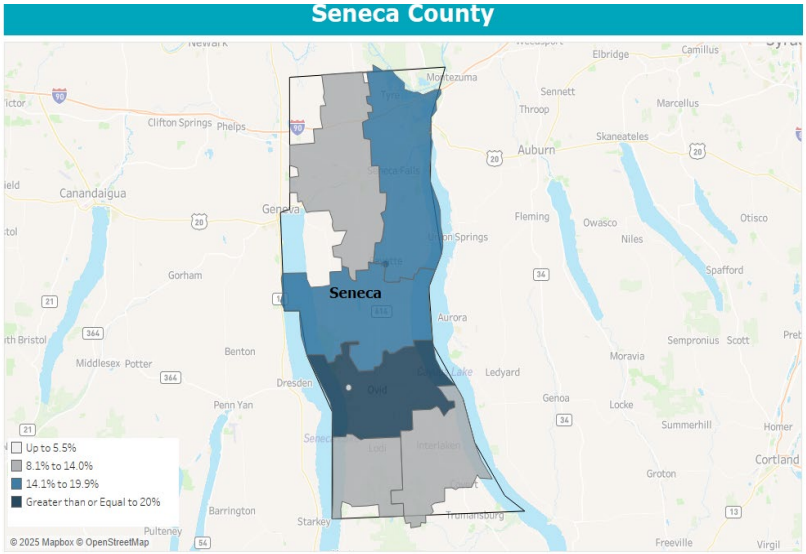
Housing Stability and Affordability: Housing insecurity further undermines health, with low-income families and older adults facing the greatest housing burdens.

Priority: Poverty

Poverty can strain nearly every aspect of community life, from housing stability to access to healthcare, transportation, and nutritious food. Families facing financial hardship often struggle to meet basic needs, and limited local resources can make it difficult for them to find sustainable pathways out of poverty.

Seneca County's overall population poverty rate increased from 11.9% in 2021 to13.3% in 2023 (below the state average of 13.7%). The percentage of children under 18

Map S2: Poverty Rate



U.S. Census Bureau, 2019-2023 ACS 5-yr Estimates. Table S1701 (Poverty Status in the Past 12 Months)

years-of-age living in poverty increased slightly from 19% in 2022 to 21% in 2023 (above the state average of 19%). Additionally, the percentage of the population over 65 years-of-age living in poverty increased from 8.6% in 2022 to 9.0% in 2023, however, lower than the NYS average of 12.7%. Map S2 notes the percentage of those living in poverty in different areas of the county.

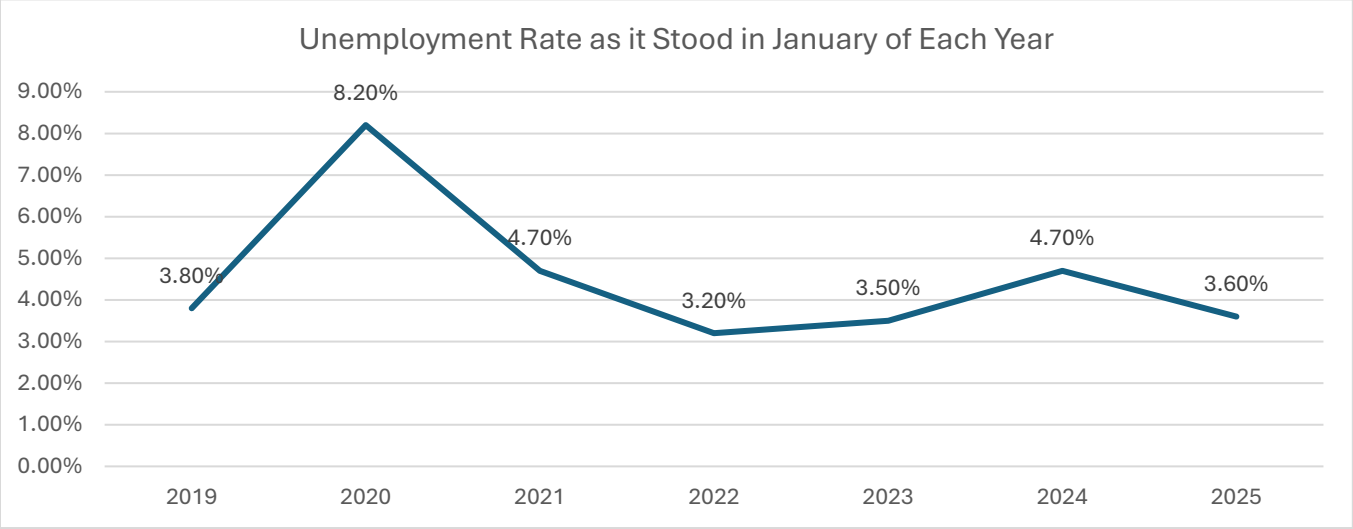
Priority: Unemployment

Unemployment can lead to financial instability for families and reduced economic vitality for the community. High unemployment often strains social services, limits consumer spending, and can contribute to long-term challenges such as housing insecurity, poor health outcomes, and decreased quality of life.

The unemployment rate was 3.6% in January 2025 which is lower than the 4.7% it was in January of 2024. Both rates are also below the county's long-term average of 5.4%. In 2023, the median household income in the county is $58,600 (vs NYS $82,100). Figure S3 notes the unemployment rate as it stood in January of each year from 2019 to the present.

The primary employment sectors are health care and social assistance followed by educational services, manufacturing and others.

Figure S3: Unemployment Rate



Source: U.S. Bureau of Labor Statistics

Priority: Nutrition Security

Nutrition insecurity can lead to higher rates of chronic disease, poor child development, and overall diminished health and well-being. When families lack consistent access to affordable, nutritious food, community systems from healthcare to schools feel the strain, and long-term inequities in health outcomes increase.

The percentage of the population who are low income and do not live close to a grocery store is 2% which is equal to the NYS average. This number is likely to be affected by a fire in January 2025 that

destroyed the Ovid Big M grocery store which many in the county relied on for groceries and nutrition security. At present, we do not have data to reflect this change or the impact this has had on the southern part of the county. Based on the most recent data available from 2016, nearly half (47.2%) of adults with an annual household income less than $25,000 report food insecurity.

The Food Environment Index measures how easy it is for residents to access healthy, affordable food, combining rates of food insecurity and the percentage of low-income people living far from a grocery store. Scores range from 0 (worst) to 10 (best). Seneca County's score was 8.4 in 2022 and is below the New York State average of 8.7, indicating that residents face more barriers to healthy food access than most New Yorkers.

Priority: Housing Stability and Affordability

Housing instability and a lack of affordable options can leave families struggling to meet basic needs, often forcing them to choose between rent, food, and healthcare. When stable housing is out of reach, communities experience higher rates of homelessness, overcrowding, and financial stress, which can undermine overall health, safety, and economic growth.

The County Health Rankings report that in 2021, 12% of households experienced at least one major housing problem, such as overcrowding, high housing costs, or lack of kitchen or plumbing facilities. While this number is up 9% from 2017, Seneca County remains well below the New York State average of 23%. According to the American Community Survey, 72% of occupied housing units were owner-occupied in 2023, higher than the statewide rate of 54%, though this represents a 3% decline since 2019. Additionally, 12% of households spent half or more of their income on housing, an increase of 9% since 2019 but still below the state average of 19%.

