The State of Our County’s Health: An Assessment of Onondaga County’s Health

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The Maxwell School
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Overview

• Why are we doing a Community Health Assessment (CHA) and what does it involve?

• What do we know about the State of the County’s Health?

• Where do we go from here?

• How can you be involved?
Why are We Doing a CHA?

- To support planning for programs to improve the health of our community, by government and the private sector; and
- To address a set of regulations at the federal, state and local levels.
  - Federal: Patient Protection and Affordable Care Act
  - State: New York State Prevention Agenda
  - Local: Accreditation of the County Health Department by the Public Health Accreditation Board (PHAB)
The Requirements

Community Health Assessment (1), (2)

- Community Health Improvement Plan
  - Local Health Department (1)

- Community Service Plan
  - Non-Governmental Hospitals (1)

- Community Health Needs Assessment
  - Non-Profit Hospitals (2)

(1) Required by the New York State Department of Health's Prevention Agenda
(2) Required by the Patient Protection and Affordable Care Act
Patient Protection and Affordable Care Act

- All Non-profit Hospitals must complete a Community Health Assessment and a Community Health Needs Assessment.
  - The process must be collaborative
  - The outcome must be a specific plan and budget to show how the hospital improves the health of the community

- Sanctions are enforced through the Internal Revenue Service (fines and jeopardy of non-profit status).
New York State Prevention Agenda

Priority Areas

Prevent Chronic Diseases
Promote a Healthy and Safe Environment
Promote Healthy Mothers, Infants and Children
Promote Mental Health and Prevent Substance Abuse
Prevent HIV, STDs, Vaccine Preventable Disease and Healthcare Associated Infections
New York State Prevention Agenda Priority Areas

- Health Department and Hospitals must choose two of the prevention agenda priority areas in common and
- Develop strategies that will address those areas.
The Process to Date

- Community Focus Groups
- Discussions between the County Health Department and Hospitals
- Data Collection and Analysis
Focus Groups

[Diagram of community and infrastructure]

The ideal healthy community has a capable infrastructure of people, systems, and aging.

1. Social
   - Home
   - School
   - Community

2. Physical
   - Doctor
   - Pharmacy
   - Hospital
   - Health

Collaborative efforts:
- Hospitals
- Local School
- Community
- Regional Organizations

Development:
- Early Education
- MED/NED
- Family Services
- Early Education Records

[Diagram of community layout]
What Does a Healthy Community Look Like?

A Healthy Environment with Clean Land, Water, and Air

Availability and Access to Services

Ample Hospitals, Clinics, Doctor Offices, and Elder Care Facilities

Healthy Nutrition (grocery stores, restaurants, food pantries)

Easy Point of Entry for Services

Policy and Education Considerations

Healthy Sunshine

Tree = Life, Importance of Being Collectively Human

Importance of Past History
Community Forum Findings - Top Issues

**Health Status**

- Obesity
  - Chronic Disease
  - Physical Activity
  - Nutrition
- Tobacco and Other Drug Addictions

**Health System**

- Cost of Healthcare
- Affordability and Accessibility of Health Insurance
- Aging Population and Elderly Care
Mining the Data...
The Demographics

- Total population: 466,852
  - 81.8% White
  - 11.4% Black
  - 3.2% Asian
  - 0.9% American Indian / Alaska Native
  - 2.6% Two or more races
  - 4.3% Hispanic (all races)

Race

Onondaga County

- White: 81.8%
- Black: 4.3%
- American Indian/Alaska Native: 11.4%
- Asian: 0.9%
- Two or More Races: 3.2%

City of Syracuse

- White: 56.0%
- Black: 29.5%
- American Indian/Alaska Native: 5.1%
- Asian: 5.1%
- Two or More Races: 1.1%

Syracuse vs. Onondaga County

• The median household income for Onondaga County is more than $20,000 greater than the City of Syracuse.

• In Syracuse, 32.3% of residents live below the poverty line.

• Nearly 40% of Syracuse children live in poverty.

• The high school graduation rate for SCSD ranges from 41% to 57%.

• By comparison, HS graduation rates for suburban schools range from 95% (FM) to 65% (Lafayette).

