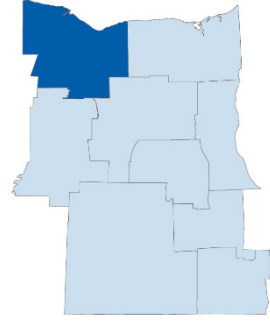




MONROE COUNTY HEALTH PROFILE



Finger Lakes Health Systems Agency, 2017



About the Report

The purpose of this report is to provide a summary of health data specific to **Monroe County**. Where possible, benchmarks have been given to compare county rates to Upstate New York.

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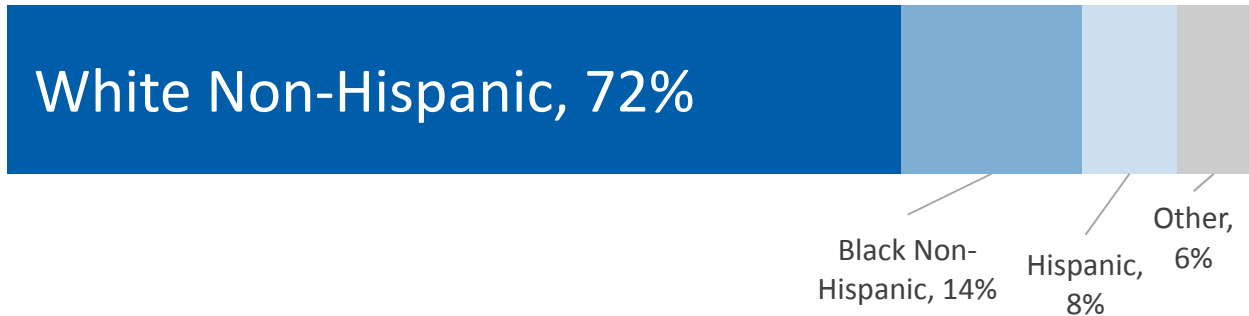
Where comparisons between regions are made throughout the report, the following color code will be used:

City of Rochester	Monroe County	Upstate New York
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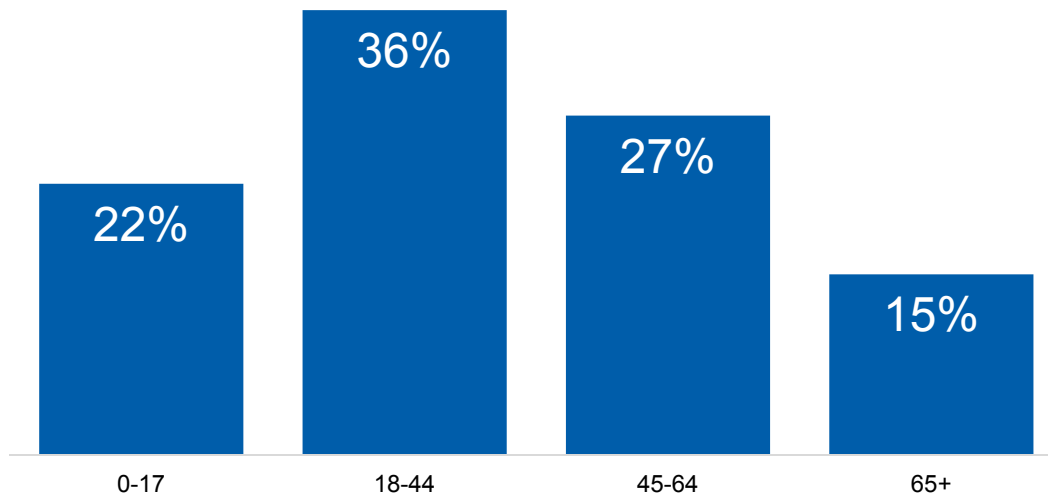
About Monroe County

748,076 residents live in Monroe County.

538,244 are White Non-Hispanic.



Population by Age Group



15%

of households speak a language other than English. More than 9,000 of those households have Limited English Proficiency (LEP).

12.2%

of the population is living with a disability.

4.3%

of the labor force is unemployed.

