

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



Comprehensive Regional Community Health Assessment

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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

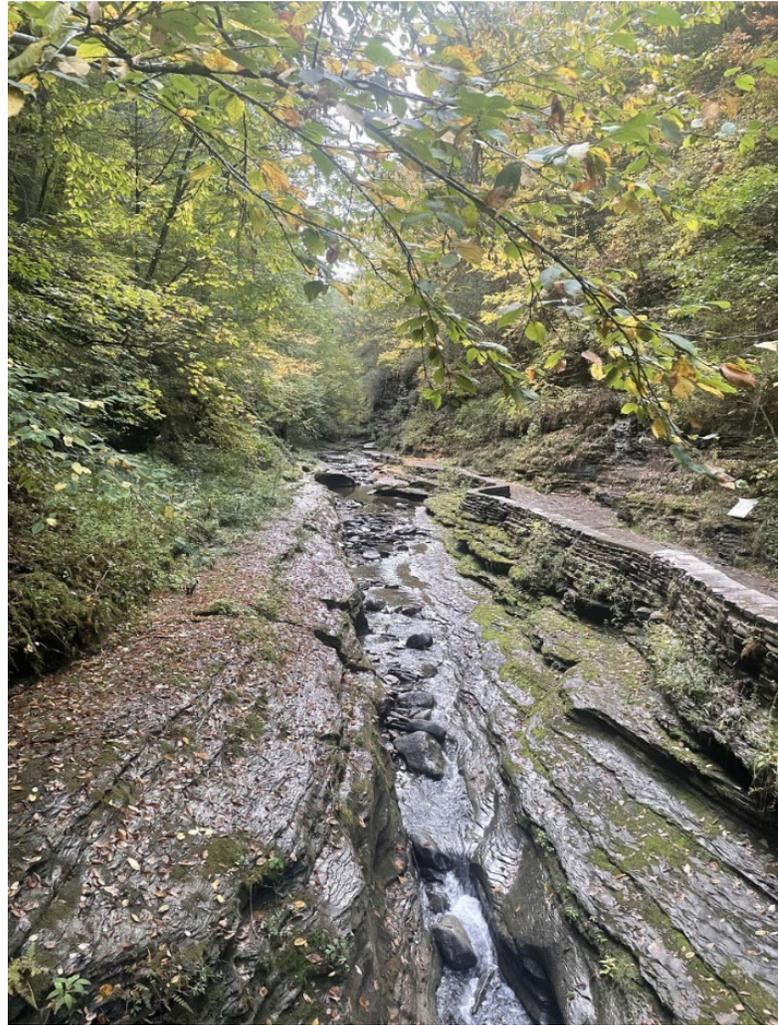


Photo: Watkins Glen State Park courtesy of Schuyler County

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 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.

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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.

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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, which 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 tuberculosis (TB) screening and treatment, blood lead testing, childhood vaccination clinics, and sexually transmitted illness (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.

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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 Pivotal Public Health Partnership and collaborate with Common Ground Health and the Forward Leading IPA (FLIPA).

Pivotal Public Health Partnership

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

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focuses on improving the health and well-being of Finger Lakes residents by promoting health equity in populations who experience disparities. The Pivotal 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 well-being of Finger Lakes residents.

Common Ground Health

Common Ground Health covers the same geographic area as Pivotal, 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 well-being of communities across upstate New York. The executive director of Pivotal represents the eight Pivotal 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 Pivotal, Common Ground Health, and FLIPA, LHD's are active in regional workgroups and local non-profit organizations. For a list of partners in each county, please see the specific County chapter.



Keuka Lake, Source: Steuben County

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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	<ol style="list-style-type: none"> 1. Economic Stability 2. Health Care Access and Quality 3. Neighborhood and Built Environment 	<ul style="list-style-type: none"> • Poverty • Housing Stability and Affordability • Preventive Services – Lead Screening • Access to Community Support Services
Livingston	<ol style="list-style-type: none"> 1. Economic Stability 2. Social and Community Context 3. Health Care Access and Quality 	<ul style="list-style-type: none"> • Nutrition Security • Depression • Oral Health Care
Ontario	<ol style="list-style-type: none"> 1. Economic Stability 2. Health Care Access and Quality 3. Social and Community Context 	<ul style="list-style-type: none"> • Poverty • Preventive Services for Chronic Disease Prevention and Control • Depression
Schuyler	<ol style="list-style-type: none"> 1. Health Care Access and Quality 2. Social and Community Context 3. Economic Stability 	<ul style="list-style-type: none"> • Preventive Services for Chronic Disease Prevention and Control • Primary Prevention, Substance Misuse and Overdose Prevention • Poverty
Seneca	<ol style="list-style-type: none"> 1. Health Care Access and Quality 2. Social and Community Context 3. Economic Stability 	<ul style="list-style-type: none"> • Healthy Children/Preventive Services • Primary Prevention, Substance Misuse and Overdose Prevention • Nutrition Security
Steuben	<ol style="list-style-type: none"> 1. Economic Stability 2. Social and Community Context 	<ul style="list-style-type: none"> • Housing Stability and Affordability • Poverty • Primary Prevention, Substance Misuse, and Overdose Prevention

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Wayne	<ol style="list-style-type: none"> 1. Social and Community Context 2. Economic Stability 	<ul style="list-style-type: none"> • Anxiety and Stress • Nutrition Security • Housing Stability and Affordability
Yates	<ol style="list-style-type: none"> 1. Economic Stability 2. Health Care Access and Quality 3. Social and Community Context 	<ul style="list-style-type: none"> • 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 Pivotal 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; Pivotal Public Health Partnership; Common Ground Health; local steering committees; and diverse sectoral organizations. See also County Chapters for specific partners.

Pivotal 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. Pivotal 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, Pivotal 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.

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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.

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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)

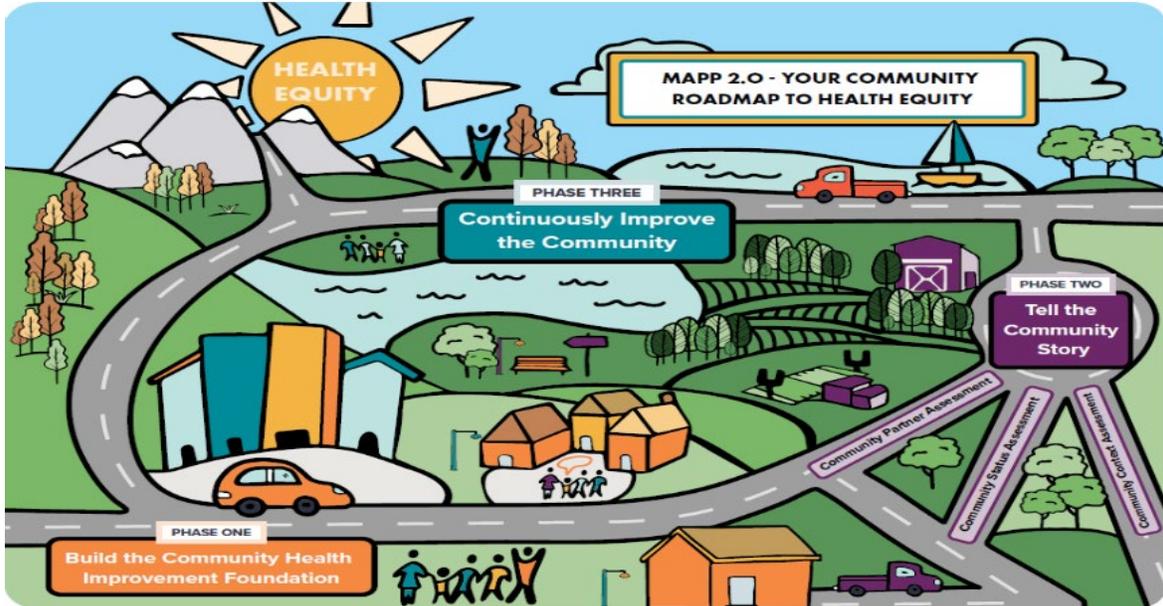
The CHA provides a comprehensive picture of a community’s current health status, including factors that contribute to health risks and challenges. It also identifies priority health needs by analyzing local data and community input.

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

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

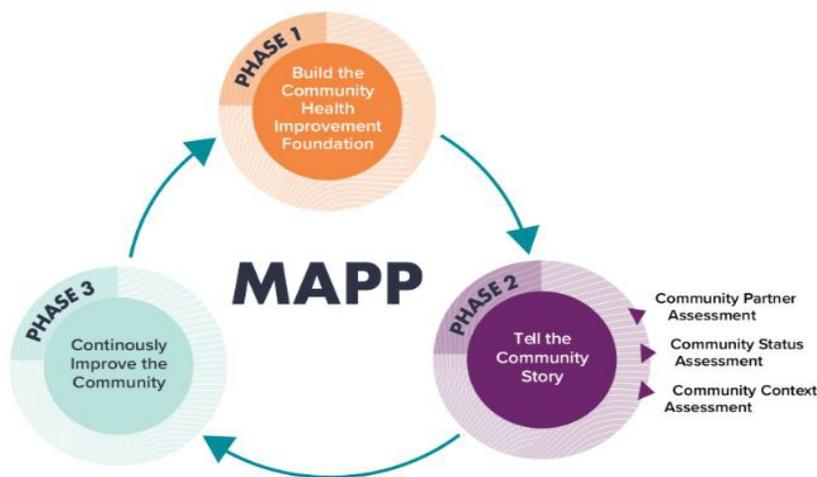
Figure 2: MAPP 2.0 Roadmap to Health Equity



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

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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.

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.

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)

¹ NACCHO Community Partner Assessment Tool, www.naccho.org

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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

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

- United States Census Bureau ([census.gov](https://www.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

² NACCHO Community Status Assessment Tool, www.naccho.org

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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:

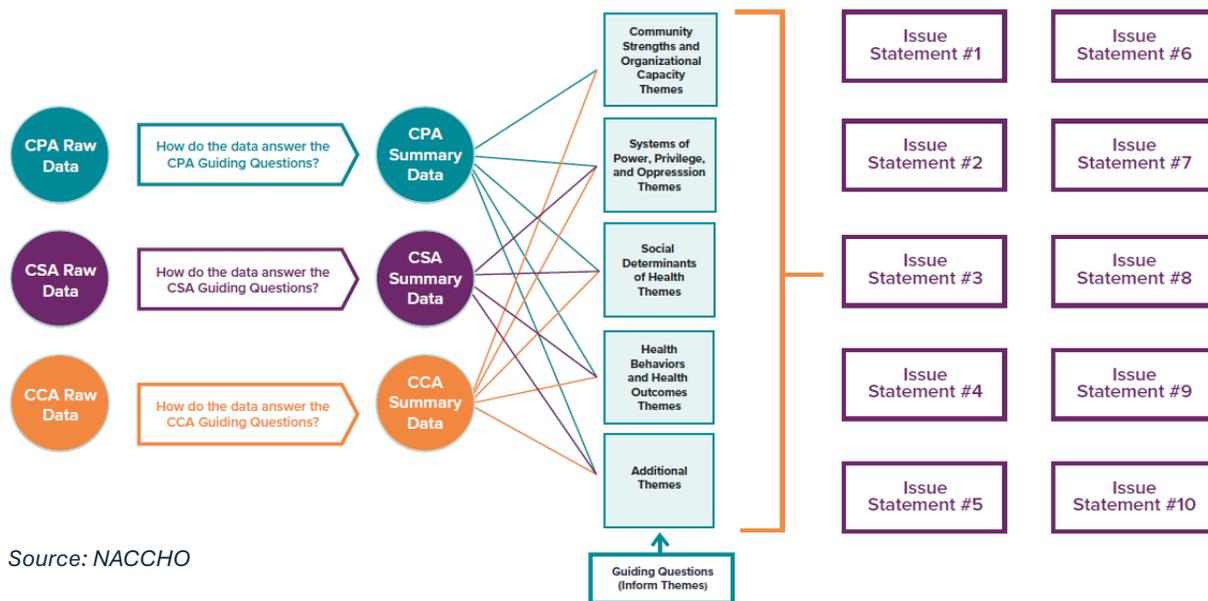
1. Which health issues have the biggest impact on you and/or your community?
2. What does our community have that helps everyone, no matter their income, background, or language, have a fair chance to be healthy and feel welcome?
3. How do the streets, buildings, and sidewalks in different parts of our 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

Figure 4: Data Triangulation Process



Source: NACCHO

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

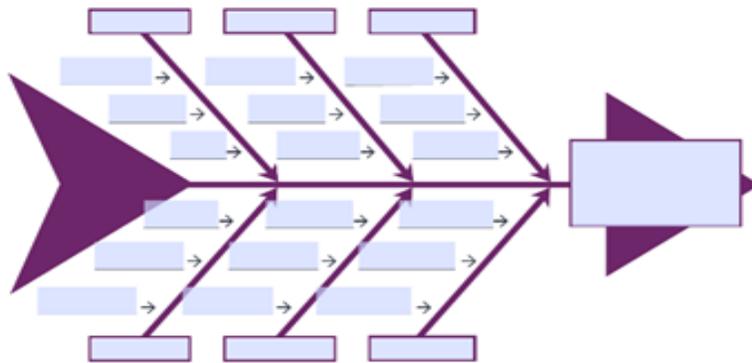
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Counties collaborated with Pivotal, Common Ground Health, and their county-specific partners and stakeholders to complete the CPA, CSA and CCA.

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

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

Figure 5: Fishbone Diagram



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.

Source: NACCHO

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

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, Pivotal 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 and 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 non-profit 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://pivotalphp.org/reports/access-to-care/>

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- *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.

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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.

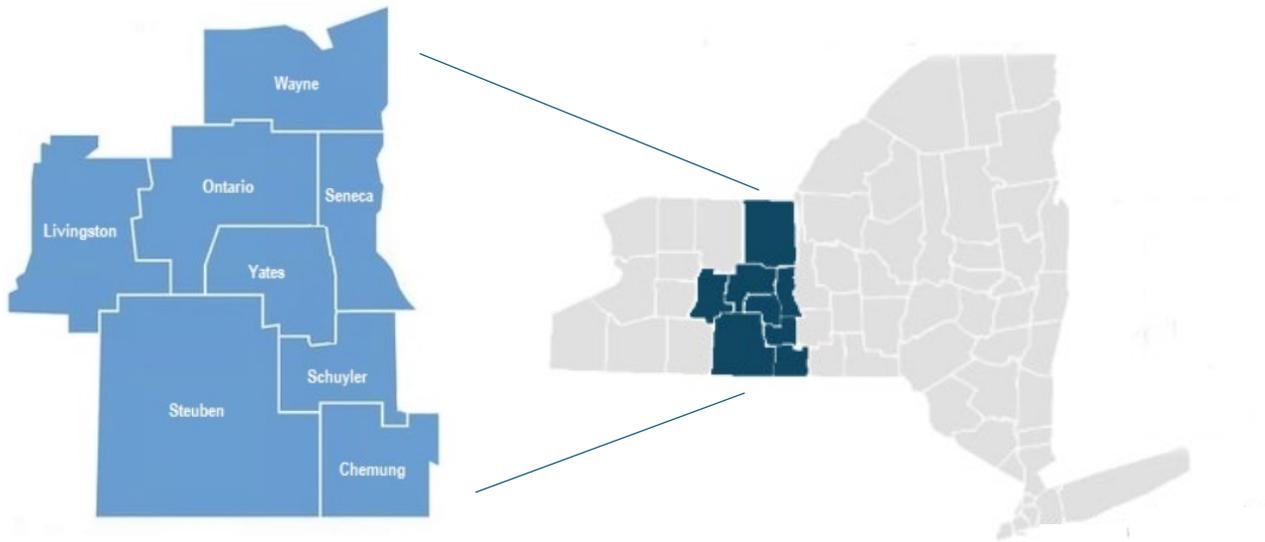
Though the Finger Lakes region encompasses a larger swath of the state, the eight Finger Lakes counties represented in this Community Health Assessment, include: Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates. (Map 1)

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

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Map 1: The Finger Lakes Region of New York State

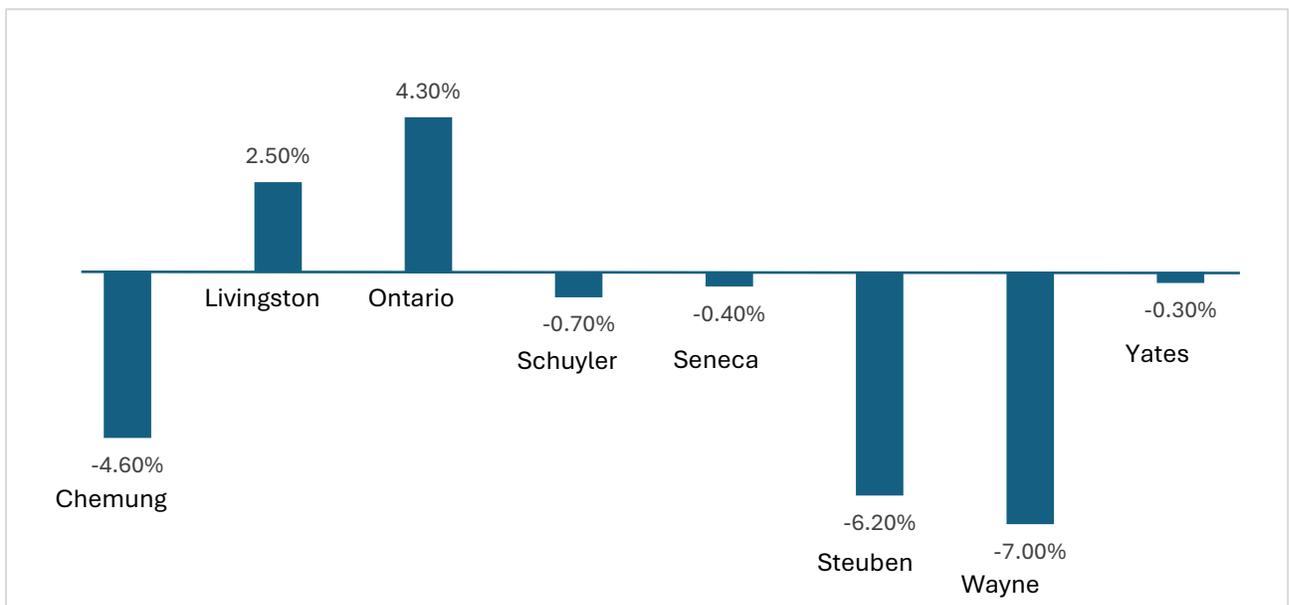


Population Estimates

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

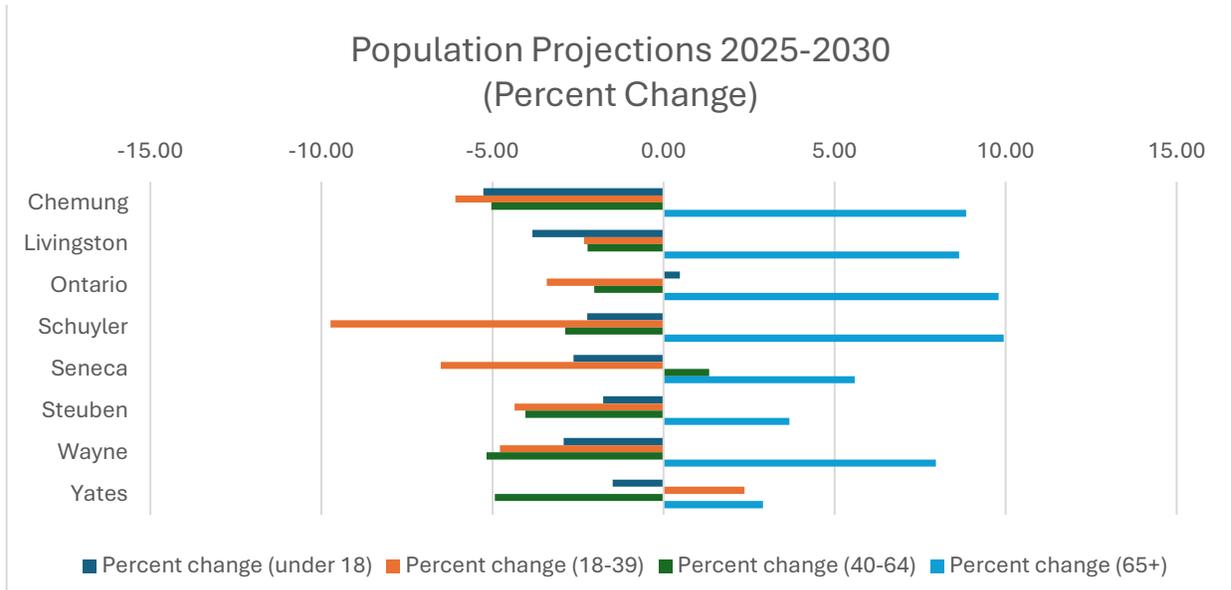
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over the next 20 years. Some of the largest changes are expected in Chemung, Steuben and Wayne counties.

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



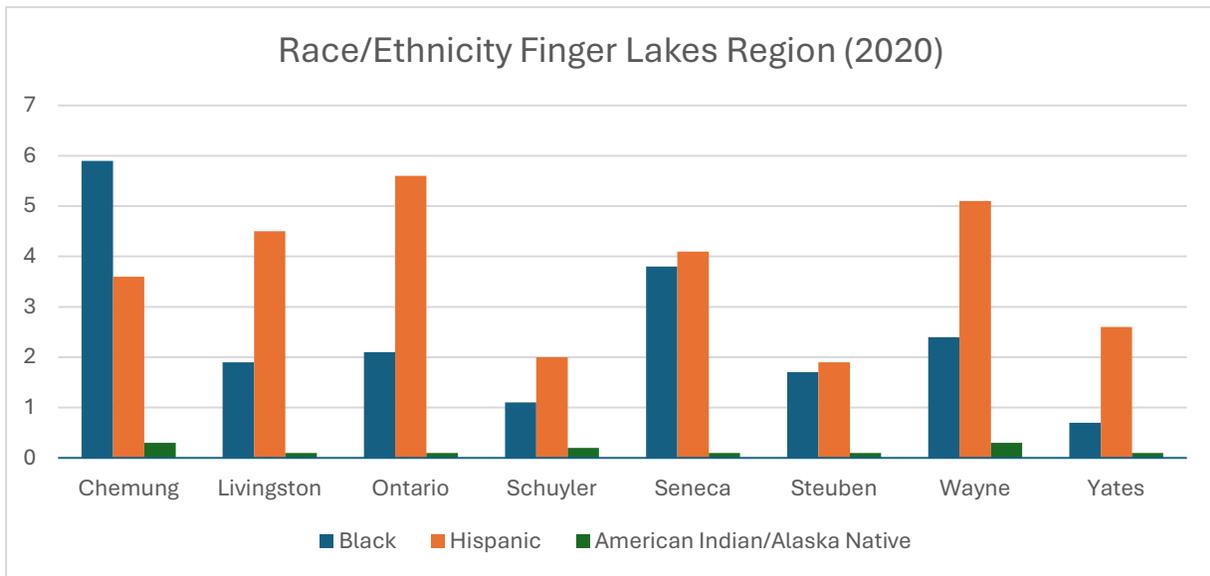
Source: Cornell University Program on Applied Demographics, 2025-2030

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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 likely 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).

