LIVINGSTON COUNTY

Community Health Assessment and Improvement Plan

2025-2030

Livingston County

**Livingston County Department of Health**
Jennifer Rodriguez
Director of Public Health
jenniferrodriguez@livingstoncountyny.gov
585-243-7270

UR Medicine | Noyes Health
Kristie Cartwright
Manager of Patient Experience and Community Outreach
Kristie_Cartwright@urmc.rochester.edu
585-335-4359

Pivital Public Health Partnership
Michele Foster
Executive Director
MFoster@pivitalphp.org
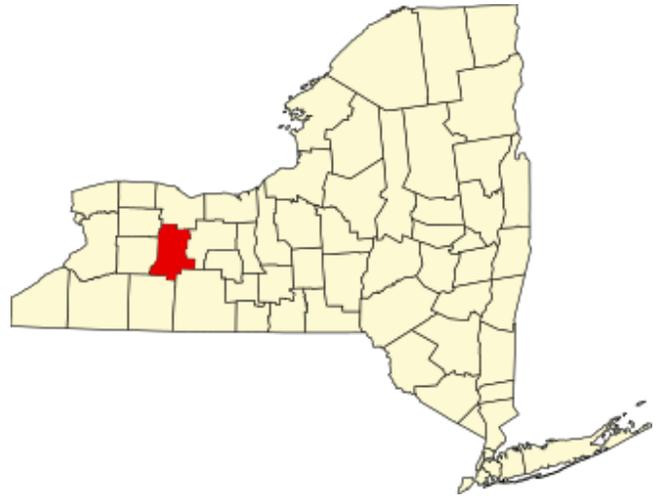
Source: Finger Lakes Tourism Alliance

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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
Pivital 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

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, Pivital 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.

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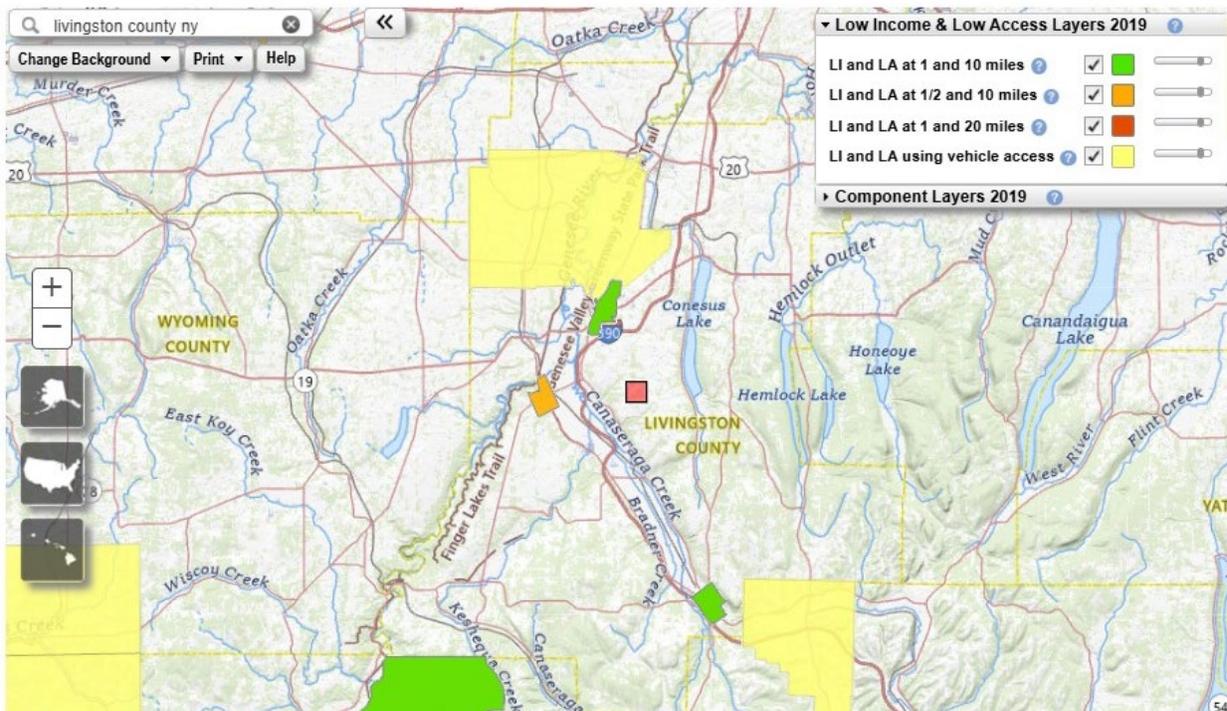
Source: U.S. Department of Agriculture Economic Research Service, 2025

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.

