

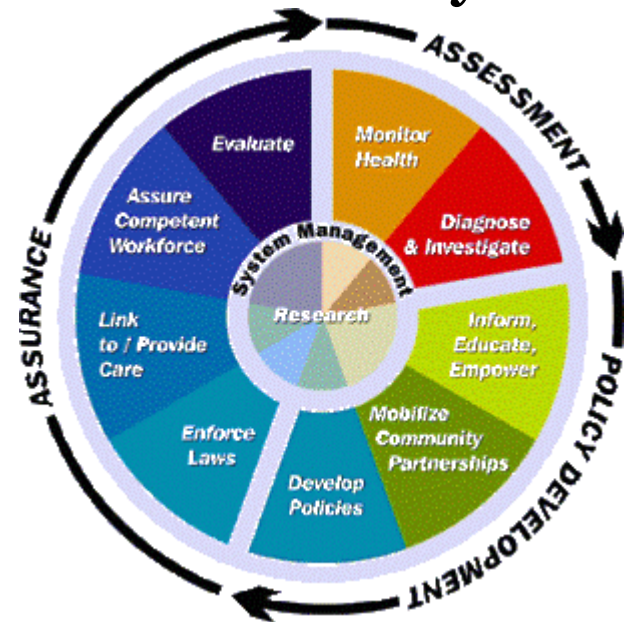
The State of Our County's Health: An Assessment of Onondaga County's Health

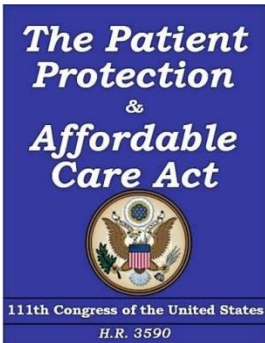
Cynthia B. Morrow, MD, MPH
Commissioner of Health,
Onondaga

Thomas H. Dennison, PhD
The Maxwell School
Syracuse University

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)

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



Department of the Treasury
Internal Revenue Service

- 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



CENTRAL NEW YORK
MASTER OF PUBLIC HEALTH

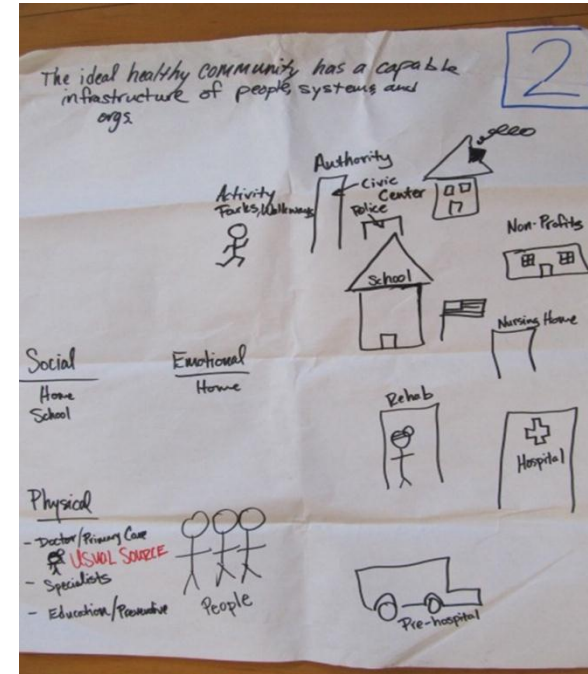
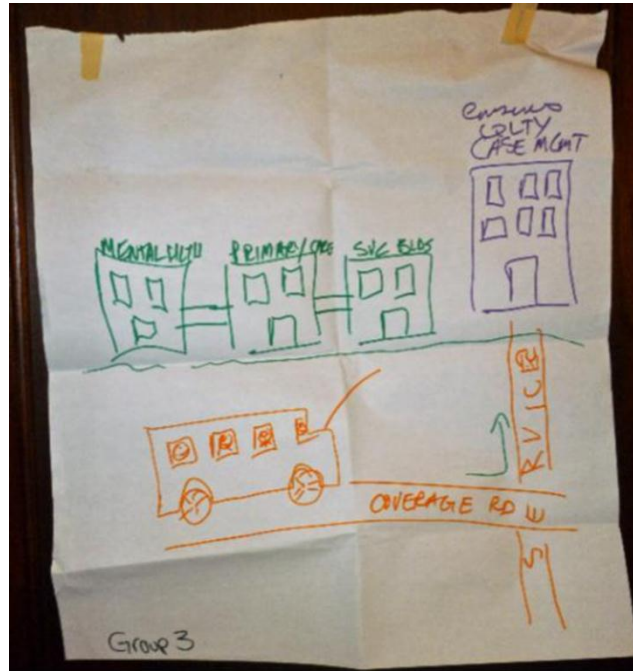
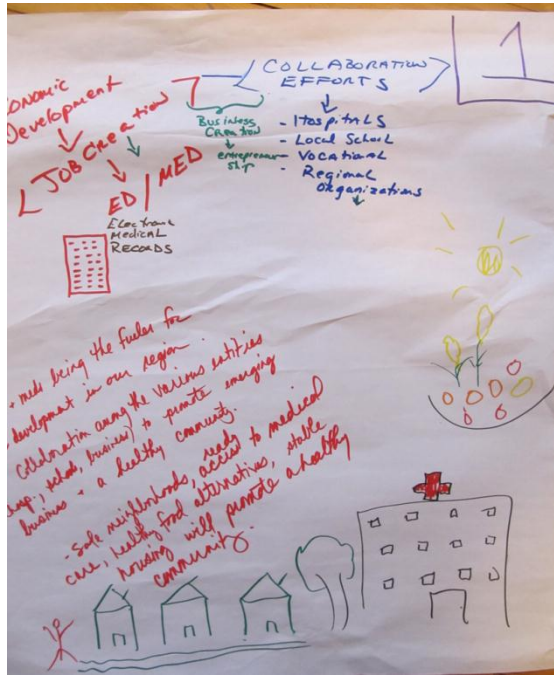