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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 Source: "Amish Population Profile, 2025." Young Center for Anabaptist and Pietist Studies, Elizabethtown College. <https://groups.ets.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 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>

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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>

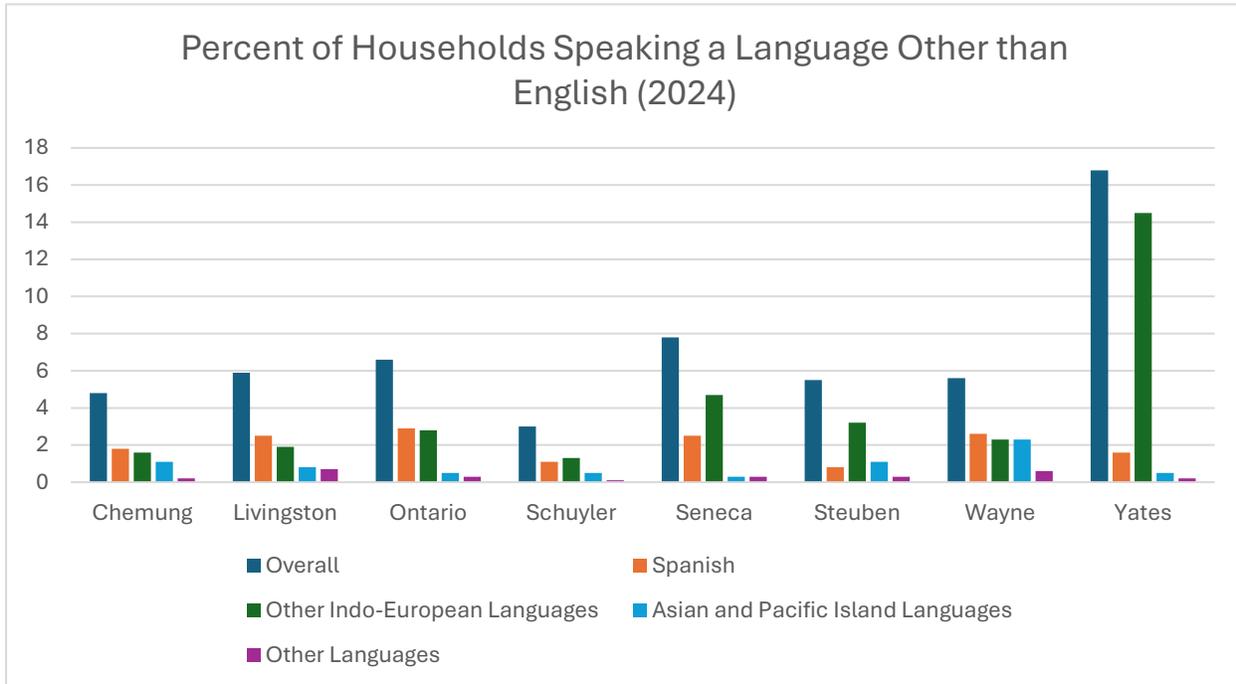
¹⁴ US Commission on Civil Rights, Broken Promises: Continuing Federal Funding Shortfall for Native Americans, 2018

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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 1 or 5-year estimates

Disability

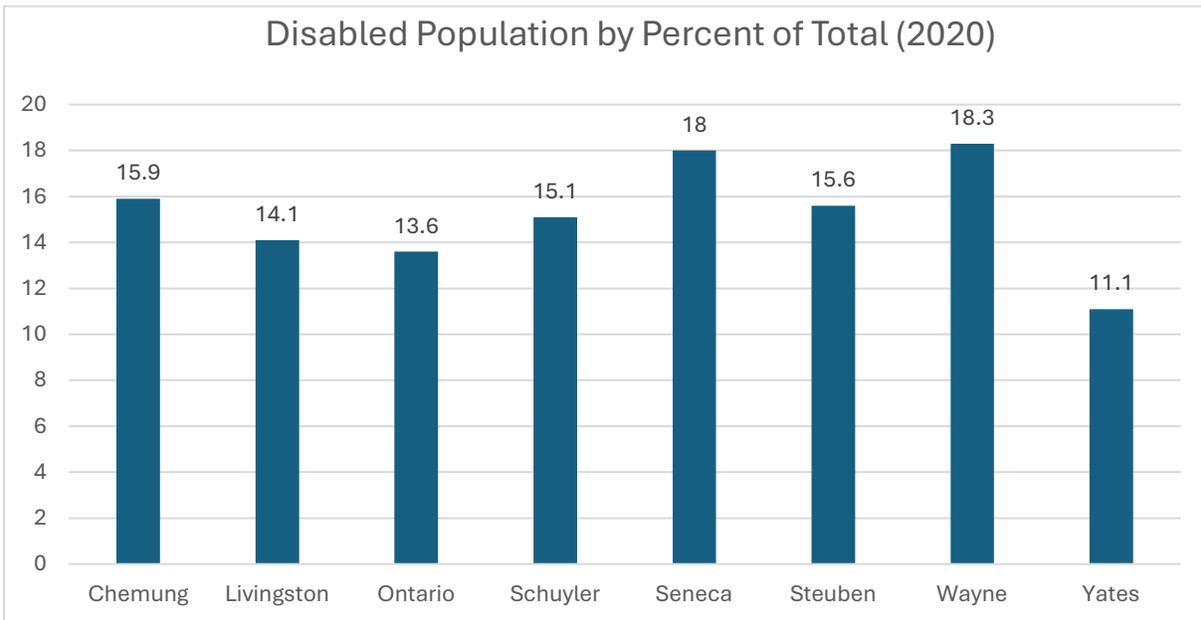
People with disabilities face a higher likelihood of developing chronic health issues such as obesity, heart disease, and diabetes. Reducing health disparities among this population involves fostering a community culture that supports inclusion and creating welcoming physical spaces free of conditions 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

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Figure 10: Disability Rate by County

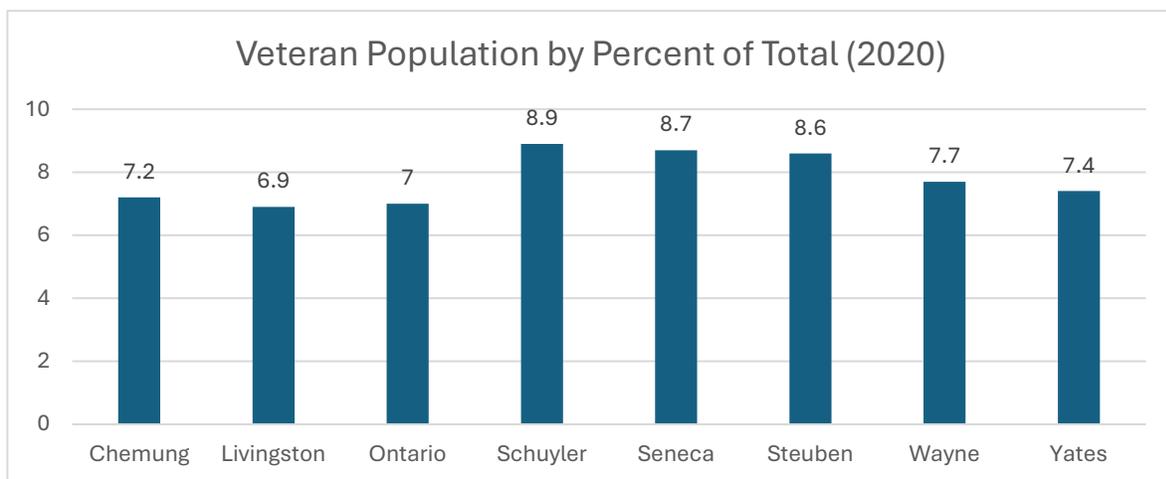


Source: U.S. Census Bureau, 2020 Census

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

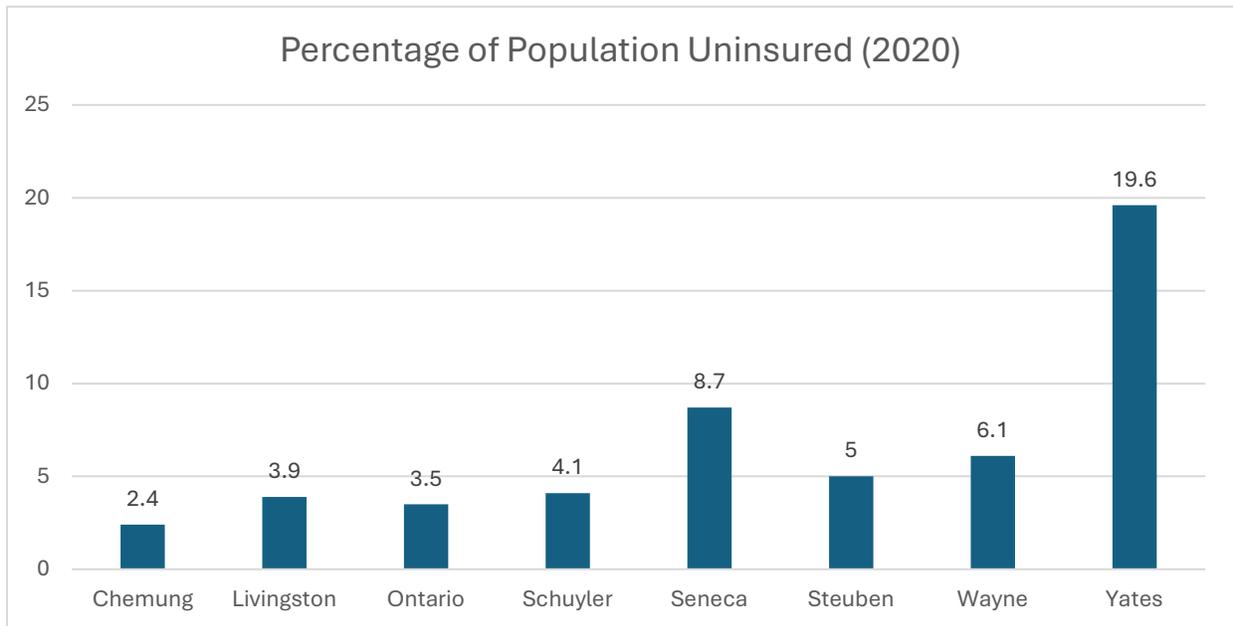
¹⁶ Source: Veterans Affairs, <https://www.va.gov/health-care/health-needs-conditions/>

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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

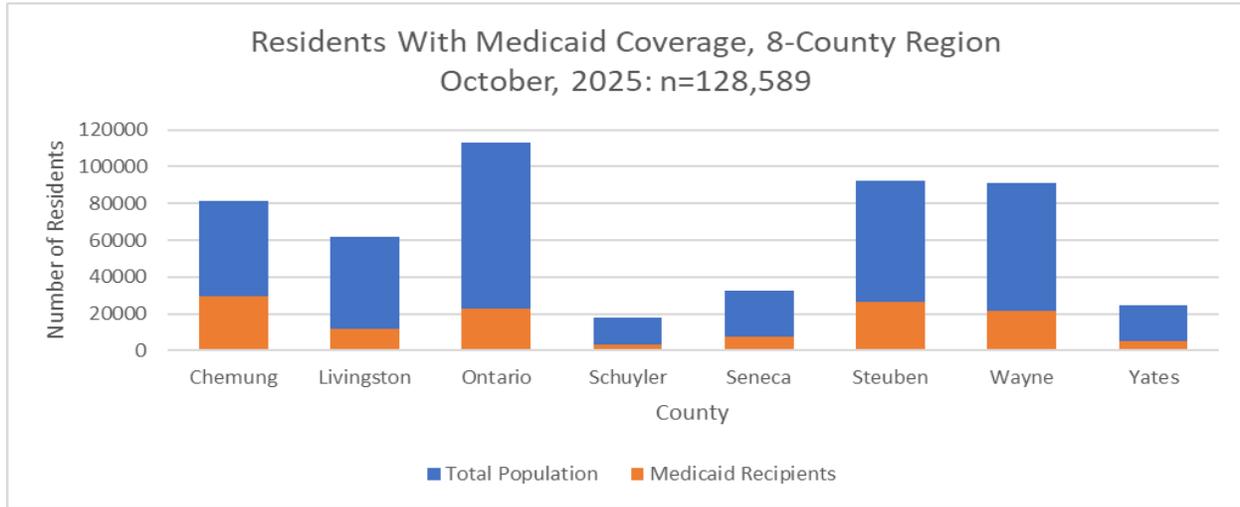
In October of 2025, 6,812,160 New York residents were enrolled in Medicaid.¹⁷ Of these, 128,589 are residents of the eight county Finger Lakes region. According to the NY State of Health, an estimated 1-1.5 million New Yorkers may lose Medicaid coverage in 2026 due to new federal requirements.¹⁸ Using 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.

¹⁷Source: 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>

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Figure 13: Residents with Medicaid Coverage

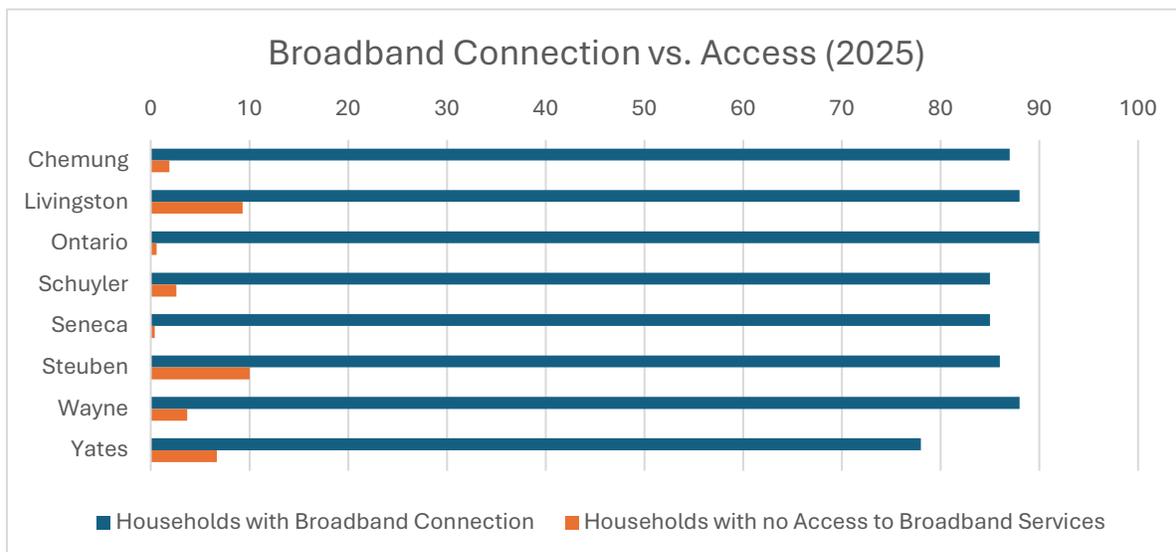


Source: Medicaid Enrollment Databook

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

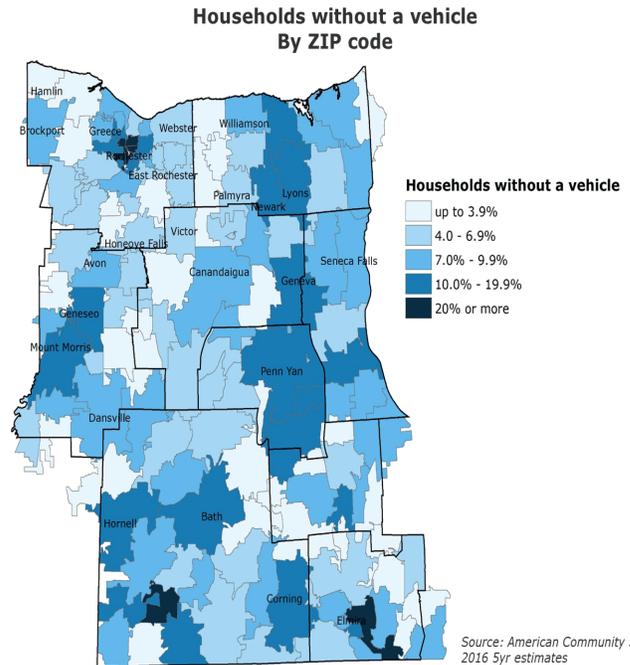
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Transportation

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.

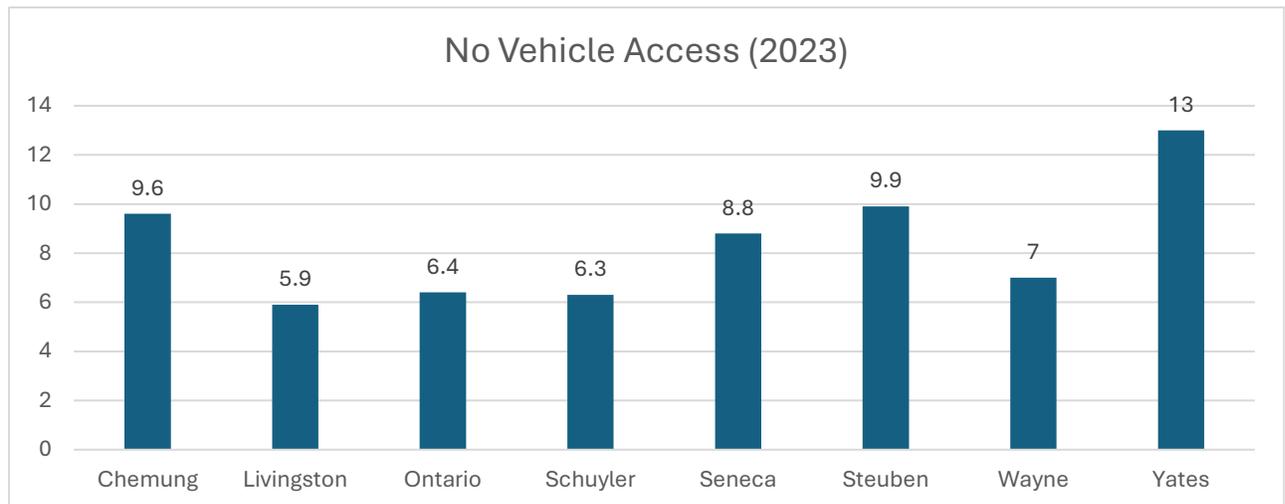
Map 2: Households without a Vehicle by Zip Code



Source: American Community Survey; 2016 5yr estimates



Figure 15: Percent of Households with No Vehicle Access



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

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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.

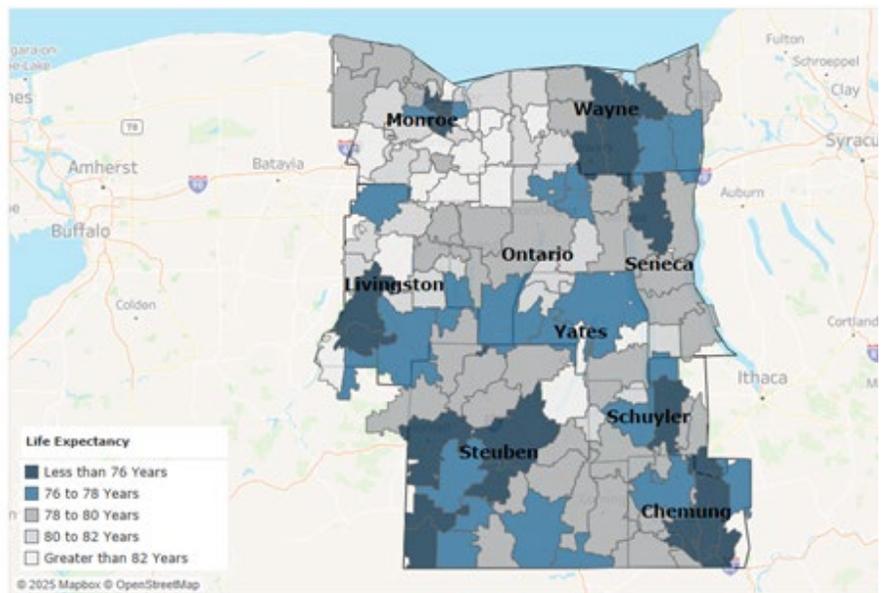
Table 5: Life Expectancy

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)

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.

Courtesy: Common Ground Health

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

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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	<i>Heart Disease</i> 235.6/100,000	<i>Cancer</i> 184.7/100,000	<i>Alzheimer's and Other Dementias</i> 87.0 /100,000	1,014
Livingston	<i>Cancer</i> 145.1/100,000	<i>Heart Disease</i> 122.1/100,000	<i>Alzheimer's and Other Dementias</i> 73.1/100,000	763.1
Ontario	<i>Heart Disease</i> 141.8/100,000	<i>Cancer</i> 128.9/100,000	<i>Alzheimer's and Other Dementias</i> 69.8/100,000	716.9
Schuyler	<i>Cancer</i> 221.5/100,000	<i>Heart Disease</i> 210.8/100,000	<i>Diabetes</i> 63.6/100,000	974.3
Seneca	<i>Heart Disease</i> 167.6/100,000	<i>Cancer</i> 155.8/100,000	<i>Alzheimer's and Other Dementias</i> 87.8 /100,000	812.9
Steuben	<i>Heart Disease</i> 204.7/100,000	<i>Cancer</i> 187.8/100,000	<i>Alzheimer's and Other Dementias</i> 71.5/100,000	944.8
Wayne	<i>Cancer</i> 151.5/100,000	<i>Heart Disease</i> 170.4/100,000	<i>Alzheimer's and Other Dementias</i> 78.3/100,000	828.0
Yates	<i>Cancer</i> 143.3/100,000	<i>Heart Disease</i> 142.6/100,000	<i>Alzheimer's and Other Dementias</i> 88.4/100,000	839.3

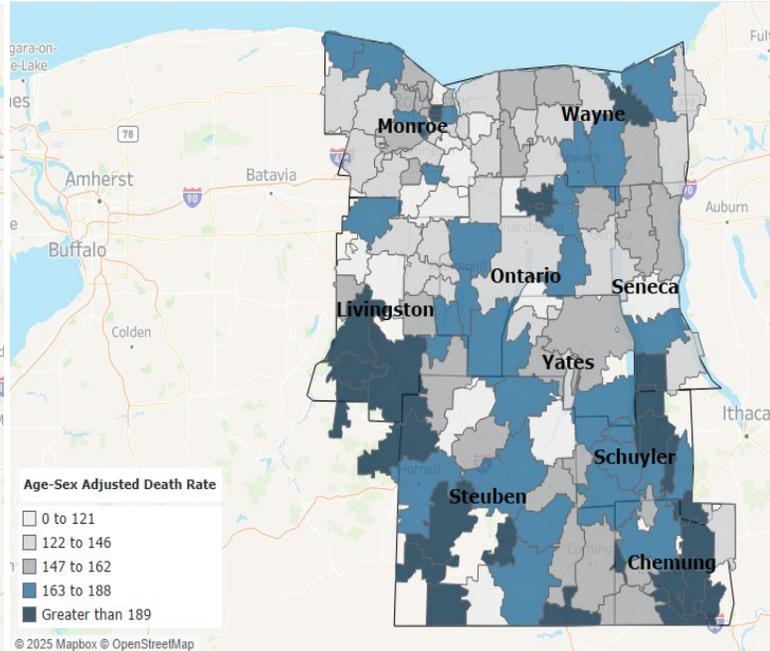
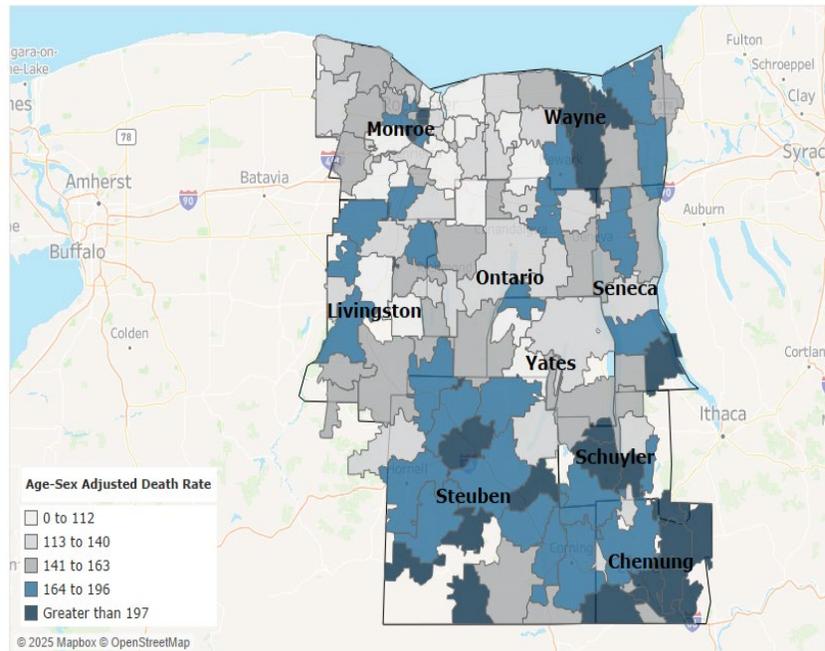
Source: New York State Department of Health Vital Statistics, 2022

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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

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



Courtesy: Common Ground Health

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)

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)

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.

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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>

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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

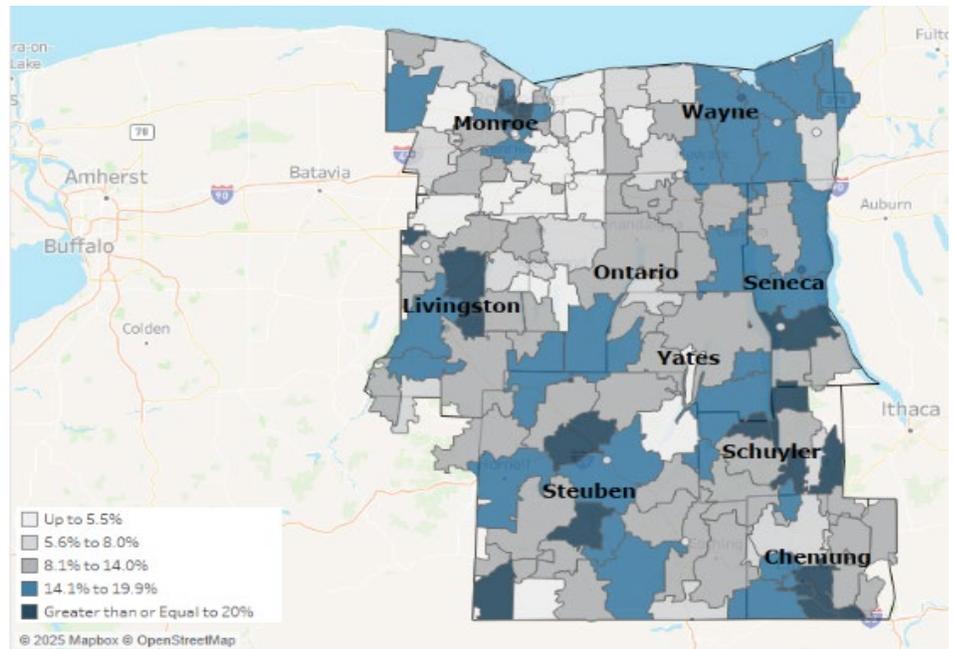
This section details the New York State Prevention Agenda domains and their associated priorities by exploring region-wide data.

Economic Stability

Poverty and Unemployment

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.

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)

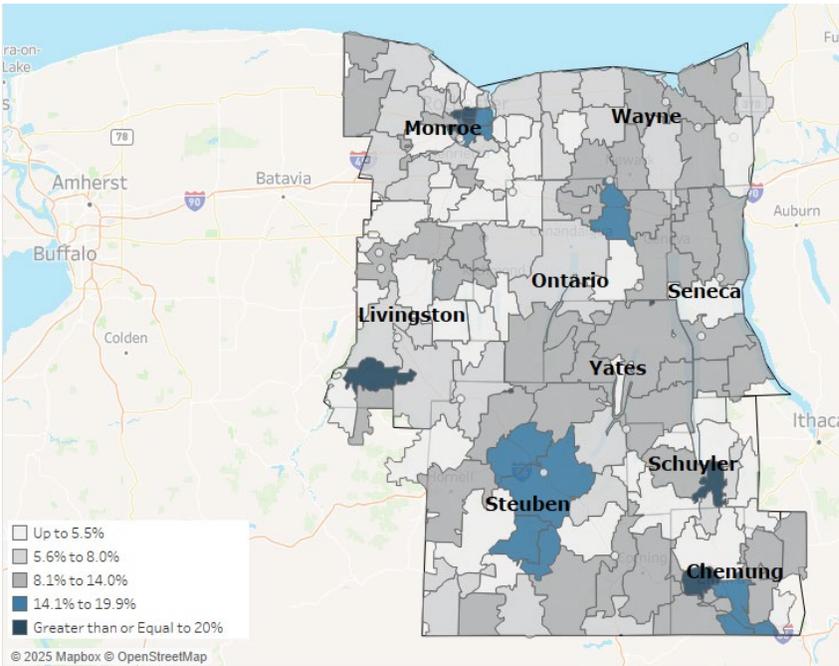
Courtesy: Common Ground Health

The 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

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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)

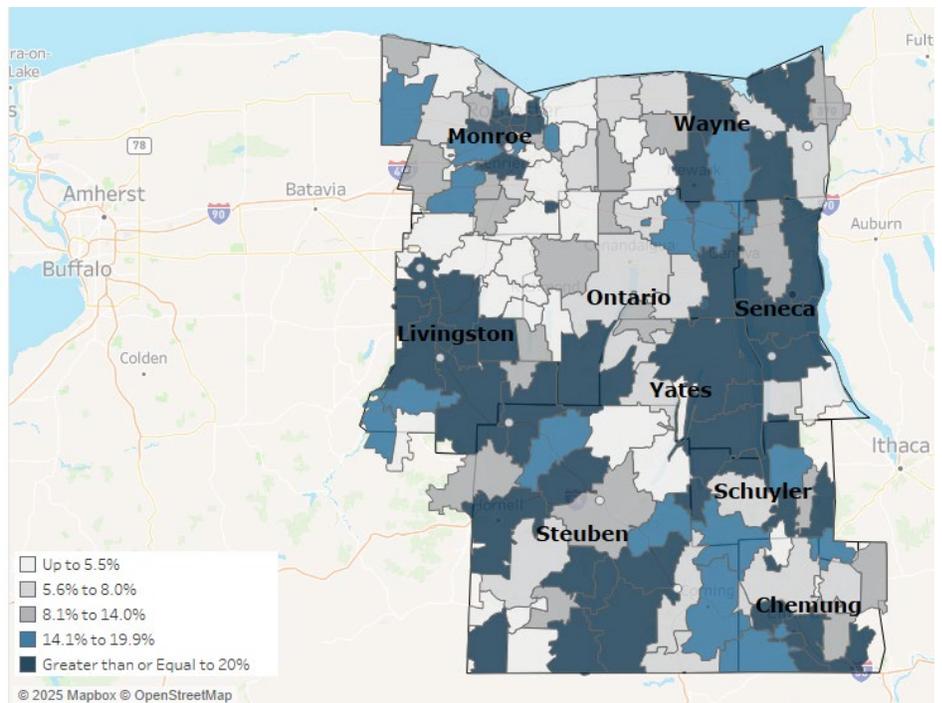
Courtesy Common Ground Health

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 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

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>

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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 age 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.