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.

Map L2: Population Density of Livingston County
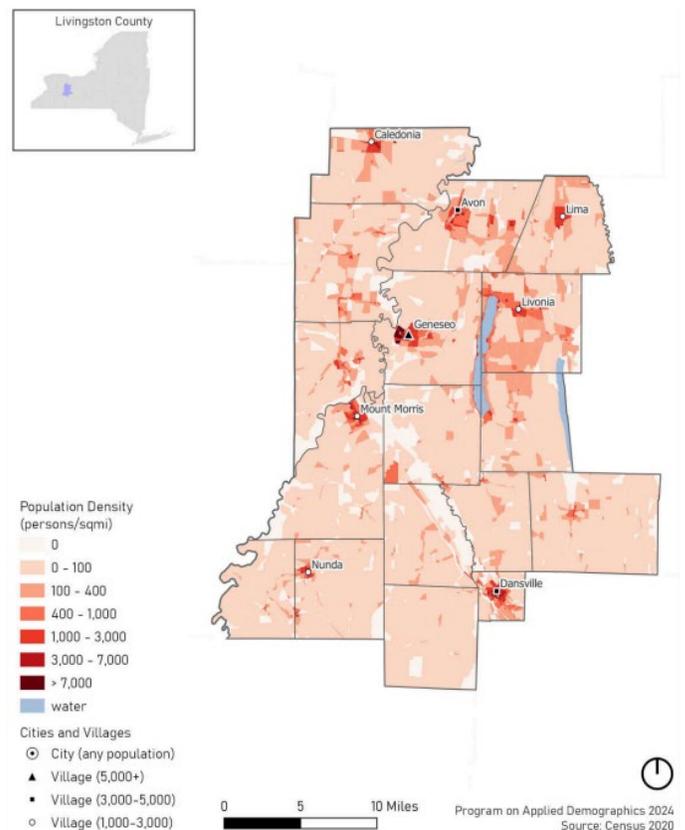
Source: Cornell Program on Applied Demographics

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.

Figure L1: Population Projections in Livingston County
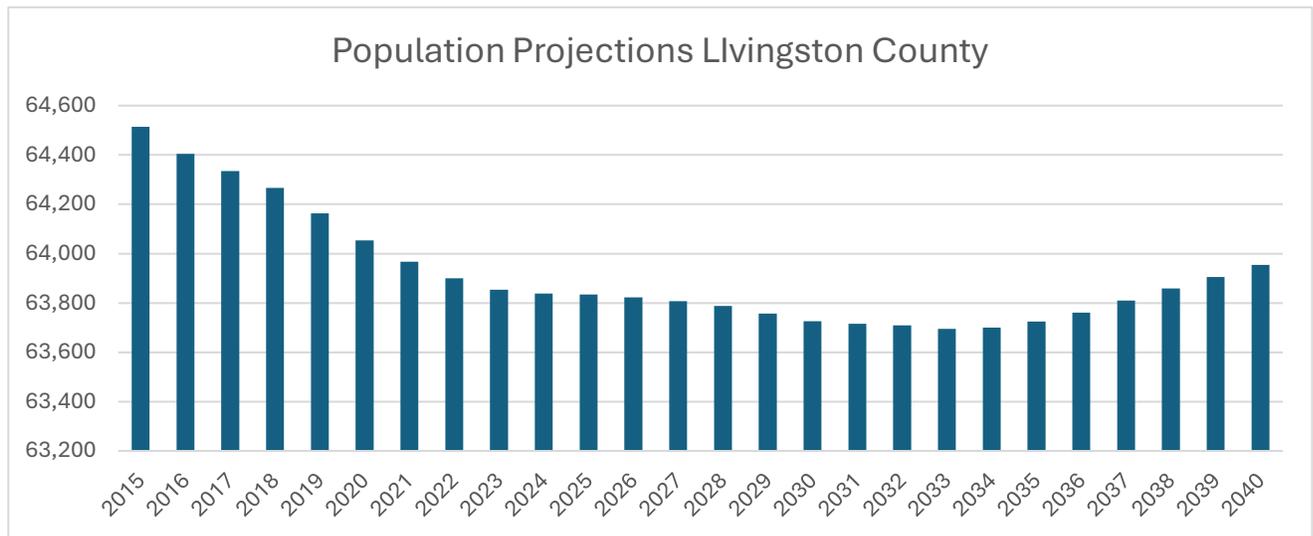
Source: Cornell Program on Applied Demographics