Economic Stability Domain Summary: Seneca County faces growing economic strain, with overall poverty rising to 13.3% and child poverty reaching 21%, higher than the state average. Although unemployment has improved in 2025 and remains below long-term trends, median household income is still far lower than the New York State average. Nutrition security remains a concern, particularly for low-income households, and may worsen following the 2025 Ovid fire that destroyed the only grocery store in the southern part of the county. Housing stability indicators show relatively fewer severe housing problems compared to the state, yet cost burden has increased, and owner-occupancy rates are gradually declining. Together, these trends highlight widening economic vulnerability and ongoing challenges in ensuring access to food, stable housing, and essential resources.

Domain: Social and Community Context

The Social and Community Context domain within the New York State (NYS) Prevention Agenda 2025-2030 recognizes that an individual's relationships, interactions, and community environment significantly influence their overall health and well-being. This domain aims to strengthen communities to promote health, connection, and equity across New York.

The overarching vision is that every New Yorker can attain their highest level of health, free from the limitations of social or economic conditions. Key public health areas addressed in this domain include:

- **Strengthening Mental Health and Promoting Well-being**: The agenda focuses on promoting overall mental well-being and reducing frequent mental distress in populations most in need. This includes addressing conditions such as depression disorders, which affect over one in five New Yorkers annually. Efforts also focus on expanding access to culturally responsive mental health care and social support services, while reducing treatment barriers such as stigma and limited provider options.
- **Suicide Prevention**: Reducing suicide mortality remains a high-priority goal within Seneca County and the Prevention Agenda. Use of interventions to decrease suicide deaths by increasing access to mental health care and reducing access to lethal means.
- **Reducing Substance Use Disorders and Overdose Deaths**: New York State prioritizes preventing opioid and other substance misuse, reducing underage drinking, and addressing excessive alcohol consumption by adults. Goals include increasing access to harm reduction services, such as naloxone, medication, and assisted treatment.
- **Preventing Adverse Childhood Experiences (ACEs)**: A key goal is to prevent and address the impact of childhood trauma, as ACEs significantly increase the risk of chronic disease, mental health problems, and substance misuse later in life. Strategies emphasize creating safe and nurturing environments and ensuring children have supportive adults in their lives.
- **Fostering Social Connection**: Encouraging community participation, and strong social networks is a core strategy to combat the negative health effects of social isolation.
- **Addressing Chronic Disease Drivers**: Priorities such as controlling commercial tobacco use, preventing youth e-cigarette use, smoking cessation and promoting healthy nutrition by improving fruit and vegetable consumption, are integrated across all domains, recognizing the role of community context and targeted marketing in health disparities.

This comprehensive approach addresses the root causes of health issues within the community, leveraging partnerships and evidence-based strategies to improve outcomes for all New Yorkers.

Priority: Anxiety and Stress

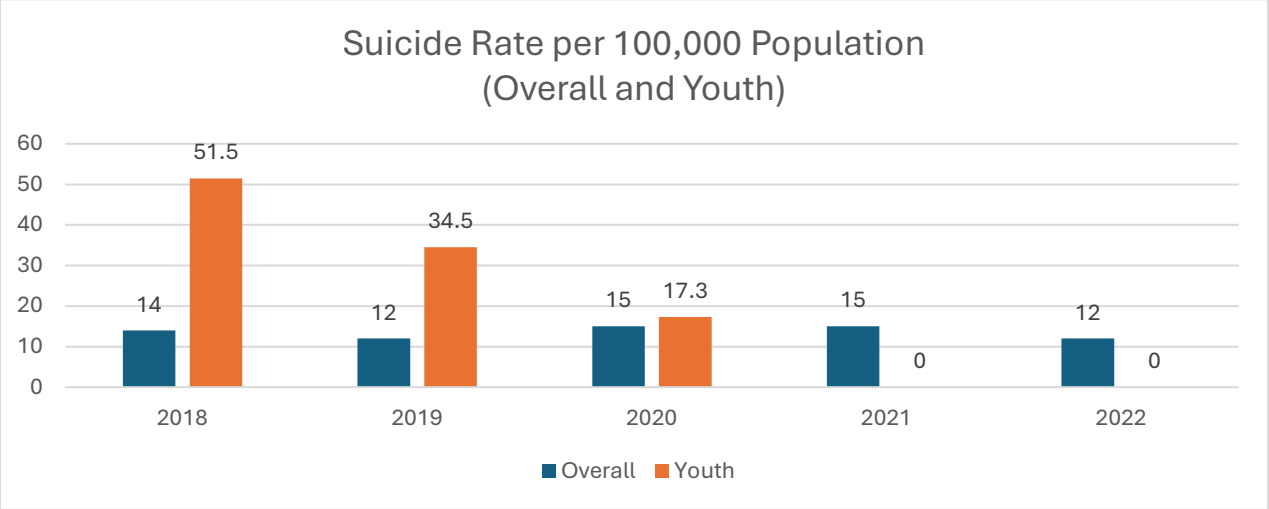
The percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) was 18% in 2021. This represents a 20% increase from 2018 and is above the NYS average of 16% per the Behavioral Risk Factor Surveillance System. Experiencing 14 or more days of poor mental health in a month is strongly linked to worse overall health outcomes. When this percentage rises, as it has in Seneca County, residents experience increased levels of stress, depression, or anxiety, which may lead to higher rates of chronic disease, substance use, reduced productivity, and greater demand for mental health and medical services. An elevated rate also suggests that residents may

struggle more with daily functioning, decision-making, and maintaining healthy behaviors, ultimately affecting both individual well-being and community health.[1]

Priority: Suicide

The suicide rate in the county was 12 per 100,000 in 2022, a decrease of 14% as shown in Figure S4; but still higher than the NYS average of 9.7 per 100,000. Rising suicide rates signal worsening mental health and increasing levels of stress, trauma, or unmet behavioral-health needs in the community. When the county's overall suicide rate exceeds the state average, it suggests that residents may face greater barriers to timely mental-health care, social support, or crisis intervention. Higher suicide rates also have wide-reaching impacts: they strain families, schools, healthcare systems, and communities, and often indicate deeper issues such as isolation, substance use, economic stress, or limited access to mental-health services.[2]

Figure S4: Suicide Rate



Source: National Vital Statistics

Priority: Depression

Across New York State, approximately one in five adults reported symptoms of depression and/or anxiety in 2024, a figure that has been gradually decreasing since 2021. The Seneca County age-adjusted rate of adults reporting a depressive disorder is 18.3%, about even with the NYS average of 18.7% and an increase of 63% from 2016 per the Behavioral Risk Factor Surveillance System. This is a significant public health concern because a high prevalence of depressive disorders in the community can lead to widespread impacts on physical health, productivity, and overall well-being. Elevated rates of depression are associated with increased risk of chronic diseases, substance use,

[1] Source: Strine TW, Balluz L, Chapman DP, Moriarty DG, Owens M, Mokdad AH. Risk behaviors and healthcare coverage among adults by frequent mental distress status, 2001. Am J Prev Med. 2004 Apr;26(3):213-6. doi: 10.1016/j.amepre.2003.11.002. PMID: 15026100.
[2] Source: https://www.cdc.gov/suicide/facts/index.html