UPSTATE
UNIVERSITY HOSPITAL

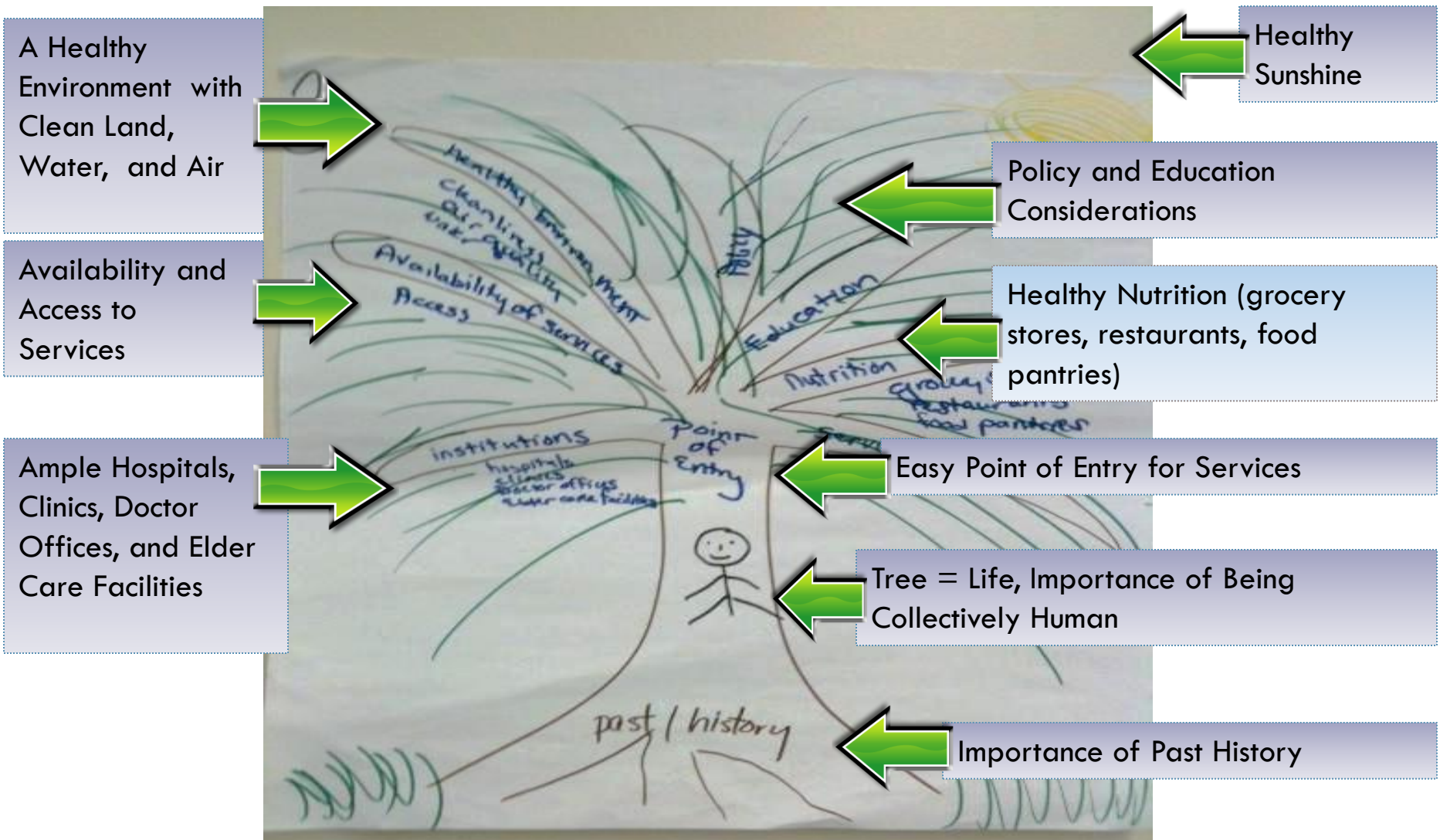
ST. JOSEPH'S
Hospital  Health Center

UPSTATE
UNIVERSITY HOSPITAL
AT COMMUNITY GENERAL

Focus Groups



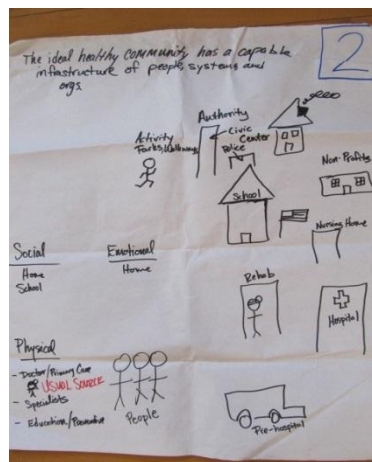
What Does a Healthy Community Look Like?



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...



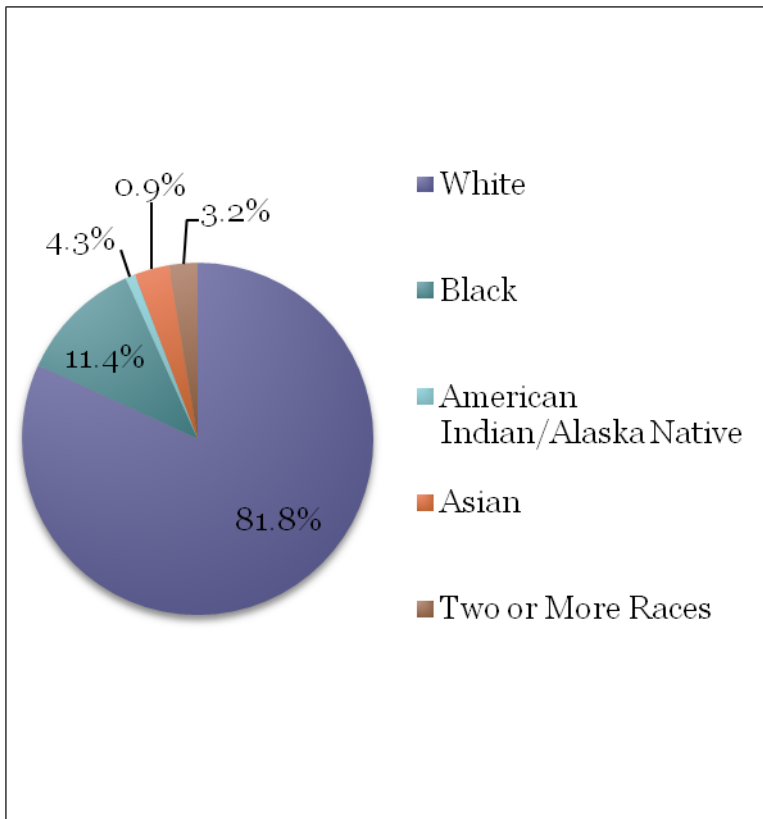
The Demographics

- 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)

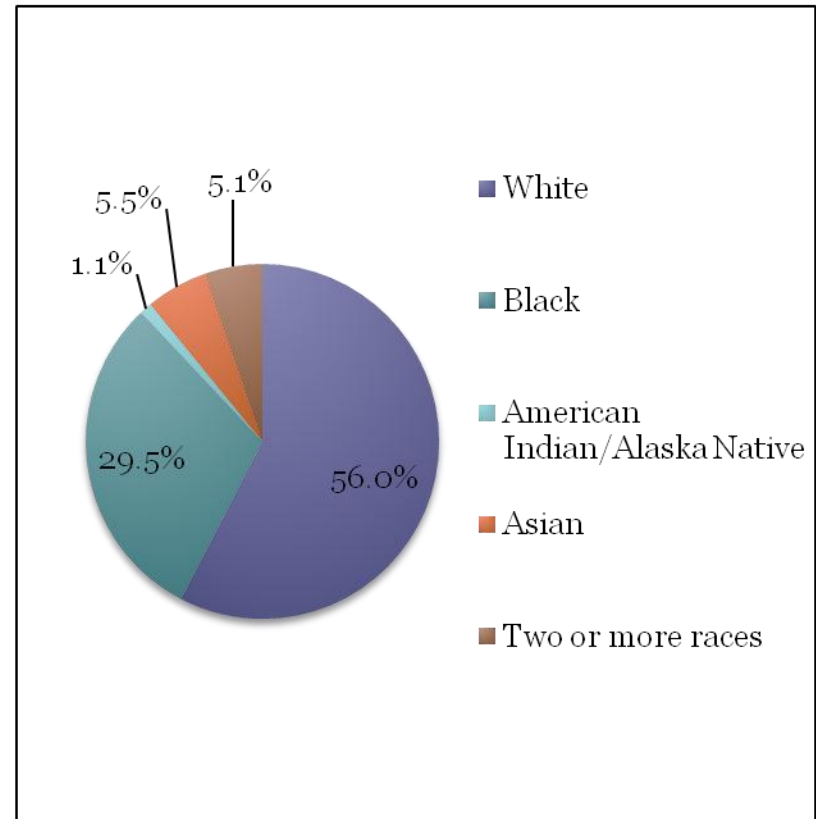


Race

Onondaga County



City of Syracuse



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).

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 HIV, STD, VPD and health care associated infections

Prevent Chronic Disease

Prevent Chronic Disease

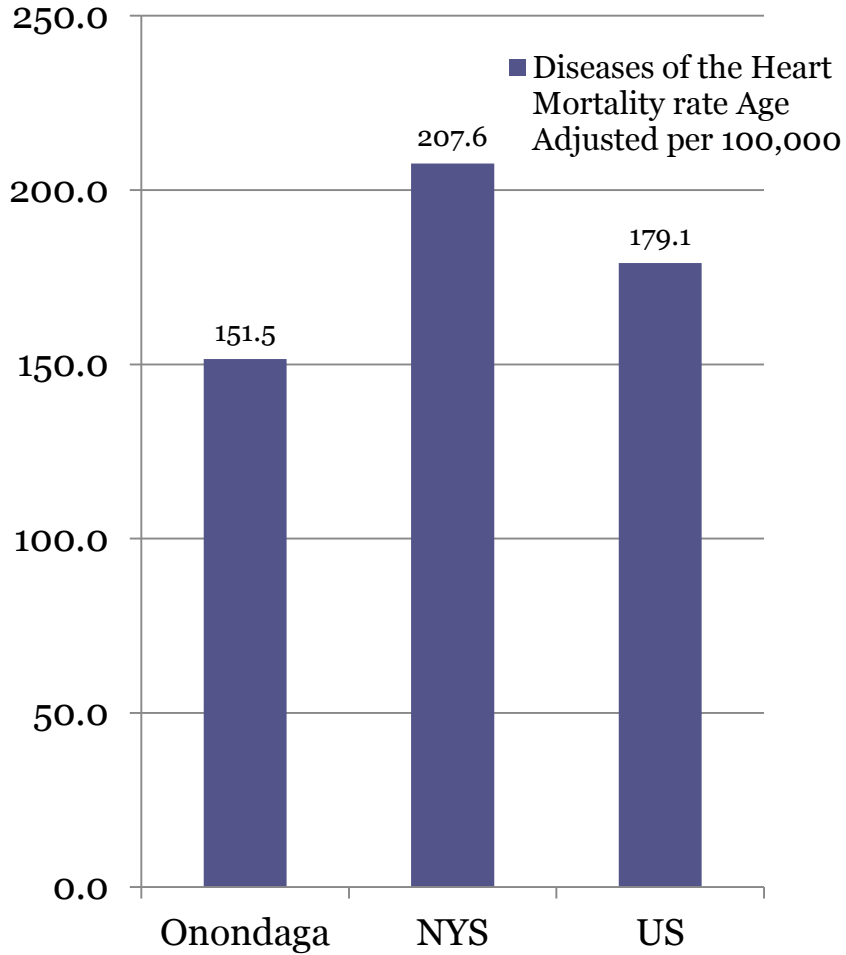
- Areas of interest:

