EXECUTIVE SUMMARY

Wyoming County Health Needs Assessment and Guidance Report for 2013 to 2017

Community Foundation for Greater Buffalo, Inc.
William F. Thiel Fund
September 2012
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Introduction

The William F. Thiel Fund was established in 1993 by William F. Thiel “to benefit the health needs of the residents of Wyoming County.” Under the stewardship of the Community Foundation for Greater Buffalo, Inc., the fund has grown and supported a variety of projects that have reached 1 out of 4 county residents. This assessment has been conducted to update one completed several years ago and provide insights into current and future needs and guidance on funding priorities through 2017. It followed a similar process which included extensive analysis of statistics and community engagement with overall guidance from a 12 person Advisory Committee. This report summarizes findings to date on the health needs of Wyoming County residents and an approach to funding priorities.

In general, Wyoming County residents are as healthy as, and in many instances healthier than, residents of similar rural counties in New York State and Western New York. Yet, considerable unmet needs exist and health care challenges are increasingly more complicated with the advent of emphases on improved access to health care insurance coverage, patient responsibility, improved health and health outcomes, and cost containment. Economic aspects of health care have also become increasingly important as the goal has become the development of healthy communities with healthy social and economic conditions. So-called “silos” approaches emphasizing single dimensions of communities are recognized as ineffective. Likewise, contemporary solutions have become more complex, involving multiple partners and strategies toward that goal.
Rural communities and health care providers like those throughout Wyoming County have a unique set of challenges in recruiting and retaining health care personnel. Establishing meaningful linkages with urban-based health care systems, which strengthen but do not replace or weaken local health care services, helps to ensure the continuation of needed services in these communities. The introduction of new health care insurance-coverage mechanisms and quality-of-care-based payment incentives create both promises and uncertainties.

The potential priorities that have emerged from this updated assessment bridge a variety of these conditions and are designed to improve access to care and quality of care, as well as personal health and well-being. Improvements in access to care and quality of care are generally easier to measure than personal health and community well-being. Reduced costs are far more difficult to measure, yet steps may be taken to examine the potential to reduce or contain health care costs in Wyoming County.

A unique feature of this assessment is that, consistent with the intent of the William F. Thiel Fund, it examines the needs of the entire population of the county, regardless of income. Many contemporary assessments focus on the needs of people with low incomes or the underserved, which are closely, but not exclusively examined in this needs assessment.

The priority programs are expected to have different impacts on these segments of the population, with improvements in service access directed more at the underserved and service-structure improvements directed more at the general population.

Additional considerations in developing the priorities and associated potential recommendations were:

- The extent to which existing Thiel Fund programs should be supported or expanded versus new program needs.
- The extent to which funds should be directed at establishing or improving the capacity of the local system to develop a seamless structure of care that can effectively engage itself in various state and federal health care initiatives addressing patient responsibility, continuity of care, outcome-based payment mechanisms and health care insurance reforms.
Funding Priorities 2013 to 2017

As with the 2006 assessment, the concept of balance is a key factor to the approach used to define potential William F. Thiel Fund grant priorities. Programs addressing only one or two components of the health care system or disease categories are not desirable because a system of services is needed to best respond to the health problems and challenges of county residents. It also is recognized that effective health care systems not only treat illness, but engage the community and require non-traditional or enabling health care programs, the lack of which impedes improvements in individual and community health. The model for funding priorities consequently has two main defining characteristics:

1. Major types of health problems faced by the Wyoming County community
2. Development of effective health care systems and solutions

Several specific types of health problems are noteworthy for the county. They are:

- Cancer - especially for adults 55-74
- Heart Disease - especially for people over 75
- Diabetes - people over 65
- Obesity - children and adults
- Respiratory disease, including tobacco use - all ages
- Suicide - youth and young adults
- Oral health - people with low incomes

For the purposes of this assessment, the three major components of effective health care systems are defined as:

- Health care services
- Enabling health care services
- Community health infrastructure

Each component must be addressed for improvements in individual and community health to be realized and to foster the development of a local sustainable system responsive to community needs. Each component has a priority rank that relates to its potential range of impact.