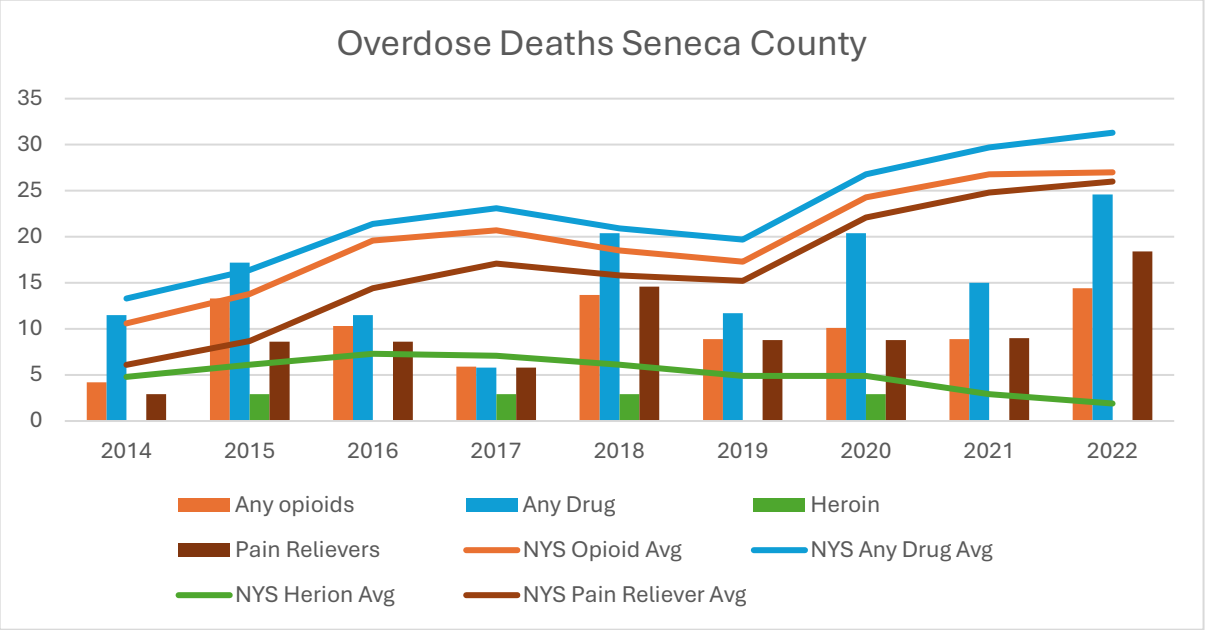
social isolation, and suicide, as well as greater demand for mental health services. The county's increasing rate of adults reporting a depressive disorder indicates that many residents may not be receiving adequate treatment or support, contributing to long-term health disparities and strain on local healthcare and social services.[3]

Priority: Primary Prevention, Substance Misuse, and Overdose Prevention

Overdose deaths, as reported in 2022, continue to trend upward from 2021 apart from heroin as noted in Figure S5. Age-adjusted overdose deaths involving any opioids increased from 8.9 in 2021 to 14.4 in 2022. Overdose deaths involving any drug increased from 15.1 in 2021 to 24.6. In 2022, the rate of overdose deaths involving opioid pain relievers (including illicitly produced opioids such as fentanyl) was at 18.4, which climbed from 9.0 in 2021. All overdose deaths are below state averages and are measured per 100,000 population.

The opioid epidemic is a serious public health problem because rising overdose rates reflect increasing substance use and related harm in the community, which can lead to preventable deaths, long-term health complications, and social and economic consequences. Even though the county's rates are below state averages, the sharp increases signal a growing crisis that strains emergency services, healthcare systems, and families, and indicates a need for targeted prevention, treatment, and harm-reduction strategies.[4]

Figure S5: Overdose Deaths



Source: National Center for Health Statistics

[3] Source: https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health
[4] Source: https://www.cdc.gov/overdose-prevention/about/

Priority: Tobacco/E-cigarette and Alcohol Use

According to 2022 data in the Behavioral Risk Factor Surveillance System the percentage of adults who are current smokers (age-adjusted) decreased from 24% in 2018 to 16% in 2022, however, slightly higher than the NYS average of 12%. The percentage of adults reporting binge or heavy drinking increased from 18% in 2021 to 22% in 2022 as compared to the NYS average of 20%. Data on e-cigarette use among adults in the county are not available. There is, however, data from 2022 regarding middle school students who reported vaping in the last 30 days (2.7%) and high school students who did the same (12%). Both smoking and excessive alcohol use are major risk factors for chronic diseases, including heart disease, cancer, liver disease, and respiratory illnesses. Higher rates of these behaviors in the community increase the burden on healthcare systems, contribute to preventable morbidity and mortality, and can reduce quality of life. Persistent smoking above the state average and rising binge or heavy drinking indicate that residents may face elevated long-term health risks and that targeted prevention and intervention efforts are needed.[5]

Priority: Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are those emotional and physical circumstances and individual experiences before age 18. They may include neglect, sexual abuse, parental divorce, mental illness and/or substance abuse, and exposure to violence in the home. ACEs impact individuals into adulthood and may include physical and mental long-term health problems. Behavioral Risk Factor Surveillance System data through 2021 shows the age-adjusted percentage of adults with two or more ACEs decreased 6% from 2016 to 31%, below the NYS average of 40.5%.

ACEs have long-lasting effects on physical, mental, and behavioral health. Individuals experiencing two or more ACEs increases their risk of chronic diseases, mental health disorders, substance use, and social challenges well into adulthood. Even though the county's rate of adults with two or more ACEs has decreased, this still represents a substantial portion of the population at higher risk for long-term health problems and increased healthcare and social service needs.[6]

Priority: Healthy Eating

The percentage of adults who eat fruits (57.3%, an increase of 13%) and vegetables (71.3%, a decrease of 6% from 2016) daily may be tied to the availability of fresh produce and the convenience of a nearby grocery store. These percentages will likely change given the recent fire that destroyed the Ovid Big M grocery store, depended on by many in the county. According to the Behavioral Risk Factor Surveillance System, the percentage of adults, in 2021, with an annual household income of less than $25,000 who drink one or more sugary drinks every day decreased 25% to 28.1%, lower than the NYS average of 34.1%.

Low consumption of fruits and vegetables and high intake of sugary drinks contribute to poor nutrition, obesity, diabetes, heart disease, and other chronic conditions. When access to healthy

[5] Source: Kim Y. The effects of smoking, alcohol consumption, obesity, and physical inactivity on healthcare costs: a longitudinal cohort study. BMC Public Health. 2025 Mar 5;25(1):873. doi: 10.1186/s12889-025-22133-4. PMID: 40045251; PMCID: PMC11881326.
[6] Source: https://www.cdc.gov/aces/about/index.html

foods is limited, especially for lower-income populations, residents are more likely to develop diet-related illnesses, increasing healthcare costs and reducing overall community health and quality of life.[7]

Social and Community Context Domain Summary: Seneca County is experiencing worsening mental and behavioral health challenges, with more adults reporting frequent poor mental health days, rising depressive disorders, and a suicide rate that remains above the statewide average. Substance use concerns are also growing; overdose deaths have increased sharply since 2014, even though rates remain below state levels, indicating a need for expanded prevention and treatment services. Risk behaviors such as smoking and heavy drinking continue to exceed New York State averages, while youth vaping persists as an emerging concern. At the same time, nutrition-related risk, including inconsistent fruit and vegetable intake and the recent loss of a key grocery store, may further affect community health. Although ACEs have declined and remain below the state average, a significant number of residents still face long-term ACE impacts, contributing to continued disparities in health and well-being.