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.

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.

Figure L2: Population by age and sex (Female = Purple)
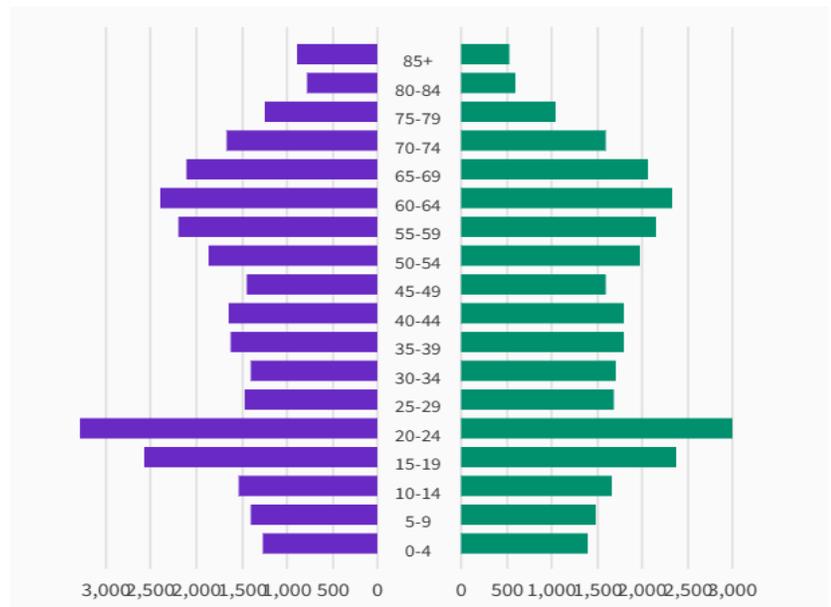
Source: USA Facts 2022 per U.S. Census

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 Pivital 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

members and organizations for focus groups as part of the Community Context Assessment (CCA), ensuring diverse perspectives were included.

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.

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 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 a three month data collection period. Three word clouds were created representing the responses to each of these three prompts. They are in order below.

A Forces of Change assessment was completed at the March 20th, 2025 General Membership meeting for the Genesee Valley Health Partnership (GVHP) in partnership with the Livingston County CHA Leadership Team. Asset mapping was completed at the following General Membership meeting on May 15, 2025.

Throughout the process, partners participated in regular meetings where findings from all 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.

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

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.
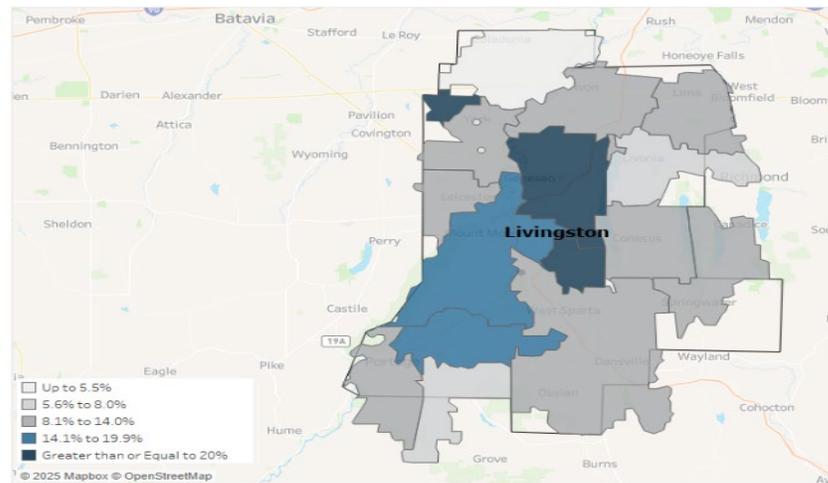
Priority: Poverty

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.

