

**ROCKLAND COUNTY
COMMUNITY HEALTH ASSESSMENT
2005-2010**



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**Rockland County Department of Health
Sanatorium Road – Building D
Pomona, New York 10970**

November, 2004

Dear Rockland County Community residents:

This 2005-2010 Rockland County Community Health Assessment was designed to provide the community with a summary document that includes health data, information on the County Health Department and other providers in the county's health care system, and identification of local health system priorities for the next six years. The process provided the local Health Department with an opportunity to interact with key community leaders, organizations, and community residents through focus groups, interviews, surveys, and data collection efforts.

This CHA includes five sections, described below.

Section 1—Populations at Risk: Socio-Demographics, Disease, Morbidity, and Mortality Data

This section highlights trends in the Rockland County population in terms of age, race and ethnicity, income, disability, employment, insurance status, and other factors. As the community becomes more diverse in terms of age, race/ethnicity, language, and in other ways, the health system must remain flexible in its response to ever-changing health challenges. This section also discusses access to care issues and highlights how Rockland County residents' health behaviors compare to Healthy People 2010 benchmarks, a set of indicators on health behaviors and outcomes developed by the Centers for Disease Control. Finally, this section includes an extensive data chapter that shows how Rockland County residents fare on disease and mortality indicators, how we compare to the region and to HP2010 benchmarks (where possible), and how trends have changed over time.

Section 2—Local Health Unit Capacity (Rockland County Health Department)

Section 2 provides an overview of the Rockland County Health Department, its Divisions, programs, and services. The section describes the organization of the Department, outlines staffing and resources, and describes the expertise of Department staff. The Rockland County Health Department has provided proactive public health leadership in the community over the last forty years. The Department maintains its continued desire to identifying health priorities, encouraging collaboration, and targeting resources to those most in need.

Section 3—Local Health System and Community Capacity

Section 3 outlines the Rockland community's extensive local health system and community resources. Hospitals, community health centers, county health clinics, managed care organizations, and community organizations are all described in this section. This section also addresses outreach efforts and services for Medicaid recipients, and describes unmet needs for services such as increased acceptance of Medicaid coverage, services for the uninsured, and barriers due to lack of transportation, language, and cultural differences.

Section 4—Local Health Priorities

During the summer of 2004, the County Health Department held numerous focus groups with community organizations throughout Rockland County to gather perceptions on the strengths and weaknesses of health care in the community, and to identify opportunities for further collaboration. The Rockland County Public Health Priorities Committee, a public-private partnership of diverse community stakeholders formed in May 1997, examined focus group results as well as disease (morbidity and mortality) data in order to identify seven priorities for the health system in the next six years. This section outlines the results of the focus groups, results of an informal survey of over 400 Rockland County residents, and the seven priority areas selected for future attention and collaborative efforts:

1. Primary Care Access (Clinics, Community Health Centers, Providers)
2. Immigrant Health
3. Obesity & Diabetes
4. Cancer Initiative
5. Alzheimer's Disease/Care of Elderly
6. Heart Disease
7. Emerging Disease/Emergency Preparedness

Section 5—Opportunities for Action

Finally, Section 5 discusses opportunities for action for the community based on what was learned through the community health assessment process. The achievement of public health objectives is dependent on community-wide participation from all entities including business, education, community organizations, private citizens, the medical community, and local government. The Rockland County Health Department plays a critical role as a lead agency in formulating relationships and fostering collaborations with these diverse stakeholders to continually assess and improve the health status of Rockland County residents.

The Rockland County Health Department is grateful to all individuals and organizations that provided input for this document. We thank the focus group participants and survey respondents for giving of their time and thoughts, and we thank the many community organizations that provided data or other information requested for inclusion in this document. We hope this will serve as a planning document for the health community for years to come.

Joan Facelle, MD, MPH
Commissioner of Health
Rockland County Department of Health

Section 1 – Populations at Risk	1
Socio-Demographics and Vital Statistics.....	2
Age.....	2
Race and Ethnicity.....	4
Special Populations.....	5
Income	6
Poverty	6
Employment	7
Disability	8
Educational Attainment.....	8
Housing.....	10
Insurance Status.....	11
Natality	12
Morbidity and Mortality	13
Access to Care	15
Hospitals	15
Federally-Funded Community Health Centers.....	15
County Clinics	16
Private Providers.....	16
Barriers to Care.....	17
Behavioral Risk Factors	18
Tobacco Use.....	18
Nutrition.....	19
Exercise	20
Alcohol and Substance Abuse.....	21
The Local Health Care Environment	23
Disease, Morbidity, and Mortality Data	25
Cancer.....	26
1. Breast Cancer	28
2. Cancer of the Cervix	29
3. Prostate Cancer.....	30

3. Prostate Cancer.....	31
4. Colorectal Cancer	33
5. Lung Cancer	34
Diabetes.....	35
6. Diabetes in Adults	35
7. Diabetes Mortality	35
8. Diabetes Hospitalizations Per 1,000 Diabetics	36
Family Planning.....	37
9. Teenage Pregnancy.....	37
10. Induced Abortion to Live Birth Ratio.....	38
11. Single Mother Pregnancies (Out of Wedlock).....	38
Food Safety	38
12. Food Establishment Inspections, Complaints, and Illness Investigations	38
Heart Disease and Stroke.....	39
13. Blood Pressure Screening	40
14. Cholesterol Checked in Last Five Years	40
15. Coronary Heart Disease (CHD).....	41
16. Cerebrovascular Disease (Stroke).....	42
17. Diseases of the Heart.....	42
HIV/AIDS.....	43
18. AIDS Case Rate	43
19. AIDS Mortality Rate	43
20. Percent of HIV-Positive Newborns	44
Immunizations and Infections.....	45
21. Flu Vaccine	45
22. Pneumonia Vaccine.....	45
23. Other Infectious Disease	45
Injury Prevention and Control.....	46
24. Unintentional Injury Mortality	46
25. Unintentional Injury Hospitalization Rates, by Age Group	47
26. Homicide	49

27. Suicide	50
28. Assault Hospitalizations	51
29. Child Abuse and Neglect.....	52
30. Motor Vehicle Related Deaths and Injuries.....	52
31. Traumatic Brain Injuries	53
32. Drug-Related Hospitalizations	54
Maternal & Child Health	55
33. Financial Coverage for Live Births	55
34. Early Prenatal Care & Late or No Prenatal Care	55
35. Perinatal Mortality.....	56
36. Spontaneous Fetal Deaths (20+ weeks):	57
37. Infant Mortality: Neonatal	57
38. Infant Mortality: Post-Neonatal	58
39. Maternal Mortality.....	59
40. Low Birth Weight & Very Low Birth Weight	60
41. Short Gestation (<37 weeks).....	61
42. Blood Lead Levels in Children	61
43. Otitis Media.....	62
Oral Health	63
44. Oral Health Status in 3 rd Graders.....	63
Respiratory Diseases.....	64
45. Asthma Prevalence Among Adults	64
46. Asthma Hospitalizations	64
47. Asthma Mortality	65
48. COPD/CLRD	66
Sexually Transmitted Disease	67
49. Gonorrhea (Ages 15 to 19)	67
50. Syphilis (Ages 15 to 19)	67
51. Chlamydia (Ages 15 to 29)	68
Section 2 – Local Health Unit Capacity (Rockland County Health Department)	69

Administration.....	70
Division of Fiscal Management.....	71
Division of Patient Services.....	71
Communicable Disease Control.....	72
Nursing/Clinics.....	74
WIC.....	77
Women's Health Services.....	78
Division of Environmental Health.....	78
Division of Epidemiology.....	80
Division of Emergency Preparedness.....	80
Division of Health Education.....	81
Division of Public Health Social Work.....	84
Medical Examiner.....	88
Public Health Dentistry.....	88
Division of Emergency Medical Services (EMS).....	89
NPHPSP Local Public Health System Performance Assessment.....	90
Section 3 – Local Health System and Community Capacity.....	91
Profile of Community Resources.....	92
Hospitals.....	92
Community Health Centers.....	96
County Health Clinics.....	96
Managed Care Organizations.....	97
Community Organizations and Collaborative Groups.....	97
Utilization of Services.....	100
Outreach and Public Health Education.....	102
Services for Medicaid recipients.....	103
Profile of Unmet Need for Services.....	104
Changes to Better Serve Unmet Needs.....	104
Section 4 -- Local Health Priorities.....	106
Rockland County Public Health Priorities Steering Committee.....	107
Ongoing Efforts and Accomplishments of Rockland County Health System.....	107

Child Health.....	107
Breast Health.....	108
Tobacco	108
Cardiovascular Health.....	110
Asthma	110
Focus Groups with Community Organizations.....	110
Focus Group Perceptions of Strengths of Rockland County Health Care.....	111
Focus Group Perceptions of Weaknesses of Rockland County Health Care.....	112
Focus Group Perceptions of Barriers to Care	113
Focus Group Perceptions of Health Concerns and Priority Needs	114
Survey of Selected Community Residents	117
Health Priority Areas for 2005-2010	123
1. Primary Care Access (Clinics, Community Health Centers, Providers)	123
2. Immigrant Health	124
3. Obesity & Diabetes	125
4. Cancer Initiative	126
5. Alzheimer’s Disease and Elder health care	127
6. Heart Disease	128
7. Emerging Health Issues (Emergency Preparedness)	128
Intersection of Priorities	128
Section 5 – Opportunities for Action.....	131
Community Thoughts on Improved Collaboration	132
Seven Priorities for 2005-2010.....	133
Primary Care Access.....	133
Immigrant Health.....	133
Obesity and Diabetes.....	134
Cancer Institute	134
Alzheimer’s Disease/Elder Health Care	135
Heart Disease	135
Emerging Health Issues (Emergency Preparedness)	136
Opportunities for Stakeholders	136

SECTION 1 – POPULATIONS AT RISK

Socio-Demographics and Vital Statistics

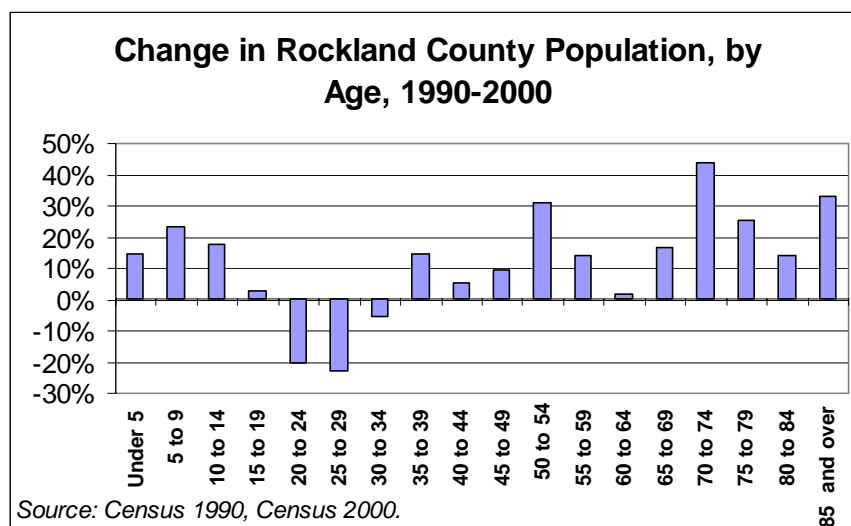
Rockland County is located approximately 30 miles north of Manhattan on the west side of the Hudson River. The County is a popular residence for people who commute to jobs in nearby Westchester and Bergen Counties, as well as Manhattan. This county of 115,000 acres contains more than 35,000 acres of preserved open space and parkland.

Rockland has experienced strong population growth in the past several years within its five towns and 19 villages. The County grew by over 21,000 people (8%) between 1990 and 2000, to 286,753, with about three-quarters of the growth occurring in the Town of Ramapo. The statewide growth rate was 5.5%. Between 1990 and 2000, all five Rockland County towns increased in size, led by the Town of Ramapo (15,044, 16%). Kaser Village in the Town of Ramapo nearly doubled in size, while the Village of Spring Valley grew by 3,662 (16.8%). Clarkstown (2,736, 3.4%) also saw substantial growth. The most recent population estimates (July 2003) indicate that Rockland County has grown an additional 2.2% since 2000 to 292,989, or twice the state growth rate of 1.1%. For the same period, Rockland was the 10th fastest growing county in the state in terms of total number of residents. (U.S. Census Bureau, 2004). See Appendix A for maps of Rockland County zip codes and towns.

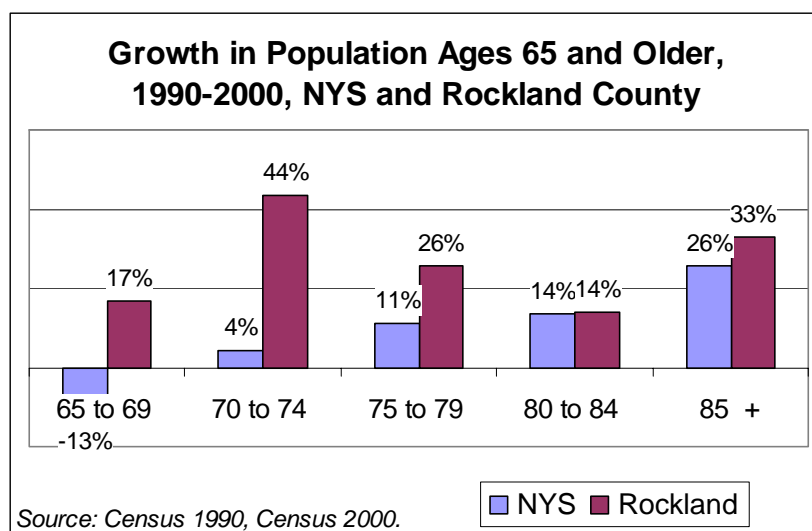
Age

Some age segments of the Rockland County population grew substantially between 1990 and 2000, while others dropped in size. The 20-to-34 population decreased between 1990 and 2000, due in part to the small size of the “baby bust” generation born between 1965 and 1979.

Residents in their early 50’s increased by more than 30%, which is not surprising since this age group is part of the “baby boomer” generation (born 1946 to 1964). Finally, there was substantial growth in all 65 and older groups, a consistent trend nationally. Gender among the age groups is roughly equal from the early age cohorts through the 40’s, but by age 65 women substantially outnumber men.



In the age group 85 and older, women outnumber men by three to one (U.S. Census Bureau,



2000). The Rockland County population ages 65 and older grew more rapidly between 1990 and 2000 than it did statewide. Especially among persons ages 65 to 79, Rockland County saw rapid growth compared with the state.

Population projections—Projections through 2015 show that Rockland County's older

Rockland County Population by Age, Projections Through 2015

	2000	2010	Change 2000 to 2010	2015	Change 2000 to 2015
Under 5 years	21,807	17,206	-21%	17,583	-19%
5 to 9	22,840	19,467	-15%	19,151	-16%
10 to 14 years	22,765	23,395	3%	20,511	-10%
15 to 19 years	19,927	21,922	10%	21,846	10%
20 to 29 years	31,207	34,381	10%	35,031	12%
30 to 39 years	42,185	33,384	-21%	34,520	-18%
40 to 49 years	42,955	43,122	0%	38,281	-11%
50 to 54 years	20,368	21,425	5%	21,400	5%
55 to 59 years	16,181	18,095	12%	19,553	21%
60 to 64 years	12,665	16,183	28%	15,867	25%
65 to 69 years	10,508	12,192	16%	13,873	32%
70 to 84 years	19,168	23,752	24%	25,732	34%
85 years +	4,177	7,182	72%	8,270	98%

Source: New York Statistical Information System, Cornell University

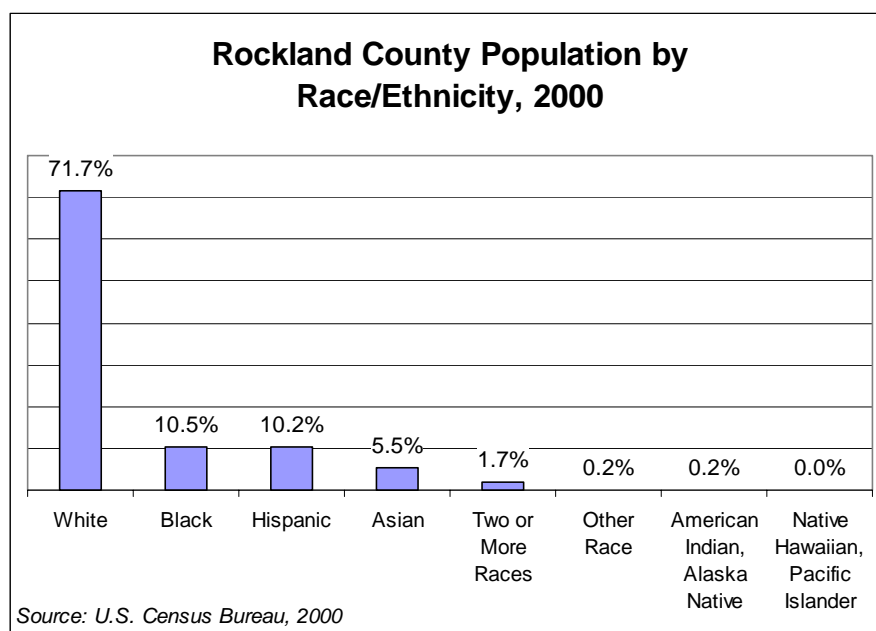
population may double in size in the next decade, while younger age groups and those ages 30 to 49 may shrink in size. While projections are based on historical data and do not always predict accurate trends, the dramatic possible increase in the elderly population should be of interest to County service providers.

Migration of Seniors—Data from the 2000 Census provide the opportunity to evaluate migration trends among the population ages 65 and older. Analysis of place of residence in 2000 compared with place of residence in 1995 reveals a number of patterns nationwide. Among seniors, the oldest age cohort (85 and older) moved the most, 32.3% moved between 1995 and 2000, compared with 21.2% of those 65 to 74 and 21.9% of those 75 to 84. The 85-and-older group is more likely to be in frail health, and as health concerns arise seniors may

move into care facilities or move “back home” to be nearer to family. Further, New York State had the largest out-migration of seniors, with a net loss of 114,171 persons ages 65 and up. Three fourths of New York State’s out-migrants moved to neighboring states such as New Jersey, Pennsylvania, and Connecticut, or south to Florida, North Carolina, Virginia, and South Carolina. The South had the biggest net gain in the senior population, with most of the overall gain attributed to those aged 65 to 74 (young-old). Analysis of county trends found that counties tended to see the same patterns of migration as their state and region. The important point for Rockland County is that the loss of residents over 65 will tend to be those moving south during healthy years, and at least some portion are likely to return when they are over 85 and in need of increased health care services.

Race and Ethnicity

County population by race and ethnicity—The Rockland County population is approximately 72% White, 11% Black, 10% Hispanic, and 6% Asian. The Black population is highest in the Nyack (20.7%) and Spring Valley (32.4%) zip codes (see Appendix B for a list of zip codes and corresponding communities). The Hispanic population is highest in the Haverstraw, 59.3%, and West Haverstraw (32.5%) zip codes, and in the Garnerville zip code (22.4%).¹

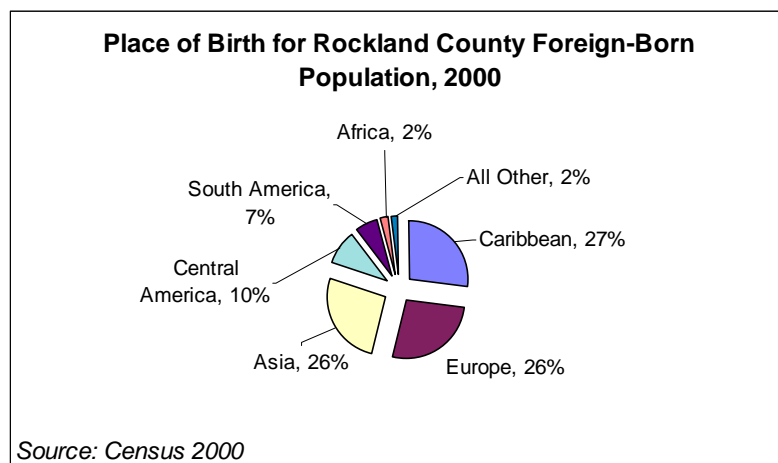


Nineteen percent of Rockland County’s population was estimated to be foreign-born in 2000, with about one-third of them entering the United States between 1990 and 2000. Over one-third of the Haverstraw population is foreign-born (36%) along with 32% of the Spring Valley population. Thirty-three percent of births in the County in between 1993 and 1998

were to foreign-born mothers (NY Medical College, 2002).

¹ Comparing changes in race since 1990 is not possible since individuals were allowed to select multiple races for the first time in 2000, and there is no way to know which single race they selected in 1990.

Among the 54,766 Rockland county residents estimated to be foreign-born in 2000, the largest



group was born in the Caribbean (27%), with more than half from Haiti (over 8,000). Approximately one-quarter of foreign-born residents (26%) are from Europe, including about 2,000 from Italy, and 1,700 each from Ireland and Germany. Another quarter (26%) are from Asia, including the Philippines (3,700) and India (3,500).

An estimated 122,000 immigrants settled in the seven-county Hudson Valley region between 1990 and 2000. It is estimated that newly admitted immigrants made up between 3.0 to 4.9 percent of the Rockland County population in 1990 (School of Public Health, NY Medical College). Between 1990 and 2000, an additional 19,024 foreign-born persons entered Rockland County, with the heaviest concentrations in Spring Valley and Monsey. (U.S. Census Bureau, 2000; New York State Department of Health; U.S. Immigration and Naturalization Service). These numbers reflect only those immigrants documented by the Immigration and Naturalization Services agency. Some analysts estimate that the number of undocumented immigrants is equal to the number of documented immigrants (NY Medical College, 2002).

Among the immigrants arriving between 1990 and 1999, the largest proportion was from the Caribbean (38%), and Asia (35%), followed by Europeans (18%).

Special Populations

Non-English speaking population—Countywide, more than 12% of the population over age five speaks English less than “very well.” This includes 20% of the Monsey zip code population, 26% of Spring Valley’s, and 32% of Haverstraw’s zip code population (Census 2000).

Homeless—Rockland County serves the homeless through a mix of emergency shelters through DSS and Rockland Family Shelter (40 beds), transitional housing at seven sites (300 beds), and permanent supportive housing at five sites (55 beds). It is estimated that an additional 86 beds are needed for individuals. For persons in families with children, the county service organizations have 47 emergency shelter beds, and 20 permanent supportive housing beds. It is estimated that an additional 42 beds are needed for families with children (Rockland County Office of Community Development, 2004).

Single parents—Nearly eight percent (8%) of Rockland County families are single-parent households with the majority of these headed by women (6.2%) rather than men (1.7%). Statewide, 14.9% of households are headed by single parents. In Rockland County, the town of Haverstraw has a particularly high rate of single parents (14.1%).

Grandparents caring for grandchildren—In Rockland County in 2000 1,174 grandparents lived with one or more grandchildren and had primary responsibility for them (Census, 2000). This represents 1.1% of the population ages 45 and over, compared with 2.1% statewide and 2.5% nationwide. The 1,174 care-giving Rockland County grandparents comprised 19.2% of all grandparents living with grandchildren, well below the rate in New York State (34.7%) or nationwide (42.0%). Rockland County care-giving grandparents were primarily located in Ramapo (405) and Clarkstown (328).

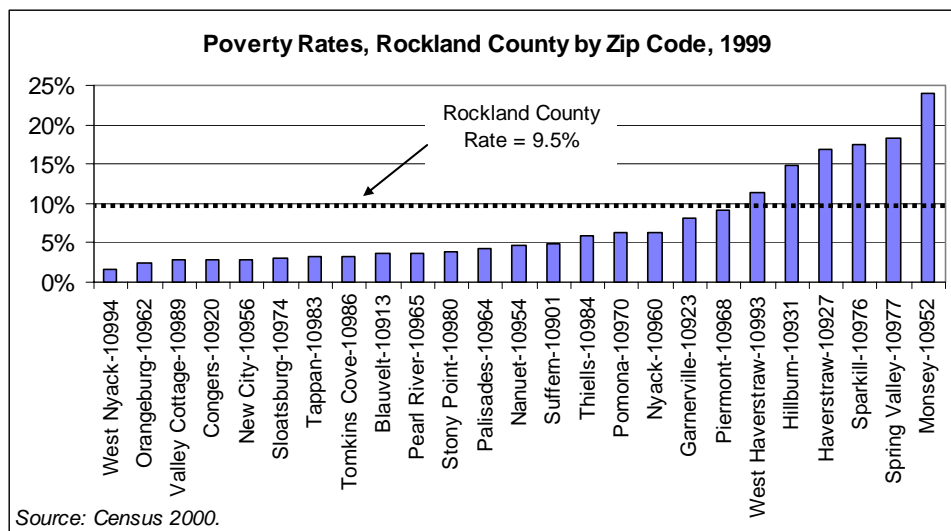
Grandparents care for their grandchildren for many reasons, typically because the parents are experiencing physical or mental illness, substance abuse, or economic problems (RAND, 2000). These grandparents face special challenges in raising children, such as housing needs, finding health insurance coverage, arranging child care, and facing legal issues (AARP, 2004). The AARP has information to help such grandparents on their website, and the Rockland County Office for the Aging can also provide information and referrals.

Income

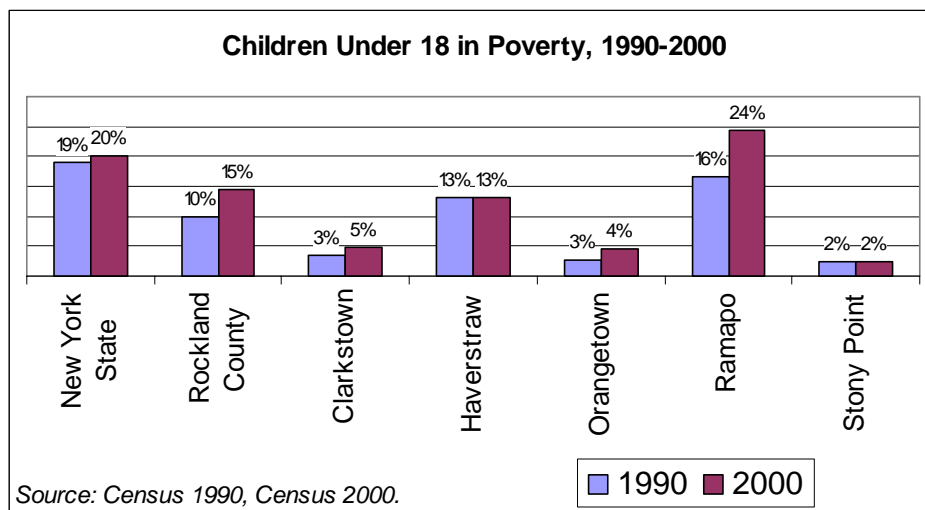
Median household income—Median household income in the county was \$67,971 in 1999, but the median ranged dramatically from a low of \$26,875 in zip code 10976 (Sparkill) to a high of \$106,416 in zip code 10994 (West Nyack) (NY Medical College, 2002).

Poverty

Population below poverty—While the County-wide poverty rate is 9.5%, it ranges by zip code from 1.5% in West Nyack to 24% in Monsey. The poverty rate statewide in 1999 was 14.6%.



Children in poverty—Rockland County’s rate of poverty for children under 18 was 15% in 2000, up from 10% in 1990, but still below the statewide rate of 20%. A disproportionate level of poverty among children exists in the Town of Ramapo, where nearly one-quarter of children are in poverty, a substantial increase since 1990 (16%). The increases were concentrated in zip



codes 10952, where child poverty increased by 93% (to 4,295 children), and zip code 10977 where child poverty more than doubled, by 138% (to 4,367 children).

The federal poverty level for a family of four is \$18,400. Double that amount is

the level of income considered necessary to provide a family with the basic necessities of shelter, food, and basic health care. Children in poverty are more likely than those in higher income categories to experience lower standardized test scores, more trouble with social competence and self-regulation, and are more likely to be overweight (NCCP, 2004).

Employment

The 2003 American Community Survey (ACS) estimates that of the 216,459 residents of Rockland County who are 16 years and over, 67.4% are in the labor force. 2000 Census data, which includes group quarters such as dormitories and prisons, estimated labor force participation in the County at 65.5%, compared with 61.1% statewide.

Travel Time to Work for Workers 16 Years and Over, Rockland County, 2000		
Total Workers	132,302	100.0%
Less than 15 minutes	32,364	24.5%
15 to 29 minutes	37,658	28.5%
30 to 44 minutes	21,023	15.9%
45 to 59 minutes	13,288	10.0%
60 to 89 minutes	14,793	11.2%
90 minutes or more	8,491	6.4%
Worked at home	4,685	3.5%

Source: Census 2000, Summary File 3

Among workers in Rockland County, one quarter spend less than 15 minutes commuting one-way to their place of work. Slightly more than half spend less than 30 minutes commuting to work.

Workplace County, Among Rockland County Residents, 2000

Total	132,302	100.0%
New York State	113,081	85.5%
Rockland	72,022	54.4%
NYC	26,673	20.2%
Westchester	11,008	8.3%
Other NYS Counties	3,378	2.6%
New Jersey	17,536	13.3%
Other States	1,633	1.2%
Outside the U.S.	52	0.0%

Source: U.S. Census 2000

Approximately one-half of the workers who reside in Rockland County also work in the County. One-fifth of working Rockland County residents work in New York City, and 13% work in New Jersey.

Unemployment—Among Rockland County residents in the labor force, 6.4% are unemployed, with slightly higher unemployment rates for males (6.8%) than females (6.0%), as estimated by the 2003 ACS. Rockland’s unemployment rate is below the state rate of 7.5%.

Census 2000 data indicate that the Rockland County unemployment rate was 3.7%, compared to 7.1% statewide (these percentages should not be compared directly to ACS 2003 rates above, since different data sources were used). The 2000 data show which communities within the County are disproportionately affected by unemployment. The portion of Spring Valley located within Clarkstown had a rate of 14.1%, the highest by far countywide. Among the five towns, Haverstraw had the highest unemployment rate at 4.7%, in part due to the Village of Haverstraw’s 7.1% rate.

Disability

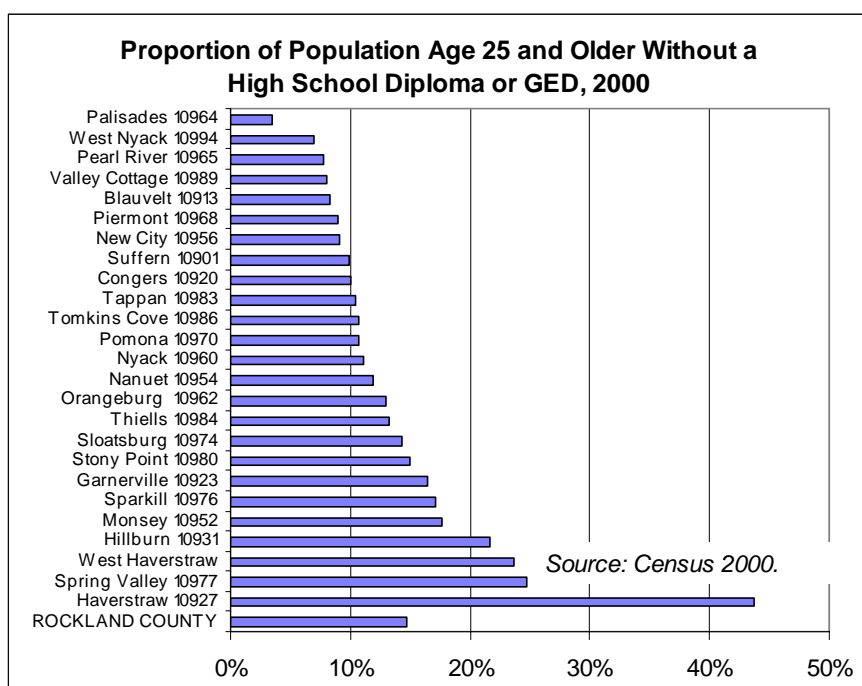
Disability—Among the population ages 5 to 20 years, 6.5% had a disability in the year 2000 (4,444 children and youth). Among the working-age population ages 21 to 64, this rate increased to 16.8% (27,257 individuals), and to 34.7% (11,050 individuals) among the 65 and older population. Among the working-age population with a disability, 65.2% are employed compared with 78.2% of the non-disabled working-age population (Census 2000).

Employment disability—In 2000, an estimated 21,548 Rockland residents had an employment disability, which is a physical, mental, or emotional condition lasting six months or more that makes it difficult to work at a job (Census 2000). Nearly 40% lived in Ramapo (primarily in Spring Valley, the town outside villages, and Suffern), and one-quarter lived in Clarkstown (nearly all in the town outside villages).

Educational Attainment

High school diploma—Among adults ages 25 and older, 15% in Rockland County have not graduated from high school, a decrease from nearly 17% in 1990. The rates in Rockland County

are substantially higher in four zip codes: Hillburn (22%), West Haverstraw (24%), Spring Valley (25%), and Haverstraw (44%). Most zip codes are well below the NYS average of 21%.



Since 1990, Rockland County has experienced an increase in the proportion of the population attending and graduating from college and graduate schools. Persons with a bachelor's degree increased from 19% to 21%, and those with a graduate or professional degree increased from

**Educational Attainment, Persons 25 and Older,
Rockland County, 2000**

	United States	New York	Rockland County
Less than 9th grade	7.5%	8.0%	5.9%
9th to 12th grade, no diploma	12.1%	12.9%	8.8%
High school graduate/GED	28.6%	27.8%	22.5%
Some college, no degree	21.0%	16.8%	17.9%
Associate degree	6.3%	7.2%	7.4%
Bachelor's degree	15.5%	15.6%	21.2%
Graduate/professional degree	8.9%	11.8%	16.3%

Source: U.S. Census, 2000

14% to 16% of the population. In 2000, Rockland County residents had higher levels of education than residents of New York State and the United States; twice as many Rockland County residents had a graduate or professional degree than US residents, and 15% of Rockland County residents had less than a high school degree versus 20% nationwide.

Annual dropout rates of Rockland County public school students vary across school districts. Dropout rates are extremely low in Nanuet, Clarkstown, and Pearl River, while the rates are quite high, and even higher than the state average, in East Ramapo.

**Annual Dropout Rate of Public School
Students (Grades 9-12)**

Nanuet	0.2%
Clarkstown and Pearl River	0.3%
South Orangetown	1.4%
Nyack	2.2%
Ramapo Central	2.3%
North Rockland	2.8%
New York State	5.7%
East Ramapo	7.2%

Source: Rockland County Data

Housing

Older housing that is not properly maintained can present special public health concerns, including lead paint poisoning, rodent infestation, and fire risk. Eighteen percent of Rockland County housing units were built before 1950, with a substantial concentration in Orangetown, where 30% of housing units were built in that time period.

A high proportion of Rockland County households are owner-occupied (71.7%), compared with 65.6% regionally (7-county Hudson Valley region), and 53.0% statewide.

**Renter/Owner Status Among
Occupied Housing Units, 2000**

	Rockland County	Hudson Valley Region	New York State
Total Occupied Housing Units	92,675	772,004	7,056,860
Owner occupied	71.7%	65.6%	53.0%
Renter occupied	28.3%	34.4%	47.0%

Source: Census 2000

Insurance Status

Health insurance coverage, working age population— In response to the 2003 Expanded Behavioral Risk Factor Surveillance System (EBRFSS) survey of Rockland County residents, 87.4% of residents ages 18 to 64 indicated they had some type of health insurance coverage (i.e., commercial insurance, Medicaid, Medicare, Family Health Plus, Healthy New York, other programs). Coverage was higher among women (91.5%) than men (82.9%). Coverage was lowest for ages 18 to 34 (73.3%) and among those whose level of education was high school or less (73.3%).

Proportion of Survey Respondents Indicating They Have Health Coverage, 2003

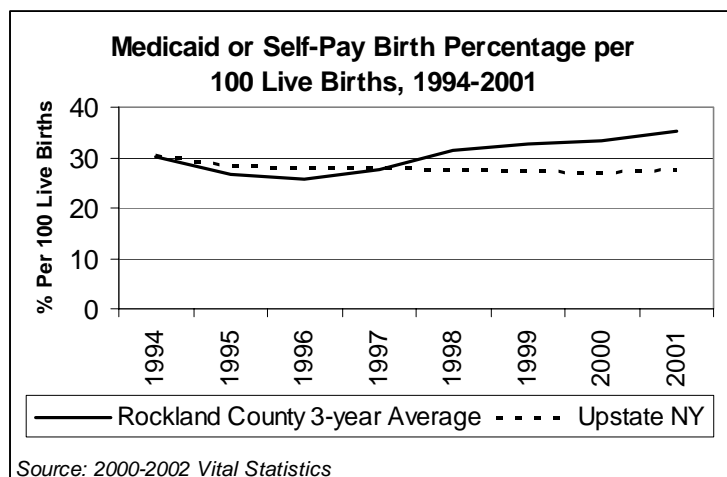
Total (n=578)	87.4%
Male	82.9%
Female	91.5%
Age 18 to 34	73.3%
Age 35 to 54	89.3%
Age 55 to 64	97.7%
High School or less	73.3%
More than High School	93.9%

Source: EBRFSS, 2003

Estimates of the uninsured are very difficult to determine, but the survey information suggests rates are approximately 12.6% in Rockland County among non-elderly adults. This compares with 15.6% of the population nationwide in 2003 (Census Bureau, 2004). Nearly all adults ages 65 and older have access to Medicare, so they are typically excluded from analysis of health insurance coverage.

Unable to obtain medical care—A small proportion of respondents (6.5%) indicated there was a time in the last year when they could not get needed medical care, a rate that was higher among young persons 18 to 34 (10.7%) and among residents with lower education levels (9.8% for those with 12 years of school or less), following the pattern of uninsured.

Medicaid or self-pay birth percentage per 100 live births— The proportion of women with Medicaid or with no health insurance coverage at the time of delivery has increased in Rockland County. After hitting a low of 25.7 per 100 live births in 1996, the rate has increased steadily to



Source: 2000-2002 Vital Statistics

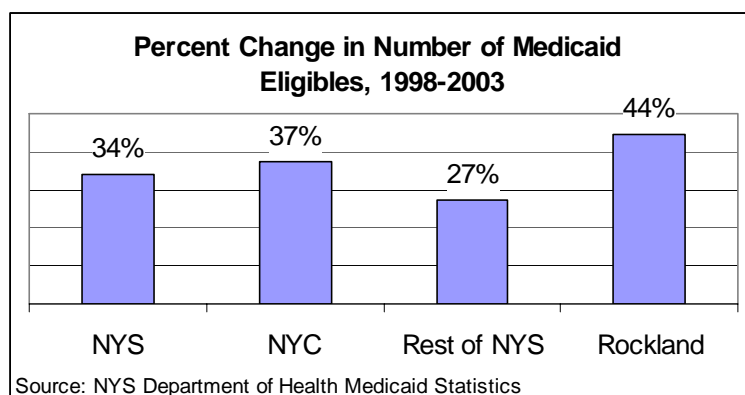
an annual average of 35.2 per 100 during the 2000-2002 three-year period. The rate of Medicaid or self-pay births has decreased over the same period in upstate NY, with a rate of 27.6 per 100 live births in 2002.

Proportion of adults who could not see doctor due to cost—While a good measure of the proportion of adults who could not see a doctor due to cost issues is not available, the County Health Department included this question on a survey of persons in the County in summer 2004 (the survey is described in detail in Section 4). The survey was non-scientific, but among survey respondents who answered this particular question, 11.5% indicated that cost presented a barrier to them in receiving medical care in the last year.

Family Health Plus (FHP) is a public health insurance program for adults ages 19-64 who do not have health insurance either on their own or through employers, but whose income is too high to qualify for Medicaid. Family Health Plus is available to single adults, couples without children, and parents with limited incomes who are residents of NYS and US citizens or fall under one of many immigration categories. Family Health Plus provides comprehensive coverage, including prevention, primary care, hospitalization, prescription, and other services. There are no out-of-pocket costs to participate in Family Health Plus. Enrollment of adults in December 2003 was 3,462 (Rockland CARES, 2004).

Child Health Plus (CHP) is a health insurance plan for children under the age of 19 who are not eligible for Medicaid and who have limited or no health insurance. Enrollment more than doubled from September 1997 (2,999 children) to September 2003 (6,680 children) (Rockland CARES, 2004).

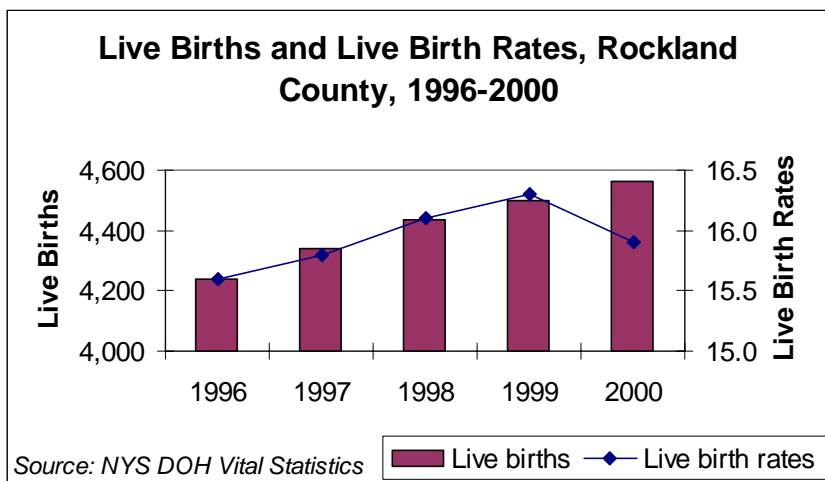
Medicaid eligibles—The number of Medicaid-eligibles in Rockland County increased 44% between 1998 and 2003, outpacing the increase in NYC and the state. The number of eligibles in Rockland County increased from 26,526 to 38,310 during the same time period, representing more than 13% of the population.