Domain: Neighborhood and Built Environment

Neighborhood and Built Environment is directly tied to advancing health equity by modifying community environments and implementing supportive policies. Our aim is to create conditions where all residents can thrive, reducing disparities driven by income, education, or location. The following areas identified for action are:

- **Promoting Physical Activity and Active Transportation**: Regular physical activity is vital for health at every age, lowering the risk of major chronic diseases (heart disease, stroke, type 2 diabetes, certain cancers) and supporting better mental health and longevity. However, access is unequal due to structural barriers and social factors.
- **Environmental Features**: Access to physical activity is not equal. Structural barriers such as unsafe neighborhoods, limited accessible facilities, or environments not designed for diverse needs shape whether people can be active. Social factors like income, education, community support, and cultural attitudes also influence activity levels. Physical environmental features, including parks, safe sidewalks, bike lanes, and walkable neighborhood layouts, play a major role as well.
- **Active Transportation**: A key objective is to increase access to and the use of active transportation (walking or biking) for daily destinations by developing safe, well-connected routes and ensuring nearby amenities. There is a county wide need to make physical activity an integrated, default part of daily routines.
- **Health Equity Focus**: Strategies specifically target overcoming structural barriers, such as unsafe neighborhoods and limited accessible facilities, which disproportionately affect diverse communities.

[7] Source: https://www.cdc.gov/nutrition/php/about/index.html

- **Injury and Violence Prevention**: Injuries, both intentional and unintentional, are a leading cause of premature death. Motor vehicle crashes, falls, and overdoses are major contributors, with disparities affecting racial and ethnic minorities, older adults, and workers in high-risk occupations.

Priority: Opportunities for Active Transportation and Physical Activity

In 2024, 63% of residents had adequate access to places for physical activity, a 7% decline since 2019 and well below the New York State average of 93%. The percentage of households without a vehicle was 8.8% in 2023 but remains far lower than the state average of 29%. The county's walkability index, which depends upon characteristics of the built environment that influence the likelihood of walking being used as a mode of travel, continues to be low at 4.83 out of 20 since 2019. Meanwhile, 25% of adults report no leisure-time physical activity, matching the state average and representing a 14% improvement since 2019.

Seneca County residents struggle to maintain regular exercise due to limited access to safe spaces for physical activity, transportation options, and walkable environments. Low physical activity is linked to higher risks of obesity, heart disease, diabetes, mental health issues, and overall premature mortality. Limited walkability and inadequate access to activity locations or transportation creates barriers to healthy lifestyles, contributing to long-term health disparities in the community.[8]

Priority: Access to Community Services/Civic Participation

"The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, among others, may affect that community's ability to prevent human suffering and financial loss in the event of a disaster" define its Social Vulnerability Index (SVI). In Seneca County, the SVI, as measured in 2022, is 0.6393 (1 is the highest vulnerability), an increase from 0.5574 in 2020.[9]

Civic engagement may be measured as voting, volunteering, and participating in community events. 58% of eligible voters in the county cast a ballot in the 2020 presidential election based on data from the County Health Rankings.

Per the 2025 National County Health Rankings, Seneca County had 10.3 membership organizations per 10,000 people. These include civic, political, religious, sports and professional organizations.

Social vulnerability reflects how well a community can withstand and recover from disasters or emergencies. A higher Social Vulnerability Index (SVI) indicates that residents, particularly those in poverty, without transportation, or living in crowded households, may face greater risk of harm and slower recovery. Civic engagement and strong community networks, such as high voter participation and membership in organizations, help build social cohesion, improve disaster preparedness, and support collective action during crises. Seneca County's relatively low SVI and

[8] Source: https://www.who.int/news-room/fact-sheets/detail/physical-activity
[9] *Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Interactive*

strong civic involvement suggest it has a solid foundation to respond to community challenges, though vulnerabilities still exist for certain populations.[10]

Priority: Injuries and Violence

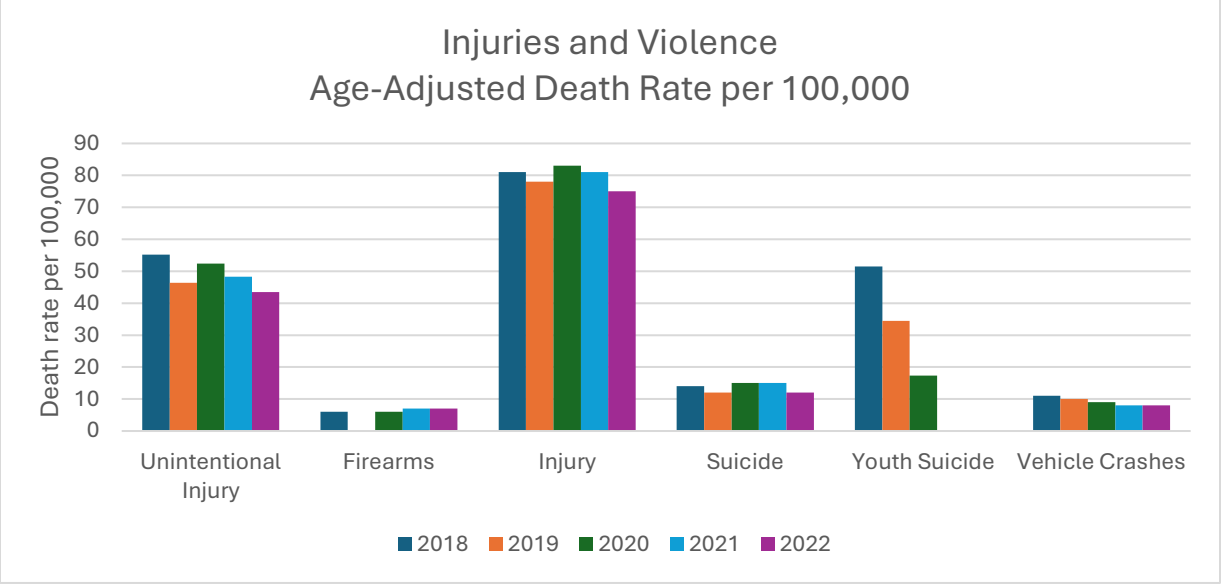
The age-adjusted unintentional injury death rate was 43.5 per 100,000 in 2022, below the New York State average of 54.1. However, the premature death rate (before age 75) from unintentional injuries is 36.7 per 100,000, lower than the state average of 46.9.

Other injury-related outcomes for 2022 include: firearm deaths at 7 per 100,000 (compared to the state average of 5); overall injury deaths at 75 per 100,000 (above the state average of 60) suicide deaths at 12 per 100,000 (higher than the NYS average of 8) and motor vehicle crash deaths at 8 per 100,000 (above the NYS average of 6).

Latest data from County Health Rankings reveals the Seneca County juvenile delinquency rate dropped 60% to 4 cases per 1,000 youth in 2021. In contrast, the violent crime rate rose from 201 cases 2021 to 255 cases in 2022 (per 100,000), higher than the state average of 206.6. Data from 2018-2022 demonstrates that alcohol was involved in 25% of driving deaths, and slightly above the NY rate of 22%.

Unintentional and intentional injury deaths, such as those from firearms, motor vehicle crashes, and suicide, directly contribute to premature mortality and long-term physical, emotional, and economic consequences for families and communities. Rates ranking above state averages and increasing trends indicate rising risk factors, such as unsafe environments, mental health challenges, substance use, and lack of safety interventions. High injury and violence-related death

Figure S6: Injuries and Violence



Source: County Health Rankings, National Center for Health Statistics

[10] Source: County Health Rankings.

rates also strain healthcare systems, emergency services, and social support networks, highlighting the need for targeted prevention, education, and community safety initiatives.[11] (Figure S6)

Neighborhood and Built Environment Domain Summary: Access to physical activity resources in the county has declined, with fewer residents living near places to be active, low walkability, and a growing share of households without a vehicle. While adult physical inactivity has improved since 2019, environmental and transportation barriers still limit opportunities for regular exercise and contribute to long-term health risks. The county's Social Vulnerability Index has increased, indicating greater difficulty for some residents to prepare for or recover from emergencies, though civic engagement remains a stabilizing strength.