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)
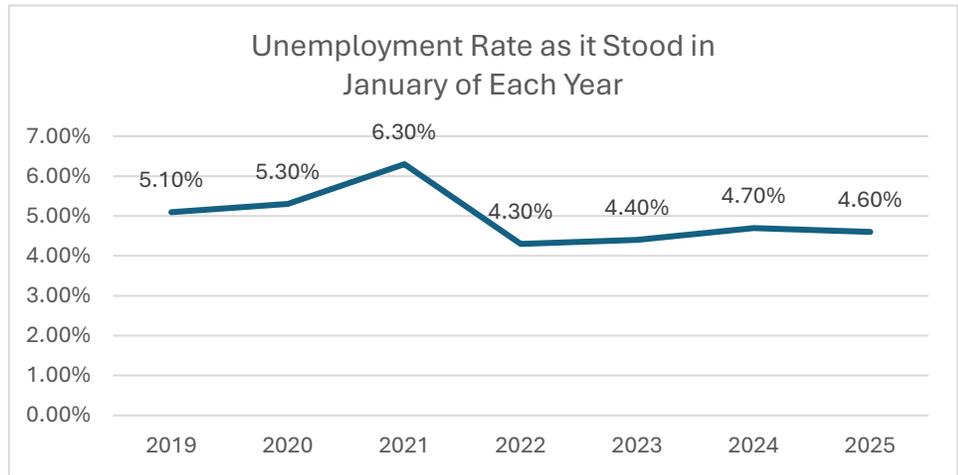
Livingston County's overall poverty rate decreased 14% to 11.6% since 2018, remaining below the state average of 13.7%. Child poverty also declined 14%, reaching 12%, which is lower than the statewide rate of 19%. In contrast, poverty among residents age 65 and older increased 17% to 6.9%, though it still falls below the New York State average of 12.7%. Focus groups noted rising living costs - particularly food and medical expenses on fixed

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

Unemployment Rate as it Stood in January of Each Year

2019: 5.10%
2020: 5.30%
2021: 6.30%
2022: 4.30%
2023: 4.40%
2024: 4.70%
2025: 4.60%

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.

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.
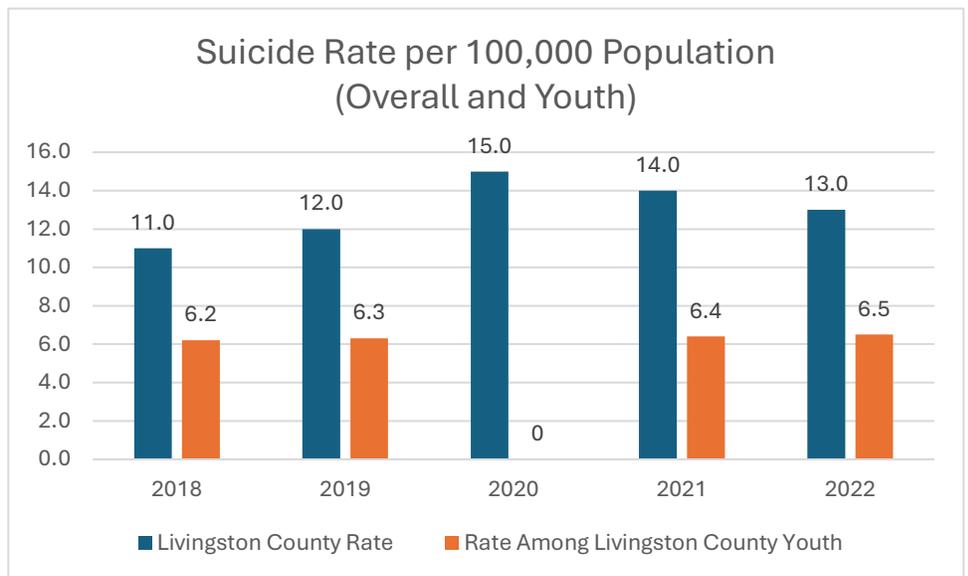
Priority: Anxiety and Stress