- Heart disease 

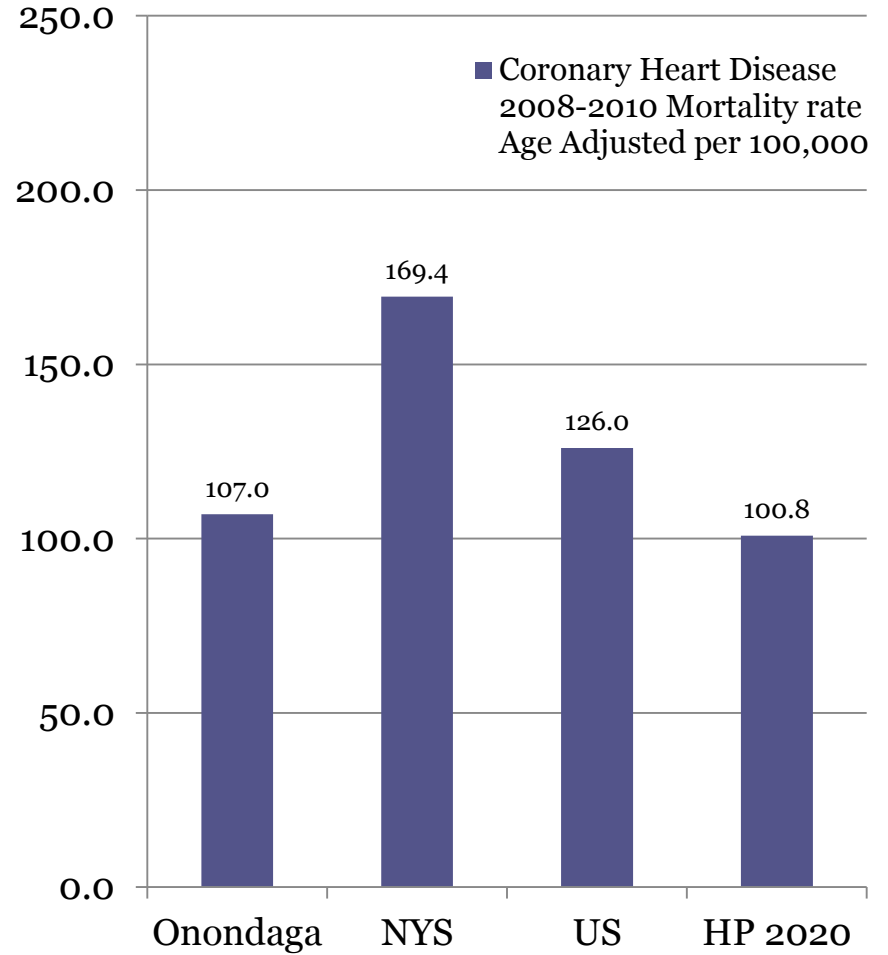
- Cancer 

- Obesity  

Diseases of the Heart 2008-2010



Coronary Heart Disease 2008-2010



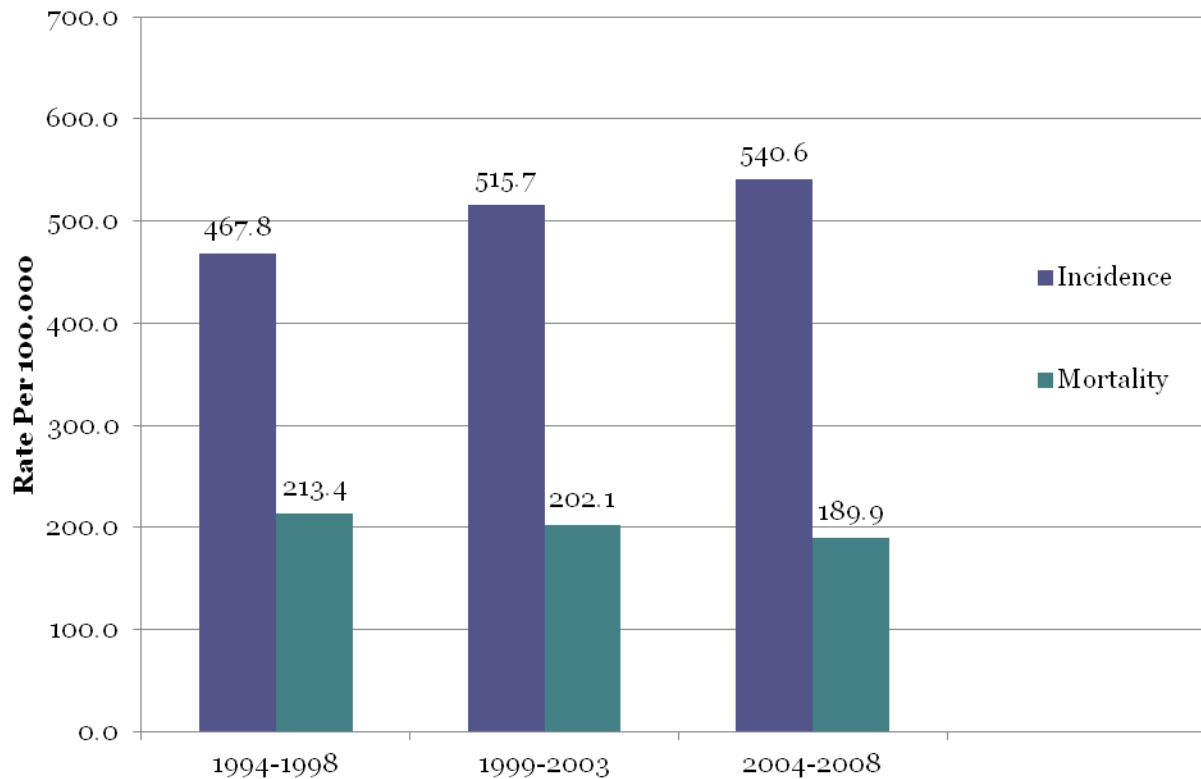
Sources: NYSDOH County Health Indicators, Cardiovascular Disease, <http://www.health.ny.gov/statistics/chac/indicators/chr.htm>
 Healthy People 2020 <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=21>
 National Center for Health Statistics <http://www.cdc.gov/nchs/fastats/deaths.htm>

Leading Causes of Mortality in Onondaga County

- In 2005, the leading cause of death in Onondaga County shifted from Diseases of the Heart → 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

Cancer Incidence & Mortality Rates for Onondaga County, 2004-2008



For Onondaga County Residents:

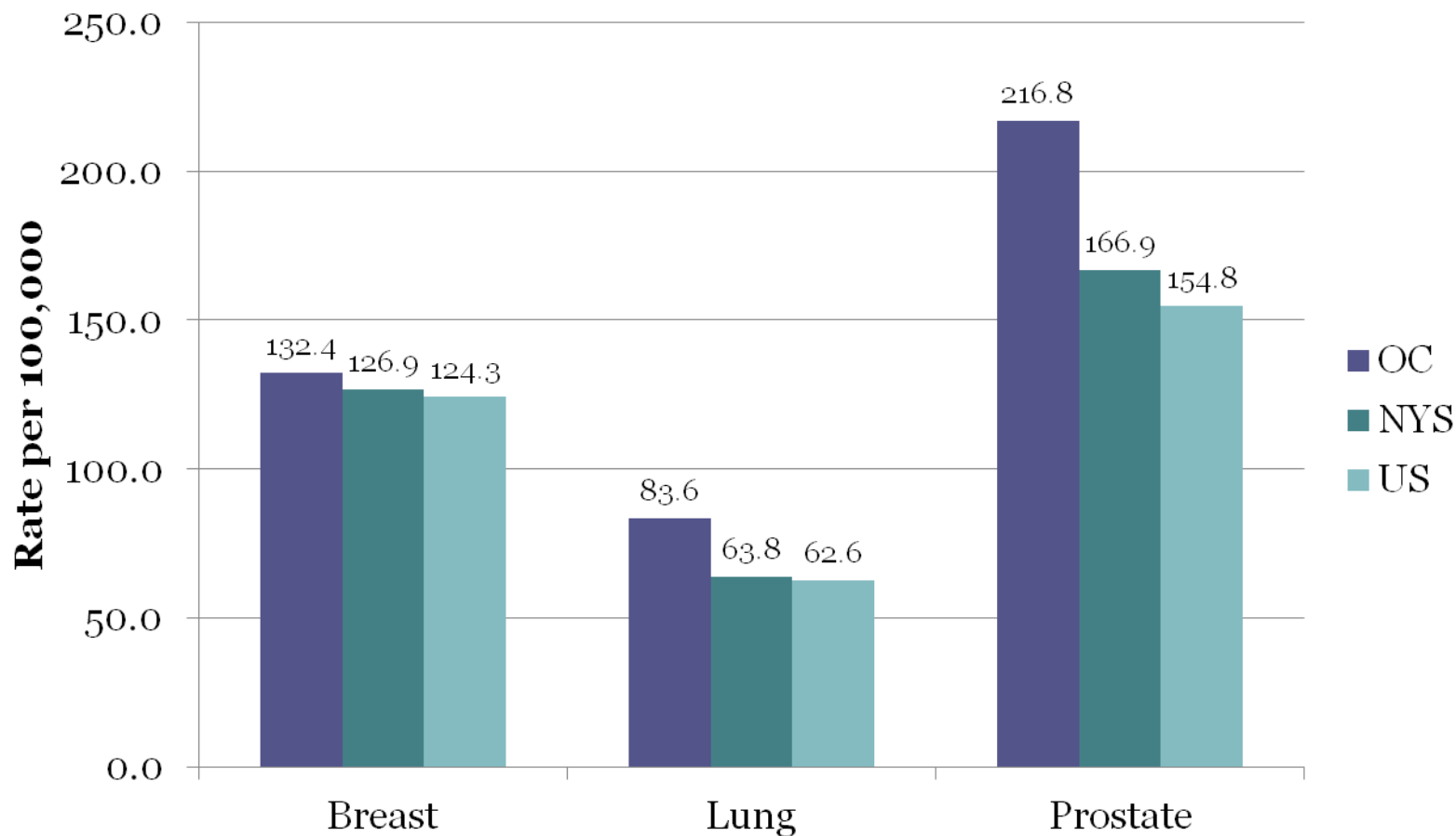
>52 individuals are diagnosed with cancer each week