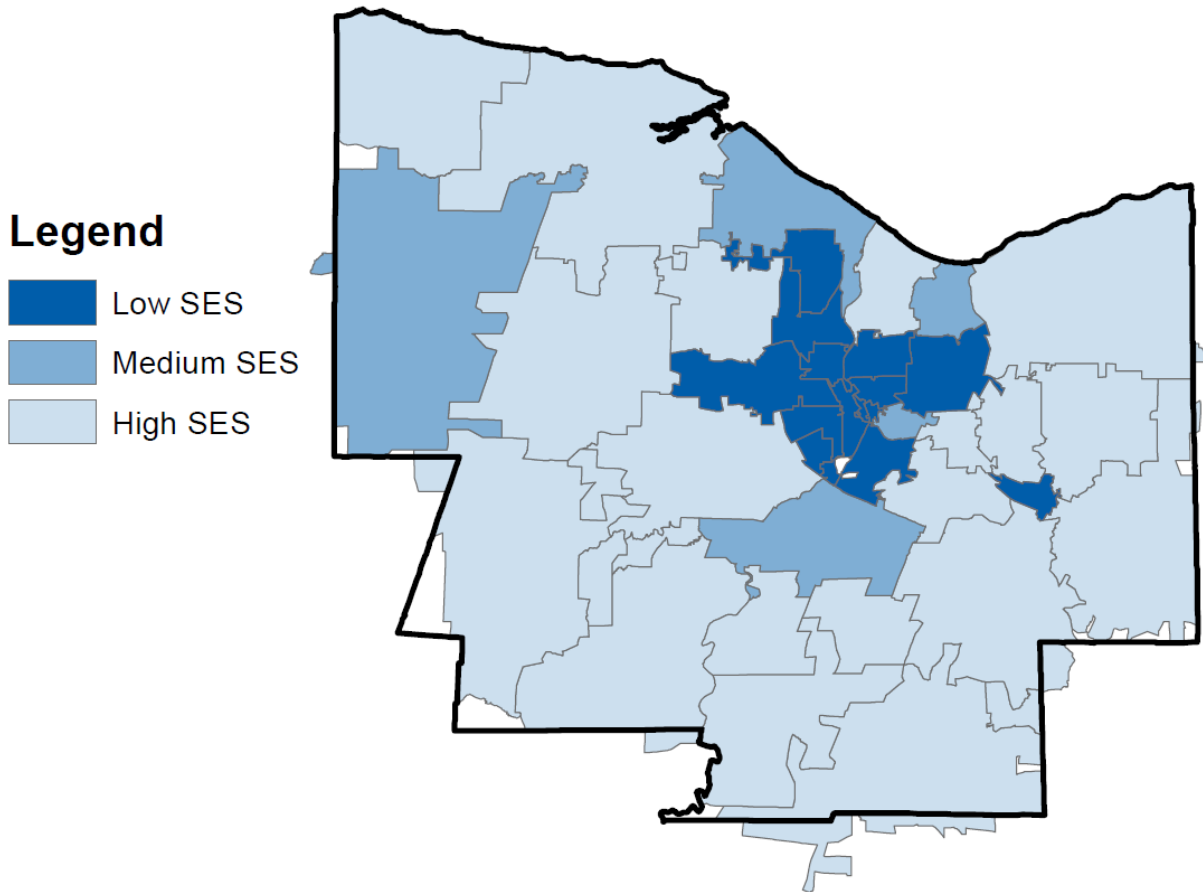
78.2 years

is the average life expectancy at birth.

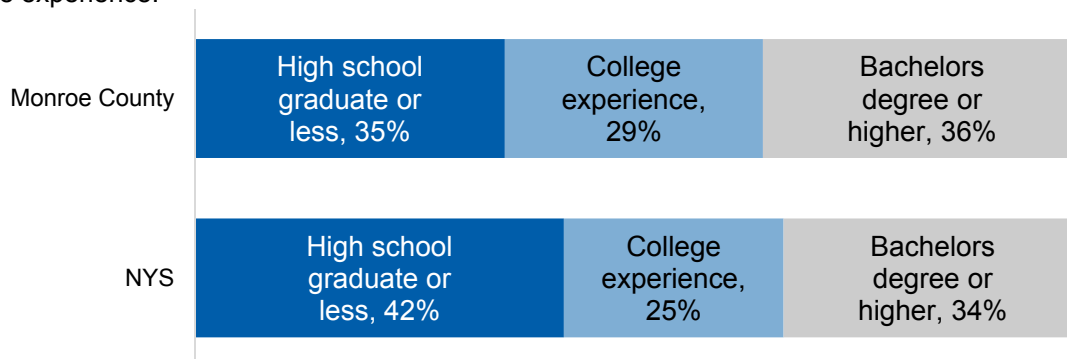
About Monroe County

More than 106,000 residents – 14.2 percent of **Monroe County's** population – live below the federal poverty level according to U.S. Census statistics. As the map illustrates, the concentration of poverty is highest within the **City of Rochester**. Research shows that lower socioeconomic status (SES) is linked to higher incidence of chronic disease, shorter life expectancy and lower rates of good social, emotional and physical health.¹

SES by ZIP Code - Monroe County






Education levels can also predict life expectancy. The Centers for Disease Control and Prevention report that adults aged 25 without a high school diploma “can expect to die nine years sooner than college graduates.”² Approximately 65 percent of **Monroe County** residents have at least some form of college experience, compared to 59 percent of New York state residents. However, only 52 percent of **City of Rochester** residents have some form of college experience.