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

Figure L4: Suicide Rate

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

Suicide Rate per 100,000 Population (Overall and Youth)

Year	Livingston County Rate	Rate Among Livingston County Youth
2018	11.0	6.2
2019	12.0	6.3
2020	15.0	0
2021	14.0	6.4
2022	13.0	6.5

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

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[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 2016[33]. 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
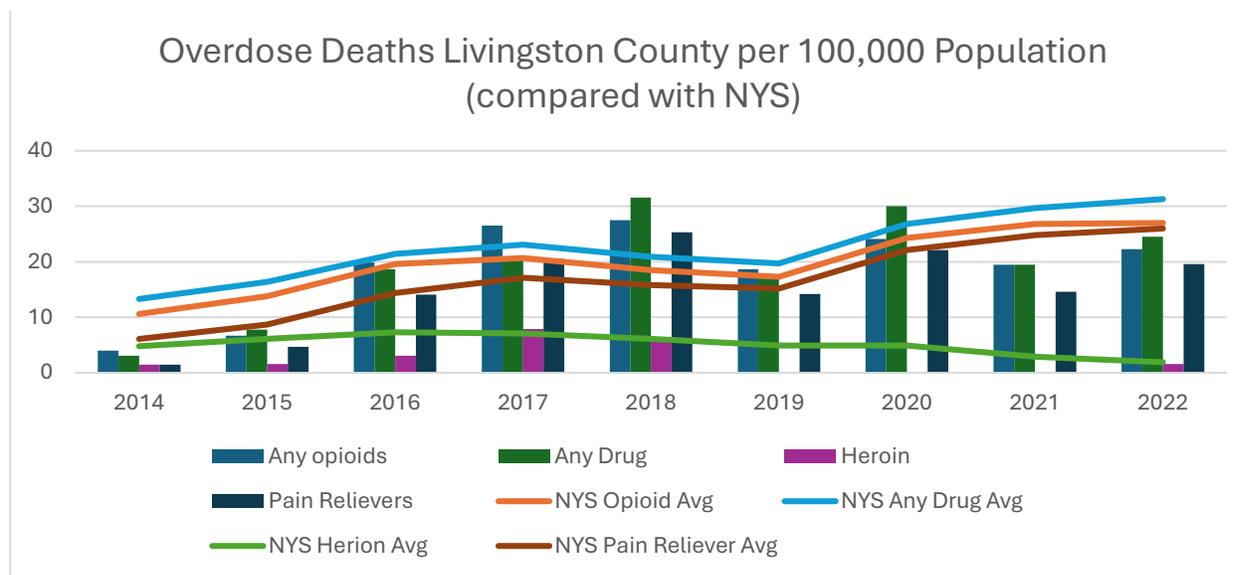
Source: Vital Statistics Data

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[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 withing 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

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[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.

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[37] Source: https://www.cdc.gov/aces/about/index.html
[38] Source: https://www.cdc.gov/nutrition/php/about/index.html
[9]Source: 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]