Sources: U.S. Census Bureau, ACS 5-year estimates (2007-2011)
New York State Education Department (2008-2009 school year)
The Framework for Data Analysis: The Five Prevention Agenda Priorities

- Prevent chronic disease
- Promote a healthy and safe environment
- Promote healthy women, infants, and children
- Promote mental health and prevent substance abuse
- Prevent HV, STD, VPD and health care associated infections
Prevent Chronic Disease
Prevent Chronic Disease

- Areas of interest:
  - Heart disease
  - Cancer
  - Obesity
### Diseases of the Heart 2008-2010

<table>
<thead>
<tr>
<th>Location</th>
<th>Mortality Rate (Age Adjusted per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onondaga</td>
<td>151.5</td>
</tr>
<tr>
<td>NYS</td>
<td>207.6</td>
</tr>
<tr>
<td>US</td>
<td>179.1</td>
</tr>
</tbody>
</table>

### Coronary Heart Disease 2008-2010

<table>
<thead>
<tr>
<th>Location</th>
<th>Mortality Rate (Age Adjusted per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onondaga</td>
<td>107.0</td>
</tr>
<tr>
<td>NYS</td>
<td>169.4</td>
</tr>
<tr>
<td>US</td>
<td>126.0</td>
</tr>
</tbody>
</table>

Sources:
- NYSDOH County Health Indicators, Cardiovascular Disease, [http://www.health.ny.gov/statistics/chac/indicators/chr.htm](http://www.health.ny.gov/statistics/chac/indicators/chr.htm)
- National Center for Health Statistics [http://www.cdc.gov/nchs/fastats/deaths.htm](http://www.cdc.gov/nchs/fastats/deaths.htm)
Leading Causes of Mortality in Onondaga County

- In 2005, the leading cause of death in Onondaga County shifted from Diseases of the Heart to Malignant Neoplasms.
- Very few counties in NYS have made this shift.
- Mortality from heart disease has been decreasing more quickly than mortality from cancer.
Incidence is Increasing, Mortality is Decreasing

For Onondaga County Residents:

>52 individuals are diagnosed with cancer each week

>19 individuals die from cancer each week


Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population
Incidence Rates (2007-2009)
Breast, Lung & Prostate Cancer

Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population
Mortality Rates (2007-2009) 
Breast, Lung & Prostate Cancer

Source:

- [NYSDOH County Health Assessment Indicators, Cancer, 2007-2009](http://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm)

Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population
Obesity* Rates in Children and Adults


*Obesity is defined as weight category ≥ 95th percentile among children and as BMI ≥ 30.0 among adults
Promote a Healthy and Safe Environment
Promote a Healthy and Safe Environment

- Areas of interest:
  - Asthma
  - Shigellosis
  - Injury
  - Access to Healthy Foods
Promote a Healthy and Safe Environment

Asthma Hospitalizations per 10,000 Population, 2008-2010

Shigellosis outbreak beginning in June 2012

- 246 cases reported in 2012 compared to 4 cases in 2011
- 32 cases have been reported through March 2013
- Early clusters identified in child care settings
## Promote a Healthy and Safe Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Onondaga County</th>
<th>New York State</th>
<th>Significant Difference?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional injury mortality rate per 100,000 (age – adjusted)</td>
<td>33.7</td>
<td>22.4</td>
<td>Yes</td>
</tr>
<tr>
<td>Unintentional injury hospitalization rate per 10,000 (age – adjusted)</td>
<td>49.1</td>
<td>64.5</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Homicide Death Rate, 2008-2010 (Age-adjusted per 100,000)

Access to healthy foods

In Onondaga County:

- 6.3% of children have low access to a grocery store
- 5.5% of low income residents have low access to a grocery store (NYS 2.5%)

Source: USDA Food Environment Atlas, 2010
Promote Healthy Women, Infants, and Children
Promote Healthy Women, Infants and Children

- Infant mortality disparities 😞
- Breastfeeding rates 😞
- Teen births 😞
Infant Mortality, 2010 - 2012*

<table>
<thead>
<tr>
<th>Locality</th>
<th>Infant Deaths per 1,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onondaga County</td>
<td>5.5</td>
</tr>
<tr>
<td>White</td>
<td>4.3</td>
</tr>
<tr>
<td>Black</td>
<td>12.4</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.3</td>
</tr>
<tr>
<td>Syracuse</td>
<td>6.7</td>
</tr>
<tr>
<td>White</td>
<td>4.6</td>
</tr>
<tr>
<td>Black</td>
<td>11.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.8</td>
</tr>
</tbody>
</table>

Source: Statewide Perinatal Data System, OCHD Bureau of Surveillance and Statistics
*2011 and 2012 data are provisional
Breastfeeding rates, 2008-2010*


*Onondaga County rates are significantly different than NYS rates for each indicator shown
Teen Births per 1,000 females, 2008-2010*


*Onondaga County rates are significantly different than NYS rates for each indicator shown
# Teen Births per 1,000 females by select zip codes, 2008-2010

