

LIVINGSTON COUNTY

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Livingston County Letchworth State Park
Photo Credit: Stephen Crane

EXECUTIVE SUMMARY

Through the use of Results Based Accountability, Livingston County in partnership with UR Medicine | Noyes Health, has chosen to focus their 2022-2024 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) on the following priority areas, with low socioeconomic status as their identified disparity to address.

PRIORITY AREAS & DISPARITY	
Promote Well-Being and Prevent Mental and Substance Use Disorders	
Focus Area	Prevent mental and substance use disorders
Prevent Chronic Diseases	
Focus Area	Healthy eating and food security
Disparity	Low Socioeconomic Status

A complete list of participating partners is available within the Livingston County Chapter under “Community Health Improvement Plan/Community Service Plan.” These agencies represent academia, not-for-profits, community organizations, local businesses, community members, and local government. This includes the Livingston County Department of Health, Common Ground Health, Pivotal Public Health Partnership, Genesee Valley Health Partnership (GVHP), Tri-County Family Medicine, Be Well in Nunda, CASA-Trinity, Genesee Valley Boces, ARC GLOW, and residents of Nunda. Partners’ roles in the assessment were to help inform and select the 2022-2024 priority areas by sharing any pertinent data or concerns and actively participating in planning meetings. The community was involved in the 2018 My Health Story survey and inclusion of community was considered as part of the oversight committee. The 2022 My Health Survey was being conducted in the summer and fall of 2022 as this document was produced, and it will help gain community insight on key health matters in the county and surrounding areas. In addition, community input was garnered via focus groups with Positive Expressions Infant Feeding Support, Office for the Aging Advisory Group, Hand In Hand Mental Health Support Group and Learning English and Spanish Learning Together. A Forces of Change Assessment was conducted with GVHP which identified forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. Both primary and secondary data were reviewed by the Livingston County CHA Leadership Team including, but not limited to, the US Census Bureau American Community Survey, the enhanced Behavioral Risk Factor Surveillance System, Vital Statistics, communicable disease and dental reports, data collected from Pivotal Public Health Partnership (formerly known as S2AY Rural Health Network), Prevention Needs Assessment data from CASA-Trinity, Food Insecurity Data from Livingston County Department of Health, Common Ground Health’s My Health Story 2018 survey, 211 Lifeline, and the Statewide Planning and Research Cooperative System (SPARCS).

The process of Results Based Accountability included evaluation of a pre-read document, which contained detailed county-specific analyses related to the five Prevention Agenda priority areas, followed by a multi-voting technique to select the priority areas. The Livingston County CHA Leadership Team participants were asked to consult with other members of their organizations and complete an online survey which matrixed a combination of the magnitude of the problem, impact on other health outcomes, social determinant of health considerations, and capacity to address the issue for each priority and focus area discussed. Partners came to a consensus to address the top priority areas identified by the survey, and then additional county-specific data was collected, shared, and evaluated to help determine which objectives, disparity, and interventions should be selected. The NYSDOH Prevention Agenda was utilized to identify evidence-based interventions. The interventions selected included, but were not limited to:

Prevent Chronic Diseases

- Screen for food insecurity, facilitate and actively support referral
- Multi-component school-based obesity prevention interventions: support policy and environmental changes that target physical activity and nutrition before, during, or after school

Promote Well-Being and Prevent Mental and Substance Use Disorders

- Identify and support people at risk
- Promote connectedness teach coping and problem-solving skills
- Create protective environments

A complete list of interventions and process measures is available in the CHIP (Appendix 6). In order to engage the broad community in the development and implementation of the CHIP, specific committees that focus on the above priorities provided vital input. These committees include Be Well in Livingston/Chronic Disease Prevention, Trauma Informed Care, and the Suicide Prevention Task Force. These committees are comprised of key stakeholders and community members.

In forthcoming Livingston County Community Health Assessment Leadership Team and GVHP meetings, group members will identify and address new data, review the family of measures/performance report, and discuss any mid-course corrections in interventions and processes that need to take place. Partners and the community will continue to be engaged and apprised of progress via these meetings, reports, and presentations.

COUNTY CHAPTER – LIVINGSTON COUNTY

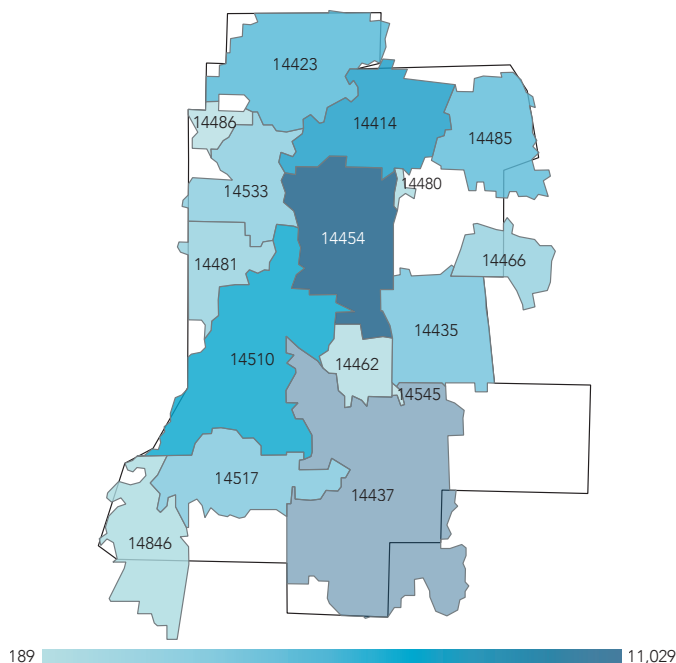
Demographic and Socioeconomic Health Indicators

Livingston County is home to a wealth of land preserved for outdoor recreation and enjoyment, including Letchworth State Park and Conesus and Hemlock Lakes. Located just south of Monroe County, Livingston County residents who are able to commute to Rochester may have access to a broader range of urban employment opportunities. A total of 63,218 people live in Livingston County, concentrated in the town of Geneseo, which borders Conesus Lake, and in the southeastern town of North Dansville (Map L1).

The majority of Livingston’s residents (about 86%) are White Non-Hispanic.¹ The town of Mount Morris (ZIP code 14510 in Map L1) has a relatively high percentage (approximately 8%) of Hispanic residents.

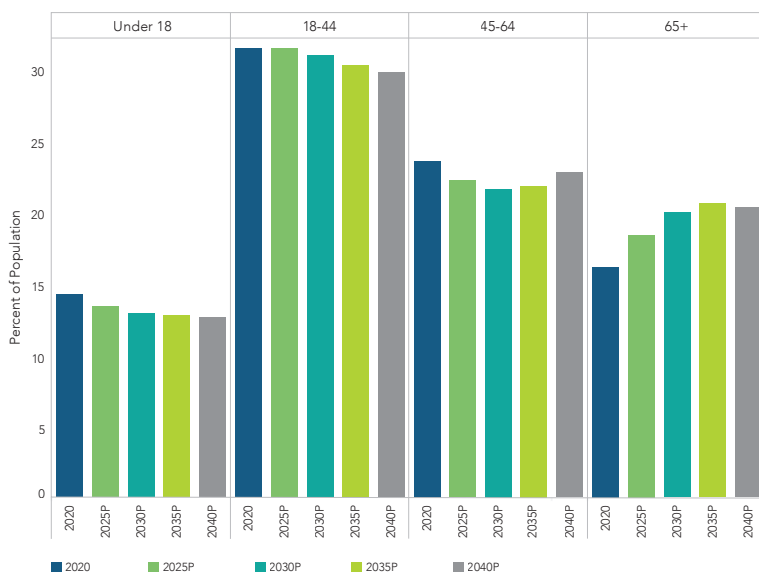
Approximately 30% of adults aged 65 or older in Livingston County are living with a disability and around 12% are living alone. Population projections from Cornell University’s Program on Applied Demographics (Figure L2) show the largest age group within Livingston County are those aged 18-44. Both the 45-64 and 65 years and older age groups are expected to grow over the next few decades, which will create a greater demand on health care needs and services, including chronic disease management and geriatric care.