Health Behaviors

Behavioral and personal lifestyles are important determinants of health. Smoking, poor nutrition and other unhealthy behaviors are linked to adverse health outcomes. Several indicators for behavioral lifestyles are shown below.

	Monroe County	Upstate New York
Consumes fast food three or more times per week 	6.6%	6.3%
Consumes one or more sugary drinks daily 	21.8%	23.3%
Participated in leisure time physical activity in the past 30 days 	73.1%	73.7%

Adult smoking rates are substantially higher in the **City of Rochester** (21.8 percent) compared to both **Monroe County** (14.5 percent) and Upstate New York (17.3 percent). Of the estimated 80,000+ adults who currently smoke in **Monroe County**, approximately 34,000 are **City of Rochester** residents.

	City of Rochester	Monroe County	Upstate New York
Current cigarette smoker 	21.8%	14.5%	17.3%

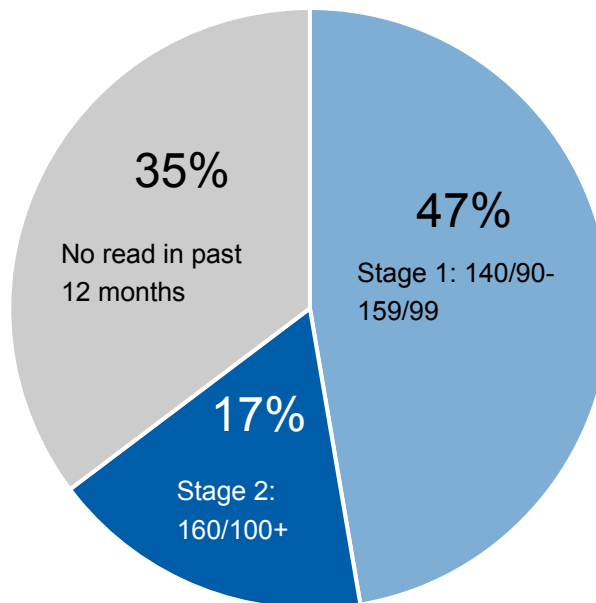
Health Behaviors

Inactive lifestyles and poor diets may lead to obesity, a risk factor for developing diabetes, hypertension and other chronic illnesses. Estimated rates of diabetes and high blood pressure in **Monroe County** are similar to Upstate New York. However, the prevalence of adults who are overweight or obese is slightly lower in **Monroe County** (59.3 percent).

	Monroe County	Upstate New York
Obese or overweight adults	59.3%	62.2%
Physician-diagnosed diabetes	9.5%	9.2%
Physician-diagnosed hypertension	30.0%	30.2%

For individuals with hypertension, controlling high blood pressure with medication and lifestyle change is critical to avoiding complications such as heart attack, stroke and kidney failure. The individuals who are most at risk for these life threatening events are those who have extremely high blood pressure, known as stage 2 hypertension. As of June 2016, the region's high blood pressure registry showed that more than 68 percent of **Monroe County** adults with hypertension had their condition under control. For residents whose blood pressure was uncontrolled, 17 percent had stage 2 hypertension.




Uncontrolled Hypertension by Status - June 2016



Social Determinants of Health

The physical environment plays an important role in residents' ability to engage in physical activity and access nutritious food. Many residents in **Monroe County** experience indicators of poor environmental health, including at risk populations (i.e. low income) living in a food desert or experiencing food insecurity.

Of note, more than 33 percent of **City of Rochester** residents reported experiencing food insecurity, a rate more than 10 percent higher than the estimate for **Monroe County** as a whole.

	Monroe County	Upstate New York
 <p>Consider neighborhood suitable for walking and physical activity</p>	94.2%	92.3%
 <p>Low income living in a food desert</p>	27.6%	22.4%
 <p>Reported food insecurity in the past 12 months</p>	22.3%	22.7%

Approximately one in ten **Monroe County** residents reported experiencing 14 or more poor mental health days (11.1 percent of adults), and/or 14 or more poor physical health days (10.9 percent of adults) in the past month. This is compared to 11.5 percent (of adults reporting 14 or more poor mental health days) and 12.3 percent (of adults reporting 14 or more poor physical health days) in Upstate New York.