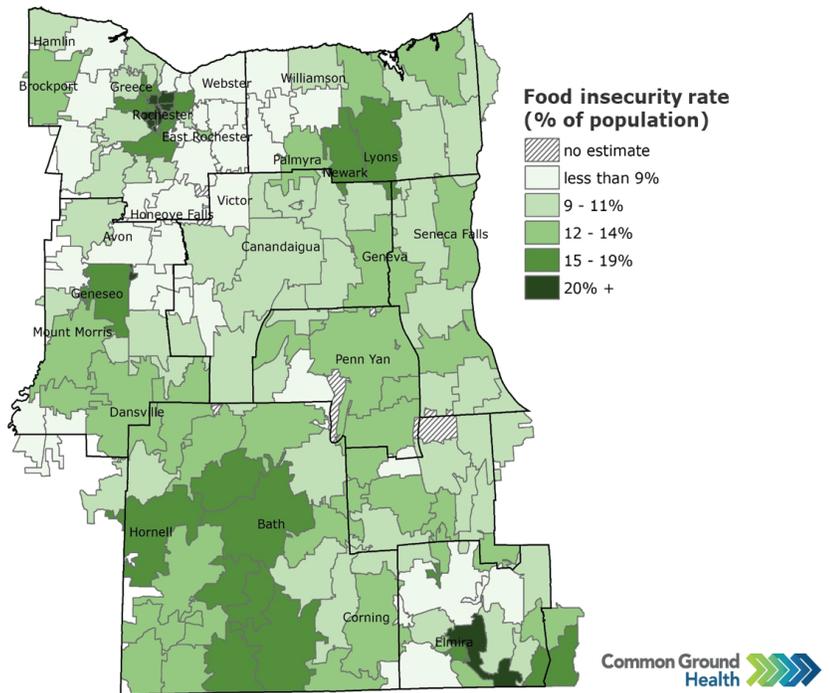
The Food Insecurity Rate highlights the economic disparities that may contribute to increases in poverty rates. The Food Insecurity Rate, expressed as a percentage of the total population, measures the share of households that lack consistent access to enough food for an active, healthy life. Map 9 shows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

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 Pivotal 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 Food Environment Index (FEI), food insecurity rate, and SNAP

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.

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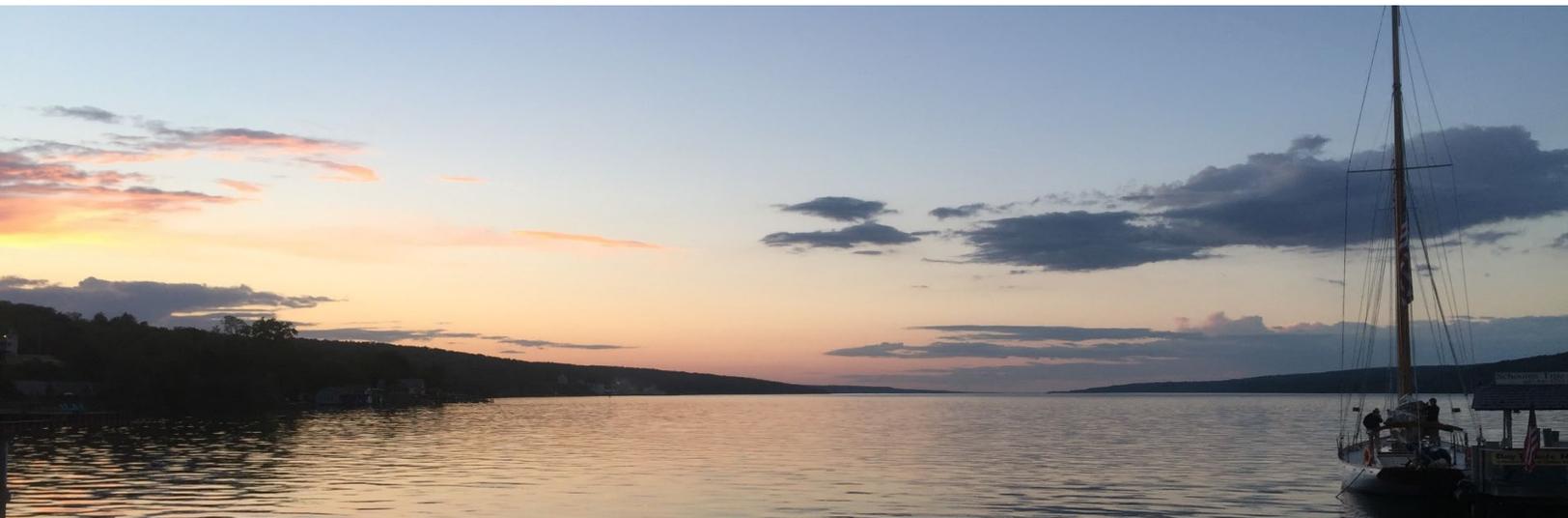
eligibility, reinforcing that many rural residents face both geographic and economic barriers to healthy food and that targeted strategies to improve nutrition security are needed across the region. Taken together, these findings show that food insecurity disproportionately affects residents in lower-income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

Table 10 compares each county’s 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

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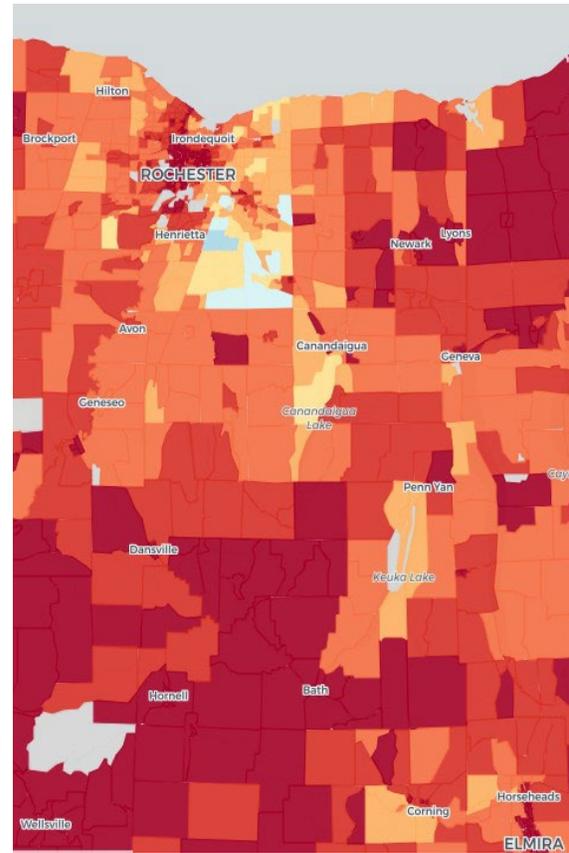
Housing Stability and Affordability

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.

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.

Map 10: Area Deprivation Index by Area



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

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. PMID: PMC6051533. (2019-2023)

Social and Community Context

Anxiety and Stress

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

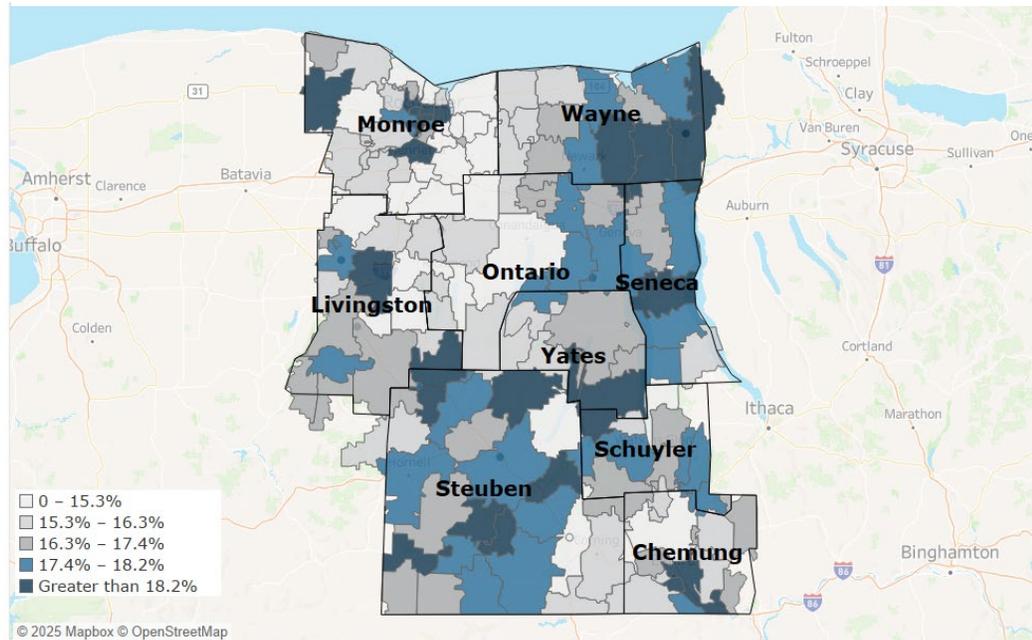
- especially in smaller counties - may reflect statistical variability and should be interpreted with caution rather than as exact shifts in prevalence.

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.

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)



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

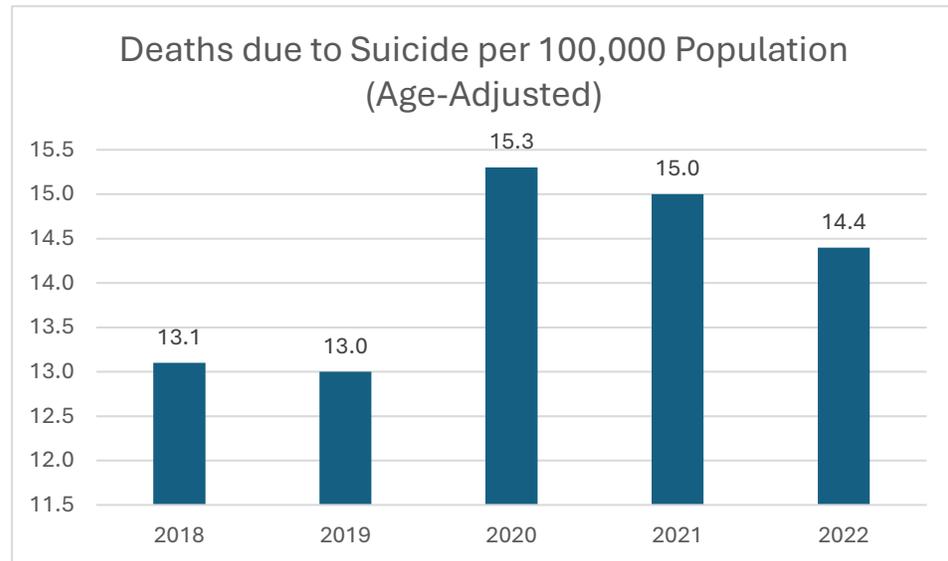
County	Percent of Adults Reporting a Depressive Disorder (2021) (NYS=18.7)	Percent Change from 2018 Baseline	Percent of Adults Reporting 14 or more Days of Poor Mental Health Per Month (2021) (NYS=16)	Percent Change from 2018 Baseline
Chemung	35.4	+36	18	+20
Livingston	24.9	-15	18	+29
Ontario	27.9	+64	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

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.

Figure 16 Suicide Rates for the Finger Lakes Region (age-adjusted)



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

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

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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 risk. Focus 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

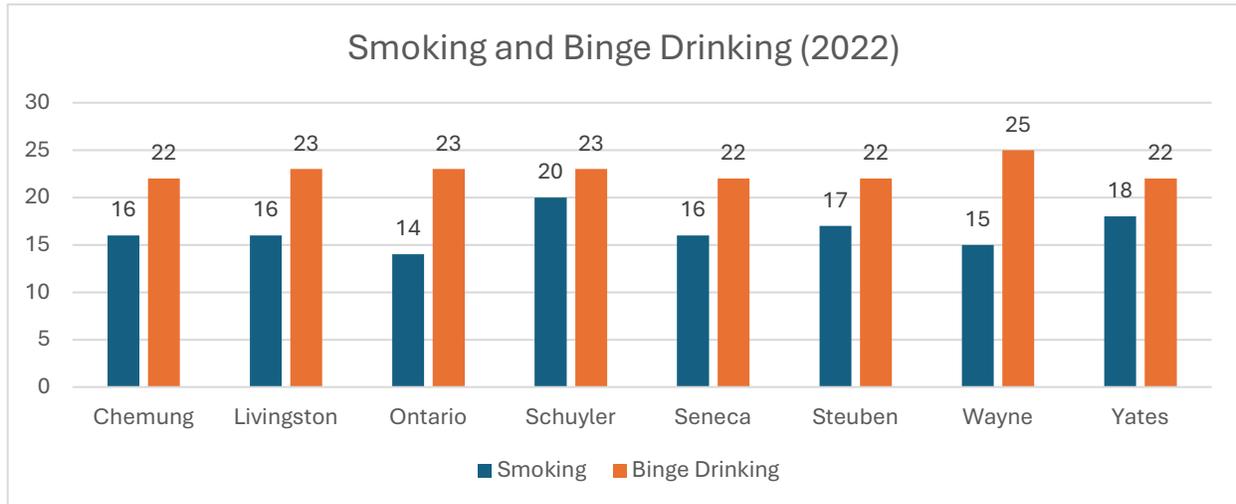
County	Age-Adjusted Rate of Opioid Overdose Deaths per 100,000 (2022) (NYS=27)	Percent Change from 2013 Baseline	Age-Adjusted Rate of Overdose Deaths Involving any Drug per 100,000 (2022) (NYS=31.3 PA=22.6)	Percent Change from 2013 Baseline
Chemung	40.9	+605	46.5	+489
Livingston	22.3	+829	24.5	+433
Ontario	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

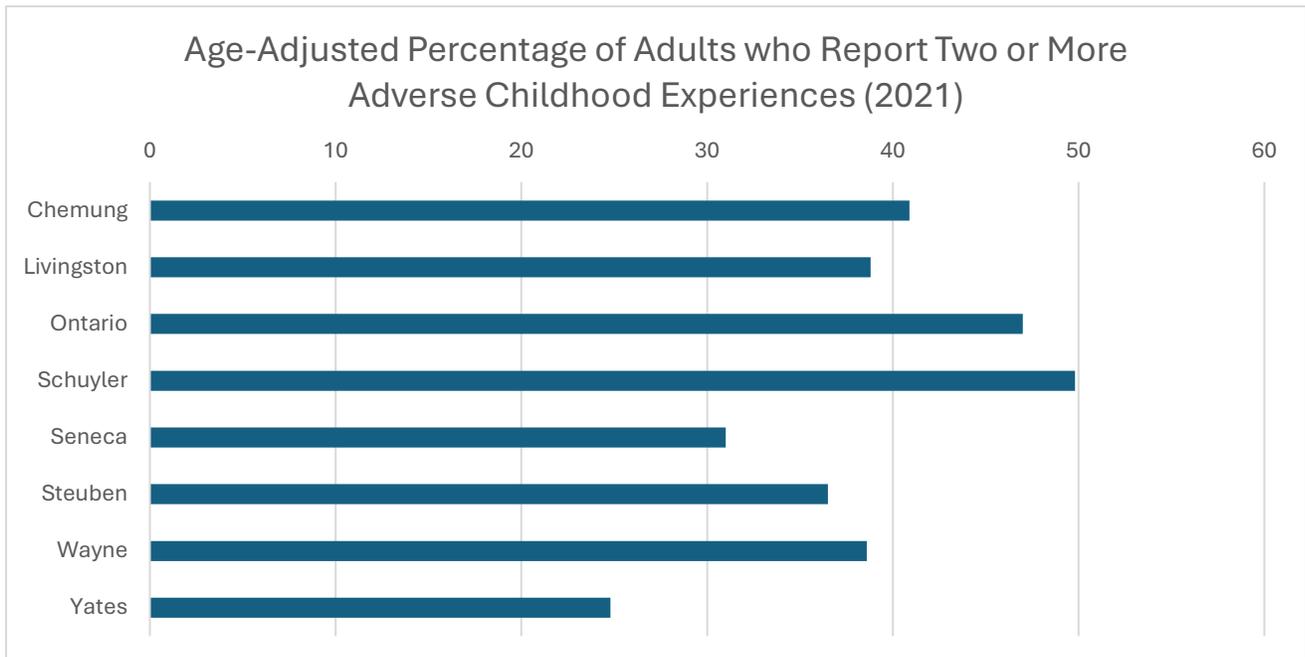


Source: Behavioral Risk Factor Surveillance System

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

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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

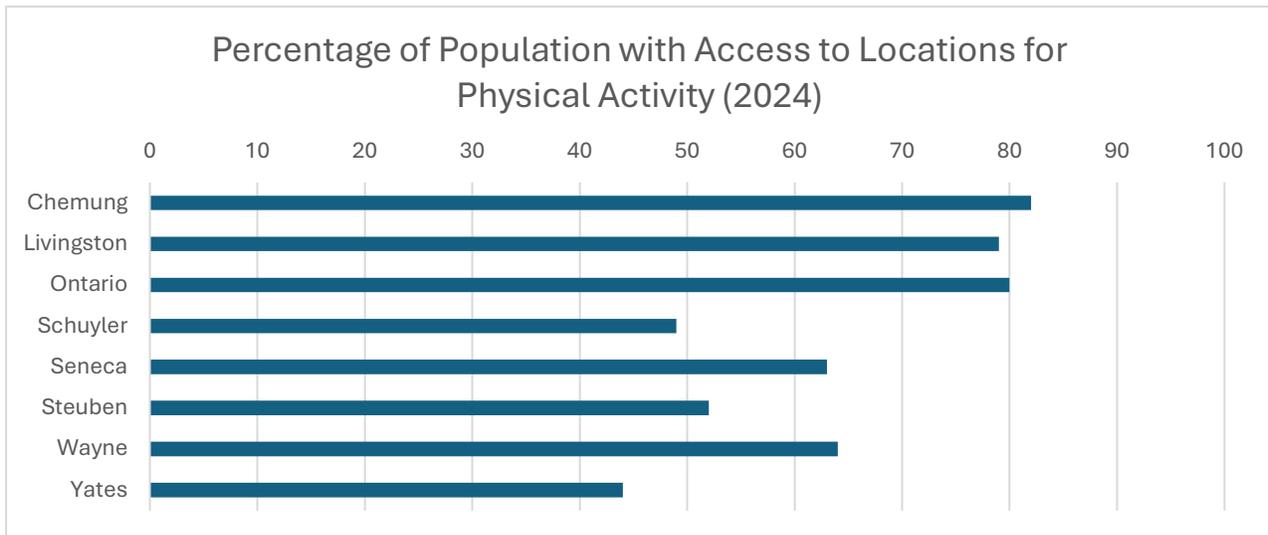
Source: Behavioral Risk Factor Surveillance System

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.

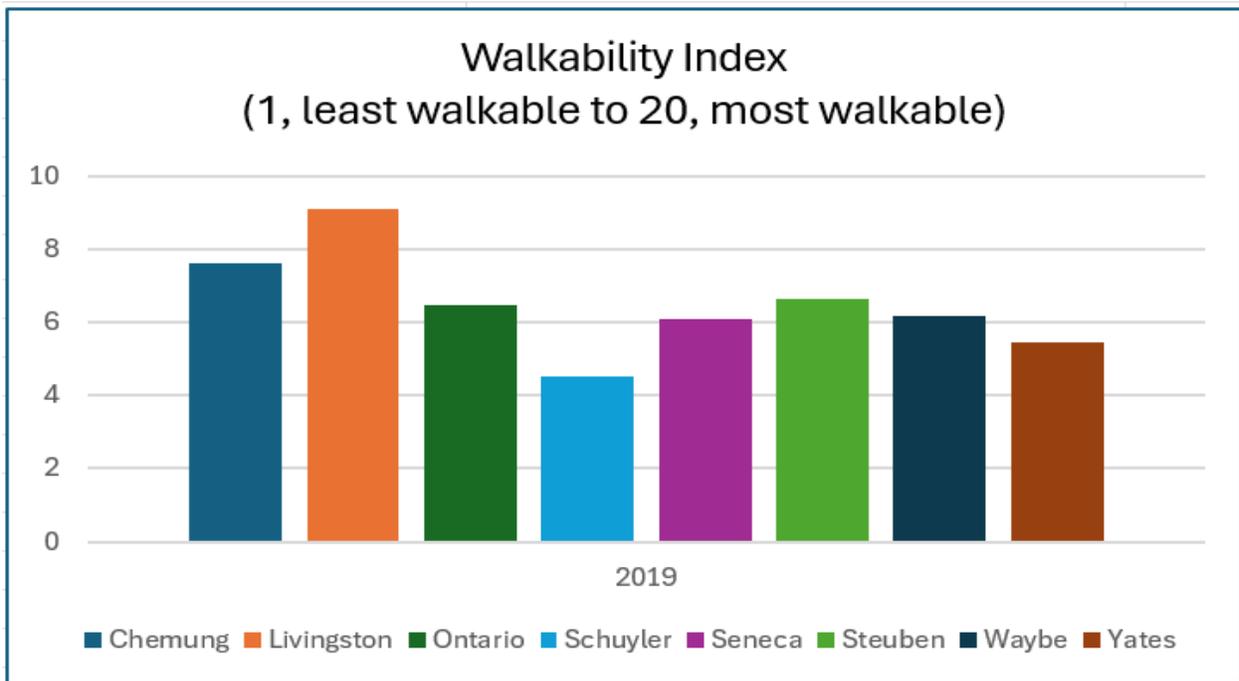


Source: ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles

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



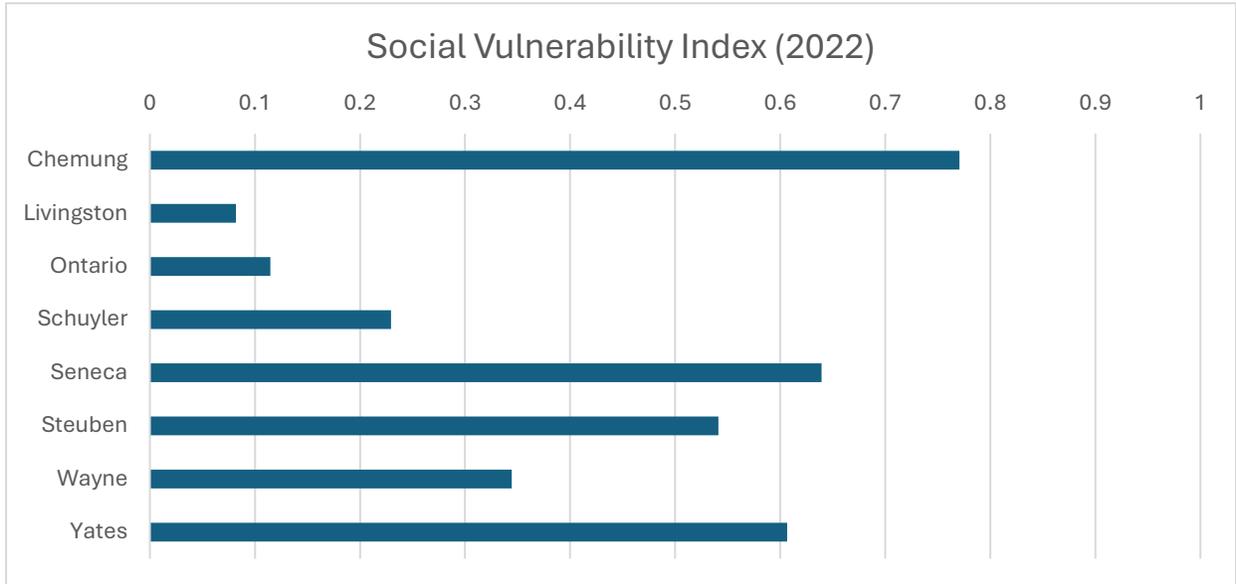
Source: EPA Office of Community Revitalization

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).