Map L1. Population Density Map - Livingston County, NY



Data Source: US Census Bureau, American Community Survey, 2020 5-year Estimate

Figure L2. Population Projections for Livingston County, NY



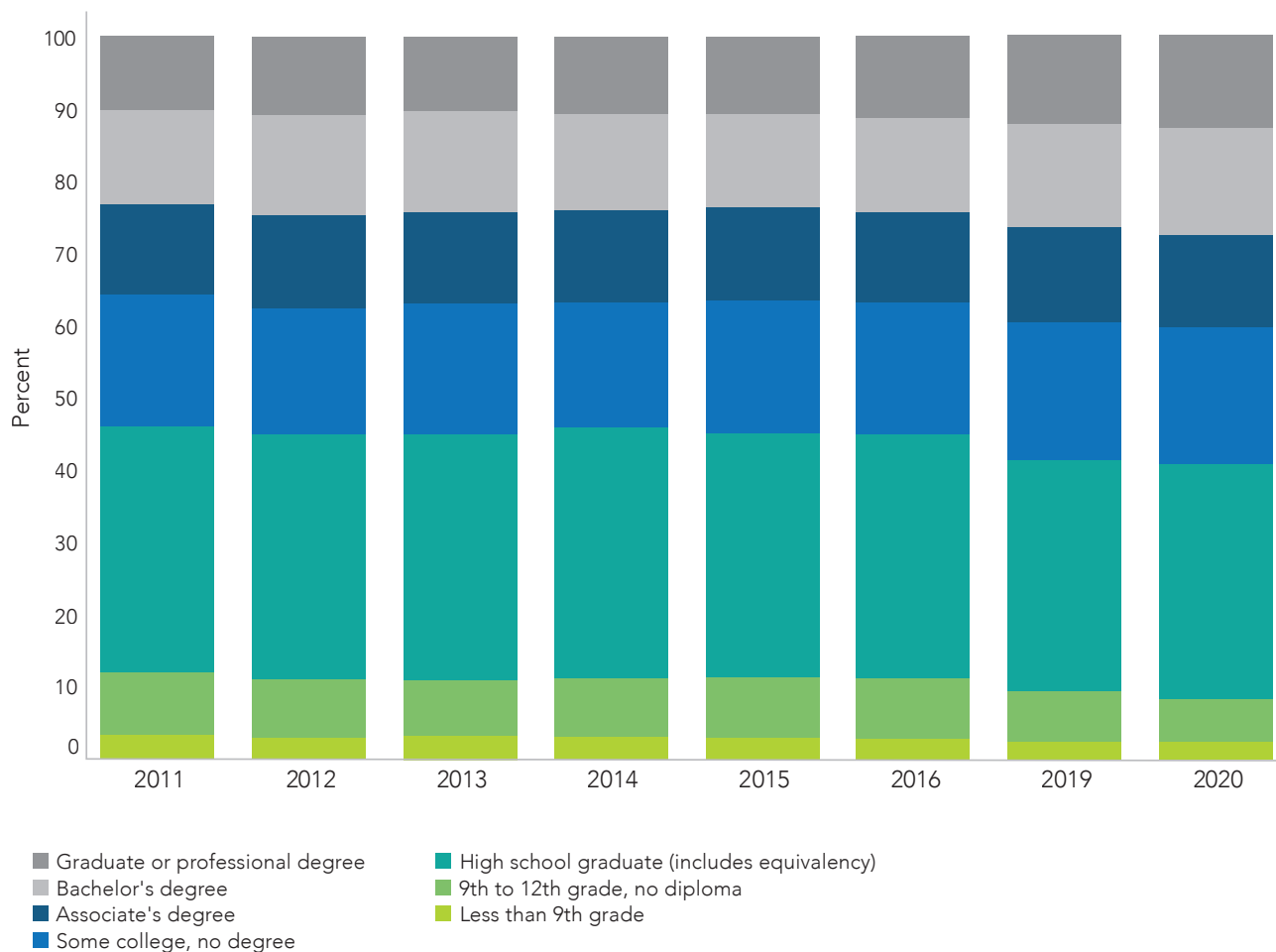
Data Source: Cornell University – Program on Applied Demographics, County Projections Explorer (accessed March 2022)

Veterans make up almost 8% of Livingston County's population.² The most recent Census data shows that about three quarters of housing units in Livingston County are owner-occupied as opposed to rented. About 40% of those who are foreign-born and living in Livingston County become naturalized U.S. Citizens, which is one of the lowest naturalization rates in the 9-county Finger Lakes region. Approximately 7% of residents aged 5 years or older speak a language other than English, over two thirds (36%) of whom speak Spanish.

Broadband internet access reaches around 85% of Livingston County residents, leaving 15% without access to high-speed internet at home. With schools transitioning to remote learning in 2020 due to the COVID-19 pandemic, this limited internet access was likely a barrier to many children who could not access their learning materials from home.

The percentage of individuals aged 25 years and older who earned a bachelor's degree or higher in Livingston County has increased from about 24% in 2015 to almost 28% in 2020, and is among the higher college education attainment rates in the Finger Lakes region.³ These rates were higher for women (30%) than for men (25%) in 2020.

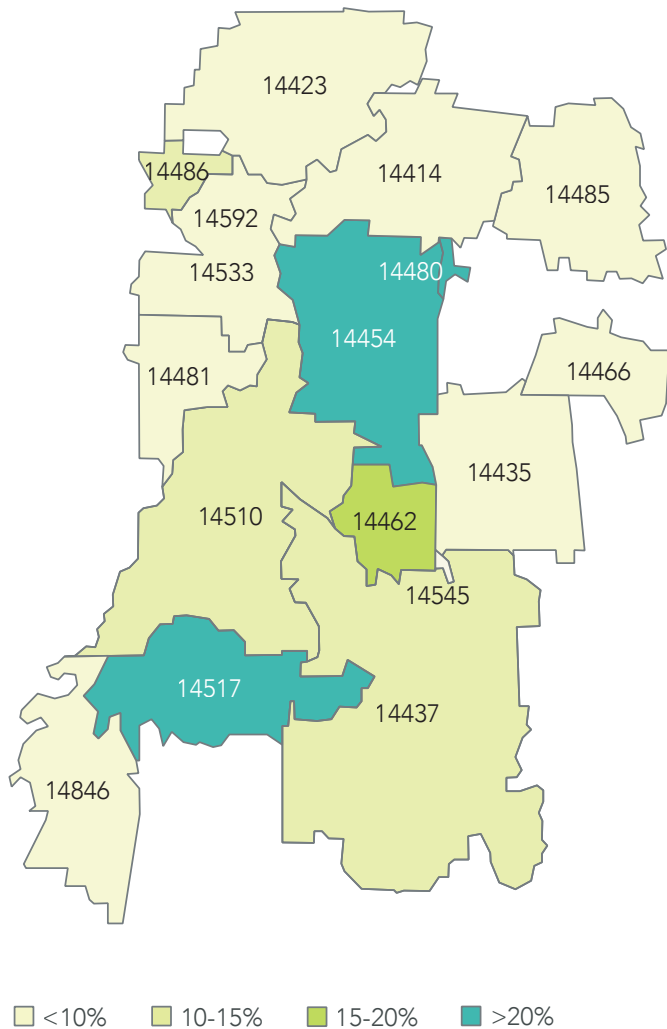
Figure L3. Educational Attainment of Residents Aged 25+



Data Source: US Census Bureau, American Community Survey (ACS), Year 2020.
 Analysis Completed by Common Ground Health

The highest poverty rates in Livingston County are found in Geneseo, Groveland, Nunda, Mount Morris, and Dansville (Map L4). The poverty rate for residents with less than high school education is significantly higher (22%) than for those who obtained a bachelor’s degree or higher (3%). Though the rate of males and females who have not completed high school are close (10% and 7%, respectively), the difference in poverty rates for these two groups shows a disparity. The 2020 poverty rate was about 17% for males who did not finish high school and almost 30% for females with the same educational attainment. A potential explanation for this disparity is the type of employment available to those without higher education.

Map L4. Poverty Rates in Livingston County, NY

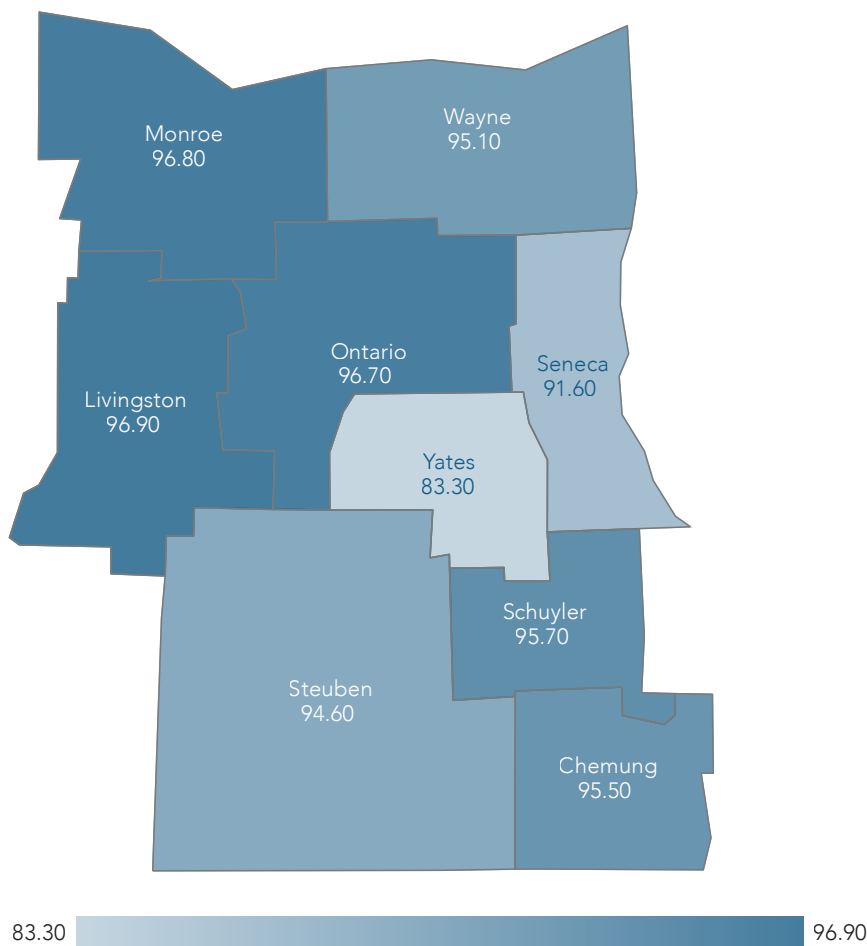


Source: US Census Bureau, American Community Survey, Year 2020
 Analysis Completed by Common Ground Health

The uninsured rate for Livingston County saw a steady decline from 2015 to 2019 with a slight increase in 2020 bringing the rates to 3.7% for males and 2.5% for females.⁴ This is consistent with trends in the Finger Lakes region. As of 2020, approximately 97% of residents had access to health insurance (Map L5). Access, however, is not the only barrier to receiving health care.