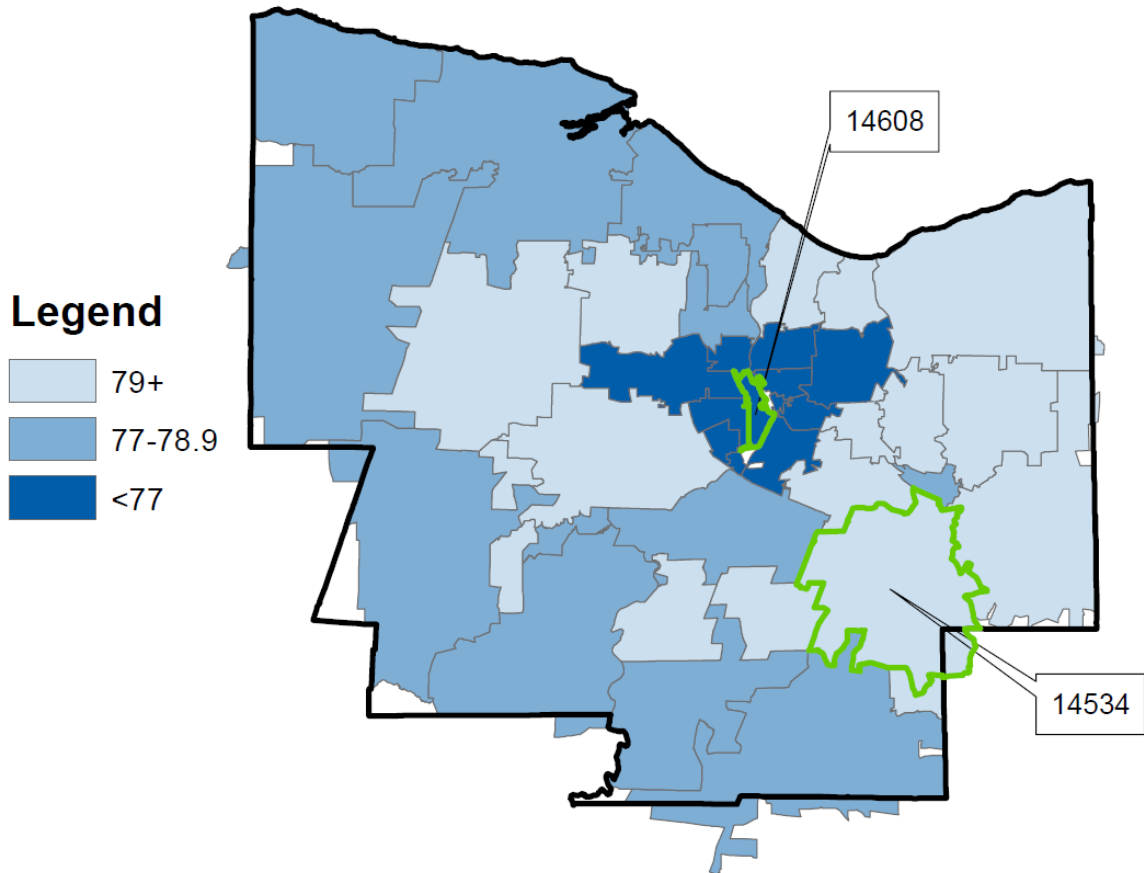


Life Expectancy

Although average life expectancy in **Monroe County** is 78.2 years, how long residents live on average varies by almost 10 years depending on their ZIP code.

For example, **Rochester's** 14608 ZIP code area has an estimated life expectancy of only 72.4 years at birth. By contrast, the county's highest estimated life expectancy, 81.8 years, is found in **Pittsford's** 14534 ZIP code area.