Both health care services and enabling health care services components have similar moderate priority rankings. This is because both of these components primarily address specific populations or target groups and therefore have a more limited impact on the entire community. The community-health-infrastructure component is rated as a high priority because all of its features are designed to improve the overall health care system serving all Wyoming County residents.
Each of these major components has several subcomponents or programs that relate to Wyoming County health priorities in different ways. The individual programs also are rated according to whether they are of moderate, high or very high importance. This importance measure takes into account several factors, including:

- Evidence of the effectiveness of the program
- Number of people expected to be impacted
- Potential for a locally developed response
- Other sources of funding for program development

As in the previous assessment, the potential funding period, over the next five years, also is indicated in the guidance strategy. Exhibit 1 summarizes these considerations.

### Exhibit 1 – Funding Model

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</tbody>
</table>

Code: x equals moderate importance, xx equals high importance, xxx equals very-high importance.

Subsequent sections of this report provide more information on health priorities and program needs. This is intended to be preliminary guidance on program content that will warrant adjustment as requests for proposals are issued by the Community Foundation for Greater Buffalo, Inc.
Priority Commentary

With health care costs continually escalating, sustainable health care systems must also be responsive to the needs of the business community. A solid understanding of local factors affecting health care insurance premiums and businesses' and their employees' ability to impact them will help in examining this highly complicated dynamic.

As with the prior assessment, a balanced approach that supports multiple needed inter-related programs, rather than one or two priority needs or services, is recommended. Priorities also will vary by funding period, emphasizing different program needs and with new programs phased in mostly during later funding periods. Funding-levels also take into account health-status priorities, health-service priorities, key leadership and community perceptions, short and long-term potential impact on both the underserved and the population in general, the introduction of new primary care and preventive health care services capacity in the county in 2013 and the uncertainty of state and federal reforms related to health care coverage.
Background Data Health Problems

Several specific types of health problems were noteworthy for Wyoming County. These included:

- Cancer – especially for adults 55-74
- Heart disease – especially for people over 75
- Diabetes – people over 65
- Obesity – children and adults
- Respiratory disease, including tobacco use – all ages
- Suicide – youth and young adults
- Oral health – people with low incomes

These potential health-care-problem priorities were based primarily on birth statistics for 2008-10 and death rates for two three-year periods: 2005-07 and 2007-09. In the majority of instances, Wyoming County residents scored less favorably than residents of similar counties in New York State. Their scores or rates were in the worst 20 percent of the 12 rural-suburban counties in New York State that were studied. These findings were cross-validated to varying degrees by information gathered from:

- Data on the use of emergency departments and inpatient care in hospitals in New York State 2004-10 and the Behavioral Risk Factor Survey 2008-09
- Community interviews (24) – Warsaw Walk, July 2012
- Internet Surveys (157) – August 2012
- Leadership telephone interviews (10) – June 2012
- Policies, Plans and Analyses of Wyoming County Government and the Western New York Community Health Planning Institute of the P2 Collaborative of Western New York.
Health Services

Access to health care services covers two dimensions – the actual supply of accessible services (number of physicians, health-related professionals and health care service organizations) and quality of such care (improvement of patients’ health). This assessment addresses supply more so than quality since current data on quality as defined by outcome measures, while improving, is very limited. Several types of health care services were examined, including emergency-department services, hospital inpatient services, and primary care and specialty services. Emphasis was placed on primary care and specialty care due to the growing recognition of the importance of primary care and community concerns about local access to specialists. Other key service needs thought to be important to the success of primary care, but not paid for by health coverage plans, are discussed in subsequent sections of this report.

Primary Care and Preventive Health Services – Underserved Populations and the Elderly

Findings on two widely used measures for the general population were unremarkable. Rates of use of emergency-department services and inpatient care for “avoidable” medical conditions were average in comparison to similar counties and low in comparison to Western New York counties. The inpatient-use finding was similar to the previous assessment finding. The emergency-department use metric was a new metric for this study.

This finding was at variance with several opinions on the lack of access to primary care. Hence these preliminary findings and others were reviewed in considerable detail at several advisory committee meetings. The findings on emergency department use and avoidable inpatient use were basically upheld.

The need for improved access to primary care for those without insurance was supported by several metrics, including the results of the Internet survey and key informant telephone interviews. Access to primary care services was rated as adequate by only 35 percent of respondents and those viewed to be in the greatest need were people without health care coverage. Need in the general population was supported through one preliminary but highly relevant finding on the low physician-to-population ratio and the number of practices not accepting new patients. The raw data on physician availability were provided by the Wyoming County Department of Health and Wyoming County Health Care System. The committee’s perception was that access to primary care services is indeed difficult for the general population and there is a need for more physician group-practice capacity. Additionally, implementation of the patient-centered medical home model by primary care practitioners throughout the county was viewed as highly needed.
The county's elderly population is expected to grow significantly in coming years and the primary care needs of the elderly were viewed as unmet by several key informants interviewed by telephone. In the Internet survey, 46 percent noted additional high need for this population, a rate second only to those with no or very limited insurance coverage.