Natality

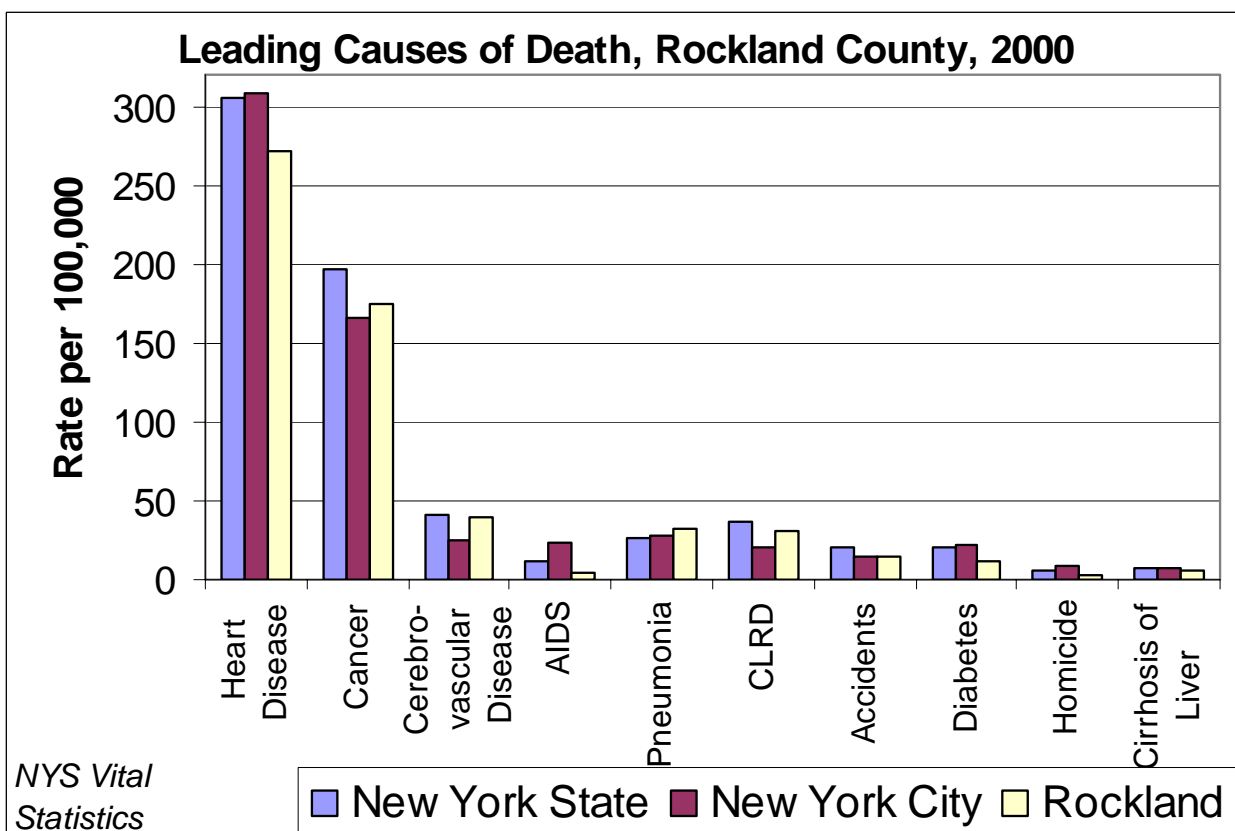
The total population in Rockland County has grown in recent years due to natural population growth and immigration. The number of live births increased gradually from 4,239 in 1996 to 4,563 in 2000. The birth rate increased between 1996 and 1999 to 16.3 per 1,000 population, but dropped slightly to 15.9 per 1,000 population in 2000. The apparent drop in the birth rate is likely a data anomaly due to the use of population estimates between 1996 and 1999, which

likely were underestimated, versus actual 2000 population data from the 2000 Census. The Rockland rate in 2000 was slightly higher than the statewide birth rate of 13.6.



Morbidity and Mortality

Deaths in Rockland County in 2000 totaled 2,083, or 726.4 per 100,000 population, compared with a rate of 829.5 statewide. Heart disease and cancer were the leading causes of death in Rockland County. For those ages 65 and older, the leading causes of death were cardiovascular



disease, cancer, cerebrovascular disease, chronic lower respiratory disease (CLRD), and pneumonia (frequently a complication of hospitalization for another illness). Among persons ages 45 to 64, the leading causes of death were cancer, cardiovascular disease, accidents, chronic obstructive pulmonary disease (COPD), and cerebrovascular disease. For persons ages 25 to 44, leading causes of death were cancer, accidents, heart disease, HIV/AIDS, and suicide.

Key Findings:

- The aged population is growing, particularly the 85-and-older population. The 85+ group will likely be in need of greater health services as they age in place, or return from retirement in other states to be nearer to family.
- The County has experienced substantial growth in the newly-immigrated, foreign-born population, and in the number of non-English speakers. These persons face special challenges in accessing primary and other health care, due to barriers of language, cultural differences, and cost.
- Pockets of poverty exist despite low overall poverty rates for the County. The pockets of poverty in Monsey, Spring Valley, and Haverstraw are persistent and substantial.
- Rates of uninsured are lower in Rockland County than nationwide, and the increase in Medicaid eligibles, Child Health Plus, and Family Health Plus enrollments indicates the related efforts in the last several years in Rockland County have had an impact. However, those who still lack insurance are likely to be difficult to reach, and are likely to be new immigrants, both documented and undocumented.

Access to Care

Hospitals

Rockland County has five hospitals that provide local access to services. Nyack Hospital and Good Samaritan Hospital are acute care facilities with fully equipped Emergency Departments. Nyack is on the southeast side of the County, while Good Samaritan is on the southwest side (all hospitals are described in more detail in Section 3). Haverstraw residents, in the northeast corner of the County, have a longer distance to travel to reach one of the Emergency Departments. Helen Hayes Hospital, located in West Haverstraw, is a leading specialty rehabilitation hospital, but does not have emergency services. Rockland Psychiatric Center offers mental and emotional care services, and also does not have emergency services. Summit Park Hospital is a county facility that provides skilled nursing care.

Federally-Funded Community Health Centers

The Community Health Centers program was begun in 1965 to bring comprehensive primary care health services to low-income, underserved rural and urban communities. Approximately 700 federally-funded health centers provided services to over nine million patients nationwide in 1999. Among all health center patients nationwide, 41% are uninsured, 33% are on Medicaid, 7% are on Medicare, and only 15% have private commercial insurance (Markus et al., 2002). Nearly two-thirds of health center patients nationwide are members of a racial or ethnic minority group and 86% of patients have family incomes below 200% of the federal poverty level (FPL).

Two federally-funded Community Health Centers are located in Rockland County, the Refuah Health Center in Spring Valley, and the Monsey Family Health Center in Monsey. The Monsey Center plans an expansion to a second site in Spring Valley, which will be called the Ben Gilman Spring Valley Medical and Dental Clinic. These clinics are obligated to provide services to all on a sliding-scale basis.

Refuah Health Center—The Refuah Health Center had 43,383 visits in 2001, and 51,315 in 2002, according to federal 990 IRS forms. The Refuah Health Center accepts several insurance plans, including Aetna, US Healthcare, Doral Dental, Empire Blue Cross and Blue Shield, Fidelis Care, GHI (CBP Plan Only), Medicaid, Medicare, and the Oxford Health Plan. Hours of operation are from 8:30 am to 7 pm Monday through Thursday, 8:30 am to 2:00 pm Friday, and 8:30 am to 1:00 pm Sunday. The evening and Sunday hours provide extended opportunities for care compared with many private physician offices. In focus groups conducted by the Rockland County Health Department during the summer of 2004 with various service organizations, many individuals remarked that the extended hours of service at Refuah are extremely helpful, especially to working families who have trouble accessing care between 8 am and 5 pm.

Physicians on staff at Refuah include specialists in Dermatology, Family Practice, Gastroenterology, Internal Medicine, Obstetrics, Ophthalmology, Otolaryngology, Pediatrics, Nurse Midwifery, Dentistry (including Pediatric dentistry), and Oral Surgery (Refuah Health Center website, 2004, www.refuahhealthcenter.com).

Monsey Family Health Center— The Monsey Family Health Center had 9,400 visits in 2000, 9,060 in 2001, and 9,500 in 2002. Their medical staff include eight physicians in the Department of Adult and Pediatric Medicine as well as a nutritionist, two physicians in their Woman’s Care Centre, an ophthalmologist, an optometrist, two podiatrists, an allergy and immunologist, a urologist, a dermatologist, and six dentists. They also have seven social workers and a physician in their Family Care of Rockland Unit (The Advocate, September 9, 2004).

County Clinics

The Rockland County Health Department administers 11 clinics at its main site in Pomona (Dental, General Medical, Foreign Travel, Immunization, Tuberculosis, Sexually Transmitted Disease (STD), Infectious Disease, Chest, Women’s Health Services, Adult Immunization, and Well Child). The Department also has a General Medical Clinic, Women’s Health Services Clinic, and Well Child Clinic in Spring Valley, and an Infectious Disease Clinic and a Prenatal Clinic in Nyack. The locations in Spring Valley and Nyack provide convenient access to care since these are population centers in the county.

For residents with access to an automobile, the Pomona site is 20 minutes or less from anywhere in the county. Staff are cross-trained to work in all clinics, and supervisors can work in a clinical capacity if understaffing occurs. The Prenatal, Tuberculosis, and Women’s Health clinics have experienced substantially higher rates of use in recent years.

All clinics except the STD clinic require a scheduled appointment. Clinic hours vary, with some open regular daytime hours, and others offering fewer days or hours. Most clinics have weekday, daytime hours, although the STD, Infectious Disease, Women’s Health, and Chest clinics have limited evening hours. More detail on hours of operation and utilization can be found in Section 2.

Private Providers

Private providers are located throughout Rockland County. Providers in Family Practice, General Practice, Pediatrics, Internal Medicine, and Obstetrics/Gynecology are shown on the map in Appendix C. In addition, the Community Health Centers and several urgent care centers are available to provide care to Rockland County residents. Dental providers are also scattered throughout the county, as displayed on the second map in Appendix C.

Barriers to Care

Financial barriers—A number of families and individuals in Rockland County fall below the federal poverty line, and many more are unable to pay out-of-pocket for more than very basic access to medical care. Clearly the challenge is concentrated in certain sub-communities as illustrated by the poverty data presented by zip code earlier in this section.

Medicaid eligibility, enrollment, and access to providers—Medicaid eligibility is a complicated process, and it is difficult to estimate the number of individuals who are eligible for Medicaid but who choose not to enroll. Based on a series of focus groups conducted throughout the County in the summer of 2004, we learned that many individuals with Medicaid coverage are unable to access primary care and other services. One reason is that many private physicians in the County will not accept Medicaid patients. A second reason is that some County health department clinics do not accept Medicaid managed care plans, because enrollees are to rely on their primary care physician as a first point of contact. Unfortunately, many managed care enrollees do not understand how to best access their managed care organization and are confused when turned away at clinics.

Structural barriers—While the County has a sufficient number of primary care providers, access to those providers is still difficult or impossible for individuals who do not have private insurance coverage. Community Health Centers and the County health clinics provide access for many without private health insurance, but lack of transportation can present serious barriers as individuals must rely on bus service or on costly taxicab service for transportation. Further, specialist care can be difficult to access (even for those with private insurance) due to a perceived lack of specialist physician supply.

Personal barriers—Rockland County remains predominately white, but is becoming increasingly diverse. Growth among the Black, Hispanic, and Asian populations is evident, and there is growth due to immigrants arriving from many regions of the world. Lack of interpreters who speak Spanish, Russian, French Creole, or other languages in private physicians' offices and public health clinics was cited as a barrier to access in RCHD focus groups held with community groups in 2004. Cultural issues can also present problems. However, the presence of the federally-funded health centers helps to address some of the cultural needs of diverse populations.

Key Findings:

- Five hospitals, including two with emergency services and a full range of acute care services provide excellent access for the community, but services are most easily accessed by those with health insurance coverage.
- The federally-funded Community Health Centers offer care during evenings and weekends, providing additional access, particularly for residents with Medicaid, and those who can pay on a sliding-fee scale.
- County clinics play an important role in providing care to vulnerable populations.
- Despite the generally good access to primary care, residents without insurance or those with cultural or other personal barriers still have a difficult time obtaining ongoing care. Medicaid is not readily accepted throughout the community, and many providers do not have interpreters available for the many languages spoken in Rockland County.

Behavioral Risk Factors

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone-based survey designed by the Centers for Disease Control and Prevention (CDC). The system monitors behaviors and other factors that contribute to morbidity and mortality in the population. New York State's BRFSS sample represents the non-institutionalized adult household population. The Expanded BRFSS allowed individual counties in the state to add questions of specific importance to their communities. According to the CDC (Healthy People 2010) individual behaviors and environmental factors are responsible for approximately 70% of all premature deaths.

Tobacco Use

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires combined (Healthy People 2010).

Youth smoking—The 2001 Parents' Resource Institute for Drug Education (PRIDE) survey indicates that the proportion of youth who report they have used cigarettes in the last month increases with age from .2% of 5th graders, to 5.4% of 8th graders, and 16.8% of 10th graders. This compares with 1.6%, 10.8% and 21.6% nationally.

The proportion of high school students who reported using cigarettes in the last month was 31.8% for New York State in 1999, and 35% nationwide. The HP2010 target is 16%.

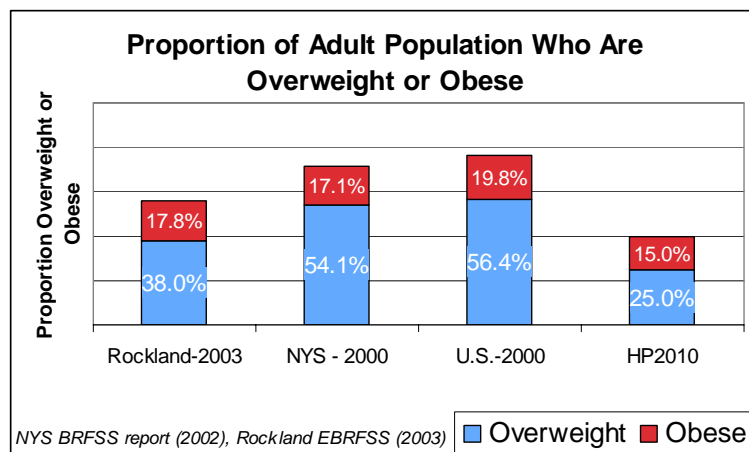
Adult smoking—The Expanded BRFSS 2003 indicates that 16% of Rockland County adults are regular smokers. Of this group, approximately 10.6% smoke every day, and 5.5% are “some day” smokers. Seven in ten (70%) Rockland smokers report they are “thinking of quitting.” Nearly half (46%) have made an effort to do so in the past year. The HP2010 target is for no more than 12% of adults to use cigarettes; in 1998 the national baseline was 24%.

Smoking in homes—Exposure to second hand smoke is a health concern, especially for individuals with respiratory disease. More than three-quarters (77.4%) of Rockland adults in the Expanded BRFSS 2003 survey reported that they do not allow smoking in their homes, while 8.3% allow smoking in some areas, and 14.4% allow smoking anywhere in the home. Those ages 35 to 54 were slightly more restrictive regarding home smoking with 80.5% not allowing smoking anywhere.

Nutrition

People who are overweight or obese are at risk for a variety of health disorders, including high blood pressure, Type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, respiratory problems, and some types of cancer (Healthy People 2010). The US Social Security Administration ruled that obesity is severe enough for disability when it significantly limits an individual's physical or mental abilities to do basic work activities, or in the case of children, when it causes more than a minimal functional limitation (65 Federal Register 31039). The American Obesity Association defends the rights of disabled persons with obesity, because obesity is a source of stigmatization and discrimination, can lead to a poor quality of life and impaired mobility and can cause physical and emotional pain that can be disabling.

Adults overweight or obese—More than half the Rockland County adults ages 18 and older (55.8%) are either overweight or obese (CDC definition of body mass index 25 or more). A

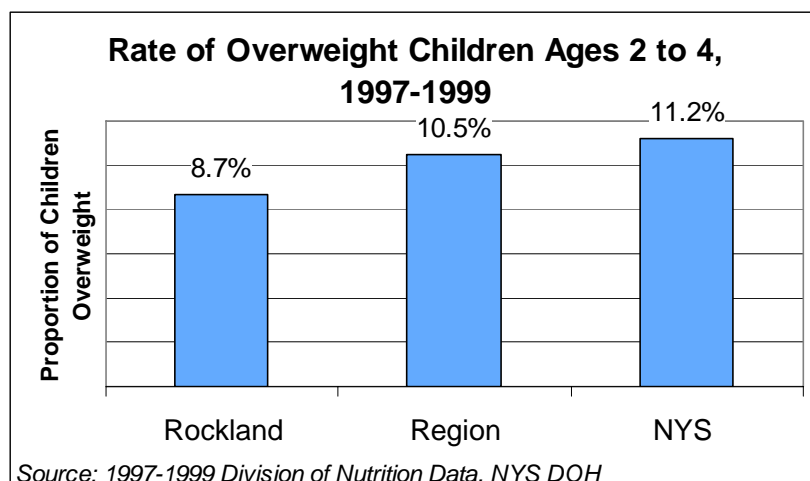


higher proportion of males (69.1%) than females (43.3%) are above a healthy weight. Rockland County compares somewhat favorably to the state and nation, particularly on the overweight portion of the indicator. Compared with HP 2010 goals for persons 20 years of age and older, however, Rockland still should focus on reducing the number of overweight or obese persons.

The proportion of overweight or obese persons increases with age in Rockland County, from 43.7% of those ages 18 to 34, to 55.2% of those ages 35 to 54, and 67% of those ages 55 and older. Half the adult population is trying to lose weight in Rockland County (50.4%).

Children overweight or obese—The Healthy People 2010 goal for overweight or obesity among children ages 6 to 19 is 5%. Rockland County’s children do not meet that goal, as 8.7%

are either overweight or obese.



Among children ages two to four, Rockland’s rate of overweight children is below the regional and state averages.

Five servings of fruit or vegetables/day—The recommended number of servings of fruits and vegetables is five per day. EBRFSS results show 25.9% of Rockland County residents meet the “5 a day” requirement which is just slightly below the state percentage of approximately 28%, but is half the Healthy People 2010 target of 50%.

Underweight children—Rockland has a slightly higher proportion of children under age four who are underweight (3.3%) than the region (2.6%) or the state (2.8%).

Exercise

Percent of adolescents engaging in regular exercise—Healthy People 2010 set a target of 85% of adolescents engaging in exercise, which it defines as “vigorous physical activity that promotes cardio-respiratory fitness three or more days per week for 20 or more minutes per occasion.” The national level for students in grades 9 through 12 in 1999 was 65%.

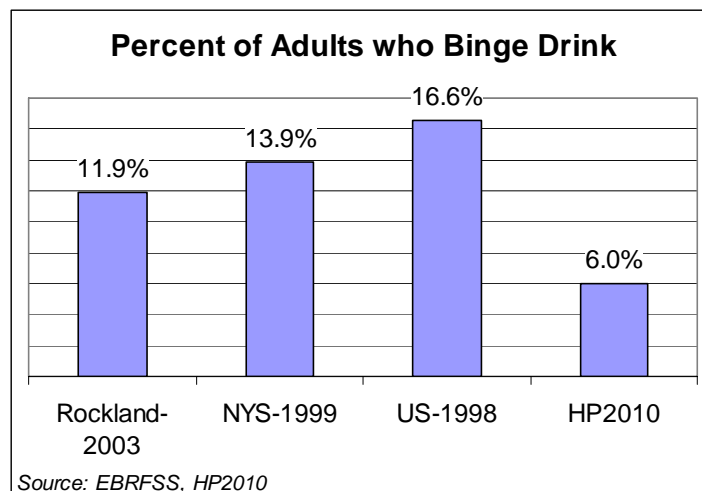
Percent of adults with regular and sustained physical activity—For adults Healthy People 2010 set a target of 30% engaging in “regular, preferably daily, moderate physical activity for at least 30 minutes per day.” Data from the EBRFSS is not identical to the language in the HP2010 objectives. The EBRFSS asks if there was participation in “leisure time physical activity or exercise” in the past 30 days, but gives no indication of the duration or level of intensity. Nearly three-quarters (72%) of Rockland adults responded “yes” to the BRFSS question. Those with more than a high school education were more likely to report activity (79%) than those

with an education at or below the high school level (57%). Males and females were about even at 74% and 70% respectively. While it would appear that Rockland County residents are engaging in activity at high rates, the lack of detail in duration and intensity leaves the data less than ideal for interpretation.

HP2010 also sets a target of 20% for the proportion of adults who engage in no leisure-time physical activity. If 72% of Rockland County adults do participate in such activity, we can assume that 28% do not. Rockland County's rate of non-participation in physical activity is therefore above the HP2010 goal, but below the 1997 national rate of 40% (HP2010).

Alcohol and Substance Abuse

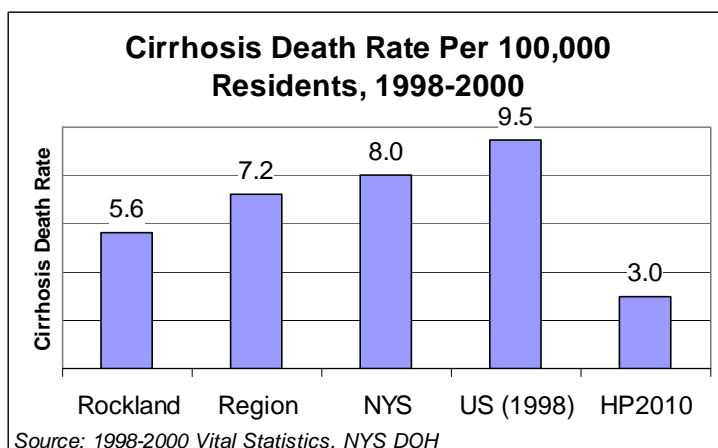
Excessive consumption of alcohol is defined by Healthy People 2010 as more than two drinks a day or more than four drinks at one time in consecutive weeks. Alcohol abuse is associated with a host of health problems including cirrhosis of the liver, oropharyngeal cancer, diabetes, accidents, injuries, assaults and homicides, and prenatal/post natal complications. Substance abuse has many of the same health consequences as alcohol abuse.



Adult binge drinking (18+)—

Rockland County has a comparatively low percentage of binge drinkers. Overall, 11.9% of adults report binge drinking (EBRFSS), compared with 13.9% statewide and 16.6% nationwide (NYS DOH, HP2010). The rate of binge drinking among adults in Rockland County is about twice the HP2010 target rate of 6%.

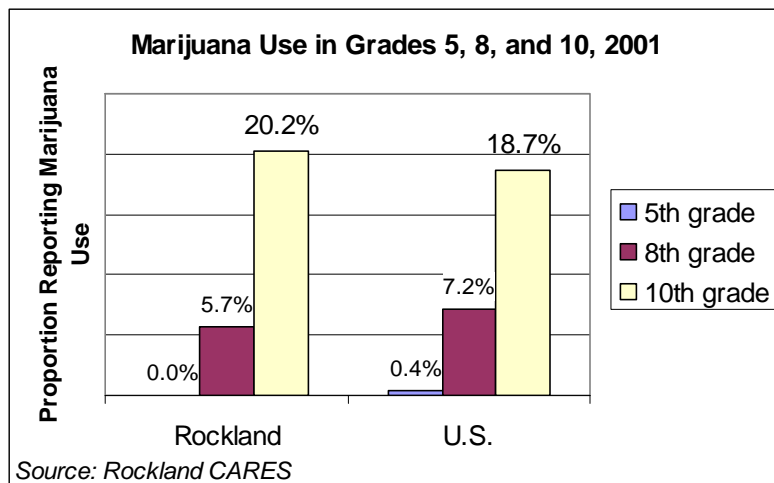
In Rockland County, the 18-to-34 age group has the highest proportion of binge drinkers at 17.9%. About 10% of the age groups 35-to-54 and 55 and older report binge drinking.



Cirrhosis mortality—Rockland's rate of death from cirrhosis of the liver is lower than comparison regions (5.6 per 100,000 versus 7.2 for the region and 8.0 for the state). The rate is still nearly double the HP2010 target of 3.0.

Teen drinking—A Rockland County survey showed that while 16.8% of 8th graders use alcohol nationally, the rate is lower among Rockland County’s 8th graders at 12.4%. However by 10th grade Rockland County students are slightly more likely to drink, at 35.4% versus 34.7% nationally. The Healthy People 2010 target for binge drinking among high school seniors is 11%, far below Rockland County’s current rates for even younger students.

Adolescent marijuana use—Rockland adolescents use marijuana in similar proportions to adolescents nationwide; 5.7% of Rockland 8th graders reported using marijuana monthly on the



2001 PRIDE survey, compared with 7.2% nationwide. As with alcohol use, by 10th grade Rockland youth are more likely than their fellow students nationwide to use marijuana (20.2% and 18.7% respectively).

HP2010 has set a target of 0.7% for the proportion of adolescents aged 12 to 17 who report marijuana use in the last 30 days; the national rate in 1998 was 8.3%.

Key Findings:

- “Put it out Rockland” programs have apparently been successful, as Rockland County smoking rates have dropped and are lower than comparison regions.
- Rockland County’s obese population is similar in proportion to the state and the nation, but is above Healthy People 2010 targets. Rockland County’s overweight population rate is well below NYS and US rates, but is higher than the HP 2010 targets.
- Rockland County’s children ages two to four are somewhat less likely than children in the Hudson Valley region and the state to be overweight; still, 9% of children this age are overweight.
- One-quarter of Rockland County residents eat the recommended five servings of fruits and vegetables each day, half the HP2010 target of 50%.
- More than one-quarter of Rockland County adults get no leisure-time physical activity; the HP2010 target is 20%.
- Binge drinking and cirrhosis mortality rates in Rockland County are below state and national rates, but are nearly twice the HP2010 targets.
- Rockland County youth drinking and marijuana use rates are below national averages at grade 8, but above them at grade 10, suggesting a potential target group for intervention.

The Local Health Care Environment

Physical environment— Rockland County is a predominately rural and suburban community. For those with vehicles, the County is easy to navigate, and one can travel anywhere in the County in one-half hour or less. However, for those without a car, two primary challenges exist. First, for those who would like to walk, few sidewalks are in place outside of the center of villages. Roads with narrow or no shoulders also contribute to the lack of walk-able pathways.

Second, public transportation is limited. The Spring Valley Jitney provides an every hour loop around the village. TRIPS service, a bus service that provides rides by appointment for disabled residents and senior citizens, has experienced increased demand. Its 14 shuttle buses carry about 60,000 people annually (The Journal News, June 29, 2003). The County Department of Transportation operates both TRIPS and Transportation of Rockland (TOR), which provides traditional bus transportation throughout the County, but the routes and the frequency of

service are reportedly not sufficient for many who would like to rely on such services to access, for example, the Health Department clinics in Pomona.

Legal environment—The Rockland County Health Department enforces the New York State *Regulation of Smoking in Public and Work Places*, which took effect in July 2003. The Health Department’s Division of Environmental Health is the primary enforcement arm of the agency, overseeing New York State Public Health Law and Rockland County Sanitary code regulations on water, air, and other important environmental concerns that contribute to a healthy community.

Social environment—There is no major media source in Rockland County, making it difficult to communicate a central consistent message to the entire population, especially given the cultural and linguistic diversity. Rockland County Health Department communicates messages to the public through regular press releases that are available for review on the Department’s website.

Schools have been active participants in the Rockland CARES process, and will be integral partners in the new Steps to a Healthier Rockland initiative. They have also been strong partners with the County Health Department in the Reality Check program, a youth anti-tobacco initiative described in Section 2.

The Rockland County business community is interested in participating in activities to help improve or protect the health and safety of the community. The Rockland Business Association invites the Health Commissioner to speak periodically to update the business community on pertinent issues, and would welcome the Commissioner to subcommittee meetings.

Economic environment—Overall, the economic environment in Rockland County is strong. The County is home to several large corporations including two pharmaceutical firms, Wyeth Pharmaceuticals and Novartis. School districts and the County are also large employers. The proximity to other growing communities such as Westchester County, and the accessibility to New York City give Rockland County residents numerous sources for employment within a reasonable commute. Nonetheless, while unemployment is low in Rockland County compared with the state average, and median income is higher than average, the economic environment still poses challenges to some segments of the community. For example, the community has a sizeable population that does not speak English; this population faces barriers to economic success. Further, Rockland County businesses face the same major challenges of many companies nationwide—increasing health care costs, the need for highly skilled workers, and a slowly recovering economy.

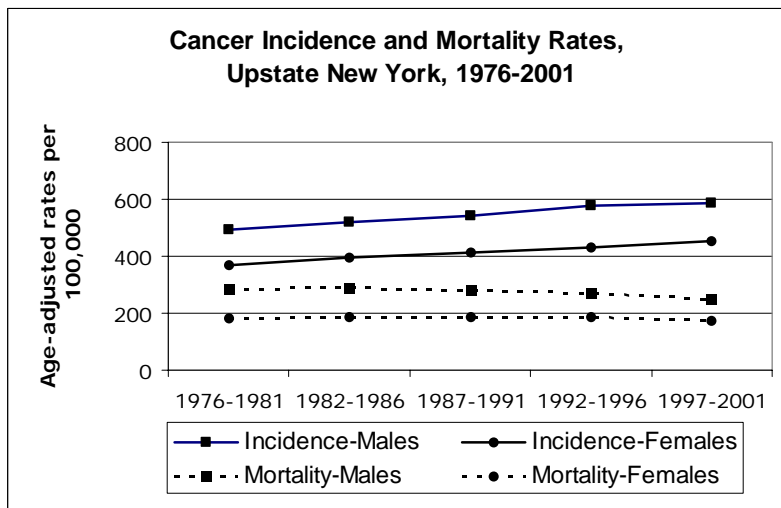
DISEASE, MORBIDITY, AND MORTALITY DATA

Cancer

US Overview: Cancer is the second leading cause of death. Cancer mortality rates peaked in 1990, but death rates for all sites (e.g., lung, breast) have since declined. At peak level, males had a mortality rate 50% higher than females (220.8 versus 142.2 per 100,000). Between 1990 and 1996 mortality rates declined by 1% annually for males and 0.4% for females. In 1998 the overall mortality rate was 202.4 per 100,000.

NYS Overview: Upstate New York followed similar trends as the nation between 1976 and 2001. Males had higher rates of incidence and mortality than females.

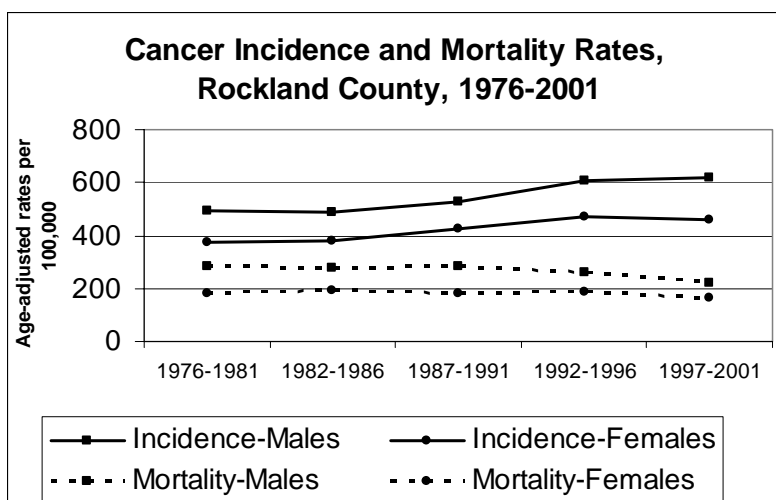
Generally speaking, incidence rates (solid lines) increased over this time period, while mortality rates (dotted lines) decreased.



Rockland County Overview: For Rockland County residents age 65 and older, cancer is the second leading cause of death; for residents age 45-64, it is the leading cause. The County has seen similar trends in the number of cases and the number of deaths when compared to upstate. Rockland County's overall 1998 mortality rate was 174 per 100,000, which placed it below the state (196.2) and national (202.4) rates.

On average, Rockland has 1,462 new cases of cancer diagnosed annually, and 508 deaths.

- 34% higher incidence rate for men – about 617 (versus 460 for women) per 100,000.
- 33% higher mortality rate for men – about 221.3 (versus 166.5 for women) per 100,000.



More detailed information on incidence and mortality rate trends for Rockland County men and women, by site of cancer, is shown in the following tables.

Rockland County Cancer Incidence Rates per 100,000 Residents, 1976 - 2001

	Oropharyngeal		Lung		Colorectal		Breast	Cervix
	Male	Female	Male	Female	Male	Female	Female	Female
1976-1981	12.7	6.8	94.4	32	86.9	58.1	110	8.9
1982-1986	11.5	4.6	89.6	43.4	85.8	52.5	110.3	7.7
1987-1991	11.7	6.1	86	46.8	78.9	55.2	140.6	9.1
1992-1996	14	6.6	82.7	52.3	79.2	57.9	155.1	11.8
1997-2001	14.1	4.9	70	53.9	76.7	56.5	139.6	7.9

New York State Cancer Registry; Revised 2004

Rockland County Cancer Mortality Rates per 100,000 Residents, 1976 - 2001

	Oropharyngeal		Lung		Colorectal		Breast	Cervix
	Male	Female	Male	Female	Male	Female	Female	Female
1976-1981	5.6	2.4	79.4	24.1	43.2	28.5	41.1	3.6
1982-1986	4.1	2	83.4	35.5	41.9	25.1	40.6	2.8
1987-1991	5.2	1.2	74.2	34.6	37.8	26	41.4	2.5
1992-1996	2.8	1.4	66.2	38.3	33.2	21.3	34.8	2.9
1997-2001	3.6	1.7	53.1	33.4	29.8	20.4	30	2.9

New York State Cancer Registry; Revised 2004

Cancer in Rockland County is diagnosed at an early stage in similar proportions to cancers diagnosed throughout upstate NY, as shown in the table below.

Percent of Invasive Cancers Diagnosed at an Early Stage, 1997-2001

	Upstate NY	Rockland
Males		
Oral	38.8%	36.5%
Colorectal	44.2%	41.1%
Lung	25.0%	23.2%
Melanoma	79.8%	85.5%
Prostate	87.4%	88.1%
Females		
Oral	50.1%	50.0%
Colorectal	42.3%	37.8%
Lung	28.7%	29.4%
Melanoma	85.0%	86.8%
Breast	68.0%	64.4%
Uterus	77.8%	77.6%
Ovary	23.2%	28.6%

Source: NY Comprehensive Cancer Plan

1. Breast Cancer

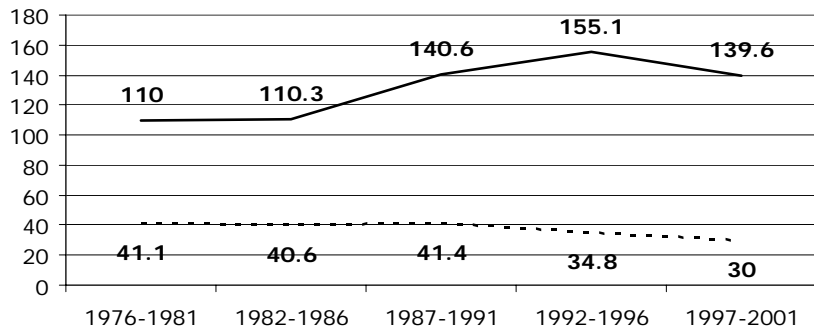
**Breast Cancer Incidence and Death Rates
Per 100,000 Females**

	<u>Incidence</u> (1997-2001)	<u>Mortality</u> (1998-2002)
Rockland County	139.8	28.2
Region	138.2	27.8
NYS	131.4	27.7

1998-2002 Vital Statistics Data; 1997-2001 Cancer Registry Data, both as of August 2004

- Rockland's breast cancer incidence rate over the period 1997-2001 was 139.8 per 100,000 females, compared with 131.4 per 100,000 statewide.
- Rockland's breast cancer mortality rate was 28.2 per 100,000 between 1998 and 2002, compared to 27.7 statewide.

**Breast Cancer Incidence and Mortality Rates,
Rockland County, 1976-2001**

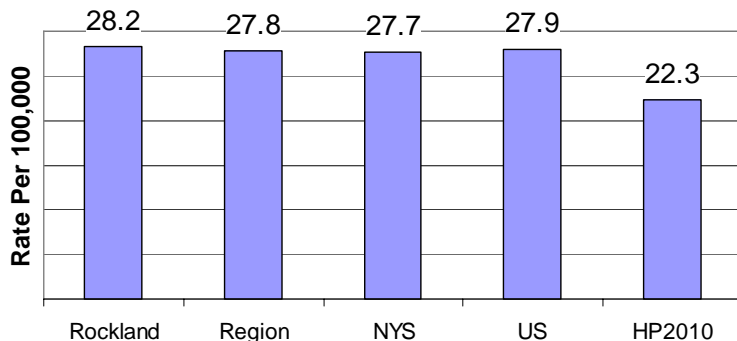


New York State Cancer Registry, 2004.

The number of breast cancer cases in the County peaked in the mid-1990's, following an increase that began in 1982. The number of new cases have decreased in the last several years, while the number of deaths was steady through the 1970's and 1980's, and has since declined steadily.

- From 1997 to 2001, 140 new cases of breast cancer were diagnosed annually.
- Over the same time period, 30 women died each year of breast cancer.

**Female Breast Cancer Death Rates Per
100,000 Female Residents, 1998-2002**



1998-2002 Vital Statistics Data as of August 2004.

- To compare Rockland County's mortality (death) rates to other communities, 1998-2002 data show that Rockland was similar to the state, and slightly higher than the national rates. The HP2010 target is to reduce breast cancer mortality rates to 22.3 per 100,000 female residents.

The majority of Rockland County women ages 40 and older have had a mammogram sometime in their life. More than three-quarters of women ages 40 to 49 have had a screen in the last year, as well as 83.1% of women ages 50 and older.

The New York Medical College School of Public Health publication "Breast Cancer Screening Behaviors Among Adult Women of Rockland County" from March 2004 includes additional data collected through an extensive phone survey with 1,659 women in summer 2002.

Breast Cancer Screening Behaviors Among Adult Women in Rockland County				
	Ever Had Mammogram	Mammogram in Last 2 Years	Mammogram in Last Year	Perform Self-Exams Regularly
40 to 49	89.7%	89.1%	76.8%	94.7%
50 to 64	96.2%			
65 +	92.5%			
50+		93.0%	83.1%	95.4%

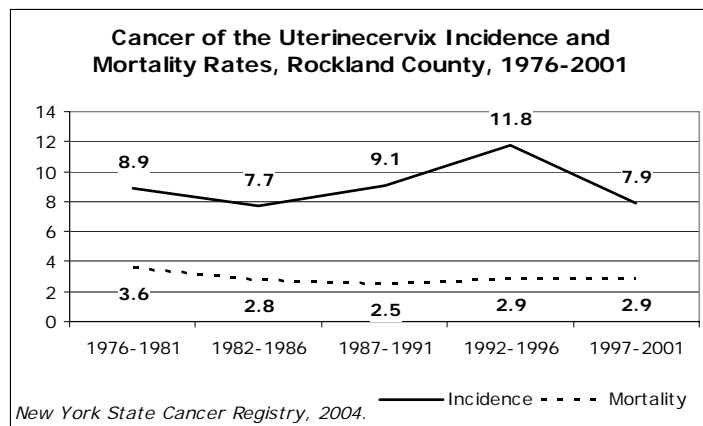
Source: NY Medical College, School of Public Health, 2004

2. Cancer of the Cervix

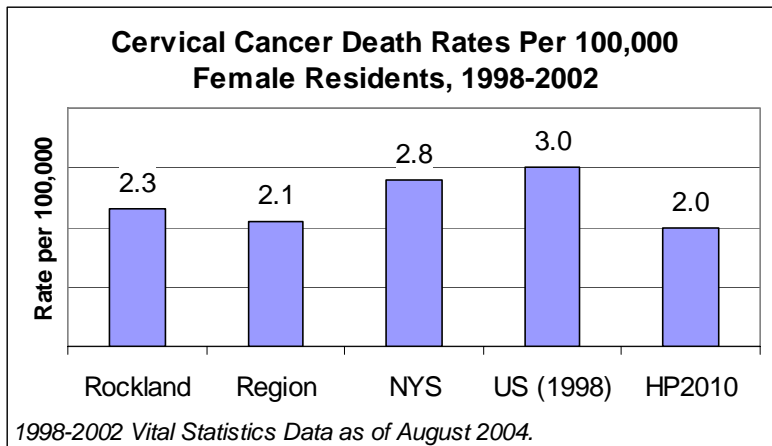
Cervical Cancer Incidence and Mortality Rates Per 100,000 Females		
	<u>Incidence</u> (1997-2001)	<u>Mortality</u> (1998-2002)
Rockland County	7.9	2.3
Region	8.5	2.1
NYS	10.1	2.8

1998-2002 Vital Statistics Data; 1997-2001 Cancer Registry Data, both as of August 2004

- Rockland's cervical cancer incidence rate between 1997 and 2001 was 7.9 new cases annually, which was substantially lower than the state rate of 10.1.
- Rockland's cervical cancer death rate between 1998 and 2002 was 2.3, also lower than the state rate.