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[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
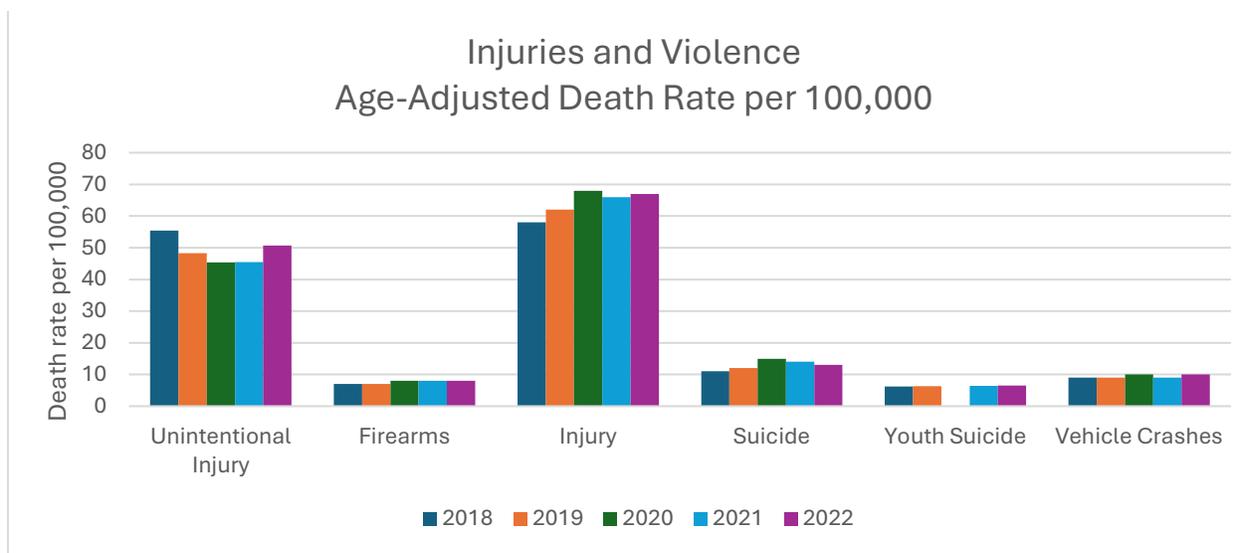
Source: County Health Rankings, National Center for Health Statistics

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

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[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*

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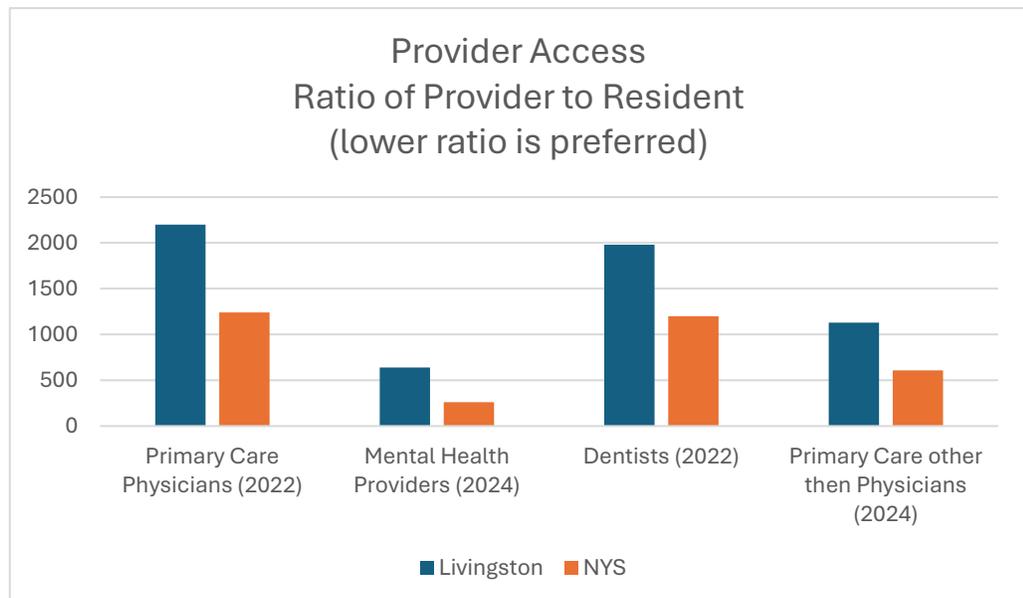
Source: County Health Rankings Area Health Resource File/American Medical Association

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[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.

