

Adult and Older Adult Health Report Card October, 2013



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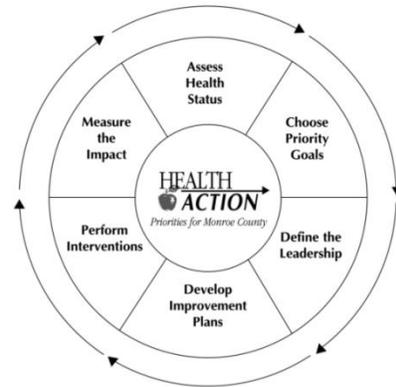
A PDF of this report is available at www.healthaction.org

If you have questions or want additional information, please call the Monroe County Department of Public Health at : (585) 753-5331 or (585) 753-5332

INTRODUCTION

In 1995, **HEALTH ACTION** was formed to develop a strategy to improve the health status of the Monroe County residents, including mothers and children, adolescents and adults/older adults.

The process used by **HEALTH ACTION** (depicted to the right) involves using data to identify health problems, soliciting community input to select health priorities, and developing and implementing improvement plans to address priority goals.



The New York State Department of Health's Prevention Agenda 2013-2017 is a blue print for state and local action to improve the health of all New Yorkers and to reduce health disparities. As part of the Prevention Agenda, the community will work together to identify priorities from the five focus areas listed below. **HEALTH ACTION's** efforts align with the Prevention Agenda.

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, STDs, vaccine-preventable diseases and healthcare-associated Infections

For more information go to: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm

Health Disparities

Eliminating health disparities is an overarching goal of **HEALTH ACTION**. Health disparities are differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions among specific population groups. **HEALTH ACTION** affirms that we can not achieve our vision of community health status improvement without effectively addressing the marked health disparities in Monroe County. Historically, many of the interventions implemented by **HEALTH ACTION** partners and the Monroe County Department of Public Health have focused on eliminating health disparities.

Stakeholders are recognizing that reducing disparities requires an expanded understanding of health to include not only the complexity of human behavior and the innovation of medical technology, but also the social and environmental settings within which people live and interact.

This report includes descriptions of significant health disparities by residence, race and ethnicity (proxies for socioeconomic status). More detailed data on health disparities along with social and environmental factors that contribute to health disparities will be included in the Finger Lakes Health Systems Agency's disparity reports which will be released in late 2013 or early 2014.

Report Card Format

In this report, health data are presented for the county as a whole, and when available, by age, residence, gender, race and Latino origin.

Race/Latino Origin

When data are presented by race and Latino origin, the following definitions are used:

- African American - African American, single race, not Latino
- Latino - Latino origin regardless of their race
- White - White, single race, not Latino

The only exception to this is with NYS Cancer Registry Data. In these data Latinos are also counted in race categories.

Statistically Significant Differences Between Indicators

In this report, an asterisk(*) is included when there is a statistically significant difference ($P < .05$) between indicators, or a statistically significant trend over time.

Major Sources of Health Data in the Report Card

Mortality (Death)

Mortality data come from death certificates reported to the New York State Department of Health (DOH). Cause of death is defined by the underlying cause of death, which is the disease or injury that initiated the train of events that lead directly to the death, or the circumstances of the accident or violent act which produced the fatal injury.

Hospitalization Data –Statewide Planning and Research Cooperative System- (SPARCS)

Data on hospitalizations are collected through the hospital inpatient discharge data system by the New York State DOH. Each hospitalization receives an ICD-9 code at discharge which indicates the primary reason for the hospitalization. The principal/primary diagnosis is the condition established after study to have been chiefly responsible for occasioning the admission of the patient to the hospital for care. Since the principal/primary diagnosis represents the reason for the patient's stay, it may not necessarily have been the diagnosis which represented the greatest length of stay, the greatest consumption of hospital resources, or the most life-threatening condition. Since the principal/primary diagnosis reflects clinical findings discovered during the patient's stay, it may differ from admitting diagnosis.

Data refers to the number of hospitalizations and not to the number of individuals who have been hospitalized. An individual hospitalized multiple times during a given year will be included in the data each time they are hospitalized.

Cancer Incidence/Mortality

The Cancer Registry, maintained by the New York State Department of Health, contains information about all NYS residents diagnosed with cancer. Each time a person is diagnosed with a new tumor, the hospital where that person is diagnosed and/or treated reports information to the Cancer Registry. Reporting is mandatory. Data are available for five year periods.

Monroe County Adult Health Survey (AHS)

The Monroe County AHS, is a phone survey of Monroe County adults conducted in 1997, 2000, 2006 and 2012. In 2012, over 1800 adults completed the survey. Trend analysis was completed in STATA when a question was included in three or more surveys. A significant trend was identified when the slope of the line was statistically different from 0 (P value $< .05$).

Data are presented by the following subpopulations: age (18-64/65+), gender (male/female), residence (city/suburbs) and race/Latino origin (African American, not Latino/White, not Latino/Latino).

Statistical testing between sub-population groups was done in SAS. An asterisk (*) by a percentage means there was a statistically significant difference between percentages in sub-populations. (P value < 0.05).

When available, results are compared to results from the NYS Behavioral Risk Factor Survey. (BRFSS). Differences between the two rates were noted to be statistically significant if the 95% confidence intervals for the percentages did not overlap. Monroe County AHS results were compared to either the 2011 or 2012 BRFSS. Questions on the BRFSS are rotated, so results for each question are not available each survey year.

- It should be noted that there are major differences in survey methodologies between the Monroe County AHS and the BRFSS.
- The BRFSS is conducted throughout the year, while the 2012 Monroe County AHS was administered during spring and summer months, when people tend to be more active outside and there is increased accessibility to fruits and vegetables, which most likely impacted the responses to questions about physical activity, nutrition and mental health.
- Different methodologies were utilized to calibrate the samples to the population. The Monroe County AHS used the raking methodology to calibrate the sample to the population by race, gender and residence (city vs. suburbs). For the 2011 and 2012 BRFSS, the raking method was used, but several variables were included in the calibration that were not included in the Monroe County calibration. These included education level, marital status, homeowner status and phone source.¹
- BRFSS data are age adjusted, while the AHS is not.

For more information about the survey methodology, go to: www.healthaction.org

¹ CDC "Improving Survey Methodology".
http://www.cdc.gov/surveillancepractice/documents/DBS_BRFSS%20Improvements_12_232372_M_REM_5_25_2012.pdf

BACKGROUND DATA

DEMOGRAPHIC & SOCIO/ECONOMIC DATA

Population By Age Group

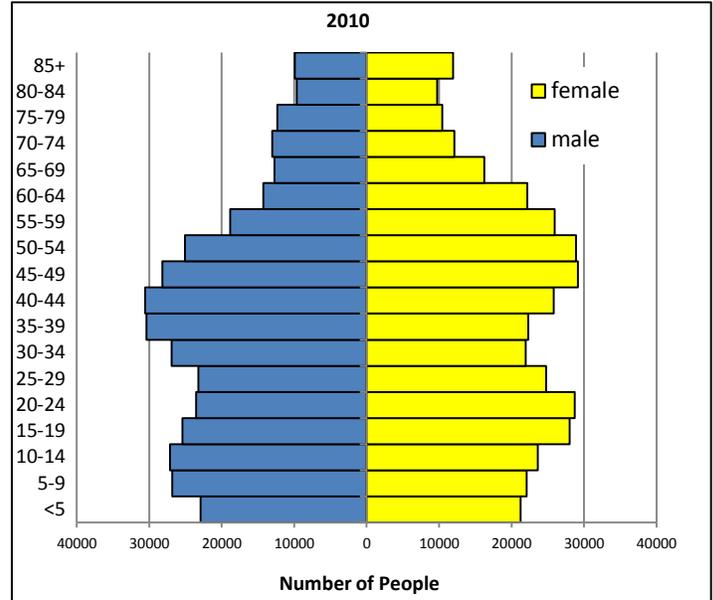
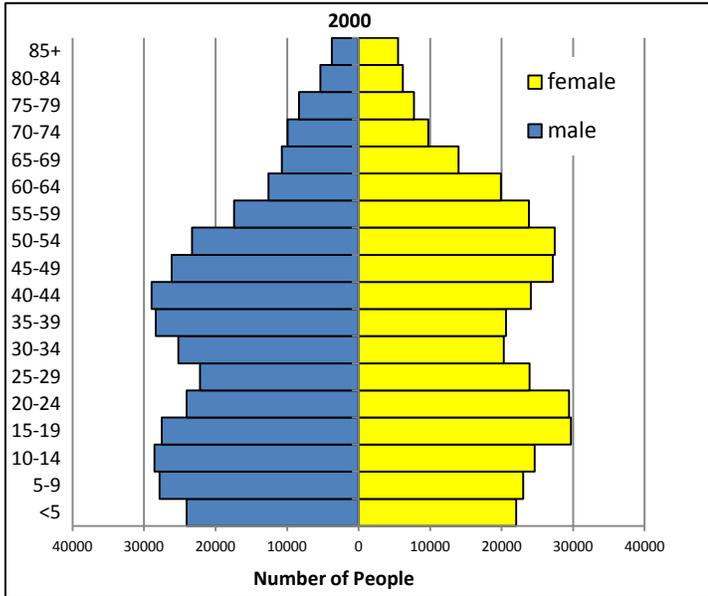
In 2010 the population in Monroe County was 744,344. The table to the right shows population by age group and the percentage change between 2000 and 2010. The fastest growing group is adults ages 50-64 years old.