Life Expectancy by ZIP Code - Monroe County

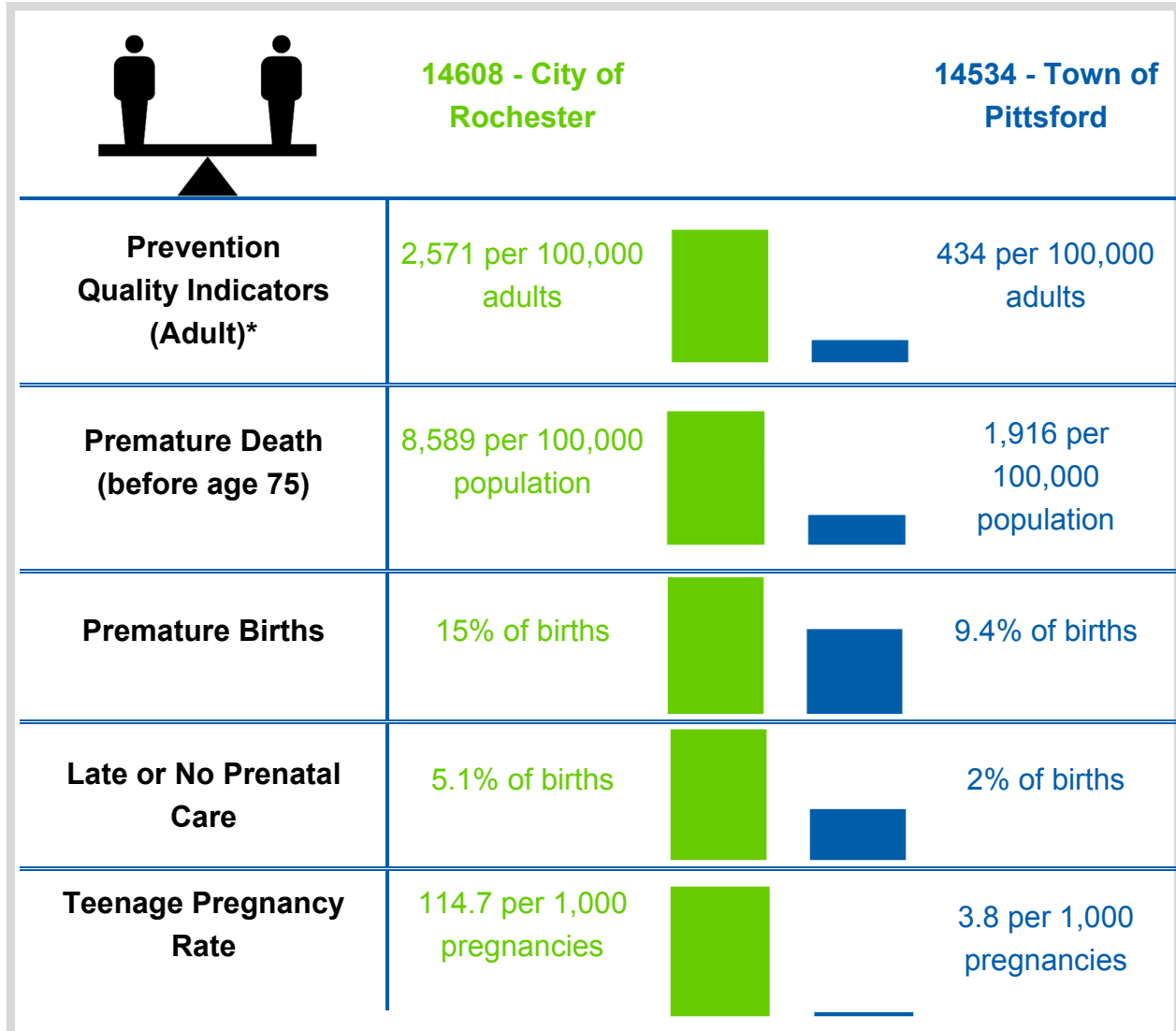


Research has shown that poverty is associated with shorter life expectancy. Data confirms that the **City of Rochester** has higher poverty rates than the suburbs of **Monroe County**. Residents with lower socioeconomic status are less likely to seek preventative care and to monitor/maintain good health behaviors for a variety of reasons. As a result, this population may be more likely to experience avoidable hospitalizations.

Disparity

A comparison of ZIP codes shows that rates for negative health indicators are significantly higher in the **City of Rochester** 14608 area. These adverse health outcomes may help explain the reduced life expectancy estimate for **City of Rochester** residents in high poverty neighborhoods.

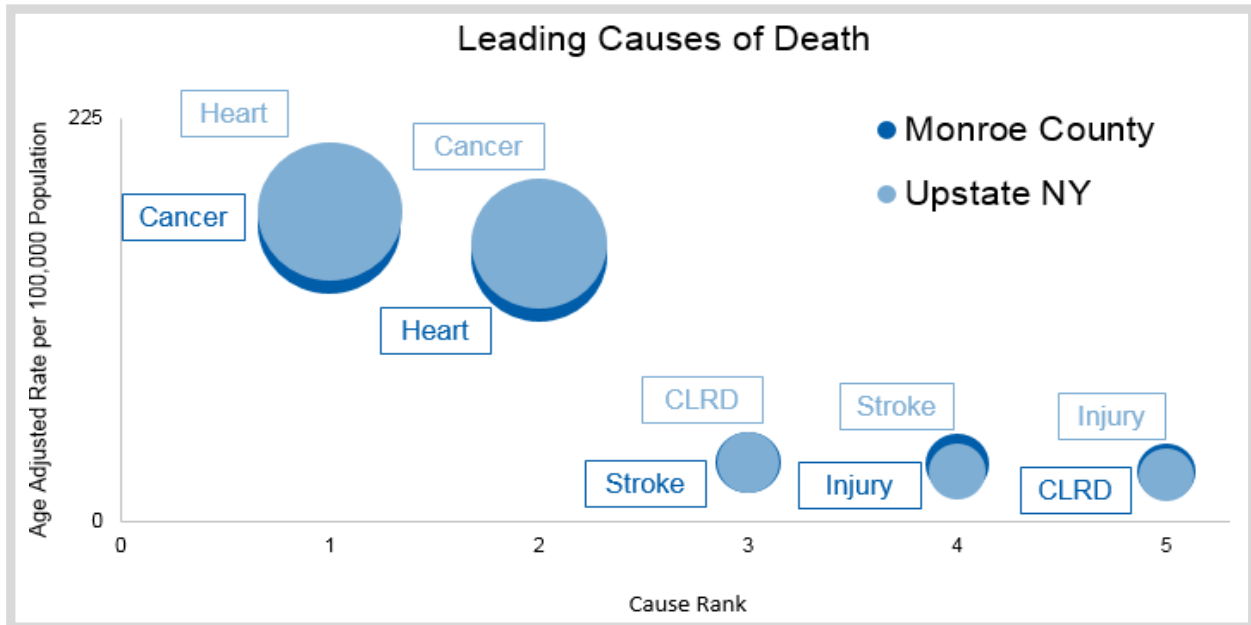
For further information on disparities in **Monroe County**, please visit www.flhsa.org/publications and review our disparity reports.