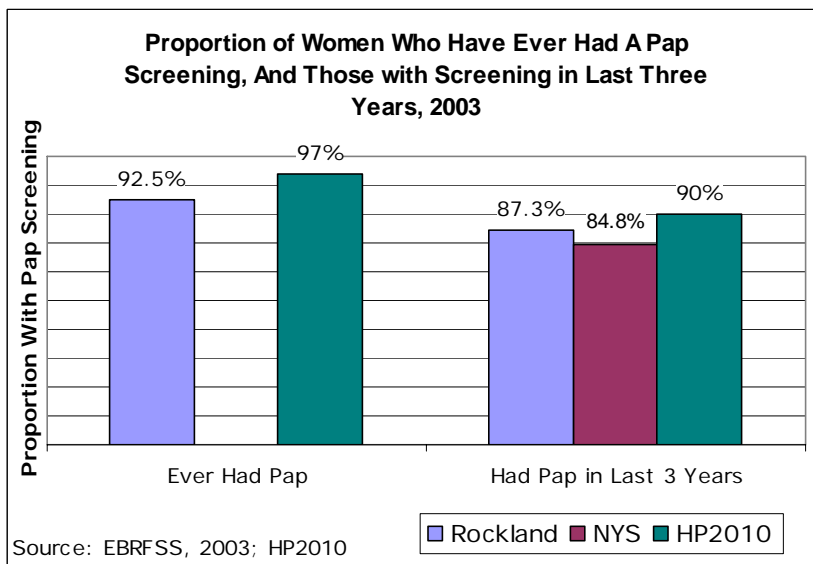


- The number of cervical cancer cases (solid line) was relatively steady from 1976 through the late 1980s. The rate increased in the early 1990s, but has since returned to earlier levels.
- From 1997 to 2001, about 8 new cases of cervical cancer were diagnosed in Rockland County each year, and about 3 women died each year from cervical cancer.



- 1998-2002 data show that Rockland's cervical cancer death rates were similar to regional rates, and lower than the NYS rate, but above the HP2010 target rate.

- The EBRFSS survey indicates that most Rockland County women have had a Pap smear in their lifetime, and many (87.3%) have had a screening in the last three years, a higher proportion than women statewide (84.8%). These screening rates are close to the HP2010 target screening rates.



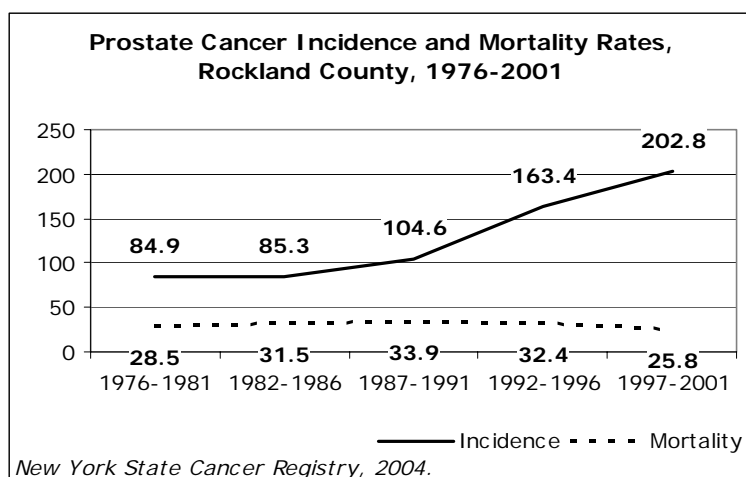
3. Prostate Cancer

Prostate Cancer Incidence and Mortality Rates Per 100,000 Males, 1997-2001

	<u>Incidence</u>	<u>Mortality</u>
Rockland County	202.8	25.8
NYS excl NYC	166.7	30.3
NYS	163.6	30.5

1997-2001 NYS Cancer Registry

- Rockland's prostate cancer rate in 1997-2001 was approximately 202.8 cases, higher than upstate NY or the statewide rate.
- Rockland's prostate cancer mortality rates, however, were lower than the comparison regions.



- Between 1997 and 2001, approximately 203 new cases were diagnosed each year in the county.
- The rate of new cases has increased substantially since the late 1980s. This could be due to increased screening and detection.
- The mortality rate has been relatively stable since the 1970s, with a slight increase in the late 1980s, which has since dropped.

indicate that at that time the Rockland County zip codes for Suffern, Blauvelt, Congers, Pearl River, and Piermont had higher than expected prostate cancer rates.

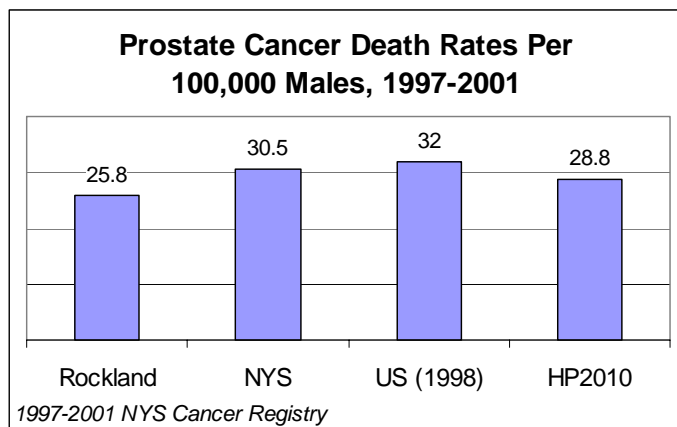
- NYS DOH data from 1994-1998

Percent of Rockland Men Ages 40+ Who Ever Had Prostate Cancer Screening

Prostate Antigen Test	
Total	68.7%
Ages 40-64	62.5%
Ages 65+	85.2%
Digital Rectal Exam	
Total	79.0%
Ages 40-64	73.3%
Ages 65+	94.7%

EBRFSS, 2003

- Prostate cancer is often detected early; 88.1% of cases in Rockland were diagnosed at an early stage, compared to 87.4% of prostate cancers in upstate NY.
- The 2003 EBRFSS indicates that most Rockland County men age 65 and older had undergone a PSA blood enzyme screening (85.2%) and about 95% have had a digital rectal exam. Healthy People 2010 does not offer a target for either of these two common prostate cancer screening procedures.



- Rockland's prostate cancer death rates are lower than state and national rates, and are even lower than HP 2010 goals.

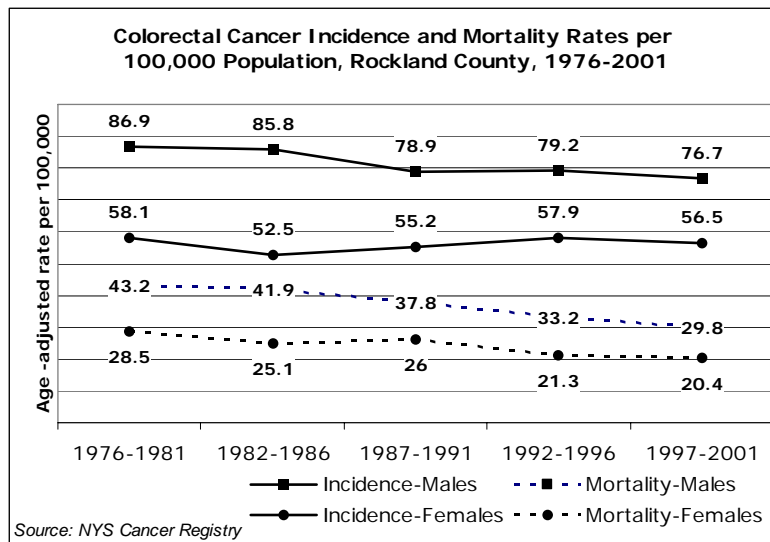
4. Colorectal Cancer

Annual Colorectal Cancer Incidence and Death Rates Per 100,000 Residents		
	Incidence (1997-2001)	Mortality (1998-2002)
Rockland County	64.6	22.1
Region	63.6	21.5
NYS	62.3	21.6

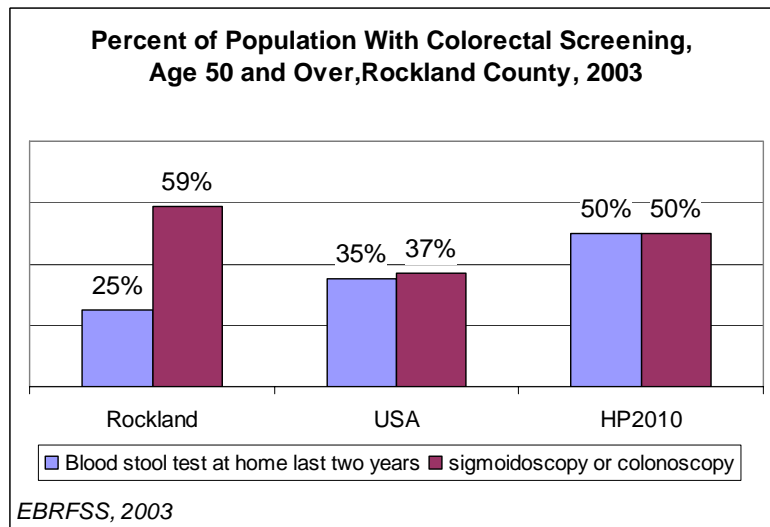
1998-2002 Vital Statistics Data; 1997-2001 Cancer Registry Data, both as of August 2004

- Rockland County's rate of colorectal cancer incidence between 1997 and 2001 was 64.6 annually, slightly higher than the region or state.
- The mortality rate was 22.1 per 100,000 population, very similar to regional and state rates.

- The incidence rate for males in 1997-2001 was 76.7 per 100,000, a drop since the late 1970s.



- For women the incidence rate has remained nearly constant.
- Mortality rates for both men and women have decreased steadily over the last 25 years.
- NYS DOH 1993-1997 data on colorectal cancer by zip code indicates that higher than average rates existed in Sloatsburg and Tomkins Cove for females, and in Blauvelt, Congers, Palisades, and Tomkins Cove for males.



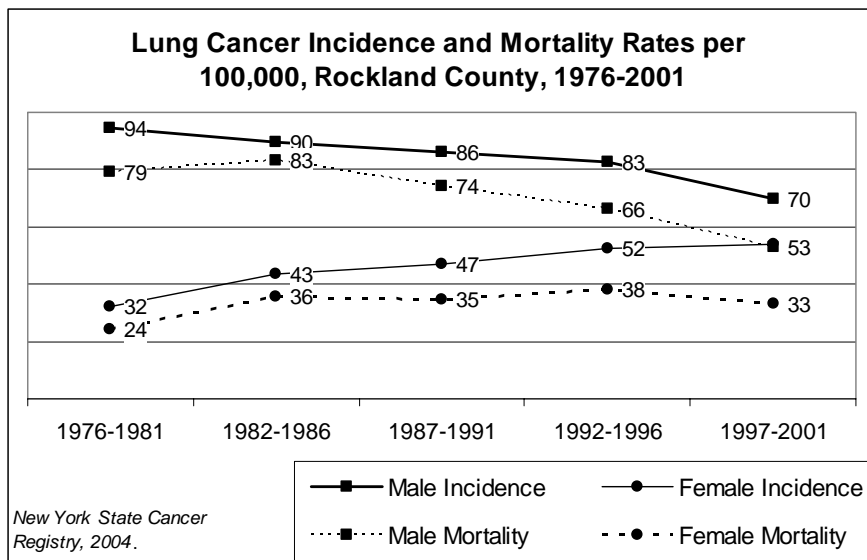
- EBRFSS results show that Rockland County residents are less likely than persons nationally to have had a blood stool test in the last two years, but are substantially more likely to have had a sigmoidoscopy or colonoscopy, even well above the HP2010 target rate.

5. Lung Cancer

Lung Cancer Incidence and Mortality Rates Per 100,000 Population		
	<u>Incidence</u> (1997-2001)	<u>Mortality</u> (1998-2002)
Rockland County	59.6	40.0
Region	67.7	49.0
NYS	67.2	49.5

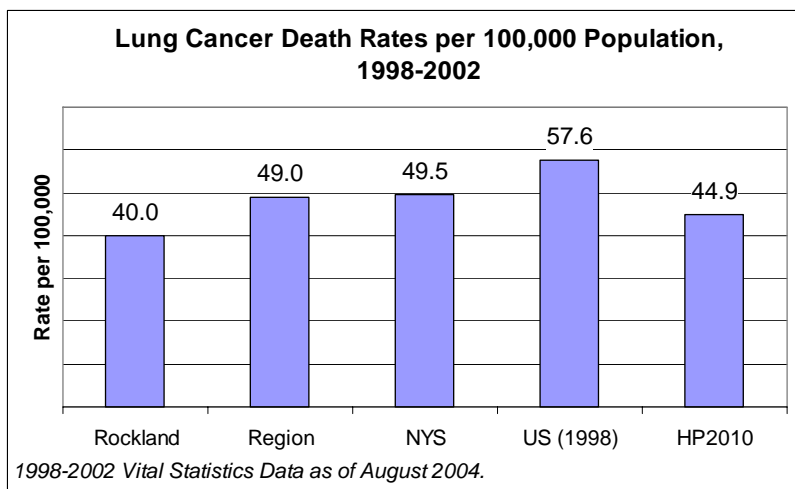
1998-2002 Vital Statistics Data; 1997-2001 Cancer Registry Data, both as of August 2004

- Rockland's lung cancer rate in the 1997-2001 reporting period was 59.6 cases per 100,000 population, below the regional and state rates.
- Rockland's mortality rates were also below the regional and state rates.



- Rockland County's lung cancer incidence rates (solid lines) have decreased for males, but increased for females over the last decade.
- Male incidence and mortality rates are still well above female rates.
- Both male and female mortality rates (dotted lines) dropped between the 1992-1996 period and the 1997-2001 period.

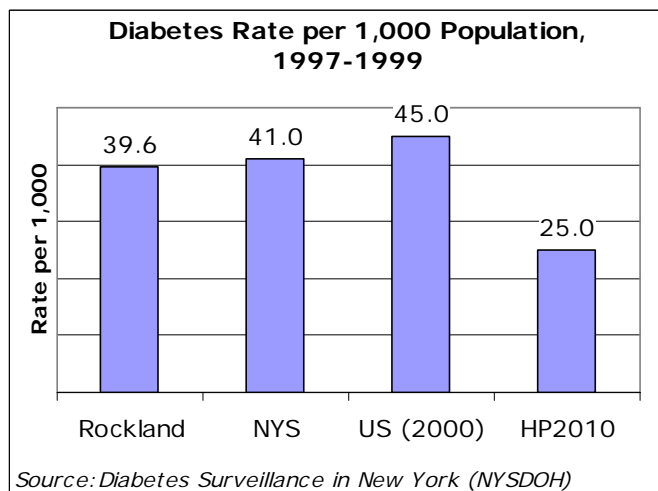
- NYS DOH data from 1993 to 1997 shows that Lung Cancer rates for women are higher than expected in Blauvelt, Garnerville, Sloatsburg, and Stony Point zip codes. No zip codes are higher than expected for males.



- Rockland County's death rates for lung cancer are below those for the region, state, and nation, and are below the HP2010 target rate.

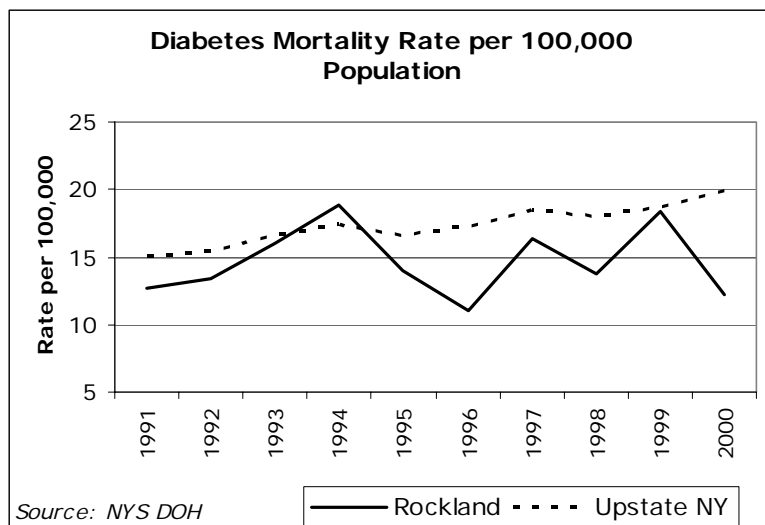
Diabetes

6. Diabetes in Adults



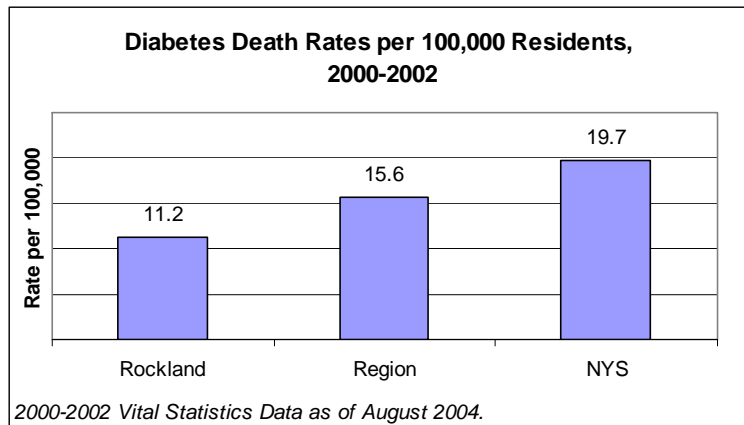
- With a rate of approximately 39.6 diagnosed cases of diabetes per 1,000 residents, Rockland County experiences diabetes cases at the same overall rate as comparison regions.
- In 1999 Rockland County was home to an estimated 11,341 diagnosed diabetics.

7. Diabetes Mortality



- While the diabetes mortality rate increased in New York State over the 1990s, Rockland's rate varied over time but returned to 12.2 by 2000.

Diabetes progression can lead to lower extremity amputations and end stage renal failure. Rockland County has a lower rate of lower extremity amputation than the state (4.7 per 1,000 diabetics versus 6.3 per 1,000) and a lower rate of end stage renal failure (2.9 per 1,000 diabetics versus 3.2 per 1,000).



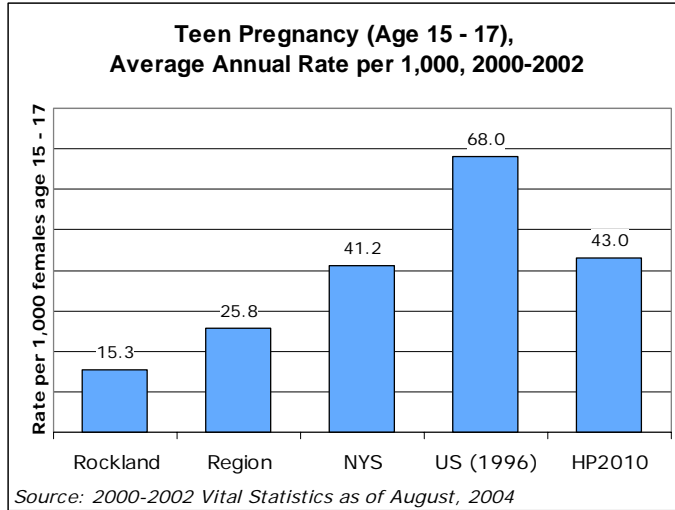
- Rockland County's diabetes mortality rate between 2000-2002 was 11.2, lower than the regional or state rates.

8. Diabetes Hospitalizations Per 1,000 Diabetics

- Among the more than 11,000 diabetics in Rockland County in 1999, 3,106 were hospitalized for uncontrolled diabetic symptoms for a hospitalization rate of 273.9 per 1,000 people with diabetes.
- This rate compares favorably with the state rate of 420.5 hospitalizations per 1,000 people with diabetes. Rockland's hospitalization rate is also lower than any of the neighboring counties.

Family Planning

9. Teenage Pregnancy



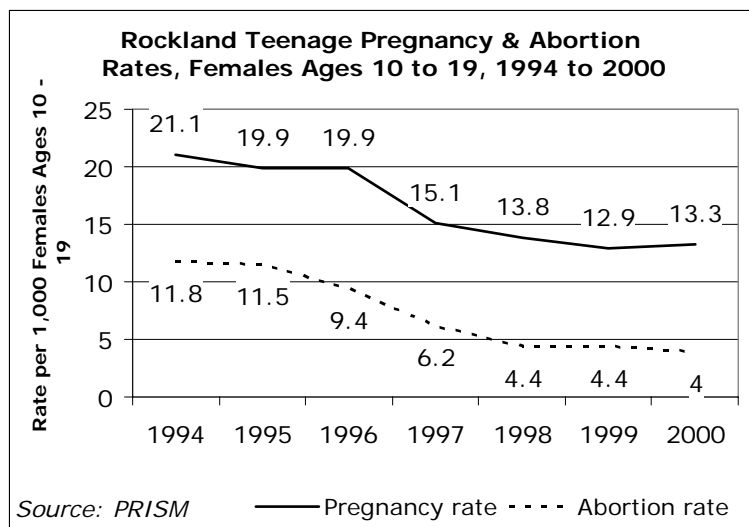
- Rockland's teen pregnancy rate for adolescent girls ages 15 to 17 was 15.3 during 2000-2002. The Rockland rate was substantially lower than the regional or state rates, and was well below the HP2010 target rate.
- The County rate for teenage girls ages 15 to 19 increases to 31.4 per 1,000. The County is again below the regional (45.2) or state (67.1) rate.

Teenage Pregnancy Rates Per 1,000 Females In Age Group, 2000-2002

	Rockland	Region	NYS
10 to 14	0.5	1.0	1.6
15 to 17	15.3	25.8	41.2
15 to 19	31.4	45.2	67.1

2000-2002 Vital Statistics Data, as of August 2004

- Both the teenage pregnancy and teenage abortion rates decreased steadily between 1994 and 2000, though the pregnancy rate increased slightly in 2000. Between 1994 and 1996 the ratio of rate of abortion to rate of pregnancy was approximately 1:2. After 1996 that ratio decreased to approximately 1:3, so that, while there are fewer teenage pregnancies, those that do occur are less apt to be terminated through abortion.



10. Induced Abortion to Live Birth Ratio

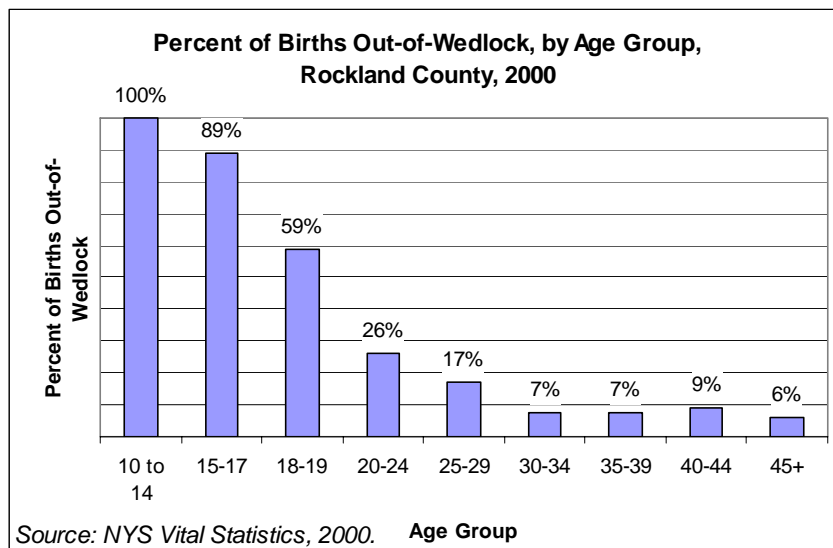
Rockland County's induced abortion to live birth ratio was 133 per 1,000 live births in 2000-2002. This rate was nearly half the regional ratio of 254, and nearly one-quarter the state ratio of 486. The number of abortions in the County declined steadily between 1998 and 2001, but rose again in 2002.

Induced Abortions, 1998-2002, and Ratio Per 1,000 Live Births, 2000-2002

	1998	1999	2000	2001	2002	Ratio of Abortions to Births (2000-2002)
Rockland	725	632	595	589	637	133
Region	6,869	6,799	7,098	7,250	8,203	254
NYS	134,687	132,681	125,155	122,482	123,044	486

2000-2002 Vital Statistics Data, as of August 2004

11. Single Mother Pregnancies (Out of Wedlock)



- The proportion of births that occur out of wedlock decreases with mother's age until approximately age 30. There were a total of 720 out of wedlock births in 2000.

Food Safety

12. Food Establishment Inspections, Complaints, and Illness Investigations

The Food and Recreation Bureau of the Rockland County Health Department's Division of Environmental Health conducted 2,799 food establishment inspections in 2003, responded to 158 food establishment complaints, and conducted 37 illness investigations. In addition, the Division conducted food safety courses attended by 431 individuals, and provided 1,215 food establishment permits.

Heart Disease and Stroke

Cardiovascular Disease is the leading cause of death in the United States, including in Rockland County. Cardiovascular Disease (CVD) includes the following specific diseases:

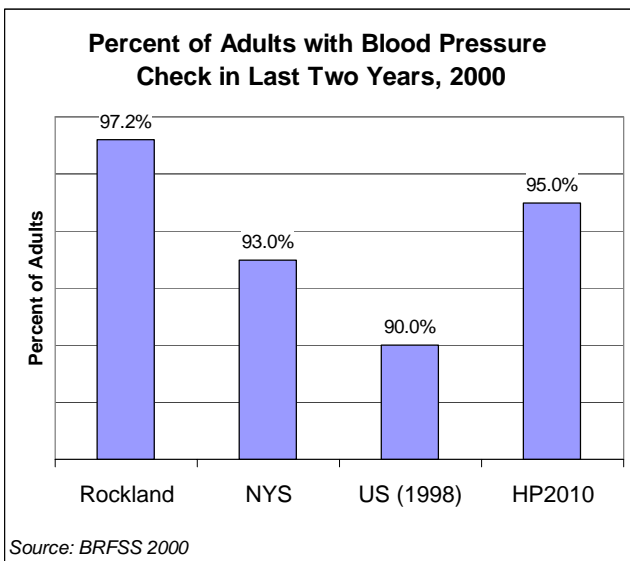
- **Coronary Heart Disease (CHD)**—CHD involves a restriction of the flow of blood to the heart because of narrowed or clogged arteries. Risk factors include tobacco use, unhealthy dietary habits, lack of physical activity/exercise and other life style factors.
- **Cerebrovascular Disease**—Most commonly known as a “stroke,” this pertains to a hemorrhage of the blood vessels of the brain. The condition is usually secondary to arteriosclerosis. Risk factors include hypertension (high blood pressure), increased blood levels of cholesterol and triglycerides, obesity, cigarette smoking, diabetes mellitus, stress and physical inactivity.
- **Congestive Heart Failure (CHF)**—Refers to the failure of the heart to pump blood to the tissues and organs of the body. Normal flow of blood and fluids is disrupted causing a build up of fluids in the extremities and the lungs and the heart itself. Risk factors include hypertension, infections, arteriosclerosis, and hyperthyroidism.

Cardiovascular Disease Hospitalization And Mortality Rates By Gender And Race, Rockland County, 1999

		<u>Males</u>	<u>Females</u>	<u>White</u>	<u>Black</u>
Cardiovascular Disease (all)	Mortality	389.8	276.3	332.2	301.6
	Hospitalization	1,641	1,379	NA	NA
Coronary Heart Disease	Mortality	269.8	181.0	225.0	180.0
	Hospitalization	602	388	NA	NA
Congestive Heart Failure	Mortality	12.2	13.0	12.4	17.3
	Hospitalization	238	266	NA	NA
Stroke	Mortality	55.7	48.0	51.1	60.7
	Hospitalization	286	289	NA	NA

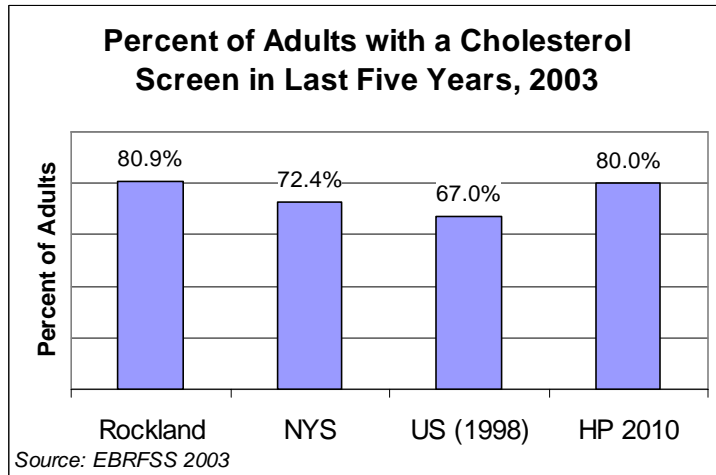
Source: Burden of Cardiovascular Disease In New York (NYSDOH)

13. Blood Pressure Screening



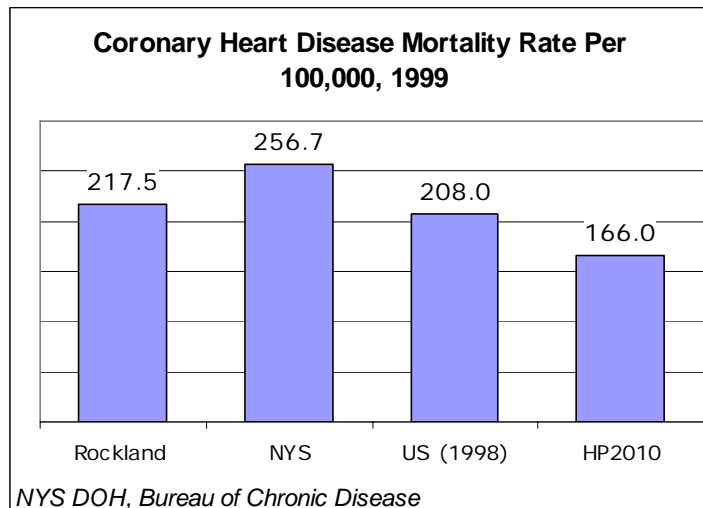
- In 2000, 97.2% of Rockland County residents surveyed reported having had a blood pressure check in the last two years.
- Rockland rates of blood pressure checks were well above the state and national average, and also exceeded the HP2010 target.

14. Cholesterol Checked in Last Five Years



- In 2003, 80.9% of Rockland County residents surveyed reported having had a cholesterol screening in the last two years.
- Rockland County residents were more likely than those statewide or nationwide to report having been screened for cholesterol, and in fact exceeded the HP2010 target.

15. Coronary Heart Disease (CHD)



- Rockland County has a lower rate of coronary heart disease mortality than New York State, but slightly higher rate than the nation.

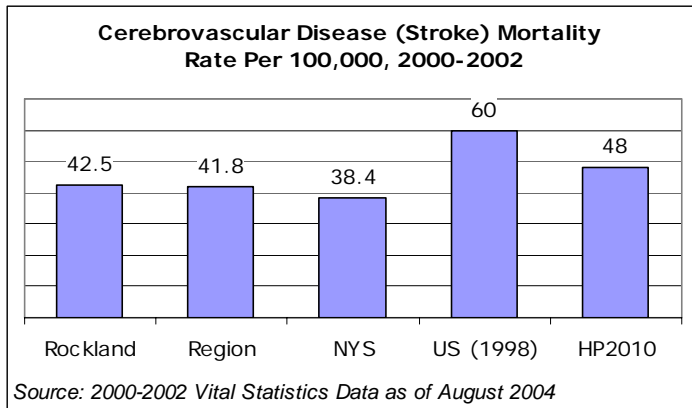
Coronary Heart Disease Hospitalization Rates per 10,000 Residents, 2000

	<u>Rockland</u>	<u>NYS</u>
Total	49.3	74.8
Male	60.2	89.9
Female	38.8	60.6
35-74	65.5	110.9
75+	363.2	403.6

NYS DOH, Bureau of Chronic Disease

- Hospitalization rates for CHD in Rockland County are lower than the statewide rates.
- Rates for men are higher than for women, and rates for those ages 75 and older are particularly high.

16. Cerebrovascular Disease (Stroke)



- Rockland County has a slightly higher rate of mortality than the region and the state, but is lower than the HP2010 target.

Cerebrovascular Hospitalization and Mortality Rate per 100,000, 2000-2002

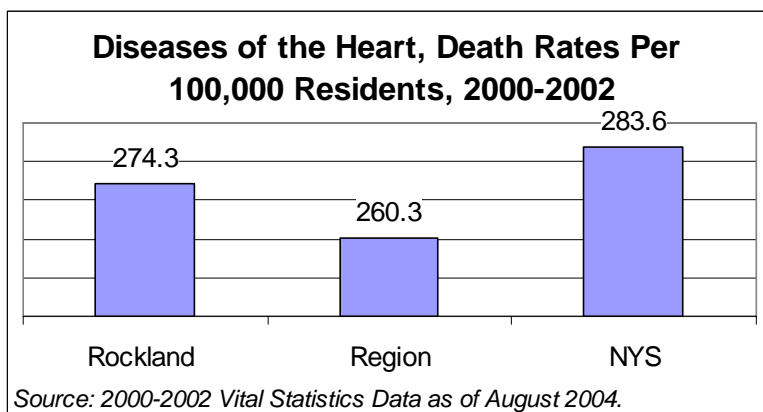
	Mortality	Hospitalization (2000)
Rockland	42.5	288
NYS	38.4	317

Source: Vital Statistics; NYS DOH Bureau of Chronic Disease

- Rockland males and females are virtually identical in their stroke hospitalization rates, while males have a slightly higher mortality rate from stroke.
- Rockland County has an overall stroke hospitalization rate of 288 per 100,000 residents versus 317 for the state.

17. Diseases of the Heart

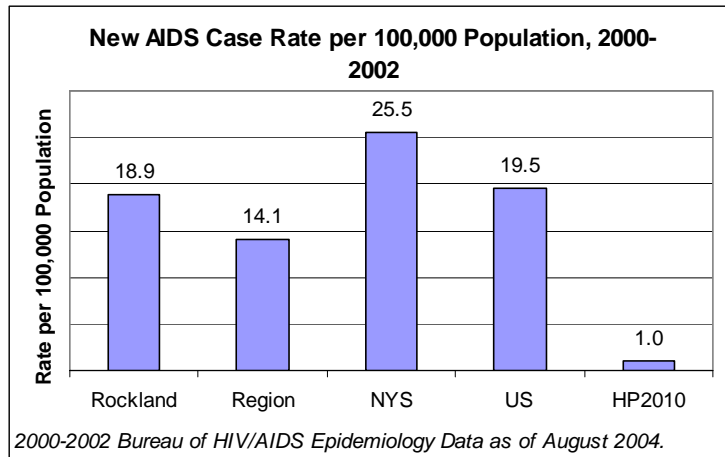
- Rockland's diseases of the heart death rates are higher than the region, but below the state rate.



HIV/AIDS

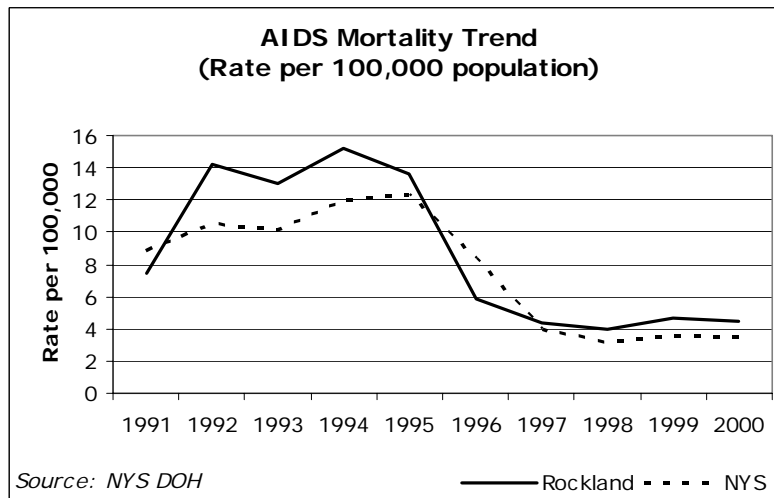
In New York State more than 63% of HIV cases are aged 30 to 49 years old. African Americans are disproportionately diagnosed with HIV (44.4% of all cases) and AIDS (45.1% of all cases).

18. AIDS Case Rate

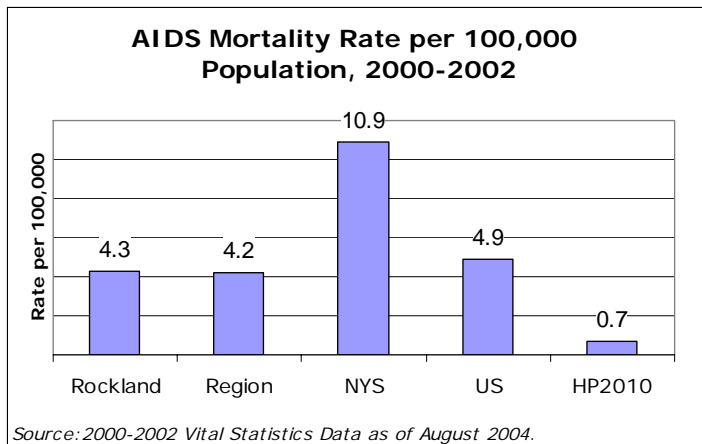


- Rockland's new AIDS case rate is higher than the regional rate, but lower than the state or national rate.

19. AIDS Mortality Rate



- A ten-year trend in mortality rates reveals that Rockland has approximately followed the same trend as the state throughout the 1990's, with an increase in rates during the early 1990's, but a decline in the late 1990's.



- Rockland's AIDS mortality rate, at 4.3 per 100,000 population, is well below the state rate.

20. Percent of HIV-Positive Newborns

- In 2002, Rockland County had an HIV positive newborn rate of 1.8 per 1,000 tested. The regional rate was 2 per 1,000 tested and the state rate was 3.7 per 1,000 tested.

Immunizations and Infections

21. Flu Vaccine

- According to the 2003 EBRFSS, 28.1% of Rockland County residents had a flu shot in the previous 12 months.

Flu Shot in Past 12 months, all Ages, Rockland County	
Total	28.1%
Male	28.5%
Female	27.7%
Ages 18 to 64	19.7%
Ages 65 +	69.4%

Source: EBRFSS, 2003

- Rates were higher among those ages 65 and older (69.4%), and were higher than the state rate of 64.5% in 1999.

22. Pneumonia Vaccine

Ever Had a Pneumonia Shot, Rockland County, 2003	
Total	18.3%
Male	19.0%
Female	17.9%
Ages 18 to 64	8.4%
Ages 65 +	60.0%

Source: EBRFSS, 2003

- According to the 2003 EBRFSS, 18.3% of Rockland County residents had had a pneumonia shot sometime in their lifetime.
- Rates were much higher among those ages 65 and older (60%), and were higher than the state rate of 50% in 1999.

23. Other Infectious Disease

Rockland County's rates of selected infectious disease are typically below the regional and state rates, except for Tuberculosis. Rockland's Tuberculosis rate is nearly double the regional rate, and is slightly above the state rate.

Infectious Diseases Incidence, Average Rate per 100,000 population, 2000-2002							
	Measles	Rubella	Pertussis	HIB	Hep A	Hep B	TB
Rockland	0.00	0.00	2.10	0.46	1.30	2.00	10.00
Region	0.06	0.02	3.20	0.53	2.80	1.50	5.50
NYS	0.07	0.03	2.00	0.93	4.00	4.20	8.50

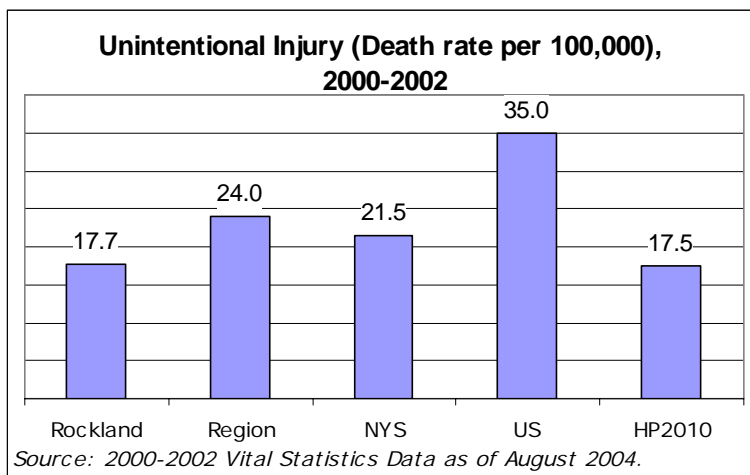
Source: 2000-2002 Bureau of Communicable Disease Control Data as of August 2004.

Injury Prevention and Control

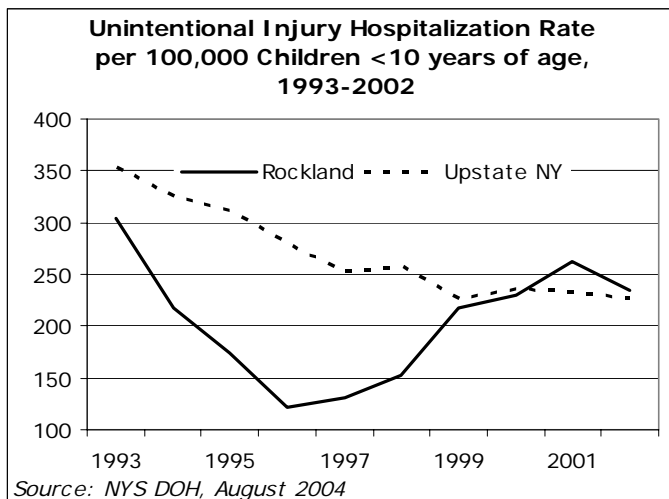
In 1997, approximately 400 Americans died each day due to injuries. Two-third (63%) were classified as unintentional deaths and 34% as intentional deaths (CDC). Nationwide, more people ages one to forty-four die of unintentional injuries than any other cause. Approximately half of the unintentional injury deaths for this age group are due to motor vehicle crashes (CDC).

24. Unintentional Injury Mortality

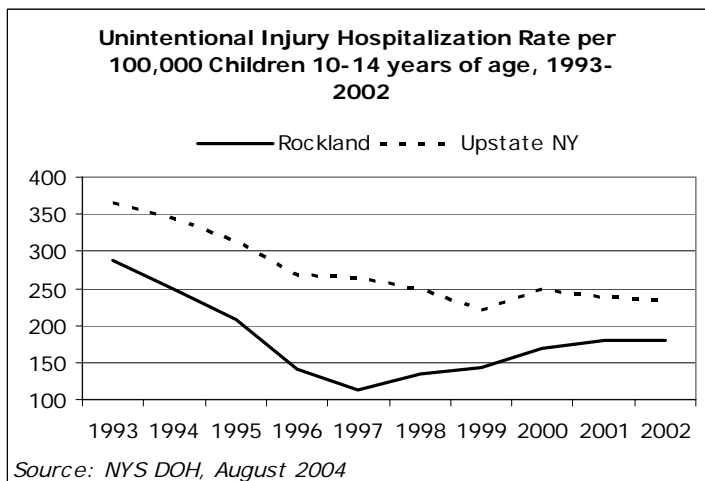
- The unintentional injury mortality rate for Rockland County is lower than comparison regions and very similar to the Healthy People 2010 target.