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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



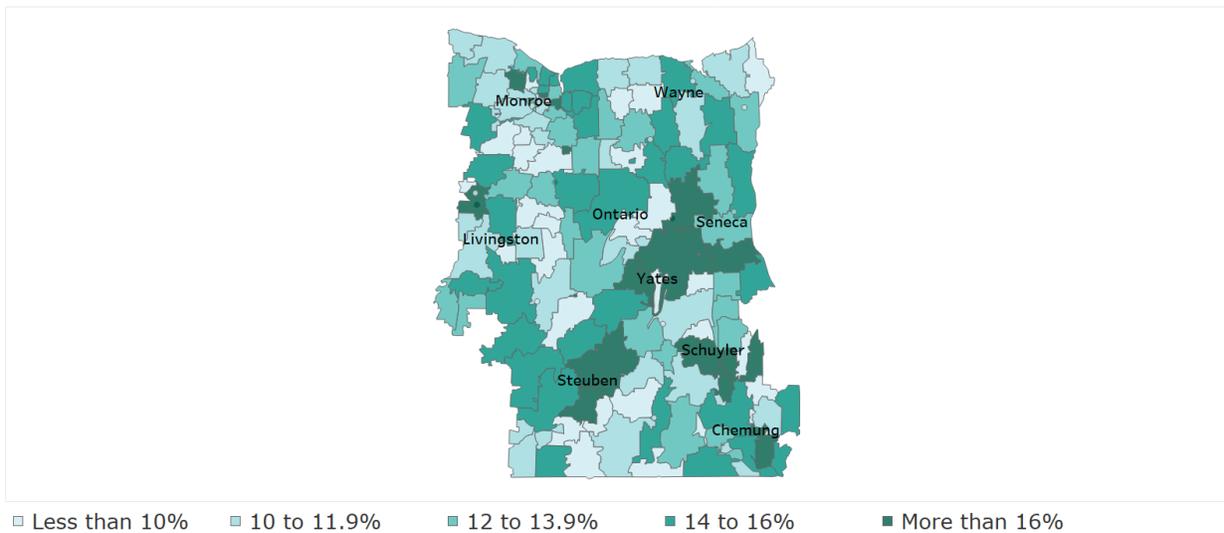
Source: Ontario County

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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

Percent of Residents Aged 65+ Living Alone by ZIP Code Finger Lakes Region



Source: U.S. Census Bureau. 2017-2021 ACS 5-Year Estimates. Table DP02 (Selected Social Characteristics in the United States).



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.

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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.

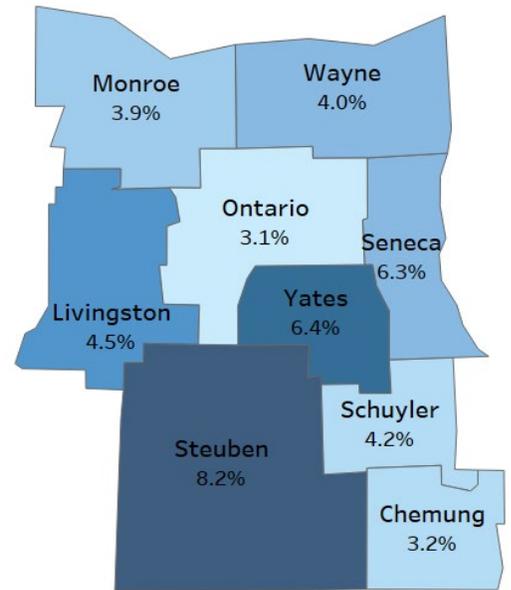
Health Care Access and Quality

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

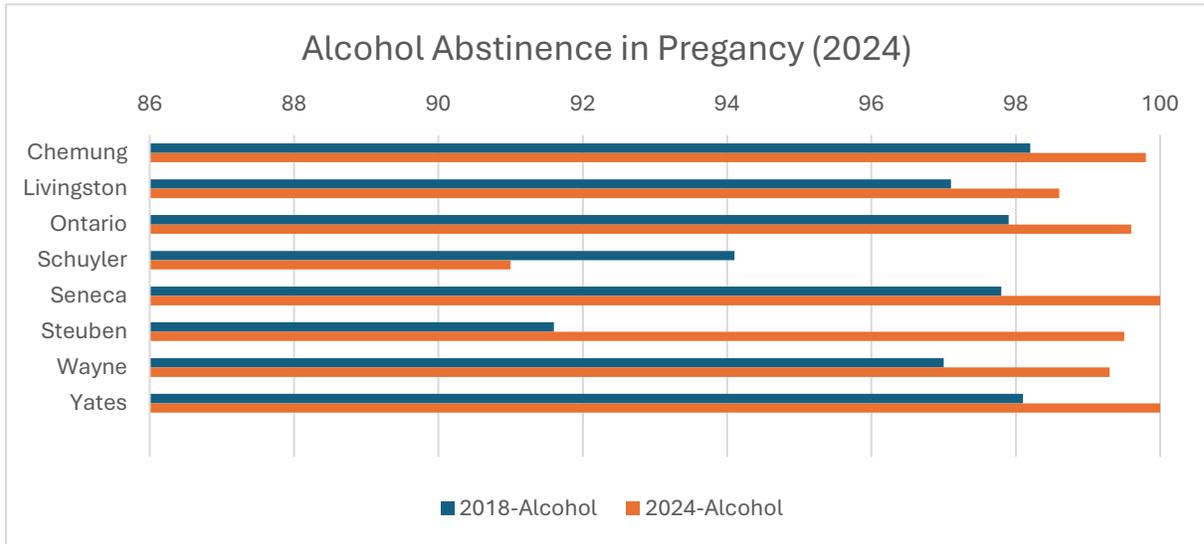
Despite regional efforts, some pregnant residents still begin care late in pregnancy or receive no prenatal care at all. Map 13 shows that, while most births occur with timely prenatal care, a notable minority in several counties receive care in the third trimester or not at all, highlighting persistent 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>

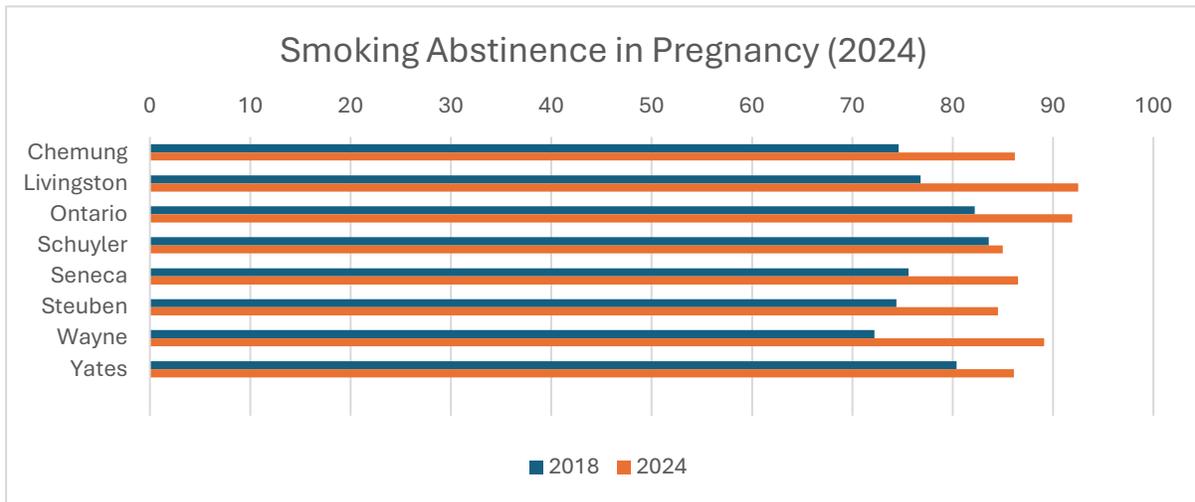
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Figure 22: Alcohol Abstinence in Pregnancy



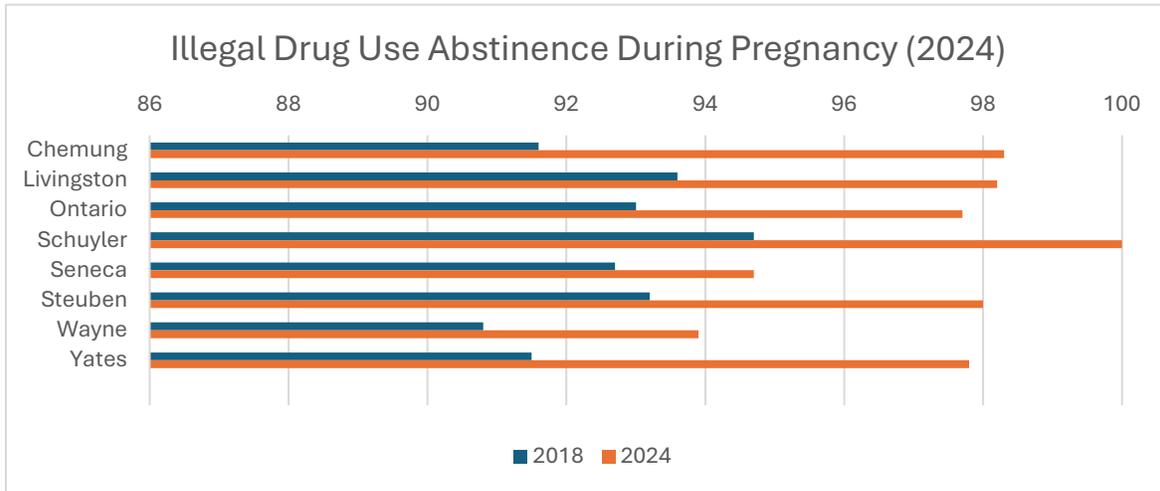
Source: Healthy People 2020; US Department of Health and Human Services.

Figure 23: Smoking Abstinence in Pregnancy



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

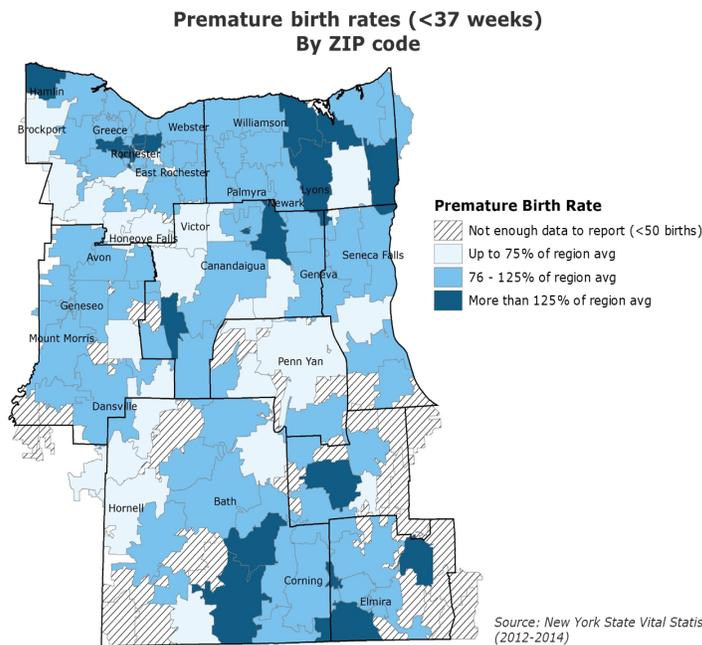
Figure 24: Illegal Drug Abstinence in Pregnancy



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).

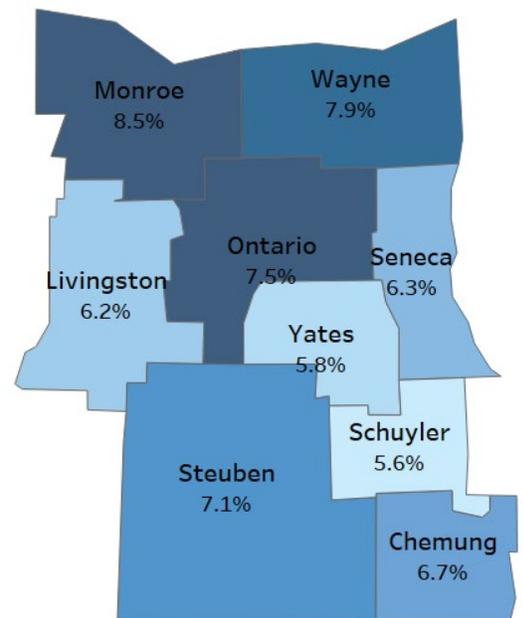
Map 14: Premature birth Rates



Source: New York State Vital Statistics (2012-2014)



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

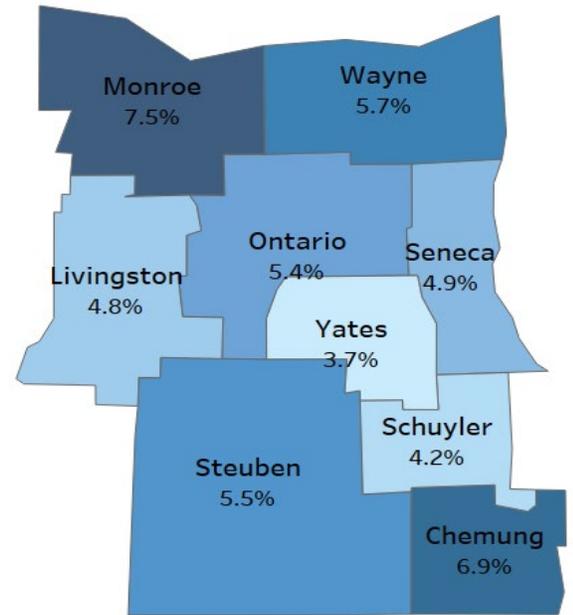


Source: NYS Perinatal Data Profile 2019-2021

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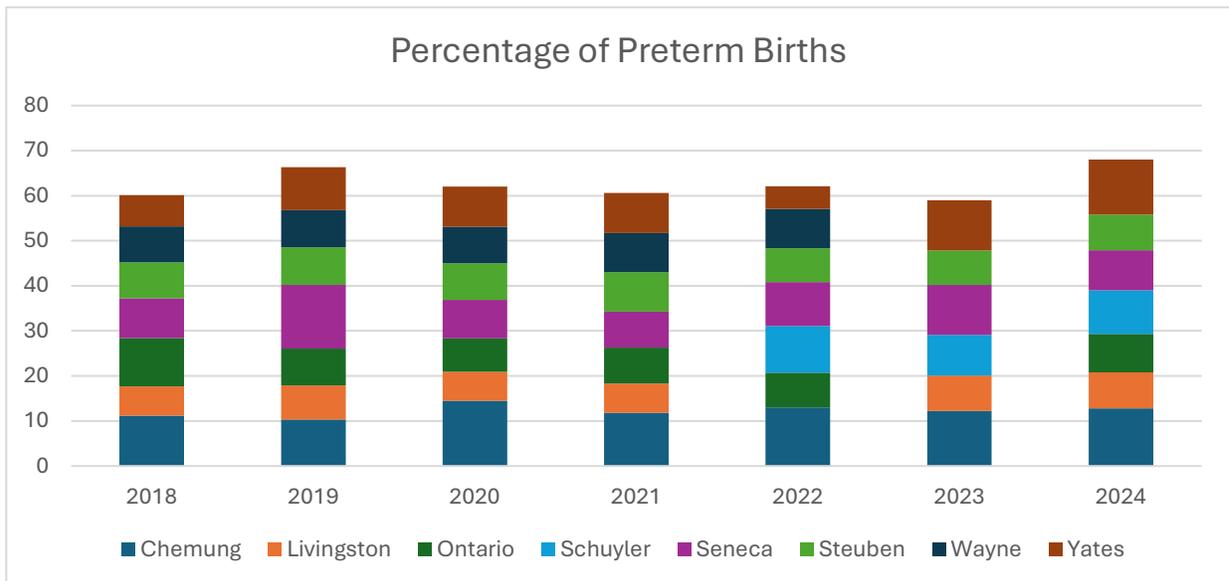
A baby born prematurely is immediately at risk for complications including jaundice, anemia, feeding and airway issues, and apnea. The earlier in pregnancy a baby is delivered, the more likely it is that the baby will need to spend time in the neonatal intensive care unit (NICU). Long-term health complications 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

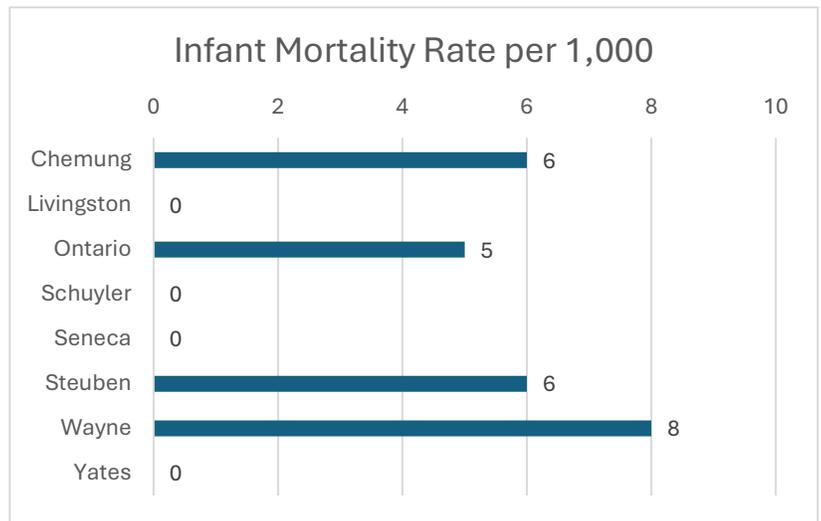
²⁵ Stanford Children’s Health, Low Birthweight

²⁶ Stanford Children’s Health, Low Birthweight

Prevention of Infant and Maternal Mortality

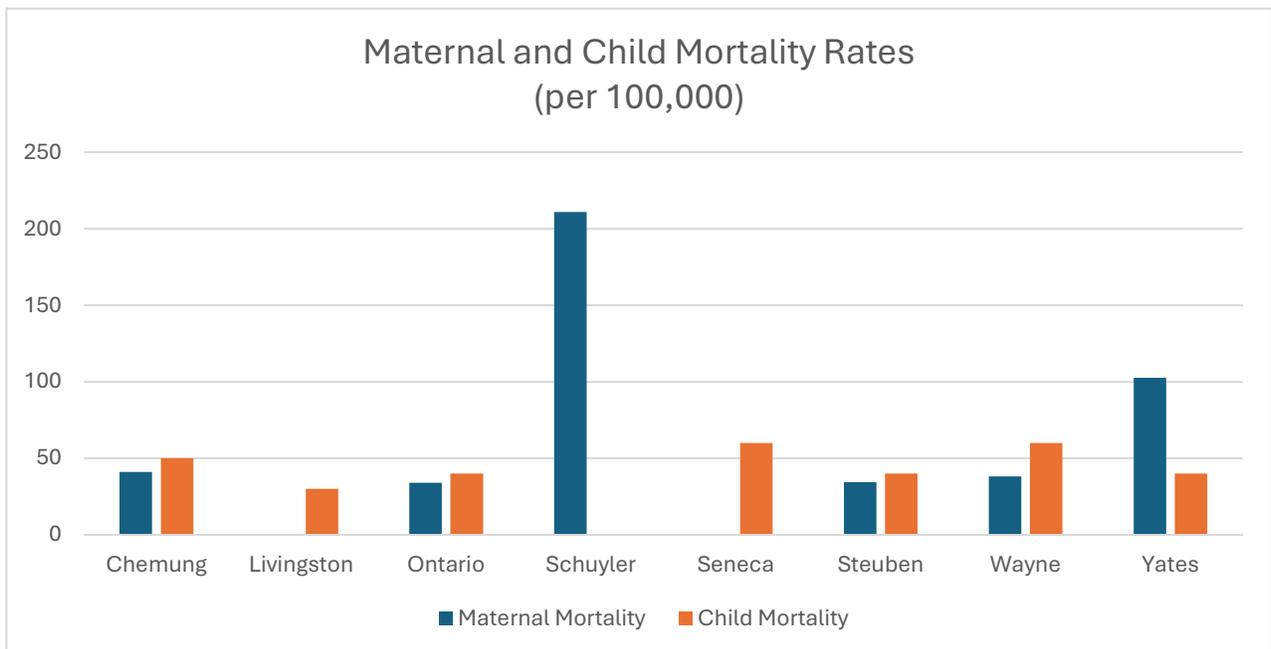
Prematurity and its related conditions are the leading causes of infant mortality. Reducing rates of preterm births therefore, should decrease infant mortality (Figure 26). Figure 27 shows maternal (per 100,000) and child (per 100,000) mortality rates while Figure 26 shows infant (per 1,000) mortality 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)

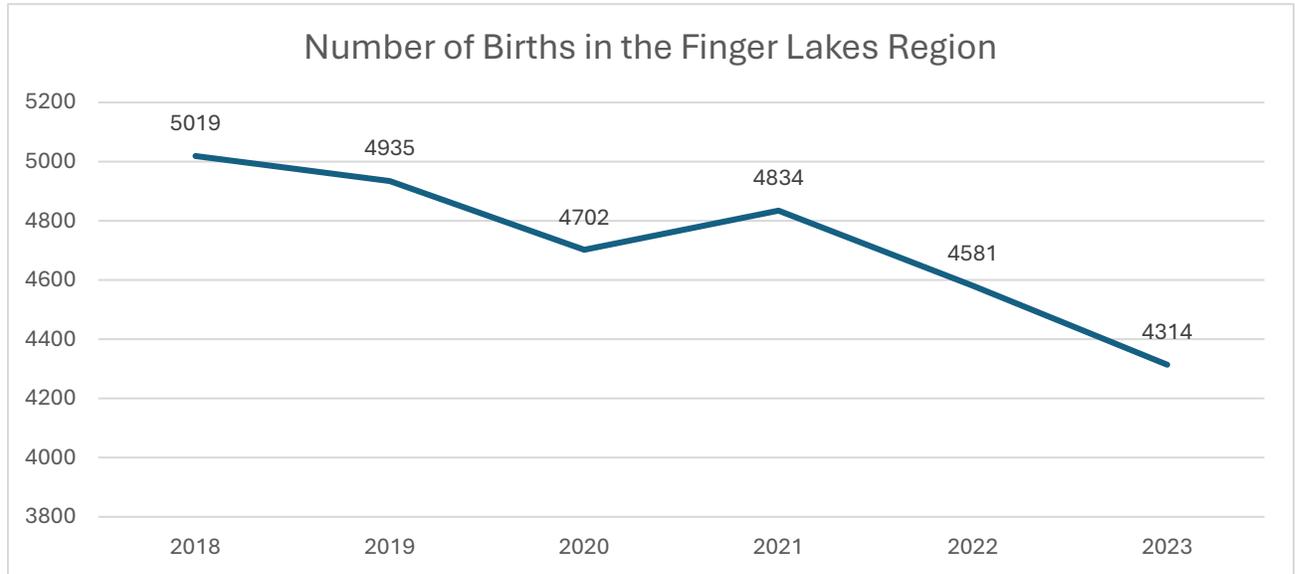


Source: National Center for Health Statistics

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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

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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	2,030	1,420
Yates	2,050	840	2,220	1,220

Source: 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).



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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, in addition to 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).

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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).

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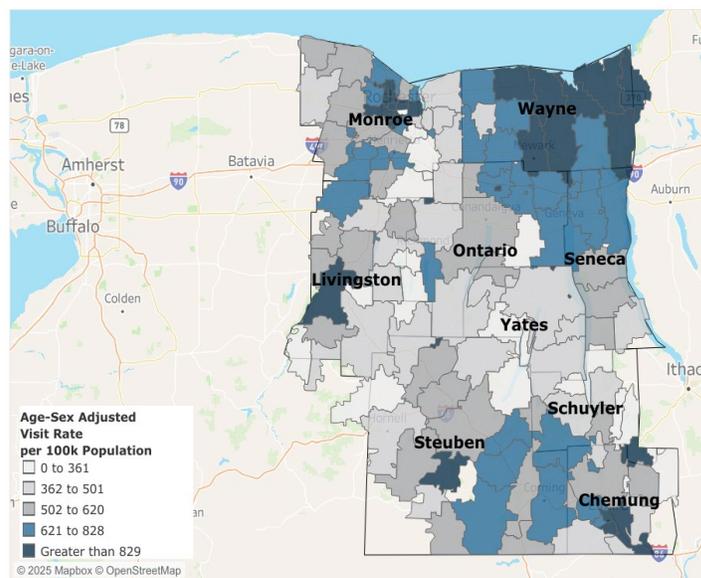
Table 19: Emergency Department Visits and Preventable Hospitalizations

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

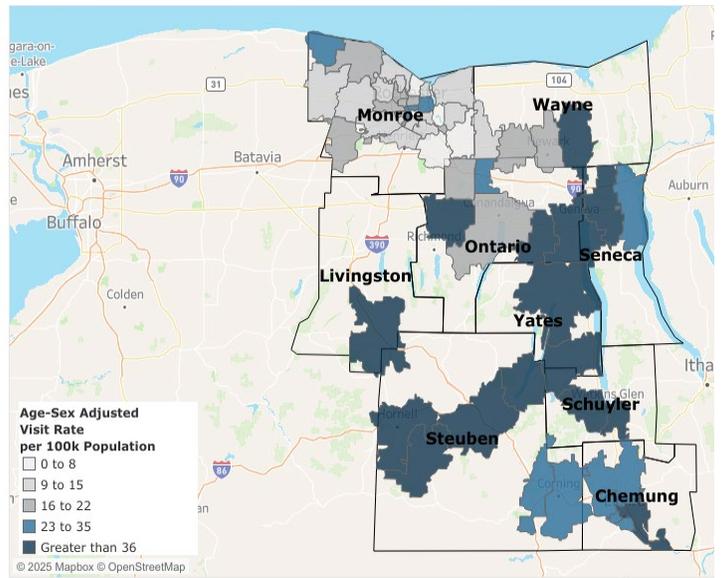
Map 14 highlights the potentially preventable hospitalizations by zip code in the Finger Lakes region. This map corresponds with maps highlighting life expectancy as well as emergency department visits for heart disease, cancer, hypertension, depressive disorders, and anxiety and panic disorders (Maps 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

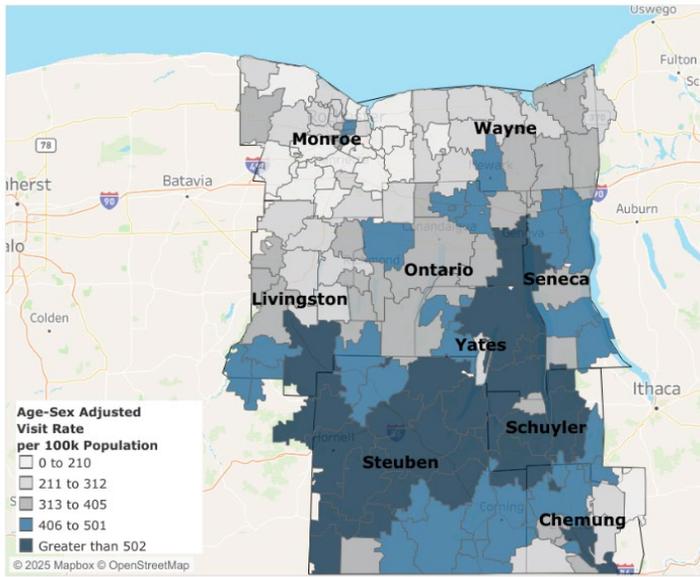
Map 18: ED Visits for Cancer by Zip Code