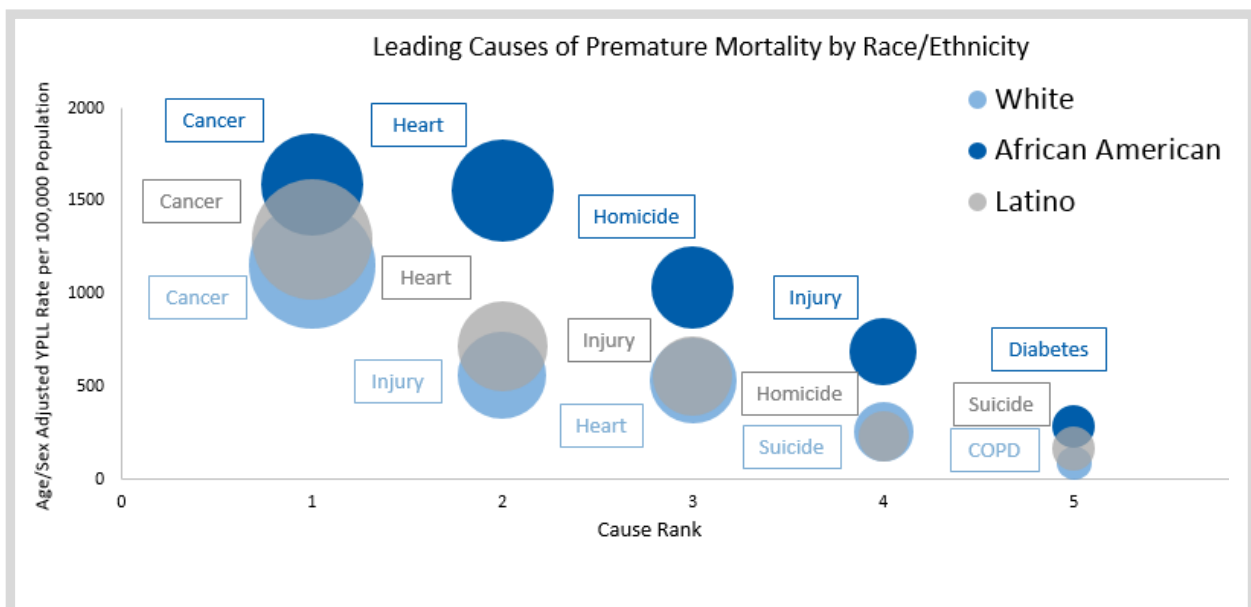
**Prevention Quality Indicators (PQI) were developed by the Agency for Healthcare Research and Quality, are based on ICD-9 coding. PQIs classify conditions that are seen as potentially preventable/avoidable had sufficient care been given in the primary care setting prior to the presentation. This value is a composite of all of the PQIs.*

Leading Causes of Death

Leading causes of death in **Monroe County** are similar to those of Upstate New York. The graph below demonstrates the five leading causes of death. The larger the bubble, the larger the problem in the geographic area.



Many of the leading causes of death shown in the figure above can be attributed to chronic diseases such as hypertension and obesity. However, the data below tell a different story for premature death. Whites have a higher rate of premature death due to unintentional injury, including death from opiate overdoses. Homicides rank higher for African Americans and Latinos than for whites.



Sources: Vital Statistics 2014. Premature mortality graph are 2010-2014 5-year averages with deaths before age 75. Rankings exclude perinatal deaths. CLRD = Chronic Lower Respiratory Disease. SA = Substance Abuse. All rates are age/sex adjusted.

Population Health Measures

In 2013, FLHSA convened the Regional Commission on Community Health Improvement. Over 18 months, the Commission engaged leaders from across the region to study and develop ideas for improving the integration of care and addressing the complex medical, behavioral and social needs of vulnerable community residents.

The Commission adopted a set of communitywide measures to gauge the region's collective progress toward improved community health. Below are the population health measures selected by the Commission specific to **Monroe County**. The icons indicate whether the Finger Lakes region is getting better, has remained flat or is getting worse for each measure.