>19 individuals die from cancer each week

Source: http://www.acscan.org/ovc_images/file/action/states/ny/NY_Cancer_Burden_Report_2012.pdf

Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Incidence Rates (2007-2009) Breast, Lung & Prostate Cancer

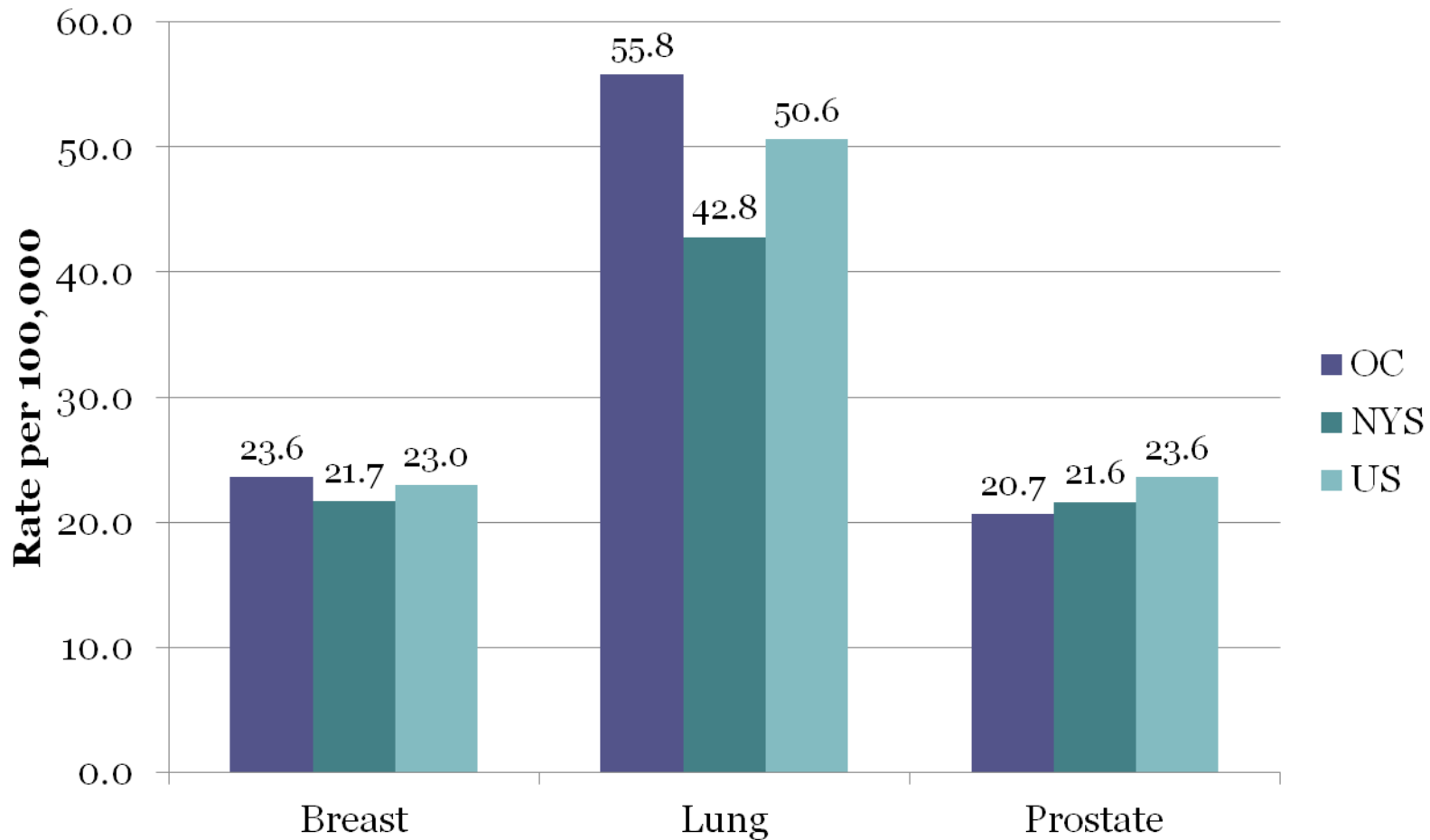


Source: http://seer.cancer.gov/csr/1975_2009_pops09/browse_csr.php?section=36&page=sect_a_table.o3.html

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

Mortality Rates (2007-2009) Breast, Lung & Prostate Cancer

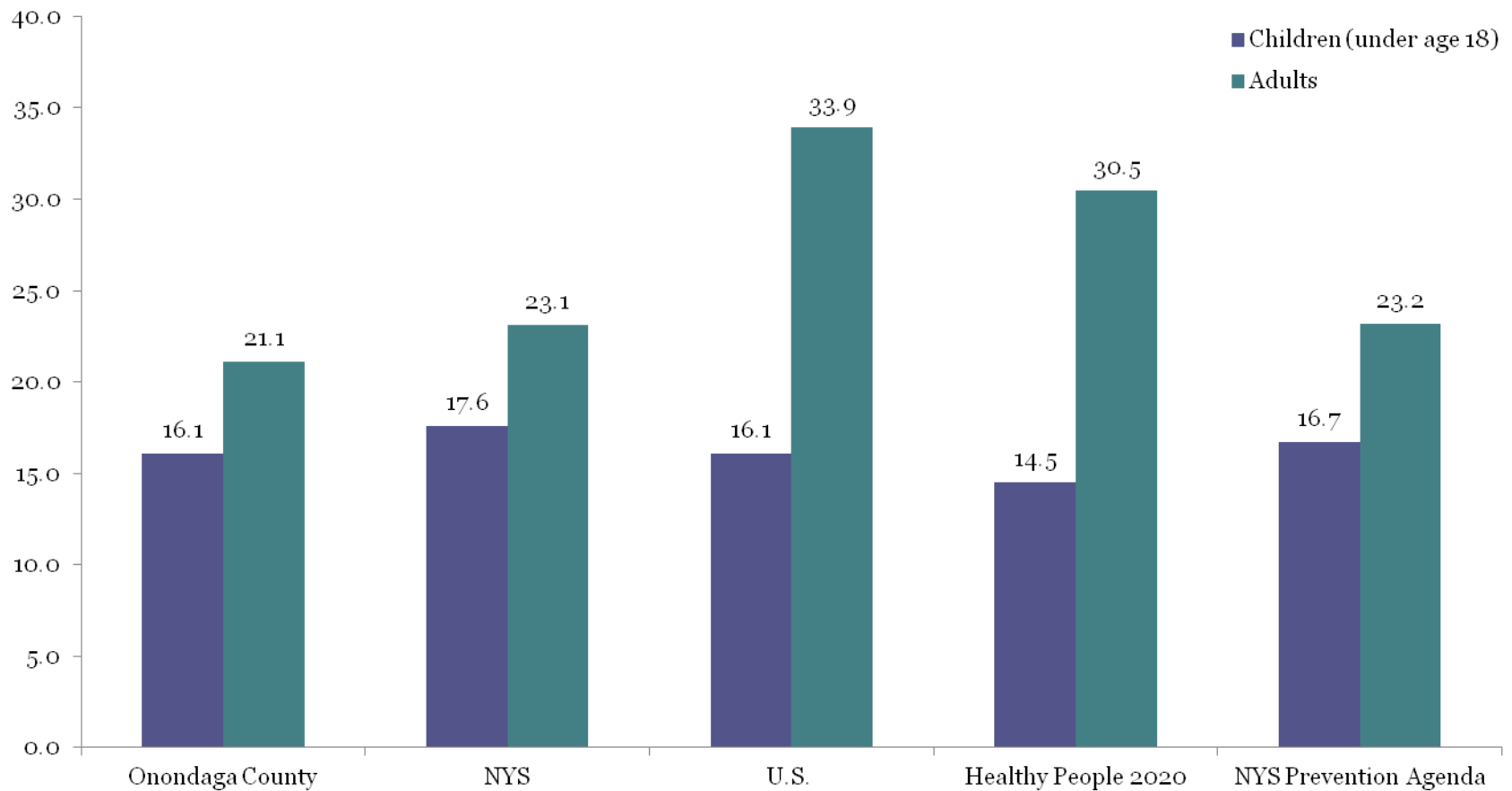


Source: http://seer.cancer.gov/csr/1975_2009_pops09/browse_csr.php?section=36&page=sect_a_table.03.html