Population in Monroe County by Age Group, 2000 and 2010			
	2000	2010	% change
< 18	188,256	168,699	-10%
18-34	167,154	174,778	+3%
35-49	172,642	149,118	-14%
50-64	111,512	148,155	+33%
65-74	46,468	52,071	+12%
75-84	35,676	34,079	-4%
85+	13,635	17,444	+28%
total population	735,343	744,344	+1%

Source: 2000 and 2010 Decennial Census

The graphics below show that the distribution by age has shifted towards an older population.

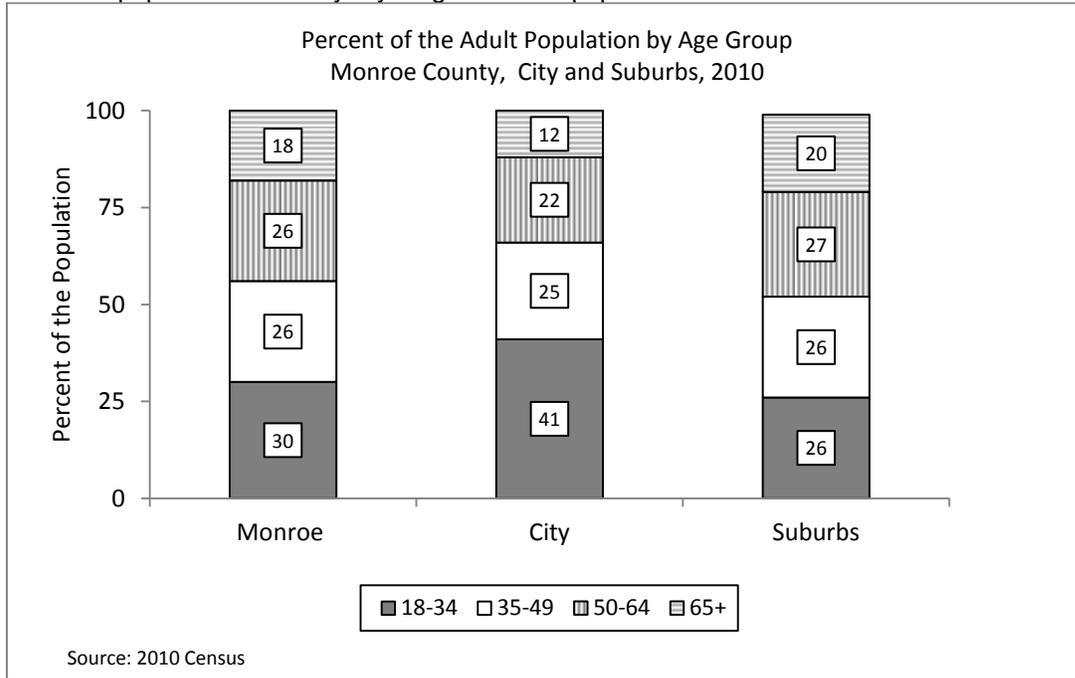
Population Distribution, By Age Group and Gender, Monroe County 2000 and 2010



Source: 2000 and 2010 Census

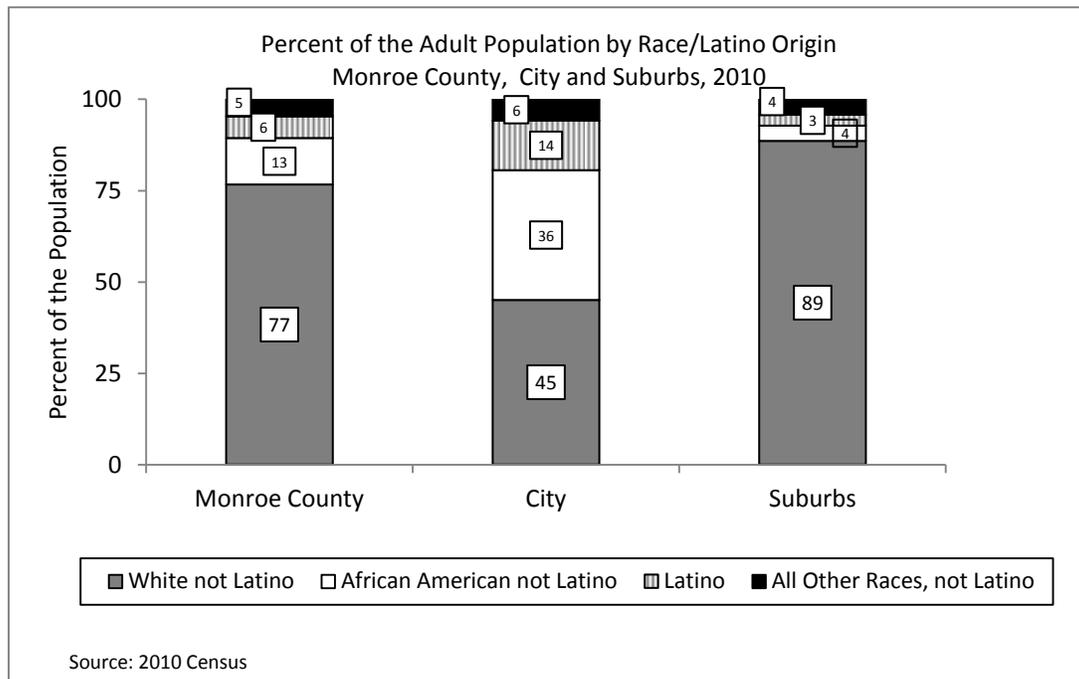
Population By Residence, Adults, By Age Group

Twenty-nine percent (29%) of Monroe County adults reside in the city and 71% reside in the suburbs. The adult population in the city is younger than the population in the suburbs as shown below.

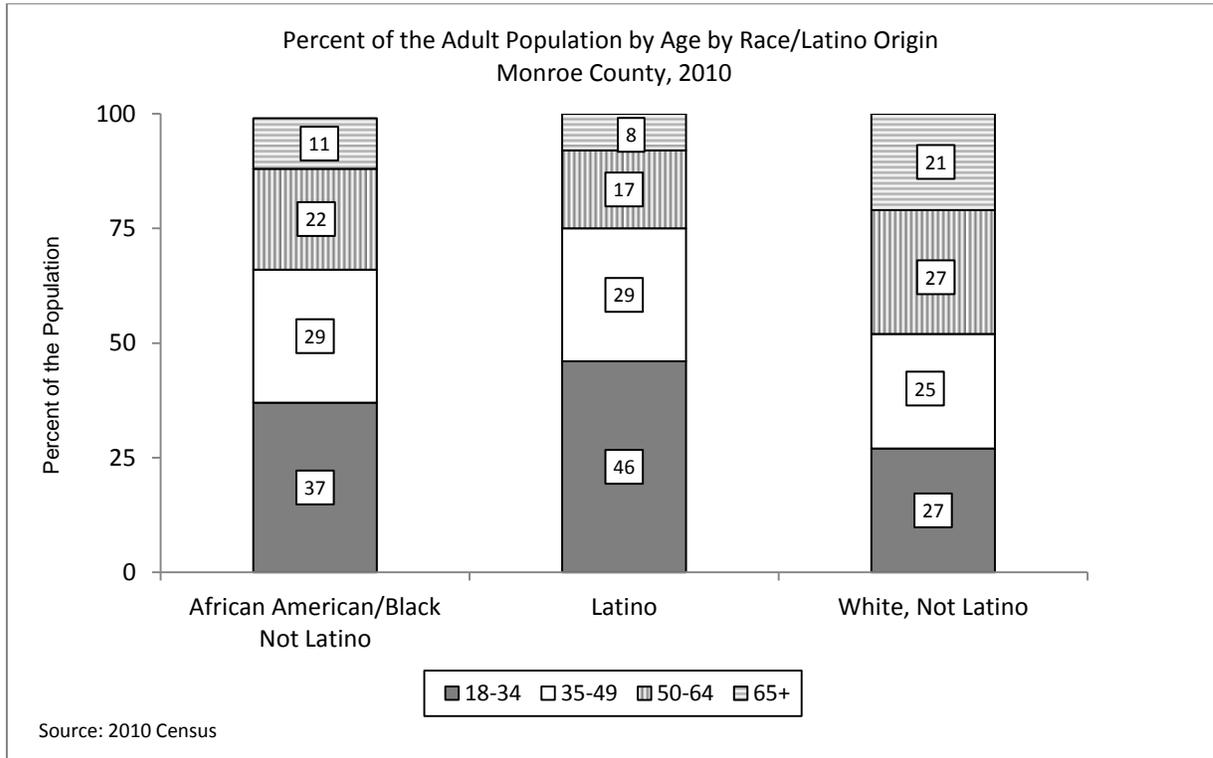


Race/Latino Origin

Nearly 75% of the adult population in Monroe County is White, not Latino. The population in the city is more diverse compared to the population in the suburbs.



As shown below, the adult population of African Americans and Latinos is younger compared to the adult population of Whites.

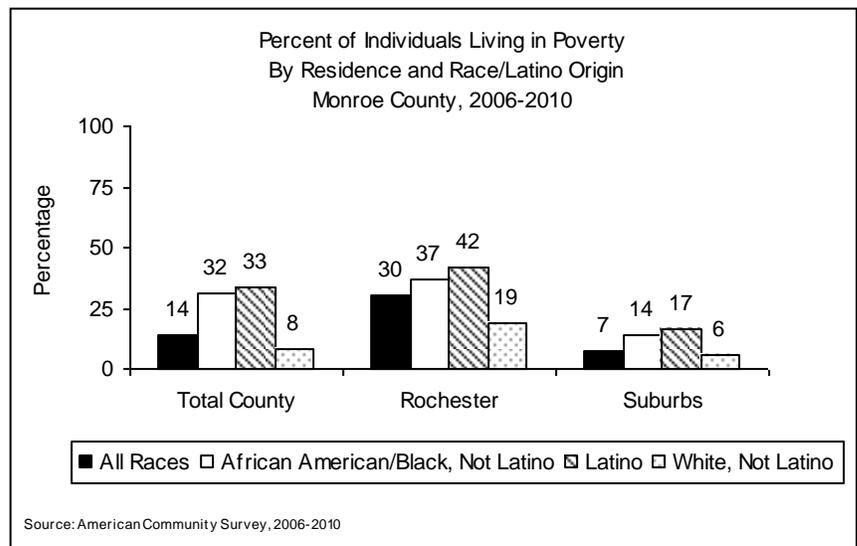


Income Below the Poverty Level

Individuals with limited financial resources are more likely to report poor physical and mental health status, and to have higher rates of illness and premature death.