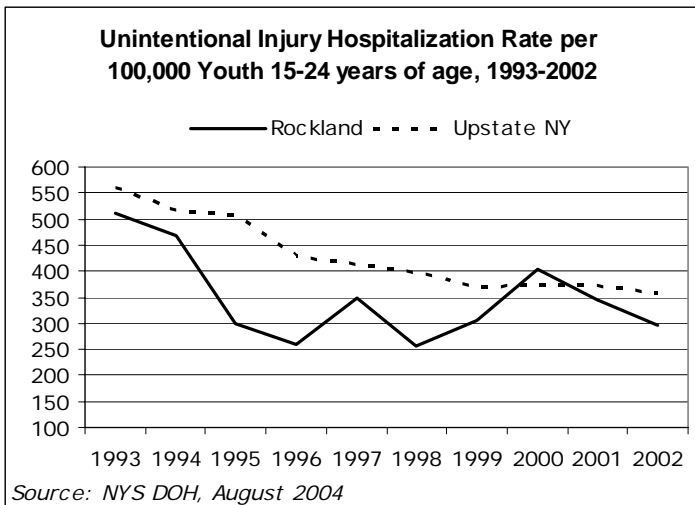
25. Unintentional Injury Hospitalization Rates, by Age Group



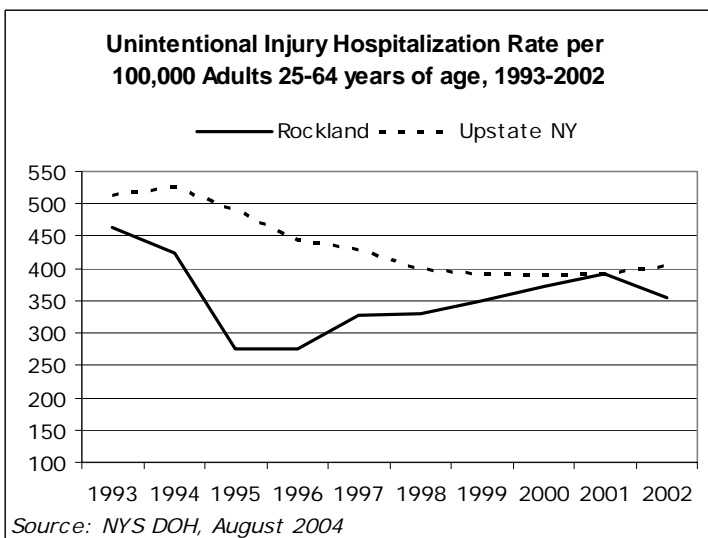
- In 2002 Rockland's rate of hospitalization for the youngest age group was 234.9 per 100,000 children, slightly higher than the upstate rate of 226.9.



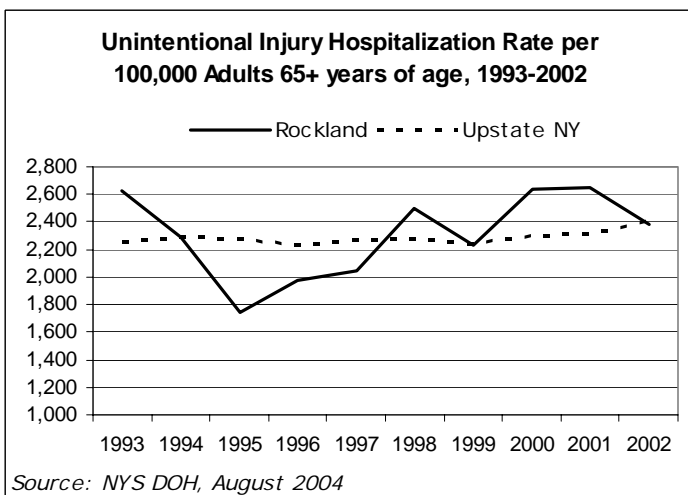
- For children age 10 to 14 years, the rate in 2002 was 179.5, compared to an upstate rate of 233.9.



- For adolescents and young adults ages 15 to 24, Rockland's unintentional injury hospitalization rate is below the upstate rate (296.5 versus 358.8, respectively)

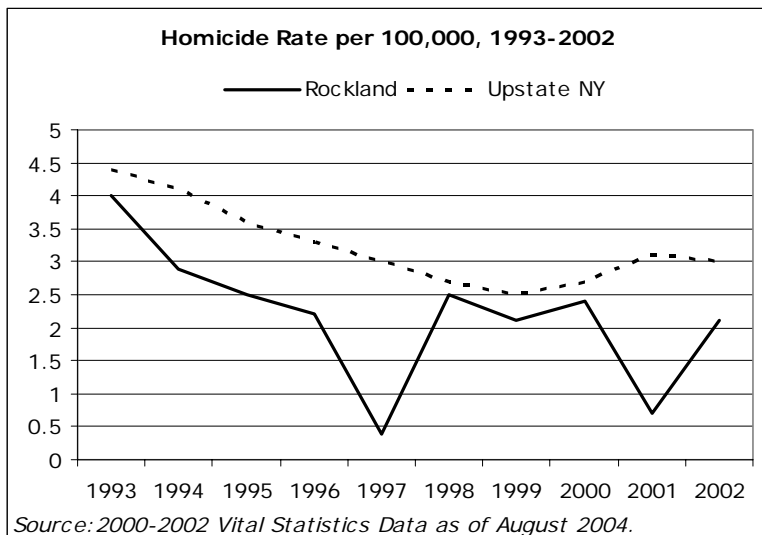


- For adults age 25 to 64, Rockland's rate of hospitalization for unintentional injuries was 354.5 per 100,000, below the upstate rate of 403.7.

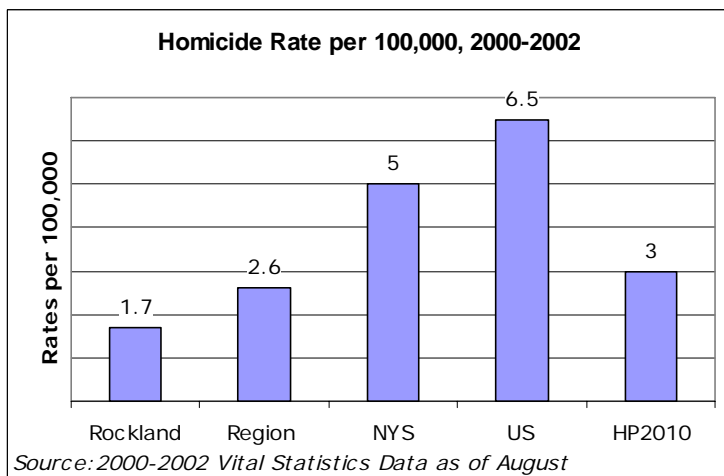


- In 2002, Rockland's unintentional injury rate for adults age 65 and older was 2,386 per 100,000. This rate exceeded the upstate rate (2,402 per 100,000)

26. Homicide



- At a rate of 2.1 per 100,000 in 2002, Rockland County enjoys a lower homicide rate than upstate NY.
- Rockland County had 6 homicides in 2002, and 2 in 2001.

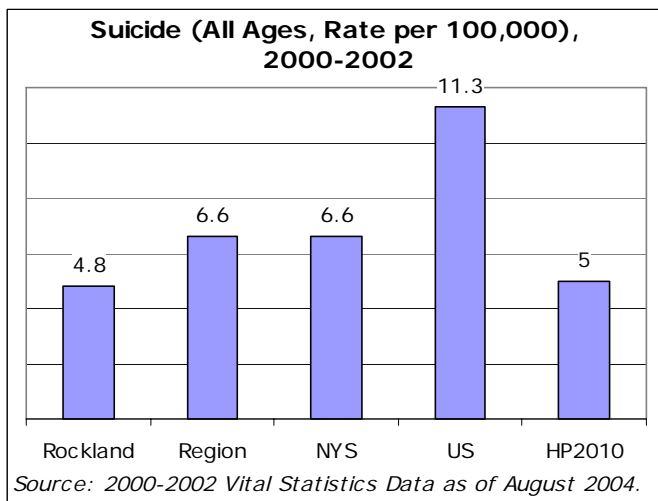


- Rockland's homicide rate is well below comparison regions, and is below the Healthy People 2010 target of 3 per 100,000.

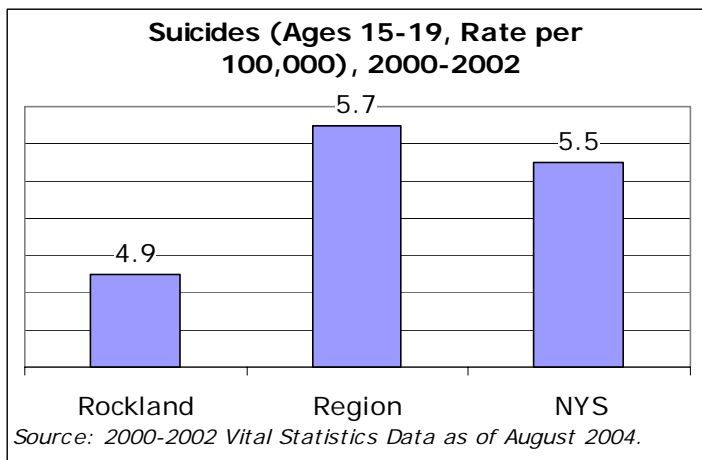
27. Suicide

Suicide is the eighth leading cause of death for all US males. Males are four times more likely to die from suicide than females, but females report attempting suicide three times more often than males (CDC).

Suicide is the third leading cause of death among young people age 15 to 24 years old; 86% percent of suicide fatalities in this age group were males (CDC). The elderly have the highest rate of suicide. The majority of elderly suicides occurred within two weeks of the victim being seen by a primary care physician and being diagnosed with depression (CDC).

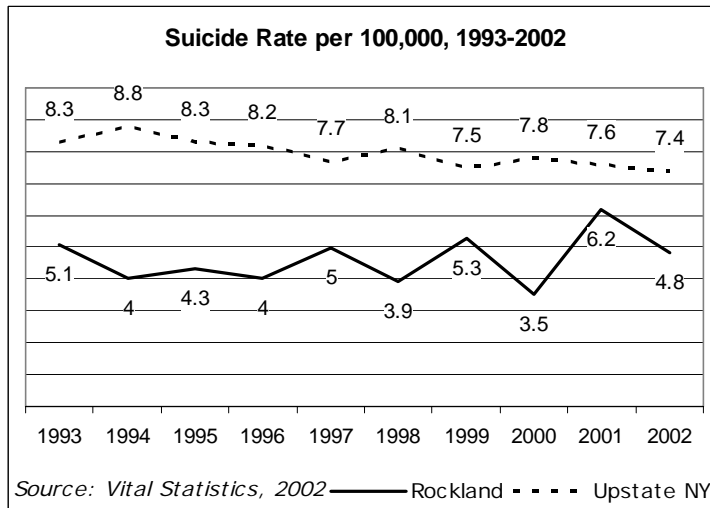


- Rockland County has lower suicide rate than the region and the nation, and a lower rate than the Healthy People 2010 goal.

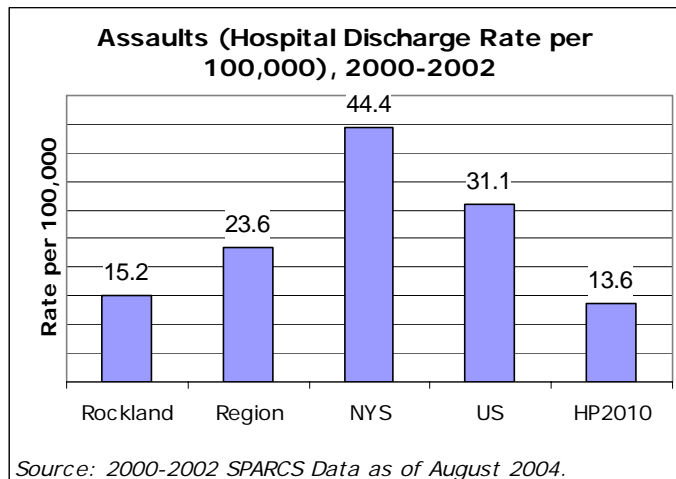


- Rockland County had a lower rate of adolescent and young adult suicide than either the region or the state over the 2000-2002 period.

- Rockland County's suicide rates have consistently remained below upstate NY averages.

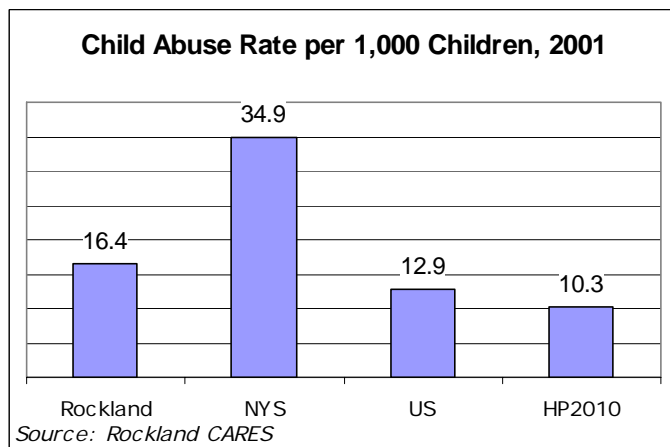


28. Assault Hospitalizations



- At 15.2 assaults hospitalizations per 100,000 residents, Rockland is below comparison region rates, but above the Healthy People 2010 goal of 13.6.
- Between 2000 and 2002, county residents averaged approximately 44 assault hospitalizations per year.

29. Child Abuse and Neglect



- Rockland had a reported child abuse rate of 16.4 per 1,000 children in 2001.
- In 2000, 342 new domestic violence cases were opened.
- The county domestic violence hotline service experienced an increase in service request calls from 819 in 1986 to 1,582 in 2000.

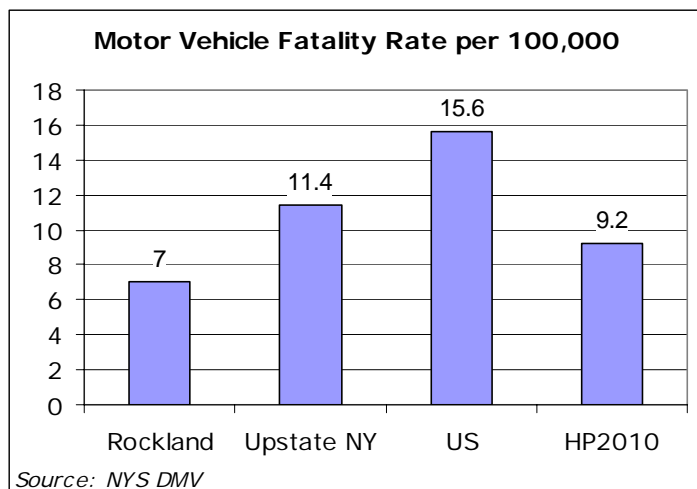
Children in Foster Care, Rockland County

	<u>1997</u>	<u>1999</u>	<u>2001</u>
Age 0 to 14	186	193	169
Age 15 to 17	33	23	44

Source: Rockland CARES

- The number of children ages 14 and under in foster care decreased somewhat between 1997 and 2001, while the number of teens ages 15 to 17 in foster care increased.

30. Motor Vehicle Related Deaths and Injuries



- In 2000 there were 18 fatal motor vehicle crashes in Rockland County with 18 fatalities for a rate of 7 fatalities per 100,000 residents.

**Total Crashes, Fatal Crashes, and Personal Injury Crashes,
Rockland County, 1997-2000**

	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>
Toal crashes	4,111	4,720	5,787	6,590
alcohol related	135	142	161	176
% alcohol related	3.3	3	2.8	2.7
Fatal Crashes	26	26	22	18
alcohol related	5	6	3	8
% alcohol related	19.2	23.1	13.6	44.4
PI Crashes	2,862	2,716	2,815	3,012
alcohol related	113	106	100	112
% alcohol related	3.9	3.9	3.6	3.7

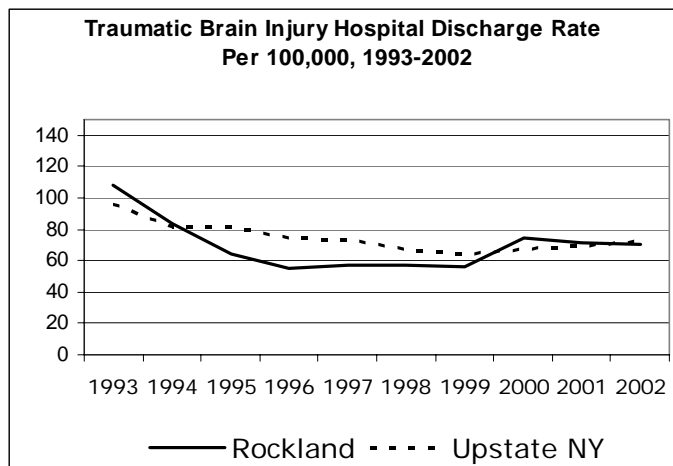
Source: NYS DMV

- Total crashes increased by 60% from 1997 to 2000. The number of alcohol related crashes also increased, but by half as much (30%). The percent of total crashes that were alcohol related fell from 3.3% to 2.7%.

- Personal injury crash figures increased between 1997 and 2000, though the number that were alcohol-related remained constant.

31. Traumatic Brain Injuries

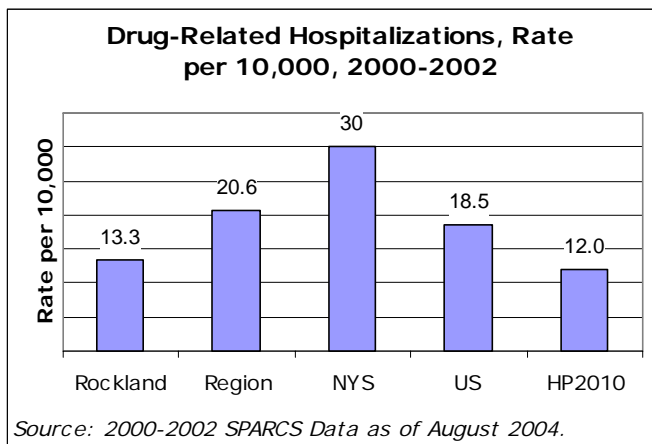
The leading cause of traumatic brain injury (TBI) is motor vehicle crashes. Motor vehicle crashes account for half of all TBI's nationally. Approximately half (45% to 50%) of TBI's are work related. Falls, especially among the elderly, are the second leading cause (25%) and firearms and other assaults the third (17%) (CDC).



- Rockland County's rate of traumatic brain injury is very similar to the upstate NY rate at 70.9 per 100,000 in 2002.

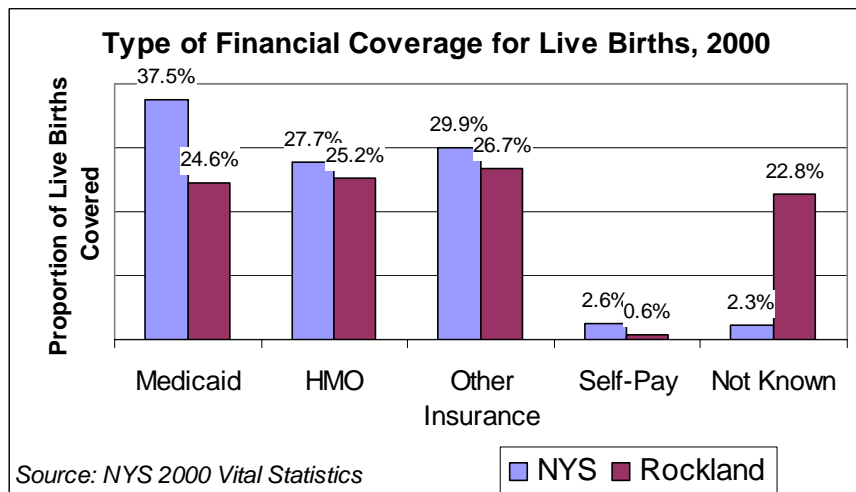
32. Drug-Related Hospitalizations

- Rockland County's rate of drug-related hospitalizations is lower than the region or state, but slightly above the HP2010 goal.



Maternal & Child Health

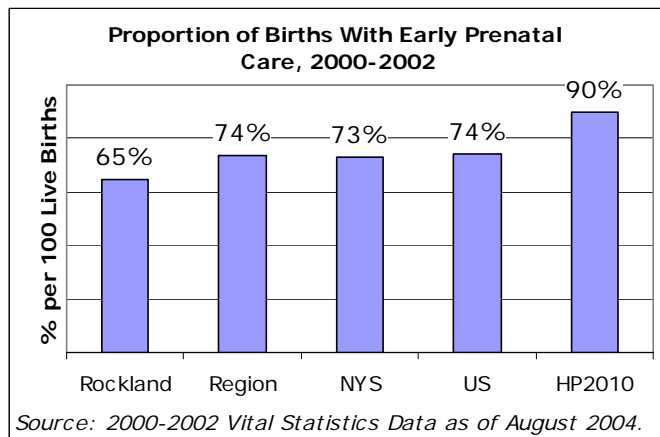
33. Financial Coverage for Live Births



- In Rockland County, 77% of live births were covered by insurance in 2000, compared to 95% of births statewide.

34. Early Prenatal Care & Late or No Prenatal Care

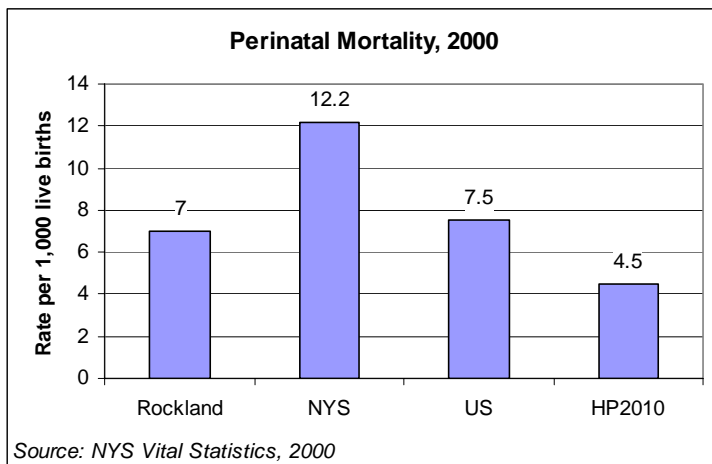
Prenatal care is most effective if it is begun in the first trimester of pregnancy (Healthy People 2010). The American College of Obstetricians and Gynecologists recommends that prenatal care not only begin in the first trimester, but that at least thirteen prenatal visits occur during the course of a full term pregnancy.



- Nearly two-thirds of Rockland County pregnancies resulting in a live birth had early prenatal care (65%), which is lower than both the regional and state rates of early prenatal care.

35. Perinatal Mortality

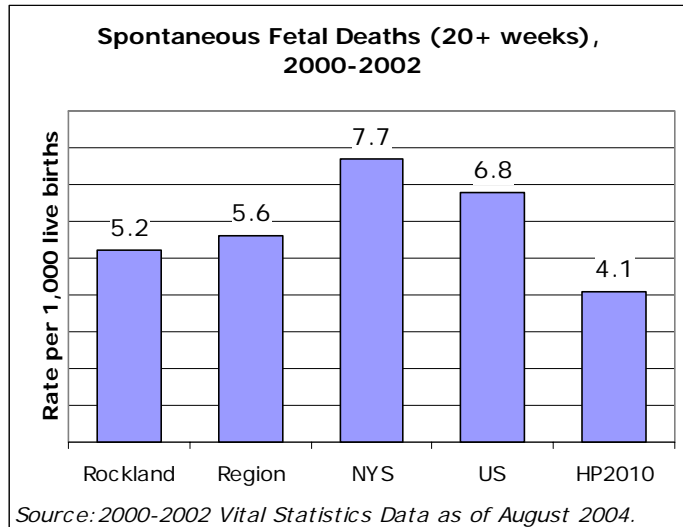
Perinatal mortality refers to the death of live born infants through the first seven days of life and fetal deaths after twenty-eight weeks of gestation (Healthy People 2010).



- Rockland County had 32 perinatal deaths in 2000 for a rate of 7 per 1,000 live births, lower than the state or national averages.

36. Spontaneous Fetal Deaths (20+ weeks):

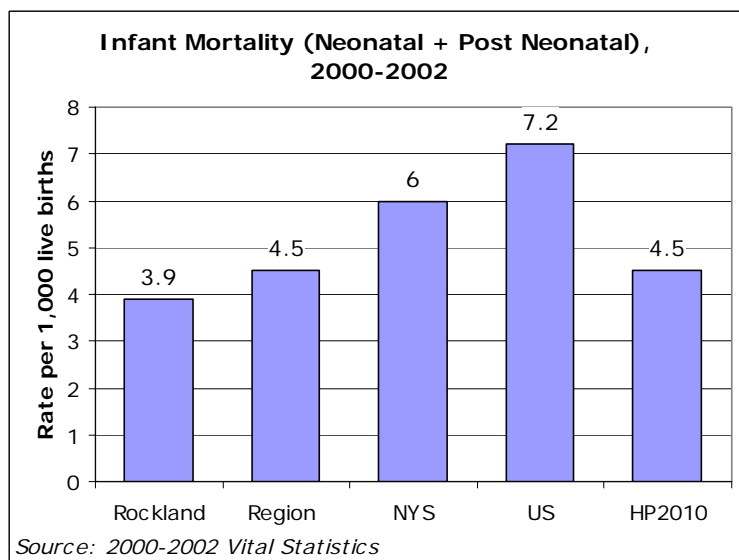
Spontaneous fetal death (SFD) nationally is the second leading cause of hospitalization among pregnant women, and is the second leading cause of death of fetuses.



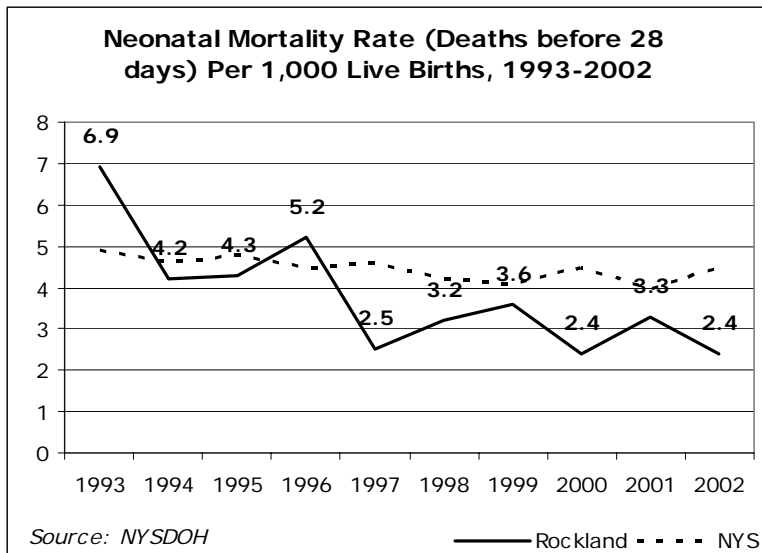
- There were 72 incidents of SFD in Rockland between 2000 and 2002, or 5.2 per 1,000 live births.

37. Infant Mortality: Neonatal

The infant mortality rate is comprised of two components: neonatal mortality and post-neonatal mortality. Neonatal mortality includes infant deaths within the first twenty-eight days of life. Post-neonatal mortality includes deaths from 29 to 264 days of age. Neonatal mortality is most often the result of birth defects, disorders related to short gestation, low birth weight, and/or pregnancy complications.



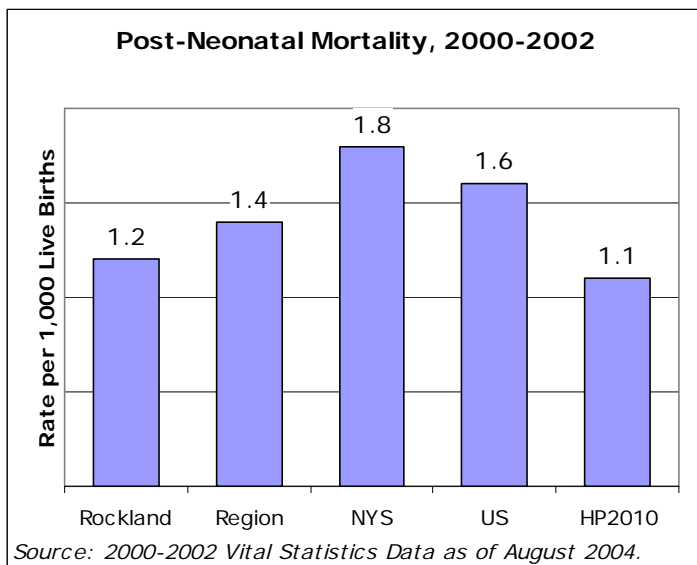
- Between 2000-2002 there were an average of 18 neonatal deaths each year in Rockland County for a rate of 3.9 per 1,000 live births.
- Rockland's rate is below the Healthy People 2010 target rate of 4.5 per 1,000 live births.



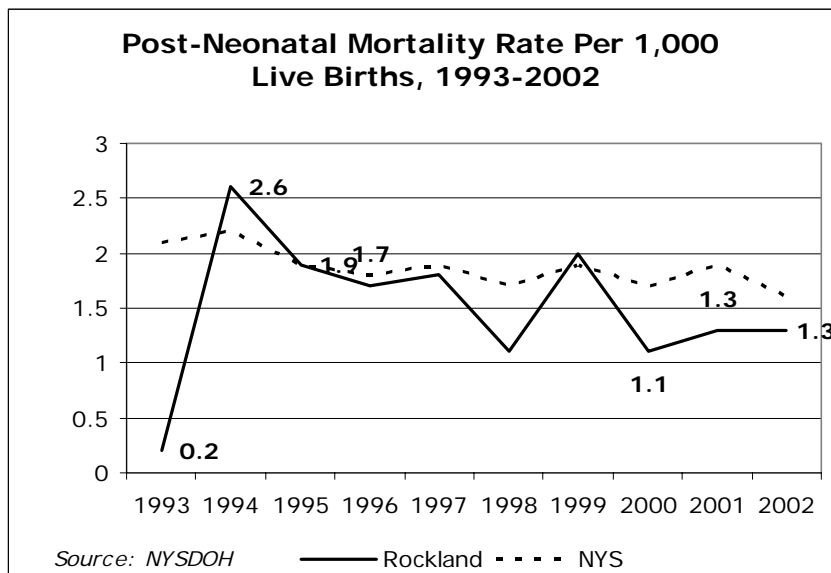
- Rockland's neonatal mortality rate has declined steadily over the last decade, falling well below the state rate.

38. Infant Mortality: Post-Neonatal

Common causes of post-neonatal death include SIDS, birth defects, injuries, and homicide. Birth defects account for approximately 17% of mortality, nationally. The remaining 83% of post-neonatal mortality stems from preventable causes (CDC).

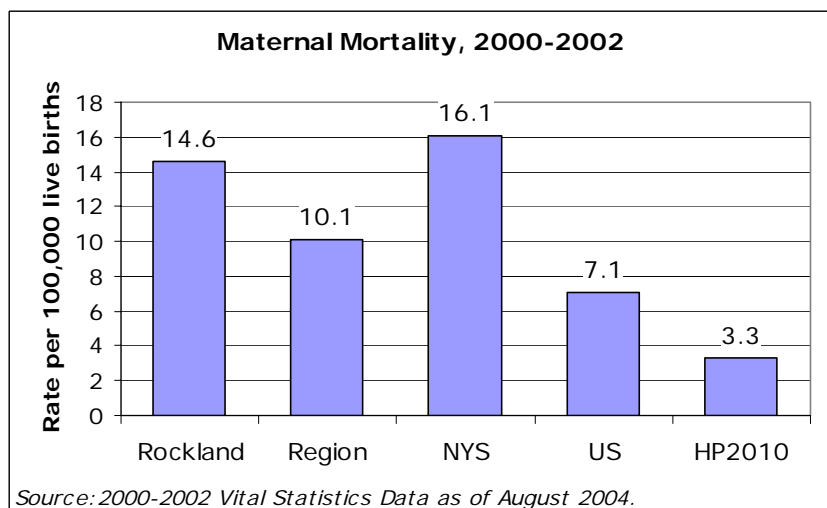


- On average, six post-neonatal deaths occurred in Rockland County annually between 2000 and 2002.
- As with neonatal mortality, post-neonatal mortality generally declined in the 1990s in Rockland County as well as throughout the state.



39. Maternal Mortality

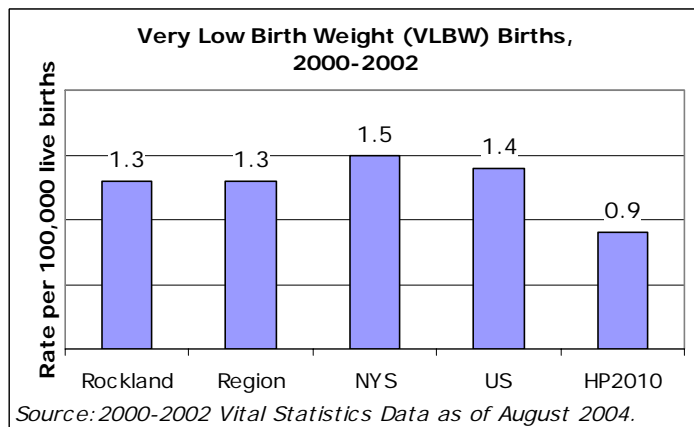
Maternal mortality refers to death as an effect of pregnancy or childbirth on a mother. The number of mothers that die as a result of pregnancy is small, including 4,200 deaths between 1991 and 1999, or 466 deaths per year nationwide (CDC).



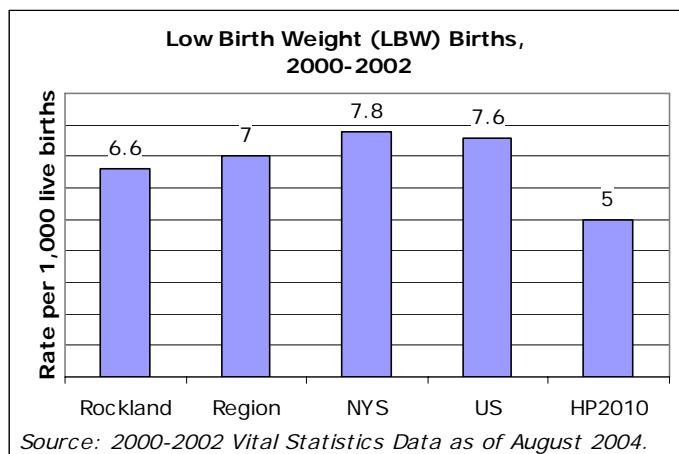
- While Rockland County experienced no maternal mortality in 1998, 1999, or 2000, one death occurred each year in 2001 and 2002, generating a rate of 14.6 per 100,000 live births.

40. Low Birth Weight & Very Low Birth Weight

Low birth weight (LBW) and very low birth weight (VLBW) are among the leading causes of infant neonatal death. Infants that survive low weight at birth are at higher risk for cerebral palsy, autism, mental retardation, vision and hearing impairments, and a variety of other disabilities (Healthy People 2010). An infant is considered to have LBW if it weighs less than 2,500 grams, and VLBW if it weighs less than 1,500 grams.



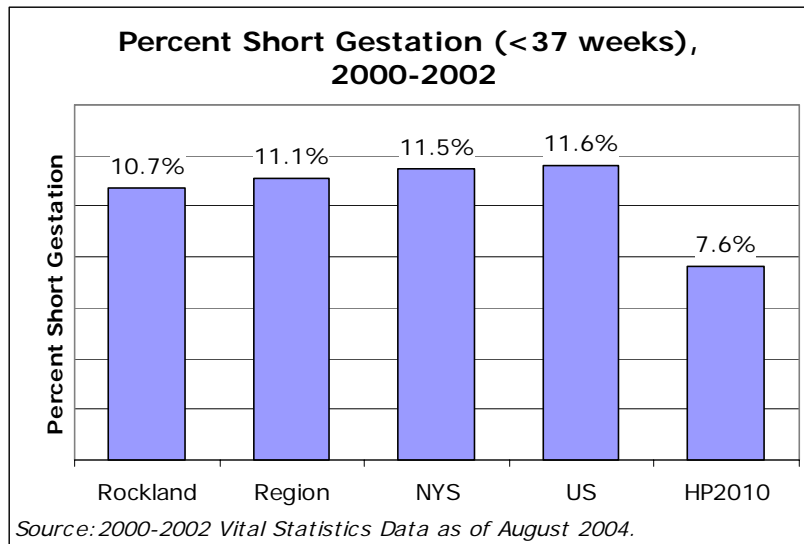
- There were an average of 299 LBW births and 58 VLBW births each year in Rockland County between 2000 and 2002.
- Rockland County's rate of VLBW births between 2000 and 2002 was 1.3, similar to the state and national rates.



- Rockland County's rate of low birth weight births between 2000 and 2002 was 6.6 per 1,000 live births, lower than regional or state rates, but above the HP 2010 goal.

41. Short Gestation (<37 weeks)

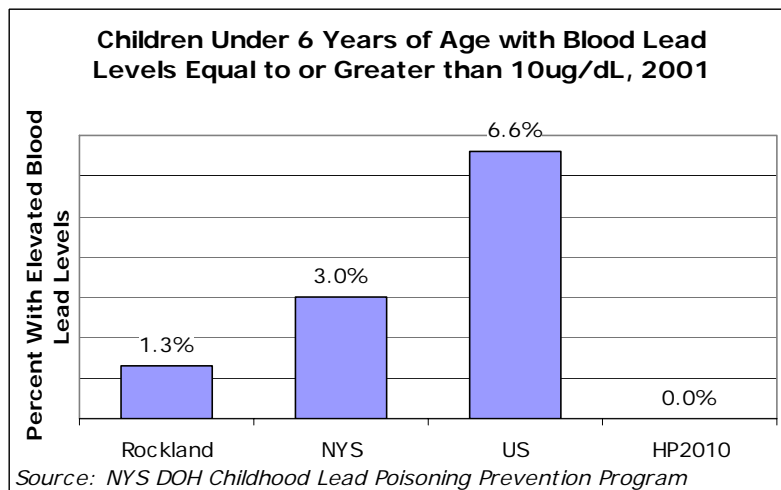
Short gestation (also referred to as pre-term birth) is second to genetic anomalies as a leading cause of death of infants. It is closely associated with LBW and VLBW and, therefore, shares health consequences with low weight births.



- Between 2000 and 2002, there were approximately 467 short gestation births each year in Rockland County (three year average). Approximately 1 out of every 10 Rockland births has a short gestation period.

42. Blood Lead Levels in Children

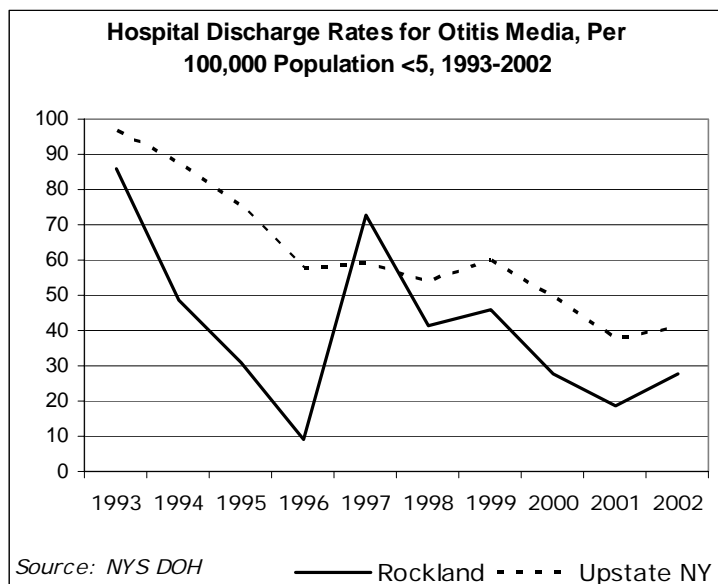
Elevated blood lead levels, defined for children under six years of age as 10ug/dL or greater, can cause cognitive impairment, behavioral disorders, and other conditions. Blood lead levels in children have been declining nationally since 1970 as the primary sources of lead contamination, leaded gasoline and lead-based paint, have become more scarce (CDC).



- Between 2000 and 2001, 11,110 children ages 1 to 5 were tested for blood lead levels in Rockland County. In 2000, the rate of elevated blood lead levels was 1.27 per 100 tested (1.27%), and in 2001 the rate was similar at 1.34 per 100 tested (1.34%).
- From 1994 to 2001, 91.8% of children in Rockland County were screened by age six years, and more than half (53.1%) were screened by age two years.

The prevalence of elevated blood lead levels is not evenly geographically distributed in Rockland. The 10931 zip code has an incidence rate of 12.8 per 100 tested whereas the average for all county zip codes is 1.26. The second and third highest rates are 10960 (rate=4.2) and 10927 (rate=3.5).

43. Otitis Media



- Rates of hospitalization for ear infections in Rockland County are below the state rates, at 27.9 per 100,000 children under 5 in 2002.

Oral Health

44. Oral Health Status in 3^d Graders

Third grade children in Rockland County vary in oral health experience by economic status. When analyzed by whether or not they receive free or reduced price lunch in school, those receiving the subsidy are more likely to have cavities, less likely to have molar sealants, less likely to have seen a dentist in the last year, and are less likely to receive fluoride supplements. Interestingly, the two groups are equally likely to have insurance coverage, which is consistent with the increased number of children receiving Medicaid or Child Health Plus since the late 1990's.