Another concern is underinsurance, or insurance that still leaves health care inaccessible such as high deductibles, which make paying for care difficult even with insurance coverage. Transportation, lack of provider availability (including difficulty scheduling with providers), and cost (including cost of care, time away from work, and childcare) are additional factors which ought to be considered from an accessibility standpoint.

Map L5. Percent of Population with Health Insurance, by County



Source: US Census Bureau, ACS, Year 2020
 Analysis Completed by Common Ground Health

Mental Health Providers:

In Livingston County, there are about 87 mental health providers per 100,000 population, which is less than half of the New York State rate of about 200 per 100,000. Providers are primarily located in Geneseo with a few in Mount Morris, one in Lima, one in Livonia, and one in Caledonia. UR Medicine | Noyes Health provides services in Dansville and Avon. There are far fewer providers offering addiction and substance use care in Livingston County, with a rate of just over 3 providers per 100,000 population. This is much lower than the New York State rate of 22 per 100,000.⁵ Addiction and substance abuse providers are located in Dansville and Geneseo.

Dental Health Providers:

Dental health providers in Livingston County are more evenly-spread with almost 23 per 100,000 and locations spanning the entire county in Dansville, Mount Morris, Avon, Lakeville, and Geneseo.

Primary Care Providers:

The rate of primary care providers in Livingston County (71 per 100,000) approaches but is still lower than that of New York State (111 per 100,000).⁶ As with dental health providers, primary care providers are evenly-spread across the County.

Main Health Challenges

On March 17, 2022, a diverse group of stakeholders representing various sectors of the community were invited to attend a health priority setting meeting. At this meeting, participants reviewed the overarching goals of the New York State Prevention Agenda and relevant qualitative, quantitative, primary and secondary data. A pre-read document containing detailed county-specific analyses relating to the five NYS Prevention Agenda priority areas was sent to all participants for review in advance. Data was collected from a variety of sources including, but not limited to, the American Community Survey, the enhanced Behavioral Risk Factor Surveillance System, Vital Statistics, communicable disease and dental reports, primary data collected from Pivotal Public Health Partnership, Prevention Needs Assessment data from CASA-Trinity, food insecurity data from Livingston County Department of Health, Common Ground Health's My Health Story Survey, and 211 Lifeline. My Health Story 2018 was a regional survey completed on behalf of nine counties in the Finger Lakes Region. Its primary purpose was to gather primary qualitative and quantitative data from Finger Lakes region residents on health issues in each county. Health departments, hospitals, and other local partners were instrumental in distributing the survey to community members including disparate populations. The survey was updated in the summer and fall of 2022. It will be used to help inform potential shifts in strategies to improve the priority areas selected by Livingston County.

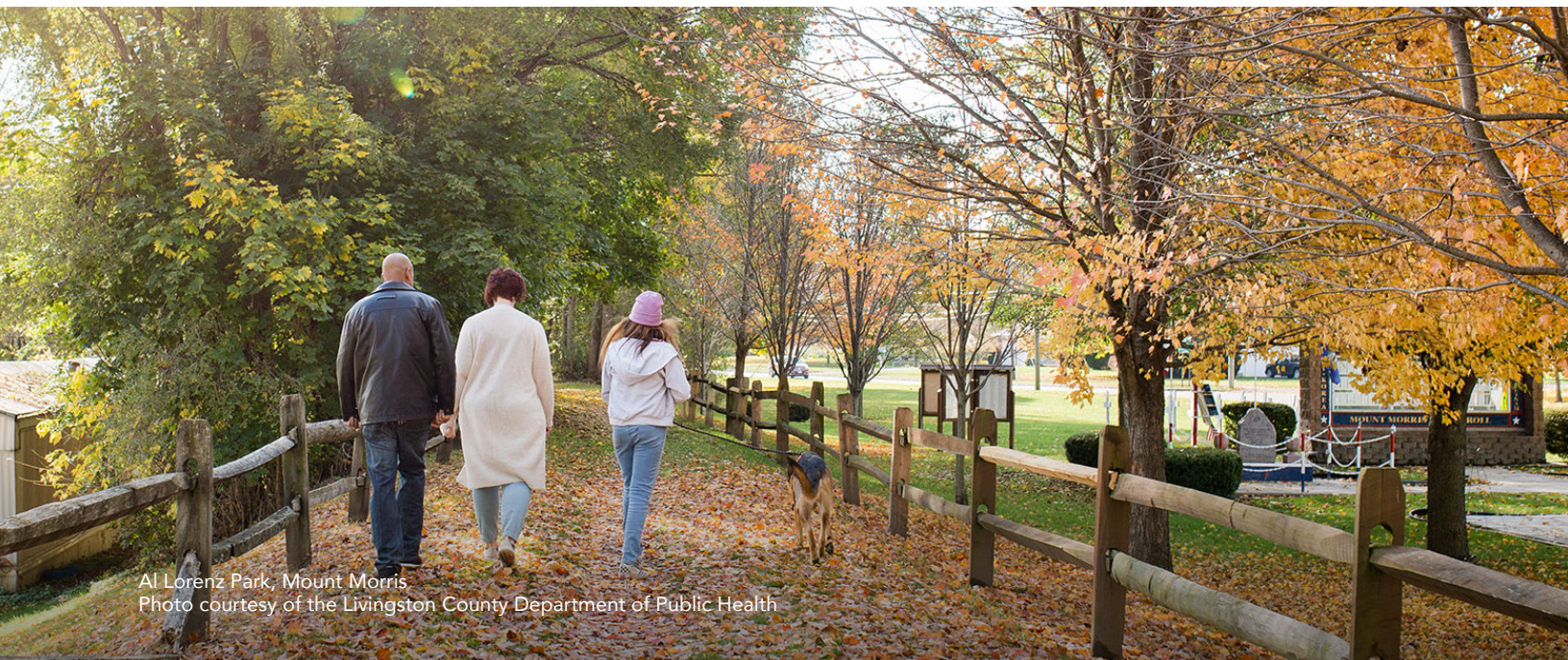
After initial review of the priority areas, a multi-voting technique was used to select the priority areas to focus on. Participants were asked to consult with other members of their organization and complete an online survey which matrixed a combination of the magnitude of the problem, impact on other health outcomes, social determinant of health considerations, and capacity to address the issue for each priority and focus area discussed. Livingston County conducted focus groups in relation to the priorities, which are specified in Appendix 5.

Enhancing community engagement was a priority throughout the CHA process. Community input was garnered via focus groups with Positive Expressions Infant Feeding Support, Office for the Aging Advisory Group, Hand In Hand Mental Health Support Group and Learning English and Spanish Learning Together. A Forces of Change Assessment was conducted with GVHP which identified forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. Responses from these assessments were incorporated into the CHIP development. As a result, the following areas were selected for the 2022-2024 Community Health Improvement Plan:

PRIORITY AREAS & DISPARITY	
Promote Well-Being and Prevent Mental and Substance Use Disorders	
Focus Area	Prevent mental and substance use disorders
Prevent Chronic Diseases	
Focus Area	Healthy eating and food security
Disparity	Low Socioeconomic Status

After selecting priority and focus areas, Common Ground Health gathered data on all objectives from the New York State Prevention Agenda within the chosen priority areas. Objectives were color-coded based on data status to help focus attention where it was needed most. Red objectives were neither meeting the Prevention Agenda goal nor trending in a favorable direction, yellow objectives were either not meeting the Prevention Agenda goal or not trending in a favorable direction, and green objectives had both met the goal as well as trended in a favorable direction. Objectives that were color coded as gray represented a lack of current and/or reliable data. Color coded data on objectives were presented to the team during the April meeting and partners utilized the data, as well as potential scope and interest of the group, to determine the objectives with which they would proceed.

Utilizing Results-Based Accountability, Pivotal facilitated “Turn the Curve” thinking to analyze the story behind the data or root causes with the Livingston County CHA Leadership Team. This helped the group identify evidence-based strategies from the NYS Prevention Agenda to address the priorities, which were incorporated into the CHIP.