A new primary care and preventive health services capacity, known technically as a Federally Qualified Health Center, is scheduled to open in Warsaw in 2013. This center will focus on the needs of the underserved while also serving the general population and is expected to diminish significantly access barriers to care.

Given these various opinions, developments and inconclusive data, this service category received a moderate importance rating for all five years indicating that some study of these dynamics is needed within that timeframe to identify the best approach to improving primary care for which Thiel funding may be appropriate.

**Dental Health – Underserved Populations**

The previous assessment noted the need for expanded access to dental health services. As with primary care, the new community health center being developed in the county will provide dental health services. Data on dental health needs were re-examined in light of this development and the advisory committee's interests in this service. This assessment found that dental health needs for the underserved and uninsured populations are very high. Emergency Department use data for 2008 showed that in comparison to other populations in the county, these populations significantly "overutilized" emergency departments for dental problems. Medicaid and self-pay patients accounted for 54 percent of ER visits for dental problems whereas they accounted for only 25 percent of all ER visits.
Medical Specialties – All Populations

The need for improved local access to medical specialists was supported by several indicators, including telephone interviews and a variety of questions on the Internet survey. Expanded access is needed in high-volume specialties treating problems such as:

• Cancer
• Heart disease
• Diabetes

Use of inpatient services also can reflect the population’s access to physician specialties. Residents of Wyoming County access a variety of specialists as components of their inpatient care at very low rates compared with the Western New York community. Those specialty categories include:

• Cardiovascular disease
• Colorectal surgeons
• Dermatologists
• Endocrinologists
• Ear, and nose throat specialists
• Gynecologists and obstetricians
• Psychiatrists

This data also showed that underserved populations have especially low access to:

• Cardiologists
• Orthopedic specialists
• Gastroenterologists
• Pulmonary medicine specialists

The importance of access to specialists is reflected in the Internet survey data that showed that nearly half of all county residents travel to either Rochester or Buffalo for specialty care at least several times a year. Clearly, local residents have a significant interest in accessing these services locally because linkages with Buffalo and Rochester capacities had the highest “not important” rating of aspects of health care service provision in the Internet survey.
Youth

Lack of exercise, poor diet and substance abuse are the major concerns of the community for its youth. Roughly 80 percent of survey respondents rated these problems as the most important of the nine topics that were listed. Parenting classes and social groups were also cited as other needs. Innovative "farm-to-school" programs were discussed by several community leaders as local examples where ecological community programs bridge nutrition needs of youth with small-farm capacities.

Reproductive Health

Wyoming County’s reproductive health services compare well with other rural-suburban counties. Most measures were at least average with minor exceptions being high birth rates for women 24-29 and the need for improved access to prenatal care for women over 35. Several community leaders expressed a need for female obstetricians and better access to midwives.

Mental Health

Moderate need for more mental health professionals was noted in the Internet survey and people with mental health problems were identified as a special “other” target group in need of better access to primary care. The importance of increased access to health care by the mentally disabled was referenced in county plans and policies.

Reduction of the county’s high suicide rate is a major objective of the county mental health department and continued support for youth mental health services is a key part of its strategy.
Enabling Health Services

Emergency Assistance and Support

Community leadership cited the need for this type of programming. Although significant safety-net programs exist in the county, there are many cracks in those nets for low-income people with sporadic immediate needs regarding medication, medical equipment, medical transportation and social-support-group programming. This is not a medical necessity or reimbursable program, but is a medically responsible one. Peer-to-peer support is a major characteristic of such programming.

Access and Navigation

Community leadership and the Internet survey showed a high degree of support for programs that facilitate access to effective health care. Access services include person-to-practitioner language translation, transportation and health literacy through which health terminology and practices are explained and thereby better understood and followed by recent immigrants. There are an estimated 900 migrant farmworkers in Wyoming County who are the major source of labor for the dairy industry. The health of this small group is important in itself, and an additional consideration is that many dairy farms would face serious problems if these workers were not able to perform their jobs.