Oral Health Experience of 3rd Grade Children, By Economic Status, Rockland County, 2000

	Caries Experience	Untreated Caries	1 or more sealants on permanent molars	Dental visit within past 12 months	Insurance coverage	Fluoride supplement use
Free/Reduced Lunch	65%	40%	29%	67%	80%	14%
Other	41%	12%	60%	93%	81%	39%

Source: Rockland County DOH

Respiratory Diseases

45. Asthma Prevalence Among Adults

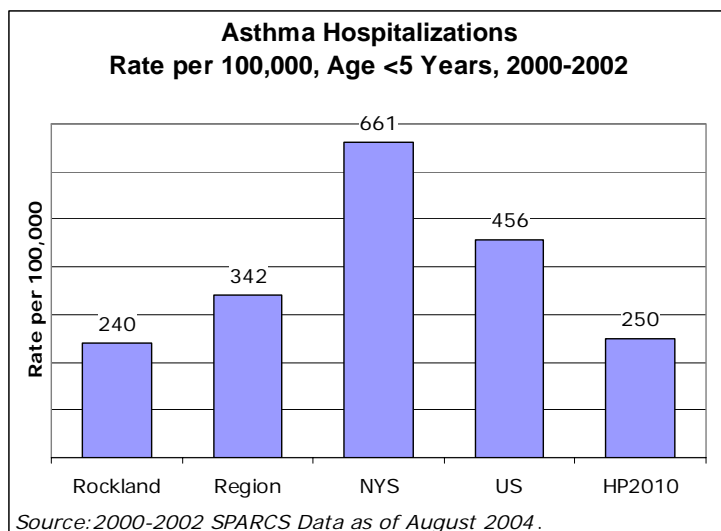
Rockland County Adults Ever Diagnosed with Asthma, and Currently With Asthma, 2003

	Diagnosed in	
	Lifetime n=61	Now Have Asthma n=43
Total	8.3%	6.1%
Male	6.9%	4.0%
Female	9.6%	7.9%
Age 18-34	6.9%	3.9%
Age 35-54	9.3%	7.9%
Age 55+	8.2%	6.0%

BRFSS, 2003

- The 2003 BRFSS survey indicates that more than 8% of adults have been diagnosed with asthma by a medical professional sometime in their lives.
- Rates were higher among women, and among persons ages 35-54.

46. Asthma Hospitalizations



- Rockland County hospitalizations for asthma among children under five years of age is 240 per 100,000 children in that age group.
- This rate is lower than the regional rate of 342, and less than half the state rate.
- Rockland's rate is slightly lower than the HP 2010 goal of 250/100,000.

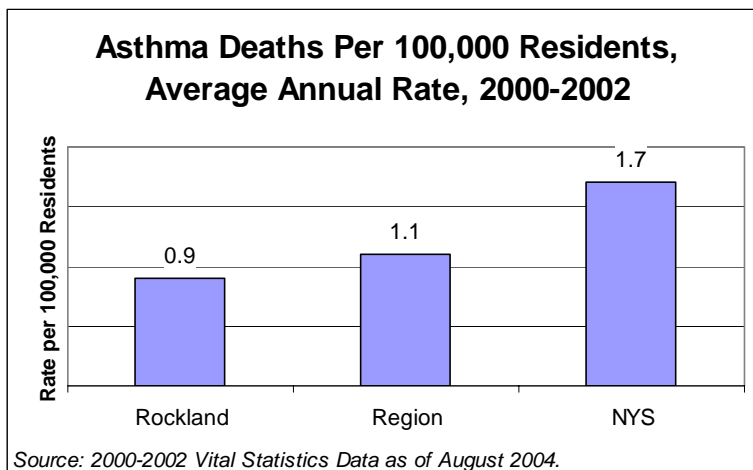
Asthma hospitalization rates among other age groups in Rockland County are similarly lower than regional and state rates, especially among the young and the elderly.

Asthma Hospitalization By Age Group, Average Rate Per 100,000, 1998-2000*						
	<u>0 to 4</u>	<u>5 to 14</u>	<u>15 to 24</u>	<u>25 to 44</u>	<u>45 to 64</u>	<u>65+</u>
Rockland	240.4	81.9	54.3	94.5	69.7	127.7
Region	342	118.3	83.6	114.4	138.5	156.3
NYS	661	253.5	113.9	151.9	230.1	256.1

Source: NYSDOH *Data for Ages 0-4 is 2000-2002.

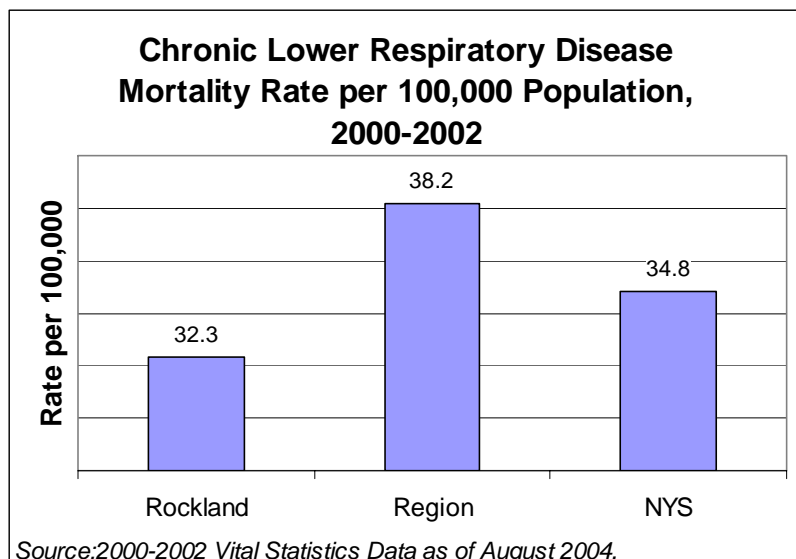
47. Asthma Mortality

The overall asthma mortality rate was 0.9 per 100,000 during the 2000-2002 period. This compares favorably with NYS mortality for the same year (1.7 per 100,000) and the regional rate (1.1 per 100,000).



48. COPD/CLRD

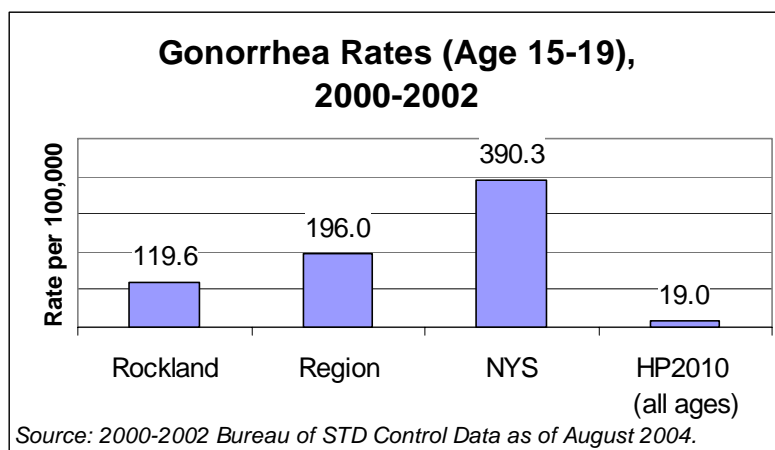
Chronic respiratory diseases that include bronchitis and emphysema are termed either Chronic Obstructive Pulmonary Disease (COPD) or Chronic Lower Respiratory Disease (CLRD). The NYSDOH began using the term CLRD in the late 1990's in place of COPD in vital statistics and other databases.



- In 2000-2002, Rockland County had a CLRD mortality rate of 32.3 per 100,000, up only slightly since a rate of 30.6 in 1992.
- Rockland's mortality rate is below the NYS rate of 34.8 per 100,000.
- Benchmark data are not compatible for comparison. The national rate was 119 per 100,000 *adults over 45 years of age*. Healthy People 2010 set a target of 60 deaths per 100,000 *adults*.

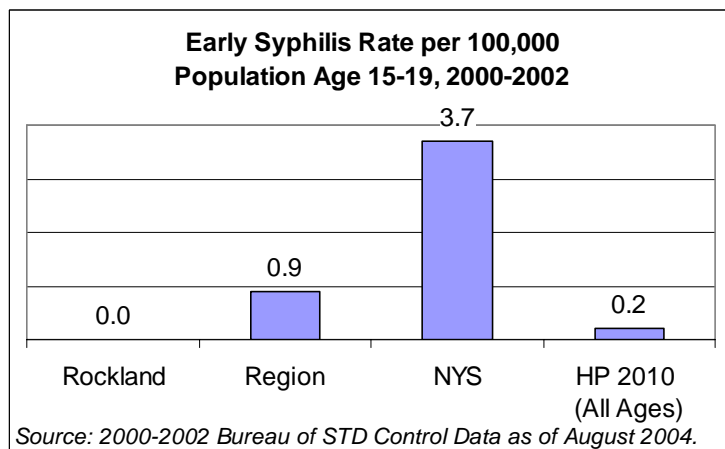
Sexually Transmitted Disease

49. Gonorrhea (Ages 15 to 19)



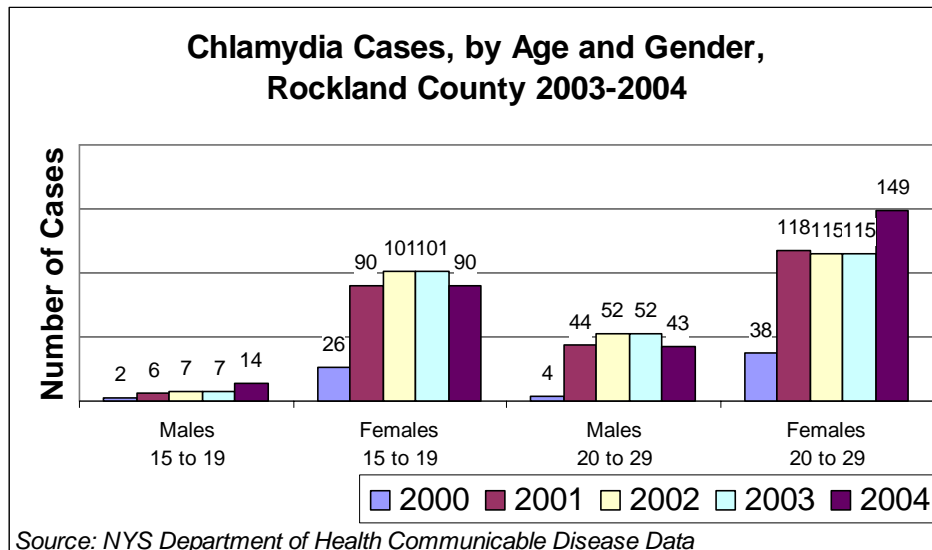
- Rockland's rate of gonorrhea among the population age 15 to 19 is substantially lower than the rate in the Hudson Valley region, and is less than one-third the rate statewide.
- The HP2010 target rate for gonorrhea for people of all ages is 19 per 100,000.

50. Syphilis (Ages 15 to 19)



- Rockland had no reported syphilis among the 15 to 19-year-old population from 2000 to 2002.

51. *Chlamydia (Ages 15 to 29)*



- Rockland County Chlamydia cases increased among women in their twenties between 2003 and 2004, after several years of remaining stable.
- Cases decreased among younger women, and among men in their twenties.

**SECTION 2 – LOCAL HEALTH UNIT CAPACITY
(ROCKLAND COUNTY HEALTH DEPARTMENT)**

The mission of the Rockland County Department of Health is to:

Promote health, prevent disease, illness, and disability, protect the environment, and provide health care to the people of Rockland County by providing the necessary services through collaboration and coordination of resources.

The Department is led by the Commissioner of Health, who is appointed by the Rockland County Executive. The Commissioner receives guidance and advice from the Board of Health. Daily operations are under the direction of the Public Health Administrator. A total of 253 employees are organized into the following functional divisions: Administration, Fiscal Management, Patient Services, Environmental Health, Epidemiology, Emergency Preparedness/Public Health, Health Education, Public Health Social Work, Medical Examiner's Office, Public Health Dentistry, and Emergency Medical Services (EMS). (For an organizational chart, see Appendix D.) This section describes the various Divisions, and highlights major program areas. At the end of the section is a summary of the Rockland County Health Department's performance on the 2001 Local Public Health System Performance Assessment.

While mental health is an important component of the health status of all individuals, issues specific to mental health are under the Rockland County Department of Mental Health, and therefore are not included in this assessment.

Health Department services are available to any Rockland County resident, regardless of age, sex, ethnic background, or income. Many services are free or link out-of-pocket expenses to the ability to pay.

The Health Department is headquartered in Pomona, NY, at the Robert L. Yeager Health Center.

Administration

The Administrative Division serves as the entryway to the Health Department's programs and services. It serves all Rockland County residents and supports all divisions of the Health Department. The Division is committed to assisting all who seek help with a range of public health issues, programs or problems. Partnerships with other County agencies, not-for-profit organizations, and community groups help to achieve a continuous assessment of the health status of the Rockland community.

The Public Health Administrator is in charge of daily operations and works closely with the Commissioner to implement policy and programs. Administrative support is provided by two personnel assistants and two secretarial staff members.

Recent Administration activities include the following:

- The Division received a five-year grant to conduct bio-terrorism preparedness activities. The allocation for 9/1/04 to 8/30/05 was \$288,753. The County's Emergency Preparedness and Bio-terrorism Committee has been recognized as a model practice.
- Administration presented a revised Cancer Institute proposal to the County Executive in June 2004, and implemented this new Comprehensive Cancer Initiative this year.
- Collaboration with County agencies, the Alzheimer's Association, and the Nathan Kline Institute led to a County-wide Alzheimer's disease conference in April 2004 attended by more than 300 people. This partnership was funded through tobacco settlement funds.

Division of Fiscal Management

With eighteen fiscal staff members, this Division is responsible for all Department fiscal operations, including preparation of the budget, billing, and collection of revenues. The Director of Finance reports to the Public Health Administrator.

Division of Patient Services

The Division of Patient Services has 86 staff members, including the communicable disease physician, supervising public health nurses, public health nurses and registered nurses, several clinical nurse practitioners, outreach staff, phlebotomists, nutritionists, disease specialists, and support staff. This Division is responsible for disease surveillance and response in the community, and the provision of health services through a multitude of clinics. A large WIC program is also operated under this division. An Epidemiologist, and Director and Assistant Director of Emergency Preparedness provide the additional expertise in emergency planning and disease surveillance and response.

State-mandated programs in this Division include tuberculosis, communicable disease, immunization and surveillance of vaccine-preventable disease, STD prevention and treatment, Prenatal program, women's health, and WIC.

This Division had four grants in 2004 to support its program activities:

Grant	Full Contract Amount	Contract Period
Family Planning	\$422,429	4/1/03 – 12/31/04
HIV Partner	\$106,350	10/1/03 – 9/30/04
WIC	\$1,268,309	10/1/04 – 9/30/05
Immunization Action	\$120,000	4/1/04 – 3/31/05

Communicable Disease Control

The Communicable Disease Control Program works directly with the state, hospitals, local providers and laboratories to respond to communicable diseases that occur in the County. Examples of these are TB, HIV/AIDS, sexually transmitted diseases (STDs), pertussis, and Hepatitis. The most frequent reportable diseases were hepatitis C and B, chlamydia, and Lyme disease, followed by intestinal diseases such as salmonella and shigellosis. Public health nurses and other professionals staff the program and serve as case managers. Staff also participate in the public health response team, which is actively involved in prevention programs, surveillance, reportable disease follow-up, immunizations, screenings, emergency preparedness, and case finding.

Tuberculosis

The Director of TB and Communicable Disease provides clinical care and management of the Chest Clinic, contact investigations, outreach and surveillance activities in the community, and provider and community education.

The Division of TB and Communicable Disease is headed by a Medical Director, an Infectious Diseases-trained physician with several years of TB specialization. In view of the expanding needs of the tuberculosis section, and the highly specialized nature of TB care, the Director has had to concentrate mainly on TB activities; playing a consultative role with respect to control activities for bio-terrorism and other communicable diseases. The Director supervises the medical care in chest clinic and the public health component of tuberculosis control for the County.

Chest clinic is staffed by four part-time physicians (two pulmonologists, one family practitioner, and one internist), each contributing one or two sessions per week, and a pediatric Infectious Diseases physician, providing one session a month. A recently trained pulmonologist, experienced in clinic administrative oversight is currently on maternity leave. Two of the physicians as well as a nurse practitioner, are supported by Public Health Campaign funds; ALA of NYS is the fiscal agent for the physicians.

Additional staff and sources of support:

- Senior Public Health Nurse
- Rotating nurses
- Part time social worker
- Outreach Coordinator, PHAA II, French-speaking
- PHAA I, Spanish-speaking
- Outreach worker
- Outreach worker
- Part-time outreach worker
- Public Health Specialist
- Clerk-typists

The tuberculosis program monitors the number of TB cases (segregated by pulmonary versus extra-pulmonary, and smear-positive or smear-negative, susceptible or drug-resistant, alive or dead, HIV-positive or negative), TB suspects, contacts and persons with latent TB infection. The average caseload is 25 active patients/year with 37/year the highest in the past decade. About double that number is assessed for tuberculosis; some are found to have alternate diagnoses. There were 23 cases in 2003, in addition to several cases diagnosed in other jurisdictions but treated in Rockland County. The program evaluates timeliness of case identification, defaulting, completion of therapy within 364 days, and geographic dispersion of cases.

Clinic visits are tallied with data on numbers of new and revisit cases, number started on treatment, numbers of lab tests, sputum induction, HIV tests, and completion. STD functions include clinic operation and partner notification for HIV/AIDS and STD disease tracking. For contacts, the percentages of those sought that were evaluated, infected, started on treatment, and completed treatment are tracked.

In general the five year trends show: slight reduction in number of active cases, trend toward more smear-negative pulmonary cases, continued high percentage of foreign-born, with Ecuadorians presenting at high levels in the last five years, and showing the most recent transmission (three small children), with Haitians having the most overall cases for the decade.

In 2004, the Communicable Disease program shared Rockland County TB data with the community using a four-page booklet to show the trends in TB rates in Rockland County, surrounding counties, and NYS. While the rate of eight cases per 100,000 in 2003 is lower than the rate of 11 in 2002, it is still higher than surrounding counties and higher than the NYS rate of just under eight per 100,000.

This unit has been successful in obtaining several recent grants to improve infrastructure, outreach, and staff competencies.

Grant	Full Contract Amount	Contract Period
TB Prevention and Control in Spanish Communities	\$43,030	2/1/04 to 1/31/05
TB Contact Investigation	\$97,000	1/1/04 to 12/31/04
TB Control Program Infrastructure	\$250,000	4/1/03 to 3/31/04
TB Outreach and Staff Education	\$31,190	4/1/03 to 3/31/04

The unit recently conducted a medical detailing project which included visits to many physicians in the County, to share with them the latest protocols for identifying and treating TB. Staff plan to continue this outreach process with specialists such as pulmonologists.

In a continuing effort to improve outreach efforts and maintain cultural sensitivity, the unit has hired staff with bilingual expertise and knowledge. The staff recently worked one day with a local Catholic Church to conduct a TB screening after church services. Several hundred people were screened, and 40% had positive results.

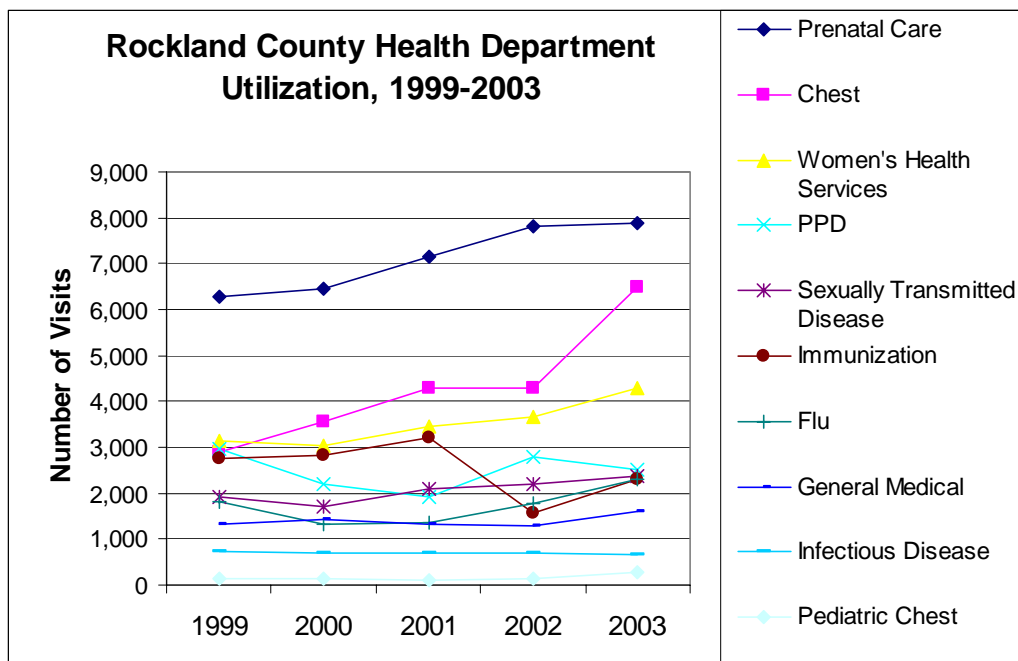
Nursing/Clinics

The Rockland County Health Department administers 11 clinics at its main site in Pomona (Dental, General Medical, Foreign Travel, Immunization, Tuberculosis, Sexually Transmitted Disease (STD), Infectious Disease, Chest, Women's Health Services, Adult Immunization, and Well Child), as well as a General Medical Clinic, Women's Health Services Clinic, and Well Child Clinic in Spring Valley, and an Infectious Disease Clinic and a Prenatal Clinic in Nyack. Schedules among the clinics vary, with some open regular day time hours, and others with reduced days or hours. All clinics except for STD require an appointment. For those with access to an automobile, the location in Pomona is within a twenty minute drive from anywhere in the county. Staff are cross-trained to work in all clinics, and supervisors work in a clinical capacity at times to address understaffing. Basic laboratory services are provided by the Rockland County Department of Hospitals Laboratory. Isolates and other specimens requiring more specific testing are submitted to the New York State Wadsworth Diagnostic Laboratory Center.

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- a) Prenatal Clinic:** Comprehensive antepartum and postpartum care is provided to pregnant women at the Rockland County Health Department's Prenatal Clinic in a private physician's office in Nyack, Monday through Friday from 8:00 am to 3:00 pm. The clinic is a PCAP provider. Staff includes obstetricians, nurse midwives, public health nurses, social workers, and nutritionists. Deliveries are performed at Nyack Hospital. Social workers assist with PCAP and Medicaid presumptive eligibility issues.
- b) Chest Clinic:** Diagnosis and treatment of tuberculosis is performed at this clinic four times a week, and an evening clinic is available. An infectious disease physician directs medical services. Medication and directly observed therapy at home are available through outreach workers. Pediatric Chest Clinic is held one time a month and is staffed by a pediatric infectious disease physician.
- c) PPD Clinic:** By appointment Monday through Friday, mantoux skin testing to screen for tuberculosis is available free of charge. This clinic works closely with the Chest Clinic.
- d) Child Health:** This clinic provides regular health exams and immunizations for newborns through age five, and is scheduled on an "as needed" basis. Child Health Plus Insurance allows children to seek well child care through a private pediatrician, decreasing the need for regular child health clinics.
- e) Immunization, Adult Immunization & Foreign Travel Clinics:** Several immunization clinics are available. Children ages five through college age can receive updated immunizations at no charge. Adult Immunization and Foreign Travel Clinics have a clinic and vaccine charge for adults and individuals needing vaccines for travel.
- f) STD Clinic:** Diagnosis and treatment of sexually transmitted diseases are available two times a week on a walk-in, free, and confidential basis. HIV counseling and partner notification services are available prior to receiving clinic services. A physician, public health nurse, and disease specialists staff this clinic.
- g) Infectious Disease Clinic:** Diagnosis and treatment of HIV/AIDS is available twice a week. A joint program with Nyack Hospital Pediatric Infectious Disease Clinic is available for mothers and children once a month. Social workers, physicians, public health nurses, and outreach workers staff this clinic. ADAPT services are available.
- h) General Medical Clinic:** Held three times a week, this clinic serves those who are uninsured/underinsured who have chronic medical conditions. Services are delivered by physicians, public health nurses, and social workers on a sliding-scale basis.

Clinic Utilization, 2003			
Clinic	Description	Location	2003 Utilization
Dental	Provides dental care to children 3 to 15 from low-income families.	(1) Pomona, M-F, 8:30-4	1,248 visits, 83% private pay, 14% Medicaid, 3% no fee
General Medical	Diagnosis and treatment for adults over age 18 with chronic medical conditions or who need general medical care.	(1) Pomona, Thu, Fri, 9am-noon (2) Spring Valley, Wed 9-12, 1-4	1,649 total visits, majority private pay
Foreign Travel	Immunization for foreign travel.	(1) Pomona, Mon, 1:30-3:30	456 visits, nearly all private pay
Immunization	Free immunizations for common childhood disease for children ages 5 to 18.	(1) Pomona Wed, 8:30-11am	1,256 visits, all were no fee
Tuberculosis	Provides TB skin tests, treatment for people with tuberculosis, and preventive treatment for people with TB.	(1) Pomona, Mon-Fri, 8:30-11:30am	6,757 visits (all no fee)
Sexually Transmitted Disease (STD)	Free, confidential, walk-in clinic for men and women offering testing and treatment for STDs.	(1) Pomona, Tue, Thu, 5-7pm	2,356 visits (all no fee)
Infectious Disease	Provides HIV testing and counseling, medical services, nutrition counseling, and case management for people over 18 living with HIV.	(1) Pomona, Tue 11:30-4pm and Wed 3:30 to 7p (2) Nyack Hospital, 1 st Mon, 11:30-4pm	647 visits, primarily Medicaid and ADAP
HIV	HIV testing.	(1) Pomona, Tue and Thu 3-5pm	704 tests (all no fee)
Chest Clinic	See Tuberculosis.	By doctor's referral, or positive TB reading	<i>See TB stats above.</i>
Women's Health Services	Reproductive health care, STD testing and treatment for women ages (teens to pre-menopause).	(1) Spring Valley, Tue 9-5 pm Thu 1-5 pm (2) Pomona, Mon 12-3pm 1 st and 3 rd Monday 4-7pm Wed 9-noon	4,289 visits, 39% private pay, 35% charity care, 25% Medicaid
Prenatal	Prenatal and postpartum care to pregnant and newly delivered women.	(1) Nyack Mon-Fri 8am-3pm	7,890 visits, 52% Medicaid, 38% Medicaid HMO, 8% private pay, 2% no fee
Adult Immunization	Immunization against a variety of diseases.	(1) Pomona, Mon 8:30-11:30 am	518 visits, about half private pay, half no fee
Well Child Clinic	Regular health exams and immunizations from newborn to 5 years.	(1) Pomona, 2 nd and 4 th Wed, 1:30-3:30 pm	239 visits, 84% no fee, 8% Medicaid, 8% Medicaid HMO

The Prenatal, Tuberculosis (Chest), and Women's Health clinics have experienced increasing usage in recent years. All clinics except STD require clients to call ahead for an appointment.



Home Care

Home Care operates under the Patient Services Division. Medical personnel meet the medical needs of residents whose circumstances or health problems make it difficult for them to leave their homes for medical care. Services are provided through the Certified Home Health Agency (CHHA), which served 1,117 clients in 2003, the Personal Care Aide (PCA) program, and Maternal and Child Health (MCH) visits.

Assessment—Home visits are made to assess health conditions, offer health guidance, or evaluate for placement in a facility. Visits may include administration of Patient Review Instruments or other screening tools.

Short-term home care—This program provides nursing care to acutely ill people, many of whom have been recently discharged from a hospital and still require care. A doctor or hospital must make referrals to this program.

Maternal and child health—Nurses visit high-risk expectant and new parents at home to give them an opportunity to discuss concerns and ask questions about health, childcare, child growth and development, and other matters.

WIC

The federally grant-funded WIC (Nutrition Assistance for Women, Infants, and Children) program is a free nutrition program for women who are pregnant or nursing and for children under the age of five. Participants who qualify (based on financial, medical, or nutritional needs)

receive coupons to purchase supplemental, nutritious foods such as milk, cheese, eggs, juice, and cereal. Rockland County WIC clinics are located in Spring Valley, Nyack, Monsey, and Haverstraw, four communities targeted because of their high levels of low-income families. Hours of operation are Monday through Friday, 8:30 am to 4:30 pm. Since 1999, WIC numbers have remained stable at approximately 6,000.

The Health Department is partnering with the Department of Social Services to locate family services and WIC programs at a new improved facility in Monsey. It is expected to serve as a model for future collaboration.

Women's Health Services

Under a NYS grant, women's health services are provided through various weekly clinics staffed by physicians, nurse practitioners, and public health nurses. Reproductive health care and STD testing and treatment are provided to women of childbearing age on a sliding scale. The Women's Health Services recently successfully incorporated new testing procedures for the benefit of patients. These include colposcopy through collaboration with Westchester Medical Center and the Breast Health Partnership. Services also include thin prep PAP testing.

Division of Environmental Health

The Division of Environmental Health, in accordance with state and local laws, oversees regulations and enforces activities involving public health and the environment. The Division is responsible for planning and implementing programs designed to ensure a healthy and safe environment for the entire community. The Division utilizes education, engineering, and enforcement to prevent or resolve environmental health problems concerning housing, food and recreation, water supply, radiological health, indoor air quality, mosquito control, and other matters covered by the NYS or Rockland County sanitary codes. Whenever possible, the Division seeks to resolve problems through voluntary action rather than regulatory authority.

State mandated programs overseen by the Division include rabies, food and recreation, environmental radiation, rooming houses and hotels, water supply, hazardous materials, and air pollution.

The Division includes 55 total staff members, and maintains 24-hour coverage for emergency response. It has the following functional bureaus:

Bureau of Housing—This Bureau includes 17 technical staff, and conducts housing inspections, issues permits, and investigates complaints concerning housing, lead, garbage, rodents, and insects. It operates the rabies and rodent control program, and also performs water sampling. In 2003 the Bureau addressed 1,444 total complaints.

The Housing Bureau's Healthy Neighborhoods Program was established in 1999, and performs assessment and educational activities related to lead poisoning, asthma, fire safety, carbon monoxide poisoning, and other important injury prevention topics.

Bureau of Food and Recreation—This Bureau's six technical staff inspect and issue permits to restaurants, delis, cafeterias, and food stands. The Bureau also conducts safety inspections for camps, pools, and beaches. It provides food safety training, is involved with food recalls, and investigates complaints.

Bureau of Water Supply—This Bureau's three engineers and one geologist ensure safe drinking water for residents of Rockland County through water quality analysis of public and private water supplies, well and reservoir inspections, review of water operator certificates, and of investigation complaints. They also issue permits for private and public well drilling, conduct studies on water quality, and work extensively on water supply issues and drought code development and enforcement. A 2002 drought in Rockland County led to partnering with the United Water New York organization to increase the capacity of the Lake DeForest plant.

Bureau of Special Services—This Bureau's 13 engineering and technical staff administer regulatory and informational services designed to minimize exposure to excessive levels of radiation, noise, second-hand smoke, mosquitoes, indoor air pollutants, and hazardous materials found in the home. The Bureau addresses regulations involving radiological facilities, household hazardous waste, noise pollution, and source separation. Staff run a comprehensive mosquito control program to educate and prevent West Nile virus. Staff is also involved in the prevention or sale of tobacco to minors through the ATUPA (Adolescent Tobacco Use Prevention Act) program.

Environmental Conservation Programs—The following four bureaus are responsible for activities delegated to Rockland County by the DEC:

The **Hazardous Materials Bureau** includes five staff members. The Rockland County Department of Health is one of only five local Health Departments statewide to be delegated authority by the DEC to enforce the NYS Petroleum Bulk Storage Regulations. These regulations are intended to protect soil and water resources through enforcement of provisions.

The **Air Pollution Control Bureau** has one engineer, who is responsible for enforcing the provisions of the Air Pollution Control Article of the Rockland County Sanitary Code, and Title 6 of the Environmental Conservation Law.

The **Water Pollution Control Bureau** has one engineer, who oversees regulation of all phases of waste water disposal in the County.

The **Solid Waste Disposal Bureau** has one engineer, who is responsible for regulating the safe disposal of all potentially harmful wastes within the County. The Bureau also provides technical expertise in planning for environmentally sound, long-term solid waste disposal.

Recent Division of Environmental Health grants include the following:

Grant	Full Contract Amount	Contract Period
Rabies Post-Exposure Treatment	\$21,711	4/1/04 – 3/31/05
Tobacco Enforcement	\$58,917	10/1/04 – 9/30/05
Healthy Neighborhoods	\$80,000	10/1/04 – 9/30/05
Safe Drinking Water	\$115,000	4/1/04 – 3/31/05

Division of Epidemiology

The Division of Epidemiology conducts epidemiological surveys and studies pertaining to the evidence of communicable and chronic diseases in Rockland County. This involves monitoring of important health indicators in order to determine trends in at-risk populations. The Division plans and maintains community-wide disease surveillance with special emphasis on schools, hospitals, businesses, and health institutions.

The Epidemiologist serves as a liaison between the Health Department and public health professionals, hospitals, state and federal agencies for disease surveillance. The division assists with the development of local and regional syndromic surveillance protocols to monitor non-traditional data for bio-terrorism and other related diseases. The division also develops and prepares the Community Health Assessment for submission to the New York State Department of Health. In addition, the Epidemiologist regularly attends community meetings and speaks at various venues on areas of public health interest and concern.

Division of Emergency Preparedness

The Division of Emergency Preparedness is responsible for a range of administrative management planning functions related to a rapid public health response to bio-terrorism/chemical events. The Division establishes strategic leadership, directive assessment, and coordination of activities to ensure local preparedness for bio-terrorism, other outbreaks of

infectious diseases and other public health threats and emergencies within the Department of Health, community agencies, and public. The Division assumes a leading role in the Rockland County Emergency Preparedness and Bioterrorism Committee.

The Division is responsible for the assessment, development, and completion of all Bioterrorism grant deliverables submitted to New York State Department of Health with focus areas of planning, surveillance, communication and information technology, risk assessment, training and education remaining as priorities. It develops and coordinates and/or enhances the design for rapid detection of unusual outbreaks of illness that may be the result of bioterrorism or outbreaks of infectious diseases.

The Division is responsible for development and maintenance of Rockland County Department of Health Policies and Procedures for rapid emergency responses. It provides assistance to local health agencies in their capacity to assess training needs of their medical professionals and assures provision of appropriate education and training through multiple channels. The Division establishes and maintains an effective Health Alert Network/Communications and information technology for the local agencies. It is also responsible in the development and review of essential local emergency plans for local health department and other related medical agencies in jurisdiction and regions.

Division of Health Education

The Division of Health Education is composed of 24 educators and support staff. Responsibilities include planning and implementing health promotion programs to encourage a healthy lifestyle and empower people to take responsibility for their health. Staff prepare and disseminate culturally appropriate health information through multiple venues, including local radio, the Rockland County website, health alerts to the medical community, public programs, health fairs, and specialized forums.

Presentations and workshops are available for schools, worksites, day care centers, senior centers, clinics, and civic and community organizations. Rockland County Health Department educational programs are age-appropriate, culturally sensitive, and can be tailored to meet specific needs. Sample topics include nutrition, asthma, lead poisoning, and West Nile Virus. In addition, the Health Education Division provides staff, exhibits, printed materials, and other teaching aids for health fairs and community events. A health educator can be on site to answer questions and make referrals.

Current Division programs include:

Tobacco prevention, education, & cessation—The tobacco program includes *Reality Check Youth Empowerment* program, *Put It Out Rockland* program, *Smokefree Home & Car* pledges, education and outreach to physicians promoting *NYS Quitline*, and *Fax to Quit*. The Tobacco

program has been extremely active in recent years and has achieved many goals through the Reality Check program, targeted to youth, and a cessation program, targeted to adults.

Put It Out Rockland has received a Model Practice Award from the National Association of County and City Health Officials and were recognized at the annual meeting in July 2004 in St. Paul, MN.

- The *Reality Check* program (www.rocklandrealitycheck.com), targeted to students in schools, involves peer education presentations, Parent-Teacher Association presentations, flyers, and special programs. The goal by 2010 is to prevent the initiation of tobacco use among youth resulting in a 20% reduction in smoking from current levels.
- The smoking cessation program, which includes *Put it Out Rockland* as well as other efforts, is designed to address two goals by 2010: (1) reduce the adult smoking rate to 12%, and (2) reduce exposure to secondhand smoke by 20% for children, youth, and adults. *Put it Out Rockland* is free to Rockland County residents and employees. As part of the program it offers medically eligible participants free nicotine replacement therapy.

Breast Health Partnership—The Rockland County Health Department’s BEAT program is part of the Breast Health Partnership. The Breast Health Partnership is a collaboration of the entire medical community and the American Cancer Society. The BEAT program provides bilingual outreach workers for the partnership. The workers educate the community on the importance of breast and cervical screening and make women aware of the free screening program for uninsured and underinsured women. They register women for breast and cervical screening, which includes breast self-examination instruction, breast examination by a medical professional, screening mammography for women 40 and over, pelvic exam, and Pap test. In 2002, Public Health Aides provided outreach to 1,500 women, and distributed 5,000 tri-lingual flyers in Spring Valley, Haverstraw, Nyack, Monsey, Piermont, and Suffern. Nearly one thousand women (951) received a mammography screening through the Breast Health Partnership screening program that year. In program year April 2003 to March 2004 the Breast Health Partnership increased the number of mammograms to 1,045.

Lead poisoning prevention—The childhood lead poisoning prevention program addresses both primary and secondary prevention of lead poisoning in children under the age of six in Rockland County. Health Department staff work directly with pediatricians to ensure children receive mandatory screenings at age one and two. In addition, numerous outreach events occur at day care centers, mothers groups, health fairs, and other venues that attract parents of young children. The lead program also conducts active surveillance of all children with an elevated lead level. This includes home visits, environmental assessments, and follow-up with the family.

Lyme Disease—This program involves active surveillance of all Rockland County residents that have tested positive for Lyme Disease. The program works directly with physicians to identify confirmed cases. Health Department staff work closely with the community during the months of March through October to ensure residents are aware of precautionary measures. In addition, staff respond to phone inquiries about the disease and its treatment and prevention. Annual mailings, health fairs, community presentations and other activities ensure the awareness of this disease remains a priority in the community.

Steps to a Healthier NY/Rockland—This five-year initiative addresses lifestyle-related chronic disease, such as obesity, diabetes, asthma, and risk factors, such as poor nutrition, physical inactivity, and tobacco use. The initiative includes an advertising campaign, community programs such as RC Walks and Put it Out Rockland, educational outreach, and school programs.

Facilitated enrollment for Child Health Plus and Family Health Plus—Health insurance is available under Child Health Plus, Medicaid, and Family Health Plus for most uninsured children under age 19 and for adults 19 to 64 who have limited income. (See Section 1 for more description of these mandated programs). Health Department staff enrolled 385 children in CHP A (Medicaid), 355 children in CHP B, and 295 adults in Family Health Plus in the first half of 2004.

West Nile Virus—Staff provide education and outreach through presentations, handouts, news releases, displays, and the county website and automated information line, to county residents in general and to specific target groups (such as seniors, marina owners/boaters, private pool owners, day camps, and stables/horse owners).

Nutrition education—Staff develop targeted messages (Eat Well, Play Hard) to encourage Rockland County residents to switch to low-fat dairy products, increase fruit and vegetable intake, and increase age-appropriate physical activity.

Bio-terrorism and emergency preparedness—Staff develop and prepare communications about the risks for the public and health care providers.

Grants used to support Division activities follow:

Grant	Full Contract Amount	Contract Period
Surveillance, Education, and Referral for Lyme Disease	\$30,000	4/1/04 – 3/31/05
Lead Screening Case Management and Data Collection	\$64,370	4/1/03 – 3/30/05
Facilitated Enrollment for Family Health Plus and Child Health Plus	\$241,941	11/01/03 – 12/31/05
Youth Empowerment – Against Tobacco Use	\$120,000	08/01/04 – 07/31/05
STEPS—Diabetes, Asthma, Obesity	\$550,199	9/22/04 – 9/21/05
Tobacco Prevention, Education, and Cessation	County tobacco settlement funds	

Division of Public Health Social Work

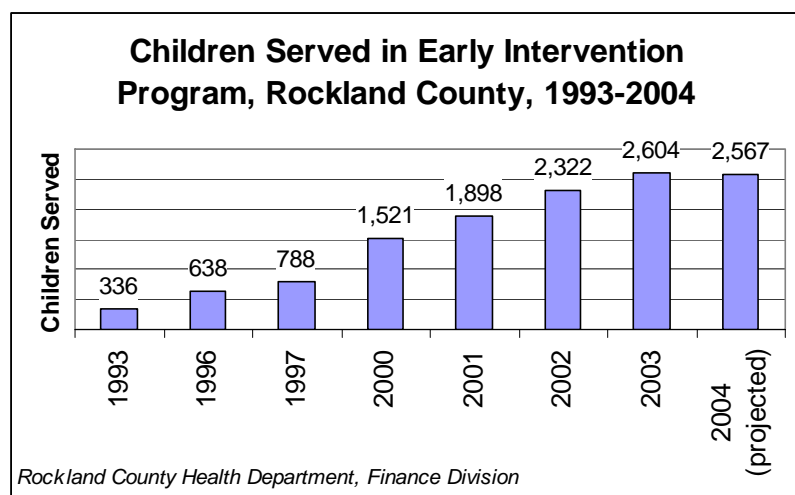
The Division of Public Health Social Work has 42 staff members. The Division Director, a licensed clinical social worker, heads the Division. Her administrative staff consists of an Assistant Director, a licensed social worker; an Early Intervention Specialist, who is a registered nurse; a Pre-School Coordinator, who is a doctorate clinical psychologist; and a Senior Social Worker who is also licensed. Social workers are assigned full time to the Prenatal Clinic, Chest Clinic, and General Medical Clinic. Social workers are on call for all other Health Department Clinics and are assigned team members for Home Care patients. There are seventeen licensed social workers, four community/outreach service providers, one nutritionist, and one registered nurse. The remaining staff are either clerical or billing staff.