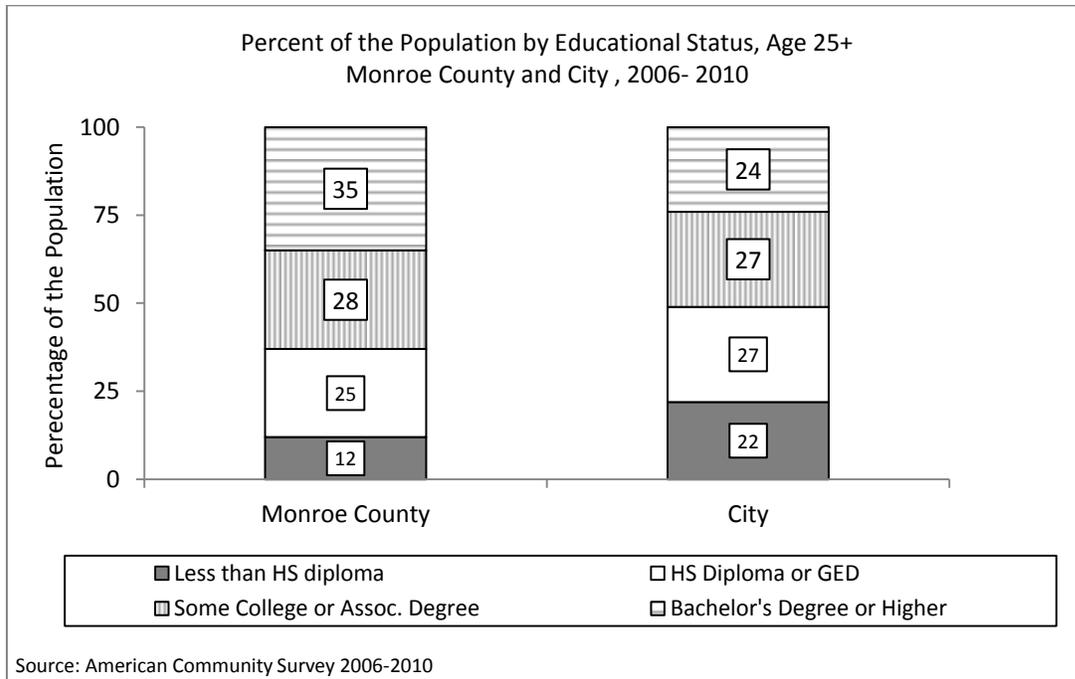
Fourteen percent (14%) of Monroe County residents live in households with incomes below the poverty level.

Rates are higher in the City compared to the Suburbs and among African American/Black and Latino residents, compared to White residents.

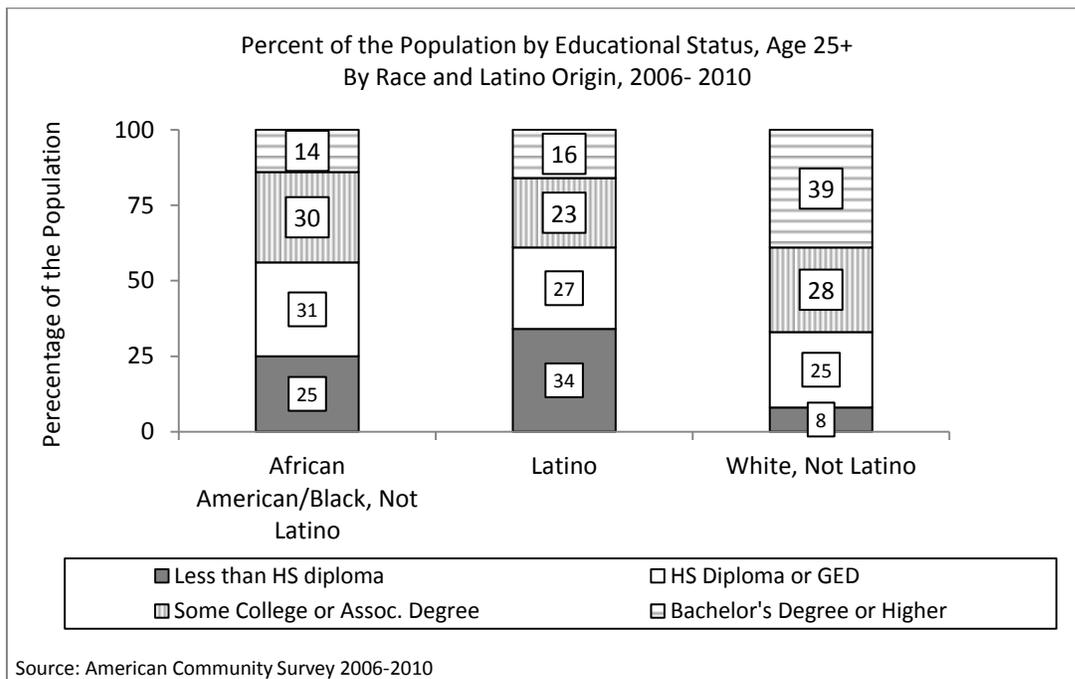


Educational Status

Lower educational levels are associated with poorer health outcomes. Literacy levels have a profound impact on an individual's ability to manage their health. A higher proportion of city residents do not have a high school diploma compared to suburban residents.



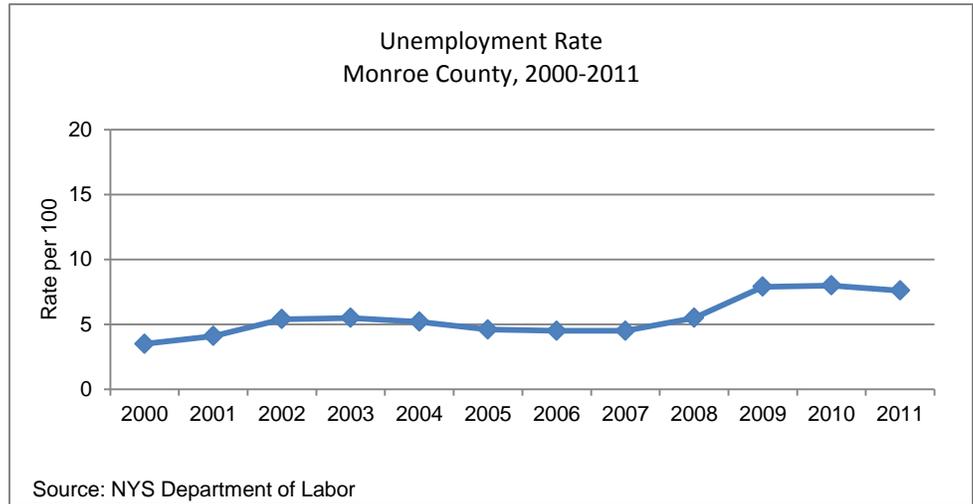
A higher proportion of African American and Latino residents do not have a high school diploma.



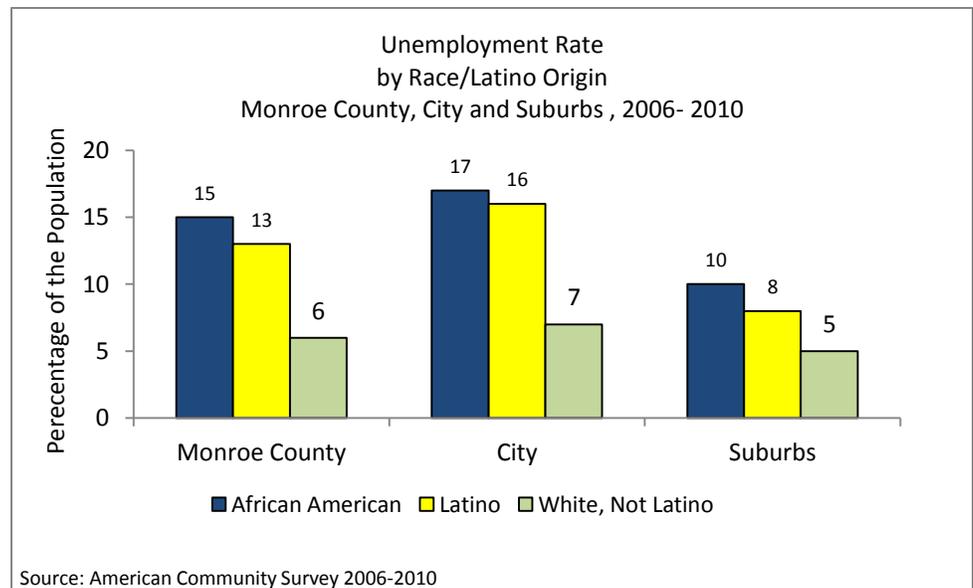
Unemployment Rate

Unemployment is associated with many health risks.

The unemployment rate in Monroe County increased significantly between 2007 and 2009 and declined slightly in 2011.