<table>
<thead>
<tr>
<th>Locality</th>
<th>Birth rate among ages 15 – 19 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onondaga County</td>
<td>28.7</td>
</tr>
<tr>
<td>13202</td>
<td>164.7</td>
</tr>
<tr>
<td>13203</td>
<td>123.7</td>
</tr>
<tr>
<td>13204</td>
<td>168.5</td>
</tr>
<tr>
<td>13205</td>
<td>172.9</td>
</tr>
<tr>
<td>13206</td>
<td>96.3</td>
</tr>
<tr>
<td>13207</td>
<td>130.7</td>
</tr>
<tr>
<td>13208</td>
<td>138.2</td>
</tr>
<tr>
<td>13224</td>
<td>84.7</td>
</tr>
</tbody>
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Promote Mental Health and Prevent Substance Abuse
Promote Mental Health and Prevent Substance Abuse

- **Areas of interest**
  - Self-inflicted injury 🙁
  - Newborn drug-related hospitalizations 🙁
## Self-inflicted injury, 2008-2010

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Onondaga County</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-inflicted injury hospitalization rate per 10,000 (age-adjusted)</td>
<td>7.6</td>
<td>5.1</td>
</tr>
<tr>
<td>Self-inflicted injury hospitalization rate per 10,000 (ages 15-19)</td>
<td>14.8</td>
<td>9.7</td>
</tr>
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</table>

# Newborn drug-related hospitalizations, 2008-2010

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Onondaga County</th>
<th>NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn drug-related hospitalization rate per 10,000 newborn discharges</td>
<td>252.6</td>
<td>64.0</td>
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</tbody>
</table>

Newborn drug-related hospitalizations: Local data review - 2012

- Laboratory data for mothers and infants with a positive drug screen were matched to the Electronic Birth Certificate for January – May, 2012.

- Maternal risk factors include:
  - Medicaid paid birth
  - Black race
  - Fewer years of education completed
  - Younger age
  - Decreased paternal involvement
  - Increased self-reported use of illegal drugs, alcohol and tobacco during pregnancy

Source: Siddiqui S, 2012
Statewide Perinatal Data System
Laboratory Alliance of CNY
NICU Admission Rates, 2012

Source: Siddiqui S, 2012
Statewide Perinatal Data System
Laboratory Alliance of CNY
Figure 2)

For infants admitted in the NICU, the positive drug tests (of either mother or infant) were more likely to be due to opiates and cannabinoids.
Births to women with self-reported illegal drug use during pregnancy, Syracuse and Onondaga County, 2007-2009 and 2010-2012*

*2011 and 2012 data are preliminary

Source: Statewide Perinatal Data System, Onondaga County Bureau of Surveillance and Statistics
Prevent HIV, STD, VPD, and Health Care Associated Infections
Prevent HIV, STD, VPD, and Health Care Associated Infections

• Areas of interest
  ▫ Influenza
  ▫ Gonorrhea
Influenza activity, 2012 - 2013

Source: NYSDOH Communicable Diseases Electronic Surveillance System (CDESS)
Where do we go from here?

- The Prevention Agenda and Community Health Improvement Plan
- The OCHD and the local hospitals have committed to working on two shared priority areas
- But the CHIP is not limited to these priority areas
Where do we go from here?

- Feedback from community focus groups and preliminary analysis of data:
  - Chronic disease with an improvement plan focus on nutrition and physical activity
  - Mental health and substance abuse with a focus on perinatal substance abuse
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Event Description</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>May 2, 2013</td>
<td>“The State of the County’s Health”</td>
<td>Cynthia Morrow, M.D., Commissioner of Health and Thomas Dennison, Ph.D., Chair, Advisory Board of Health</td>
</tr>
<tr>
<td>July/August, 2013</td>
<td>Internal work on CHA/CHIP/CSP</td>
<td></td>
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<tr>
<td>September, 2013</td>
<td>Community Forum TBD</td>
<td>Presentation of the Finalized Community Health Assessment Onondaga County Department of Health</td>
</tr>
<tr>
<td>September/October, 2013</td>
<td>Internal work on CHA/CHIP/CSP</td>
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<tr>
<td>November 2013</td>
<td>Community Forum TBD</td>
<td>Presentation of Community Health Improvement and Community Service Plans</td>
</tr>
<tr>
<td>November 15, 2013</td>
<td>Submission of Community Health Improvement Plan/Community Service Plans</td>
<td></td>
</tr>
<tr>
<td>December, 2013</td>
<td>Submission of Community Health Needs Assessments</td>
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</table>
How can you help us?

- The more community participation we have, the more robust our CHA and our CHIP
- Get involved!