Regional Trend Indicator



Better



Flat



Worse



Community Measures

Monroe County

Finger Lakes Region

	Monroe County	Finger Lakes Region	
Childhood Immunization <i>Percentage of children receiving recommended immunizations by 36 months</i>	65.2%	64.5%	
Childhood Obesity <i>Percentage of school children whose weight is at the 95th percentile or greater</i>	14.5%	16.1%	
Adult Obesity <i>Percentage of adults 18 years or older with a BMI of 30 or greater</i>	24.1%	27.0%	
Adult Smoking <i>Percentage of adults who are current smokers</i>	14.5%	17.4%	
High Blood Pressure Control <i>Percentage of adults with high blood pressure who had their condition under control</i>	68.0%	68.0%	
Type II Diabetes Control <i>Under development</i>	N/A	N/A	
High School Graduation <i>Percentage of students graduating in four years</i>	80.0%	81.2%	

Population Health Measures



Clinical Measures

Monroe County

Finger Lakes Region

Preventable Hospital Stays (rate per 100,000 population) <i>Number of hospital stays for PQIs</i>	990	1,074	
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Depression Screening <i>Under development</i>	N/A	N/A	
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ED Visits with Behavioral Health Diagnosis <i>Percentage of all ED patients with a behavioral health diagnosis</i>	7.8%	8.6%	
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ED Visits Among those 65+ (rate per 1,000 population) <i>Number of ED visits that involve adults 65+</i>	276	303	
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30 Day Readmissions with Behavioral Health Diagnoses <i>30-day hospital behavioral health related readmission rates</i>	14.7%	13.4%	
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Nursing Home Use <i>Number of nursing home days per 1,000 individuals 85+</i>	95,610	96,053	
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Health Outcomes

Monroe County

Finger Lakes Region

Premature Death (rate per 100,000 population) <i>Years of potential life lost before age 65</i>	3,331	3,496	
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Low Birth Weight <i>Percentage of births with birthweight less than 2500 g/ 5.5 lbs</i>	8.1%	7.8%	
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Good Health Self-Report <i>Percentage of adults reporting excellent, very good or good general health status</i>	83.0%	83.7%	
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End Notes

References

1. The Future of Children: A collaboration of the Woodrow Wilson School of Public and International Affairs at Princeton University and The Brookings Institution. "The Health-Related Effects of Socioeconomic Status," February 2013.
2. Health, United States, 2011: with special feature on socioeconomic status and health. Hyattsville, MD: National Center for Health Statistics; 2012.

Sources for Population Health Measures

Community Measures

Childhood Immunization – New York State Immunization Information System, 2013
Childhood Obesity – Student Weight Status Category Reporting System, 2012-2014
Adult Obesity – Expanded Behavioral Risk Factor Surveillance System (ExpBRFSS) 2013-2014
Adult Smoking – ExpBRFSS 2013-2014
High Blood Pressure Control – FLHSA Hypertension Registry, June 2016
Type II Diabetes Control – Under Development
High School Graduation – NYS Department of Education, 2015

Clinical Measures

Preventable Hospital Stays – NY Statewide Planning and Research Cooperative System (SPARCS), 2014-2015
Depression Screening – Under Development
ED Visits with a Behavioral Health Diagnosis – SPARCS, 2014
ED Visits among those 65+ - SPARCS, 2014
30 Day Readmissions with Behavioral Health Diagnoses – SPARCS, 2014
Nursing Home Use among 85+ - Centers for Medicare and Medicaid Skilled Nursing Facility Cost Reports, 2013

Health Outcomes

Premature Death – NYS Vital Statistics, 2014
Low Birthweight – NYS Perinatal Data Profile, 2015
Good Health Self-Report – ExpBRFSS, 2013-2014

Data Sources

U.S. Census Bureau/American Community Survey: Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties. Data are based on a sample and are subject to sampling variability. The value shown here is the 90 percent margin of error. Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

New York State Department of Labor: Civilian Unemployment includes those individuals who were not working but were able, available and actively looking for work during the week including the 12th of the month. Individuals who were waiting to be recalled from a layoff, and individuals waiting to report to a new job within 30 days were also considered to be unemployed. Unemployment Rate is the number of unemployed as a percentage of the labor force.

Expanded Behavioral Risk Factor Surveillance System/Sub-County Health Data Report: Data was collected for ExpBRFSS over the course of 12 monthly waves, starting April 15, 2013 and ending May 10, 2014. The goal of each wave was to obtain roughly 8.3 percent of the required completes in each county for the landline survey and each region for the cell phone survey. Experienced interviewers conducted telephone interviews using computer-assisted telephone interviewing (CATI) software.