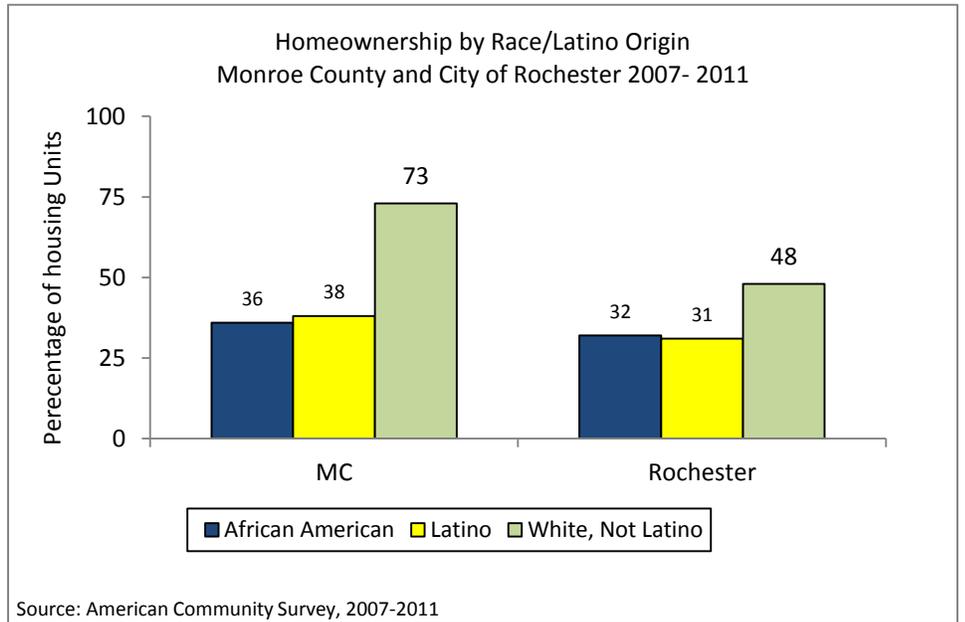
Unemployment disproportionately affects the African American and Latino communities.



Homeownership

Homeownership is an important factor for neighborhood stability and civic participation. Often a family's home is their greatest financial asset.

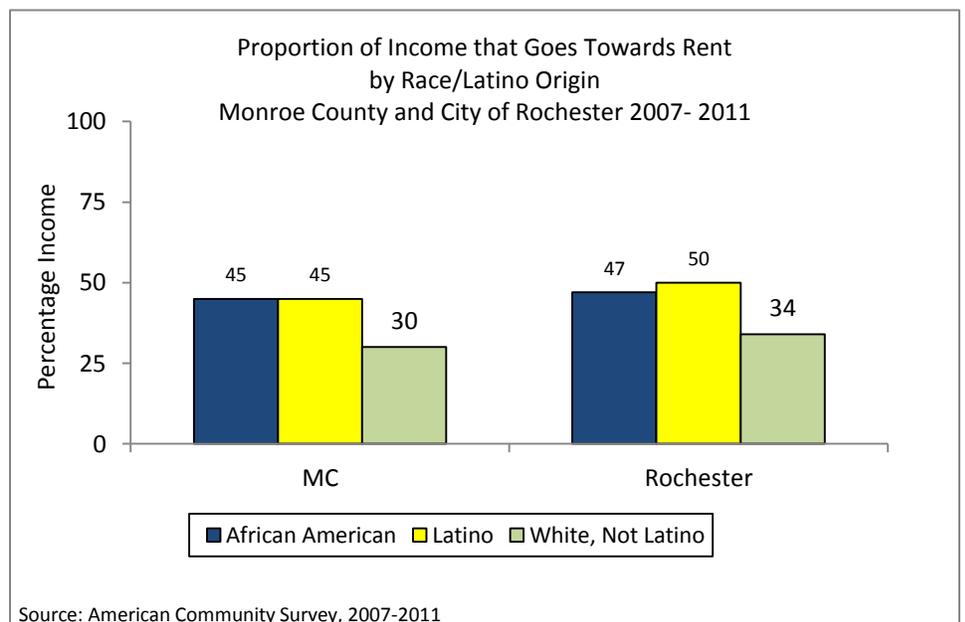
Seventy-one percent (71%) of occupied housing units in Monroe County are owner occupied, compared to 75% in NYS excluding NYC. In the City of Rochester, the percentage is 43%. Percentages are lower among African Americans and Latino residents compared to White residents.



Housing Affordability

Affordable housing may improve health outcomes by freeing up family resources for nutritious food and health care expenditures. An indicator of housing affordability is the proportion of the household income that goes toward monthly rent. The graphic below shows the proportion of renter's income that goes towards rent by residence and race/Latino origin.

Thirty-five percent (35%) of renters' household incomes in Monroe County goes toward rent compared to 33% in NYS excluding NYC. The percentage is 42% in the City of Rochester. Percentages are higher by race/Latino origin.

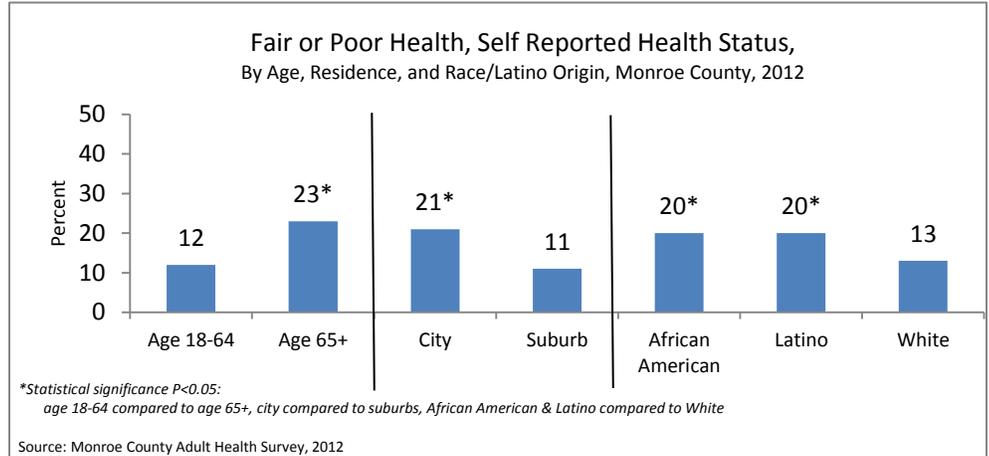


GENERAL HEALTH STATUS

Self- Reported Health Status

In 2012, 14% of Monroe County adults reported their health was “fair or poor”, which is lower than the percentage in NYS in 2012 (18%*).

Differences by age, residence and race/Latino origin in Monroe County are shown in the graphic to the right.



Functional Limitations Due to Physical Health

The table below shows the percentage of adults in Monroe County who reported various functional limitations due to physical health. For the most part, older adults were more likely to report limitations.

Functional Limitations in the Past Month, Monroe County Adults, 2012	Age 18+	Age 18-64	Age 65+
Limited <u>a lot</u> in doing moderate activities like moving a table, pushing a vacuum, bowling or playing golf because of their health	8%	7%	14%*
Limited <u>a lot</u> in climbing stairs	9%	7%	15%*
Did not accomplish what they would have liked at work or in daily activities because of physical health – <u>all or most of the time</u> during the last 4 weeks	12%	10%	18%*
Limited in the kind of work or other activities because of physical health - <u>all or most of the time</u> during the last 4 weeks	10%	9%	13%*
Pain interfered <u>extremely</u> or <u>quite a bit</u> with normal work during past 4 weeks	10%	9%	13%*
Had a lot of energy – <u>none</u> or <u>a little of the time</u> during the past 4 weeks	16%	16%	17%
Physical/emotional health interfered with social activities - All/most of time	7%	8%	5%

*Statistical significance P<0.05 age 18-64 compared to age 65+

Source: Monroe County Adult Health Survey, 2012

Rates of functional limitations are highest among residents of the city, and African Americans and Latinos even though these populations are younger than suburban residents and Whites.

Since 1997, there have been increases in the proportion of city residents reporting fair/poor health and functional limitations due to physical health problems.

LEADING CAUSES OF DEATH

The table below shows the top ten leading causes of death, the average annual number of deaths and the percentage of deaths due to the particular causes among all Monroe County residents and adults by age group.

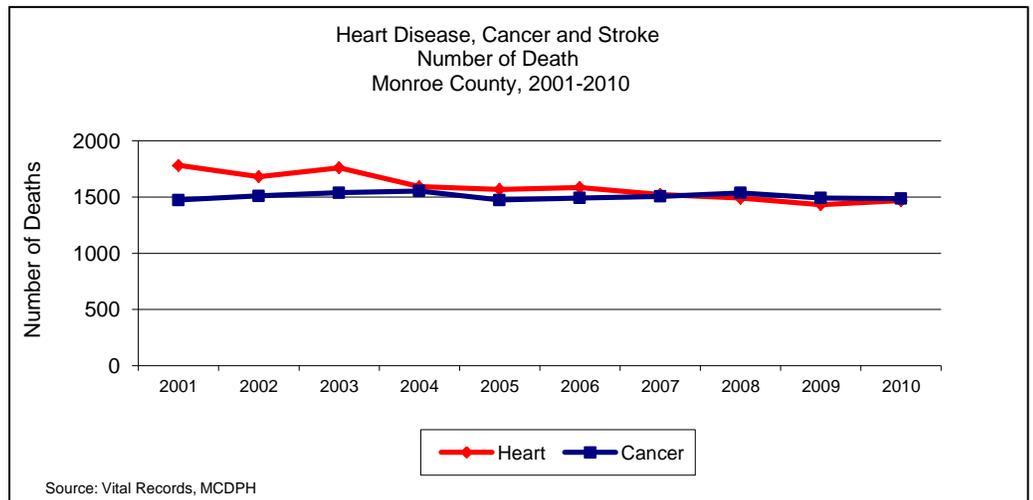
Leading Causes of Death Monroe County, All Ages, and Adults Ages 20-64 and 65+, 2006-2010								
All Ages			AGE 20-64			AGE 65+		
Cause	Average Annual Number Deaths	% Of All Deaths	Cause	Average Annual Number Deaths	% Of All Deaths	Cause	Average Annual Number Deaths	% Of All Deaths
Cancer	1503	24	Cancer	429	31	Heart	1268	26
Heart	1500	24	Heart	230	17	Cancer	1068	22
Stroke	335	5	Unintentional injury	98	7	Stroke	300	6
Chronic Lower Respiratory Disease	258	4	Suicide	49	4	Chronic Lower Respiratory Disease	230	5
Unintentional injury	202	3	Homicide	37	3	Alzheimer's	179	4
Pneumonia/flu	184	3	Stroke	34	2	Pneumonia/flu	167	3
Alzheimer's	181	3	Diabetes	28	2	*Kidney	112	2
*Kidney	130	2	Chronic Lower Respiratory Disease	28	2	Unintentional injury	89	2
Diabetes	108	2	Liver dis.	25	2	Diabetes	79	2
Septicemia	86	1	HIV/AIDS	22	2	Septicemia	69	1

Source: Vital Records, MCDPH

*Kidney=nephritis, nephrotic syndrome, nephrosis

In 2008, cancer became the leading cause of death in Monroe County, slightly surpassing heart disease.