Al Lorenz Park, Mount Morris
 Photo courtesy of the Livingston County Department of Public Health

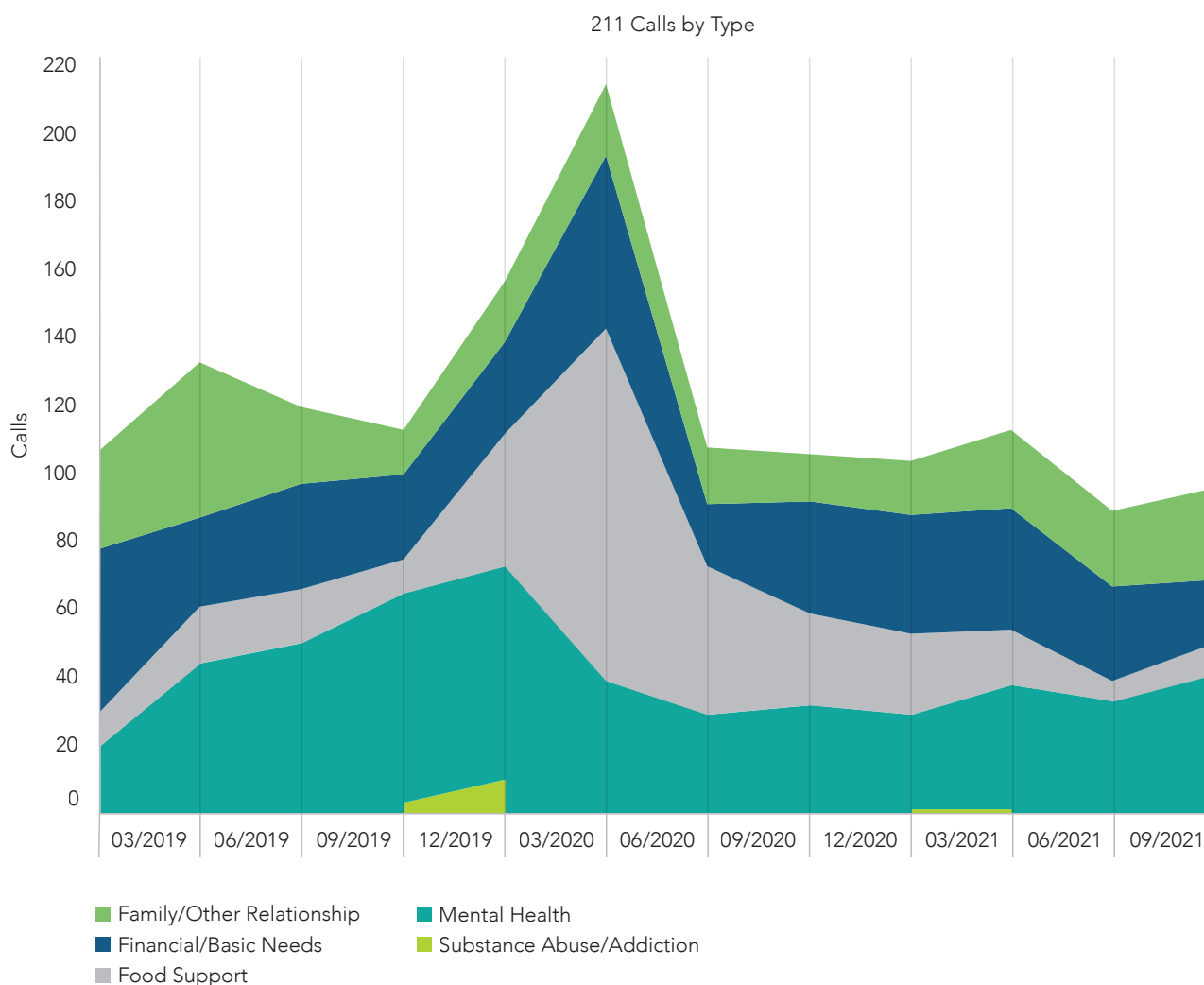
Risk and Protective Factors Contributing to Health Status

Livingston County has selected two focus areas on which to anchor their 2022-2024 Community Health Improvement Plan. This section will take a closer look at the behavioral, environmental, political, and unique risk and protective factors contributing to the health status of those areas.

Prevent Mental and Substance Use Disorders

The 2018 Behavioral Risk Factor Surveillance System dataset shows that Livingston County ranked second-highest for depressive disorders (27%) compared to the other 8 counties in the Finger Lakes region.⁷ The COVID-19 pandemic has played a role in increasing mental health concerns throughout Livingston County. Throughout the pandemic, calls for mental health services were one of the top four call issues noted by Goodwill Lifeline 211. (Figure L6)

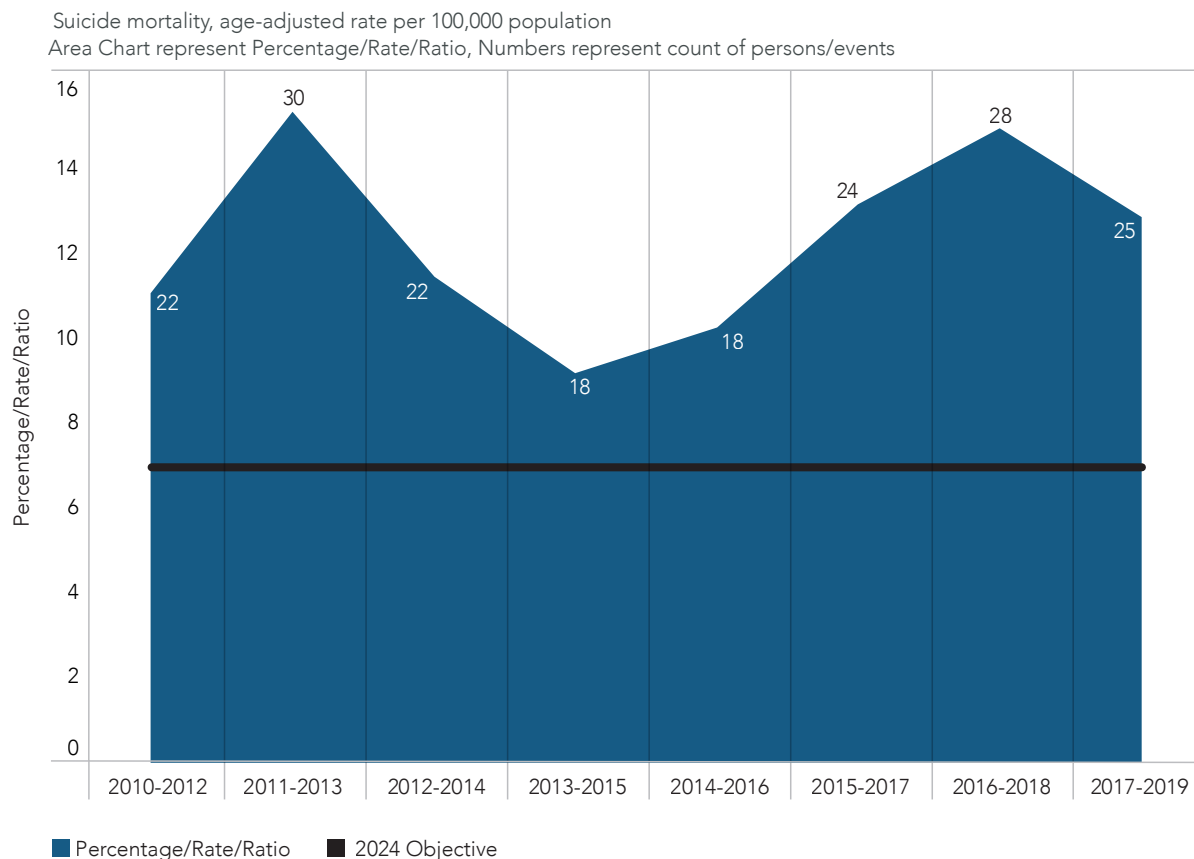
Figure L6. Goodwill 211 Lifeline Call Counts - Livingston County, NY



Data Source: Goodwill/211 Lifeline, Year 2019 - 2021. Analysis Completed by Common Ground Health

The Livingston County Sheriff’s Office experienced an increase in mental health-related calls starting in 2020 and continuing throughout 2022. The suicide rate in Livingston County has been increasing since 2015 (Figure L7). Recent data from the Monroe County Medical Examiner’s Office for 2020 and 2021 is inconclusive given the number of cases pending. However, initial data shows a drop in suicides reported from 2019 to 2021. The rate of major depressive disorders increased from 19% in 2016 to 27% in 2018, and is likely to have further increased due to the pandemic.⁸ Rates of adults reporting poor mental health days have grown in Livingston from 12% in 2013-2014 to 15% in 2018.

Figure L7. 3-Year Suicide Rate for Livingston County, NY



Vital Records, data as of January 2022
 Analysis Completed by Common Ground Health

In regards to children’s mental health, Prevention Needs Assessment survey results for Livingston County report increasing rates of students feeling that “life is not worth it” from 23% in 2008 to 28% in 2020.⁹ The percentage of students feeling that they are “no good” increased from 31% to 39% across the same timeline. Feelings of depression among youth have also increased from 22% in 2008 to 35% in 2020.