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

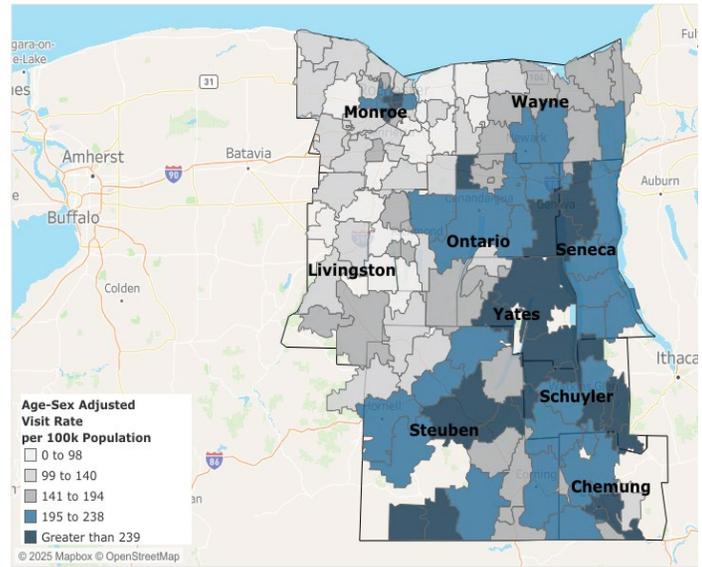
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Map 96: ED Visits Related to Heart Disease by Zip Code



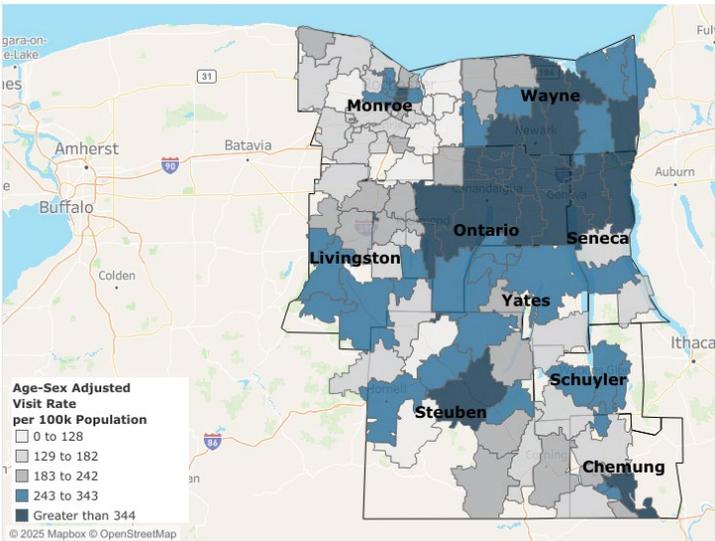
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map 20: ED Visits for Hypertension by Zip Code



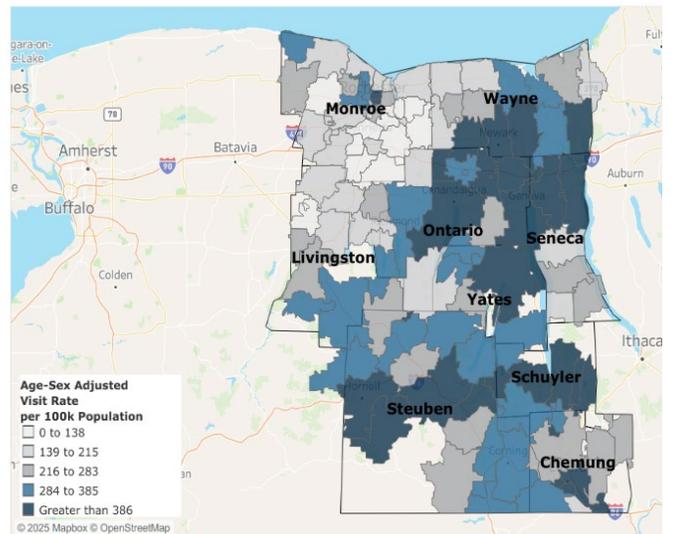
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

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

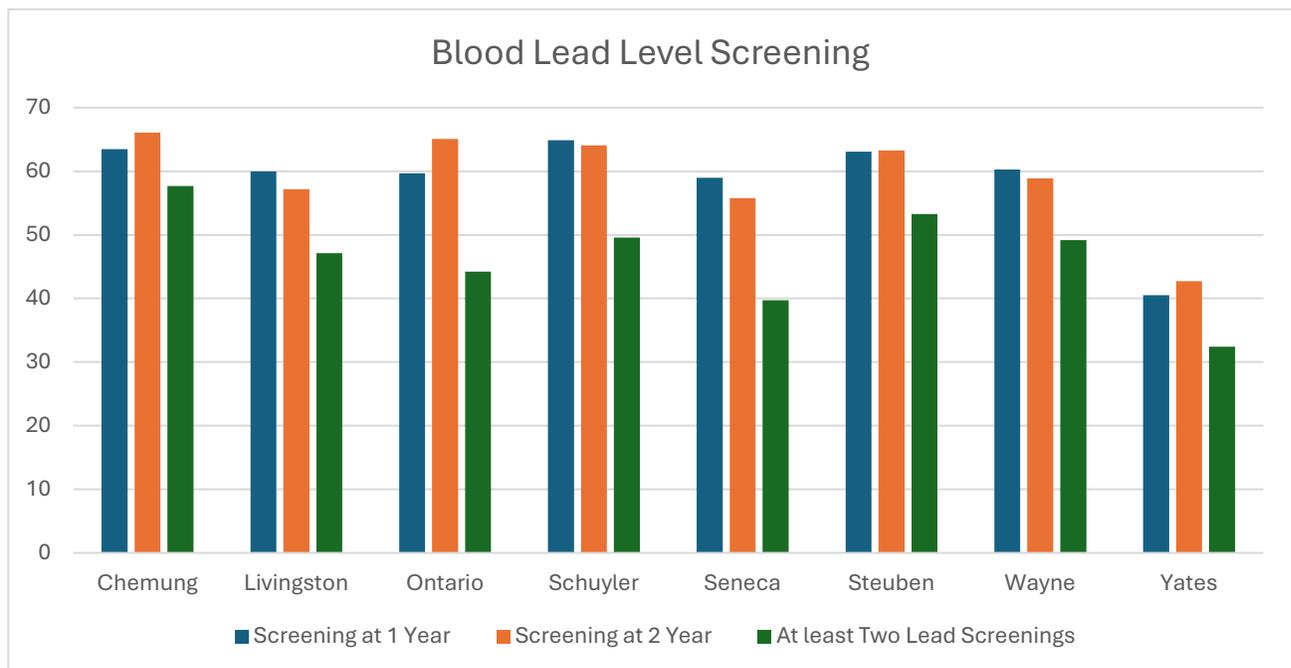


Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

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



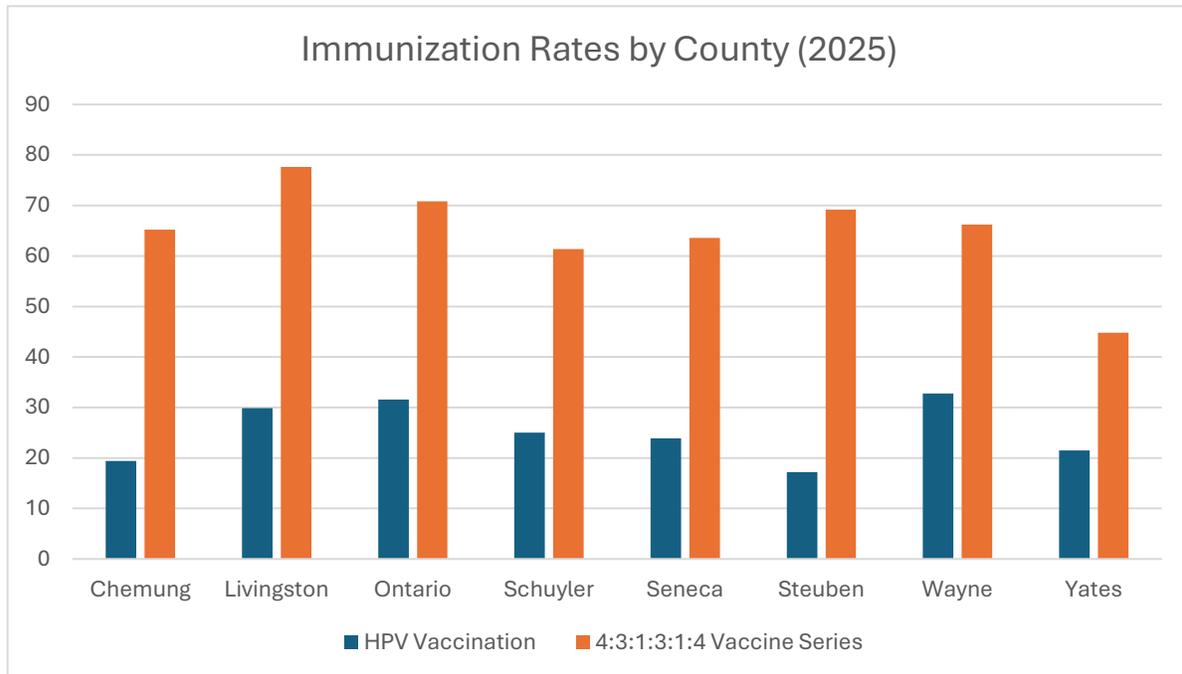
Source: NYSIIS Performance Report

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

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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

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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>

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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



Livingston County

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Source: Finger Lakes Tourism Alliance

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Participating Partners and Community Representation

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

CHA Leadership Team		
Organization	Sector	Population
Arc GLOW	Non-Profit	GLOW region- Individuals with Intellectual and Development Disabilities
Catholic Charities	Human Services	Low socioeconomic status
Cornell Cooperative Extension	Child and Family Services	Livingston County
Genesee Valley Health Partnership (GVHP)	Public Health	Livingston County
Lifespan	Human Services	Older adults
Livingston County Administration	Local Government	Livingston County
Livingston County Board of Health	Local Government	Livingston County
Livingston County CARES	Volunteer Organization	Livingston County
Livingston County Department of Health	Public Health	Livingston County
Livingston County Grants & Public Information	Communications	Livingston County
Livingston County Mental Health	Mental Health	Livingston County and nearby
Livingston County Office for the Aging	Human Services	Older adults
Livingston County Planning	Local Government	Livingston County
Livingston County Sheriff's Office	Law Enforcement	Livingston County
Monroe Plan for Medical Care	Healthcare	Low socioeconomic status
Mount Morris Central School District	Education	Mount Morris
UR Medicine/Noyes Health	Healthcare	Livingston County and nearby
Pivotal Public Health Partnership	Public Health	Finger Lakes region
Regional Transit System (RTS)	Transportation	Finger Lakes region
RESTORE Sexual Assault Services	Human Services	GLOW region
SUNY Geneseo	Education	Young adults
Tri-County Family Medicine	Healthcare	Livingston, Steuben, and Allegany Counties
United Way	Human Services	Greater Rochester and Finger Lakes
Wilmot Cancer Center	Healthcare	Greater Rochester and Finger Lakes

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Focus Groups		
Organization	Sector	Population
Dansville 4 Square Church	Faith-Based Organization	Livingston County and nearby
GLOW Out!	Human Services	LGBTQIA+
Lima EMS	Emergency Management	First responders
Livingston County Office for the Aging Advisory Council	Human Services	Older adults
Positive Expressions Family Support Group	Child and Family Services	Livingston County and nearby

Genesee Valley Health Partnership - Additional Participants		
Organization	Sector	Population
American Cancer Society	Healthcare	Greater Rochester and Finger Lakes – Cancer patients, survivors, families, and caregivers
Elderwood	Healthcare	Older adults
Elizabeth Wende Breast Care	Healthcare	Rochester area
Focus on the Children	Child and Family Services	Livingston County
Genentech	Healthcare	Rochester area
Genesee Valley Council of the Arts	Non-Profit	Livingston County
Health & Wellness Referral Services	Human Services	Older adults
Lagom Landing	Human Services	Livingston County and nearby
Livingston County Probation	Local Government	Livingston County
National Council on Alcoholism and Drug Dependence: Rochester Area (NCDD-RA)	Substance Use	Rochester area
Skybird Landing	Housing	Livingston County and nearby
Suicide Prevention Task Force	Mental Health	Livingston County
University of Rochester Primary Care	Healthcare	Rochester area
Veteran's Association	Human Services	Veterans



UR Medicine/Noyes Health

Executive Summary

Livingston County identified three priority areas in this Community Health Assessment. These include:

- Nutrition Security
- Oral Health Care
- Depression

Disparity Groups

Specific disparity groups include older adults living in poverty, children and youth in schools serving high need, economically disadvantaged students, 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

Livingston County's Community Health Assessment (CHA) process 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. Primary data collected through the CHA process included a structured Community Health Assessment Questionnaire, which received 261 responses over a three-month period, and five focus groups conducted as part of the Community Context Assessment. Additional primary data include CLYDE data collected by CASA-Trinity and Medical Examiner data. Further, forces of change and asset mapping assessments were undertaken with community partners to triangulate findings and shape the selection of priority areas.

Partners and Roles

The Livingston County Community Health Assessment Leadership Team and the Genesee Valley Health Partnership, which are diverse coalitions of organizations and community stakeholders, participated throughout the Livingston County CHA process. Key partners included the Livingston County Department of Health, UR Medicine/Noyes Health, Pivotal Public Health Partnership, Arc GLOW, *Be Well in Nunda*, Genesee Valley Health Partnership, Lifespan, Regional Transit Service, Livingston County Office for the Aging, Livingston County Mental Health, and other local agencies, government entities, and coalitions. Partners played roles in promoting surveys, organizing focus groups, conducting outreach to underrepresented groups, and participating in regular CHA committee meetings where they reviewed and interpreted data, completed prioritization exercises, and contributed to root cause and intervention analysis.

Efforts to engage the broad community included a community-wide CHA questionnaire and continued updates via website and social media posts. In addition, focus groups were specifically selected to represent disparate populations in the community.

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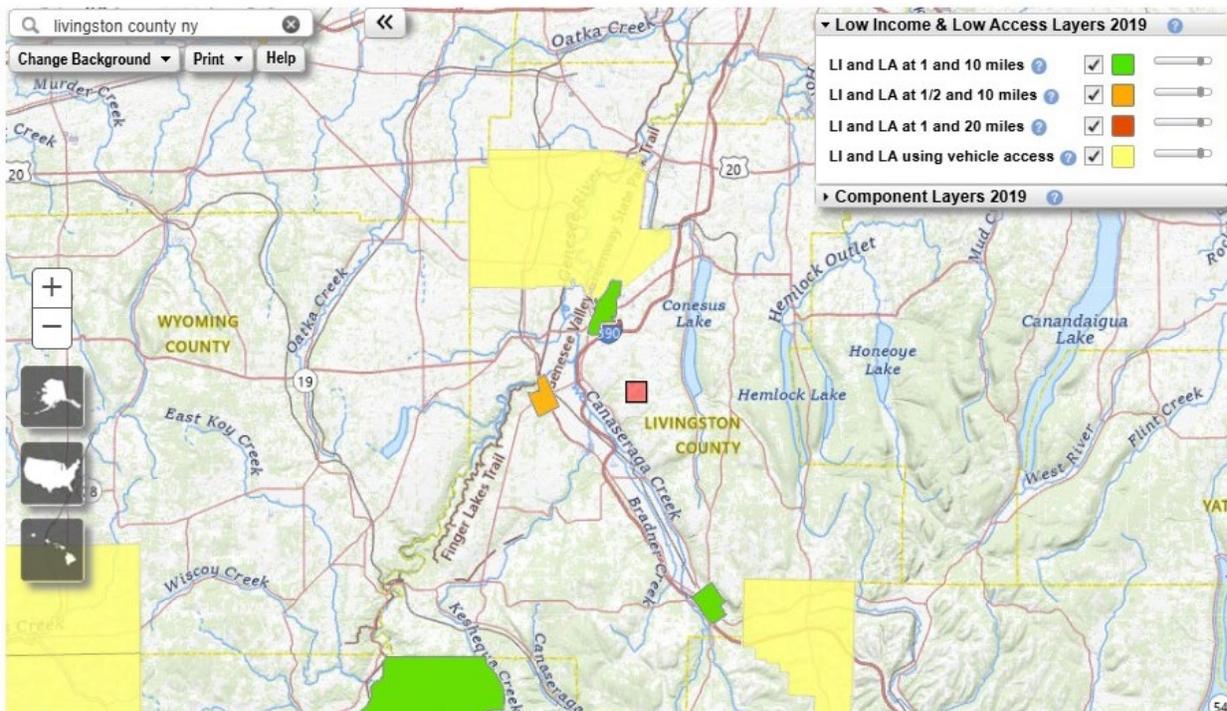
Each community partner participated in the Mobilizing for Action through Partnership and Planning (MAPP) 2.0 process as detailed in the regional section of this CHA, as well as outlined in this county-specific section. Key findings from the qualitative and quantitative data collection form the backbone of this assessment.

Summary of Findings

Livingston County demonstrates overall progress in economic, social, and health indicators, though challenges remain in key areas. The county has seen declines in poverty, particularly among children, while employment is strong, with low unemployment and a solid median household income. Nutrition security has improved, with food access matching the state average, and housing conditions are favorable, with fewer major housing problems, lower severe cost burdens, and high homeownership rates.

Despite these gains, behavioral health and chronic disease remain pressing concerns. Adults report rising poor mental health, high rates of depression, and increasing suicide rates, particularly among youth. Substance use, including overdoses, binge drinking, and smoking, continues to strain residents and local healthcare systems. Adverse Childhood Experiences affect a significant portion of adults, increasing long-term health risks. Nutrition challenges persist, with low fruit and vegetable consumption and high sugary drink intake, particularly among lower-income residents, contributing to obesity, diabetes, and heart disease. Nutrition challenges may be exacerbated by limited grocery store access in specific sections of Livingston County, with notable food deserts as noted in Map L1.

Map L1: Food Access Research Atlas



Source: U.S. Department of Agriculture Economic Research Service, 2025

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Access to physical activity has improved, with more residents having adequate exercise locations and fewer households lacking vehicles. However, low walkability and nearly one-quarter of adults reporting no leisure-time physical activity continue to pose risks for chronic disease. The county's low Social Vulnerability Index and strong civic engagement suggest resilience, though pockets of vulnerability exist. Injury and violence-related deaths, including those from firearms, motor vehicle crashes, and suicide, are rising and exceed state averages, emphasizing the need for prevention and safety initiatives.

Maternal and child health shows mixed trends. Prenatal care indicators, including abstinence from smoking, alcohol, and illicit drugs, have improved. Breastfeeding rates are high, though exclusive breastfeeding has slightly declined. Preterm births and low birth weights have increased, highlighting ongoing infant health risks.

Preventive services show varied outcomes: mammogram rates have improved, while colorectal and diabetes screenings have declined, though low-income residents often have higher testing rates. Oral health remains a challenge, particularly for Medicaid enrollees. Immunizations and lead screening coverage are improving and exceed state averages in many areas.

Educational outcomes are strong. High school graduation rates and adult high school attainment exceed state averages, and only 5% of teens and young adults are disconnected from work or school. Childcare availability is above the state average, though post-secondary education attainment among adults 25–44 remains below the state average. Economic disparities exist, but graduation rates among economically disadvantaged students are high.

Chronic disease prevalence reflects both progress and concern. Adult diabetes has decreased slightly below the state average, while adult obesity remains higher than the state average. Childhood and early childhood obesity rates are rising and exceed state averages, particularly among low-income children participating in SNAP and WIC programs. Life expectancy in the county is 79.4 years, matching the New York State average, though areas of lower life expectancy align with higher poverty. Leading causes of death include cancer, heart disease, and Alzheimer's disease, while premature death is driven by cancer, unintentional injury, and heart disease.

Emergency department use and preventable hospitalizations indicate potential gaps in primary care and chronic disease management, with higher rates in areas of poverty and lower life expectancy.

Overall, Livingston County ranks above national and state averages in health and well-being, reflecting strong quality of life, community engagement, and access to resources. Community conditions and social determinants of health are slightly above average, suggesting a supportive environment for residents. Nonetheless, targeted interventions remain critical to address behavioral health, substance use, chronic disease, injury prevention, nutrition, and access to care, particularly for vulnerable populations.

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Interventions and Strategies

For each priority area (Nutrition Security, Oral Health, Depression), partners identified and discussed evidence-based and promising interventions drawing from the NYS Prevention Agenda Healthy People 2030, and MAPP 2.0 framework. Selected strategies include expansion of nutrition and food access programs, school and community-based nutrition education, expanding awareness and promoting use of local access points to get affordable, high quality, nutritious food, enhancement of oral health care access for Medicaid and low-income residents via provider outreach and education, and increased promotion of behavioral health resources for youth, older adults, and rural communities. These interventions were selected based on alignment with local needs revealed through data analysis and partner discussions, feasibility of implementation, and potential to reduce identified disparities.

Progress Measures and Evaluation

Progress and improvement will be tracked by the Livingston County Department of Health and UR Medicine/Noyes Health in partnership with the CHA Leadership Team and GVHP with process and outcome measures detailed in the Community Health Improvement Plan (CHIP). These include annual monitoring of key health indicators (such as food security, dental visit rates, depression prevalence), use of CHIP scorecards, regular partner meetings for joint data review, and periodic community updates. The evaluation process builds on the MAPP 2.0 framework, incorporating partner and community feedback to ensure accountability and enable mid-course corrections.

A complete list of interventions and process measures is available in the CHIP.



Balloon over Letchworth State Park, Courtesy of Discover Upstate NY

Community Description

Service Area

Livingston County spans about 632–640 square miles of land in the Finger Lakes region of western New York State. The county includes many municipalities: towns such as Avon, Caledonia, Geneseo, (the county seat), Mt. Morris, Conesus, Groveland, Nunda, and many others including small villages and rural hamlets.

Because the county is largely rural, with population spread across farms, small villages, and rural towns, services reach a mix of urban-like villages, small towns, and remote areas.

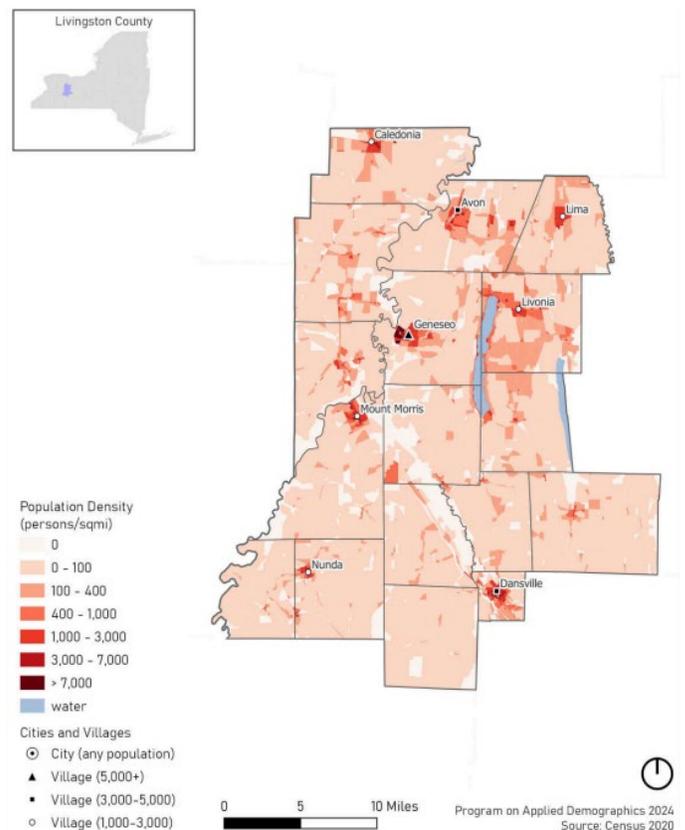
Demographic Summary

Demographic information is essential in public and community health because it helps identify who lives in a community, how their needs differ, and where health disparities exist. By understanding factors such as age, race, income, education, and poverty, organizations can target resources, design effective programs, and allocate funding where it will have the greatest impact. In short, demographic data provides the foundation for equitable planning, informed decision-making, and improved health outcomes for all community members.

Population

Livingston County has a population of 60,794 that is declining slightly but will remain relatively stable through 2040 as shown in Figure L1. Map L2 depicts the population density throughout Livingston County where 71.4% is considered rural. Small population densities may be seen in municipalities referenced as part of our service area and are scattered across the county landscape.

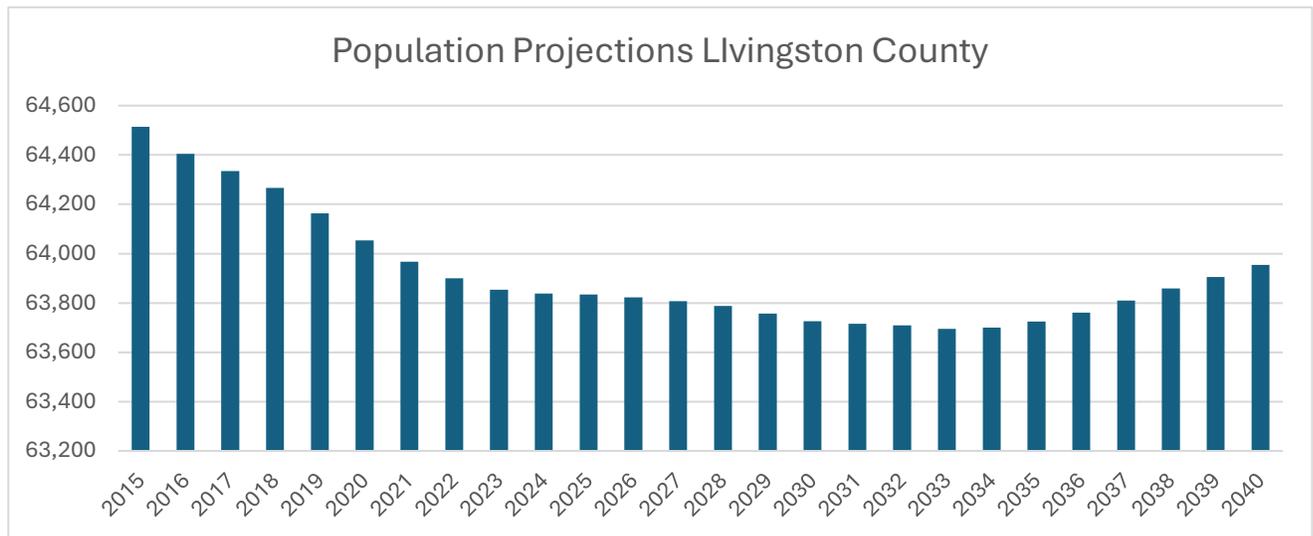
Map L2: Population Density of Livingston County



Source: Cornell Program on Applied Demographics

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Figure L1: Population Projections in Livingston County

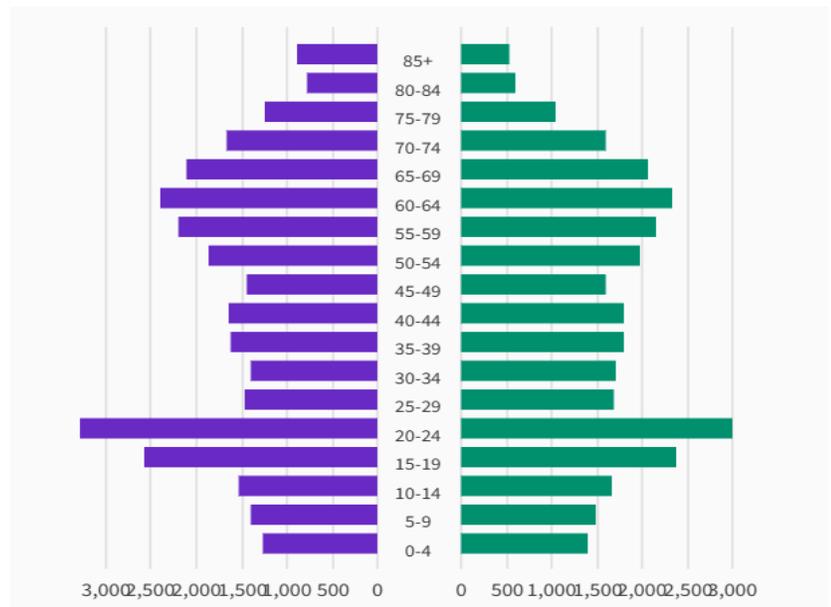


Source: Cornell Program on Applied Demographics

Age and Sex

To better understand the health needs of a community, it is important to know the sex and age breakdown. Figure L2 shows the number of county residents by sex and age. The median age in Livingston County is 41.4, while the percentage of the population that is female is 50.1% and those identifying as LGBTQ+ is 5.8%. The county has two larger population groups, 15-24 and 50-74, but is nearly evenly split between males and females.