Injury trends show mixed progress: unintentional injury deaths have fallen, and several injury-related indicators have improved, yet premature injury deaths, firearm and suicide-related deaths, and motor vehicle fatalities remain concerns. Violent crime rates have risen above state averages, even as juvenile delinquency and alcohol-related driving deaths have decreased. These patterns underscore the need for continued focus on community safety, mental health, and targeted prevention efforts.

Domain: Health Care Access and Quality

The overarching goal for Health Care Access and Quality in the 2025-2030 Prevention Agenda is to eliminate health inequities by ensuring equitable access to care and addressing the root causes of health disparities. The agenda promotes collaborative efforts among healthcare providers, community organizations, and local health departments to implement effective, evidence-based interventions. The core areas include:

- **Maternal and Infant Health**: Emphasizes early and continuous prenatal and postpartum care to reduce risks like preterm birth, low birth weight, and maternal and infant mortality.
- **Chronic Disease Prevention**: Aims to prevent leading causes of death in NYS, including heart disease, stroke, cancer, diabetes, and obesity. The focus is on creating environments that support healthy lifestyles, such as promoting healthy food options and accessible physical activity opportunities.
- **Oral Health**: Focuses on reducing disparities in accessing preventive dental services. Poor oral health impacts nutrition, speech, social development, and overall well-being. Vulnerable populations, including low-income communities, face higher rates of untreated dental disease.
- **Child Health, Immunizations, and Early Intervention**: Routine immunizations and screenings help children stay healthy, yet access and uptake remain uneven due to systemic inequities, transportation barriers, and historical mistrust. Early Intervention

[11] Source: https://www.cdc.gov/injury/index.html

Programs provide timely services and interventions to support infants and toddlers with developmental delays, particularly for Black, non-Hispanic children.

Priority: Access to and Use of Prenatal Care

Receiving early and adequate prenatal care is important for ensuring a healthy pregnancy. Abstaining from smoking, alcohol use, and illegal drug use are important indicators of appropriate prenatal care. According to data from the National Survey on Drug Use and Health, the percentage of pregnant people who abstained from smoking improved from 86.5% in 2024 as compared to 83% in 2021. Healthy People 2020 reports that the percentage of pregnant people abstaining from alcohol use rose from 98.6% in 2022 to 100% in 2024. Additionally, those with child who abstained from illegal drug use dropped slightly from 95.5% in 2023 to 94.7% in 2024.[12]

In addition, prenatal care may be measured using low live birth weights (<2,500 grams or about 5 lbs., 8 oz.) and premature births (live births before 37 weeks). Vital Records data indicate that 7.6% of births in 2022 were preterm, a slight increase from 6.2% in 2021. Live births with low birth weights in 2023 were 6%, unchanged from 2018 and better than the NYS average of 8%.

Breastfeeding infants is important to ensure optimal nutrition. The percentage of infants fed breast milk only or both breast milk and formula at the time of hospital discharge in 2024 was 86.8%, an increase from 79.7% in 2023. In 2022, 69.2% were fed exclusively breast milk in the hospital, higher than the NYS average of 46.7%.[13]

Priority: Prevention of Infant and Maternal Mortality

Prematurity and its related conditions are the leading causes of infant mortality. Reducing rates of premature births may have a direct impact on rates of infant mortality. Data for infant mortality is measured in deaths per 1,000 individuals. Data for this measure in Seneca County is unavailable. This may be due to the small number, if any, of infant deaths in the county.

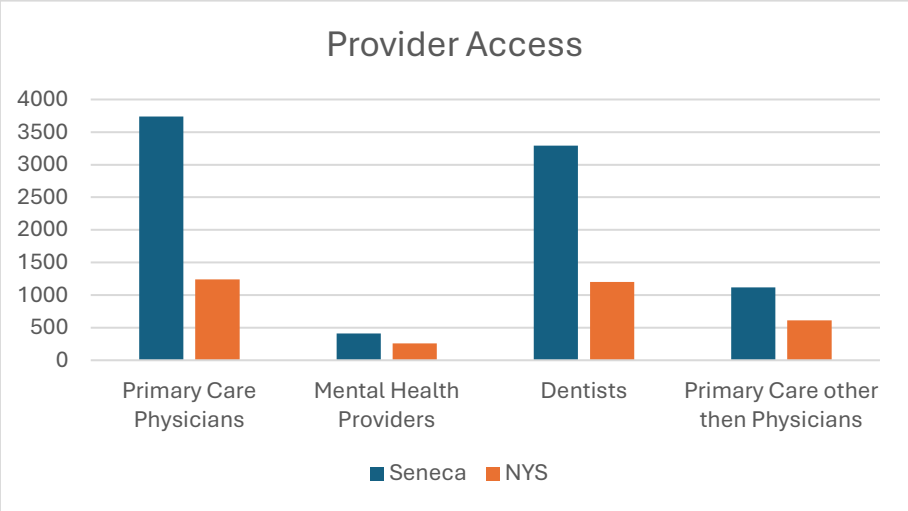
Maternal mortality is measured per 100,000 population. Seneca County has had zero maternal mortality per 100,000 population. That does not necessarily mean there were no maternal deaths, but the number may be so low as to not be reportable.

[12] Source: U.S. Department of Health and Human Services, Healthy People 2020, *National Center for Health Statistics*
[13] Source: *NYS Prevention Agenda, Vital Records*

Priority: Access to Care

Many factors impact access to care for the community. Provider shortages, insurance coverage and economic and geographic challenges all pose as barriers to access to care in Seneca County.

Figure S7: Provider Access



Source: County Health Rankings, Area Health Resources/American Medical Association

As illustrated in Figure S7, there are fewer primary care physicians (3,740:1), mental health providers (410:1), dentists (3,230:1), and primary care providers other than physicians (1,120:1) per county resident compared to state averages. This is especially challenging for rural residents and those with limited transportation. Low-income households and rural communities face additional barriers to accessing preventive and specialty care as many residents struggle with transportation, cost, and availability of services.

From 2020-2022, the percentage of adults under age 65 without health insurance remained steady at 7%. Also remaining steady is the percentage of children under age 19 without health insurance at 4% between 2020 and 2022.

Other indicators of preventive care based on 2022 data show mixed trends. Mammography rates among women ages 50–74 increased to 73%, up 3% since 2018. However, only 47% of Medicare enrollees received a mammogram, a 10% decline from 2018, though slightly above the NYS average of 44%. Colorectal cancer screening decreased to 61.3%, down 6% from 2018.