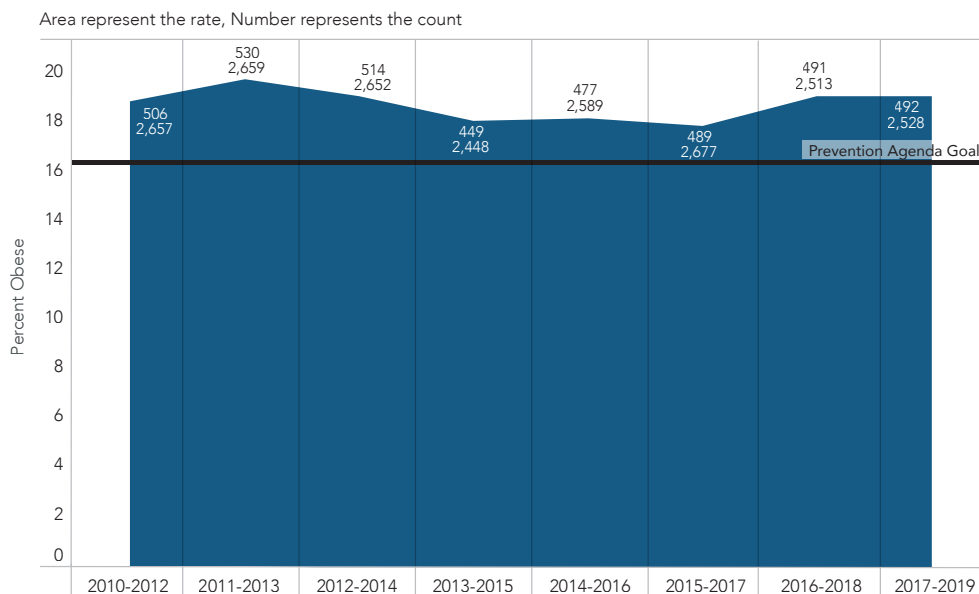
County partners have noted a lack of mental health providers as one of the major barriers to receiving therapy, leading to unmanaged mental health conditions. Unfortunately, this is a common problem in rural communities. While it is important to recommend treatment for mental illness, people also need help finding providers. More providers in Livingston County are needed to address this issue.

Healthy Eating and Food Security

There are a number of health measures related to healthy eating and food security published in the 2018 BRFSS dataset. Livingston County has the highest rate in the Finger Lakes region for several measures, including difficulty completing errands (12%), self-reported poor physical health (22%), and cost as a barrier to receiving medical care (10%). The associations between these measures and healthy eating and food security are clear. Difficulty completing errands alone or in combination with poor physical health makes it harder to get to the grocery store for healthy food. It is also harder to participate in physical activities that could assist with weight management/reduction. Cost as a barrier to receiving medical care may lead to unmanaged chronic illness, such as obesity, which may negatively impact the ability to be physically active.

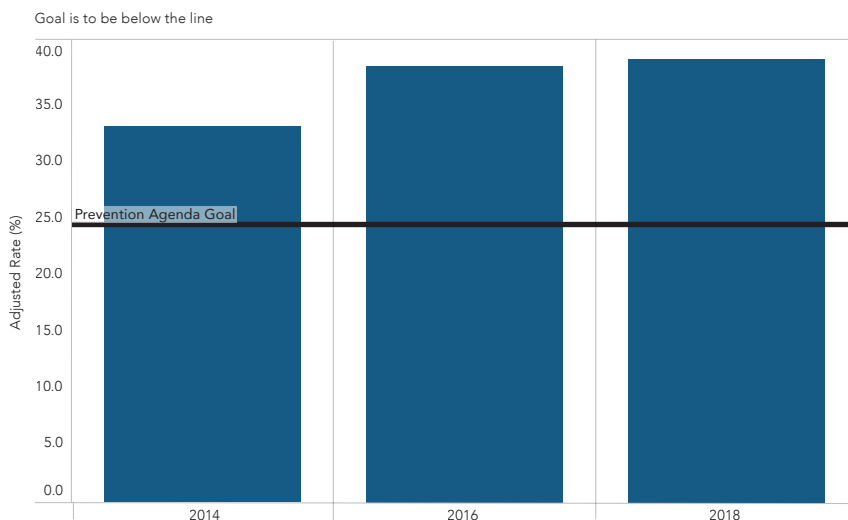
The adult and childhood obesity rates in Livingston County (see Figures L8 and L9 below) are both above the New York State Prevention Agenda goals of 25% and 13%, respectively.

Figure L8. Childhood Obesity in Livingston County, NY



Data Source: NYS DOH, Health Data Connector, 2010 – 2019

Figure L9. Adult Obesity Rates, Livingston County, NY



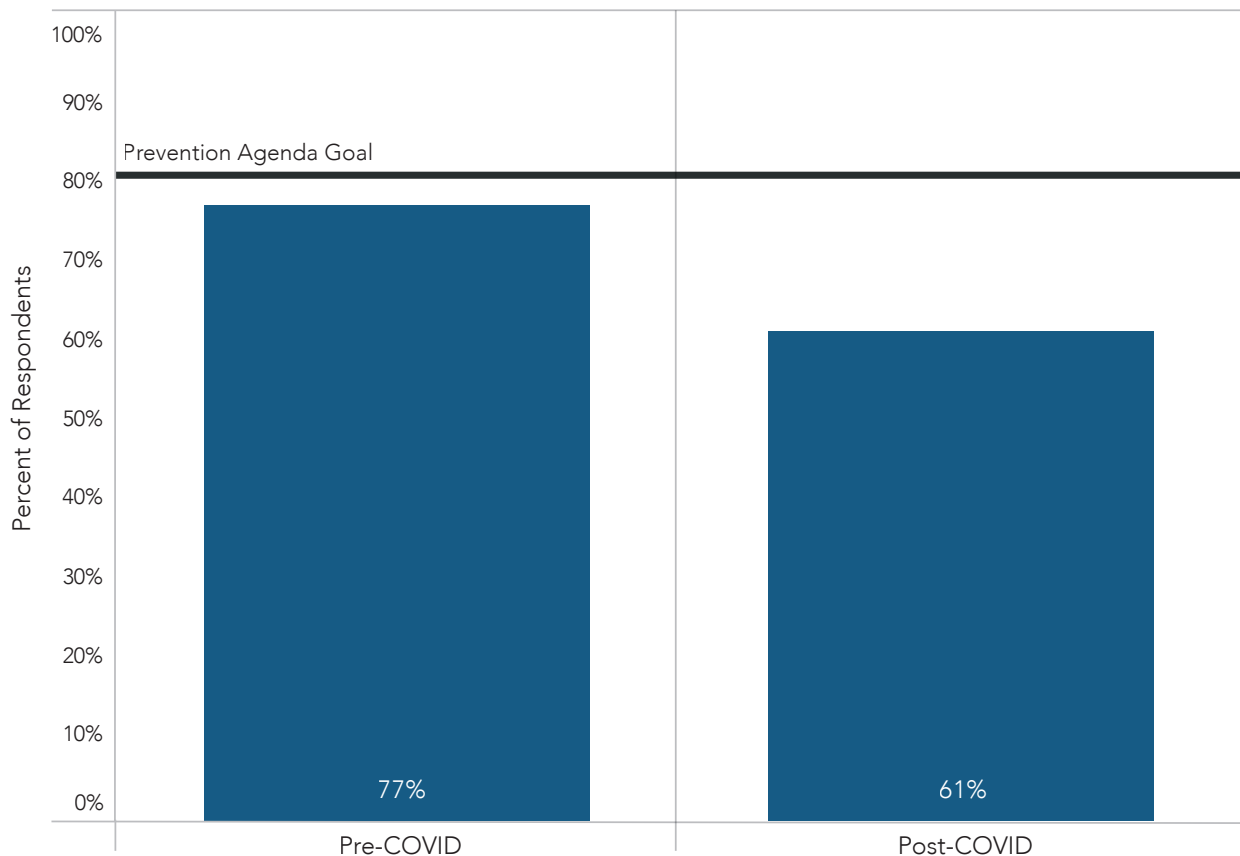
Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016, & 2018. Analysis Completed by Common Ground Health

The pandemic further reduced peoples’ ability to purchase healthy food or to find opportunities to exercise for a number of reasons including:

- Loss of work/income
- Lack of child care
- Increased responsibilities at home (caring for sick family members, helping children navigate virtual learning)

Food security in the Finger Lakes region has decreased since the start of the COVID-19 pandemic. Before the pandemic, regional food security data showed around 77% of individuals reporting they had enough food. According to a survey conducted by Pivotal Public Health Partnership (S2AY Rural Health Network at the time), by 2021 it had decreased to about 61%, (Figure L10). Pivotal Public Health Partnership also reported that regional consumption of fruit and vegetables has decreased since the start of the pandemic, presumably because these foods are more expensive and spoil quickly, making them a less economical choice.¹⁰

Figure L10. Food Security, Finger Lakes Region, NY



Source: Pivotal Public Health Partnership, 2021. Analysis Completed by Common Ground Health.