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[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
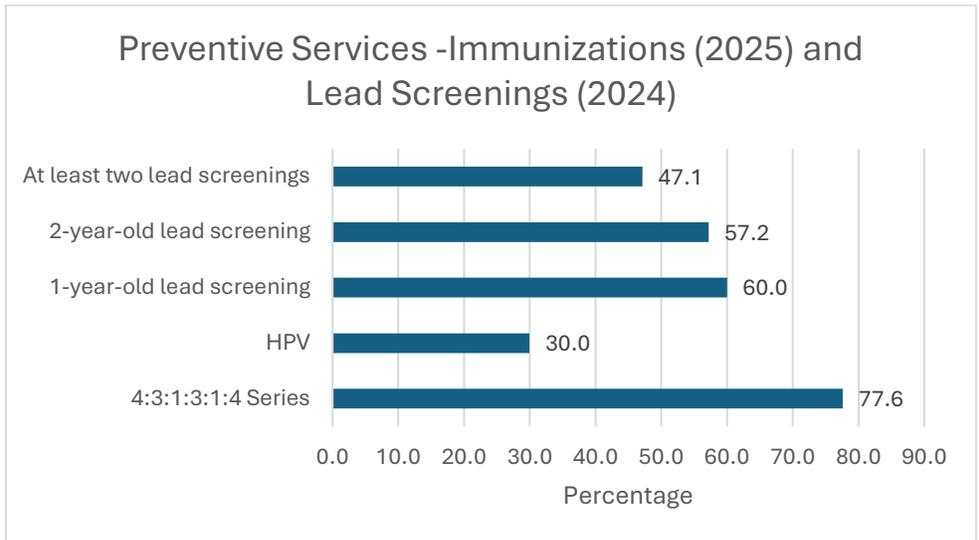
Source: NYSIIS Performance Reports/IAP Baseline Reports

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

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[50] Source: County Health Rankings
[51] Source: American Community Survey

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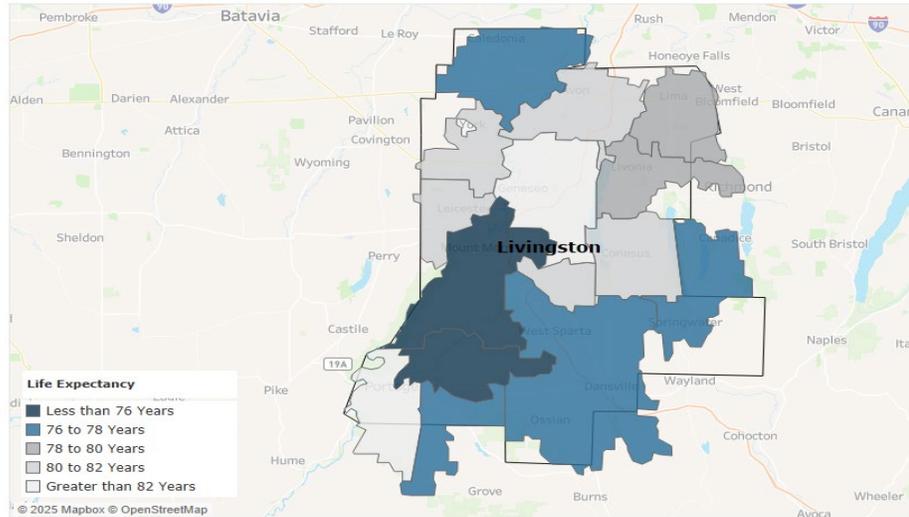
Source: NYS Vital Statistics; US Census Bureau County Population Estimates and Claritas ZIP Level Estimates; Years 2018-2022 Analysis and Calculations by Common Ground Health (YPLL/Death Rate per 100k population and Life Expectancy)

Table L3: Causes of Death

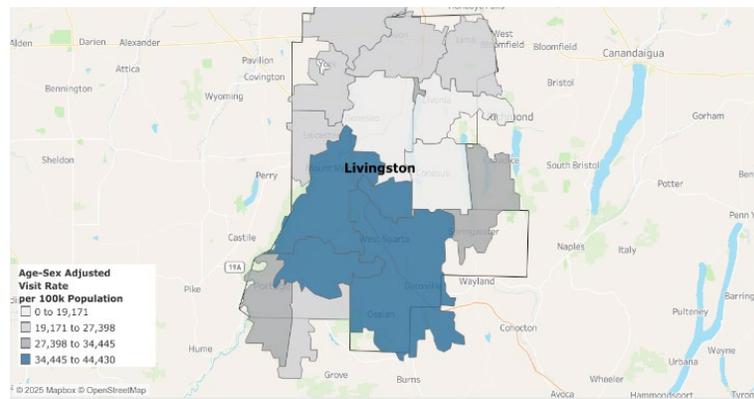| Leading Causes of Death (All Ages - 2022)	Leading Causes of Premature Death (Before Age 75 - 2022)