Screening for high blood sugar or diabetes among adults age 45+ dropped to 63.3%, a 9% decrease since 2016 and just below the state average of 63.8%. Among adults with annual household incomes under $25,000, diabetes testing held steady at 64.3%, slightly above the NYS average of 62.8%. Meanwhile, the prevalence of high blood pressure among adults rose to 31.9% in 2021, a 7% increase since 2017. [14]

Oral Health Care

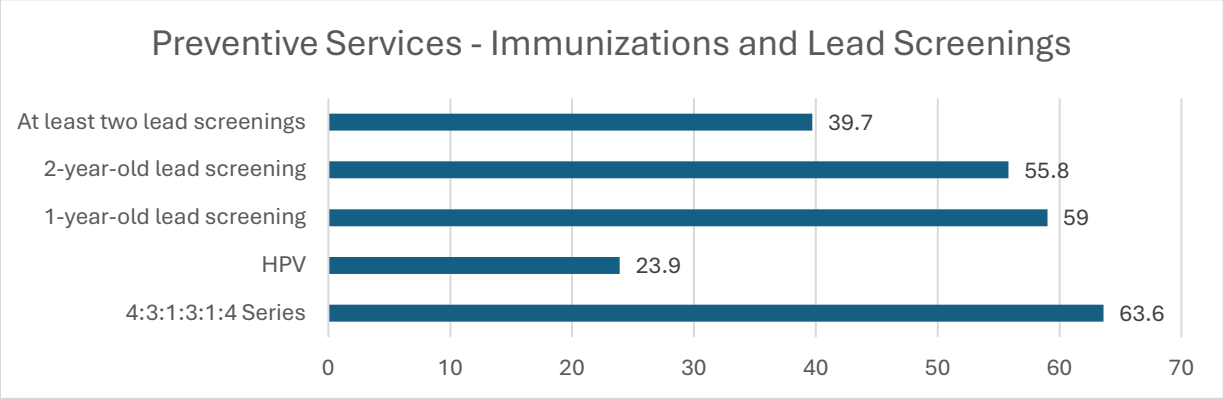
According to the 2025 County Health Rankings, Seneca County has a dentist-to-resident ratio of 1:3,230. The most recent data from 2019 show that 69.1% of adults had a dental visit in the past year, but still below the New York State average of 71.3%. Dental care access is significantly lower among Medicaid enrollees. In 2023, only 34.8% of Medicaid-insured children and adolescents ages

[14] Source: CDC, Local Data for Better Health; County Health Rankings: Mapping Medicare Disparities Tool; Behavioral Risk Factor Surveillance System

2–20 had at least one dental visit, which is well below the state average of 48.6%. Preventive dental visits were even less common, with just 30.9% receiving one in the past year, a 20% decrease and below the state average of 45.2%. Among all Medicaid enrollees, only 21.6% had a dental visit in the past year, which demonstrates a drop of 23% since 2020 and just 17.4% received a preventive visit, which is below the state average of 26.0%.[15]

Healthy Children-Preventive Services

Figure S8: Immunizations and Lead Screenings



Source: NYSIIS Performance Report

Data from 2024 indicate the percentage of children who have received the 4:3:1:3:1:4 (four doses of DTaP (Diphtheria, Tetanus, and Pertussis), three doses of polio (IPV), one dose of MMR (Measles, Mumps, and Rubella), three doses of Hib (Haemophilus influenzae type b), three doses of Hepatitis B, one dose of Varicella, and four doses of pneumococcal vaccine (PVC) increased from 60.5% in 2023 to 63.6% in 2025, lower than the New York State target at 70.5%.The percentage of 13 year old adolescents with a complete HPV vaccine series in 2025 was 23.9%, close to NYS data at 23.5%. Lead screening 2024 data indicate that the percentage of children aged one year who received one lead screening was 59%, as compared to 58.1% in 2023. The percentage of children aged two years who received at least one lead screening was 55.8% in 2024, an increase from 53.4% in 2023. Those who received at least two lead screenings by three years of age in 2024 was 39.7%, a drop from 43.5% in 2021 with the NYS Prevention Agenda 2030 target at 70 % (Figure S8).

Health Care Access and Quality Domain Summary: Seneca County has shown improvements in prenatal care, with higher rates of abstinence from smoking and alcohol use among pregnant people. Preterm births have decreased, and low birth weight rates remain slightly below the state average. Breastfeeding rates are strong, particularly for exclusive breastfeeding, exceeding the New York State average. Maternal and infant mortality data are limited, but reported maternal mortality is effectively zero.

[15] Source: *Behavioral Risk Factor Surveillance System, NYS Medicaid Program, NYS Prevention Agenda*

Access to care remains a challenge due to provider shortages, geographic barriers, and economic constraints, especially for rural residents and low-income households. Health insurance coverage rates have remained stable. Preventive services show mixed trends: mammography rates have improved, while colorectal cancer screening, diabetes testing, and dental care—especially among Medicaid enrollees—have declined.

Preventive services for children such as 4:3:1:3:1:4 vaccination series and lead screening rates demonstrate room for improvement and HPV vaccination rates remain somewhat consistent with the NYS rate. Additionally, gaps in adult preventive care and oral health access highlight ongoing challenges for the county's healthcare system.

Domain: Education Access and Quality

Education Access and Quality represents the connection between an individual's educational opportunities and their long-term health and well-being. Areas considered under this domain include:

- **Chronic Absenteeism:** Defined as missing at least 10% of the school year for any reason (excused or unexcused). Chronic absenteeism is associated with lower academic achievement, social disengagement, higher dropout risk, and poorer long-term health and economic outcomes. Factors contributing to absenteeism locally include health challenges (physical and mental), lack of reliable transportation, family issues, food insecurity, and safety concerns, such as bullying.
- **Educational Attainment and Postsecondary Access:** Individuals with more schooling generally live longer, have fewer chronic diseases, and experience greater economic stability. Post-secondary education also brings substantial benefits. Compared to those with a high school diploma, adults who have earned a bachelor's degree earn significantly more, are less likely to be unemployed, have better health and have safer working and living conditions. Despite these differences, affordability and unequal access remain challenges for all.

Priority: Health and Wellness Promoting Schools

According to the Office of the New York State Comptroller, in the 2022-2023 school year, the chronic absenteeism rate for all students in Seneca County was 26.8%, more than double the pre-pandemic rate of 12.3% in 2017-2018. Additional indicators to explain Seneca County's health and wellness promoting schools may include 2025 data from the County Health Rankings. The percentage of teens and young adults who were neither working nor in school (disconnected youth) was 14% and the number of school age students who are eligible for free or reduced lunch was 56%. Additionally, the number of childcare centers per 1,000 children under age 5 is 3. [16]

[16] Source: County Health Rankings

Priority: Opportunities for Continued Education

In 2023, 85% of Seneca County adults aged 25 and over had a high school diploma or equivalent which is slightly below the NYS average of 88%. Of Seneca County residents aged 25-44, 56% reported some post-secondary education also below the statewide average of 71%. The four- year graduation rate for ninth grade cohorts reached 86% in 2023 compared to an NYS rate of 87%, up 6% from 2019. The average gap in dollars between actual and required spending per pupil among public school districts is $13,399 in 2022 compared with $12,745 on average in NYS; an increase of 16% from 2019. The percentage of economically disadvantaged graduation rate is 80% in 2023 vs. 82% for NYS; an increase of 5% from 2019. [17]

Educational attainment trends show modest improvement: high school graduation (86%) and adult post-secondary education (56%) have both increased since 2019, though they remain below state averages. Meanwhile, the gap between actual and required school spending continues to grow, emphasizing ongoing resource constraints that may affect long-term student success and community opportunity.

Chronic Disease

Chronic disease prevention is key in helping communities maintain and improve health outcomes and well-being. Many chronic diseases impact the community. The percentage of adults over age 20 with diagnosed diabetes decreased to 9% in 2022, a 31% drop since 2017 and is now slightly below the statewide average of 10%. Adult obesity has also decreased, falling 19% since 2017 to 36.5% in 2021, although it remains higher than the statewide rate of 31.6%. Unfortunately, childhood obesity continues to increase. The most recent data shows that among children and adolescents, the rate of obesity rose to 33.6% in 2018), reaching 33.6% far surpassing the NYS average of 20.6%.