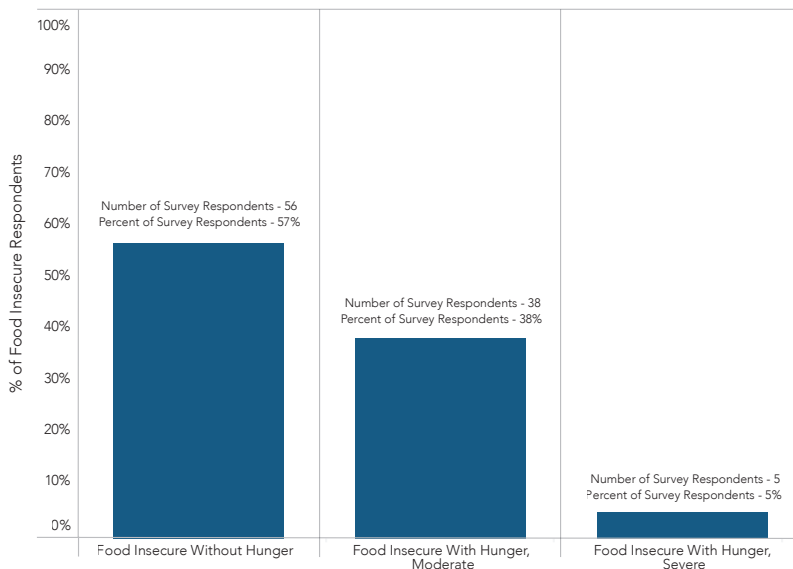
Goodwill 211 Lifeline call data show that calls related to food support increased greatly in the first year of the pandemic (Figure L6). The Livingston County Food Security Survey conducted from January to March 2022 reported a 32% rate of food insecurity (Figure L11). According to the report "Understanding Food Insecurity in Livingston County," the survey results likely have sampling bias and cannot provide an accurate rate of food insecurity in Livingston. However, the responses of people experiencing food insecurity can offer some insight into the dynamics of food insecurity in Livingston. Of those respondents who reported food insecurity, 43% reported moderate (38%) or severe (5%) hunger (Figure L12). Additionally, 48% didn't eat as much as they should, 38% were hungry but didn't eat, 10% lost weight, and 4% didn't eat for a whole day (Figure L13). Further findings from the survey conclude that limited financial resources and difficulty accessing grocery stores are the two largest contributors to food insecurity in Livingston County. Lastly, there is a high rate of food insecurity in Geneseo, which is both a food desert and the home of the largest college in Livingston County.

Figure L11. Food Insecurity, Livingston County, NY



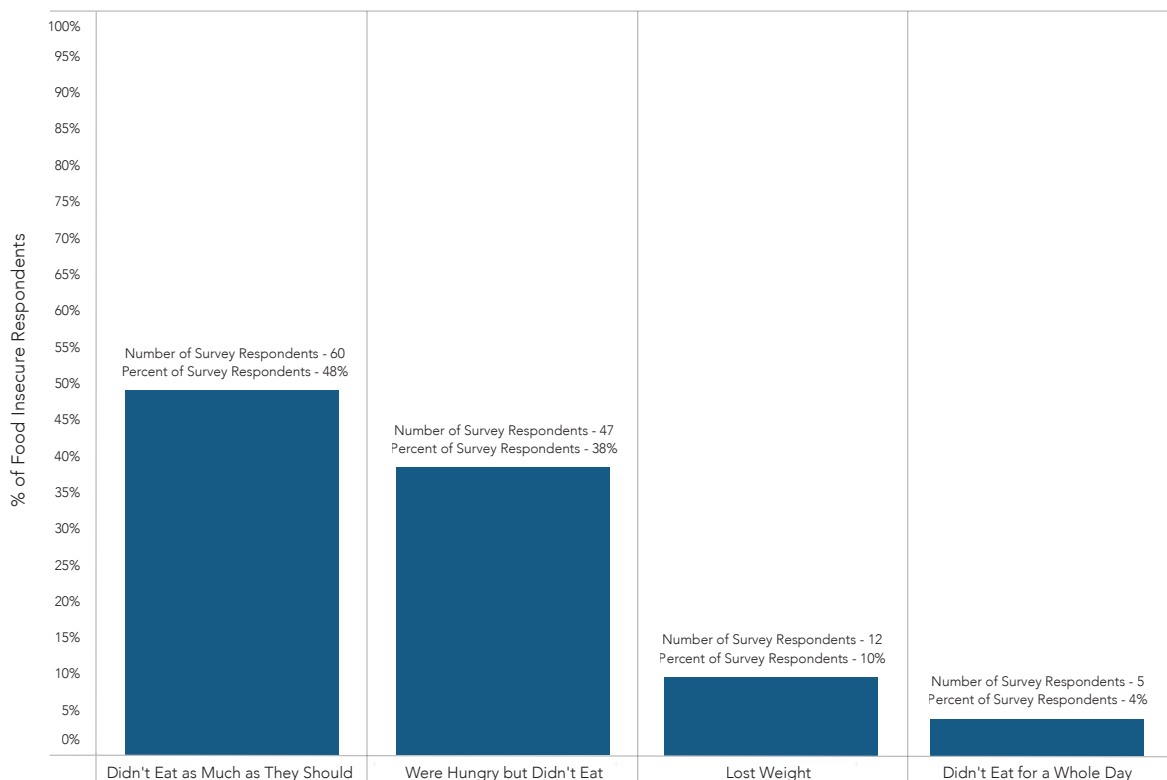
Source: Understanding Food Insecurity in Livingston County Survey, 2022. Analysis Completed by Common Ground Health

Figure L12. Food Insecurity, Livingston County, NY



Source: Understanding Food Insecurity in Livingston County Survey, 2022. Analysis Completed by Common Ground Health

Figure L13. Food Insecurity, Livingston County, NY



Source: Understanding Food Insecurity in Livingston County Survey, 2022.
 Analysis Completed by Common Ground Health

Partners noted that there is a lack of knowledge around which foods are considered healthy and how to prepare healthy meals. In addition, increased costs of food, rent, and utilities make it difficult for residents to focus on buying healthier food as other necessities tend to take priority. Livingston County residents may not be aware of their options for accessing healthy food, which include online grocery shopping, assistance picking up the groceries, and using EBT benefits on Amazon. There are programs in Livingston that could be helpful, but many partners feel that residents need more help understanding and accessing these resources. Partners also feel that SNAP benefits are difficult to obtain. One reason cited as to why residents cannot use SNAP benefits at farmers markets and other locations is that vendors state SNAP reimbursements are challenging to obtain.

Community Assets and Resources to be Mobilized

The Finger Lakes Region already has a long-standing reputation of collaboration and coordination among its partners. The region also has two designated agencies that promote and facilitate collaboration: Pivotal Public Health Partnership (previously the S2AY Rural Health Network) and Common Ground Health. Pivotal is a partnership of eight rural health departments in the Finger Lakes Region. The network’s focus is 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 focuses on bringing together leaders from all sectors – hospitals, insurers, universities, business, nonprofit, faith communities, and residents – to collaborate on strategies for improving health in the region. Both agencies provide support, collaboration and resources to improve the health of Livingston County residents.

Fortunately, there are many assets and resources in the community to be mobilized to promote well-being and prevent mental and substance use disorders. For 24/7 crisis services, residents of Livingston County can call 2-1-1 and receive a variety of therapeutic supports. These mobile services are currently available to adults and children during and after business hours, and Livingston County Mental Health Services is working on securing grant funding to expand the current services to better meet the needs of the community.

Across Livingston County, efforts are being made to address poor mental health. The Livingston County Sheriff Office recognizes that the response to 9-1-1 calls related to mental health crises needs to improve and shared that the Department is training staff on more effective methods for handling these types of calls. The Suicide Prevention Task Force of the Genesee Valley Health Partnership (GVHP), which was formed in 2013, continues its work to lower the suicide rate in the county. Their work includes using evidence-based trainings and enhancing awareness of services for those with suicidal ideation. Mobile mental health services are available to Livingston County residents through Rochester Mobile Integration Team.

Access to guns and other lethal means is another major issue impacting the suicide rate in Livingston County. Livingston County has implemented Lock and Talk Livingston. This program is aimed at preventing self-harm and suicide by promoting safe storage of firearms and medications. The hope is to limit access to these lethal means during a mental health crisis. According to Livingston County's Suicide Prevention Task Force, Lock and Talk Livingston "...gives community members the opportunity to become educated about the signs of suicide risk and how to act as a catalyst to care..." This program has been widely successful across the county.

Livingston County also has evidence-based suicide prevention gate-keeper programs intended to train individuals to recognize risk factors and assist when possible. One program, S.A.V.E., stands for Signs of suicide, Asking about suicide, Validating feelings, and Encouraging help/Expediting treatment. It is a two-hour training program intended to educate veterans and those who serve this population. Another program, called WAV (Worried About a Veteran), developed by the Division of Veterans' Services and the Office of Mental Health, is a resource geared towards military families and caregivers. The focus of these programs is paying attention to warning signs and, like the Lock and Talk program, reducing access to lethal means. Mental Health First Aid, which is included in the "stress less" focus of the Be Well initiative, is an evidence-based program that provides training to both adults and youth, teaching trainees to recognize risk factors for suicide, as well as modeling preventive responses.

Livingston County has several initiatives aimed at preventing chronic diseases and reducing obesity and food insecurity, including Be Well in Livingston. An initiative of the Genesee Valley Health Partnership (GVHP), Be Well in Livingston, has the slogan "Eat Better, Move More, and Stress Less." This program is aimed at reducing obesity among county residents by implementing policy, system, and environmental change. This initiative utilizes evidence-based strategies and local resources. These include implementing SNAP nutritional classes and Coordinated Approach to Child Health (CATCH) through Cornell Cooperative Extension in local schools, chronic disease self-management programs through UR Medicine | Noyes Health and URMC Center for Community Health and Prevention, and WIC through the Livingston County Department of Health. GVHP has been working with the community to address the lack of grocery stores in Mount Morris, a food desert, by searching for grant funding. Some of the offerings in Livingston County via Cornell Cooperative Extension include parenting classes, financial management, and literacy education, which help residents learn how to feed a family on a budget.