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



Source: Adults – NYSDOH Expanded BRFSS, 2008-2009, NHANES 2005-2008, Children / Adolescents – Student weight status category reporting system, 2010-2012, NHANES 2005-2008
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/onondaga.htm
*Obesity is defined as weight category \geq 95th percentile among children and as BMI \geq 30.0 among adults

Promote a Healthy and Safe Environment

Promote a Healthy and Safe Environment

- Areas of interest:

- Asthma 

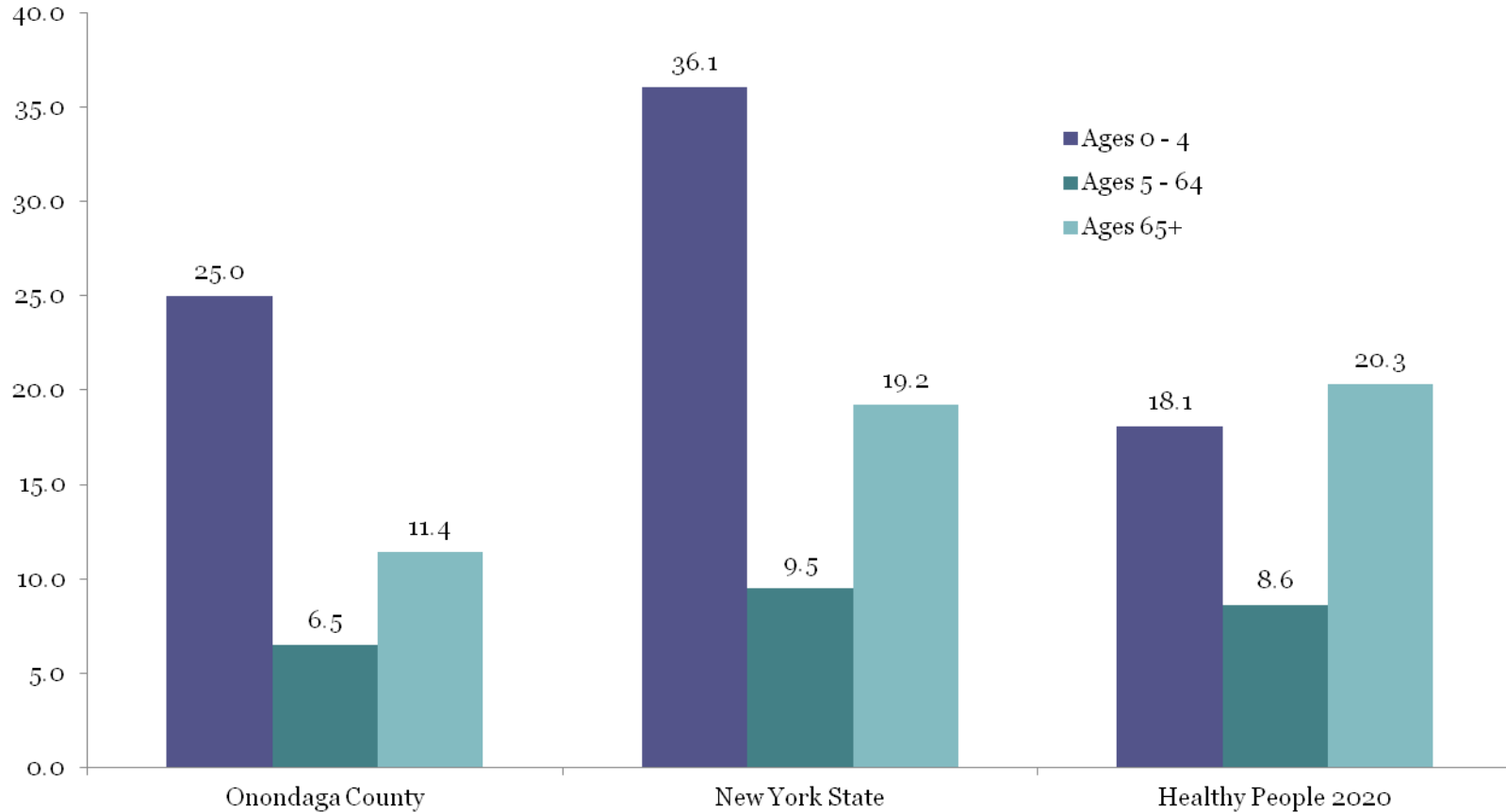
- Shigellosis 

- Injury  

- Access to Healthy Foods 

Promote a Healthy and Safe Environment

Asthma Hospitalizations per 10,000 Population, 2008-2010



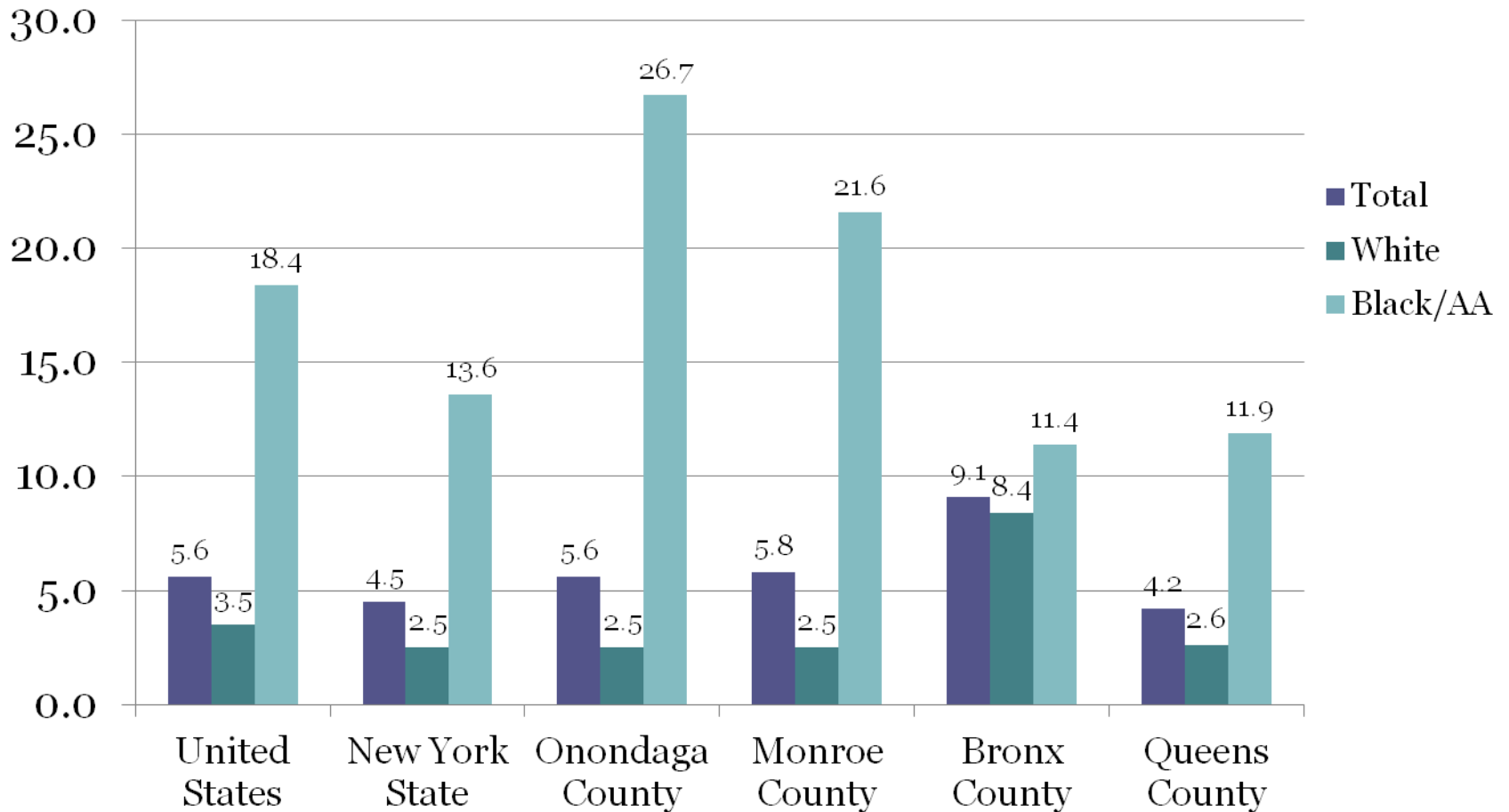
Promote a Healthy and Safe Environment

- 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

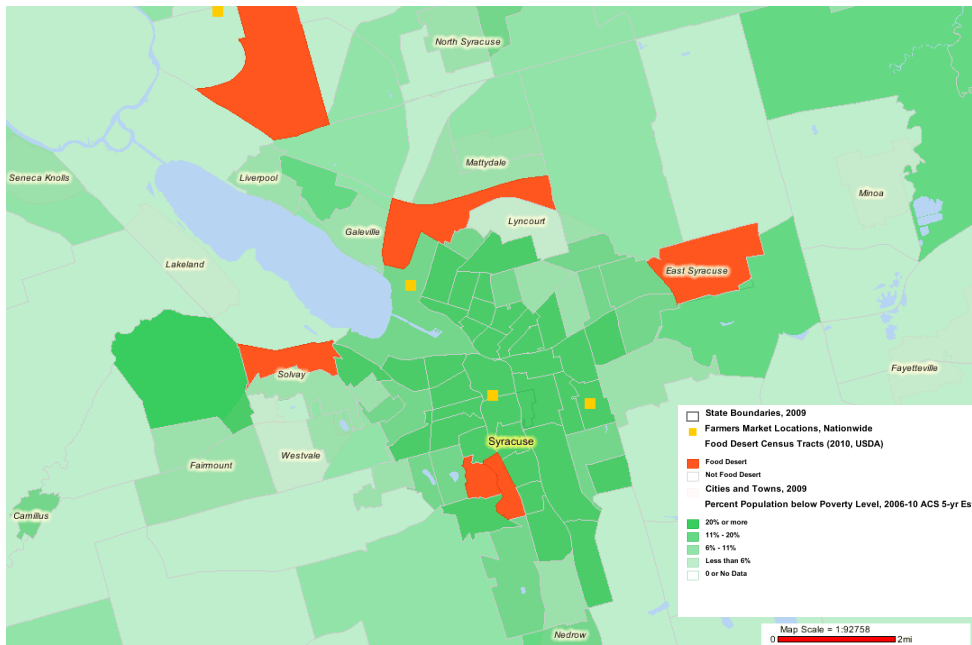