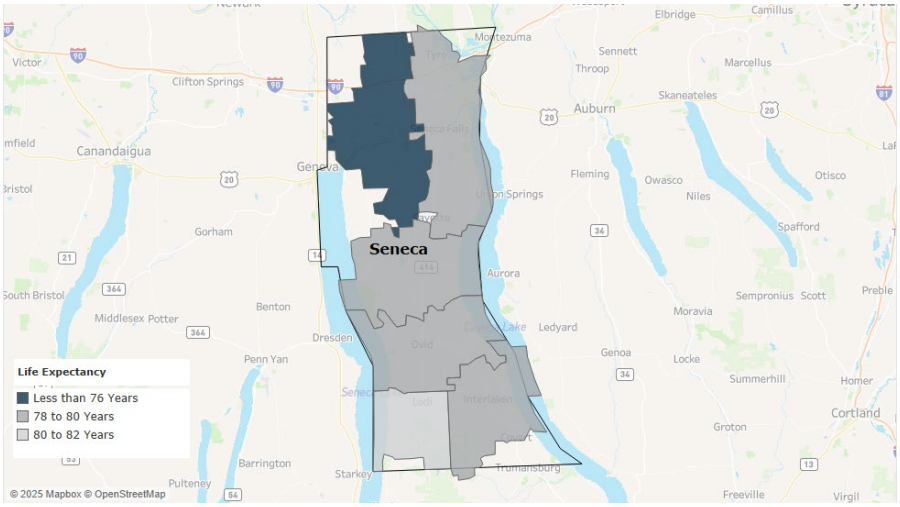
[17] Source: American Community Survey

Leading Cause of death and Life Expectancy

In 2022, the life expectancy in Seneca County was 77.6 years, which has remained consistent since 2018. Map S3 highlights the area of the county with the lowest life expectancy in the northern part of the county.

As outlined in Table S2, the leading causes of death and causes of premature death (before Age 75) are generally higher than the NYS average.

Map S3: Life Expectancy



Source: NYS Vital Statistics; US Census Bureau County Population Estimates and Claritas ZIP Level Estimates; Years 2018-2022 Analysis and Calculations by Common Ground Helth (YPLLDeath Rate per 100k population and Life Expectancy

Table S2: Causes of Death

Leading Causes of Death (All Ages)	Leading Causes of Premature Death (Before Age 75)
Heart Disease (167.6/100,000 vs NYS 166.4) *Cancer* (155.8/100,000 vs NYS 137) Top Cancers: Female Breast, Prostate, Lung *Alzheimer's* (87.8 /100,000 vs NYS 61.65) *Death Rate:* (812.9/100,000 vs 744.2)	*Cancer* (91.5/100,000 vs NYS 73.1) *Heart Disease* (50.8/100,000 vs 55.2) *Unintentional Injury* (36.7/100,000 vs NYS 46.9) *Premature Death Rate*: (369.6/100,000 vs NYS 326.8)

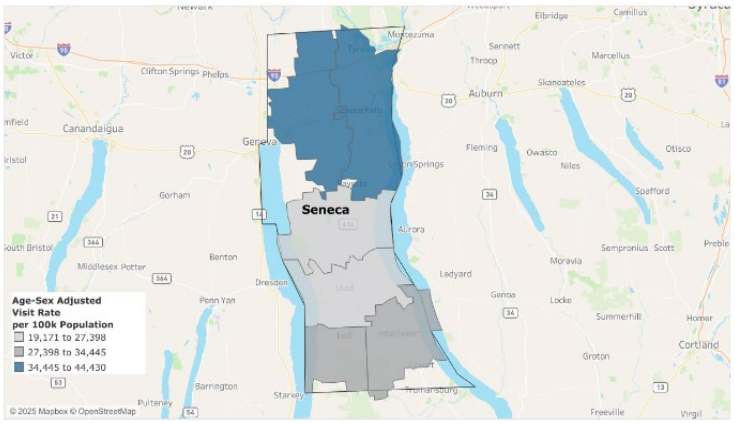
Source: NYS Vital Statistics

Emergency Department Visits and Potentially Preventable Hospitalizations

Increased numbers of visits to the Emergency Department (ED) can highlight shortfalls in access to outpatient, primary or preventive care, or in management of and education on chronic diseases. Overall, ED visit rates continue to be higher in Seneca County compared with the NYS average, driven in part by rates of substance-use-related visits, while mental health related ED visits remain lower than the statewide average.

Maps S4 and S5 detail ED visits and preventable hospitalizations by zip code in Seneca County. Both indicate concentrations in the northern and southern areas of the county. Seneca County does not have a hospital in which residents may seek care. This may certainly impact how and when residents seek care for chronic and other conditions.

Map S4: ED Visit Rate by Zip Code



Source: SPARCS 2019-2023; Analysis by Common Ground Health

Map S5: Preventable Hospitalizations by Zip Code

Source: SPARCS 2019-2023; Analysis by Common Ground Health

Table S3 highlights 2023 ED visits made by Seneca County residents compared to visits made by residents throughout NYS for specific conditions. Seneca County performs better than the NYS average in preventable hospitalizations for hypertension (64% lower) and the circulatory composite (9% lower). Although, several areas remain above the state averages: acute composite (10% higher), overall composite (9% higher), chronic composite (8% higher), respiratory composite (38% higher), and diabetes composite (6% higher).

Table S3: 2023 Emergency Department Visits and Preventable Hospitalizations

Issue	Seneca County Rate Per 100,000	NYS Rate Per 100,000
All ED Visits	38,723	29,809
Substance Use Disorder ED Visits	2,073	1,646
Intentional Self Harm ED Visits	511	343
Preventable Hospitalizations (Overall)	885	808
Diabetes Composite	193	181
Circulatory Composite	286	312
Hypertension	28	46
Acute Composite	223	201
Chronic Composite	662	607

Respiratory Composite	183	114

Source: SPARCS 2023

County Health Rankings

Seneca County performs relatively well in terms of health and well-being, scoring higher than the national average and slightly higher than New York State average. Generally, this suggests that residents experience a better overall quality of life, including physical and mental health, day-to-day functioning, and the ability to participate in community life. Factors such as lower rates of poor physical or mental health days, stronger social support, or better self-reported health status may be contributing to this higher performance. (Figure S9)

However, when looking at community conditions and the Social Determinants of Health (Figure S10), the economic, social, and environmental factors that shape opportunities for health, the county scores are only slightly below the state average and align closely with national trends. This indicates that while residents report relatively strong well-being, some underlying structural conditions such as housing affordability, economic stability, transportation access, education levels, or neighborhood characteristics may be less favorable compared to other parts of New York State.

Figure S9: Health and Well-Being

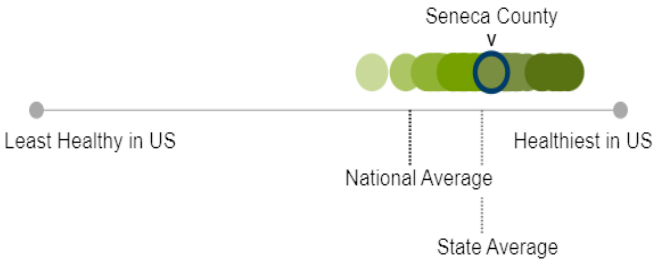
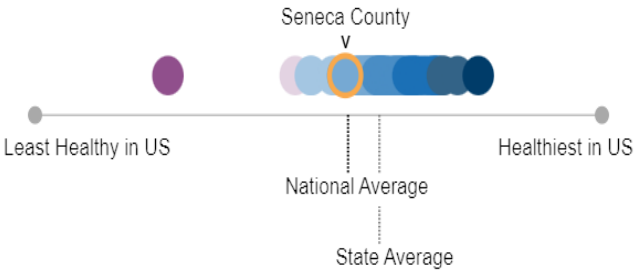


Figure S10: Community Conditions



Health Challenges and Associated Risk Factors

Seneca County, like many rural areas in New York and across the U.S., faces unique challenges in health care access and support. The limited availability of primary care physicians, dentists, mental health providers, and other health services, can make it difficult for residents- especially those living in poverty to obtain timely care. Individuals who are underinsured or uninsured often delay preventive care and instead rely on the Emergency Department, contributing to higher health care costs and lost workdays, and a cycle that further reinforces economic hardship.