Figure L2: Population by age and sex (Female = Purple)



Source: USA Facts 2022 per U.S. Census

Race and Ethnicity

Census data for Livingston County indicate it is largely white (90.9%) followed by Hispanic or Latino (4.1%), Black or African American (1.8%), Asian (1.3%), and American Indian or Alaska Native (0.3%).

The regional section of this CHA denotes additional population considerations including Amish/Mennonite and farmworkers.

Veterans and Disabled

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 Livingston County accounts for 6.9% which is more than 1.5 times that of NYS (3.9%). Of that number, 92% are male and 8% are female.

Disabled persons may face heightened barriers to care, transportation, employment, housing, and healthy living. The disabled population in Livingston County is 14.1% compared with 13.5% in the state as a whole. The most common disabilities are cognitive, independent living and ambulatory difficulty.

Language Spoken at Home

In Livingston County, per the U.S. Census, the percentage of people who speak a language other than English at home is 5.9%. The percentage of those who speak Spanish is 2.5%; those who speak Indo-European languages is 1.9%; those who speak Asian and Pacific Island languages is 0.8%; and 0.7% percent speak other languages. English language proficiency is one factor in ensuring residents are able to communicate their needs and understand their options, particularly related to health care.

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 Livingston County, as measured in the 2025 County Health Rankings, is 88%, while NYS is 90%. The percentage of the population with no access to broadband services, meaning broadband is simply not available in their area, is 9.3% in Livingston County.

Additionally, Light Up Livingston addresses the need for high-speed affordable broadband service in the County. The initiative, led by the Livingston County Board of Supervisors Broadband Committee, seeks to provide access to high-speed, fiber-optic internet to every address in the county. This effort is comprised of several phases, internet service providers and grant opportunities where available.

U.S. Census data from 2019-2023 shows that on average, 92.6% of Livingston County residents have a computer at home, compared to 94% for NYS. The majority own a computer (80.1%) or smartphone (84.5%). 77.5% have a cellular data subscription and 75.6% utilize cable, fiber optic, or DSL.

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. Community partners on the existing CHA Leadership Team met to discuss membership gaps and target outreach to areas affected by turnover in late 2024. Personalized outreach was completed by partners with contacts in these areas to complete a warm referral to the committee.

Regular committee meetings also included development of the Community Status Assessment survey and focus group questions, as well as opportunities for committee members to promote data collection efforts.

The Livingston County Department of Health developed a worksheet based on MAPP 2.0 guidance and the NYS Prevention Agenda (PA) for partners to complete, self-identifying how they engage with the community and which PA areas their work aligns with. Each partner completed the Community Partner Assessment (CPA), providing valuable organizational data and insights. Gaps in membership were identified and further outreach was conducted to ensure a diverse group of partners representing community interests was convened to conduct the CHA.

In preparation for the upcoming Community Status Assessment, a Livingston County representative attended Pivotal CHIP Chair meetings to share monthly updates and collaborate regionally when possible. At the January 13, 2025 CHIP Chair Connect, the group decided to establish a sub-committee to develop focus group questions based on MAPP 2.0 and Public Health Accreditation Board standards. The CHA Leadership Steering Group convened on January 22, 2025 to discuss focus group planning, such as session length, time of day, number of groups, preferred number of participants per group, and vulnerable populations to target, to contribute to regional efforts.

CHIP Chair Connect participants from three counties (Livingston, Schuyler, and Wayne) met on January 30th and February 6, 2025 to draft questions for review by the larger group. These questions were revised and adopted at the February 10th CHIP Chair meeting.

On February 26, 2025, the CHA Leadership Steering Committee reviewed a Focus Group Matrix to compare possible partners and groups to hold focus groups with based on considerations such as feasibility, access to vulnerable populations, and groups that have been recently surveyed. The group discussed other possible partners to host a focus group session, weighing pros and cons of groups based on size, participation, and coverage of underserved populations.

Based on conversations with the CHA Leadership Steering Group and potential partner agencies, five final groups were chosen to host focus groups: TRIAD (older adults), Positive Expressions Avon (family/child health), Dansville 4 Square Church, Lima Emergency Medical Services, and GLOW Out! (LGBTQ+). Members of the CHA Leadership Team also helped identify and engage community

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The cross-cutting themes discovered via data triangulation to be ranked in Livingston County were:

- Access to Community Services and Support
- Poverty
- Housing Stability & Affordability
- Injuries & Violence
- Prevention of Infant and Maternal Mortality

Partners participated in a discussion about the issue profiles, identifying root causes for the cross-cutting themes that were identified through data triangulation. The discussion led to the creation of a fishbone diagram for each priority, detailing the factors that contribute to the issue such as environment, processes, people, and policies.

Finally, partners actively participated in reviewing issue profiles and in the prioritization process, ensuring that shared priorities reflected both data and community voice. GVHP and the Livingston County CHA Leadership Team convened on September 18, 2025 to participate in a group prioritization process. A prioritization matrix was developed 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 developed as priority areas for this CHA. To ensure multiple community perspectives were included in the prioritization process, the digital prioritization survey was shared with community partners who could not attend the meeting over the following seven days.

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

Prioritization results are detailed in Table L1.

Table L1: Livingston County Prioritization Survey Results

Rank	Issue	Total (Lowest is top)
1	Depression/Anxiety and Stress	664
2	Primary Prevention, Substance Misuse, and Overdose Prevention	782
3	Poverty/Housing Stability and Affordability/Nutrition Security	852
4	Preventive Services for Chronic Disease Prevention and Control	1026
5	Suicide	1041
6	Oral Health Care	1053

Justification for Unaddressed Health Needs

Due to ongoing work in the area of Primary Prevention, Substance Misuse, and Overdose Prevention, the CHA Leadership Committee elected to substitute Oral Health Care into the Community Health Improvement efforts, due to community response during the Community Context Assessment. Following opioid settlement funding, substance use initiatives are underway and the most recent data for Livingston County shows positive trends in opioid deaths. Foundation work in the area of Oral Health Care has been completed in the creation of the Livingston County Access to Dental Care Committee.

New York State Prevention Agenda 2025-2030

Table L2 identifies the NYSDOH Prevention Agenda Domains and Priorities. Those domains and priorities in bold are those chosen by Livingston County as priorities to address in this CHA. The Community Partners column represents those who participated in the CPA and CCA. The number reflects the number of partners who feel they address the specific priority area.

Table L2: NYS Prevention Agenda

Domain	Priorities	Community Partners
1. Economic Stability	Poverty	5
	Unemployment	3
	Nutrition Security	5
	Housing Stability and Affordability	6
2. Social and Community Context	Anxiety and Stress	6
	Suicide	5
	Depression	6
	Primary Prevention, Substance Misuse, and Overdose Prevention	5
	Tobacco/ E-cigarette Use	5
	Alcohol Use	5
	Adverse Childhood Experiences	5
	Healthy Eating	5
3. Neighborhood and Built Environment	Opportunities For Active Transportation and Physical Activity	16
	Access to Community Services and Support	6
	Injuries and Violence	5
4. Health Care Access and Quality	Access to and Use of Prenatal Care	1
	Prevention of Infant and Maternal Mortality	0
	Preventive Services for Chronic Disease Prevention and Control	4
	Oral Health Care	2
	Preventive Services	2
	Early Intervention	2
	Childhood Behavioral Health	3

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5. Education Access and Quality	Health and Wellness Promoting Schools	3
	Opportunities for Continued Education	0

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

Domain: Economic Stability

Socioeconomic disparities are closely linked to poor health, affecting physical, mental, and educational outcomes. Children and older adults are especially vulnerable.

Unemployment and underemployment also contribute to major health inequities. Individuals who are unemployed face greater barriers to health care and experience worsening health the longer unemployment persists. Employment challenges stem from shifts in the labor market, wage stagnation, and weakening labor protections.

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. Many communities, especially rural and low-income, lack full-service grocery stores and rely on costly convenience outlets with limited healthy options.

Housing insecurity further undermines health. Low-income families and older adults face the greatest housing burdens and associated health risks.

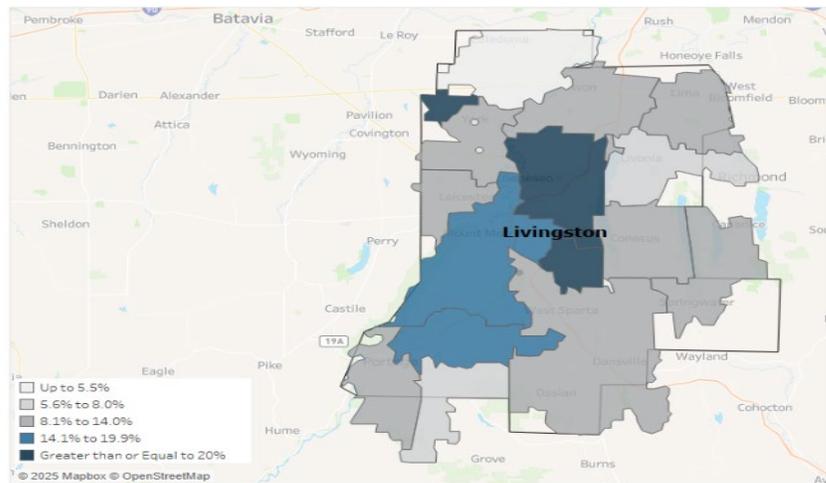
Priority: Poverty

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.

Livingston County’s overall poverty rate decreased 14% to 11.6% since 2018, remaining below the state average of 13.7%.

Child poverty also declined 14%, reaching 12%, which is lower than the statewide rate of 19%. In contrast, poverty among residents age 65 and older increased 17% to 6.9%, though it still falls below the New York State average of 12.7%. Focus groups noted rising living costs - particularly food and medical expenses on fixed

Map L3: Overall Poverty Rate in Livingston County



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

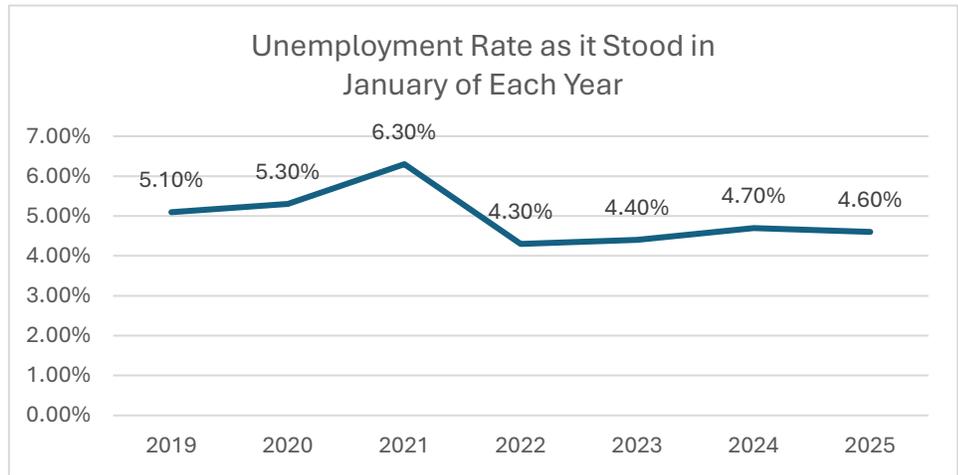
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incomes - as a growing concern. Map L3 highlights poverty levels across the county, with the highest rates found in the Mt. Morris and Geneseo areas.

Priority: Employment

Unemployment can lead to financial instability for families and reduced economic vitality for the community as a whole. 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.

Figure L3: Unemployment Rate in January of Each Year



Source: Bureau of Labor Statistics

The unemployment rate in August 2025 was 3.8%, down from 4.6% in January 2025. The median household income in the county is \$72,500. Figure L3 notes the unemployment rate in January of each year from 2019 to 2025.

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

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 and community systems, from healthcare to schools, they feel the strain, and long-term inequities in health outcomes deepen.

Nutrition security data from the Behavioral Risk Factor Surveillance System were used to determine food security in Livingston County. Most recent data from 2019 note that 4% of the population of Livingston County does not live close to a grocery store which is above the state average of 2% and a decrease of 20% from 2015. Data on perceived food security among adults with an annual household income of less than \$25,000 is available for 2016. In that year, 60.5% of individuals in this income group reported being food secure, above the state average of 58.4%. From 2018 to 2021, the percentage of adults aged 18 and older who were food secure increased from 82.9% to 85.8%, exceeding the target value of 75.9%. The NYS rate was 75.1% in 2021.

The Food Environment Index of the USDA Food Environment Atlas 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). Livingston County's score increased 4% from 2018 to 8.7 in 2022 and is equal to the state

average of 8.7. This indicates that, on average, residents face similar barriers to healthy food access as elsewhere in the state—not fewer or more.

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.

In 2021, 12% of households in Livingston County experienced at least one major housing problem: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. This is well below the state average of 23% and reflects a 20% improvement since 2017. Homeownership is strong: 77% of occupied housing units were owner-occupied in 2023, up 3% since 2019 and significantly higher than the state's 54%. Severe housing cost burden has also improved in 2023, with only 10% of households spending half or more of their income on housing, compared to 19% statewide.

Economic Stability Domain Summary: Livingston County shows overall improvement across key economic and social indicators. Poverty rate, especially for children, has declined, though older adults are increasingly strained by rising living costs. Employment trends are strong, with falling unemployment and a solid median income. Nutrition security has improved, with more residents reporting stable food access and the county's food environment now matching the state average. Housing conditions are also favorable: major housing problems and severe cost burdens have decreased, and homeownership rates remain high compared to New York State.

Domain: Social and Community Context

Mental health is essential for daily functioning, healthy relationships, and resilience. Stress and anxiety can harm the body, contribute to conditions like depression and substance misuse, and increase the risk of early death.

Suicide remains a major public health concern. Suicide is still a leading cause of death among young people, and many high school students report suicidal thoughts or attempts.

Depression affects more than one in five New Yorkers each year and significantly disrupts daily life. Certain groups face higher risks due to chronic stress, trauma, and systemic inequities. Many people still struggle to access or seek treatment because of stigma or limited services.

Substance use and overdose deaths continue to pose serious challenges in the state. Early alcohol and drug use, high availability of substances, and social norms contribute to risk.

Commercial tobacco use remains a leading cause of preventable illness and death, with significant disparities driven by targeted marketing, especially in low-income and minority communities. Excessive alcohol use is common and leads to thousands of deaths and billions in economic costs in New York State each year. Availability, low pricing, and targeted marketing contribute to unequal burdens among certain populations.

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Adverse childhood experiences (ACEs) significantly increase the risk of chronic disease, mental health problems, and substance misuse later in life.

Healthy eating is vital for preventing chronic disease, yet many New Yorkers do not consume daily fruits and vegetables.

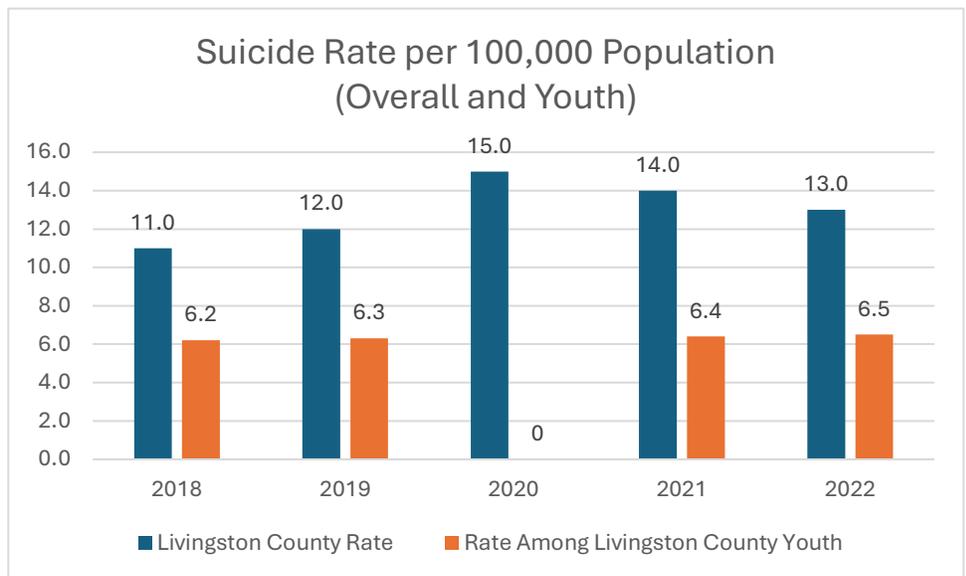
Priority: Anxiety and Stress

In 2022 reporting from the Behavioral Risk Factor Surveillance System, the percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) increased from 2018 to 18%, above the NYS average of 16%. 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 Livingston County - it can signal increasing stress, depression, or anxiety in the community, 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.³¹

Priority: Suicide

The National Center for Health Statistics notes the suicide rate in the county was 13 per 100,000 in 2022, an increase of 18% from 2018 as shown in Figure L4; higher than the NYS average of 8. The suicide rate among youth (15-19 years-of-age) per 100,000 is 6.5 which is higher than the NYS average of 5.6 and an increase of 10% from 2018 as shown in Figure L4. Local Medical Examiner data from 2023-2025 show inconsistent improvement, with 8 per 100,000 in 2023, 11 in 2024, and 6 in 2025. Rising

Figure L4: Suicide Rate



Source: National Vital Statistics

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, and especially its youth 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

³¹ 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.

often indicate deeper issues such as isolation, substance use, economic stress, or limited access to mental-health services.³²

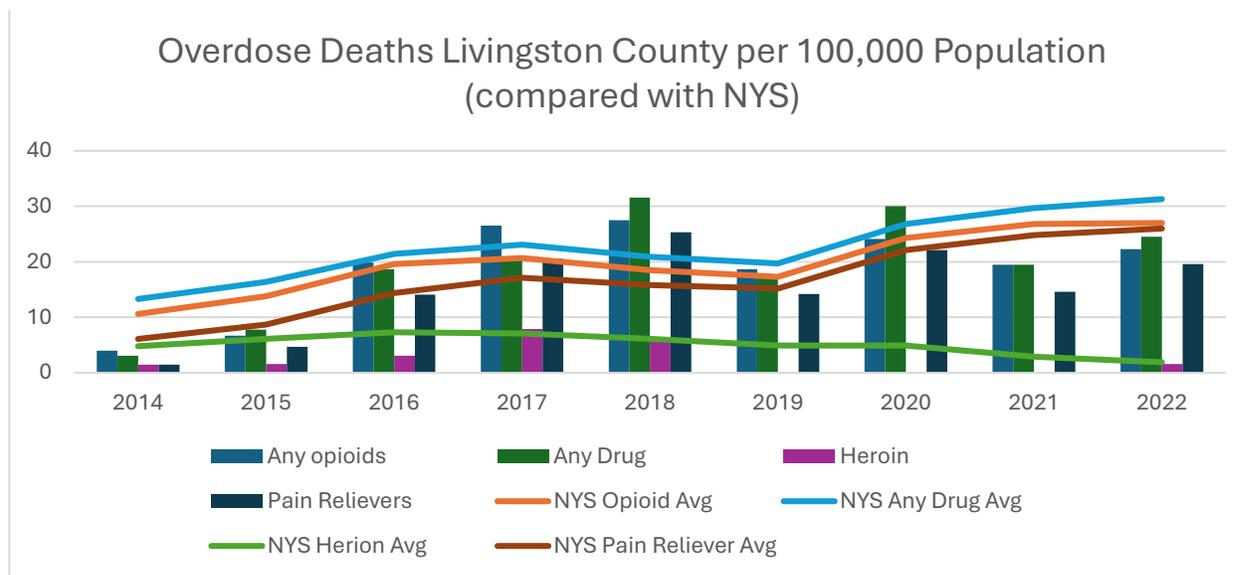
Priority: Depression

The age-adjusted rate of adults reporting a depressive disorder in 2021 is 24.9% higher than the NYS average of 18.7% and an increase of 27% from 2016³³. 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, social isolation, and suicide, as well as greater demand for mental health services. When the county’s rate is both higher than the state average and rising, it 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.³⁴

Priority: Drug Misuse and Overdoses Including Primary Prevention

Overdose deaths, as reported in 2022, continue to trend upward from 2014 with the exception of heroin as noted in Figure L5. Overdoses involving any opioids have increased 829% from 2014; involving any drug have increased 433%; involving heroin have increased 60%; and involving pain relievers have increased 532%. All overdose deaths are below state averages and are measured per 100,000 population.

Figure L5: Overdose Deaths in Livingston County per 100,000 population



Source: Vital Statistics Data

³² Source: <https://www.cdc.gov/suicide/facts/index.html>

³³ Source: Behavioral Risk Factor Surveillance System

³⁴ Source: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health>

This is a serious public health problem because rising overdose rates reflect increasing substance use and related harms 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.³⁵

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) declined 24% since 2018, reaching 16%, which remains above the New York State average of 12%. In contrast, the percentage of adults reporting binge or heavy drinking rose 15% since 2018 to 23%, higher than the state average of 20%. Data on e-cigarette use among adults in the county are not available. 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.³⁶ Data from the 2024 Community-Level Youth Development Evaluation (CLYDE) Survey indicate that alcohol use in Livingston County students from grades 6-12 has decreased, with 20.7% of all students reporting consuming alcohol in their lifetime and 7.4% within the last 30 days, compared to 2022 rates of 23.8% and 9.6%, respectively. However, tobacco use has increased from the 2022 rate of 5.5% (lifetime) and 2% (last 30 days) to 7.3% (lifetime) and 2.9% (last 30 days) in 2024. Vaping trends are similar, rising from 10.7% of students using a nicotine vaping device in their lifetime to 12%. Vaping rates within the last 30 days remained the same at 5.6%.⁹

Priority: Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are those 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. Data are tracked in the Behavioral Risk Factor Surveillance System and reflect data from 2021. The age-adjusted percentage of adults with two or more adverse childhood experiences decreased 6% from 2016 to 38.8%, below the NYS average of 40.5%.

ACEs have long-lasting effects on physical, mental, and behavioral health. Experiencing two or more ACEs increases the 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 to 38.8% - below the state average - this still represents a substantial portion

³⁵ Source: <https://www.cdc.gov/overdose-prevention/about/>

³⁶ 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.

of the population at higher risk for long-term health problems and increased healthcare and social service needs.³⁷

Priority: Healthy Eating

Daily fruit and vegetable consumption among adults is 49% and 56.5%, respectively, down 9% and 2% since 2016, possibly reflecting limited access to fresh produce. Among adults earning less than \$25,000, 37.5% consume at least one sugary drink per day - a 14% decrease and slightly above the New York State average of 34.1%. Data are from 2021 in the Behavioral Risk Factor Surveillance System.

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 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.³⁸

Social and Community Context Domain Summary: Livingston County faces multiple behavioral health and chronic disease challenges. Adults report increasing poor mental health, high rates of depression, and rising suicide rates, particularly among youth, indicating growing stress, unmet mental-health needs, and social strain. Substance use is a major concern: overdose deaths, binge drinking, and smoking remain high or are increasing, contributing to preventable illness, death, and strain on healthcare systems. Adverse Childhood Experiences (ACEs) affect a substantial portion of adults, elevating long-term risks for physical and mental health problems. Nutrition challenges persist, with low fruit and vegetable consumption and high sugary drink intake, especially among lower-income residents, increasing risks for obesity, diabetes, and heart disease. Overall, these trends highlight the need for targeted interventions to improve mental health, prevent substance misuse, and support healthy behaviors across the community.

Domain: Neighborhood and Built Environment

Regular physical activity offers wide-ranging benefits at every age. It lowers the risk of major chronic diseases, including heart disease, stroke, type 2 diabetes, and several cancers, and supports stronger bones and muscles, better sleep, improved mental health, and longer life expectancy.

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 environment features, including parks, safe sidewalks, bike lanes, and walkable neighborhood layouts, play a major role as well.

Active transportation like walking or biking to reach daily destinations can help integrate physical activity into everyday routines, but it requires safe, well-connected routes and nearby destinations.