Cancer
     (145.1/100,000 vs NYS 137)
     Top Cancers: Female Breast, Prostate, Lung
 Heart Disease
     (122.1/100,000 vs NYS 166.4)
 Alzheimer's
     (73.1/100,000 vs NYS 61.65)
 	
 Death Rate:
     (763.1/100,000 vs 744.2)
	Cancer
	     (80.8/100,000 vs NYS 73.1)
	 Unintentional Injury
	     (43.6/100,000 vs NYS 46.9)
	 Heart Disease
	     (33.4/100,000 vs NYS 55.2)
	
	 Premature Death Rate:
	     (324.1/100,000 vs NYS 326.8)

Source: NYS Vital Statistics

[52] Source: Behavioral Risk Factor Surveillance System.

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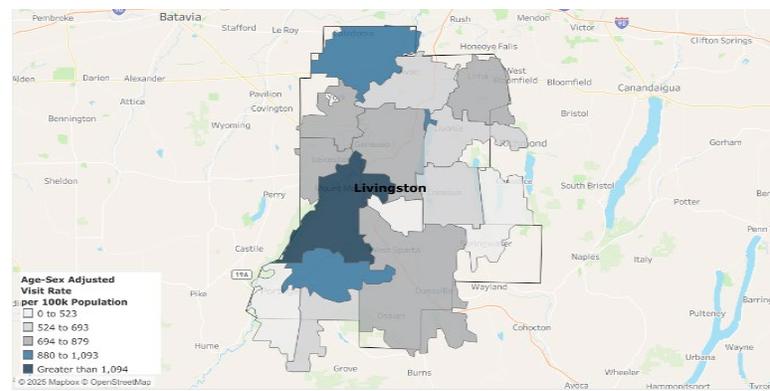
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map L6: Preventable Hospitalizations by Zip Code

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).
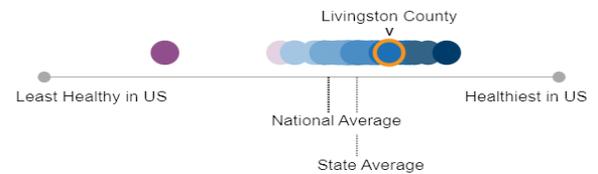
Similarly, the county performing slightly above national and state averages for community conditions and social determinants of health suggests that factors influencing health—like economic stability, housing, transportation, access to healthy food, and safe neighborhoods—are generally more favorable 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 populations[53] (Figure L10).

Figure L9: Health and Well-Being

Livingston County
v
Least Healthy in US
Healthiest in US
National Average
State Average

Source: County Health Rankings

Figure L10: Community Conditions

Livingston County
v
Least Healthy in US
Healthiest in US
National Average
State Average

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

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[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,

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: Pivital Public Health Partnership and Common Ground Health. Pivital 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.

	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.

	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.
	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.
	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.
	Schools	School meals and backpack programs. Referral to nutrition programs as appropriate.
	Senior meal sites	Providing healthy meals and social opportunities to older adults.
Oral Health Care	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.

	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, Pivital 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

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

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 *Objective: Increase consistent*	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

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

			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.
	To promote awareness of food support in Livingston County: -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	GVHP/*BWIL* to promote the resource. Local clinics, hospital, libraries, and pharmacies to share resource guide with patients and community members.	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.
Depression *Objective: Reduce the suicide mortality rate from 7.9% to 6.7%.*	LCDOH and UR Medicine/Noyes to promote MH First Aid training.	Livingston County	LCDOH Staff Time Livingston County social media pages Noyes social media pages	CASA Trinity to offer Mental Health First Aid training. GVHP/Livingston County Suicide Task Force to offer evidence-based trainings. CASA-Trinity to offer other evidence-based trainings to include: Tending the Roots and NEAR. 2-1-1 to share data about mental health calls.	

		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 *Objective: Increase the percentage of Medicaid enrollees with at least one preventive dental visit within the last year from 20.3% to 21.3%.*	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 Pivital/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

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, Geneseo Chamber of Commerce