While the number of deaths due to heart disease has declined dramatically in the last decade, the number of deaths due to cancer has remained relatively flat. Monroe County is one of several New York counties where cancer has surpassed heart disease as the leading cause of death.



YEARS OF POTENTIAL LIFE LOST (YPLL)

Years of Potential Life Lost (YPLL) provides an indicator of how premature death is affecting residents of Monroe County. YPLL is calculated by subtracting the person's age at death from age 75. For example, if someone died at 45 years old, the YPLL would be 30 years ($75 - 45=30$); if someone died at 72 years old, the YPLL would be 3 years ($75 - 72=3$); if someone died at 75 years old or more, the YPLL would be simply 0 ($75 - 75=0$).

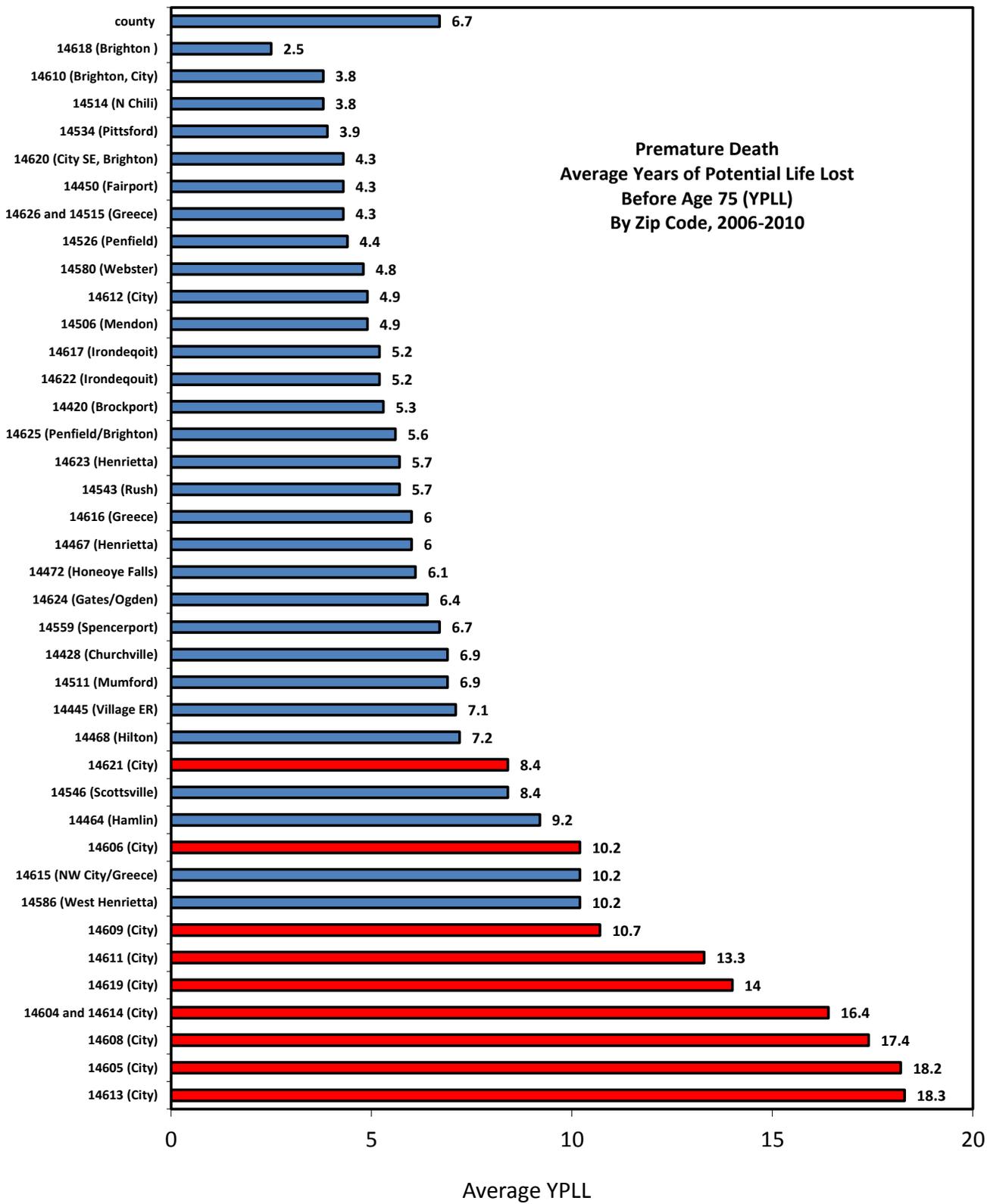
The average YPLL in Monroe County is 6.7 years.

Cancer is the leading cause of YPLL in Monroe County, followed by heart disease and unintentional injuries as shown in the table to the right.

Leading Causes of YPLL, Monroe County, 2006-2010	
Cause	% OF YPLL
Cancer	27%
Heart	15%
Unintentional Injury	10%
Infant deaths due to conditions occurring in the perinatal period	7%
Homicide	5%
Suicide	4%
Stroke	4%
Congenital malformations	2%
Chronic Lower Respiratory Disease	2%
Diabetes	2%
Source: MCDPH	

There are significant disparities in YPLL by race and Latino origin. The average YPLL among White residents is 5 years, compared to 19 years among Latino residents and 18 years among African American residents. Disparities also show up in high poverty areas within the City of Rochester. The graphic on the next page shows average YPLL by zip code. The red bars show the zipcodes with high poverty rates in the City of Rochester.

The disparities in the YPLL by race/ethnicity and areas with high poverty rates are in part due to higher rates of infant mortality and homicides among African American and Latino residents. Another contributing factor is that African Americans, Latinos and those living in high poverty areas, die from diseases like cancer, heart disease, diabetes and stroke at younger ages compared to Whites, and those living in higher income areas of the county.



Source: Vital Records, MCDPH

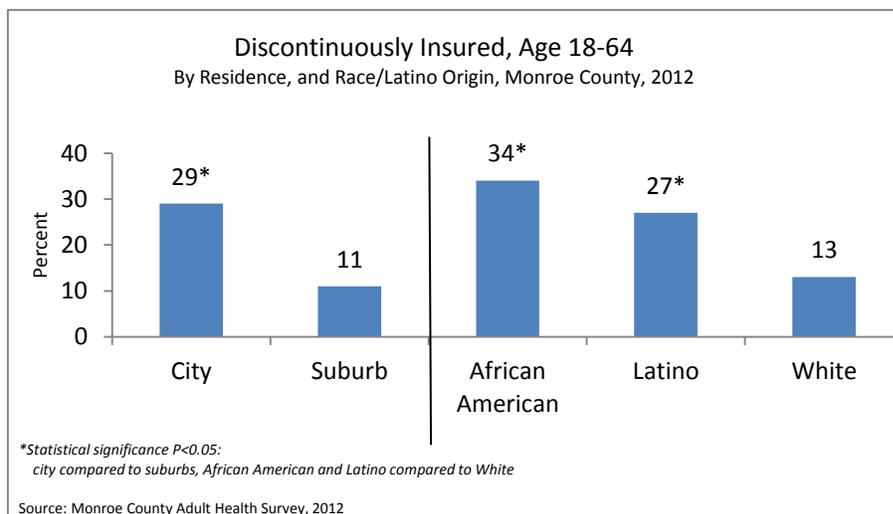
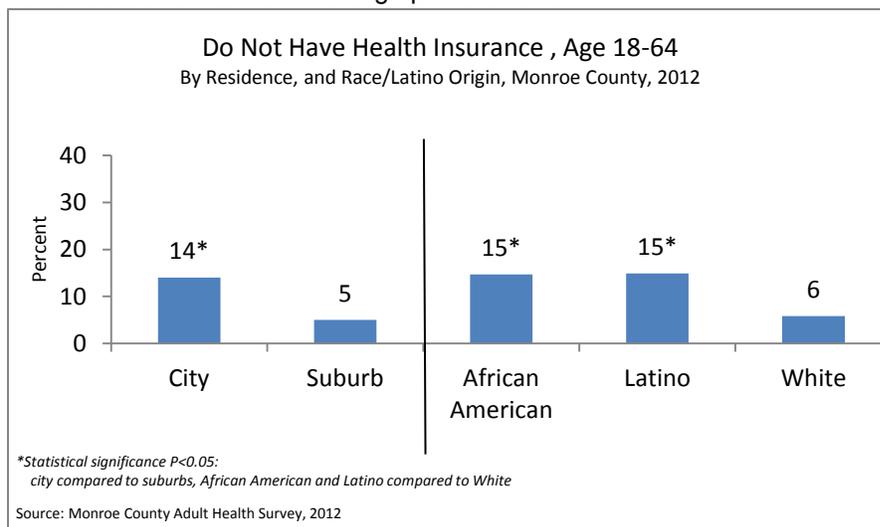
ACCESS TO HEALTH CARE

Health Insurance Coverage

Eight percent (8%) of Monroe County adults aged 18-64 years reported they did not have health insurance in 2012 which is lower than NYS in 2012 (19%*). Only 1% of Monroe County adults over age 65 reported they did not currently have health insurance coverage.