Staff are available to meet the psycho-social needs of any county resident. Consultations are available for individuals experiencing problems obtaining entitlements, referrals to programs and more. A wide range of services are offered for all life stages and needs including children demonstrating delayed development, physically handicapped individuals, people with infectious disease, and the elderly. Staff also sit on several committees such as Bioterrorism–The Psychological Response, Stop Fear Coalition, Safe Kids and Carseats, RFS Delta Project, Staff Development, Suggestion Box, and the County Performance Management Team.

This Division provides direct social service support for all Department clinical programs and makes home and hospital visits to eligible patients. This Division also provide full case management for the Infectious Disease clinic's HIV/AIDS clients. State mandated programs include Early Intervention and the Pre-K program.

Children with Special Health Care Needs (CSHCN)—This program, found in the Title V Maternal and Child Health Block Grant, requires states to create “community-based, family-centered, culturally competent, coordinated systems of care.” In 1997, the federal government defined children with special health care needs as those “who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

Early Intervention Program— Early Intervention (EI) provides identification, evaluation, and services to children up to age three who have developmental delays, or a diagnosed physical or



mental condition that has a high probability of resulting in developmental delay. EI is not a health care program, but it pays for health services that are necessary for a child to benefit from EI services. Speech therapy, occupational therapy, physical therapy, and special instruction are the program's most frequently utilized services.

Each child registered in the program has a “service plan” and is assigned a service coordinator. Services are provided at no cost to families. The Early Intervention program includes Child Find, a program in which pediatric nurses provide a home/hospital visit for infants and toddlers at risk of developmental disabilities, to ensure they are engaged in primary health care where they will receive developmental surveillance and screening, including referral to the Early Intervention program when appropriate. These children are monitored and referrals for appropriate services are provided. The program recently hired and trained a Spanish-speaking Early Intervention Service Coordinator to meet the needs of Rockland County's Early Intervention families.

Early Intervention served 2,604 children in 2003, up from 336 a decade ago. Expenses have increased similarly, from \$3.3 million in 1993 to \$22.8 million in 2003.

Physically Handicapped Children's Program—Social workers provide an intake assessment for families with a chronically ill or physically disabled child (birth to 21) for the purpose of obtaining access to quality medical care. Families meeting financial eligibility requirements can

have their children evaluated, diagnosed, and treated. Staff assist in coordinating appropriate health and social services for children. In 2003, 700 children received services through this program.

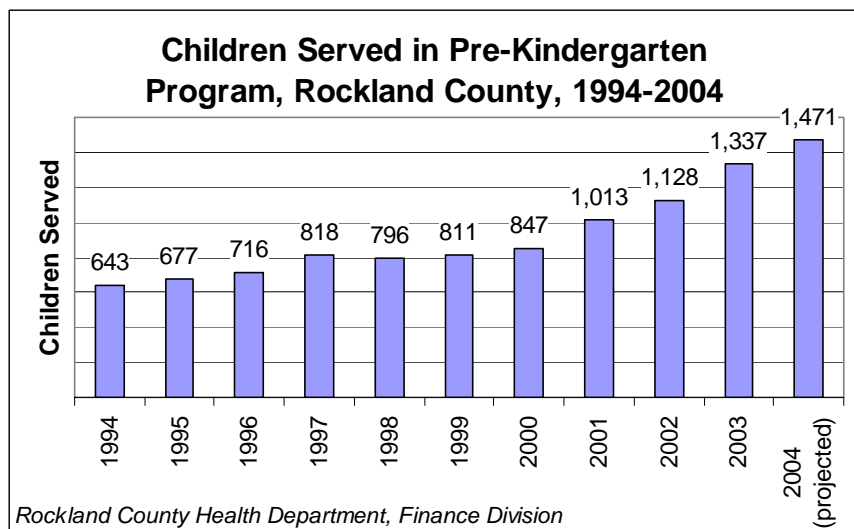
This program, which is part of the State's Children with Special Health Care Needs Program and is funded through Title V and State Aid to Localities, pays for diagnosis and treatment of children with special health care needs who do not have insurance coverage, or when insurance and other programs (such as EI or Section 504) do not cover specific costs. Each local health department designs the parameters of its own program, so covered services, income eligibility guidelines, caps on spending for individual children, and overall budgets for the program vary widely across the state. Localities may choose to cover various services and benefits, such as medications, surgeries, and insurance co-payments.

Orthodontic program—Families who do not meet the requirements of Medicaid can apply for orthodontic care for children birth to 21 years of age.

PACT (Parents and Children Together)—Sponsored by the Rockland County Health Department, PACT brings parents of children with special needs together for education, information, and socialization.

Pre-school Special Education Program—Designed to serve pre-Kindergarten (ages 3-5) children, the program provides special education and therapeutic services, in a center-based program or in the community or home, to children with disabilities and developmental delays at no cost to families. Transportation is provided as needed. The growing program is administered by local school districts and the Rockland County Health Department.

Growth in the Pre-K program has been steady, but not as dramatic as the Early Intervention



program. Pre-K, however, has doubled in size in the past decade, increasing from 643 children in 1994 to an estimated 1,471 in 2004. Costs have not grown as rapidly, increasing from \$14.7 million in 1996 to an estimated \$19.4 million in 2004.

Infectious Disease Program—This program provides medical and case management services to HIV+ adults, 17 years of age and older, who are Rockland County residents. Medical services are provided at two weekly medical clinics, one held in the afternoon and one in the evening. Both clinics are at the Pomona health complex. Clinic staff include an Infectious Disease physician; two health department nurses; two licensed social workers; two caseworkers; a nutritionist; and clerical staff. Staff speak English, Creole, and Spanish. Diversity of the social work staff ensures that each patient is assured of strict confidentiality, and is treated with respect, dignity and sensitivity.

Staff are all highly trained in the medical aspects of the disease, but are also experts in the social and psychological aspects of the patients. Patients are provided with information and education on their disease and with medications, and are assigned a social worker for counseling needs. In addition, the program offers dental services, and assistance with obtaining ADAP or Medicaid. No HIV+ individual is ever uninsured. The County is linked to local pharmacies in the community that provide pick-up and delivery services to patients.

In 1992 the first clinic opened, and treated six patients. The current caseload is 145 patients. In 1992 the social work staff consisted of one licensed social worker, one caseworker and one clerical worker. Today the social work staff consists of two licensed social workers, two case managers, two outreach workers, three clerical workers, and one nutritionist.

- **Access to Care**—This HIV outreach program has been responsible for bringing in most of the clinic's new cases in the last two years. The outreach staff, one Haitian male and one Creole/Spanish speaking female provide education, information and referral services. They attend street fairs, health fairs, and college campus fairs. They also attend community meetings, give presentations at houses of worship, and appear weekly on a local television community service program. The newest incentive for this team is Rapid Testing. The team secured confidential sites in Nyack, Spring Valley, and Haverstraw in order to reach a diverse sampling of the community. If an HIV test is positive, a confirmatory test is scheduled, and an immediate appointment is secured with the medical clinic.
- **Treatment Adherence**—New patients in the Treatment Adherence Program receive an orientation packet that includes information on the clinic, names of staff, and phone numbers. Staff members meet with the patient within one week to discuss disease education, medication, expectations, and to answer questions. After the first clinic visit, patients are given a second packet, which includes information on depression. A depression scale is completed by the case manager. Patients are assigned to a social worker for counseling. Medications are delivered to the patient's home in packages that are not identifiable. Patients are constantly monitored for CDC4 counts and viral loads.

- **Collaboration with Westchester County Medical Center—Mobile Van Services.** By contract, the mobile van staff provide gynecological services to HIV+ women. The van travels monthly to the Pomona Health Complex and parks outside the clinic area, providing a quiet and confidential atmosphere. The WC Medical Center provides follow-up services as needed. Staff from both counties work in collaboration.
- **Nyack Hospital Immunotherapy Clinic—**This HIV+ clinic for children and adolescents, in collaboration with the Infectious Disease Program, has created a family-centered Immunotherapy Clinic. The clinic operates once a month, at Nyack Hospital. Hospital staff are responsible for the children, and Health Department staff are responsible for the adults, but the entire family is seen simultaneously. This program was developed to meet the needs of the families who previously were required to travel to two different sites, requiring two different appointments, and resulting in poor attendance. An additional advantage is the staff meetings, where family matters can be addressed.
- In 2004 staff engaged in 967 case management contacts. The medical clinic scheduled 474 appointments. There have been 118 Rapid Tests for HIV performed.

Recent Division of Social Work grants for maintaining and improving programs include:

Grant	Full Contract Amount	Contract Period
HOPWA-Housing Issues for Person with AIDS	\$35,000	1/1/04 – 12/31/04
Ryan White Title I	\$101,236	3/31/03 – 2/28/04
Ryan White Title II	\$82,688	4/1/03 – 3/31/04
Early Intervention Program	\$223,917	10/1/03 – 9/30/04
CSHCN – Infants at Risk of Developmental Delay	\$33,299	10/1/03 – 9/30/04

Medical Examiner

The Medical Examiner, a staff of investigators, and clerical personnel operate a comprehensive investigation and forensics unit for the County. The Medical Examiner's office investigates over 700 deaths each year.

Public Health Dentistry

Dental education and pediatric services to under-served children are provided through this division. The dental clinic has expanded screening sessions to include Early Head Start in Nyack, North Rockland, Ramapo, and East Ramapo School Districts. In 2003 over 1,000 children were seen.

The clinic services children ages 3 to 18, offering general dentistry and referrals for orthodontia. Procedures include exams, x-rays, and cleaning for children and youth, as well as oral hygiene education for the entire family. Additional procedures include pulpotomes, crowns, fillings, and bonding. The clinic promotes and provides sealants.

Division of Emergency Medical Services (EMS)

The Rockland County Emergency Medical Service (EMS) System is comprised of 14 volunteer Basic Life Support (BLS) Ambulance Corps and two Advance Life Support (ALS). The EMS Coordinator, Assistant EMS Coordinator, six deputies and one Liaison oversee the functions of this Division. Emergency response is provided to 275,000 residents and visitors 24 hours a day.

The Rockland County EMS Office is home to the Rockland County EMS Training Academy. The Academy offers several types of training to different organizations and is an American Heart Association Basic Life Support CPR training center, and an American Health and Safety Institute training center. Students are trained in CPR, first aid, wilderness first aid, bloodborne pathogens, automated external defibrillator (AED), babysitting, and pet first aid. Training is provided to volunteer EMS personnel and firemen, community organizations (e.g. Scouts and Little League coaches) industrial customers, police officers, and County employees. EMS trains over 1,500 people annually. In addition, EMS trained more than 500 County employees in the past several years, including 200 in the use of the 27 AEDs placed throughout the County campus.

The Rockland County EMS is a NYS DOH Course Sponsor, and has trained more than 200 volunteers in Emergency Medical Technician classes, EMT refresher classes, and Certified First Responder courses. In addition, EMS is now providing and sponsoring training in the areas of terrorism awareness and response. The EMS Coordinator and Assistant Coordinator serve on several emergency response and terrorism planning committees. They also serve on the regional EMS council and various committees. Training numbers are as follows:

Course type	2003	2004 year-to-date
NYS DOH Courses	151 enrolled, 112 passed	114 enrolled, 88 passed
CPR/First Aid/Bloodborne Pathogens/Wilderness FA	1,500 enrolled, 1,500 passed	1,484 enrolled, 1,484 passed

* Note: Courses are the responsibility of two full-time employees who provide training, and also coordinate response and emergency planning for EMS agencies in Rockland County.

NPHPSP Local Public Health System Performance Assessment

In 2001, Rockland County took part in testing a local public health system performance standards assessment instrument. The instrument was designed by the National Public Health Performance Standards Program (NPHPSP) partnership established at the Centers for Disease Control and Prevention in 1998 to improve the practice of public health, performance of public health systems, and the infrastructure supporting public health actions (NPHPSP, 2002). The assessment instrument was based on the ten Essential Public Health Services (EPHS), and was piloted from May through September 2001. Results for participating counties were compared with the state average. A total of 49 local health departments participated. (See below for a summary of Rockland County's results or for detailed results Appendix E). Rockland County scored above the state average on all EPHS categories, and in many cases scored well above the average. Nonetheless, some service categories showed a need for attention and improvement. These results should be interpreted in context as the Health Department has implemented numerous programs in the past three years.

For example, the County scored a 75 on EPHS 3: Inform, Educate, and Empower people. Recently the County has implemented many educational and informative programs (e.g. tobacco, breast health, asthma, cancer, cardiovascular health). Many of these programs are discussed in detail in Section 4. Similarly, the County scored a 69 on EPHS 4: Mobilize Community Partnerships. Recently the Health Department has increased the number of collaborative efforts with community-based organizations and schools throughout the County. These efforts are discussed in more detail in Sections 3, 4, and 5.

The lowest score of 66 was on EPHS 9: Evaluate Effectiveness, Accessibility, and Quality, but the Health Department was still well above the state average of 47. However this score might indicate a need to review its evaluation of services.

Rockland County and State Average Scores on NPHPSP Local Public Health System Performance Assessment Instrument (Version 5B), 2001		
<u>Essential Public Health Services</u>	Rockland County	State Average
EPHS 1: Monitor Health Status	78	47
EPHS 2: Diagnose and Investigate Health Problems	97	83
EPHS 3: Inform, Educate, and Empower People	75	74
EPHS 4: Mobilize Community Partnerships	69	58
EPHS 5: Develop Policies and Plans	71	53
EPHS 6: Enforce Laws and Regulations	98	78
EPHS 7: Link People to Needed Personal Health Services	100	77
EPHS 8: Assure a Competent Workforce	85	49
EPHS 9: Evaluate Effectiveness, Accessibility, and Quality	66	47
EPHS 10: Research for New Insights and Innovative Solutions	85	60
Total Performance Score	82	63

SECTION 3 – LOCAL HEALTH SYSTEM AND COMMUNITY CAPACITY

Profile of Community Resources

Hospitals

Rockland County is home to two voluntary, acute care hospitals, Nyack Hospital and Good Samaritan Hospital. Additional facilities are Helen Hayes Hospital, a rehabilitation facility, Rockland Psychiatric Center, and the Rockland County Department of Hospitals' Summit Park Hospital and County Infirmary. All hospitals collaborate with the Rockland County Health Department through active participation in the County Public Health Emergency Preparedness planning process.

Nyack Hospital has 375 licensed acute care beds (263 operating beds) and 27 newborn bassinets. Operating beds include medical-surgical (168), intensive care (22), maternity (21), alcohol rehabilitation (20), neonatal intermediate care (10), pediatrics (9), alcohol detoxification (8), and coronary care (5).

According to its operating certificate, Nyack Hospital's programs include the following:

Acute renal dialysis	Alcohol rehab O/P	Ambulatory surgery
CT Scanner	Cystoscopy	Emergency Department
Health Fairs	Lithotripter	Magnetic resonance imaging
Nuclear medicine (diag)	Nuclear medicine (ther)	Occupational therapy (O/P)
Part-time clinics	Pediatric O/P	Social work service
Speech-language pathology		

The Union State Bank Cancer Center, opened in 2000, offers cancer detection, diagnosis, and treatment. Due to its affiliation with the Herbert I. Irving Comprehensive Center at Columbia University College of Physicians and Surgeons, clinical trials are available to Rockland County residents.

Nyack Hospital participates in the Rockland County Public Health Priorities Committee.

In 2003 and 2004, the hospital added or expanded six services:

- A Pediatric Emergency Department, the first dedicated one in Rockland and Orange Counties, opened in 2003.
- Edythe Kurz Center for Sleep Medicine, a six-bed unit, opened in August 2003.

- Helen Hayes Hospital Outpatient Rehabilitation Center at Nyack Hospital, opened in February 2004.
- The Recovery Center at Nyack Hospital's satellite outpatient alcohol and substance abuse program opened in Spring Valley in 2003.
- The Hospital expanded hours (evening and weekend) for its breast cancer screening program for medically indigent women, with funding from a Susan G. Komen Foundation grant.
- A Wound Care Center operated with Curative Health Services, Inc. opened in February 2003.

Note: Additional information on Nyack Hospital is in their Community Service Plan Update 2003-2004, and website at www.nyackhospital.org.

Good Samaritan Hospital is located in Suffern, NY. It is one of three acute care hospitals under the umbrella of the Bon Secours Charity Health System. It provides emergency, medical, surgical, obstetrical, gynecological, and acute care services. The Hospital has 370 licensed beds, and all are staffed. Specialty services include a cardiac catheterization laboratory, comprehensive cancer treatment including radiation oncology, maternal and child health services, the Children's Diagnostic Center, and an Area Level II Trauma Center. The hospital also provides social, psychiatric, and substance abuse services and is a regional provider of kidney dialysis services.

According to its operating certificate, Good Samaritan Hospital services include the following:

Acute renal dialysis	Alcohol rehab O/P	Ambulatory surgery
Cardiac catheterization (adult)	Chronic renal dialysis	Cystoscopy
Emergency Department	Health fairs	Linear accelerator
Magnetic resonance imaging	Nuclear medicine (diag)	Nuclear medicine (ther)
Primary medical care O/P	Psychiatric O/P	Social work service
Speech-language pathology	Therapeutic radiology	

Services added at Good Samaritan Hospital in 2004 include:

- Expanded interventional services utilizing the newest laser technology.
- Sleep center certification.

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- In cardiac services, electrophysiology studies, including biventricular pacemakers and automatic internal defibrillators.
 - Bariatric surgery.
 - Women's health boutique.
 - Parish Nursing, under Good Samaritan Home Care (Began in fall of 2002).

Other highlights of Good Samaritan's recent experiences include the following:

- On October 31, 2003, Good Samaritan began to offer primary angioplasty services, making it the only facility with such services within a 130-mile stretch west of the Hudson River.
- In 2003 the Cardiac Outreach Department at Good Samaritan Hospital added two part-time Cardiac Outreach Coordinators to the staff. The Department continues to focus its efforts on raising awareness about cardiovascular disease. A public awareness campaign was launched to help increase knowledge of signs and symptoms of heart disease.
- Good Samaritan worked with the Immigration Coalition and the Refugee Center in Spring Valley to find ways to reach out to uninsured populations. Identified priority needs are assistance in enrolling children in Child Health Plus and tuberculosis screenings.
- Good Samaritan Hospital's Emergency Management Steering Committee collaborated with the Rockland County Department of Health in developing health care level response teams for small pox, participated in drills of the NYS Hospital Emergency Response Disaster System, and serves as a standing member of the County Emergency Preparedness and Bioterrorism Committee.
- The Hospital has worked with Bikur Cholim to meet the cultural needs of the Hasidic and Orthodox Jewish communities in educational and screening programs, particularly for patients with cardiovascular disease or cancer.
- Good Samaritan worked with County partners including the Legislature, the Health Department, and others, to establish a *Heart Health in Women* subcommittee to provide education on signs and symptoms of heart disease.
- Hospital representatives participate in Leadership Rockland, sponsored by the Rockland County Business Association, and in the County Health Department's Public Health Priorities Committee.

Note: Additional information about the Bon Secours Charity Health System is in their Community Service Plan, April 2003. Information about Good Samaritan Hospital is at www.goodsamhosp.org.

Helen Hayes Hospital, located in West Haverstraw, is one of the nation's leading specialty rehabilitation hospitals. Helen Hayes offers care and treatment to people with physical disabilities and chronic disabling diseases. For patients who need intensive rehabilitation, Helen Hayes Hospital staff work with the patient, family, and/or caregiver to develop and implement an individualized treatment plan. Staff include specialists in physical, occupational and respiratory therapy, speech pathology, rehabilitation nursing, therapeutic recreation, nutrition, social work, and prosthetics and orthotics. Rehabilitation programs include cardiopulmonary rehabilitation, neuro-rehabilitation, spinal cord injury rehabilitation, musculoskeletal rehabilitation, aftercare for those with acquired brain injury, and oncology rehabilitation.

The Center for Rehabilitation Technology is an interdisciplinary program specializing in the application of technology to improve the independence of persons with physical disabilities. Staff provide assistance with job accommodations, mobility, alternative communication, and other adaptations.

The Prosthetic and Orthotic Center specializes in design, fitting, and fabrication of devices such as knee and polio braces, myoelectric prostheses, and traditional prosthetic designs for children and adults. The Adapted Driving service provides driver evaluation and training for those with physical or cognitive disabilities. Other services at Helen Hayes include dental services, aquatic therapy, lymphedema management, an osteoporosis center, and a wellness center.

In addition to inpatient and outpatient rehabilitation services, the hospital also hosts a variety of support groups for both patients and their caregivers. Hospital staff participate in rehabilitation research as well.

Note: Additional information about Helen Hayes Hospital is at www.helenhayeshospital.org.

Rockland Psychiatric Center, located in Orangeburg, provides treatment, rehabilitation, and support to adults 18 and older with severe, complex mental illness.

Care and treatment focuses on medication management, family support, and activities that build social, vocational and educational skills. The goal is to prepare patients to return to the community. The center also provides community-based mental health services in Rockland and Westchester Counties.

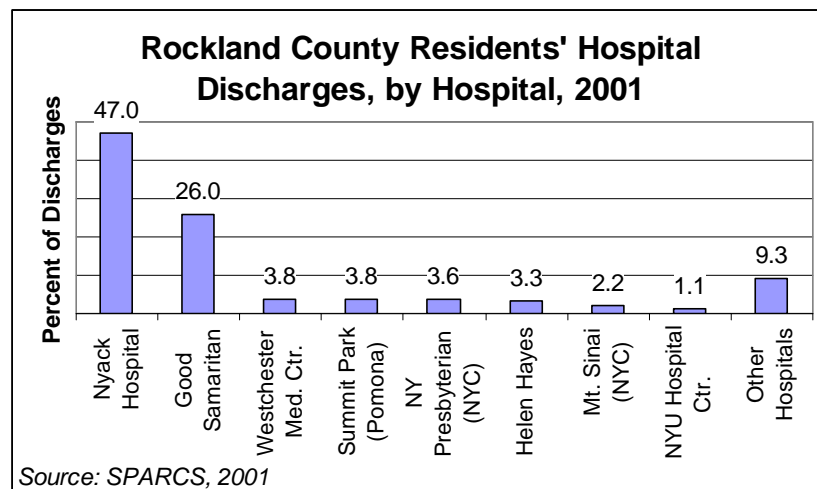
Note: Additional information about the Rockland Psychiatric Center at www.omh.state.ny.us/omhweb/facilities/rppc/facility.htm.

Rockland County Department of Hospitals, located in Pomona, operates Summit Park Hospital and the Rockland County Infirmary. The hospital provides skilled nursing 24 hours a day, and patients receive individual care plans to meet medical, rehabilitation, dietary, and other needs of the patient or resident. These plans are based on input from our professional staff, families and patient/resident. The infirmary functions as a 341-bed skilled nursing facility, dedicated to individuals requiring around the clock medical care. This facility also has a 41-bed unit that is dedicated to Alzheimer's and dementia residents. It is self-contained and restraint free and specifically designed for Alzheimer's or Dementia residents who are still able to walk on their own.

Additional information about the County Department of hospitals can be found at <http://www.co.rockland.ny.us/Hospitals/default.htm>.

Hospital Utilization

In 2001, nearly one-half of hospital discharges for Rockland County residents were from Nyack Hospital, while approximately one-quarter were from Good Samaritan Hospital. Several discharges were from hospitals located in NYC, Westchester County, or elsewhere.



Community Health Centers

Two federally-funded Community Health Centers are located in Rockland County—the Refuah Health Center in Spring Valley, and the Monsey Family Health Center in Monsey. These clinics are obligated to provide services to all on a sliding-scale basis. They are described more completely in Section 1.

County Health Clinics

The Rockland County Health Department administers 11 clinics at its main site in Pomona (Dental, General Medical, Foreign Travel, Immunization, Tuberculosis (PPD), Sexually

Transmitted Disease, Infectious Disease, Chest, Women's Health Services, Adult Immunization, and Well Child), and also General Medical, Women's Health Services, and Well Child Clinics in Spring Valley, and Infectious Disease and Prenatal Clinics at Nyack Hospital. Spring Valley and Nyack are population centers in the County. (For clinic hours and utilization see Sections 1 and 2).

The County Department of Mental Health also operates several outpatient clinics in the county that offer primarily short-term and problem-focused treatment through individual, family and group therapy, medication and monitoring. The Department operates clinics for adult services and for child and adolescent services at its Mental Health Clinics in Pomona and in Haverstraw, and the Margaret M. Lawrence Child Development Center which provides two special programs for children under 5 years old and their families.

Managed Care Organizations

The County contracts with six Medicaid HMOs for provision of care under Medicaid managed care and facilitated enrollment: Affinity, Community Choice, Fidelis, GHI, Hudson Health, and Wellcare. The County Department of Social Services works with the HMOs to ensure they have NYS Department of Insurance approval in terms of sufficient staffing among various medical and surgical specialties.

Managed care organizations coordinate with the Health Department on the identification and required reporting of communicable diseases (STDs), rabies, tuberculosis, HIV, and other health issues. Health care providers work with the Health Department through the Partner Notification Assistance Program. In addition, the county provides assistance in assessing the training needs of organizations' medical professionals, providing appropriate education, reviewing and practicing essential local emergency preparedness plans through various drills and exercises.

Community Organizations and Collaborative Groups

Many community organizations in Rockland County serve population groups with various needs. While not all are described here, many are participants or members in the following collaborative groups:

Haverstraw, Spring Valley, and Nyack Collaboratives—The three collaboratives are monthly roundtable discussions in these Rockland County villages. The purpose is to (1) convene local agencies who might not otherwise come together, (2) focus on the specific needs and concerns of their localities, and (3) promote dialogue and collaboration on collective responses to local issues.

In focus groups held with the Collaboratives in June and July 2004 (See Section 4), members indicated that the County Health Department representatives often sit in on their meetings and

provide updates on new initiatives. The Collaboratives would like to act on the gaps and priority areas identified in this report.

A fourth Collaborative is being formed to serve the Suffern community in Rockland County.

Rockland County Immigration Coalition—This Coalition, formed in 1999, provides a forum for the many agencies in the County providing services to immigrants. The Coalition generated a directory of immigrant services and now functions as an information center for immigrants and their advocates. The directory currently lists 68 agencies providing services to immigrants, including child care services, employment assistance and job training, general citizenship preparation, cultural/social/recreational activities, domestic violence services, educational services, literacy in native language, school advocacy, general living assistance (welfare advocacy, disability assistance, food pantry, emergency relief, housing assistance), health services, counseling, information and referral, English language services, legal assistance, and youth programs.

The Coalition is concerned about (1) the availability of bilingual, bicultural mental health and substance abuse counselors, (2) immigrants' inability to provide adequate income documentation to participate in sliding-fee scales, (3) lack of low-cost dental care for adults, (4) immigrants' fear of seeking treatment due to undocumented status, (5) availability of HIV/AIDS education programs, and (6) access to services for victims of domestic violence and abuse (Rockland CARES, 2004).

In a May 2004 focus group, Coalition members said Nyack and Good Samaritan Hospitals participate in the Coalition, the County does a good job of offering emergency Medicaid to undocumented immigrants and that Child Health Plus is working well in the County. They believe the CHP and Family Health Plus programs, in particular, help to break down immigrant mistrust of government. The Coalition sees a need to bring the medical community to the table and members said it would be helpful if the County could help facilitate this interaction.

Rockland CARES—Rockland CARES is an integrated County planning project with member agencies including the Youth Bureau, Department of Planning, Department of Health, Department of Social Services, Department of Probation, Department of Mental Health, Office for Community Resources, and the Office of the County Executive. The five-year grant for Rockland CARES provides funding for the development of a set of common goals and planning objectives, development of priorities, and assessment of outcomes that reflect the well-being of children, youth, and families.

The CARES vision is that “All Rockland County residents will have access to the resources needed to develop healthy children, youth, and families within our communities.”

As part of the CARES planning process, a series of seven town meetings were held in 2003 to help gather input from community agencies, government officials, town leaders, and citizens. After the CARES plan was drafted, a public hearing was held on March 11, 2004 to review the plan and obtain feedback. The CARES project has resulted in a closer planning relationship among all CARES agencies.

Rockland 21C—Rockland 21C is a pioneering Countywide partnership. Its mission is to ensure the best possible future for every child by building a comprehensive support system that links family, school, and community. Rockland County has the distinction of being the only suburban county in the United States to initiate a countywide model for school-based or school-linked services. They include early education and care, school-age care, family support, mental health, health, and social services. Rockland 21C is dedicated to bringing resources, best practices, professional development opportunities, and innovative solutions to partners committed to making school community collaborations the best they can be (Rockland 21C, 2004).

American Cancer Society—The American Cancer Society is a “nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service” (American Cancer Society, 2004). Locally, the American Cancer Society provides free patient and family services such as transportation to treatment and support; assists people to access health care and partners with the Rockland County Department of Health and the medical community in the Breast Health Partnership (described further in Sections 2 and 4). The American Cancer Society, through its 24 hour/7 day a week phone service (1-800-ACS-2345) and website (www.cancer.org), provides up to date cancer information, support, and local resource information.

Volunteer Counseling Services—This community-based social service agency offers counseling for residents (adolescents to older adults). The mission is to provide cost-effective, accessible counseling, education, conflict resolution, and community organization services that enhance the quality of life for individuals and families. The mission is accomplished through the pioneering use of professionally-trained volunteers, by working collaboratively with governmental and other community-based institutions, and by responding to gaps in service delivery systems in the community. (Volunteer Counseling Services, 2004).

Mental Health Association—The Mental Health Association of Rockland County’s mission is “to respond to the needs of those who receive mental health services, and to the needs of their families.” The Association provides support, public education, programs, services, and advocacy. For example, the Compeer Program is a community support service operated by MHA. Compeer recruits, trains, places and supervises caring volunteers, who are matched with peers that have a mental illness. The MHA’s Recovery Services are provided by a multidisciplinary team including certified social workers (CSWs), Credentialed Alcohol & Substance Abuse Counselors (CASACs), Credentialed Prevention Professionals (CPPs), and a Psychiatrist

specializing in youth treatment and chemical dependency issues. The program is strength-based, family focused, culturally sensitive, supportive, and eclectic in its therapeutic approach. Another MHA program, Network, brings together the community's principal service providers who meet with students, parents, family members and others of the families' choosing to jointly create a coordinated, individualized plan for utilizing all of the service resources of the community (www.mharockland.org).

Bikur Cholim—Bikur Cholim is a multi-faceted medical and healthcare related agency dedicated to helping patients and their families receive the full complement of healthcare services. Founded in 1981, Bikur Cholim's professionals and volunteers bring essential services, comfort and advice to hundreds of hospital patients and their families each day. Bikur Cholim's Health Awareness Project reached 2,476 people between January 2001 and October 2004 in educational sessions regarding breast cancer.

Jawonio—Jawonio provides a number of Article 28 services to persons with Mental Retardation or Developmental Disabilities. Founded in 1947, Jawonio's mission is to advance the independence, well-being and equality of people with disabilities and special needs. Jawonio provides comprehensive medical, clinical, rehabilitative, educational, employment, case management and community living services to children and adults with physical, developmental and/or emotional disabilities. Jawonio serves over 5,700 children and adults annually, and houses 126 individuals in 21 residences owned by Jawonio.

Jawonio's clinical services include medical clinics in primary care, orthopedics, gynecology, podiatry, psychiatry, and ear-nose-throat. Their Dental Center provides extensive dental diagnosis and treatment. Audiology services are also available. Jawonio serves infants with Cerebral Palsy, developmental delays, spina bifida, hearing and neurological impairments, effects of substance abuse, and seizure disorders.

Community living services include Individual Residential Alternatives (homes and apartments in communities); Intermediate Care Facilities; in-home habilitation; and consumer driven personal care. Employment and Day Services include vocational evaluation/training programs, rehabilitation and support Services, a Jawonio work center, community employment services, psychiatric rehabilitation services, seniors day habilitation, and PACE day habilitation,

Utilization of Services

Availability, accessibility, affordability—As in many communities nationwide, availability, accessibility, and affordability of health care depend on whether an individual has insurance coverage, and the type of coverage. For those with private insurance, primary care availability and accessibility is excellent, though specialty care can be more difficult to access due to long waiting times for appointments. Residents with private insurance do not face substantial cost barriers.

For residents with Medicaid, primary care access is mixed. Some have private physicians and do not have trouble accessing them, while others reportedly cannot find private physicians who will accept Medicaid insurance. For the latter group, both access and availability are limited.

The uninsured clearly face the largest barriers in terms of availability, accessibility, and affordability. The Community Health Centers and the Health Department clinics provide care to the uninsured either free of charge or on a sliding scale, but waiting times can be long, and some residents cannot afford the costs even on a sliding-payment scale. Further, for those in lower income groups who are on Medicaid or uninsured, lack of access to a vehicle in Rockland County presents a significant barrier to care. The county is very car-friendly, but not as pedestrian-friendly, and public transportation is limited.

Acceptability of care is a more difficult concept to describe, but it is important in a community with such significant cultural, ethnic, and religious diversity. The Rockland County Health Department clinics and two community health centers are increasing the numbers of bi-lingual and tri-lingual staff and telephone interpretation services to address the community's need for culturally sensitive services. In focus groups conducted with community organizations in summer 2004, participants indicated that gender, language, and cultural issues can present barriers in doctor-patient relationships.

For other cultural groups, such as the Spanish/Hispanic community, French Creole community, growing (and internally-diverse) Asian community, and others, no such clear health care destination exists. However, an expansion of one Community Health Center to an additional site in Spring Valley is planned (Ben Gilman Spring Valley Medical and Dental Clinic), and the Rockland community is exploring locating another Center in Haverstraw, the northeast community where access issues are due in part to the somewhat isolated geographic location. The Rockland County Health Department has made every effort to hire interpreters, provide outreach, and locate clinics in Spring Valley and Nyack, helping to eliminate the transportation barrier.

Acceptability of care is difficult to ascertain and will likely continue to be a challenge in this diverse County. Nationally, the proportion of Asian adults without a usual source of health care is 20.9%, compared to 13.5% of all adults. Among Hispanic adults, 28.2% did not have a usual source of care (CDC, 2002). It is unclear whether these higher rates are due to lack of insurance, cultural or language issues, or for other reasons.

Quality of care was not mentioned in the 2004 focus groups, and does not appear to be of concern in the community. Some respondents to a 2003 Health Department survey of selected groups of community individuals said they go to NYC to receive certain types of care because they want the "best" care, but none stated that health care in Rockland County was of poor quality. (The survey is described in Section 4).

Outreach and Public Health Education

Tuberculosis outreach—The Communicable Diseases unit in the Health Department’s Public Health Nursing and Patient Services Division has increased outreach (The program is described in more detail in Section 2) to identify tuberculosis cases in the community in the past two years. While the outreach is provided to the general population, certain ethnic groups known to have higher rates of TB, particularly persons from Ecuador, Haiti, and India, are targeted in outreach efforts. In 2003 the unit hired, with Public Health Campaign funds, a nurse practitioner and a Spanish-speaking public health assessment assistant to enhance clinic and outreach services for the tuberculosis program.

Breast Health Partnership—The Breast Health Partnership is funded by the federal government (CDC), NYS Department of Health, Rockland County Legislature, and administered by the American Cancer Society. It is a collaborative partnership with the above mentioned and the Rockland County Department of Health, Nyack Hospital, Good Samaritan Hospital, Planned Parenthood, and the medical community which includes radiologists, surgeons, gynecologists, and oncologists. The Partnership provides free breast and cervical cancer screening for Rockland women who are uninsured or underinsured. Bilingual outreach workers reach out to ethnic and immigrant communities via cable TV, newspapers, churches, cultural events, school meetings, and community gatherings to inform residents about the eligibility requirements of the Breast Health Partnership and the services it provides. Wherever possible, the information is provided in the language of the community. In 2004, approximately 1,000 women were screened through enrollment in the program. The program is described further in Sections 2 and 4.

Put it Out Rockland/Reality Check Youth Empowerment—The three goals of the Put It Out Rockland program are to decrease adult and youth tobacco use, promote quitting, and limit exposure to second hand smoke. The Rockland County DOH Tobacco Control Division offers many free programs for the public. For smokers wanting to quit, we offer a nationally recognized smoking cessation program that includes free nicotine replacement therapy for eligible participants. In an effort to reduce exposure to second hand smoke, Put It Out Rockland reaches out to various communities with educational information promoting smoke-free environments. The Reality Check program is for young people 13 to 18 years old. It is a youth-led, adult-assisted, youth action program that empowers youth to counter the manipulative marketing practices used by the tobacco industry to get young people to smoke. Reality Check is funded in part through a grant from the New York State Department of Health.

Facilitated enrollment—The Health Department has staff available to help determine whether residents are eligible for Child Health Plus, Family Health Plus, or Medicaid. For example, in August 2004, staff from the Rockland County Department of Health attended a school orientation at Elmwood Elementary School to answer questions and offer application assistance for families interested in these programs. In the same month Health Department staff attended

a Cultural Diversity Day, and a health fair at a French-speaking Baptist church for the purpose of outreach and enrollment.

Steps to a Healthier Rockland—Rockland County is one of four NYS counties to receive a five-year award for *Steps to a Healthier US*. The Steps grant will provide funding for developing strategies to maximize community and school resources to address critical health issues (e.g. diabetes, obesity, nutrition, physical activity, and asthma). The goal of the *Steps to a Healthier US* initiative is to “build partnerships between public and private organizations working in the areas of disease prevention and medical, social, educational, business, religious, and civic services” (NYS Governor’s Office, 2003). The grant provides the opportunity for the Health Department to reach out to various sectors of the community, and target obesity and other related health concerns. The County is in year two of a five-year grant.

Services for Medicaid recipients

Generally speaking, gaining access to private providers is reported to be challenging in Rockland County for residents on Medicaid, presumably for those in the traditional fee-for-service Medicaid programs. Due to low reimbursement rates, many private physicians simply will not accept Medicaid. Residents in Medicaid managed care select a primary care provider when they enroll in the programs, and therefore have an initial point of contact for health care needs.

Access to care for Medicaid recipients is heavily dependent on whether the individual has access to transportation, and on the type of care sought. Lack of transportation (See Section 1), coupled with limited hours for health services can present difficult logistical barriers. Residents with all types of health insurance, including private insurance, often have trouble scheduling appointments with specialists. This problem is compounded for those with Medicaid coverage, and extends to dental care as well.

The County Health Department has a public health mandate to provide some services, such as treatment for STDs, tuberculosis, and childhood immunizations, to all persons regardless of insurance status. County public health clinics provide a source of care for many Medicaid recipients. Women needing prenatal care can utilize the County Prenatal Clinic, which accepts Medicaid. The Women's Health Clinic also typically accepts Medicaid. For those in search of general medical care (primary care), however, the situation can be more complicated. Since Medicaid recipients enrolled in Medicaid managed care select a primary care provider when they enroll, these patients are required to use their selected primary care provider as a first point of contact. However, confusion occurs because some Medicaid managed care recipients believe they can access care at the County's General Medical Clinic. This indicates a need for better education regarding primary care sources based on Medicaid coverage.

Residents with Family Health Plus and children with Child Health Plus reportedly do not have the same difficulties accessing care. The federally-funded Community Health Centers, Refuah and Monsey, do accept Medicaid and by law must accept all persons on a sliding-scale basis.

Profile of Unmet Need for Services

Increased acceptance of Medicaid, both traditional fee-for-service and Medicaid managed care is needed. While the County has been successful in substantially increasing the number of persons enrolled in Medicaid in the past five years, the coverage apparently does not ensure access to primary care.

The uninsured have even greater unmet needs. Although Health Department clinics provide an important source of primary care, the lack of transportation and limited clinic hours may make care inaccessible at times. Undocumented immigrants with no insurance are likely the most challenged group because they face multiple barriers such as cost, transportation, fear of government, and language and cultural differences. Focus groups with service organizations consistently indicated persons without insurance, including undocumented immigrants, are willing to pay for care or even to use a payment schedule, but the sums must still be made reasonable for individuals with very low incomes.

Changes to Better Serve Unmet Needs

The proposed expansion of the Monsey Community Health Center to include a new site in Spring Valley (Ben Gilman Spring Valley Medical and Dental Clinic) to serve the growing immigrant population there will be welcome. While the two existing Centers provide an important source of access to care for the Orthodox Jewish community and others, continuing demand from other ethnic and cultural groups appears to justify a third location that would be especially sensitive to their needs.

The issue of Medicaid access is important, and should be investigated. Further discussion with private providers in the community on how to improve access is needed to fully understand the issues and barriers.

Transportation issues must be addressed in ongoing planning efforts. With individuals relying on expensive taxicabs to get to appointments, there is clearly a need for either improved bus service or changes in clinic locations. Locating some Health Department clinics in Spring Valley and Nyack is an excellent step. Haverstraw is a somewhat geographically-isolated community, has pockets of poverty, and has a large non-English speaking population. Discussions about locating a Community Health Center in that community would be worthwhile.

Language barriers are clearly present in Rockland County due to the incredibly diverse ethnic make-up and large numbers of recent immigrants. The Health Department has made excellent strides in hiring bilingual staff, and in attempting to cover as many languages as possible. The Tuberculosis program, for example, has translated an educational brochure into Quichua, a language widely used by indigenous people of the Andes region in South America and by a growing group of immigrants to the County from that region. The Health Department's Health Education Division continually explores opportunities to produce materials in multiple

languages. Providers outside the County Health Department may not address language issues as well. For example, Community Health Centers provide a good source of care, but if interpreters are not available, patients may not feel comfortable. The same is true for private physicians' offices. The hospitals have a bilingual staff and use a phone-service, when necessary, to help speakers of other languages.

SECTION 4 -- LOCAL HEALTH PRIORITIES

This section first describes the Rockland County Public Health Priorities Steering Committee, which is dedicated to continual re-evaluation of system-wide health priorities in the community. It then describes ongoing efforts and accomplishments in the County in recent years in response to priority areas identified between 1999 and 2004. Finally, this section describes the larger community input process—including focus groups, interviews, and surveys—used to gather input for this 2005-2010 CHA. The combination of Public Health Priorities Committee work, community input, and data analysis led to the selection of seven priorities for 2005-2010 described at the conclusion of the section.