Resources which help residents with access to food include Foodlink food distribution sites throughout the county. From 2021 to 2022, there was a 157% increase in the number of households served by the Foodlink Mobile Pantry and a 66% increase in the number of households served by the Foodlink food pantry. This was a result of additional food distributions sites becoming available. This demonstrates that increased access to food is still a major need in the county, especially as people recover from the pandemic.

In terms of food security, Livingston County residents continue to struggle with access to healthy and affordable foods. Specifically in Mount Morris, where the nearest grocery store is a 15-minute drive away, residents tend to rely on places like the Dollar General for their food. In an effort to increase access to healthy foods and local resources, the Be Well in Mount Morris Committee developed an “Eat Better” resource. This lists farmer’s markets, restaurants, food pantries and resources including WIC, OFA programs, Mount Morris Central Schools Backpack Food Program, and more. This document continues to be distributed throughout the community. County partners see this as an opportunity to improve screening for food security, facilitate referrals to SNAP, and to track/evaluate the progress of these efforts. Additionally, Ride Livingston can be promoted more broadly so that residents know about this resource, as it may increase their access to healthy food.

Farmers markets are available in several areas of the county. In addition, Linwood and Nunda implement a Farm Drop, which provides access to healthy, locally produced food to community members.

Promoting and utilizing the aforementioned assets and resource will continue to help improve the health of the community in both priority areas as well as address the social determinants of health to ensure health equity. A complete list of Livingston County assets and resources is located in Appendix 4. This list was developed with the assistance of the CHA Leadership Team and the Office for the Aging Advisory Committee.

Community Health Improvement Plan/Community Service Plan

As previously discussed in Main Health Challenges section, a multi-voting technique was used to select the priority areas for the Community Health Assessment and Community Health Improvement Plan. Livingston County prioritization partners received county specific pre-read documents. These documents included updated data measures for each of the five priority areas outlined in the Prevention Agenda. This was followed with additional county specific data on objectives within the chosen priority areas to help identify objectives, disparities, and interventions to include within the plan. A concerted effort took place during the month of December to ensure the Livingston County Community Health Assessment Leadership Team, which oversees the process, was equipped with a diverse and inclusive group representing all areas of health and well-being in the county. The following organizations were engaged in Livingston County’s planning and prioritization process:

LIVINGSTON COUTY PLANNING AND PRIORITIZATION AGENCIES		
Livingston County Department of Health	Common Ground Health	Pivotal Public Health Partnership
Genesee Valley Health Partnership	Tri-County Family Medicine	Nunda Residents
Be Well in Nunda	CASA-Trinity	Genesee Valley BOCES
SUNY College at Geneseo	Lifespan	Livingston County Center for Nursing & Rehabilitation
Livingston County Office for the Aging	Health and Wellness Referral Services	Catholic Charities
Cornell Cooperative Extension	Foodlink NY	Town of Nunda
Livingston County Workforce Development & Youth Bureau	Livingston County Mental Health	Arc GLOW
Livingston County Sheriff	4 Square Church	Chamber of Commerce
Excellus	URMC Noyes Health	Elizabeth Wende Breast Center
Genesee Valley Arts Council	RESTORE	Migrant Center
RTS Livingston	Genesee Valley Health Partnership	

The CHIP's designated overseeing body, Genesee Valley Health Partnership and CHA Leadership team, meets a minimum of twice per year. The group has historically reviewed and updated the Community Health Improvement Plan and will continue to fulfill that role. During meetings, group members will identify any midcourse actions that need to be taken and modify the implementation plan accordingly. Progress will be tracked during meetings via partner reports and will be recorded in meeting minutes and a CHIP progress chart. Partners and the community will continue to be engaged and apprised of progress via website postings, email notification and at the annual State of the County Health Report presentation in Livingston County. In addition, the ongoing collaborative process for updating and revising the assessment, including new information on data, will occur during the annual State of the County Health Report presentation and during GVHP membership meetings and subcommittee meetings such as the Suicide Prevention Task Force and Be Well meetings. These committees are comprised of diverse community sectors including community members. Recruitment of new members occurs on partners' websites and social media. The GVHP Board reviews annual membership to identify gaps in membership based on current health priorities.

Dissemination

The executive summary of the 2022-2024 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) was created in partnership between the Livingston County Department of Health and UR Medicine | Noyes Health. It will be disseminated to the public in the following ways:

- Made publicly available on the Livingston County Department of Health main website and social media sites
- Made publicly available on the UR Medicine | Noyes Health main website and social media sites
- Made publicly available on the Genesee Valley Health Partnership website
- Made publicly available on the Pivotal/S2AY Rural Health Network website
- Made publicly available on additional partners websites (Cornell Cooperative Extension, local community based organizations, etc.)
- Shared with all appropriate news outlets in the form of a press/media release
- All partners including CHA Leadership Team and GVHP members will be requested to share the document via their organizations' websites as well
- The full regional CHA will be shared on Common Ground Health's (www.commongroundhealth.org) website

A list of websites that have the documents posted are included below:

Livingston County Public Health: <https://www.livingstoncounty.us/doh.htm>

UR Medicine | Noyes Health: <https://urmc.rochester.edu/noyes.aspx>

Genesee Valley Health Partnership: <https://www.gvhp.org>

S2AY Rural Health Network: <http://www.s2aynetwork.org/regional-community-health-assessment.html>

In addition, the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) will be shared with Livingston County's governing entity.

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APPENDIX 2

RESULTS BASED ACCOUNTABILITY™

Results Based Accountability™ is a disciplined way of thinking and acting to improve entrenched and complex social problems.¹¹ To facilitate CHA/CHIP development, resulting in a CHIP that measurably improves health, the following steps were followed:

- 1. Define the Community:** Data collection is an important first step. In this step, it is important to gather data for the community at large (county-level data) as well as data that identified vulnerable populations within the community who are at risk for poorer health outcomes. This can happen by collecting and analyzing data that shows differences in rates of illness, death, chronic conditions and more in relationship to demographic factors. The planning committee brainstormed specific potential vulnerable populations in the county to be considered with data collection.
- 2. Engage Stakeholders:** Population health requires engagement from many sectors. Complex social, economic and environmental factors are all determinants of health; therefore, there is no one organization, department or program that can be held solely responsible for the health of a population. Diverse engagement began in November/December 2021, early in the CHA development process. Committee partners completed an exercise to brainstorm potential new partners from the following sectors: Local Government, Businesses, Not-for-Profit and Community Organizations, Academia and the General Public. The following questions were used to assist brainstorming:
 - Who are those with potential interest and influence who can contribute to the CHA/CHIP process?
 - What population do they represent? (including vulnerable populations identified in Step 1)
 - Identify their potential level of interest and influence (High Interest/High Influence, Low Interest/High Influence, High Interest/Low Influence, Low Influence/Low Interest)
 - Who would be the best person on the committee to extend an invitation to the selected potential new partner?

After an assessment of brainstormed information, personal invitations were made to selected potential new partners to address any gaps on the committee and the need for diverse engagement.

- 3. Engage in Comprehensive Data Collection:** Both primary and secondary data were collected. Disaggregated data was collected by race, gender, income and geography, as available, to identify vulnerable populations and to assist in strategy development. Data sources included, but were not limited to:
 - Common Ground Health: My Health Story
 - County Health Rankings
 - Vital Statistics
 - Behavioral Risk Factor Surveillance Survey (BRFSS)
 - United States Census Bureau
 - Cornell University Program on Applied Demographics
 - Statewide Planning and Research Cooperative System (SPARCS)
 - New York State Department of Health Perinatal Data Profile
 - S2AY Rural Health Network Inc.: The Impact of COVID-19 on Food Security and Healthy Eating
 - Outreach to county committee partners for data from their respective organizations.
 - Community Focus Groups

4. **Prioritize Health Issues:** Data was analyzed and presented by Common Ground Health. After review of analyzed health outcome data for trends, current state against benchmarks or Prevention Agenda targets, and differences among populations, a multi-voting tool was used by committee members to rank the health issues using selected criteria to identify top Focus Areas, which identified Prevention Agenda Priority Areas.
5. **A Deeper Dive** of data was conducted by Common Ground Health. To enhance the picture of the selected Focus Areas, related Prevention Agenda objective data was presented. A table with objectives and their status colors was created to help with the selection of objectives for this CHA/CHIP cycle.
- Green Status – the prevention goal metric has been met and the trend of that metric is in the correct direction of the goal or steady
 - Yellow Status – either the prevention goal has not been met but the trend is in the correct direction or the goal has been met but the trend is in the wrong direction
 - Red Status – the goal has not been met and the trend is in the wrong direction
 - Gray Status – there is limited data on this metric available at this time

In addition, person, place and time was analyzed:

- **Person** - Are there certain populations at higher risk for poor outcomes? For example, are outcomes different based on age, race/ethnicity, education, or socio-economic status?
- **Place** - Are the outcomes in the county higher or lower than neighboring counties and the rest of the state? Are there high-risk neighborhoods in the county?
- **Time** - Do the trends over time show the outcomes improving, remaining the same, or declining?

If multiple objectives were identified, additional consideration was given to objectives that may have a greater impact on long term health and also have a good chance of positively impacting other objective indicators.