Discontinuously insured is defined as not having insurance currently, or at some point in the past 2 years. Sixteen percent (16%) of adults ages 18-64 in Monroe County reported they were discontinuously insured.

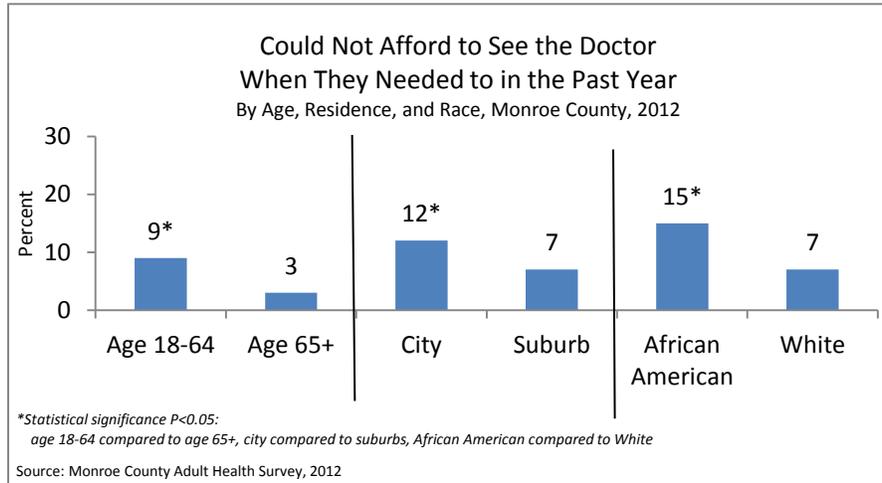
Differences in insurance status are shown in the graphics below.



Could Not Afford Medical Care

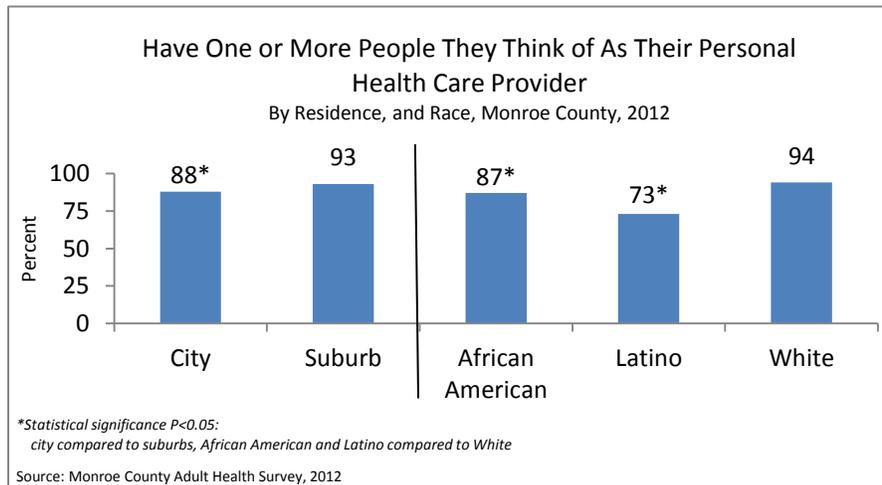
Eight percent (8%) of Monroe County adults reported that there was a time in the past year when they needed to see the doctor but could not because of the cost.

Differences by age, residence and race are shown below.



Access to a Personal Health Care Provider

Ninety-two percent (92%) of Monroe County residents have one or more people they think of as their personal health care provider. Differences are shown in the table below.



Only 80% of adults under age 35 have their own health care provider.

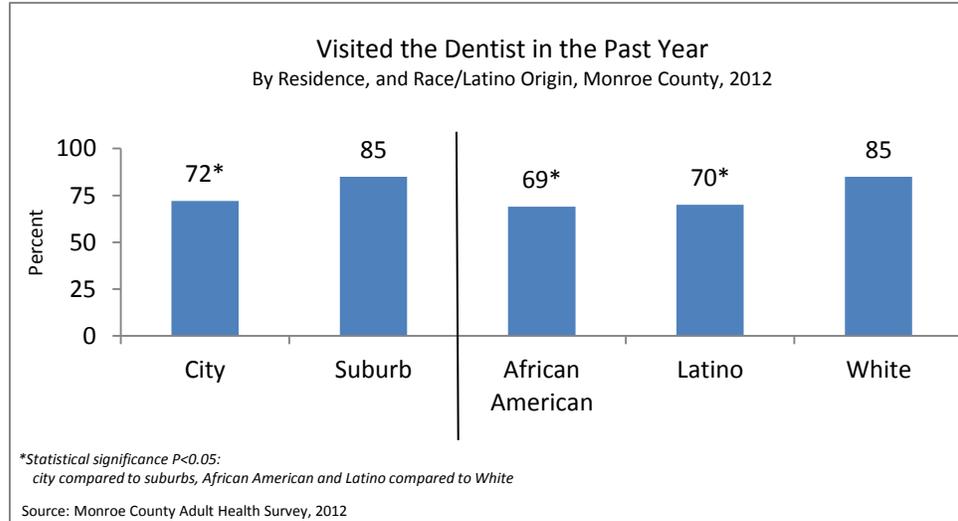
Visited the Doctor for a Routine Check-up in the Past Year

Seventy-three percent (73%) of adults saw a health care provider for a checkup within the past year.

- African American residents (90%*) were more likely to have visited the doctor in the past year for a check-up compared to White (71%) and Latino (67%) residents
- Males (68%*) were less likely to have a check-up compared to females (78%)

Dental Visits

Eighty-two percent (82%) of residents visited the dentist for any reason in the past year, which is better than the percentage in NYS in 2012 (68%*). In Monroe County, there are differences by residence and race and Latino origin.



Trends in Access to Care Indicators

The percentage of Monroe County residents reporting they visited the doctor in the past year for a routine check-up declined from 78% in 2000 to 73% in 2012. Declines occurred in both the city and suburbs. Trend data were not available for dental visits. Other indicators did not change significantly.

CHRONIC DISEASES AND CONDITIONS

Chronic diseases are the leading causes of death in the US and in Monroe County and account for a majority of all deaths. Medical care costs of people with chronic diseases account for more than 75% of the nation's \$2 trillion medical care costs.² Preventing disease and preventing medical complications after disease onset are important steps to containing medical costs in Monroe County.

Cancer Incidence and Mortality

Each year, there are more than 4,000 cancer diagnoses among Monroe County residents and 1,500 deaths due to cancer. The most common cancer diagnoses and causes of deaths in Monroe County are listed in the table below.

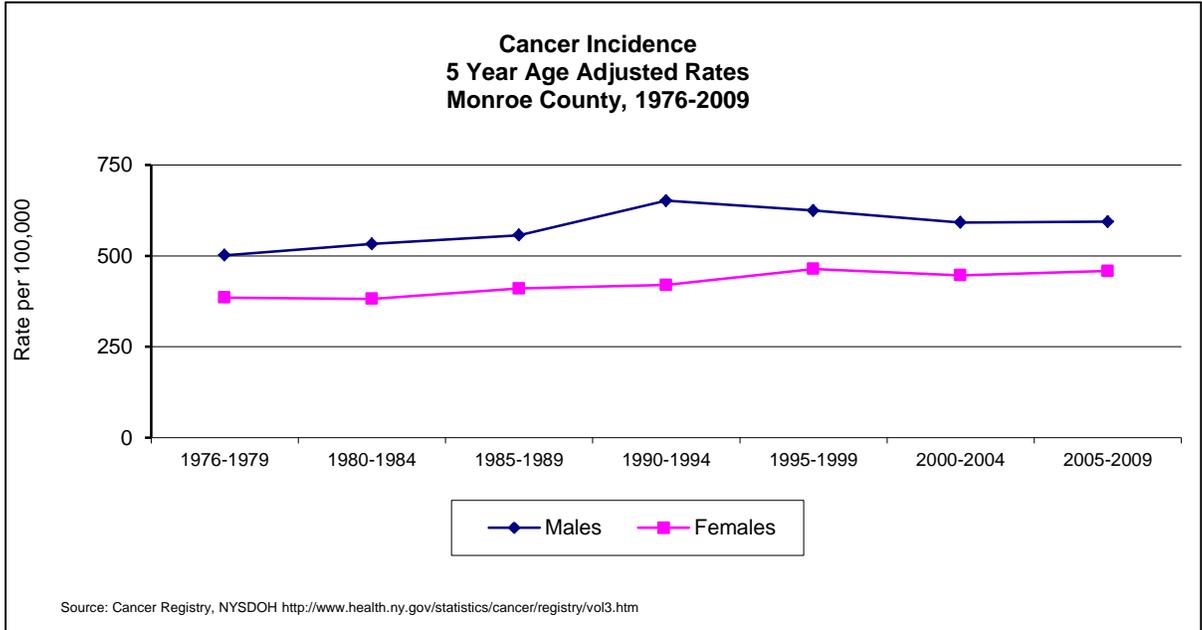
Most Common Cancers Diagnoses and Leading Causes of Cancer Deaths Monroe County, 2005-2009					
Incidence (new cases)			Mortality (deaths)		
Cancer Type	Average Annual Number of Cases	% of all cases	Cancer Type	Average Annual Number of Cases	% of all cases
Prostate	638	15%	Lung and bronchus	416	28%
Female breast	637	15%	Colorectal	132	9%
Lung and bronchus	552	13%	Pancreas	104	7%
Colorectal	369	9%	Female breast	103	7%
Urinary bladder (including, in situ)	217	5%	Prostate	69	5%