Promote a Healthy and Safe Environment

Indicator	Onondaga County	New York State	Significant Difference?
Unintentional injury mortality rate per 100,000 (age – adjusted)	33.7	22.4	Yes
Unintentional injury hospitalization rate per 10,000 (age – adjusted)	49.1	64.5	Yes

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%)

Community Commons 2.0 Starter Map, Community Health Needs Assessment

Promote Healthy Women,
Infants, and Children

Promote Healthy Women, Infants and Children

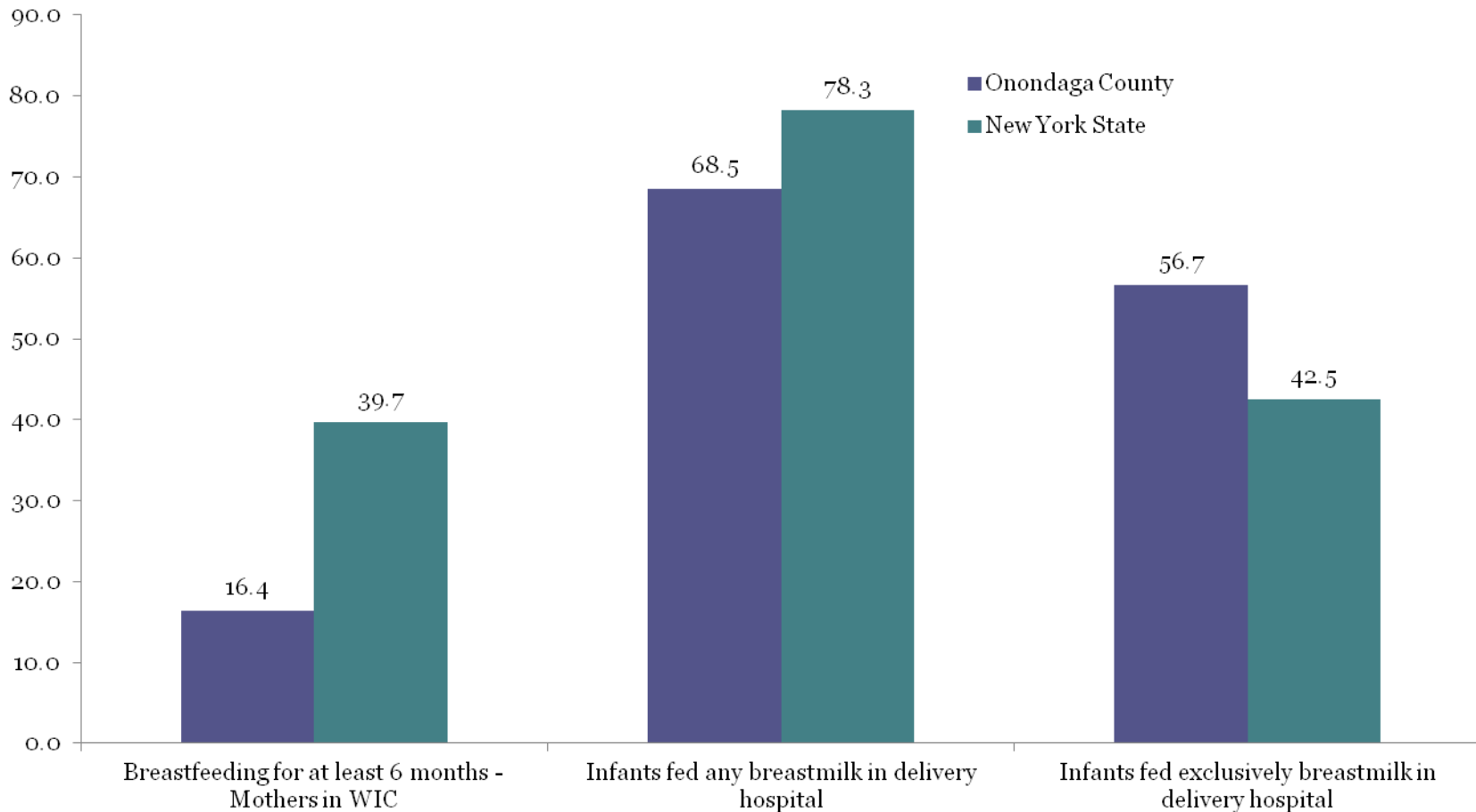
- Infant mortality disparities 
- Breastfeeding rates 
- Teen births 

Infant Mortality, 2010 - 2012*

Locality	Infant Deaths per 1,000 Live Births
Onondaga County	5.5
White	4.3
Black	12.4
Hispanic	8.3
Syracuse	6.7
White	4.6
Black	11.5
Hispanic	7.8

Source: Statewide Perinatal Data System, OCHD Bureau of Surveillance and Statistics
*2011 and 2012 data are provisional