³⁷ Source: <https://www.cdc.gov/aces/about/index.html>

³⁸ Source: <https://www.cdc.gov/nutrition/php/about/index.html>

⁹Source: https://clyde.catalyst-insight.com/public/dashboard/livingston_ny

Injuries, both intentional and unintentional, are a leading cause of premature death in Livingston County. 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, 79% of residents reported adequate access to locations for physical activity, up 7% since 2019 but below the New York State average of 93%. Households without vehicle access declined 24% to 5.9% in 2023, well below the state average of 29%. The walkability index remained low at 4 out of 20 (2019), and 23% of adults report no leisure-time physical activity, slightly below the state average of 25% and down 15% since 2019.³⁹

Access to safe spaces for physical activity, transportation options, and walkable environments directly affect residents' ability to maintain regular exercise. 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 can create barriers to healthy lifestyles, contributing to long-term health disparities in the community.⁴⁰

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”⁴¹ define its Social Vulnerability Index (SVI). In Livingston County, the SVI, as measured in 2022, is 0.0820 (1 is the highest vulnerability), unchanged from 2014.

Civic engagement, as reported in the County Health Rankings, may be measured as voting, volunteering, and participating in community events. The percentage of the population of voting age who voted in the 2020 presidential election is 62.3%.

Per the 2025 National County Health Rankings, “In Livingston County there were 12.0 membership organizations per 10,000 people compared with 7.9 for NYS. 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. Livingston County’s relatively low SVI and strong civic involvement suggest it has a solid foundation to respond to community challenges, though vulnerabilities still exist for certain populations.⁴²

³⁹ Sources: U.S. Census, County Health Rankings, EPA Office of Community Revitalization

⁴⁰ Source: <https://www.who.int/news-room/fact-sheets/detail/physical-activity>

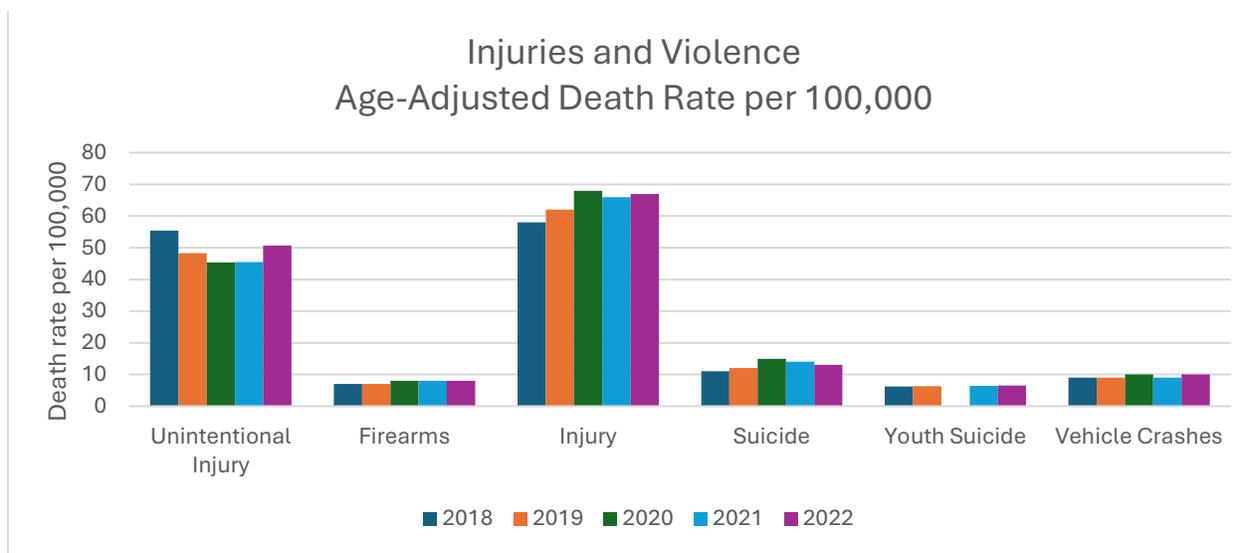
⁴¹ Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Interactive

⁴² Source: County Health Rankings.

Priority: Injuries and Violence

Unintentional injury deaths continue to be problematic. Firearm, injury, motor vehicle crash and suicide deaths are all above state rates and increasing. Overall injury and violence-related deaths are a growing threat to community health and safety. Figure L6 details age-adjusted injury and violent death rates per 100,000 population. The age-adjusted rate of intentional injury death in 2022 increased 14% from 2015 to 50.7 (NYS average of 54.1); death due to firearms increased 14% from 2018 to 8 (NYS average of 5); death due to injury increased 16% from 2018 to 67 (NYS average of 60); adult suicide increased 18% from 2018 to 13 (NYS average of 54.1); youth suicide increased 10% from 2015 to 6.5 (NYS average of 5.6); vehicle crashes increased 11% from 2018 to 10 (NYS average of 6).

Figure L6: Injuries and Violence



Source: County Health Rankings, National Center for Health Statistics

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 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 rates also strain healthcare systems, emergency services, and social support networks, highlighting the need for targeted prevention, education, and community safety initiatives.⁴³

Neighborhood and Built Environment Domain Summary: In Livingston County, access to physical activity has improved, with 79% of residents having adequate locations for exercise and fewer households lacking vehicles, but walkability remains low and nearly a quarter of adults report no leisure-time physical activity, contributing to higher risks of chronic disease. The county's low Social Vulnerability Index and strong civic engagement - evidenced by high voter participation and

⁴³ Source: <https://www.cdc.gov/injury/index.html>

numerous community organizations - suggest resilience, though pockets of vulnerability persist. Meanwhile, unintentional and intentional injury deaths, including those from firearms, motor vehicle crashes, and suicide, are rising and exceed state averages, posing significant health, safety, and social challenges that require targeted prevention and community interventions.

Domain: Health Care Access and Quality

Prenatal care, including risk assessment, health promotion, and therapeutic interventions, is most effective when initiated early and maintained throughout pregnancy. Prenatal care reduces risks such as preterm birth, low birth weight, and maternal and infant mortality.

Chronic diseases, including heart disease, stroke, cancer, diabetes, and obesity, are leading causes of death in NYS and the Finger Lakes region.

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.

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 programs support infants and toddlers with developmental delays, with timely identification and services reducing long-term educational and social challenges. Equity gaps persist.

Priority: Access to and Use of Prenatal Care

Receiving early and adequate prenatal care is important for ensuring a healthy pregnancy. Smoking, alcohol and illegal drug use abstinence are important indicators of appropriate prenatal care.

Livingston County improved in all three from 2018-2024. The percentage of birthing persons who abstained from alcohol was 98.6%, an increase of 2% (2024 data from the National Survey on Drug Use and Health), abstinence from smoking was 92.5%, an increase of 20%, and abstinence from illegal drug use was 98.2%, an increase of 5%.⁴⁴

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 9.2% of births (2022 data) were preterm, an increase of 15% from 2013 and just below the state average of 9.5. Live births with low birth weights were 7% (2023 data), an increase of 17% from 2018 and just below 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 (2024 data) was 89.5%, an increase of 23% from 2015. Those who were fed exclusively breast milk in the hospital was 53.7%, a decrease of 14% from 2013 and higher than the NYS average of 46.7%.⁴⁵

Data from LCDOH programs demonstrated 81% of postpartum clients initiated breastfeeding in 2025, compared to 74.3% in 2024. 2025 WIC data shows a decline in the percentage of women with

⁴⁴ Source: U.S. Department of Health and Human Services, Healthy People 2020, *National Center for Health Statistics*

⁴⁵ Source: *NYS Prevention Agenda, Vital Records*

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a preventive visit to 18.9%, compared to 25.5% in 2024. Additionally, 57.1% of clients attended a postpartum visit within eight weeks following birth and 75% within 12 weeks. This is a decrease from 2024 rates of 63% with a postpartum visit within eight weeks and 56.5% within 12 weeks. Five preterm infants were born in Livingston County in 2025.¹⁷

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 are measured in deaths per 1,000 individuals. Data for this measure in Livingston County are unavailable. This may be due to the small number, if any, of infant deaths in the county.⁴⁶

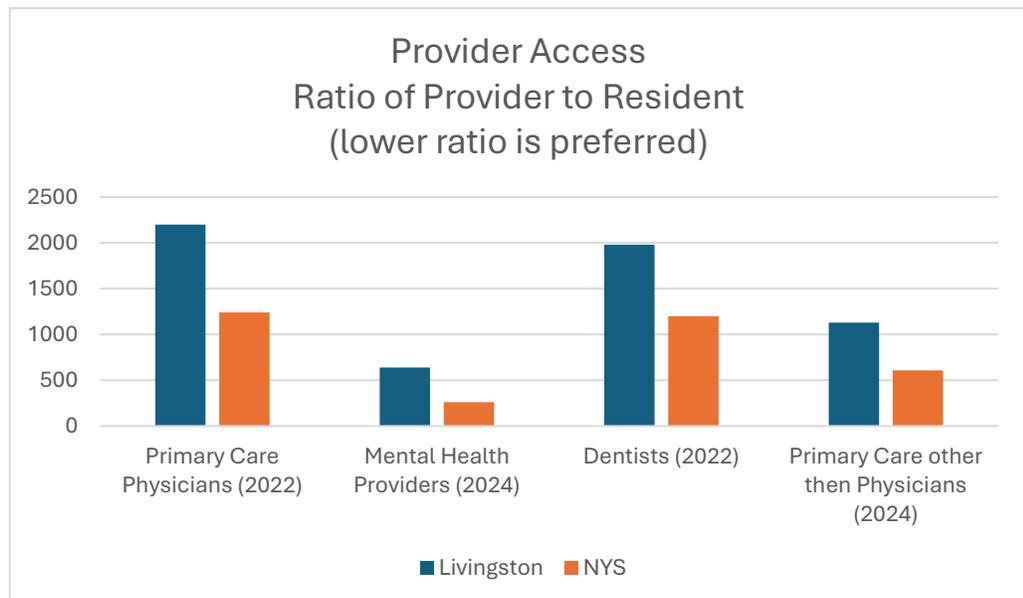
Maternal mortality is measured per 100,000 population. Livingston County has had zero maternal mortality per 100,000 population in 2022. That does not necessarily mean there were no maternal deaths, but the number may be so low as to not be reportable.

Priority: Preventive Services for Chronic Disease Prevention and Control

Many factors impact access to care for the community. Provider shortages, insurance coverage, and economic and geographic challenges all pose barriers to access to care in Livingston County and were referenced by those who participated in CHA focus groups. Focus group participants were particularly concerned about a lack of providers who accept new patients and/or Medicaid.

There are fewer primary care physicians (2,200:1 – 2022 data), mental health providers (640:1 – 2024 data), dentists (1,980:1 – 2022 data), and primary care practitioners other than physicians (1,130:1 – 2024 data) 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 higher barriers to accessing preventive and specialty

Figure L7: Provider Access



Source: County Health Rankings Area Health Resource File/American Medical Association

⁴⁶ Source: NYS Prevention Agenda, Statewide Perinatal Data System, Vital Records

¹⁷ Source: NYS DOH Data Management Information System for the Perinatal Infant Community Health Collaborative, Livingston County data

care. Many residents struggle with transportation, cost, and availability of services (Figure L7).

Health insurance coverage in Livingston County is stable or improving. In 2022, 5% of adults under 65 and 2% of children under 19 were uninsured, unchanged from 2018 and below New York State averages of 7% and 3%, respectively. The overall population under 65 without insurance decreased 20% from 2018 to 4%.⁴⁷

Preventive care shows mixed trends, based on 2022 data. Mammogram rates among women ages 50–74 increased to 79%, and Medicare enrollees receiving mammograms rose to 51%, above the state average of 44%. Colorectal screening declined to 62%, and adults aged 45+ tested for high blood sugar or diabetes dropped to 61.6%, below the state average of 63.8% (data from 2021). Among lower-income adults (<\$25,000/year), 75.4% in 2018 had blood pressure or diabetes tests in the past three years, up 98% from 2016 and above the state average of 57.9%. The prevalence of high blood pressure in 2021 in adults 18+ increased slightly to 28.8%.⁴⁸

Oral Health Care

According to County Health Rankings, Livingston County has a dentist-to-population ratio of 1,980 to 1. Adult dental care use has declined. In 2019, 69.9% of adults had a dental visit in the past year - an 11% decrease since 2014 and slightly below the New York State average of 71.3%.

Access is even more limited for Medicaid enrollees. In 2023, only 41.3% of Medicaid-insured children and youth (ages 2–20) had at least one dental visit in the past year, a 7% drop since 2014 and below the state average of 48.6%. Preventive visits were also lower, with 38.7% receiving at least one - again a 7% decrease and below the state average of 45.2%.

For Medicaid-enrolled adults, only 26.7% had a dental visit in the past year (a 13% decline since 2014), and just 22.7% had a preventive visit (down 15%). Both rates remain lower than the statewide averages of 30.1% and 26.0%, respectively.⁴⁹

Preventive Services – Immunizations and Lead

Data from 2025 indicate that 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 (PCV)) immunization series increased 3% from 2016 to 77.6%. The number of children who received the HPV vaccine increased to 30%. Both are better than the NYS averages of 63.6% and 23.6%, respectively.

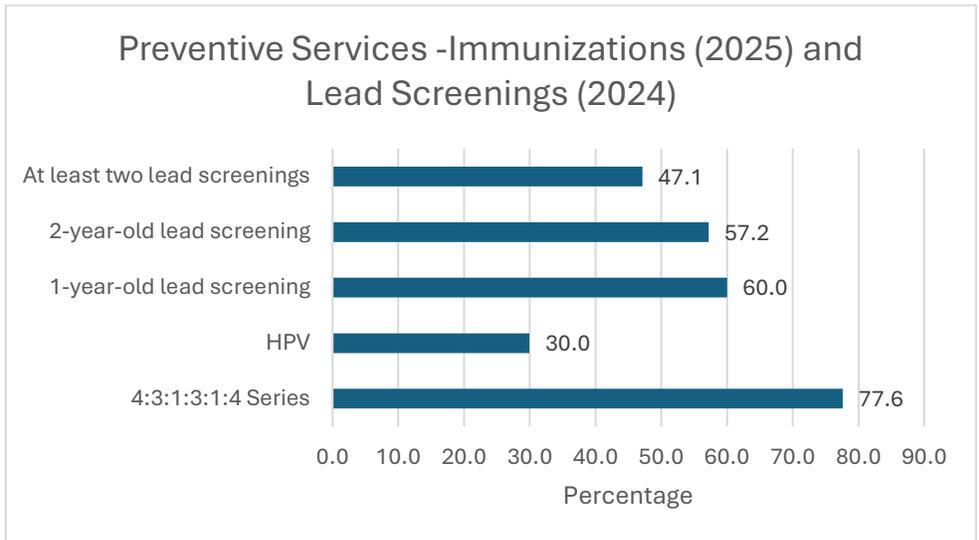
⁴⁷ Source: County Health Rankings, Small Area Health Insurance Estimates

⁴⁸ Source: CDC, Local Data for Better Health; County Health Rankings: Mapping Medicare Disparities Tool; Behavioral Risk Factor Surveillance System

⁴⁹ Source: *Behavioral Risk Factor Surveillance System, NYS Medicaid Program, NYS Prevention Agenda*

2024 lead screening data indicate that the percentage of children aged one year who received one lead screening is 60.0%, a decrease of 1% from 2015. The percentage of children aged two years who received at least one lead screening was 57.2%, an increase of 3%. Those who received at least two lead screenings by two years of age was 47.1%, an increase of 6% (Figure L8).

Figure L8: Preventive Services - Immunizations and Lead Screenings



Source: NYSIIS Performance Reports/IAP Baseline Reports

Health Care Access and Quality

Domain Summary: Livingston County has made progress in

maternal and child health, with improvements in prenatal care indicators such as abstinence from smoking, alcohol, and illegal drugs during pregnancy. Breastfeeding rates are high, though exclusive breastfeeding has declined slightly. Preterm births and low birth weights have increased, highlighting ongoing risks for infant health. Preventive care access is mixed: mammogram rates have improved, while colorectal screening and diabetes testing among adults have declined, though low-income residents show higher testing rates. Oral health care remains a challenge, particularly for Medicaid enrollees. Immunization rates for children, including routine vaccines and HPV, are above state averages, and lead screening coverage is gradually improving. Overall, these data show progress in some areas of preventive care but reveal persistent gaps that affect maternal, child, and adult health outcomes.

Domain: Education Access and Quality

Chronic absenteeism, defined by the U.S. Department of Education as missing at least 10% of the school year for any reason, rose sharply in New York State after the COVID-19 pandemic. In 2022–23, 26.4% of all students and 34.1% of high schoolers were chronically absent, far above the pre-pandemic rate of 15.5%. Chronic absenteeism is associated with lower academic achievement, social disengagement, higher dropout risk, and poorer long-term health and economic outcomes.

Education strongly influences health. Individuals with more schooling live longer, have fewer chronic diseases, and experience greater economic stability. Several factors contribute to absenteeism such as physical and mental health challenges, substance use, unsafe school environments, and low fitness levels.

Post-secondary education also brings substantial benefits. Adults with a bachelor’s degree earn significantly more, are less likely to be unemployed, and have better health and safer working and living conditions than those with only a high school diploma. However, affordability and unequal access remain challenges.

Priority: Health and Wellness Promoting Schools

County-specific absenteeism data were not available. State level data may be found in the regional section of this CHA.

Additional indicators to explain Livingston 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) is 5%, lower than the state average of 7%, the number of school age students who are eligible for free or reduced lunch (44% vs 57% for the NYS) and the number of child care centers per 100,000 children under age 5 (7 vs 6 for NYS).⁵⁰

Priority: Opportunities for Continued Education

The percentage of adults ages 25 and over with a high school diploma or equivalent was 93% in 2023, higher than the NYS average of 88% and an increase of 2% from 2019. The percentage of adults aged 25-44 with some post-secondary education was 66% in 2023, lower than the NYS average of 71% and an increase of 3% from 2019. The percentage of ninth grade cohort that graduates in 4 years was 92% in 2023, higher than the NYS average of 87% and unchanged from 2019. The average gap in dollars between actual and required spending per pupil among public school districts in 2022 was \$11,626 compared with \$12,745 on average in NYS; an increase of 5% from 2019. The percentage of economically disadvantaged graduation rate in 2023 was 87% vs. 82% for NYS; an increase of 7% from 2019.⁵¹

Education Access and Quality Domain Summary: Livingston County shows generally strong educational outcomes and resources. Only 5% of teens and young adults are disconnected from work or school, below the state average of 7%, and 44% of school-age students are eligible for free or reduced lunch, compared with 57% statewide. The county has slightly more child care centers per capita than the state average. High school graduation rates are high at 92%, and 93% of adults 25+ have a high school diploma, both above state averages. However, post-secondary education attainment among adults 25-44 is lower than the state average at 56%. Spending per pupil is slightly below the state average, but the graduation rate among economically disadvantaged students is strong at 87%. Overall, the county demonstrates strong educational attainment and school performance, though opportunities exist to increase post-secondary education levels.

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 prevalence of adults over age 20 with diagnosed diabetes in 2022 was 9%, a decrease of 31% from 2017 and slightly lower than the NYS average of 10%. The percentage of adults presenting as obese decreased 1% from 2017 to 37.8% in 2021, higher than the NYS average of 31.6%. The percentage of children and adolescents with obesity increased 10% from 2013 to 20.7% in 2018 (the most recent data available), slightly higher than the NYS average of 20.6%. The percentage of ages 2-4 with obesity who participate in

⁵⁰ Source: County Health Rankings

⁵¹ Source: American Community Survey

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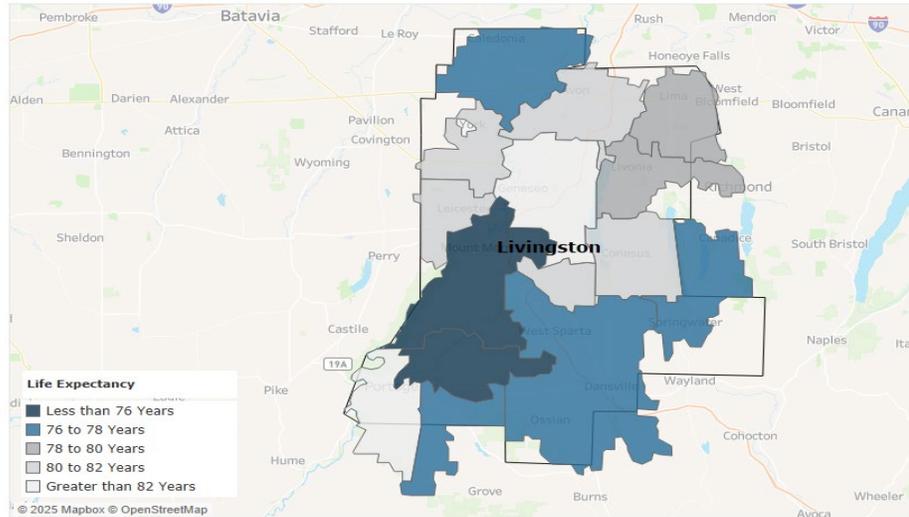
SNAP and WIC decreased 23% from 2010 to 17.4% in 2017 (the most recent data available), higher than the NYS average of 13.9%.⁵²

Leading Cause of death and Life Expectancy

The average number of years a person in Livingston County may expect to live based on 2022 data is 79.4, which is the same as the New York State life expectancy. Life expectancy varies throughout the county as may be seen in Map L4. Those areas of the county with lower life expectancy mirror those areas with increased rates of poverty.

The leading causes of death in Livingston County are cancer, heart disease, and Alzheimer’s disease per 2022 data from NYS Vital Statistics. The leading causes of premature death (before age 75) in Livingston County are cancer, unintentional injury and heart disease per 2022 data from NYS Vital Statistics. The death rates for each indicator are noted in Table L3 along with NYS figures.

Map L4: 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 Health (YPLL/Death Rate per 100k population and Life Expectancy)

Table L3: Causes of Death

Leading Causes of Death (All Ages - 2022)	Leading Causes of Premature Death (Before Age 75 - 2022)
<p>Cancer (145.1/100,000 vs NYS 137) Top Cancers: Female Breast, Prostate, Lung</p> <p>Heart Disease (122.1/100,000 vs NYS 166.4)</p> <p>Alzheimer’s (73.1/100,000 vs NYS 61.65)</p> <p>Death Rate: (763.1/100,000 vs 744.2)</p>	<p>Cancer (80.8/100,000 vs NYS 73.1)</p> <p>Unintentional Injury (43.6/100,000 vs NYS 46.9)</p> <p>Heart Disease (33.4/100,000 vs 55.2)</p> <p>Premature Death Rate: (324.1/100,000 vs NYS 326.8)</p>

Source: NYS Vital Statistics

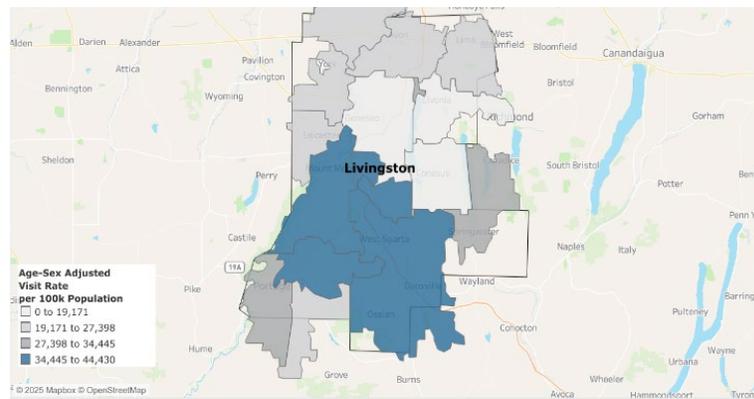
⁵² Source: Behavioral Risk Factor Surveillance System.

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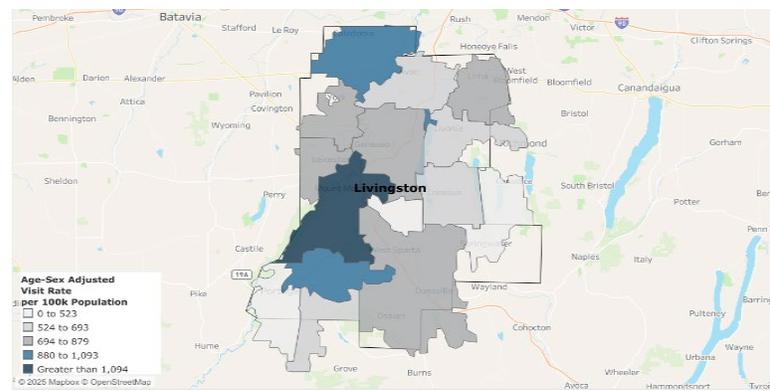
Emergency Department (ED) Visits and Potentially Preventable Hospitalizations

Overuse of the Emergency Department may signal gaps in outpatient care and in access to outpatient, primary or preventive care. It may also indicate poor chronic disease management which could be a result of gaps in access to care and in education regarding chronic diseases. An increase in the number of Substance Use Disorder ED visits is indicative of a rising substance use crisis. It may also point to mental health emergencies and suicide risk. Maps L5 and L6 detail the ED Visits and Preventable Hospitalizations by zip code in Livingston County. It should be noted that the areas of the county with increased ED visit rates and preventable hospitalizations are similar to those areas of the county with higher poverty rates and lower life expectancy. Table L4 highlights ED visits in Livingston County compared with NYS.

Map L5: ED Visit Rate by Zip Code



Map L6: Preventable Hospitalizations by Zip Code



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



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



Table L4: Emergency Department Visits

Issue	Livingston County Rate Per 100,000 (2023)	NYS Rate Per 100,000 (2023)	% Change (from 2017)
All ED Visits	27,323	29,809	+6%
Substance Use Disorder ED Visits	1,159	1,646	+10%
Intentional Self Harm ED Visits	573	343	+96%
Preventable Hospitalizations (Overall)	723	808	-39%
Diabetes Preventable Hospitalizations	194	181	-4%

Source: SPARCS

County Health Rankings

Livingston County’s ranking above both the national and state averages for health and well-being indicates that residents generally experience better overall quality of life, including physical and mental health, and are more able to participate in and contribute to their communities. This reflects positive outcomes in areas such as education, employment, social connections, and access to health-promoting resources (Figure L9).

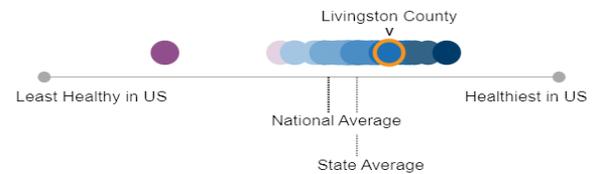
Similarly, the county performing slightly above national and state averages for community conditions and social determinants of health suggests that factors influencing health—like economic stability, housing, transportation, access to healthy food, and safe neighborhoods—are generally more favorable than in many other regions. Together, these findings imply that Livingston County provides a relatively supportive environment for residents’ health, well-being, and social participation, though there may still be areas for improvement, particularly for vulnerable populations⁵³ (Figure L10).