Source: Cancer Registry, NYSDOH <http://www.health.ny.gov/statistics/cancer/registry/vol1/v1cmonroe.htm>

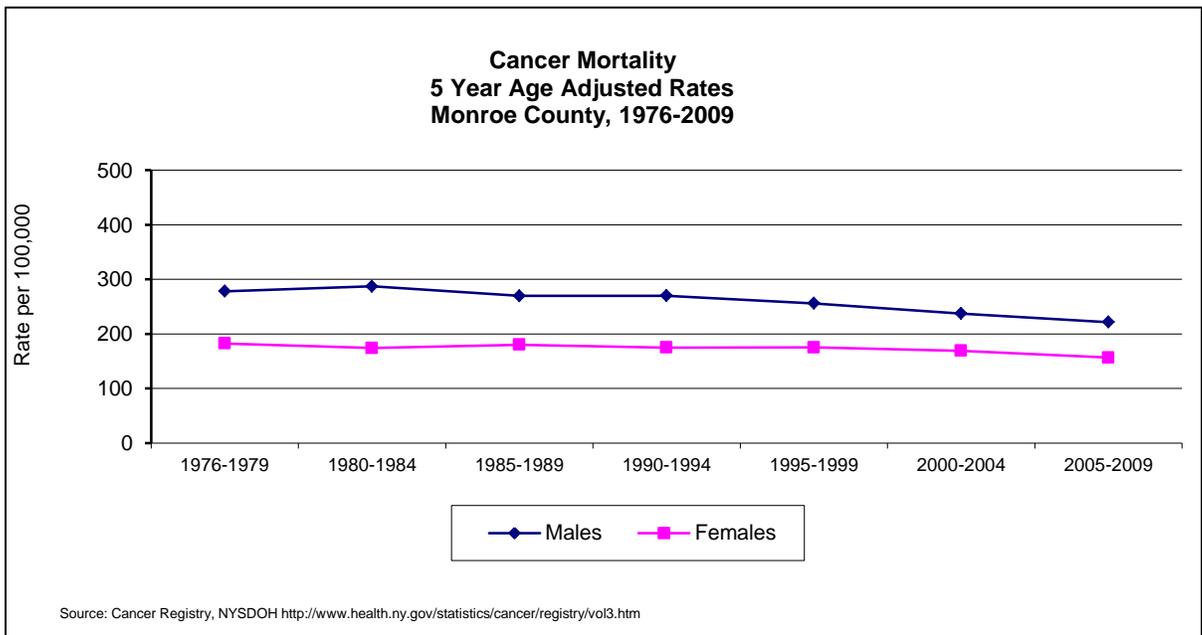
Among males, the cancer mortality rate in Monroe County is higher than the rate among males in NYS excluding NYC (221/100,000* vs. 212/100,000). Incidence rates for males and females and mortality rates for females in Monroe County are not different from rates in NYS excluding NYC.

Cancer incidence rates increased among females between 1976 and 2009. Among males, the incidence rates increased between 1976 and 1994 and then declined slightly as shown in the graphic on the next page.

² Costs of Chronic Disease. Centers for Disease Control and Prevention, 2008



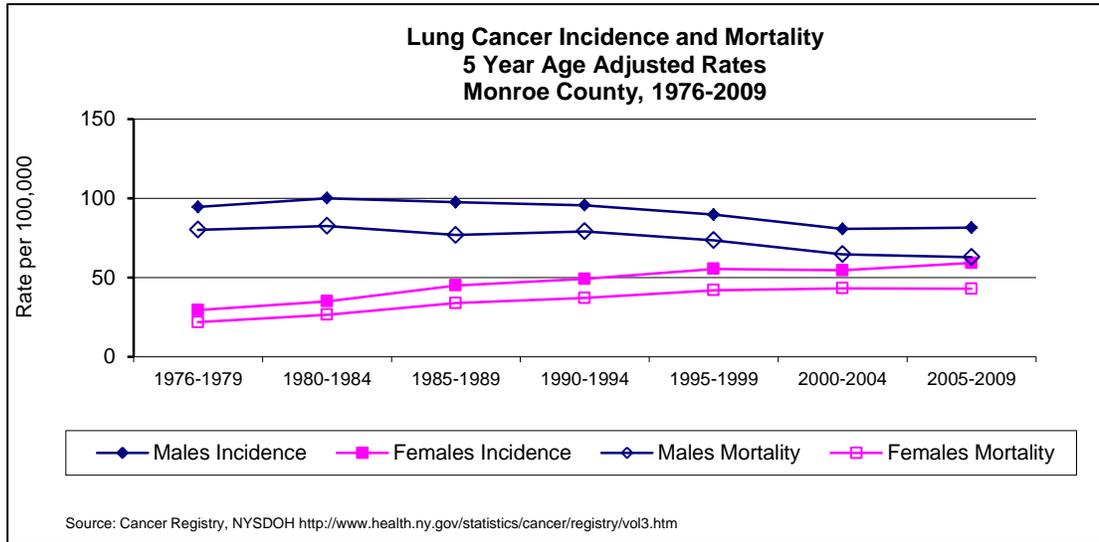
Cancer mortality rates declined between 1976 and 2009 among both males and females.



Lung Cancer

Lung cancer is the leading cause of cancer deaths in Monroe County. The lung cancer incidence rate among females in Monroe County is lower than NYS exclusive of NYC (59/100,000* vs. 65/100,000), but the mortality rate is similar. Among males in Monroe County both the incident rates and mortality rates are similar to NYS exclusive of NYC.

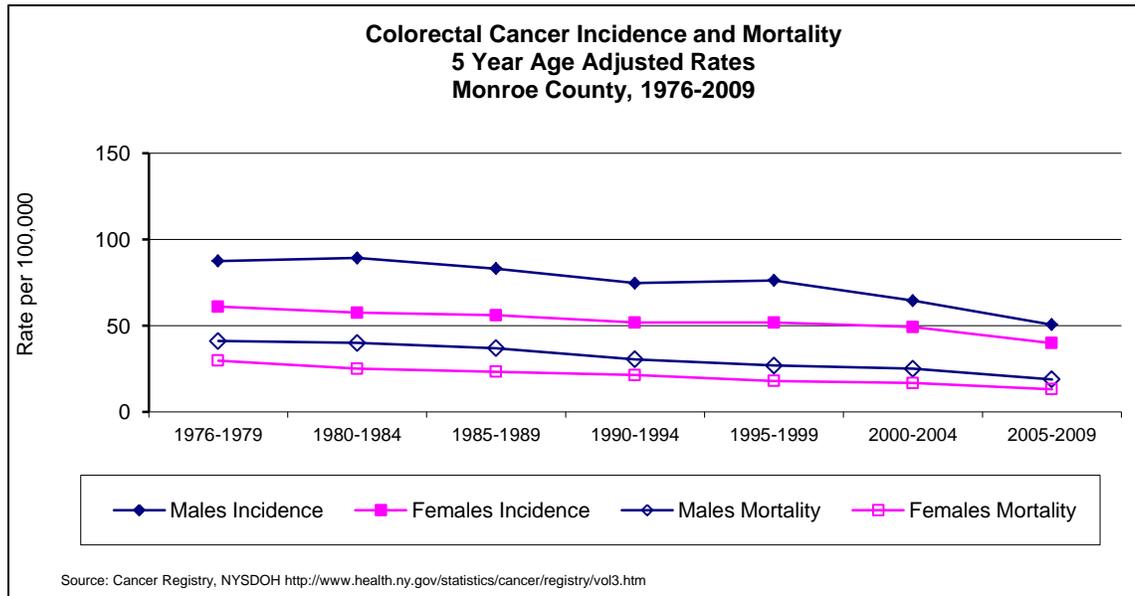
Incidence and mortality from lung cancer among Monroe County males has been declining, while the rates among females has been increasing.



Colorectal Cancer

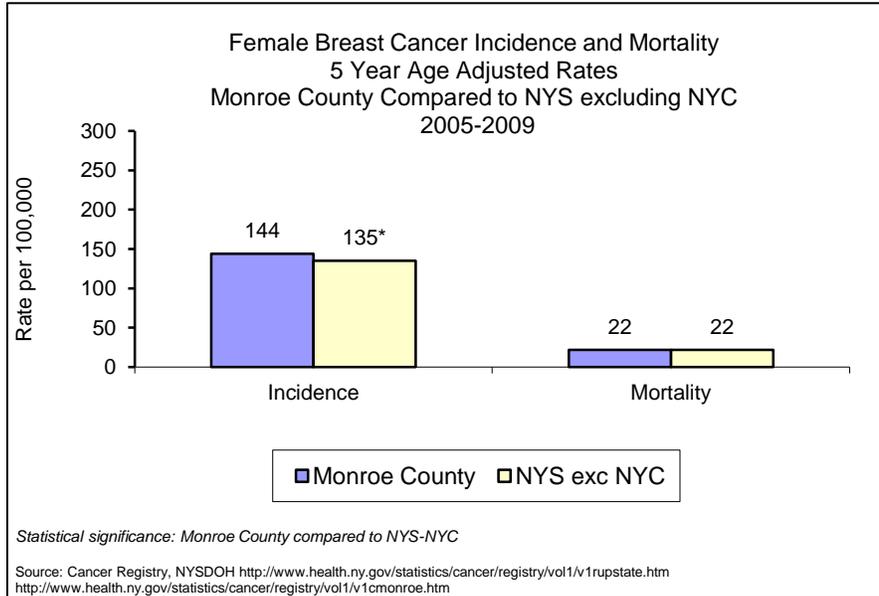
Colorectal cancer is the fourth most common cancer diagnosis in Monroe County, but it is the second leading cause of cancer deaths. Both the incidence and mortality rates due to colorectal cancer in Monroe County are similar to rates in NYS exclusive of NYC.