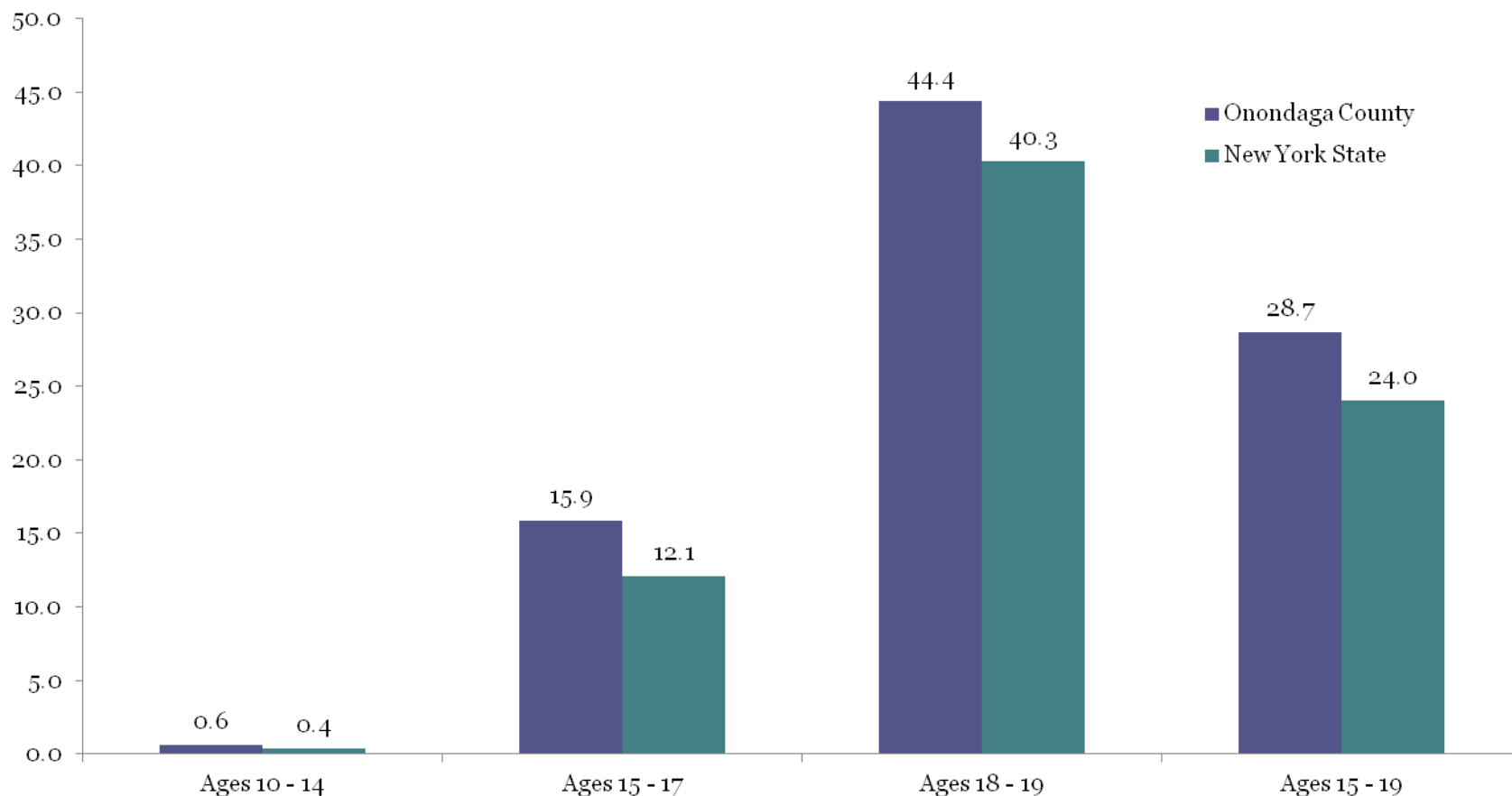
Breastfeeding rates, 2008-2010*



Source: NYSDOH Community Health Assessment Indicators, Maternal and Infant Health: http://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm

*Onondaga County rates are significantly different than NYS rates for each indicator shown

Teen Births per 1,000 females, 2008-2010*



Source: NYSDOH Community Health Assessment Indicators, Family Planning/Natality: http://www.health.ny.gov/statistics/chac/chai/docs/fp_31.htm

*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

Locality	Birth rate among ages 15 – 19 years
Onondaga County	28.7
13202	164.7
13203	123.7
13204	168.5
13205	172.9
13206	96.3
13207	130.7
13208	138.2
13224	84.7

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

Indicator	Onondaga County	New York State
Self-inflicted injury hospitalization rate per 10,000 (age-adjusted)	7.6	5.1
Self-inflicted injury hospitalization rate per 10,000 (ages 15-19)	14.8	9.7

Newborn drug-related hospitalizations, 2008-2010

Indicator	Onondaga County	NYS
Newborn drug-related hospitalization rate per 10,000 newborn discharges	252.6	64.0

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

NICU Admission Rates, 2012

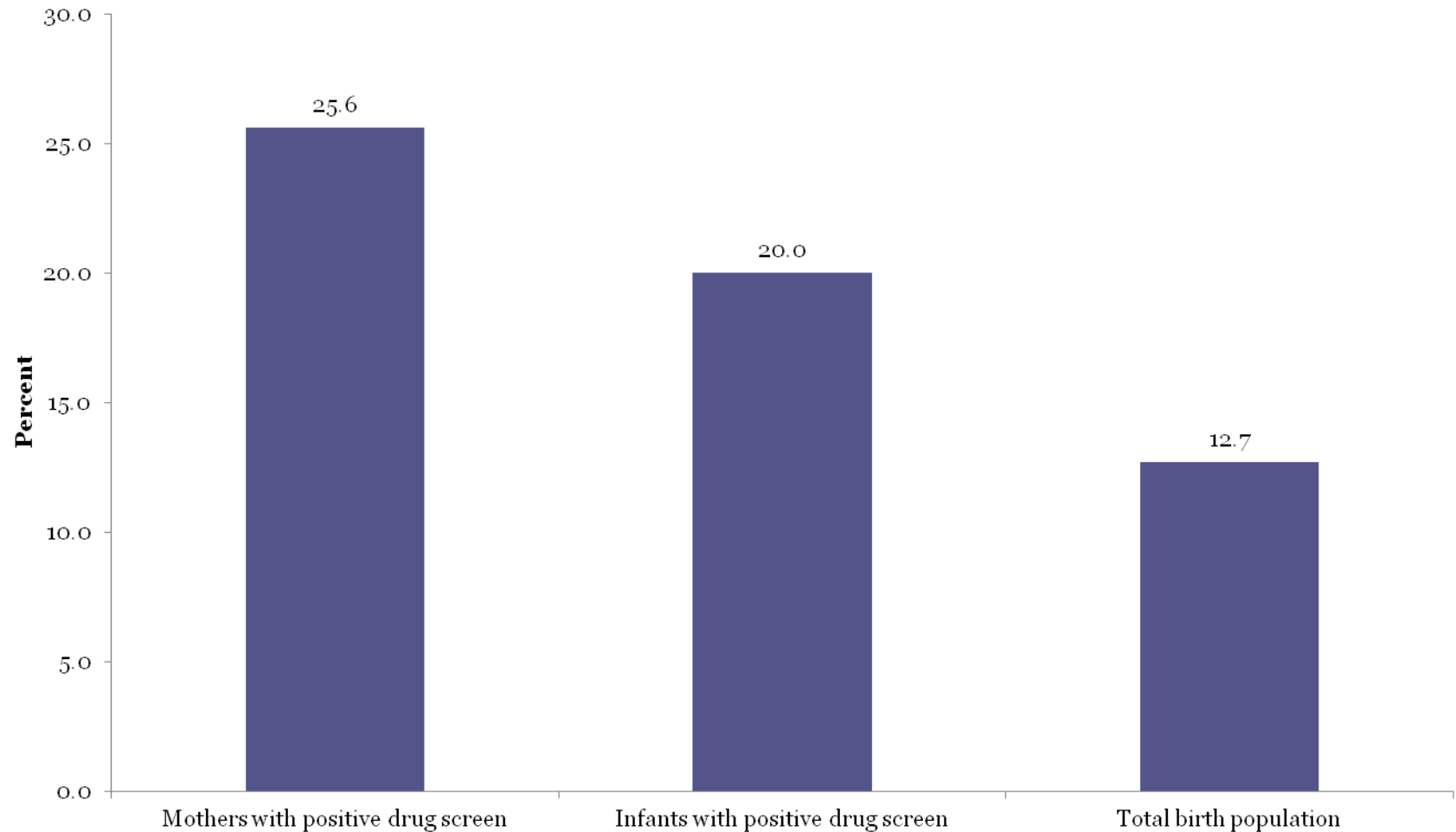
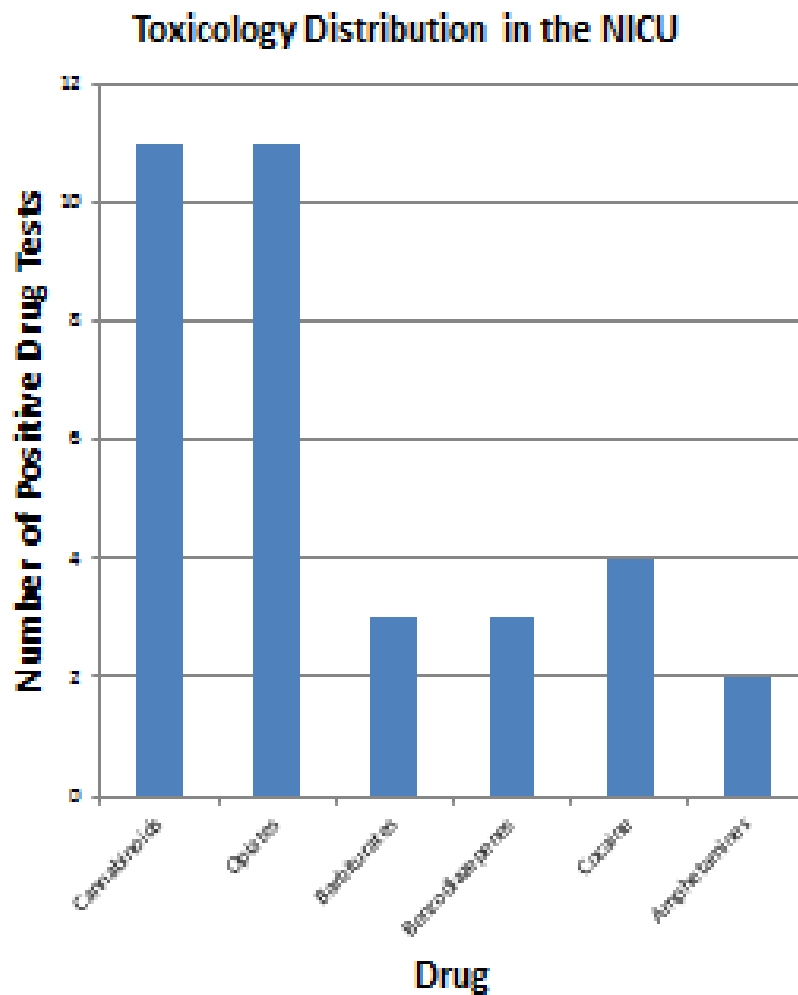
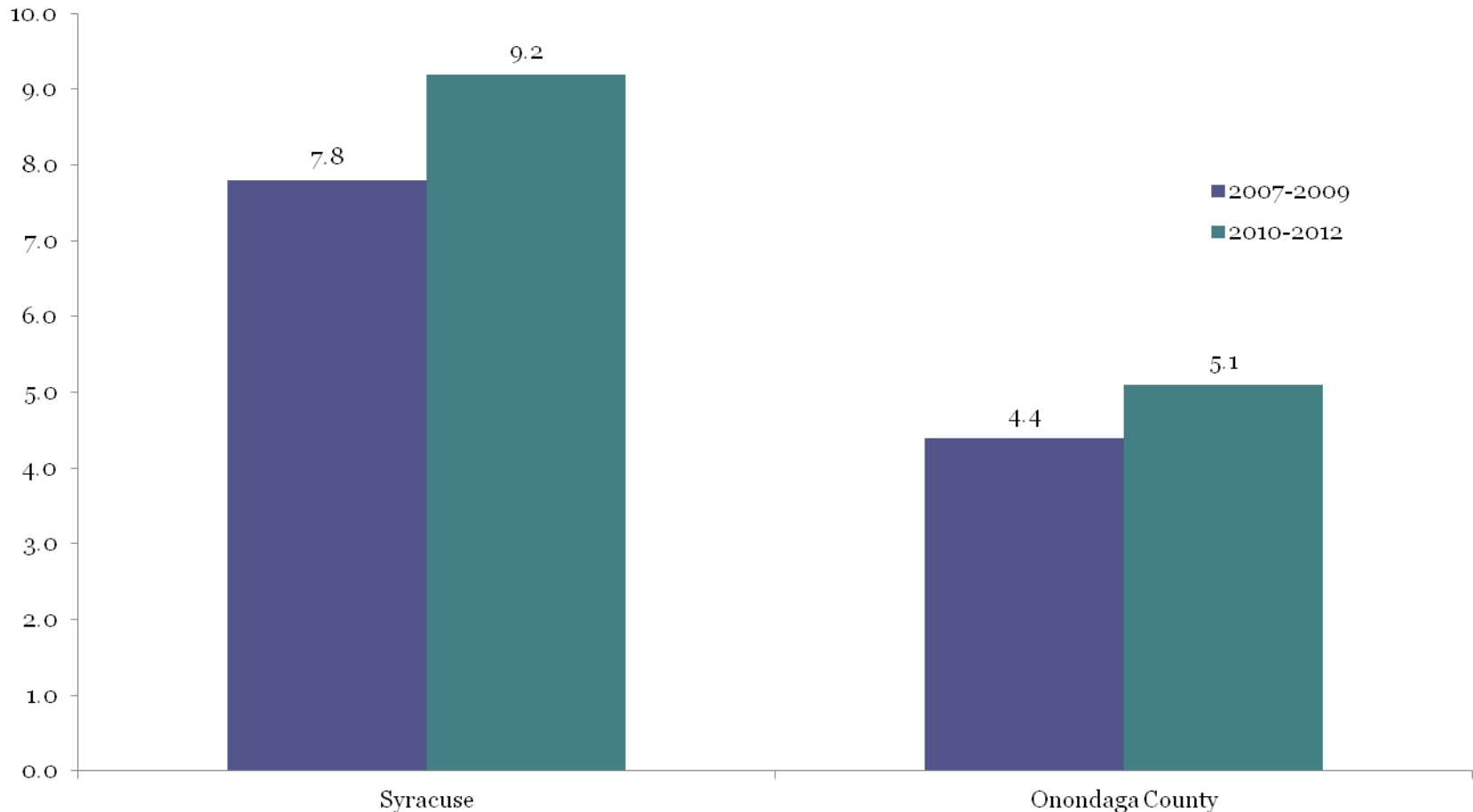