The absence of a hospital within the county further limits access to care. Long wait times, a shortage of providers, and limited awareness of available screenings, particularly among low-income or those with low-health-literacy, create additional barriers to care. Geographic distance

and minimal public transportation compound these challenges. Even insured residents may forgo care due to copays and deductibles, and older adults and lower-income residents are less likely to receive recommended screenings, contributing to higher rates of late-stage disease.

Residents continue to face challenges in securing safe, affordable housing and consistent access to healthy food. Supports like food pantries and mutual aid networks are valuable but not enough to overcome systemic barriers. While local, quality, affordable housing is limited, rising costs make it difficult for many families and individuals to remain in the community.

Residents report growing mental health concerns, driven by social isolation, economic stress, and limited access to providers. Youth face increased behavioral health risks linked to adverse childhood experiences, lack of mental health support and exposure to substance use. The cost of mental health appointments is a barrier and the impact of these challenges extend across the community including schools, families and workplaces. Mental health challenges are tied to environmental and economic strain. Although the county benefits from valued assets like faith-based supports, school counselors, libraries, and 24/7 crisis response services, long-term mental health care remains limited, difficult to access, and fragmented.

Poorly maintained or hazardous sidewalks, along with unclear responsibility for repairs, contribute to falls/injuries, particularly for seniors and residents with disabilities. Some outdoor spaces are perceived as unsafe due to substance use, insufficient supervision and poor lighting. Uneven infrastructure also limits access to exercise and recreation. Concerns include the unsafe operation of motorized mobility chairs on roadways instead of designated pathways.

Low-income families, seniors, the disabled, young people, individuals without reliable transportation, and with limited access to healthy foods, or affordable housing face compounding barriers. These economic, geographic and systemic challenges continue to restrict their ability to achieve and maintain optimal health.

Behavioral Risk Factors and Health Disparities

Seneca County faces a range of interconnected health challenges shaped by social, economic, environmental, and healthcare access factors. While many indicators show progress, persistent gaps continue to affect residents' ability to achieve and maintain optimal health.

Economic instability remains a significant barrier for many households, especially those with children and household incomes well below the state average. Limited economic opportunity contributes to ongoing barriers such as housing instability, transportation challenges and nutrition insecurity, all of which directly affect health outcomes.

Access to healthcare is another major concern. The county has far fewer primary care physicians, dentists, and mental health providers than state averages, making it difficult for residents to receive timely preventive care. Screening rates for several chronic conditions have declined, and hypertension prevalence has increased. Oral health disparities are especially stark among Medicaid enrollees, where dental and preventive visit rates have fallen sharply.

Maternal and child health indicators show mixed results. Prenatal risk behaviors -such as smoking and alcohol use have improved. Immunization and leading rates among children highlight room for improvement and access to pediatric dental care remains limited.

Physical activity and transportation barriers also contribute to health risks. Access to recreation facilities has declined, walkability remains low, and nearly one-quarter of adults report no leisure-time physical activity. Limited vehicle access and long travel distances, particularly in rural areas, further restrict residents' ability to reach healthcare services, grocery stores, safe activity spaces, and community resources.

Injuries and violence remain important areas of concern in Seneca County. While unintentional injury deaths have decreased overall, firearm-related deaths, suicide rates, and violent crime rates exceed state averages. Alcohol-related driving deaths, though improved, remain slightly above the state rate.

Nutrition and food access continue to challenge community well-being. Although the Food Environment Index has improved over time, the loss of a local grocery store combined with ongoing rural access issues has increased risks for worsening nutrition security across the county.

Finally, broader community conditions and social determinants of health, such as housing instability, transportation barriers, concentrated poverty, and pockets of high social vulnerability, continue to influence health inequities. Seneca County's Social Vulnerability Index has risen, indicating greater risk during emergencies or periods of community stress.

Community Assets and Resources

Seneca County has a long-standing reputation of collaboration and coordination among its many and varied partners. The county also engages with two agencies that promote and facilitate collaboration: Pivital Public Health Partnership and Common Ground Health. Pivital is a partnership of eight rural health departments in the Finger Lakes Region that focuses on improving the health and well-being of Finger Lakes residents. Common Ground Health covers the same geographic footprint, with the addition of Monroe County, and works to bring leaders from all sectors together to collaborate on strategies for improving health in the region. Both agencies provide support, collaboration opportunities, and resources to improve the health of Seneca County residents.

Up to 72% of partners can dedicate staff to cross-organization initiatives and health improvement activities. 86% of partners provide services meeting immediate health or social needs, such as, food distribution, transportation and case management. Meeting/physical spaces, trusted sites like libraries, schools, churches and parks are widely used by partners for service delivery and outreach and all partners use social media to share information. Most partners employ diverse communication channels (external/internal newsletters, media, in-person education) to share information and support the community in addressing health concerns. 72% of partners cite

collaboration as a top priority for maximizing impact and reducing program duplication and many have long-standing relationships with communities most impacted by poverty, health inequity, and social isolation.

Priority Areas

To collaboratively address the three priority areas that will be outlined within the Community Health Improvement Plan (CHIP), existing and needed resources have been identified.

To address Nutrition Security, Seneca County will leverage the existing relationships with the following community partners: Women's Leadership Council, United Way of Seneca County, UR Medicine Finger Lakes Health, Seneca County School Districts, Seneca County Department of Social Services (DSS), STEPS, OFA, Pivital Public Health Partnership, Northeast College, Cornell Cooperative Extension, WIC / Society for Protection and Care of Children (SPCC). Additional community resources that can assist were identified are Food Pantries, Foodlink, Libraries, Faith Based Communities/Churches, Community Gardens and Farmers Markets.

To address Primary Prevention, Substance Misuse, and Overdose Prevention, Seneca County can leverage the existing relationships with the following partners: Tobacco Action Coalition of the Finger Lakes (TACFL), Women's Leadership Council, United Way of Seneca County, UR Medicine Finger Lakes Health, Seneca County School Districts, Seneca County Community Counseling Center, Seneca County Workforce/Youth Bureau, Seneca County Department of Social Services (DSS), STEPS, OFA, Pivital, Northeast College, Cornell Cooperative Extension, FLACRA, Law Enforcement, North Seneca/South Seneca Ambulance, Child and Family Resources, and WIC. Other identified community resources to assist with this priority area are Wayne Finger Lakes Boces/Health Center, Libraries, Regional Transit Service (RTS), Safe Harbours, and the Alzheimer's Association.

To address Healthy Children Preventive Services, Seneca County can mobilize resources through the following partners: United Way of Seneca County, UR Medicine Finger Lakes Health, STEPS, Pivital Public Health Partnership, Seneca County Workforce/Youth Bureau, Cornell Cooperative Extension, Seneca County School Districts, Board of Health, Finger Lakes Community Health, Children and Family Resources and WIC. Noted resources that can be leveraged under this priority area are Seneca County Code Enforcement, Libraries, Child Care Centers/Head Start and Community Centers.