6. **Develop the Story Behind the Data:** Understanding the story behind the data (“WHY” the data looks the way it does) contributes to an increased understanding of the factors that impact the current state, as well as identifies contributing causes and potential solutions designed to have maximum impact. Results Based Accountability’s *Turn the Curve Thinking* was conducted for selected CHIP objectives/indicators to examine:
- What is the story? What are the contributing causes to the trend of the selected CHIP objectives, including behavioral, environmental, policy and social determinant of health factors? 5 WHYS was conducted to help identify root causes.
 - Who are the partners that have a role in impacting contributing causes? What community assets or resources can be mobilized to impact identified causes?
 - What works to address identified contributing causes (including evidenced based interventions)?

Turn the Curve Thinking also determined a data development agenda, where counties identified if any additional data was needed on selected objectives and/or disparities, as well as a plan on how to collect that data.

7. **Select CHIP Interventions:** Upon completion of *Turn the Curve Thinking*, criteria was used to select interventions that will be included on the CHIP. Criteria used included:

- How strongly will the proposed strategy impact progress as measured by the baselines?
- Is the proposed strategy feasible?
- Is it specific enough to be implemented?
- Is the strategy consistent with the values of the community and/or agency?

Turn the Curve Thinking resulted in interventions which were linked with contributing causes and partners who could have an impact. It is our goal that, with successful implementation of diverse strategies by diverse partners, there will be a collective impact on *Turning the Curve* for the better on our CHIP objectives.

8. **Engage in Continuous Improvement:** To effectively monitor progress and effectiveness of each organization's contribution to selected CHIP objectives, intervention performance measures were identified that answer the questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

Monitoring these intervention specific performance measures will identify if any focused quality improvement projects are required to improve intervention effectiveness and/or if revisions to CHIP interventions are required.



APPENDIX 3

LIVINGSTON COUNTY OBJECTIVE SUMMARY

*Remaining objectives within the selected focus areas had limited or unreliable data

OBJECTIVE	OBJECTIVE DESCRIPTION	STATUS	NOTES
2.2.4	Reduce the Prevalence of Major Depressive Disorder		Only 2 data points (2016, 2018)
2.5.2	Reduce age-adjusted Suicide Mortality Rate		
2.2.3	Reduce the Opioid Analgesics Prescription for Pain		
2.2.4	Reduce all ED visits Involving Any Opioid Overdose		
2.1.2	Reduce Age-Adjusted Rate of Adult Binge Drinking in Past Month		
2.2.1	Reduce Age-Adjusted Overdose Deaths Involving Any Opioid		
2.2.2	Increase the age-adjusted rate of patients who received at least one Buprenorphine prescription for opioid use disorder		
1.1.1	Decrease the Percentage of Children with Obesity (Ages 2-4 yrs, Participating in WIC)		
1.1.2	Decrease the percent of children with obesity		
1.1.4	Decrease the Percentage of Adults with Obesity		
1.1.6	Decrease the Percentage of Adults with Obesity (living with a disability)		Finger Lakes Region
1.1.5	Decrease the Percentage of Adults with Obesity (annual household income <\$25,000)		Finger Lakes Region
1.1.13	Increase the Percentage of Adults with Perceived Food Security		
1.1.8	Decrease the Percentage of Adults who Consume One or More Sugary Drinks Per Day (annual household income <\$25,000)		Finger Lakes Region
1.1.14	Increase the Percentage of Adults with Food Security (annual household income <\$25,000)		Finger Lakes Region – No income
1.1.10	Decrease the Percentage of Adults who Consume Less than One Fruit and Less Than One Vegetable Per Day		One Year (2016) for Livingston; Pivotal Public Health Partnership data for Finger Lakes Region
1.1.7	Decrease the Percentage of Adults who Consume One or More Sugary Drinks Per Day		

APPENDIX 4

COMMUNITY ASSETS - AUGUST 2022

INSTITUTIONS	PHYSICAL SPACE	LOCAL ECONOMY
<p>Catholic Charities Pennysavers Parish Outreach Center Hospice - Bereavement Support Groups Livingston County Veterans American Legion Meals on Wheels Genesee Valley Health Partnership Cornell Cooperative Extension Democrat/Republican parties Hand in Hand RESTORE Chamber of Commerce Churches Office for the Aging Sheriff's Department Be Well URM Noyes Local health care providers (Tri County, Stony Brook Pediatrics, Mosaic Health, Center for Sexual Health) Libraries Educational institutions (SUNY Genesee, GCC, local schools) Financial institutions (GVFCU) Tepeyac Welcoming Center Mental Health DOH (MICH, WIC) RTS, Ride in Livingston, Medicaid Transport, Turbo Taxi Genesee Breast clinic Nursing Homes (Morgan Estate, LC CNR (Dialysis Program)) ARC CASA Law enforcement - First Responders, Ambulance, Fire Department Mobile Mental Health Skybird Chances and Changes United Way Genesee Valley BOCES</p>	<p>Nutritional sites Concerts/social events Walking trails/scenery Congregate meal sites Playgrounds Schools - pools, parks State, County, local parks Conesus Lake Greenway Fitness Center Community Centers - Dansville, Hemlock, Sparta/Ossian Sidewalk systems Electric car charging stations Grocery stores Local stores and shops (Nunda Lumber and Hardware, etc.) CASA Community Center Fairgrounds - Hemlock, Caledonia Airports - Dansville, Genesee Fairs and festivals (Dogwood Festival, Balloon Festival) Sports courts - pickleball Respite housing Jemison Place Willow Creek Venue Restaurants Historical sites Campgrounds Recreational facilities (movie theaters, bowling alleys) Health and wellness venues (gyms, physical therapy offices, etc.) Pharmacies</p>	<p>Farmer's markets Food pantries and pop-up pantries Local wi-fi Community participation (Advocates, volunteers, and supervisors) Community employers (Livingston County, Barilla, Coast, etc.) Livingston County government Workforce Development Summer Youth Employment Program Residential rehabilitation Agriculture, farms Small businesses LC Economic Development Local art, galleries, and crafts Housing market and property Media (Radio stations, local news)</p>

COMMUNITY ASSETS - AUGUST 2022

INDIVIDUALS	ASSOCIATIONS
<p>Volunteers</p> <p>Retirees</p> <p>Sr. club presidents</p> <p>Doris Marsh - Calico Country Learners, seed plant</p> <p>Ron Neidermier - 4H, for children, fire department)</p> <p>Tradesmen, carpenters, handymen</p> <p>Charlene Sayers - Caledonia</p> <p>Patty Piper - Be Well in Nunda</p> <p>Boy/Girl Scout Troop Leaders</p> <p>MRC volunteers</p> <p>Lynne Mignemi</p> <p>Patty Genter – Livonia</p> <p>Health specialists</p> <p>Christa Barrows - caregiving support and programming</p> <p>Yoga/Pilates instructors</p> <p>Farmers</p> <p>Child care providers</p> <p>Health care providers (doctors, nurses, dentists, optometrists, physical therapists, etc.)</p>	<p>VFW</p> <p>Civic clubs (Kiwanis, Rotary, Lions, etc.)</p> <p>Hospice homes</p> <p>Seniorama</p> <p>Children's Protection Association</p> <p>Scottsburg Euchre Club</p> <p>Dansville YMCA</p> <p>Youth Bureau</p> <p>Gardening clubs</p> <p>Learning Together - Spanish classes</p> <p>Core Learning</p> <p>Caregiver support groups Living Healthy classes</p> <p>Rainbow Alliance</p> <p>Summer recreation programs</p> <p>Genesee Valley Council of the Arts</p> <p>Fish and Game clubs</p> <p>Cancer support groups</p> <p>Thriving and Surviving</p> <p>Camp Stella Maris</p> <p>Child Care Council Inc.</p> <p>Partners for Progress</p>



Livingston County Courthouse
 Photo courtesy of Livingston County Department of Health

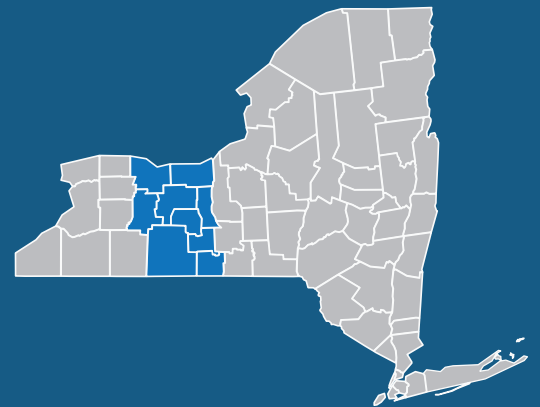
APPENDIX 5

OUTCOME PRIORITIES

All Priorities Identified	Community Survey	Forces of Change	OFA Focus Group	Migrant Worker Focus Group	Breastfeeding Friends Focus Group	Helping Hands Focus Group	Community Health Data
Mental Health		X	X			X	X
Chronic Disease			X		X	X	X
Alcohol/ Substance Abuse							X
Aging			X		X	X	
Tobacco Use							
Child Abuse/ Neglect							
Access to Health Care		X	X	X	X		
Domestic (Family) Violence							
Injury Prevention/ Safety			X		X	X	X
Oral Health				X			
Immunizations/ Infectious Disease				X			X
Maternal/Child Health		X			X		X

ABOUT COMMON GROUND HEALTH

Founded in 1974, Common Ground Health is the health planning organization for the nine-county Finger Lakes region. We bring together health care, education, business, government and other sectors to find common ground on health issues. Learn more about our community tables, our data resources and our work improving population health at www.CommonGroundHealth.org.



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