Community Health – Food to Schools

Concerns about lack of exercise and poor nutrition rated number one on the survey for youth needs. Adult obesity rates for the county also are among the highest of the 12 counties studied. School nutrition is considered to be one main avenue for promoting healthy eating habits and exercise. Several community leaders noted the importance of farm-to-school programs through which local fresh produce is used by schools in their lunch programs. These programs have significant ecological implications because they improve the vitality of small local farms, as well as community health. Programs that extend the life of local produce through freezing processes at schools also are being explored locally.
Transportation

Transportation was rated as the unequivocal number one enabling service need. Clearly, several “categorical” health-related transportation programs exist for Medicaid-eligible people, the elderly and those with special needs. Agencies in Wyoming County effectively access these programs through ad hoc exchanges between various agencies to meet clients’ needs. Yet, in some communities, these programs have been more closely woven into an organized framework that connects people with transportation capacities. Given the high community need rating, it seems that this issue should be explored more fully for the general population.

One out of 10 people over 18 in Wyoming County is a military veteran and transportation has become more of a challenge since the closure of services in the area. Some veterans require medical van transportation and these highly used vehicles need to be replaced every several years. Consideration of partial funding of replacement vehicles is in order.
Community Health System Infrastructure

Personnel

Several community leaders commented on the need to maintain and increase levels of physicians and health-related personnel in Wyoming County. The importance of homegrown programs through which local students become familiar with health care careers and potentially practice in their home county, and programs that relate to overall education of primary care specialists and the retraining of health-related personnel were cited. Personnel are at the cusp of access to health care services and efforts should be made to maintain and expand such services to promote an adequate supply of health care personnel in the county.

Equipment

Advances in medical technology have led to improved diagnostic capabilities and also to increased productivity and efficiency in health care organizations. As noted in other sections of the analysis, hospital utilization and emergency-department utilization are well within average levels and arguments that are often made in opposition to hospital expenditures do not appear to be supported here by any overuse of unneeded services. Specific projects related to equipment needs need to be further identified and become aspects of the facility strategic plans of the Wyoming County Community Health System or other not-for-profit health care service providers.

Coordination

Prior studies created the Wyoming County Health Advisory Council to design and implement a strategic plan through which county services could best meet local needs. It appears to have a fundamental coordinative purpose through which resources could be better utilized and shared.

Wyoming County, like other counties in New York State, faces unprecedented change in various public and private health care funding and reimbursement mechanisms. As these changes enter their implementation phases, multiple agencies will be affected either directly, through the funding mechanism itself, or indirectly as a result of changes in services and or eligibility requirements. A clearinghouse for such information and a forum for the open discussion of the potential implications of such changes for sister agencies, including the need for greater inter-agency coordination, under the auspices of a Health Advisory Council warrants consideration. A clearly negative consideration, however, is the general lack of enthusiasm for such efforts, associated in part with the lack of relevance or power of such structures, as compared with state or federal mandates.
Affordability

The Number One concern in health care today is cost. Access to services is indeed critical, but the cost of such services is becoming increasingly more problematic over time and is the source of new access problems. As funding mechanisms change, it is important for the Wyoming County community as a whole—including businesses, government and service providers—to understand the health care utilization patterns of county residents and the associated costs for such services. An understanding of such factors can point to solutions through which both costs and quality of care potentially can be addressed. The creation of a Health Care Affordability Council for Wyoming County should be explored based on business and organizational interest, potential access to medical claims related data, and the potential responsiveness of payers to engage in an actionable dialogue that promotes cost-effective solutions to care for Wyoming County.

The need for additional information on the potential implications of various state and federal health care reform initiatives received the highest rating in the Internet survey.

An additional dimension that may have considerable relevancy to the county would be the development of a rural physician and county health system capacity like Accountable Care Organizations (ACO) that are under development in “pioneer” settings in several states. This capacity in combination with health care insurance coverage plans could result in a new health care coverage plan that is locally controlled and designed to improve patient outcomes and lower costs. Such projects are thought to have significant potential, but are unproven to date. Examination of the potential interest of key organizations and individuals, such as the county government, local businesses, the Wyoming County Health Care System, local physicians and regional providers and insurers is warranted. The creation of a data repository on medical-service utilization by county residents could be a key component of such a project.
Public Health

Public health is the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries. Accordingly, public health services have far-ranging impacts that affect the general population—such as food safety, immunizations, and control of the spread of infectious disease—and as such are high-priority programs. In effect, all Thiel priorities address in part the fundamental public health goal of good health.