Finger Lakes Health Systems Agency (FLHSA) High Blood Pressure Registry: The FLHSA hypertension registry collects data from medical practices systems on hypertensive patients. Data provided are reflective of the patients involved in the registry. The Healthcare Effectiveness Data and Information Set (HEDIS) is the tool used to measure hypertension control. Controlled hypertension are those who have a reading in the past year <140/90; Stage 1 are those with a reading between 141/90—159/99; Stage 2 are those with a reading >160/100. Those who have not had a reading in the past 12 months are considered uncontrolled.

United States Department of Agriculture Economic Research Service: Low access to healthy food is defined as being far from a supermarket, supercenter or large grocery store ("supermarket" for short). Food desert status is defined as a low income census tract with a supermarket more than a half of a mile away for urban tracts, and more than 10 miles away for rural tracts. Population size is according to the 2010 Census estimates. A census tract is considered to have low access if a significant number or share of individuals in the tract is far from a supermarket. A significant number of the population includes at least 500 people or 33 percent of the tract's population.

New York State Department of Health Vital Statistics: The cause of death reported in this publication is the underlying cause classified according to the tenth revision of the International Classification of Diseases (ICD, 10th revision) adopted by New York state in 1999. Historically, several revisions of the ICD have been used, therefore, it is necessary to employ a comparability ratio when comparing cause of death statistics across revisions. Comparability ratios have been published by the National Center for Health Statistics (NCHS).

New York State Perinatal Data Profile: Premature births are those which occurred prior to 37 weeks gestation. Late or no prenatal care is defined as those who had prenatal care initiated during the third trimester of pregnancy or not at all. The teenage pregnancy rate looks at pregnancies (births + abortions + spontaneous fetal deaths) to females ages 15-19 per 1,000 female population ages 15-19. Rates are computed using the 3-year average number of teen pregnancies and the population for the middle year of the three-year time period.

Statewide Planning and Research Cooperative System: SPARCS is a comprehensive all payer data reporting system established in 1979 as a result of cooperation between the healthcare industry and government. The system was initially created to collect information on discharges from hospitals. SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for each hospital inpatient stay and outpatient (ambulatory surgery, emergency department and outpatient services) visit; and each ambulatory surgery and outpatient services visit to a hospital extension clinic and diagnostic and treatment center licensed to provide ambulatory surgery services. All calculations were performed by FLHSA and are age/sex adjusted rates.

New York State Immunization Information System (NYSIIS): NYSIIS is a statewide immunization information system or registry which maintains immunization data of persons of all ages. The recommended vaccinations by 36 months of age include the 4:3:1:3:3:1:4 immunization series: 4DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, and 4 PCV13.

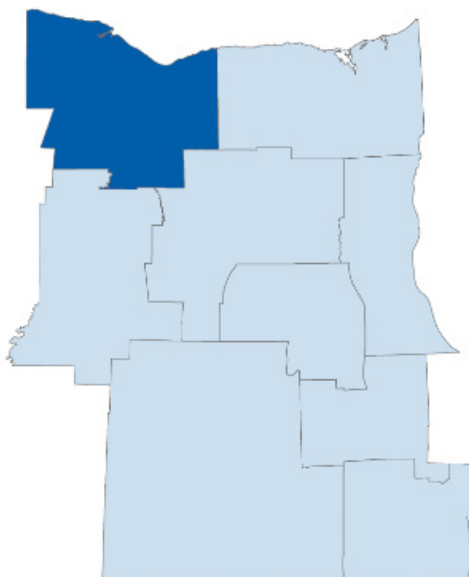
Student Weight Status Category Reporting System (SWSCR): The SWSCR collects data on weight status category, including underweight, healthy weight, overweight or obese based on BMI-for-age percentile on children and adolescents attending public schools in New York state.

NYS Department of Education: Data are submitted to the New York State Department of Education (NYSED) by school districts, charter schools, Boards of Cooperative Education Services (BOCES), institutions of Higher Education and NYSED program offices.

Centers for Medicare and Medicaid Skilled Nursing Facility Cost Reports: Data are collected on nursing home days from 2013 residential health care facility cost reports. Population estimates are collected from the U.S. Census Bureau, June 2015.

For reports on the remaining 8 counties in the Finger Lakes Region,
and additional data reports for **Monroe County**,
please visit our website at:
www.flhsa.org/data/counties

For questions regarding this report, please contact Catie Kunecki at:
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About FLHSA

Founded in 1974, Finger Lakes Health Systems Agency is one of the nation's oldest and most effective regional health planning organizations. Located in Rochester's Neighborhood of the Arts, the agency serves the nine-county Finger Lakes region. We bring together health care providers, insurers, consumers and other partners to find common ground on our most pressing health challenges. Using the region's most comprehensive health data, together we hammer out strategies for better care, smarter spending and healthier people. Learn more about our community tables, our data resources and our work improving population health at www.flhsa.org.

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