Figure L9: Health and Well-Being



Source: County Health Rankings

Figure L10: Community Conditions



Source: County Health Rankings

Health Challenges and Associated Risk Factors

Provider Access

Livingston County, like many rural counties in New York State and the United States, faces health care access and support challenges unique to rural environments. Provider shortages mean that many residents face difficulty finding providers, especially for screenings and specialty care. Long wait times are common with some individuals having to travel outside the county for services. The cost and/or lack of insurance coverage and provider acceptance along with limited transportation options make it difficult to access needed care. Additionally, scheduling difficulties, lack of care navigation support, and limited comfort with technology—especially among seniors—hinder access. Transportation and mobility challenges create further barriers, particularly for those with disabilities.

Recent dental clinic closures have made access more difficult—particularly for Medicaid recipients and low-income families. Residents report challenges finding dental providers who accept Medicaid or are taking new patients. As with other health care providers, long wait times

⁵³ Source: County Health Rankings

and the need to travel outside the county for care are common. Additionally, cost and lack of insurance acceptance remain major barriers, especially for families and older adults. Poor oral health is strongly linked to chronic disease and overall well-being; unmet dental needs can negatively impact both physical and mental health. While libraries, parks, and local support organizations are valued, they are not sufficient to close existing gaps in preventive care access.

Healthy Foods/Food Security

There is limited access to affordable, healthy foods, especially in rural and underserved areas. There is a need for more grocery stores, healthier food options in pantries, and better nutrition education, including in schools, and particularly regarding how to be healthy on a budget. Healthier food options are often too expensive, particularly for working families and those on fixed incomes. Food insecurity persists among older adults, low-income families and residents in isolated areas. Transportation continues to be a barrier to food access as well as to other needed services, as noted above. Rising costs have increased the community's reliance on social supports that are also strained and may not be within easy reach. Food pantries play a critical role but are not always sufficient or easily accessible.

Housing Stability and Affordability

Rising housing costs and the availability of affordable, adequate housing continue to disproportionately affect low-income individuals and those on fixed incomes.

Mental Health Concerns

There is a shortage of mental health providers, with long wait times for those who are available. Few accept Medicaid or are open to new patients. Frequent turnover among providers makes it difficult for individuals to build trust and avoid repeatedly retelling their personal experiences. Access to mental health and substance use services is especially limited in rural areas due to lack of transportation and access to providers. The ongoing opioid crisis has exacerbated the community's calls for increased access to Naloxone/Narcan, CPR training, harm reduction efforts, and local support groups. In order to solve this problem, the community needs to expand treatment options, improve speed of access to care and provide more education and support for youth, especially in school settings.

Safety Concerns

Residents report ongoing concerns about road and sidewalk safety, particularly for older adults, families, and individuals with disabilities. Requests for more traffic lights and improved sidewalk infrastructure are common. Sidewalks are often in poor condition or entirely lacking in key areas. Increased use of e-bikes has raised safety questions among community members about licensing requirements and safe use regulations. Domestic violence remains a serious concern.

Behavioral Risk Factors and Health Disparities

Livingston County's health challenges are closely tied to behavioral risk factors and their impact on specific populations.

Behavioral risks highlighted in the CHA include commercial tobacco use, binge and heavy drinking, unhealthy eating patterns, low physical activity, frequent poor mental health, depression,

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substance use, and adverse childhood experiences. Adult smoking remains higher than the New York State average, while the percentage of adults reporting binge or heavy drinking has increased and is above the state rate. Many residents do not meet recommended fruit and vegetable intake, and sugary drink consumption is especially high among adults with lower incomes. The share of adults reporting 14 or more days of poor mental health in a month has risen and exceeds the state average, the prevalence of depressive disorders is substantially higher than statewide and has increased over time, suicide rates (including among youth ages 15–19) have gone up and are above state averages, and overdose deaths involving opioids and other drugs have grown sharply, even when still below state levels.

These behavioral risks combine with access, environmental, and socioeconomic factors to produce poorer outcomes in particular groups. Older adults are experiencing increased poverty and report difficulty managing rising food and medical costs on fixed incomes. Medicaid-enrolled children and adults have lower rates of preventive dental use and face significant barriers to oral health care due to dental clinic closures, limited acceptance of Medicaid by providers, long wait times, and the need to travel outside the county. Low-income residents and those living in higher-poverty areas, such as parts of Mt. Morris and Geneseo, experience greater food and economic insecurity and more difficulty getting needed care. The CHA shows that ZIP codes with higher poverty also have higher emergency department use, more preventable hospitalizations, and lower life expectancy, indicating that residents in these neighborhoods bear a heavier burden of preventable illness and premature death. People with disabilities, rural residents, and those lacking reliable transportation or broadband access face additional barriers to care, healthy food, and opportunities for physical activity. The CHA indicates that tobacco and alcohol use, poor diet, physical inactivity, mental health and substance use problems, and early life adversity disproportionately affect residents with low income, Medicaid coverage, disability, or residence in high-poverty and rural areas, leading to higher risks of obesity, diabetes, heart disease, injury, and shortened life expectancy in these populations.



Courtesy Livingston County, NY

Priority Areas

Livingston County identified three priority areas for this CHA. They are:

- Nutrition Security
- Oral Health Care
- Depression

Nutrition Security

People were concerned with a lack of information about nutrition and access to healthy foods. It was suggested that a grocery store is needed. There was also concern over the cost of food. It was suggested that schools teach nutrition.

Access to affordable, healthy food in Livingston County is still limited, especially in rural and underserved areas. Expanding grocery stores, offering healthier options at food pantries, and providing nutrition education, such as school programs teaching

how to eat healthy on a budget, are key needs.

The county's Food Environment Index is 8.7, matching the New York State average. This means residents face similar challenges to accessing healthy food as elsewhere in the state. Limited access to healthy food is linked to higher rates of obesity, diabetes, and other chronic diseases.

Current health data show mixed results: adult diabetes is 9% (slightly below the state average of 10%), adult obesity is 37.8% (higher than the state average of 31.6%), childhood obesity is 20.7% (slightly above the state average of 20.6%), and obesity among young children in SNAP/WIC programs is 17.4% (above the state average of 13.9%).

Dietary habits highlight ongoing challenges: 49% of adults eat fruit daily (decrease of 9% since 2016), 56.5% eat vegetables daily (decrease of 2%), and 37.5% of adults with household incomes under \$25,000 drink at least one sugary beverage daily (above the state average of 34.1%). Food insecurity still affects older adults, low-income families, and residents in isolated areas, though overall adult food security improved from 82.9% in 2018 to 85.8% in 2021, exceeding the public health target of 75.9%.

While local partners are working to improve nutrition access and education, more efforts are needed to ensure affordable, healthy food reaches all residents, particularly vulnerable populations.

Access to Health Care – Oral Health Care

Focus group participants cite a lack of providers who are accepting new patients and/or accept Medicaid insurance as barriers to care.

In Livingston County, two community partners reported that their work intersects with access to oral health care. The ratio of dentists to residents is 1,980:1, indicating a slight decrease in providers per

resident since 2020, signaling limited availability. Table L2 shows that all oral health indicators - such as adults having dental visits and Medicaid enrollees receiving preventive care - declined from 2018 to 2023.

Oral health affects much more than teeth; it is closely linked to overall health. Healthy teeth and gums can reduce the risk of serious illnesses, help manage chronic conditions, support mental health, and even influence success in school and work.

In 2019, 69.9% of adults had a dental visit in the past year, down 11% from 2014. Medicaid enrollees fared worse: only 41.3% of children and youth (ages 2–20) had at least one dental visit in 2023, a 7% decrease from 2014, and only 38.7% had a preventive visit. Among adults on Medicaid, 26.7% had a dental visit and 22.7% had a preventive visit, decreases of 13% and 15% from 2014, respectively.

Dental care was a common concern in the Community Health Assessment. Residents highlighted difficulty accessing dentists, particularly due to providers not accepting new patients or Medicaid, and identified this as a key barrier to maintaining overall health.

Depression

Several indicators show that depression and mental health challenges are a growing concern in Livingston County. About 18% of adults report frequent poor mental health, a 29% increase, which is higher than the New York State average of 16%. Adult depression has risen 27% to 24.9%, compared with the state average of 18.7%. Suicide rates have also increased: 13 per 100,000 adults (up 18%, above the NYS average of 8) and 6.5 per 100,000 youth (up 10%, above the NYS average of 5.6).

Overdose deaths are rising sharply in nearly all categories, and adult binge or heavy drinking exceeds the state average.

Frequent turnover among providers makes it difficult for individuals to build trust and avoid repeatedly retelling their personal experiences.

Six local partners focus on addressing depression, but access to mental health care remains a major barrier, especially for those on Medicaid, living in poverty, or in rural areas. Challenges include provider shortages, long wait times, few providers accepting new patients, and high turnover among youth mental health providers, which disrupts trust and continuity of care. Limited transportation further restricts access. The opioid crisis has increased the need for Naloxone/Narcan, CPR training, harm reduction programs, and local support groups. Expanding treatment options, improving timely access, and providing education and support, particularly in schools, are critical to addressing these challenges.

Community Assets and Resources

Livingston County has a long-standing reputation of collaboration and coordination among its many and varied partners. The county also has relationships with two agencies that promote and facilitate collaboration: Pivotal Public Health Partnership 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 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.

Through implementation of the Community Health Improvement Plan, Livingston County and its community partners will work to leverage these relationships. The Livingston County CHIP document has a full description of interventions and partner roles.

Table L5 highlights the specific county partners associated with each priority area and how they may support Livingston County in achieving its goals.

Table L5: County Resources to Accomplish CHA/CHIP Goals

Priority Area	Livingston County Partner	How County Partner Will Support Livingston County in Achieving its Goals
Depression	Adventures in Recovery (AIR)	AIR is a Recovery Community Organization dedicated to providing a safe, fun, and welcoming space for individuals who are at least 48 hours sober to connect with peer support through adventure, wellness and exciting events.
	American Legion	Serving veterans, their families, and our communities.
	Arc GLOW	A public, non-profit organization which serves individuals with a variety of disabilities. Dedicated to helping people we serve meet their full potential and find fulfillment in learning, personal relationships, employment, volunteerism, recreation, the arts, and more.
	Be Well in Livingston	Helping Livingston County "Eat Better, Move More, and Stress Less," one community at a time.
	CASA Trinity	Quality, person-centered services that support whole-person wellness and resiliency, fostering thriving individuals, families, and communities.
	Churches	Fostering community connection and shared values among community members.
	Clubs (Lions, Rotary, senior, etc.)	Serving as both social hubs and hosting activities that support Livingston County communities.
	Genesee Valley Health	Convenes a committee of local multi-sector organizations in Livingston County, utilizing committee structure to advance the goals of the Community Health Assessment.

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	Partnership (GVHP)	
	Geneseo Parish Outreach	The Parish Outreach Center supports and empowers the physical, social, emotional and spiritual well-being of uninsured and under-served children, women, and men. Supporting policies that promote systematic economic justice and self-development of peoples through providing free health care, health education, disease prevention, and advocacy.
	Law Enforcement and First Responders	Responding to residents in crisis.
	Livingston County Mental Health	Operating a County mental health clinic and community services to support Livingston County residents.
	Local parks and trails	Availability of green space provides residents with benefits such as reduced stress, anxiety, and depression.
	Mental Health Association	The Mental Health Association of Rochester promotes mental well-being through culturally responsive peer-based programs and services so that individuals and families can thrive in their communities of choice.
	PFC Dwyer Peer Support Program	Empowering Veterans to reconnect with one another. These connections create strong bonds which foster hope and resilience as they transition from military to Veteran life.
	Senior meal sites	Providing healthy meals and social opportunities to older adults.
	Suicide Prevention Task Force	Reduce suicide by actively supporting safety initiatives and mental health services like Lock and Talk Livingston, Safe Talk, SUNY Geneseo's Out of the Darkness Walk and 988.
	Trauma Informed Care Committee	Promotes the development of resilient and trauma-informed communities in Livingston County through prevention, education, outreach, and policy changes.
	UR Medicine/Noyes Mental Health and Wellness Services	Collaboration with patients, their families, and the community to support wellness and recovery, and to make a profound difference in the lives of area residents-those struggling with life's everyday challenges, as well as those with severe and persistent mental illness. Offering individual, group and family therapy for adults, children, and families in a friendly and open atmosphere.
Nutrition Security	Veteran's Services	Providing entitlement information and advocacy assistance to military personnel, veterans, and their dependents in matters relating to veterans' law.
	Be Well in Livingston	Helping Livingston County "Eat Better, Move More, and Stress Less," one community at a time.
	Catholic Charities	Serving all people seeking help in a safe, welcoming and comforting environment that feels like being home. Empowering people to enrich their quality of life from the foundations of: access to resources and opportunities; healthy family functioning; healthy child development, and freedom from substance dependency. Offers Peer and Family Support services focusing on recovery and wellness services for people with mental health and/or substance use disorders under depression.

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	Community gardens	Promoting sustainability and strengthening communities. Providing food for community residents.
	Cornell Cooperative Extension	Supporting Livingston County residents with education and resources around: agriculture, environment, food & nutrition, gardening, and home & family.
	Department of Health	Facilitating the Livingston/Wyoming WIC program to provide low-income families with healthy foods.
	Department of Social Services	Facilitating financial assistance programs in Livingston County, including but not limited to: Home Energy Assistance Program (HEAP), Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF).
	Farmers Markets	Promoting affordable healthy food, community resiliency, supporting local economy.
	Food and Pop-Up Pantries	Providing food to needy individuals and families in Livingston County.
	Food Security Coalition	Maintaining the Food Resource List to direct families to available resources. Promoting nutrition support or education.
	Foodlink	Providing food to Livingston County food and pop-up pantries.
	Genesee Valley Health Partnership (GVHP)	Convenes a committee of local multi-sector organizations in Livingston County, utilizing committee structure to advance the goals of the Community Health Assessment.
	Genesee Parish Outreach	The Parish Outreach Center supports and empowers the physical, social, emotional and spiritual well-being of uninsured and under-served children, women, and men. Supporting policies that promote systematic economic justice and self-development of peoples through providing free health care, health education, disease prevention, and advocacy.
	Hospitals	Screening patients for food security during intake. Referral to local resources.
	Office for the Aging	Supporting older adults with low socioeconomic status or disabilities that make it difficult to eat healthy meals.
	Primary and urgent care offices	Screening patients for food security during intake. Referral to local resources.
Oral Health Care	Schools	School meals and backpack programs. Referral to nutrition programs as appropriate.
	Senior meal sites	Providing healthy meals and social opportunities to older adults.
	Access to Dental Care Coalition	Developing solutions to the lack of Medicaid dental providers in Livingston County.
	Department of Health	Facilitating the Access to Dental Care Coalition.

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	Geneseo Parish Outreach	The Parish Outreach Center supports and empowers the physical, social, emotional and spiritual well-being of uninsured and under-served children, women, and men. Supporting policies that promote systematic economic justice and self-development of peoples through providing free health care, health education, disease prevention, and advocacy.
	Local dentist offices	Providing dental care to Livingston County residents.
	Regional Transit System (RTS)	Assisting Livingston County residents who need transportation out of the county to reach dental services.
	Schools	Educating children about the importance of oral health care.
	Urgent care/Emergency Department	Treating residents with oral issues or referring to treatment.

Community Health Improvement Plan/Community Service Plan (CHIP/CSP)

Major Community Health Needs

The Livingston County Community Health Assessment Leadership Team and the Genesee Valley Health Partnership, which are diverse coalitions of organizations and community stakeholders, participated throughout the Livingston County CHA process. Key partners included the Livingston County Department of Health, UR Medicine/Noyes Health, Pivotal Public Health Partnership, Arc GLOW, *Be Well in Nunda*, Genesee Valley Health Partnership, Lifespan, Regional Transit Service, Livingston County Office for the Aging, Livingston County Mental Health, and other local agencies, government entities, and coalitions.

Throughout the process, partners participated in regular meetings where findings from all MAPP three assessments were presented. These sessions encouraged questions, feedback, and shared interpretation of the data. The full committee collaboratively reviewed and discussed the triangulated results, allowing partners to validate findings and contribute to identifying key themes.

Following identification of cross-cutting themes from the collected data, partners participated in a discussion about the issue profiles, identifying root causes for the identified issues. The discussion led to the creation of a fishbone diagram for each priority, detailing the factors that contribute to the issue such as environment, processes, people, and policies. Finally, partners actively participated in reviewing issue profiles and in the prioritization process, ensuring that shared priorities reflected both data and community voice.

Prioritization Methods: Description of Prioritization Process

In September 2025, a multi-voting technique was used to select the priority areas for the Community Health Assessment and Community Health Improvement Plan. A prioritization matrix was developed 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 developed as priority areas for this CHA. Criteria used to identify priorities included

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relevance to community members, magnitude/severity, impact on community affected by inequities, availability and feasibility of solutions, and availability of resources. The Livingston County CHA Leadership Team 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. To ensure multiple community perspectives were included in the prioritization process, the digital prioritization survey was shared with community partners who could not attend the meeting over the following seven days.

Rank	Issue	Total (Lowest is top)
1	Depression/Anxiety and Stress	664
2	Primary Prevention, Substance Misuse, and Overdose Prevention	782
3	Poverty/Housing Stability and Affordability/Nutrition Security	852
4	Preventive Services for Chronic Disease Prevention and Control	1026
5	Suicide	1041
6	Oral Health Care	1053

Community Engagement

On February 26, 2025, the CHA Leadership Steering Committee reviewed a Focus Group Matrix to compare possible partners and groups to hold focus groups with based on considerations such as feasibility, access to vulnerable populations, and groups that have been recently surveyed. The group discussed other possible partners to host a focus group session, weighing pros and cons of groups based on size, participation, and coverage of underserved populations.

Based on conversations with the CHA Leadership Steering Group and potential partner agencies, five final groups were chosen to host focus groups: TRIAD (older adults), Positive Expressions Avon (family/child health), Dansville 4 Square Church, Lima Emergency Medical Services, and GLOW Out! (LGBTQ+).

Focus groups were organized and scheduled to coincide with existing meetings to reduce the need for additional transportation, childcare, or other scheduling considerations and to improve equity. Sessions were promoted and/or facilitated by trusted messengers within each community to promote open participation and respect between participants. Members of the CHA Leadership Teams 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.

In addition to the five focus groups conducted as part of the CCA, Livingston County also created and promoted a Community Health Assessment Questionnaire. Other opportunities to collect feedback where a focus group was not feasible were marked for distribution of materials promoting the survey. The mini-survey was open from March 13 to May 15, 2025. The survey was promoted on the Livingston County and partner's social media pages, shared among community partners and

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their patrons, provided at community events and meetings, and distributed to select communities, such as older adults, Spanish-speakers, Amish, and Mennonite groups, in paper format. Promotion events and sites included but are not limited to: congregate meal sites, CASA-Trinity, Geneseo Parish Outreach, food and pop-up pantries, Youth Bureau Teen Recognition Dinner, and FLX Food Festival.

The questionnaire assessed 1) concerns with accessing various types of care in Livingston County, 2) if residents have ever needed something to be healthy and not had access to it, and 3) what they would add to their community to make it healthier. 261 total responses were collected over the three-month data collection period.

Justification for Unaddressed Health Needs

Due to ongoing work in the area of Primary Prevention, Substance Misuse, and Overdose Prevention, the CHA Leadership Committee elected to substitute Oral Health Care into the Community Health Improvement efforts, due to community response during the Community Context Assessment. Following opioid settlement funding, substance use initiatives are underway and recent NYSDOH data for Livingston County shows positive trends in opioid deaths. Foundation work in the area of Oral Health Care has been completed in the creation of the Livingston County Access to Dental Care Committee.

Developing Goals, Strategies, and an Action Plan

Following the prioritization process, the Livingston County Department of Health and UR Medicine/Noyes met with subcommittees working in each area of the proposed CHIP to select specific objectives and interventions. Meetings were held with the Food Security Coalition, *Be Well in Livingston*, Genesee Valley Health Partnership, Office for the Aging, Trauma Informed Care Committee, CASA-Trinity, and Access to Dental Care Committee to develop a draft CHIP. Existing interventions in the selected areas were identified and evaluated for opportunities to improve. For each priority area (Nutrition Security, Oral Health, Depression), evidence-based interventions from the NYSDOH Prevention Agenda, County Health Rankings & Roadmaps, and Healthy People 2030 were reviewed and selected based on feasibility, impact, and sustainability.

Selected strategies include expansion of nutrition and food access programs, school and community-based nutrition education, expanding awareness and promoting use of local access points to get affordable, high quality, nutritious food, enhancement of oral health care access for Medicaid and low-income residents via provider outreach and education, and increased promotion of behavioral health resources for youth, older adults, and rural communities. These interventions were selected based on alignment with local needs revealed through data analysis and partner discussions, feasibility of implementation, and potential to reduce identified disparities.

Alignment with Prevention Agenda Action Plan

	Actions and Impact	Geographic Focus	Resource Commitment	Participant Roles	Health Equity
Nutrition Security <i>Objective: Increase consistent</i>	Livingston County Department of Health (LCDOH) to distribute Farmer's Market coupons to	Livingston/ Wyoming County	Livingston/ Wyoming WIC Program Noyes Food Pantry	Livingston County Office for the Aging (OFA) to distribute Farmers Market coupons.	Older adults – OFA will provide coupons directly to seniors and

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<p><i>household food security from 71.1% to 75.9%.</i></p>	<p>promote and expand the availability of fruit and vegetable incentive programs.</p>				<p>has direct access to low-income older adults.</p>
	<p>LCDOH to seek or develop education regarding application to accept incentive checks to support availability of fruit and vegetable incentive programs.</p>	<p>Livingston County</p>	<p>LCDOH Staff Time</p>	<p>Cornell Cooperative Extension, OFA, Genesee Valley Health Partnership (GVHP), <i>Be Well in Livingston (BWIL)</i>, FSC, and other community partners to share the developed resource with the community.</p>	<p>Low socio-economic status and older adults – improved vendor registration in incentive programs improves availability of healthy food vendors.</p>
	<p>Livingston County Food Security Coalition (LCDOH and UR Medicine/Noyes) (FSC) to promote and share education and incentive programs.</p>	<p>Livingston County</p>		<p>GVHP and <i>BWIL</i> to promote and share education and incentive programs.</p>	<p>Low socio-economic status – education will be provided community-wide, with focus on low income zip codes.</p>
	<p>LCDOH to support Foodlink collaboration to bring produce van to Livingston County to reduce food insecurity for those living in poverty.</p>	<p>Livingston County</p>	<p>LCDOH Staff Time</p>	<p>Livingston County Planning to provide data updates. GVHP to support Foodlink collaboration to bring produce van to Livingston County.</p>	<p>Low socio-economic status and older adults – produce van will target low-income zip codes to reach residents with limited transportation access.</p>
	<p>FSC to develop a network of volunteers to deliver meals/food to seniors to reduce food insecurity for seniors living in poverty.</p>	<p>Livingston County</p>	<p>LCDOH Medical Reserve Corps volunteers</p>	<p>Livingston County Planning to provide data updates. OFA to develop partnerships with Arc GLOW and RTS supporting senior transportation</p>	<p>Older adults – Programming will target older adults directly, specifically those with limited mobility or</p>

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				needs, to research the possibility of a shopping shuttle to increase access to healthy foods among seniors, and to provide Meals on Wheels, home delivered meal program.	functional disability.
	<p>To promote awareness of food support in Livingston County:</p> <ul style="list-style-type: none"> -LCDOH to request updates to Food Resource list on a quarterly basis. -FSC to provide updates and promote the final list. -UR Medicine/Noyes to share resource guide with patients and community members. 	Livingston County	LCDOH Staff Time LCDOH Website Noyes Website	<p>GVHP/BWIL to promote the resource.</p> <p>Local clinics, hospital, libraries, and pharmacies to share resource guide with patients and community members.</p>	<p>Low socio-economic status – Maintaining an updated Food Resource List ensures low-income residents have accurate resources if and when they have a food emergency.</p>
<p>Depression</p> <p><i>Objective: Reduce the suicide mortality rate from 7.9% to 6.7%.</i></p>	<p>LCDOH and UR Medicine/Noyes to promote MH First Aid training.</p>	Livingston County	LCDOH Staff Time Livingston County social media pages Noyes social media pages	<p>CASA Trinity to offer Mental Health First Aid training.</p> <p>GVHP/Livingston County Suicide Task Force to offer evidence-based trainings.</p> <p>CASA-Trinity to offer other evidence-based trainings to include: Tending the Roots and NEAR.</p> <p>2-1-1 to share data about mental health calls.</p>	

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		Livingston County schools	LCDOH Staff Time	CASA Trinity to promote Social Emotional Learning in Early Education settings. CASA-Trinity to offer evidence-based curricula including PreVENTion in schools and the community. RESTORE to provide Erin’s Law curriculum.	Low socio-economic status – Schools in low-income zip codes will be prioritized, as appropriate.
		Livingston County		CASA-Trinity to offer Tending the Roots programming. Hillside to offer Social Emotional workshops.	
Oral Health Care <i>Objective: Increase the percentage of Medicaid enrollees with at least one preventive dental visit within the last year from 20.3% to 21.3%.</i>	LCDOH to contact and conduct public health detailing among HCPs.	Livingston County	LCDOH Staff Time	Access to Dental Care Committee (ADCC) to provide guidance regarding trainings for healthcare providers (HCPs).	
	LCDOH and UR Medicine/Noyes Health to support and promote Remote Area Medical (RAM) event.		Livingston County social media pages Noyes social media pages LCDOH Website Noyes Website	New York State Dental Foundation to coordinate RAM. ADCC to promote and support RAM including volunteer opportunities. GVHP to support and promote RAM event.	Low socio-economic status – A RAM event will provide dental care directly to Livingston County residents in areas without a Medicaid-accepting dental provider.
	LCDOH, in collaboration with the Access to Dental Care committee, to provide education and resources on LCDOH website.		LCDOH Website Noyes Website	Community Partners to post a link to LCDOH oral health page on their website.	

Partner Engagement

The CHIP's designated overseeing body, Genesee Valley Health Partnership and the 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 in 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 Livingston County Access to Dental Care, Livingston County Suicide Prevention Task Force (GVHP), and *Be Well in Livingston* (GVHP). 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.

Sharing Findings with Community

The executive summary of the 2025-2030 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 website (www.commongroundhealth.org)

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

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

Comprehensive Regional Community Health Assessment

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

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

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



Source: CNY News, Genesee Chamber of Commerce