Rockland County Public Health Priorities Steering Committee

The Rockland County Public Health Priorities (PHP) Steering Committee is a private-public partnership formed in May 1997. Committee participants include more than twenty individuals representing educational institutions, health care providers and health-related organizations, community service organizations, governmental agencies, faith-based organizations, consumers, and the business community. The committee is chaired and coordinated by the Rockland County Department of Health. Its mission is the *coordination and collaboration of resources to address local unmet public health needs in order to promote health, improve access to health care and prevent disease and disability in Rockland County.*

The committee has several functions including (1) review and analyze available data and reports from various sources; (2) select community-wide priority areas to be addressed by subcommittees; and (3) coordinate its activities with other major planning groups operating and/or forming within Rockland County.

The PHP completes a priority setting process each year. At the time of the 1999 CHA, child health and breast health were selected as priority areas. Great strides have been made in each of these areas due to the implementation of Child Health Plus facilitated enrollment, which provides many more children with access to care, and due to the Breast Health Partnership, which has provided hundreds of women with breast and cervical cancer screenings in recent years.

Ongoing Efforts and Accomplishments of Rockland County Health System

In addition to child health and breast health, other priority areas since 1999 included tobacco use, cardiovascular health, cancer services, immunization, immigrant health and asthma. Selected accomplishments achieved in these areas are highlighted below.

Child Health

In 2002 the Health Department targeted low income Rockland County residents with children ages birth to 19 to improve Child Health Plus coverage. The Health Department conducted outreach to 250 civic and religious organizations, and conducted news releases and monthly

public service announcements. A total of 1,656 children were added to the program's rolls. Increasing numbers of children have been enrolled in Medicaid and Child Health Plus in recent years, improving children's access to primary care and other services.

Breast Health

Breast health initiatives were targeted to women ages 40 and older, and particularly those living in Spring Valley, Haverstraw, Nyack, Monsey, Piermont, and Suffern. In 2002, Public Health Aides provided outreach to 1,500 women to promote the Breast Health Partnership Program. They also distributed 5,000 tri-lingual flyers in Spring Valley, Haverstraw, Nyack, Monsey, Piermont, and Suffern. Nearly one thousand women (951) received a mammography through the Breast Health Partnership screening program. In program year April 2003 to March 2004, The Breast Health Partnership provided breast screening for 1,045 women.

The Breast health initiatives included extensive collaboration with the American Cancer Society, hospitals, and private health care providers, as described more fully in Section 3. For example, the Westchester Medical Center provides colposcopy services for women referred through the program. Also, Nyack Hospital's Women's Wellness and Diagnostic Center at The Union State Bank Cancer Center recently won a grant from the Susan Komen Breast Cancer Foundation to support the hospital's work with the Rockland County Breast Health Partnership.

Tobacco

Put it Out Rockland (PIOR)—In 2003, the program delivered 19 cessation programs throughout the county, reaching approximately 355 smokers. The program conducted two worksite programs and two awareness workshops for adults in day treatment and group homes. Program staff provided information, education, and services to 44 physicians at the Annual Medical Society Dinner, and followed up with personal visits to 25 physicians. The program also hired three facilitators to reach substance-abusing and Spanish-speaking populations as well as the general public.

Two media campaigns, "Breakfree" and "Breathtaking," were launched in the Journal News, and in other local papers including Spanish language papers. Ads were placed on county buses and made into tentcards for display in physician's offices.

PIOR accomplishments in 2004 included the following:

- Hired and trained three facilitators for the Put it Out Rockland cessation program, including one Spanish-speaking facilitator.
- Translated Put it Out Rockland brochures and handouts to Spanish. Promoted a Spanish cessation program to the Spanish-speaking population.
- Launched a bi-annual Newsletter, "Put it Out Rockland, News and Views."

- Held cessation programs at Helen Hayes Hospital, Nyack Hospital, Good Samaritan Hospital, Catholic Charities, LeCroy, and RCC Annex in Spring Valley, reaching 158 participants.
- Implemented a second hand smoke program in collaboration with the Steps to a Healthier Rockland program (described later in this section). Program materials were distributed at the Puerto Rican day parade, and at family day at Eugene Levy Park.
- Won an award as a “model practice” from the National Association of City and County Health Officials (NACCHO).
- Promoted second-hand smoke education and awareness through a smoke-free home pledge campaign, gathering 844 pledges.

Reality Check—Twelve active Reality Check chapters exist at schools and community organizations, and were involved in an active countywide Reality Check alliance. Over 3,600 young people were reached through this program’s 2003 activities. Also in 2003, the chapters surveyed 59 restaurants regarding their smoking status, sent 6,773 magazine subscription cards back to the publishers with a Reality Check sticker on them (Stick it to ‘Em) and sent 10,451 petitions to movie stars telling them to stop promoting smoking in the movies.

The Reality Check Alliance held monthly meetings in 2003, with attendance increasing regularly, and with 40 youth attending in Fall 2003. Youth attended an annual meeting at Philip Morris, worked on World No Tobacco Day at the Palisades Mall, organized table activities for the American Cancer Society’s Relay for Life, and planned and implemented a 2nd Annual Youth Summit.

Other Reality Check achievements between January and June 2004 include:

- Participation in a press conference in NYC as part of a national day of action in which Rockland County youth announced the findings of new studies implicating smoking in the movies with an impact on youth smoking rates. Youth were at Altria’s annual Board of Directors meeting where they had the opportunity to educate the board about the deadly effects of their products.
- Reality Check X’treme games—Youth planned and implemented the games that took place this year at the annual Rockland county youthfest. Reality Check youth brought the messages of Reality Check to the public through the games, murals and presentations. Over 250 young people participated in the games.
- Reality Check sent over 15,000 letters to movie stars and executives stating that smoking in movies has an impact on youth smoking rates.

- The Reality Check program spurred collaboration with Hudson Valley Support Services and Clarkstown High School South to create a model tobacco free school policy.

Cardiovascular Health

Rockland's Healthy Heart program was an activity-oriented program implemented in ten worksites throughout the county: Rockland County Health Department, Army National Guard Co. 230, Home Aides of Rockland, LeCroy, Dominican College, New City Library, Rockland County Sewer District, Rockland County Public Transportation Department, Rockland Community College, and Good Samaritan Hospital. Achievements included walking challenges, implementing nutrition programs, installation of treadmills, and changes to cafeteria menus and recipes.

The County has collaborated with the American Heart Association through the Healthy Heart program, and the new Steps to a Healthier U.S. grant described in Section 5 will provide the opportunity for additional collaboration with community stakeholders.

Asthma

In 2002, elementary school children with asthma attending Yeshiva of Spring Valley (in Spring Valley), Hempstead Elementary School (in Spring Valley), Colton Elementary School (in Spring Valley), West Haverstraw Elementary School (in North Rockland), and North Garnerville Elementary School (in North Rockland) were targeted for Open Airways for Schools (OAS) programs. A County Health Department Health Educator and a school nurse provided OAS programs following the American Lung Association OAS curriculum.

The County also provided asthma education for community and health care professionals. Health educators mailed asthma information to 200 county pediatricians, 150 county elementary and pre-schools, and 400 other organizations. The County also conducted in-service for school nurses at a county-wide meeting and trained 30 caregivers for seniors.

Focus Groups with Community Organizations

The County conducted focus groups with thirteen community groups including over 150 people in the Rockland community in the Spring and Summer of 2004. The groups and interviews were held to gather input from organizations that provide services to people throughout Rockland County. Participants were asked to comment on the strengths and weaknesses of health care in Rockland, barriers to care, health concerns and issues they felt should take priority, and opportunities to improve collaborative efforts in the county. Focus groups and/or interviews were held with representatives of the following groups:

- ❖ Rockland Business Association

- ❖ Volunteer Counseling Services, Spanish Language Mother’s Group
- ❖ Volunteer Counseling Services, English Language Mother’s Group
- ❖ County Health Department Outreach Workers
- ❖ Rockland County Immigration Coalition
- ❖ Good Samaritan Hospital Staff
- ❖ Mental health and substance abuse counselors from County HD, Nyack Hospital, Good Samaritan hospital
- ❖ Nyack Hospital Emergency Department staff and physicians
- ❖ Senior Health Care Coalition
- ❖ Nyack Collaborative
- ❖ Haverstraw Collaborative
- ❖ Spring Valley Collaborative
- ❖ Refuah board members (2)

Focus Group Perceptions of Strengths of Rockland County Health Care

Many participants discussed strengths in the County Health Department, the two hospitals, and other programs and health-related organizations in the community. One statement that summarizes many focus group comments and perceptions was that “Rockland County has one of the best health care systems if you can afford it.” A summary of focus group perceptions and comments is below.

- ❖ **Rockland County Health Department (RCHD)** provides “one-stop” shopping for health care services. Programs mentioned as strengths were the free flu shots at convenient locations (winter ’03-’04), the Healthy Neighborhoods program, and the Tobacco control program. The RCHD has a good relationship with the two acute-care hospitals in the county. The Rockland HD does a good job of linking eligible recipients to Emergency Medicaid. The Child Health Plus program works well. The Haverstraw mental health clinic (run by Nyack Hospital) is important for its proximity to the Hispanic population. Accessibility of Child Health Plus and the presence of Facilitated Enrollers are very good. HIV testing in Haverstraw is a strength. The County attends many collaboration meetings.
 - County mental health services (run under the County Mental Health Department) were also mentioned, particularly the mental health clinic in Pomona.
- ❖ **Nyack and Good Samaritan Hospitals** have both upgraded their services, but maintain a “community feel.” Medical staff at both hospitals are sensitive toward cultural, ethnic,

religious and racial differences. Emergency primary angioplasty at Good Samaritan keeps some cardiac care in the County (concerns still exist, see weaknesses below). Good Samaritan and Nyack Hospitals are both Level II trauma centers, and Nyack Hospital has pediatric emergency services so that patients do not have to leave the county for such care. The “Better Breathers” support group at Nyack is helpful for people with asthma and other lung disease.

- ❖ Other Rockland County organizations and services mentioned as strengths included the County EMS system, the Rockland Family Shelter, Refuah Clinic, the Prenatal clinic, the Office for Aging, the senior care help line, and the TRIPS bus service.
- ❖ Health care providers have learned to network with each other through their experiences responding to the West Nile virus.
- ❖ The local schools of nursing work well with the hospitals and those partnerships help keep nurses in the community after graduation.
- ❖ The long-term home health care program (LTHHC) and hospice program both offer care for chronic conditions (hospice offers pain management).
- ❖ The Cancer Center at Nyack provides treatment in the county so that patients do not have to go to New York City. At the same time, the County’s proximity to New York City means that people can easily access additional care.

Focus Group Perceptions of Weaknesses of Rockland County Health Care

Discussion of weaknesses often centered on those who do not have access to private insurance—including those who are uninsured or who rely on Medicaid.

- ❖ ***Insufficient number of physicians.*** The supply of both primary care providers and specialists is short. As a result, many County residents must go to NYC, NJ, or Westchester to see specialists.
- ❖ ***Insufficient level of care.*** Since there are very few urgent care centers, some feel the only choice is the Emergency Room. There is a need for ongoing care for chronic conditions (heart disease, diabetes, etc.) among the underinsured and uninsured. A 24-hour, 7 day per week phone hotline for medical advice was suggested to help improve access to medical information and reduce ER use.
- ❖ ***Lack of access for uninsured and those on Medicaid.*** In addition to U.S. residents who are uninsured or on Medicaid, undocumented residents generally fall into the uninsured category and are not eligible for Medicaid. Immigrants are willing to pay for care, but cannot afford much. Some focus group respondents felt that the public dental clinic is not providing affordable care, and that low-income people often go without dental care. The County should promote managed care enrollment for Medicaid, FHP, CHP. Emergency Medicaid is

a wonderful program but the paperwork is cumbersome, confusing and complicated. There is a complete lack of follow-up care for persons discharged from hospitals without insurance, which also can affect those on Medicaid, CHP, and FHP, depending on HMO-affiliation.

- ❖ ***County Health Department clinics.*** Some participants indicated that the clinics are not user-friendly, often have inadequate staff, and tell people to bring their own translator if they do not speak English. There is a need for bilingual staff. Clinic services need to be located in more strategic areas—closer to those served. Waits for clinic services can be two months long.
- ❖ ***County Health Department enforcement.*** Participants in multiple groups asked whether the County is responsible to hold the CHC's accountable for federal mandates to provide care on a sliding scale. One participant raised concerns about the HD enforcement of smoking ban.
- ❖ ***Language/Cultural Concerns.*** There is a need for culturally-competent people at every level of the health care system.
- ❖ ***Leaving Rockland County for health care.*** In addition to primary care, there is considerable out-migration from Rockland County for additional levels of care. People leave for neonatal, basic GYN services, GYN oncology services, many surgical specialties, burn care, trauma care, elective angioplasty, and open heart care. Some health care providers were proud of the cardiac services available in the county, while others felt a lack of comprehensive cardiac care means patients leave the county to receive many services.
- ❖ ***Cost of health insurance.*** Businesses are concerned about the cost of health insurance; not enough of them have taken advantage of Healthy NY, a health insurance program for small businesses in New York State.
- ❖ ***Lack of access to prescription drugs.*** High costs of prescriptions are a concern.

Focus Group Perceptions of Barriers to Care

Focus group participants repeatedly mentioned that poverty and a lack of insurance were the greatest barriers to medical care. Public health insurance applications have complex documentation requirements and often take over a month to process. Language barriers, cultural issues and a lack of transportation also limit access to quality health care.

- ❖ ***Poverty and lack of insurance, or Medicaid as only insurance.*** Many Rockland County doctors will not accept Medicaid patients or the uninsured. LTHHC patients, who are Medicaid recipients, have a difficult time finding physicians. It is especially difficult to access preventive care or maintenance care for chronic diseases. Low-income persons are often above the Medicaid threshold, but can't afford full-price care, and sliding-scale services are not always available. Only Planned Parenthood and the RCHD take Medicaid for family

planning. Some low-income persons will not seek medical care without insurance for fear of large, unpaid medical bills.

- ❖ ***Language barriers.*** There is a lack of health care information in languages other than English. There is a need for bilingual staff at the County HD, and a general need for interpreters and health-related materials in multiple languages. Many private doctors offices have no Spanish-speaking providers. Both Nyack Hospital and Good Samaritan Hospital have Spanish speakers on staff, and use the CyraCom phone service for many other languages. Over 40 languages are present among Spring Valley residents. Also, illiteracy in native language is prevalent.
- ❖ ***Fear among undocumented of being reported to the former Immigration and Naturalization Service (INS).*** Note: As of March 1, 2003, the former Immigration and Naturalization Service (INS) was abolished and its functions and units incorporated into the new Department of Homeland Security (DHS).
- ❖ ***Cultural issues.*** Certain cultures do not approve of receiving health care provided by someone of the opposite gender. County outreach staff indicated that cultural competence training is needed from the top down. Undocumented immigrants receive basic health care at hospitals, but reportedly are then unable to find follow-up care elsewhere.
- ❖ ***Lack of transportation.*** Some immigrants without their own cars take taxis to get health care. TRIPS is good but not coordinated with public bus routes and times. In certain instances, RCHD outreach workers drive clients to Westchester County for care. The Spring Valley Jitney service is not reliable.
- ❖ ***Complicated Medicaid application process.*** Outreach workers feel they need to be better trained on Medicaid. The county used to have economic facilitators, but they're gone.
- ❖ ***Groups facing particular challenges to access to care:*** Hispanics (in Haverstraw says one group), especially people from Central and South America; Haitians; Seasonal workers; Seniors; anyone who doesn't speak English.

Focus Group Perceptions of Health Concerns and Priority Needs

When asked what unmet health needs exist in the community, and what health concerns should be a priority, groups mentioned a range of conditions.

Three or more groups mentioned the following:

- ❖ Obesity—for children and adults. Concerns about childhood diabetes, poor nutrition, and lack of exercise. No space for children to be active. Need for nutritional counseling, especially for parents. Need for basic cooking and nutrition lessons.
- ❖ Cancer detection and treatment. Breast and prostate cancers in particular were mentioned.
- ❖ Asthma, especially among children and among smoking adults.

- ❖ Diabetes.
- ❖ High blood pressure.
- ❖ Mental health services, including treatment for depression and anxiety. One collaborative feels treatment is available for those with insurance; the challenge is obtaining an initial diagnosis.
- ❖ Alcohol and drug abuse. Teenage alcoholism, as well as increasing drug and alcohol abuse among the elderly are concerns. Many substance abuse programs have been cut (e.g., Reach Out).
- ❖ Dental care is a big problem for all age groups. Cavities become root canals by the time people can get an appointment. Dentists pull teeth rather than giving root canals.

Two or more groups mentioned the following:

- ❖ Stroke.
- ❖ Vision care, including treatment for glaucoma and cataracts.
- ❖ Women's health care, including lack of gynecologists, especially gynecological care for post-menopausal women.
- ❖ Need for care for single males—programs are geared towards women and children. Homeless shelters needed for men.
- ❖ Inadequate and substandard housing.
- ❖ Domestic violence.
- ❖ Environmental health (air, water, etc).
- ❖ HIV.
- ❖ Sexually-transmitted diseases (aside from HIV). Hispanic women concerned about men's exposure.

One group each mentioned the following:

- ❖ Hepatitis C.
- ❖ Cholesterol.
- ❖ Smoking.
- ❖ Heart disease.
- ❖ Thyroid problems.
- ❖ Lack of pediatric trauma care in the county.
- ❖ Immunizations—especially among non-US residents who fear revealing undocumented status.
- ❖ Tuberculosis-TB program is overwhelmed.
- ❖ Neurological problems.
- ❖ Lyme Disease, especially among immigrant landscape and garden workers.
- ❖ Exposure to pesticides for farm workers and landscape or garden workers.

- ❖ Sexual abuse.
- ❖ Statutory rape.
- ❖ Dementia.
- ❖ Arthritis.
- ❖ Geriatric care and services for the elderly. More elderly persons being cared for by elderly people. Need for caregiver respite. Need for more home health aides.
- ❖ Pediatric trauma care. Lack of pediatric specialists—people go to NYC.
- ❖ Illegal dumping sites.
- ❖ Need sex education—schools don't do a sufficient job and Planned Parenthood may have too much of a stigma for some. County could play a role here.
- ❖ Indian Point—concerns regarding air quality, cancer.
- ❖ Well-baby/Prenatal care.
- ❖ Concerns about use of alternative therapy, especially regarding interaction with medications.

The focus groups clearly raise a number of diverse issues, and were not asked to come to consensus on a small number of priority issues. Rather, the purpose was to provide an opportunity for input to the CHA process, and to ensure the Health Department and the Public Health Priorities Committee has an accurate and complete picture of the perceptions in the community. The above focus group summary was presented to the Public Health Priorities Committee in July 2004, and the group agreed that the issues raised are on-target.

The theme of a need for primary care, especially among those on Medicaid, the uninsured, and immigrants (both documented and undocumented) was raised consistently in the groups. Concerns about individuals leaving Rockland County for care, a lack of access for those on Medicaid and the uninsured, and language and cultural concerns clearly exist. These results justify continuation of the **primary care access** and **immigrant health** priorities for the Health Department.

When asked for the health concerns in the community, **cancer detection and treatment**, and **obesity among children and adults** were among the top eight illness and disease categories mentioned. Clearly the Public Health Priorities committee has selected two issues that are on the minds of those in the service community. Some of the other top health concerns, such as **high blood pressure, asthma, and diabetes** will be addressed along with obesity in the Steps for a Healthier Rockland initiative.

Mental health services, and **alcohol and drug abuse** are two important health concerns among the focus groups. These issues are critical to the health of the community. In Rockland County these issues fall under the domain of the Mental Health Department, and therefore will not be recommended for consideration as a priority by the Rockland County Health Department.

The other top health concern among the focus groups was **dental care**—a lack of care, for children and adults, that leads to a high rate of cavities, root canals, and other serious needs. The County HD may consider adding dental health to the list of priorities for 2005-2010.

Survey of Selected Community Residents

The focus groups solicited input from groups of individuals who serve and interact regularly with different segments of the Rockland County community; as such, they are good representatives of the community-at-large. However, the Health Department wished to obtain input from a broader cross section of the community through a paper survey. This survey process was not a random sample and was not scientifically administered. It is biased towards individuals who are literate in English, women, and older individuals—many of the results are presented by gender and age group to help address that bias. Despite the use of “convenience samples” for survey distribution, the instrument provided another opportunity to reach Rockland County residents to obtain their and perceptions on health care and particularly on their thoughts regarding priority needs. During the summer of 2004, 417 individuals completed

and returned a “Rockland County Community Resident Survey” (see Appendix F for survey instrument). Selected results are shown below.

Demographics of Survey Respondents

	Number	Percentage
Total	417	100%
Surveyed Group		
Skin Cancer Screening	137	32.9%
RCC Senior Club	64	15.3%
Foster Grandparents	53	12.7%
Bikur Cholim	51	12.2%
Refuah	43	10.3%
Other	69	16.5%
Gender		
Male	68	18.9%
Female	292	81.1%
Blank	57	NA
Primary Language		
English	319	89.6%
Yiddish/Hebrew	28	7.9%
Spanish	5	1.4%
Tagalog	4	1.1%
Blank	61	NA
Age		
< 65	179	50.4%
65 +	176	49.6%
Blank	62	NA
Mean Age	55.8 years	

The reader is cautioned that respondents are not a random sample of Rockland County residents; therefore survey results likely do not reflect the circumstances and perceptions of the general public.

Many surveys were collected at a skin cancer screening event (32.9%), and at an RCC Senior Club (15.3%). The large majority of respondents were female (81%), and half the respondents were over 65. Most respondents (89.6%) indicated that English is their primary language. Among those for whom

English was not the primary language, most spoke Yiddish or Hebrew.

- ❖ **Transportation**—Most respondents (85.2%) indicated their main source of transportation is a car. The remainder use a taxi or car service (8%), 4.8% use the bus or TRIPS, and 2.0% use Medicaid Transport.
- ❖ Results show that respondents generally have good access to health care, with 97.4% having a regular place to go for health care and 89.3% receiving annual check-ups. Prescription drugs present a bigger challenge: 18.8% of respondents reported trouble affording their

Access to Care

	Percent Answering "Yes"	Males	Females	< 65	65 +
Do you currently have a regular place for health care?	97.4%	95.6%	97.6%	96.1%	98.3%
Do you have annual physicals or check-ups?	89.3%	80.9%	89.9%	86.4%	90.9%
In the past year...					
have you missed a medical appointment due to lack of transportation?	7.2%	4.4%	8.9%	6.7%	9.1%
did a doctor ever refuse to accept you as a patient?	7.3%	7.4%	7.9%	12.4%	4.0%
have you had trouble affording the cost of your prescription drugs?	18.8%	26.5%	18.1%	20.5%	19.4%
have you had trouble finding a health care provider who spoke your language or understood your cultural traditions?	3.2%	4.4%	3.5%	2.8%	4.6%
prescription drugs in the last year.					

- ❖ Most respondents (80.5%) see a private physician as their regular source of care, while 16.5% visit the Monsey or Refuah Community Health Centers. Only 2.6% indicated they do not have a regular place of care. A few respondents use some other clinic (1.3%) or urgent care center (0.8%).

Regular Health Care Provider

	Where do you usually go for routine health care?	Where do you go for annual check-ups?
Private Doctor	80.5%	84.1%
Refuah or Monsey Center	16.5%	12.4%
Other Clinic	1.3%	1.6%
County Health Department	1.0%	1.1%
Walk-in/Urgent Care Center	0.8%	0.5%
Emergency Room	0.0%	0.3%
Total respondents (n)	400	364

- ❖ More than one in ten respondents indicated trouble accessing dental care (11.7%), while 5% to 6% of the respondents indicated having trouble accessing primary care and specialist care.

Have you had trouble accessing the following types of health care?	
	Percent of Respondents Answering "Yes"
Dental Care	11.7%
Specialist Care	6.4%
Primary Care	5.3%
Mental Health	2.9%
Pediatric Care	0.6%

- ❖ Two hundred seventy-nine respondents (66.9%) indicated they faced a barrier that prevented them from receiving the health care they need. Of those, the most common barrier was doctors or dentists not accepting the person's insurance (16.5%). Price or cost of care, as well as lack of insurance coverage were each a barrier for more than 10% of respondents with one or more barriers.

Have any of the following prevented you from receiving the health care you need?

	Of those with one or more barriers	Males	Females	< 65	65 +
Doctor/Dentist does not accept my insurance	16.5%	20.5%	16.3%	24.6%	11.1%
Price/cost	11.5%	18.2%	9.1%	15.3%	7.4%
Hours of operation	7.5%	9.1%	7.2%	13.6%	3.0%
Lack of insurance coverage	11.1%	20.5%	8.7%	16.1%	7.4%
Other*	3.6%	4.5%	3.4%	3.4%	3.7%
Language barriers or cultural issues	0.7%	0.0%	1.0%	1.7%	0.0%
Lack of/inadequate transportation	6.8%	9.1%	7.2%	9.3%	5.2%
My limited physical mobility	1.8%	2.3%	1.9%	2.5%	1.5%
Total Respondents (n)	279	44	208	118	135

*Other barriers included "Too many patients in the doctor's office," "Time constraints," and "lack of preventive equipment."

- ❖ More than half of respondents knew how to access each of the types of health care listed on the

Do you know where to go to receive care or services for:

	Percent Answering "Yes"	Males	Females	< 65	65 +
Depression or mental health problems	65.0%	63.3%	65.8%	71.2%	57.9%
Treatment for drug or alcohol dependence	54.3%	48.3%	55.6%	57.5%	49.7%
Birth control info/pregnancy counseling	48.6%	45.0%	50.2%	69.3%	26.2%
Domestic violence	48.9%	38.3%	51.9%	52.9%	43.4%
HIV/sexually transmitted diseases (STDs)	44.5%	40.0%	45.3%	51.6%	35.9%
Prenatal care	49.8%	45.0%	51.9%	73.2%	24.8%
Services for children with special needs	49.8%	51.7%	50.2%	70.6%	27.6%
Home care services	51.7%	56.7%	51.0%	56.2%	46.2%
Total Respondents (n)	317	60	243	153	145

survey. Persons under 65 were more likely to know how to access care than those 65 and older.

- ❖ Over four-fifths of respondents have private health insurance (80.6%), some in combination with Medicare (about half), and some in combination with Medicaid (4 respondents). About one in ten respondents have Medicare alone. A small number of respondents have Medicaid or Family Health Plus, and four respondents are uninsured (out-of-pocket only).

How do you pay for your own health care?

	Percent	Respondents (n)
Private Insurance	80.6%	199
Medicare only	10.5%	26
Medicaid only	1.2%	3
Medicare + Medicaid	4.5%	11
Out-of-Pocket only*	1.6%	4
Family Health Plus	1.6%	4
Total Respondents (n)	100.0%	247

* These respondents are likely uninsured.

- ❖ Only 30 respondents answered the question about health insurance for children. Of those, all but three have private insurance coverage for their children, two had Medicaid coverage, and one reportedly pays for his or her children's care out-of-pocket, which likely indicates the child is uninsured.

- ❖ Most respondents (90%) receive health information from a doctor or nurse practitioner. People supplement their health knowledge by conducting research on the internet and talking with friends and family.

When you have a health question or concern, where do you go for information?

	Percent Answering "Yes"	Males	Females	< 65	65 +
Doctor/Nurse practitioner	90.0%	83.8%	91.3%	88.8%	91.4%
Internet	24.1%	27.9%	23.9%	29.8%	19.0%
Family members	26.5%	29.4%	26.3%	30.3%	23.0%
Friends	20.4%	16.2%	21.8%	22.5%	19.0%
Media	6.6%	7.4%	6.2%	5.6%	7.5%
Other sources*	7.5%	13.2%	7.3%	6.7%	9.8%
Don't know where to go	1.7%	1.5%	1.0%	1.1%	1.7%
Outreach worker	1.7%	2.9%	1.7%	3.4%	0.6%
Total Respondents (n)	411	68	289	178	174

Note: Respondents could pick more than one answer.

**Other included "books," "library," and "pharmacist."*

- ❖ One hundred sixty-eight respondents indicated they leave Rockland County for health care. Of those who leave, 51.8% percent go to New York City, while 13.7% go to New Jersey, and 7.7% go to Westchester County. Other listed places include Long Island, Canada, Connecticut, and other locations.

Do you Leave Rockland County for Health Care?

	Percent Answering "Yes"	<65	65 +
Proportion leaving Rockland County	45.4%	53.2%	41.4%
Total Respondents (n)	370	171	169
If yes, where do you go?	100%	100%	100%
New York City	51.8%	47.3%	58.6%
New Jersey	13.7%	14.3%	11.4%
Westchester	7.7%	9.9%	5.7%
Other	22.0%	20.9%	22.9%
Total Respondents (n)	168	91	70

- ❖ Eighty-two percent of respondents indicated they use an alternative/complementary health care practice. Of those respondents, 28.9% see a chiropractor for medical treatment and 15.5% use massage therapy. Other popular practices include herbal medicine, acupuncture, and homeopathy.

Do you use any of the following alternative/ complementary health care practices?

	Of those using an alternative practice, the proportion that use the following	Males	Females	< 65	65 +
Chiropractic	28.9%	34.0%	28.2%	34.8%	22.2%
Herbal medicine	14.1%	16.0%	14.5%	17.0%	11.1%
Massage therapy	15.5%	8.0%	17.0%	22.7%	6.9%
Acupuncture	9.2%	2.0%	10.4%	12.1%	6.3%
Homeopathy	8.2%	12.0%	7.5%	10.6%	3.5%
Other*	5.6%	4.0%	5.8%	5.0%	6.3%
Cultural practices	1.3%	0.0%	1.2%	1.4%	0.0%
Total respondents (n)	304	50	241	141	144

**Other practices included yoga, medical nutritionist, and vitamins.*

- ❖ More than half the survey respondents answered the question regarding what Rockland County's health priorities should be. Of those, the clear top two priorities among these survey respondents were heart disease (54.6%), and cancer (53.0%). The reader should note that many of these survey respondents were participating in a skin cancer screening. Rounding out the top five priorities were clean air/clean water (36.3%), child health (34.1%), and breast health (32.4%).
- ❖ Women were more likely than men to select breast health (37.5% versus 14.1%) and women's health (35.6% versus 9.4%) as priorities. Men were more likely than women to select uninsured families (37.5% versus 25.5%).
- ❖ Persons 65 and older were more likely than those under 65 to select home health care as a priority (24.4% versus 12.7%). Persons under 65 were more likely than seniors to select child health (49.1% versus 33.9%), uninsured families (34.5% versus 20.2%), and obesity (23.0% versus 8.3%).

Health Priority Areas for 2005-2010

In 2004, the Public Health Priorities Committee used its own analysis as well as input from the Rockland CARES process and the 2004 Integrated County Planning process to develop the following seven priorities for 2004, in addition to a priority to complete the Community Health Assessment:

1. Primary Care Access (Clinics, Community Health Centers, Providers)

A clear theme in the focus groups was a need for increased access to primary care for those who are uninsured, for undocumented immigrants, and for those with Medicaid coverage. One in six survey respondents indicated they have been prevented from receiving the health care they need because a doctor or dentist does not accept their insurance, and one in ten selected cost/price as a barrier to care. Demand in the County health clinics and in the Community Health Centers has grown as documented in Sections 2 and 3. Clearly this issue is in need of attention and is an important priority of the community for the coming years. Healthy People 2010 has selected

The top five (5) health priorities in Rockland County should be:

	Percent Answering "Yes"	Males	Females	< 65	65 +
Heart disease/high blood pressure	54.6%	50.0%	56.0%	45.5%	51.8%
Cancer	53.0%	54.7%	52.7%	54.5%	63.1%
Clean air/clean water	36.3%	35.9%	37.5%	33.9%	20.2%
Child health	34.1%	39.1%	33.5%	49.1%	33.9%
Breast health	32.4%	14.1%	37.5%	32.7%	38.7%
Immunizations	30.7%	39.1%	29.1%	27.9%	29.2%
Women's health	30.1%	9.4%	35.6%	32.1%	35.7%
Dental care	28.2%	26.6%	27.6%	27.9%	29.8%
Uninsured families	27.9%	37.5%	25.5%	34.5%	20.2%
Public health emergency preparednes	27.3%	29.7%	26.9%	24.2%	19.6%
Diabetes	25.9%	31.3%	24.0%	21.8%	31.0%
Obesity	21.4%	28.1%	20.0%	23.0%	8.3%
Home health care	19.2%	14.1%	20.7%	12.7%	24.4%
Prenatal care	18.3%	14.1%	18.9%	28.5%	27.4%
Asthma	10.7%	12.5%	9.5%	10.3%	8.9%
HIV/AIDS	9.3%	12.5%	8.7%	9.7%	5.4%
Tobacco	8.5%	15.6%	6.2%	10.9%	10.1%
West Nile Virus	6.2%	7.8%	5.5%	3.0%	9.5%
Tuberculosis	3.4%	6.3%	2.2%	2.4%	3.6%
Total Respondents (n)	355	64	275	165	168

objectives that reflect primary care access. The table below highlights national averages and the goals set by HP 2010.

HP 2010 Objective	US (2000)	HP 2010 Target
01-01. Persons with health insurance (age-adjusted, under 65 years)	83%	100%
01-04a. Source of ongoing care (age-adjusted, all ages)	87%	96%
01-04b. Source of ongoing care (age-adjusted, 17 and under)	96%	97%
01-04c. Source of ongoing care (age-adjusted, adults)	85%	96%
01-05. Persons with usual primary care provider	77% (1996)	85%
01-06. Difficulties/delays in obtaining needed health care	12% (1996)	7%

2. Immigrant Health

Rockland County population demographics demonstrate a continuing increase in the recently immigrated population. The need for increased attention to immigrant health was made clear in the focus groups with both service organizations who serve this population, and also with entities such as hospitals who serve the community-at-large. Recent immigrants who speak little or no English, and undocumented immigrants who face fear of government face particular barriers to care. This population's health is an important priority both because of the high level of need and multiple barriers to care, and also because the population has higher rates of some communicable diseases such as tuberculosis.

Healthy People 2010 does not include immigrant health as a focus area, but does include some indicators on immunization that are applicable to this population. The indicators under access to care, listed earlier, would also apply to this population.

HP 2010 Objective	US (2000)	HP 2010 Target
14-03a. Hepatitis B in adults and high-risk groups (cases per 100,000, ages 19-24)	12.9	2.4
14-03b. Hepatitis B in adults and high risk groups (cases per 100,000, ages 25-39)	15.6	5.1
14-06. Hepatitis A (new cases per 100,000 population)	4.8	4.5
14-09. Hepatitis C (new cases per 100,000)	2.1	1.0
14-11. Tuberculosis (new cases per 100,000)	5.9	1.0
14-12. Curative therapy for tuberculosis	74% (1996)	90%
14-14. Timely laboratory confirmation of TB cases- average number of days to report 75% of cases	21 (1996)	2
14-24a. Fully immunized children (ages 19-35 months)	73%	80%

3. Obesity & Diabetes

Obesity was one of the most frequently mentioned priority needs in the focus groups, and was selected by 21% of survey respondents (including 28% of male respondents) as an area that should be a priority focus. Obesity and diabetes include a number of related concerns such as nutrition and exercise. These issues affect everyone in the community regardless of socio-economic status, race or ethnicity, gender, or age. Further, obesity has been classified as a disability under the Americans with Disabilities Act. To the degree that obesity prevents individuals from leaving their homes or utilizing public transportation, for example, it could present a barrier to receiving health care services.

Rockland's diabetes rates are similar to the region, and are well above Healthy People 2010 goals. Hospitalizations in Rockland County for diabetes number in the thousands each year. Thirty-eight percent of Rockland County adults are overweight and an additional 18% are obese, meaning over half the adults in the County are not at a healthy weight. Further, 9% of very young children in the County, those ages 2 to 4, are overweight. Overweight and obese individuals face increased risk of numerous health concerns. This issue is clearly an important priority area for Rockland County. Selected Healthy People 2010 objectives are shown below.

HP 2010 Objective	US (2000)	HP 2010 Target	Rockland (2003)
19-01. Healthy weight in adults (age-adjusted, ages 20+)	34%	60%	44.2%
19-02. Obesity in adults (age-adjusted, ages 20+)	31%	15%	17.6%
19-03c. Overweight or obesity in children ages 6-19	15%	5%	8.7%
05-03. Prevalence of diabetes (age-adjusted per 1,000 standard population)	45	25	39.6 (1997-1999)

4. Cancer Initiative

Rockland County residents are concerned about cancer—it was the second most frequently selected priority in the survey, and was one of the top responses in the focus groups. Rockland’s breast and lung cancer rates are similar to regional rates, while prostate and colorectal cancer rates are higher. Cervical cancer rates in Rockland County are lower than the region.

The Rockland County Medical Advisory Committee proposed to the County Executive a Rockland County Cancer Institute (RCCI) that will be devoted to reducing the burden of cancer for all citizens in Rockland County. This is discussed further in Section 5.

HP 2010 Objective	US (2000)	NYS (2000)	HP 2010 Target	Rockland (1998-2002)
03-01. Overall cancer deaths (age-adjusted per 100,000 population)	199.6	192.2	159.9	221.3 (males) 166.5 (females) (1997-2001)
03-02. Lung cancer deaths (age-adjusted per 100,000)	56.1	49.5	44.9	40.0
03-03. Female breast cancer deaths (age-adjusted per 100,000)	26.8	27.7	22.3	28.2
03-04. Cervical cancer deaths (age-adjusted per 100,000)	2.8	2.9	2.0	2.3
03-07. Prostate cancer deaths (age-adjusted per 100,000)	30.4	29.8	28.8	25.8

5. Alzheimer's Disease and Elder health care

With the elderly population growing in Rockland County, and particularly with the growth anticipated in the coming decade, Alzheimer's and other dementias are likely to become a growing problem. Nearly 600 Rockland County residents are hospitalized each year with a diagnosis of dementia, and 92% of those hospitalizations are at Rockland County hospitals. Of these hospitalizations, 80% include a diagnosis of Alzheimer's disease.

Other issues face a growing elderly population, including housing arrangements, access to home care and other health care services, and rates of immunization for diseases particularly dangerous in the elderly population, such as the flu and pneumonia.

HP 2010 Objective	US (2000)	HP 2010 Target	Rockland (2003)
14-29a. Influenza vaccine in past 12 months—adults ages 65+	65%	90%	69%
14-29b. Non-institutionalized adults ages 65+, pneumococcal vaccine ever received	53%	90%	60%

6. Heart Disease

As mentioned earlier in this Section, Rockland County has focused on cardiovascular health in recent years, particularly through the Healthy Heart program. Since heart disease is a top killer of Rockland County residents, the issue should remain a priority for the community in coming years.

HP 2010 Objective	US (2000)	HP 2010 Target	Rockland (2000-2002)
12-01. Coronary heart disease deaths (age-adjusted per 100,000 population)	247	166	217.5 (1999)
12-07. Stroke deaths (age-adjusted per 100,000 population)	41	48	42.5

7. Emerging Health Issues (Emergency Preparedness)

Through the development of communication, education and training modules, the County seeks to improve awareness of BT agents and other emerging diseases among key response and partner organizations. In addition, the County will continue to conduct internal drills and exercises for protocol testing as part of its strategic plan of preparedness and response to the acts of bio-terrorism and naturally occurring pandemic events that may effect residents.

These seven priorities, particularly primary care access and immigrant health, are highly consistent with the findings of focus groups and surveys conducted during the summer of 2004 with the Rockland County community, as described above. The priorities will be the focus of strategic planning this fall to continue to determine the opportunities for collaboration among various Rockland County stakeholder groups. Other areas that show gaps in the Rockland County health care system and which may be in need of additional analysis include mental health, substance abuse, and dental care. While these areas are not fully proposed as priorities in this document, they will likely be included as the strategic planning process moves forward. Section 5, Opportunities for Action, describes ongoing efforts to address these priority areas, as well as potential opportunities for the future.

Intersection of Priorities

Priority areas are put forth by a number of entities. The New York State Department of Health has priority areas, Article 6 has Service Areas and Programs, the Rockland County Health Department has program areas, and the Rockland County community has provided its thoughts on priority needs through focus groups and surveys. The table below shows how these priority

and program areas intersect, and on the far right shows the priority areas selected for focus in 2005 through 2010.

Health Priorities
Healthy People 2010, NYS, Rockland County HD, Rockland County Community

<i>Healthy People 2010</i>	<i>Article 6 Service Area and Programs</i>	<i>NYSDoH Health Priority Areas</i>	<i>RCHD Health Program Areas</i>	<i>Rockland Community Input Priorities</i>	<i>Rockland 2005-2010 Priorities</i>
Access to Quality Services	Primary and preventive health care services	Access to care	Uninsured families	Lack of access for uninsured and underinsured	Primary Care, Immigrant Health
Heart disease/stroke, Nutrition and overweight, Physical activity and fitness	Nutrition	Nutrition Physical Activity	Healthy heart/heart disease and HBP, Obesity	High Blood Pressure, Stroke	Obesity/Diabetes, Heart Disease
Cancer			Cancer	Cancer detection and treatment	Cancer
Oral health	Dental health education, Dental health services		Dental care	Dental Care	Dental
Diabetes	Chronic diseases		Diabetes Asthma	Diabetes Asthma	Alzheimers, Obesity/Diabetes
Family planning Maternal and child health	Prenatal care and infant mortality Family planning	Healthy births	Prenatal care Child health Breast health	Women's health care	
Environmental health	Lead poisoning	Safe and healthy work environments	Healthy neighborhoods, Clean Air/Clean		
HIV, STD	Family planning, Sexually transmitted diseases, HIV	Sexual activity	HIV/AIDS, Women's Health		
Tobacco use		Tobacco	Tobacco		
Injury prevention and control	Injury prevention	Unintentional injuries			
		Violent and abusive behavior			
Immunization and infectious disease	Communicable diseases, Immunizations		Adult immunizations		
	Emergency medical services		Bioterrorism preparedness, Public Health Emergency Preparedness		Emerging health issues, Emergency preparedness
	Home health services		Home health care		
	Tuberculosis Communicable diseases		Tuberculosis	Inadequate and/or substandard housing	
			West Nile		
Vision and hearing				Vision care	
		Mental health		Mental health services	
Substance abuse		Substance abuse		Substance abuse	
	Medical examiner				
	Laboratories				
Food safety					
Respiratory diseases					

SECTION 5 – OPPORTUNITIES FOR ACTION

As noted in Section 4, the health priority areas for Rockland County for 2005-2010 are as follows:

1. Primary Care Access (Clinics, Community Health Centers, Providers)
2. Immigrant Health
3. Obesity & Diabetes
4. Cancer Initiative
5. Alzheimer's Disease/Care of Elderly
6. Heart Disease
7. Emerging Disease/Emergency Preparedness

This section begins with a summary of community input, through the focus group process, on opportunities for improved collaboration. The section then outlines current activities in the seven priority areas, as well as opportunities for further action by the Health Department, and by other stakeholders in the community including other health care providers, schools, businesses, community organizations, the media, and others.