Figure 2)

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

Prevent HIV, STD, VPD, and Health Care Associated Infections

Prevent HIV, STD, VPD, and Health Care Associated Infections

- Areas of interest

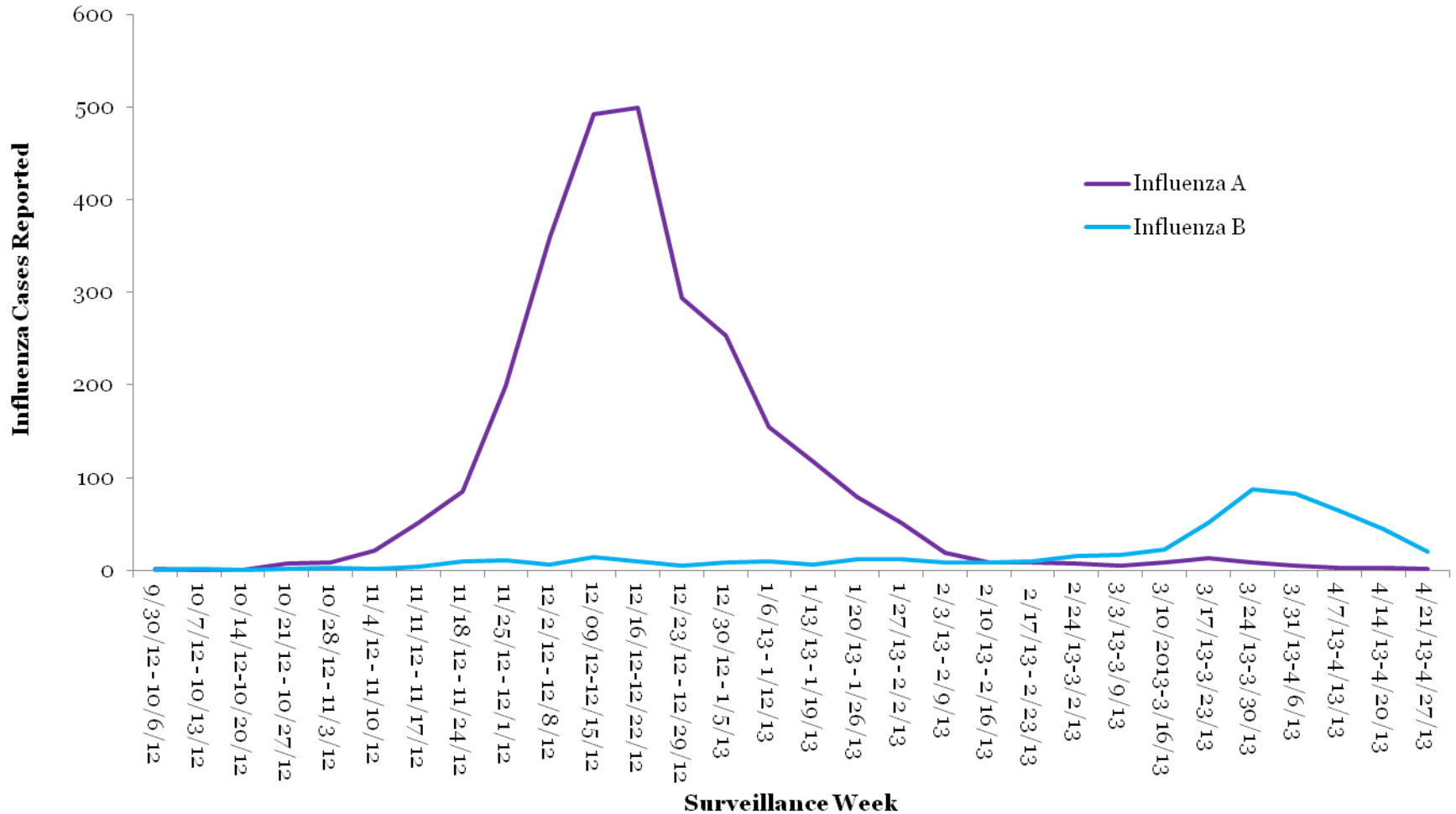
- Influenza



- Gonorrhoea



Influenza activity, 2012 - 2013







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

May 2, 2013 8:00 AM	“The State of the County’s Health”	Cynthia Morrow, M.D., Commissioner of Health and Thomas Dennison, Ph.D., Chair, Advisory Board of Health
July/August, 2013		Internal work on CHA/CHIP/CSP
September, 2013 Date and Time TBA	Community Forum TBD	Presentation of the Finalized Community Health Assessment Onondaga County Department of Health
September/October, 2013		Internal work on CHA/CHIP/CSP
November 2013	Community Forum TBD	Presentation of Community Health Improvement and Community Service Plans
November 15, 2013	Submission of Community Health Improvement Plan/ Community Service Plans	
December, 2013	Submission of Community Health Needs Assessments	

How can you help us?

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