Within the Thiel priorities model, an important public health function is related to the New York State Health Department’s requirement that county health departments expand their role in designing and implementing more effective regional and local health care systems. Hence, a key public health function herein is its central role in further examining issues related to adequate primary care physician supply, advancement of patient-centered medical homes, and coordination and affordability priorities discussed below.

The public health, coordination and affordability subcomponents have promise, but warrant a further interrelated examination. Hence, the funding priority levels for all three are moderate importance for all five years, pending findings and needed adjustments.
**Footnotes**

i These projects also received financial support from other organizations.

ii Eberts Classification Rural-Suburban NYS Counties
- Allegany County
- Greene County
- Livingston County
- Schuyler County
- Washington County
- Wyoming County
- Columbia County
- Herkimer County
- Schoharie County
- Seneca County
- Wayne County
- Yates County

iii An extensive review of additional emergency department and inpatient use statistics was conducted on two additional years to assess possible aberrant findings for 2010 and demonstrated similar unremarkable findings. This review also considered two factors, particular to the county that could skew or distort the data and findings: a potentially low Medicaid-eligibility rate for the county and the correctional population that has a high proportion of adult males. These factors were thought to have some influence, but not to the degree that "normative" emergency department and inpatient findings were distorted. A key variation in the emergency department data for 2010 was a significant drop in emergency-department use by Medicaid-eligible people and a corresponding increase in use by people with commercial insurance coverage. Overall use regardless of payer was relatively unchanged. General statistics on inpatient hospitalizations and emergency department use were relatively unchanged during the 2008-10 period as indicated in Exhibit E – 1.

### Exhibit E – 1 Wyoming County Residents’ Inpatient and ER Use 2008 to 2010

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<tr>
<td>Commercial %</td>
<td>5%</td>
<td>7%</td>
<td>13%</td>
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Source: HMS Associates, NYS-SPARCS- Various Years.
This additional analysis was of considerable importance because a new community health center is being developed in the county that will improve access to primary care for people without health care insurance, as well as the general population. The additional preliminary key finding that suggested that the population in general was in need of primary care services was the results of an ad hoc analysis of primary care physicians in the county conducted by the Wyoming County Health Department, Wyoming County Community Health System and HMS Associates in August 2012. It showed a moderately high need or low supply ratio of 36 primary care physicians per 100,000 people and lack of primary care practices in the county accepting new patients. This “low” primary care physician-to-population was based on a comparison to the results of a recent study by Dartmouth on physician supply ratios. Additional clarification on methodologies is required, however. See the next page for a citation for that study.

### Internet Survey Results – Need for additional services capacity

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Rating – 3 is the highest.
What Is Public Health?

Our Commitment to Safe, Healthy Communities

Definition

Public health is prevention.

Public health is the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries.

Public health is policy development and population health surveillance.

Public health professionals rely on policy and research strategies to understand issues such as infant mortality and chronic disease in particular populations.

Why It’s Important

Public Health Saves Money and Improves Quality of Life.

A healthy public gets sick less frequently and spends less money on health care; this means better economic productivity and an improved quality of life for everyone.

Improving Public Health Helps Children Thrive.

Healthy children become healthy adults. Healthy children attend school more often and perform better overall. Public health professionals strive to ensure that all children grow up in a healthy environment with adequate resources, including health care.

Public Health Prevention Reduces Human Suffering.

Public health prevention not only educates people about the effects of lifestyle choices on their health, it also reduces the impact of disasters by preparing people for the effects of catastrophes such as hurricanes, tornadoes and terrorist attacks.

Who Does it?

Public Health as a Profession.

Rather than being a single discipline, public health includes professionals from many fields with the common purpose of protecting the health of a population:

- Emergency responders
- Health educators
- Scientists and researchers
- Public health nurses
- Social workers
- Epidemiologists
- Community planners
- Restaurant inspectors
- Public policymakers
- Public health physicians
- Occupational health and safety professionals
- Sanitarians
- Nutritionists
Examples of It

Public Health in Policy and Practice

• Vaccination programs for school-age children and adults to prevent the spread of disease
• Regulation of prescription drugs for safety and effectiveness
• Safety standards and practices to protect worker health and safety
• Ensuring access to clean water and air
• Educational campaigns to reduce obesity among children
• Measurement of the effect of air quality on an emergency recovery worker
• School nutrition programs to ensure children have access to nutritious food

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Get The Facts