Community Thoughts on Improved Collaboration

The following is a summary of thoughts and suggestions provided by the community focus groups in 2004 regarding ideas for improved collaboration between the County and the community.

- ❖ The County Health Department should take the lead on establishing a health commission to bring health care providers together on a regular basis. Focus group participants were eager for a forum to promote greater dialogue and information sharing. Participants felt that public health should not be solely the responsibility of the Health Department. Other groups in the community are willing to assist with health care services, but they need leadership for coordination.
- ❖ Form committees around each identified priority area to encourage progress and to show improvement in the next CHA. Community groups would also like to incorporate changes into their own programs based on identified gap areas.
- ❖ Bring the private practice medical community to the table to address lack of access to care by immigrants, the uninsured, the underinsured, and those on Medicaid.
- ❖ Use schools as a community resources, have them open from 6am to 6pm, not just during school day. Also, children can serve as a conduit of information to their parents (e.g., recycling efforts in the past).

- ❖ Communicate to businesses through the Rockland Business Association. The business community is happy to help spread the word about health issues, especially anything regarding emergency preparedness.
- ❖ Hospitals would like better collaboration with HD; focus is currently on prevention and tracking, not enough on planning for future needs
- ❖ Coordinate with existing county initiatives such as Rockland CARES and 21C.

Many of these ideas are incorporated in the grid at the end of this section, which shows opportunities for action for various community stakeholders.

Seven Priorities for 2005-2010

Primary Care Access

The goal of primary care access is that everyone should have a “medical home.” Every individual should have a starting point for medical care—both a first stop for preventive health care, as well as a source of care when health concerns arise. While some of the Health Department’s clinics serve special needs of the population such as TB or HIV needs, or women’s health needs, they also provide primary care to persons without a medical home through the general medical clinic.

A new Health Department initiative to co-locate services off-site at a community-based location will provide improved access to selected services. The RCHD plans to have a new site beginning January 2005 that will include WIC enrollment services, and a DSS service team. The Health Department hopes to bring other programs and resources to this site in the future.

Another effort that could contribute to improved primary care is the new Information Dissemination and Resource Referral (I&R) service. The Rockland CARES process contributed to the development of this service which will provide Rockland residents with improved access to expanded, up-to-date information on countywide services and resources. A single call to an enhanced I&R center will provide access to many county resources. The service will be accessible by web or by phone. The Department of Social Services is the lead agency. Calls will be taken from 8am to 8pm, with a language line available to communicate with non-English speakers.

Immigrant Health

Many efforts are underway in the county that will contribute to improvements in immigrant health in the coming years. For example, the Rockland County Immigration Coalition is a very strong collaborative group that meets regularly to discuss issues specific to this group. Also, a fourth community collaborative, the Suffern Collaborative, is forming and will likely include immigrant health issues in their agenda.

The importance of hiring interpreters is becoming more clear to hospitals, community groups, and others in the community as the immigrant population in Rockland County continues to grow. The growth of the population also makes clear the need for cultural competency at all levels of all organizations. The County Health Department has made many efforts to better serve this population with more targeted TB and HIV testing, more interpreters on staff, and more outreach to these communities. All stakeholders in the community, including business, education, community groups, and the health provider community can look towards replicating these types of efforts

To address both the primary care issue and immigrant health issues, the community should think about mobile services—transportation and geographic isolation are barriers to the low-income population and particularly to the newly-immigrated population. Bringing services to them will dramatically improve access.

Obesity and Diabetes

Rockland was one of four counties in New York State awarded funding under Steps to a Healthier U.S., a Department of Health and Human Services (federal) grant. The county will receive over \$420,000 annually for five years. The grant is designed to address lifestyle-related chronic diseases, including overweight and obesity, asthma, and diabetes. The grant will provide the opportunity for the county to work with the community collaboratives, schools, the health care provider community and others to encourage healthier lifestyles, particularly surrounding nutrition and weight. The County Health Department's Health Education Division will use the grant and affiliated programming to generate health-system-wide interaction and activities.

Cancer Institute

The Rockland County Medical Advisory Committee proposed to the County Executive a Rockland County Cancer Institute (RCCI) that will be devoted to reducing the burden of cancer for all citizens in Rockland County. The Institute will serve several functions including (1) target prevalent cancers and address gaps in service, (2) help maintain an inventory of existing cancer and cancer-related services in Rockland County, (3) support outreach to the underserved, (4) emphasize prevention and education, (5) support surveillance, (6) ensure comprehensive screening and treatment programs, and (7) encourage support services and relevant clinical research. The principles of collaboration and outreach used successfully in the Breast Health Partnership will serve as one model for the Institute as the initiative moves forward.

The four most prevalent cancers to be targeted for the initial activities of the Rockland County Cancer Institute will be breast, colorectal, lung and respiratory, and prostate. Please see Appendix G for the executive summary of the report of the Medical Advisory Committee.

Alzheimer's Disease/Elder Health Care

Nearly 600 Rockland County residents are hospitalized each year with a diagnosis of dementia, and 92% of those hospitalizations are at Rockland County hospitals. Of these hospitalizations, 80% include a diagnosis of Alzheimer's disease. Those hospitalized for dementia are likely to be elderly; half the women hospitalized for dementia in 2000 were 85 or older, as were one-third of the men. More than half of those hospitalized in 2000 were then discharged to a skilled nursing facility (52%), 9% went to some other care facility, 10% received services from a home health agency, 19% were discharged to their home, 7% died, and 3% were transferred to another hospital. With the elderly population growing in Rockland County, and particularly with the growth anticipated in the coming decade, Alzheimer's and other dementias are likely to become a growing problem.

The County Health Department recently collaborated with County agencies, the Alzheimer's Association, and the Nathan Kline Institute to hold a County-wide Alzheimer's disease conference in April 2004 attended by more than 300 people. Rockland County's Alzheimer's Task Force is comprised of the Commissioners of Health, Mental Health, Hospitals, the Deputy Commissioner of DSS, The Directors of the Office for the Aging and People with Disabilities, the Alzheimer's Association and County Legislator Murphy. The objectives are to analyze the growing needs of Rockland's older residents relative to Alzheimer's disease and other related dementias, to plan appropriate non-duplicated services and to coordinate service delivery to maximize use of available resources while remaining costs feasible.

A collaborative of County Departments has been working on a single point of entry for long term care. The ultimate goals are to simplify the process for the consumer through interactive information and central assessment, to improve services, and to reduce costs by reducing duplication and redundancy.

The Geriatric Mental Health Task Force is a collaborative of County Departments and community agencies working to examine the mental health needs of older Rockland residents, to increase public awareness and to advocate for appropriate programs and services.

Heart Disease

Since heart disease is a top killer of Rockland County residents, the issue should remain a priority for the community in coming years. All stakeholders in the community have an opportunity to address this issue—businesses can encourage exercise and healthy eating among their employees, schools can emphasize fitness and healthy food choices in the classroom and lunchroom, and community organizations can provide healthy snacks at meetings and gatherings.

Good Samaritan's Cardiac Outreach Department has increased its outreach staff, started a print and radio campaign, and partnered with the American Heart Association, American Red Cross, and others to address heart disease.

Community groups could consider launching educational advertising campaigns regarding obesity, diabetes, and other chronic illness to encourage prevention.

Emerging Health Issues (Emergency Preparedness)

While the County Health Department and other health entities must take a lead role on emergency preparedness, all community stakeholders can play a role in ensuring proper communication channels and awareness of the issue. Through the development of communication, education and training modules, the County seeks to improve awareness of BT agents and other emerging diseases among key response and partner organizations. In addition, the County will continue to conduct internal drills and exercises for protocol testing as part of its strategic plan of preparedness and response to the acts of bioterrorism and naturally occurring pandemic events that may affect residents. In addition, the provider community should tie into the enhanced county and regional surveillance systems. Collective data from all available sources can then be analyzed to provide a potential early warning of outbreaks of illness while reporting back unusual occurrences to the necessary healthcare providers. Through these combined activities (pre-syndromic, physician, school nurse, veterinarian, laboratory or citizen reporting), the health system will be able to recognize an outbreak due to a natural cause, emerging disease or a terrorist agent earlier than expected. Active participants in this system will benefit from a closer monitoring of general community health while providing objective evidence that an outbreak is or is not occurring. These efforts help to sustain a strong ongoing relationship between public health and clinical medicine stakeholders.

Opportunities for Stakeholders

Many stakeholders in the community can be involved in improving the health of Rockland County residents, and in addressing the seven priority areas in particular. This grid highlights some opportunities for stakeholders, but additional strategic planning will lead to more specific and comprehensive opportunities.

Opportunities for Collaboration on Health Priorities for 2005-2010

Business	<ul style="list-style-type: none"> •Invite Health Department personnel to attend Rockland Business Association meetings to provide updates on County initiatives. •Determine which of the five priorities apply to your workforce--make adjustments or accommodations for employees to exercise, eat healthy, learn about Alzheimer's, etc. •Hold health fairs to educate employees on health issues. •Volunteer on committees formed to address priority areas. •Be aware of cultural competency issues for both staff and customers.
Education	<ul style="list-style-type: none"> •Hold health fairs to educate teaches and staff on health issues. •Incorporate Rockland's health priorities into health curriculum, and everyday curriculum. •Ensure interpreters are available for children and families with limited English abilities. •Be active participants in Rockland CARES. •Be active participants in the Steps to a Healthier Rockland program. •Continue to participate in Reality Check. •Be aware that drug and alcohol rates are above national averages by 10th grade.
Health care providers	<ul style="list-style-type: none"> •Volunteer on committees formed to address priority areas; remain active on PHP. •Hold health fairs to educate employees on health issues. •Find creative ways to bring the private physician community on board to address issues of primary care access and immigrant health. •Be sure interpreters or interpreting services are available for patients. •Remain aware of increase in elderly population and anticipate changing health care needs.
Media	<ul style="list-style-type: none"> •Continue to work with the Health Department to give air to campaigns like the anti-tobacco "Breakfree" and "Breathtaking" campaigns launched in the Journal News. •Emphasize healthy behaviors and integrate into stories when and wherever possible.
Community organizations	<ul style="list-style-type: none"> •Hold health fairs to educate target populations on health issues. •Volunteer on committees formed to address priority areas; remain active on PHP. •Make services mobile--take programs on the road. •Be sure interpreters or interpreting services are available for patients.

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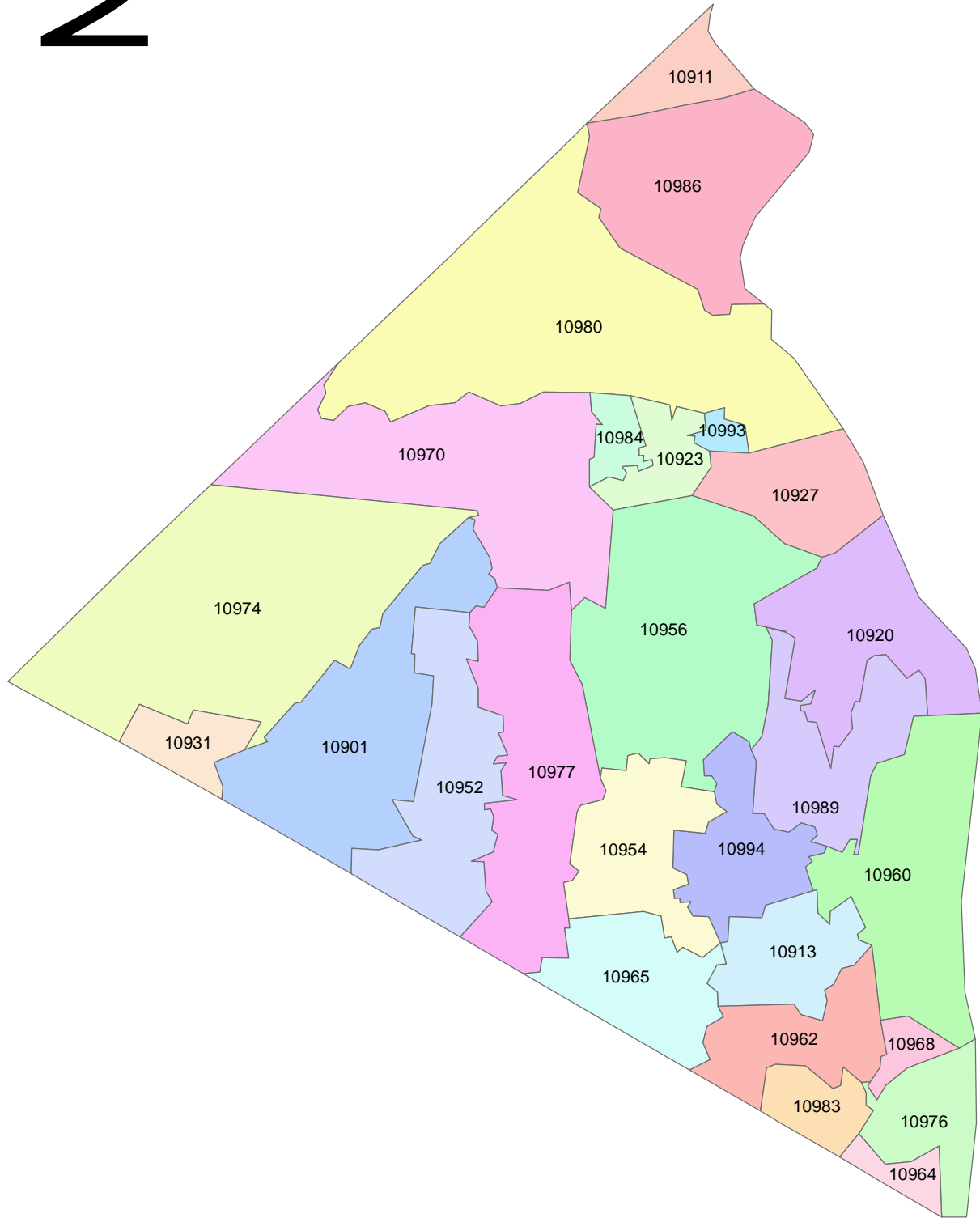
APPENDIX A:
MAPS OF ROCKLAND COUNTY

MAP BY ZIP CODE

MAP BY TOWN

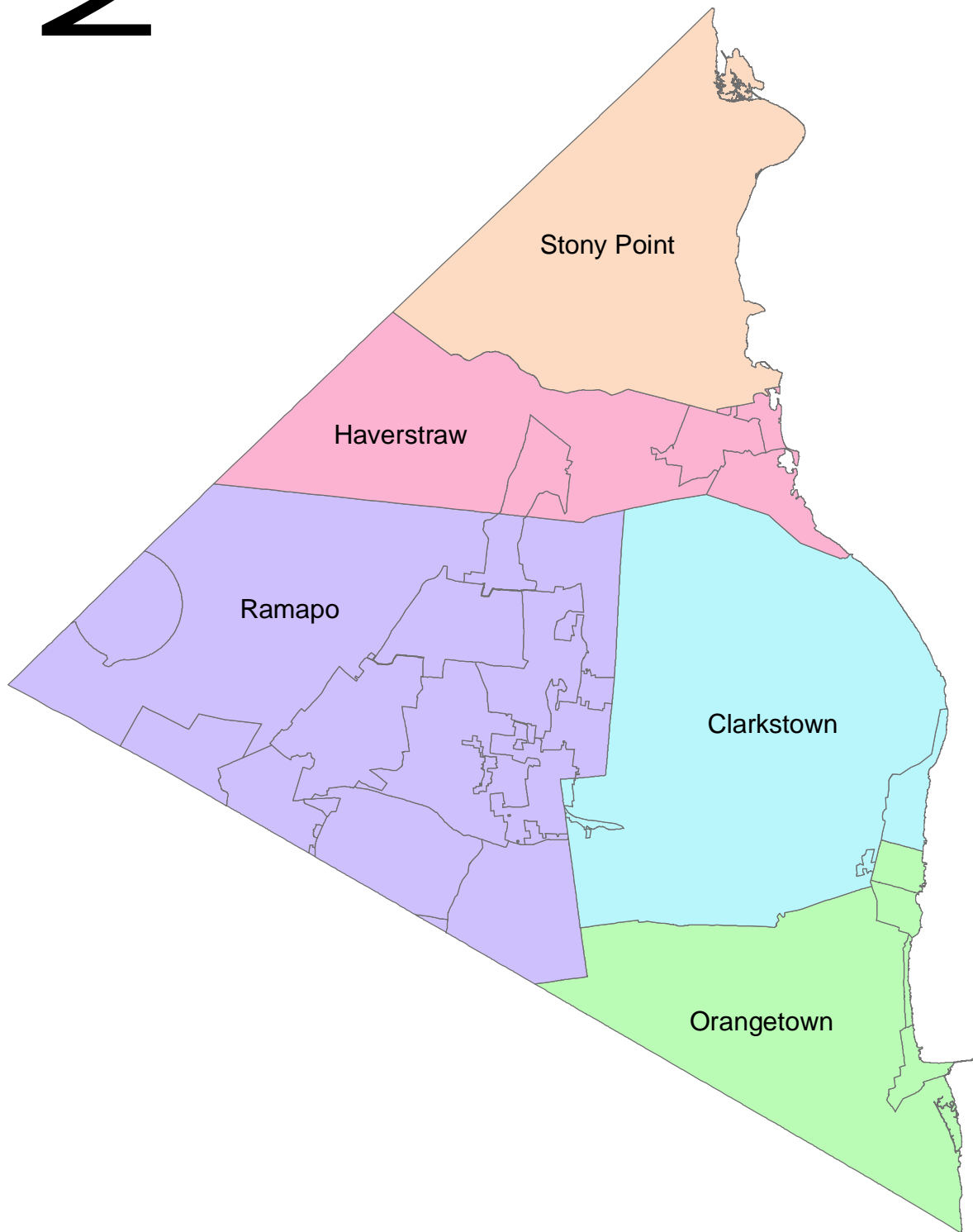
Zip Codes, Rockland County

2



Towns and Villages, Rockland County

2



APPENDIX B—ROCKLAND COUNTY ZIP CODES BY TOWN/VILLAGE

10901	Suffern		10968	Piermont
10911	Bear Mountain		10970	Pomona
10913	Blauvelt		10974	Sloatsburg
10920	Congers		10976	Sparkill
10923	Garnerville		10977	Spring Valley
10927	Haverstraw		10980	Stony Point
10931	Hillburn		10982	Tallman
10952	Monsey		10983	Tappan
10954	Nanuet		10984	Thiells
10956	New City		10986	Tomkins Cove
10960	Nyack		10989	Valley Cottage
10962	Orangeburg		10993	West Haverstraw
10964	Palisades		10994	West Nyack
10965	Pearl River		10974	Sloatsburg
			10976	Sparkill

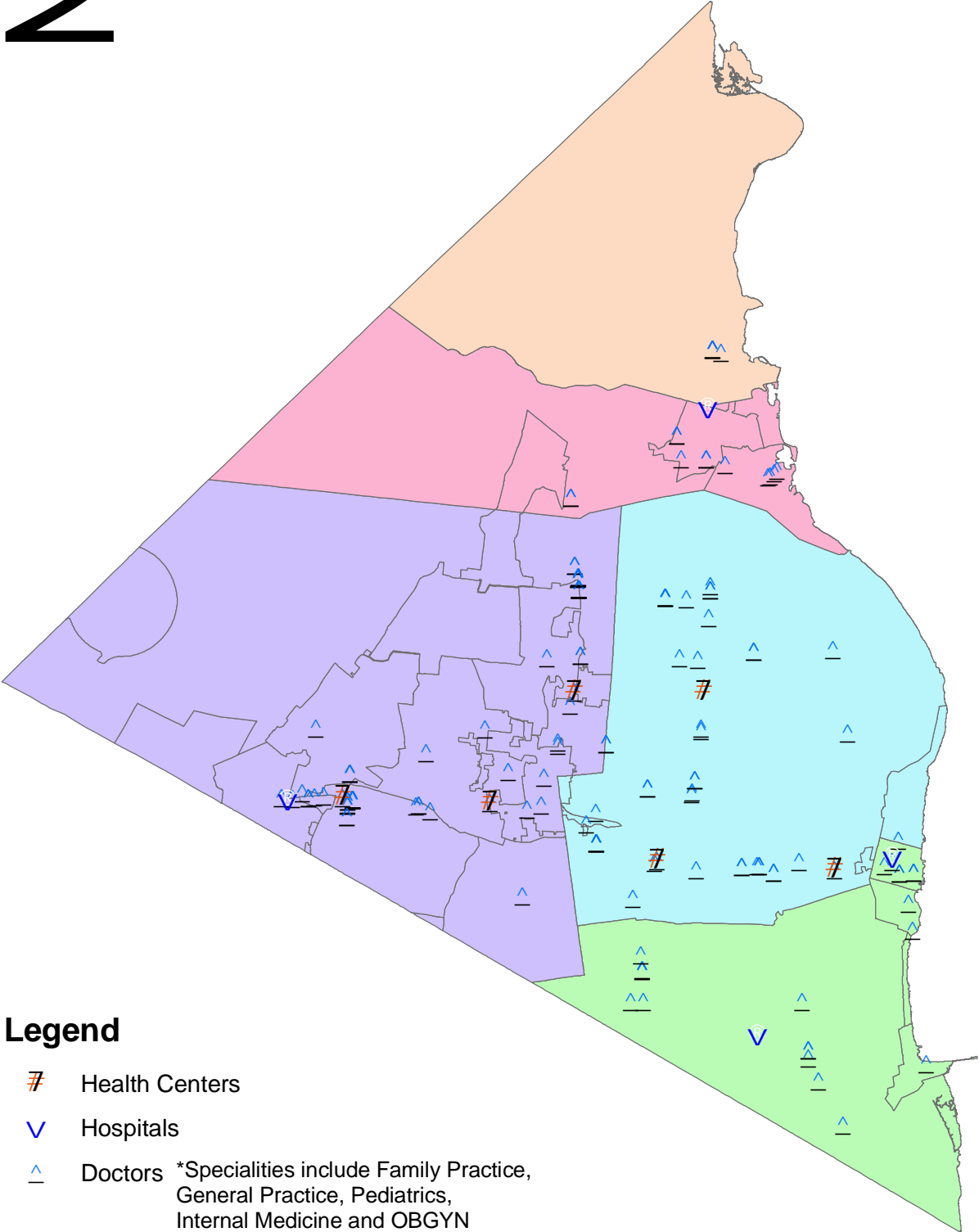
APPENDIX C

ROCKLAND COUNTY PRIMARY CARE PROVIDERS

Rockland County Dental Providers

Health Care Providers in Rockland County

2

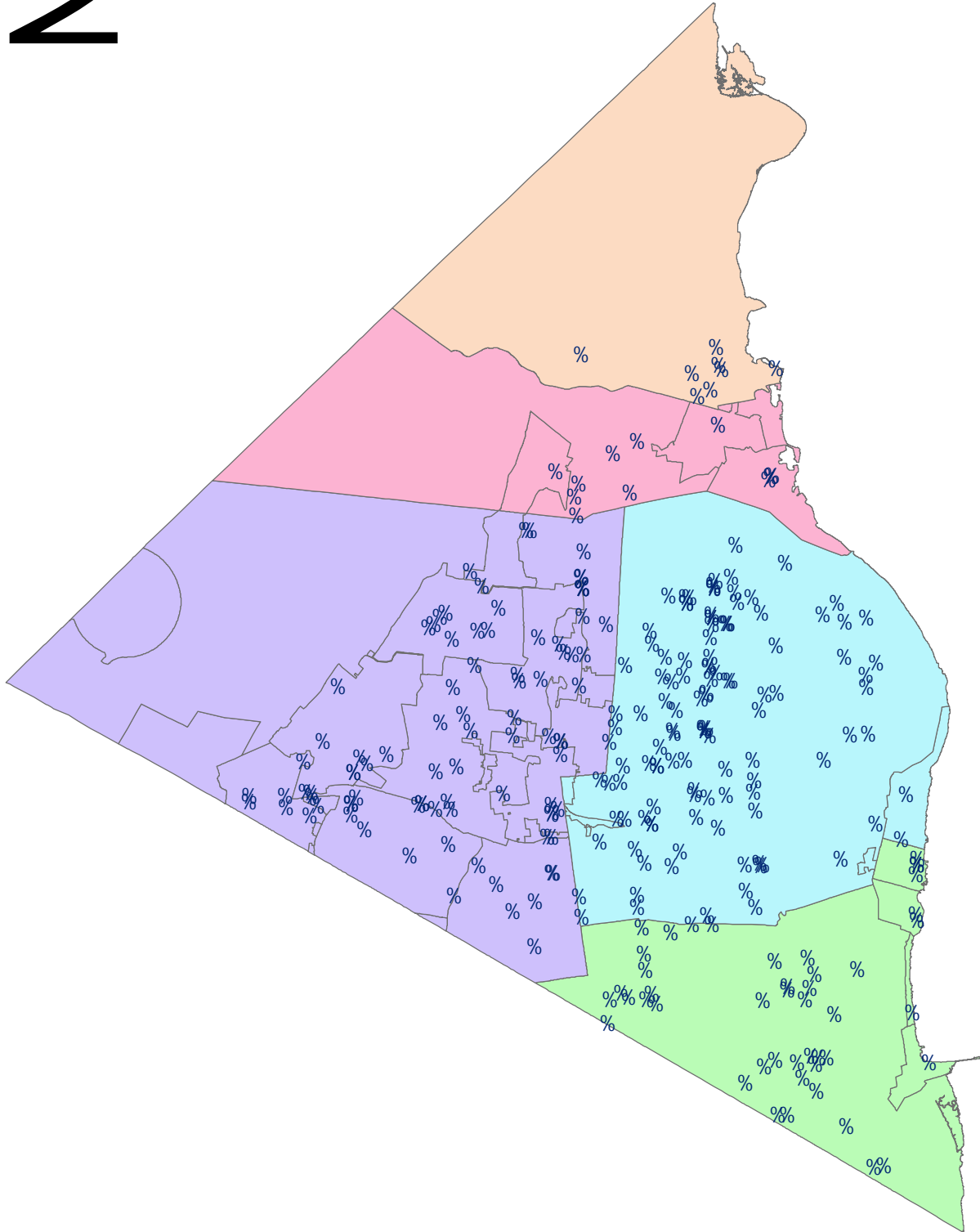


Legend

- # Health Centers
- V Hospitals
- ^ Doctors *Specialities include Family Practice, General Practice, Pediatrics, Internal Medicine and OBGYN

Dental Providers in Rockland County

2

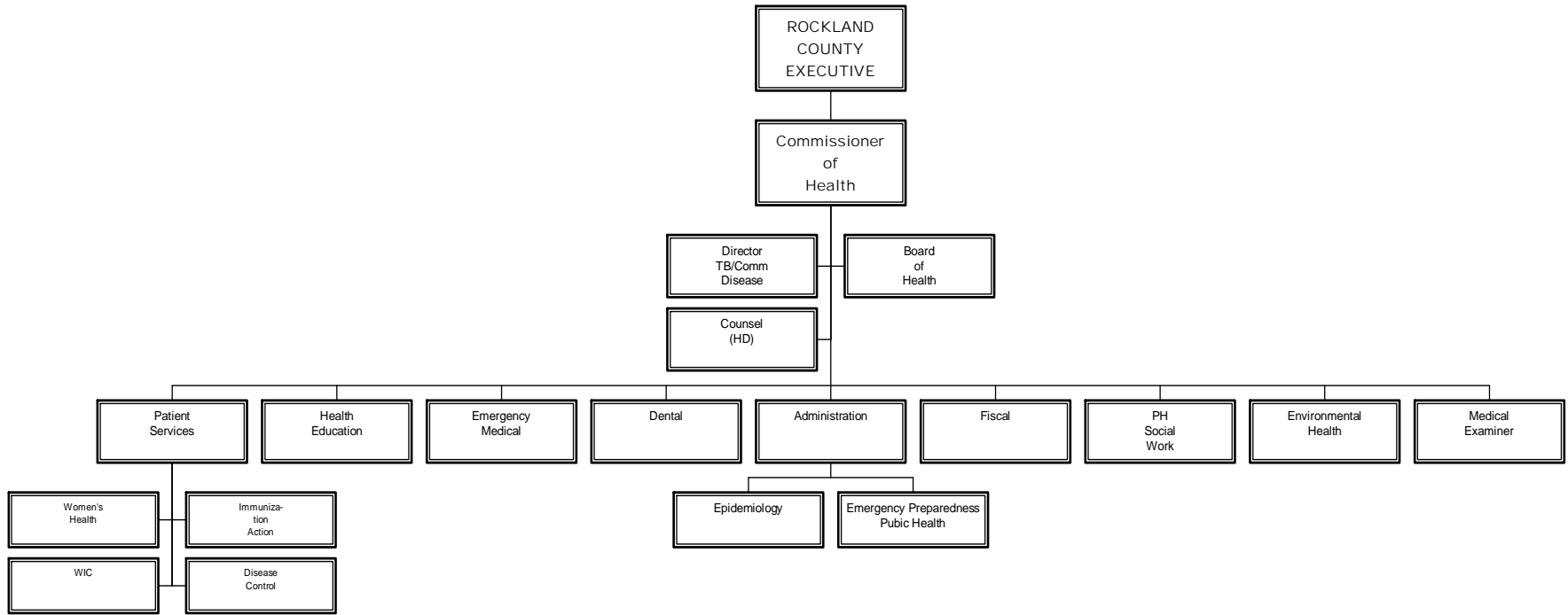


APPENDIX D

ROCKLAND COUNTY HEALTH DEPARTMENT

ORGANIZATIONAL CHART

Rockland County Department of Health
OVERVIEW



APPENDIX E
Rockland County and State Average Scores on NPHPSP Local Public Health System
Performance Assessment Instrument (Version 5B), 2001

Measure	Rockland County	State Average
EPHS 1: Monitor Health Status	78	47
1.1 Population-Based Community Health Profile	66	49
1.2 Access to and Utilization of Current Technology	73	26
1.3 Maintenance of Population Health Registries	96	67
EPHS 2: Diagnose and Investigate Health Problems	97	83
2.1 Identification and Surveillance of Health Threats	93	85
2.2 Investigate Public Health Emergencies	95	79
2.3 Laboratory Support for Investigation of Health Threats	100	86
2.4 Plan for and Respond to Public Health Emergencies	100	83
EPHS 3: Inform, Educate, and Empower People	75	74
3.1 Health Education	80	77
3.2 Health Promotion Activities to Facilitate Healthy Living	69	71
EPHS 4: Mobilize Community Partnerships	69	58
4.1 Constituency Development	81	58
4.2 Community Partnerships	56	58
EPHS 5: Develop Policies and Plans	71	53
5.1 Governance (general measures)	83	64
5.2 Community Health Improvement Process	55	49
5.3 Strategic Planning Alignment with Community Health Improvement Plan	63	44
5.4 Public Health Policy Development	83	57
EPHS 6: Enforce Laws and Regulations	98	78
6.1 Review and Evaluate Laws, Regulations, and Ordinances	98	85
6.2 Involvement in Improvement of Laws, Regulations, and Ordinances	100	72
6.3 Enforce laws, Regulations, and Ordinances	96	77
EPHS 7: Link People to Needed Personal Health Services	100	77
7.1 Identification of Poplations with Barriers to Health Care System	100	89
7.2 Identifying Personal Health Service Needs of Population	100	74
7.3 Assuring Linkage of People to Personal Health Services	100	66
EPHS 8: Assure a Comptenent Workforce	85	49
8.1 Workforce Assessment	32	24
8.2 Public Health Workforce Standards	100	65
8.3 Continuing Education, Training, and Mentoring	79	67
8.4 Workforce Understanding of Determinants of Health	100	48
8.5 Cultural Competence in the Public Health Workforce	100	40
8.6 Public Health Leadership Development	100	48

EPHS 9: Evaluate Effectiveness, Accessibility, and Quality	66	47
9.1 Evaluation of Population-based Services	100	47
9.2 Evaluation of Personal Health Care Services	61	60
9.3 Evaluation of the Local Public Health System	37	35
EPHS 10: Research for New Insights and Innovative Solutions	85	60
10.1 Fostering Innovation	86	67
10.2 Linkage with Institutions of Higher Learning and Research	100	68
10.3 Capacity for Epidemiological, Policy, and Health Service Reserach	70	45
Total Performance Score	82	63

APPENDIX F

ROCKLAND COUNTY COMMUNITY SURVEY



Survey of Rockland County Community Residents

sponsored by the Rockland County Health Department

Please return to:
CGR
 1 S. Washington St. #400
 Rochester, NY 14614

Questions?
 Oscar Alleyne, 845-364-2956
 Rockland County Health Dept.
 Sarah Boyce, CGR, 585-327-7065

1a. Do you currently have a regular place to go for health care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1b. If yes , where do you go? <input type="checkbox"/> private doctor <input type="checkbox"/> Refuah or Monsey center <input type="checkbox"/> Emergency Room (pick ONE) <input type="checkbox"/> walk-in/urgent care center <input type="checkbox"/> County Health Department	
2. In the past year, have you missed a medical appointment due to a lack of transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past year, did a doctor ever refuse to accept you as a patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past year, have you had trouble affording the cost of your prescription drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the past year, have you had trouble finding a health care provider who spoke your language or understood your cultural traditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. Do you have annual physicals or check-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6b. If yes , where do you go? <input type="checkbox"/> private doctor <input type="checkbox"/> Refuah or Monsey center <input type="checkbox"/> Emergency Room (pick ONE) <input type="checkbox"/> walk-in/urgent care center <input type="checkbox"/> County Health Department	
7. Do you use Emergency Room services...	<input type="checkbox"/> only in an emergency <input type="checkbox"/> any time I need to see a doctor
8. Your main source of transportation is...	<input type="checkbox"/> car (your own/family's/friend's) <input type="checkbox"/> bus (Transport Of Rockland) <input type="checkbox"/> taxi or car service
9. Have you had trouble accessing the following types of health care?	Dental Care <input type="checkbox"/> Y <input type="checkbox"/> N Mental Health <input type="checkbox"/> Y <input type="checkbox"/> N Primary Care <input type="checkbox"/> Y <input type="checkbox"/> N Specialist Care <input type="checkbox"/> Y <input type="checkbox"/> N
10. How do you pay for your health care?	<input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Out-of-Pocket <input type="checkbox"/> Family/Child Health Plus <input type="checkbox"/> Healthy NY

11. When you have a health question or concern, where do you go for information?

(Check all that apply)

- Doctor/Nurse Practitioner Outreach Worker Family Members
 Friends Internet Media (TV, magazines, etc)
 Other (please list) _____ Don't know where to go

12. Have any of the following prevented you from receiving the health care you need?

(Check all that apply)

- Lack of Transportation Price/Cost Hours of operation
 Doctor/dentist does not accept my insurance My limited physical mobility
 Language barriers or cultural issues Other (please list) _____

13. Do you ever leave Rockland County to obtain health care services? Yes No

If yes, where do you go and why? _____

14. Listed below are Rockland County Health Department’s top health priorities.

Please check the five (5) you think are most important.

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Health | <input type="checkbox"/> Obesity | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Breast Health | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Prenatal Care | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Uninsured Families |
| <input type="checkbox"/> West Nile Virus | <input type="checkbox"/> Women’s Health | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Cancer | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Public Health Emergency Preparedness | |
| <input type="checkbox"/> Heart Disease/High Blood Pressure | | |

15. Do you use any of the following alternative/complementary health care practices?

(Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Herbal Medicine |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Other (please list) _____ |
| <input type="checkbox"/> Cultural practices | | |

16. Do you know where to go to receive care or services for each of the following?

Treatment for alcohol or drug abuse	<input type="checkbox"/> Y <input type="checkbox"/> N	Home care services for the elderly	<input type="checkbox"/> Y <input type="checkbox"/> N
Depression or mental health problems	<input type="checkbox"/> Y <input type="checkbox"/> N	Birth control info/pregnancy counseling	<input type="checkbox"/> Y <input type="checkbox"/> N
HIV/Sexually transmitted diseases (STDs)	<input type="checkbox"/> Y <input type="checkbox"/> N	Prenatal care	<input type="checkbox"/> Y <input type="checkbox"/> N
Domestic violence	<input type="checkbox"/> Y <input type="checkbox"/> N	Services for children with special needs	<input type="checkbox"/> Y <input type="checkbox"/> N

17. What health services are you especially satisfied with in Rockland County?

18. What health services are missing or unsatisfactory in Rockland County?

19. What additional services would you like to see in Rockland County?

20. Your zip code: 10 ___ ___

21. Age: _____

22. Gender: Male Female

APPENDIX G

CANCER INSTITUTE INITIATIVE

Executive Summary



County of Rockland

ROCKLAND COUNTY DEPARTMENT OF HEALTH

The Dr. Robert L. Yeager Health Center

50 Sanatorium Road – Building J

Pomona, New York 10970

ADMINISTRATION

Telephone: (845) 364-2512

C. SCOTT VANDERHOEF
County Executive

JOAN H. FACELLE, M.D., M.P.H.
Commissioner of Health

June 16, 2004

TO: C. Scott Vanderhoef
County Executive

Susan Sherwood
Chief of Staff

FROM: Joan Facelle, M.D., MPH

RE: **Rockland County Cancer Institute**

I am forwarding a brief historical overview and summary of the revised proposal for the Rockland County Cancer Institute in order to launch this important initiative in 2004.

History:

As you may recall, in 2001 the Executive asked the Health Department to develop an initiative to address the serious problem of cancer in Rockland County. A Medical Advisory Committee was convened and met regularly over a period of months. The result was a Medical Advisory Committee Report recommending an "institute without walls" that would address the most prevalent cancers in Rockland (breast, colorectal, lung, and prostate) through education, outreach, early screening and diagnosis, and provision of treatment and support services to those in need. In addition, relevant clinical research would be supported as appropriate. Activity would complement work of local providers, community agencies and the American Cancer Society. (Please see attached Medical Advisory Committee Report.)

The structure recommended by the Blue Ribbon Steering Committee and legal consultant was a not-for profit foundation with a board of directors composed of government, medical and community members. This structural concept was not fully endorsed.

Now the proposal has been revised to incorporate the Cancer Institute into the Health Department.

Justification:

Breast, colorectal, lung and prostate cancers are the most prevalent cancers nationally and remain a heavy burden in Rockland County. Currently, the Health Department works with the American Cancer Society in the Breast Health Partnership Program in combination with the DOH BEAT program. Outreach, education, screening, diagnosis, and treatment are all supported and linked to services coordinated by the ACS. Five-year statistics from New York State indicate a decreased incidence in 1996-2000 as compared with 1991-1995. Mortality continues to decrease. Early diagnosis and screening are crucial to better outcomes. The recent Breast Cancer Study done in Rockland by New York Medical College, funded by the Health Department

demonstrates a high level of knowledge and appropriate screening behavior in Rockland exceeding state and national statistics.

Knowledge, outreach, screening and early detection do make a difference.

Accordingly, we would like to devote resources to further augment this program and implement programs for colorectal, lung and prostate cancers. Early detection decreases colorectal cancer mortality. Prostate cancer screening and diagnosis through PSA antigen testing and digital rectal examinations can identify disease early, before it is symptomatic. Finally, in addition to lung cancer prevention effort through decreasing smoking, much work is being done on improving outcomes for lung cancer, with rapid CT technology offering hope for effective early diagnosis. The Rockland County Cancer Institute would devote effort to integrated programs of education, surveillance, screening, early diagnosis, and appropriate treatment for those in need. Additional program areas could be developed as appropriate and as funding allows.

Structure:

The Rockland County Cancer Institute will be a RCDOH program incorporated into the Division of Health Education. This Division has already been successful in the implementation of programs in chronic disease prevention, education, and outreach.

Currently the Tobacco Education and Control Program has made impressive inroads in youth prevention and smoking cessation. The Fit Families/Fit Rockland Task Force is moving ahead with a comprehensive strategy in schools and the community to address obesity, diabetes, asthma, and tobacco usage through strategies to improve nutrition and increase physical activity.

The RCCI Initiative is complex, involving community-wide preventive education, outreach, screening, surveillance, and integration of individuals into the medical system. Three positions are needed, at a minimum, to develop and implement a successful program. These positions include:

PROGRAM SPECIALIST (CANCER INSTITUTE)

This coordinating and management position will require an RN
With an MPH in health education to effectively design, implement, and
Coordinate this diverse program

PUBLIC HEALTH ASSESSMENT ASSISTANT (CANCER INSTITUTE)

Position needed for data entry and management, daily operational coordination of
Programs, and clerical responsibilities, and implementation of coordinated community outreach.

Sr. PUBLIC HEALTH AIDE

Position for outreach to individuals to promote education, screening, and early diagnosis and to
provide assistance with same.

In addition, the **Medical Advisory Committee** would be utilized as an advisory body to the Commissioner of Health and the Program Specialist and would meet twice annually.

Finally, **Outcome Evaluation** will be incorporated into the program to identify program effectiveness through the advice of a consultant specialist.