Between 1976 and 2009, colorectal cancer incidence and mortality rates declined. These trends are similar to trends in NYS exclusive of NYC. Improvement in incidence and mortality rates is most likely due to increased screening, and removal of pre-cancerous polyps during colonoscopies.

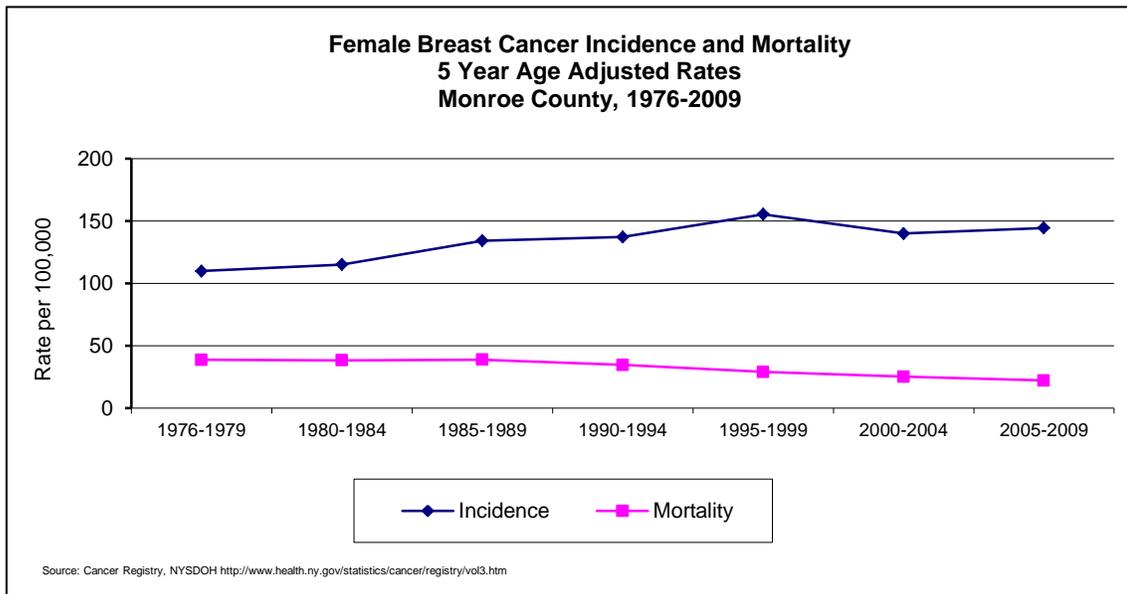


Breast Cancer

The breast cancer incidence rate in Monroe County is higher than NYS exclusive of NYC, but the mortality rate is the same.



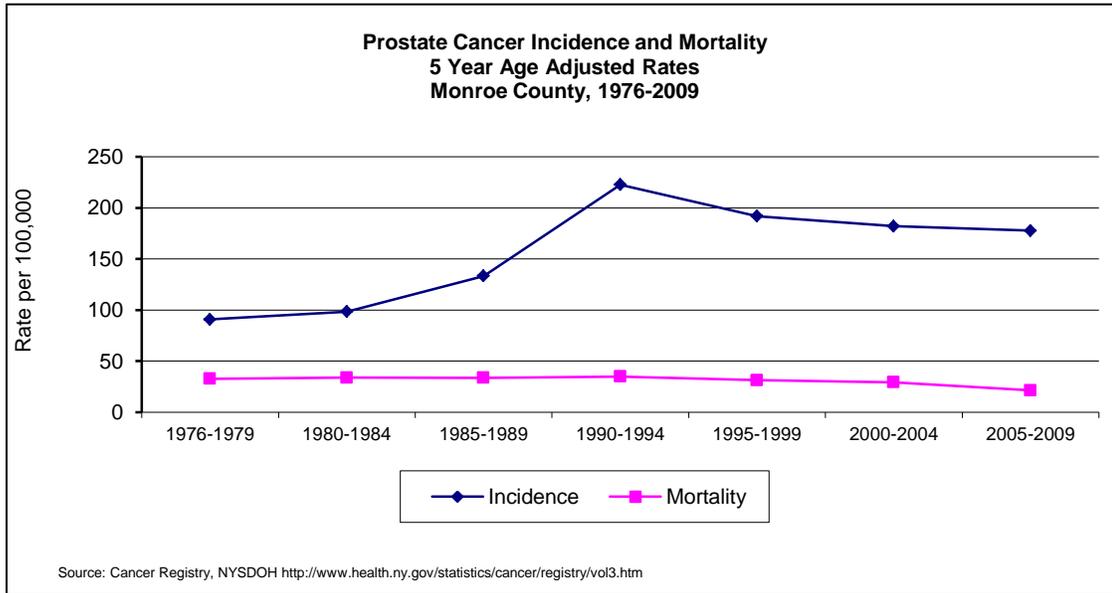
Female breast cancer incidence rates have increased since 1976, while mortality rates have declined.



Prostate Cancer

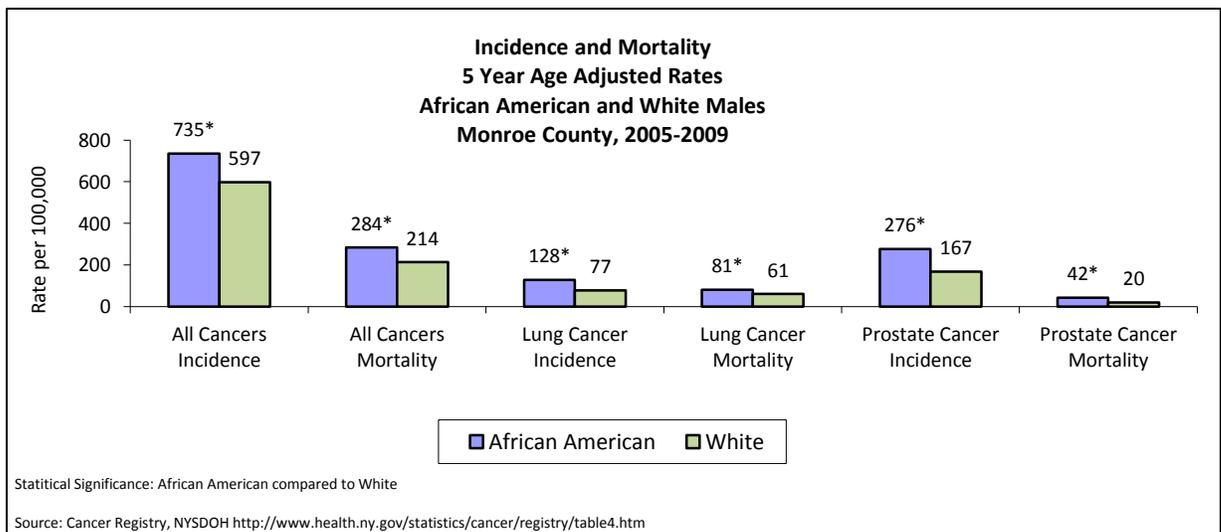
Both the incidence and mortality rates due to prostate cancer in Monroe County are similar to rates in NYS exclusive of NYC.

Between 1976 and 1994, prostate cancer incidence increased, most likely due to increased screening. Since then the rates have declined. Mortality rates from prostate cancer have declined.

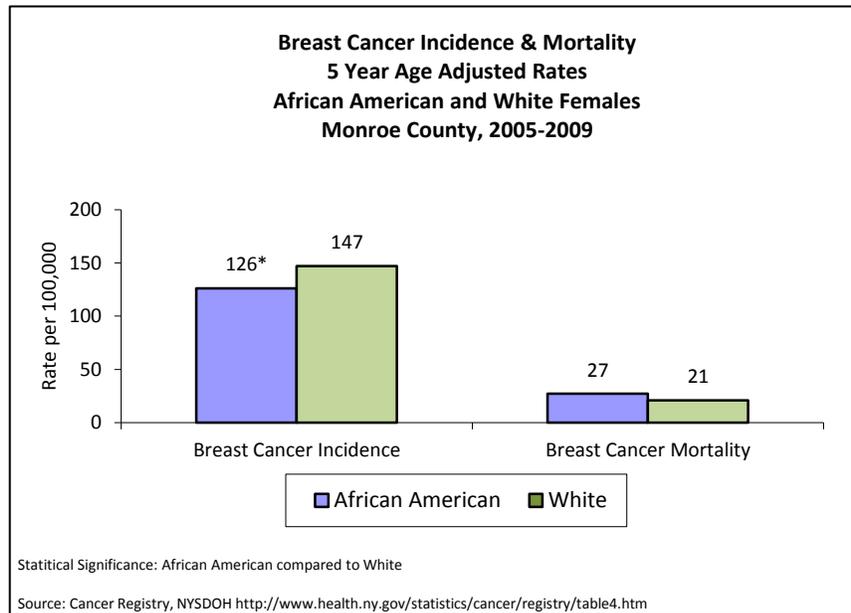


Disparities in Cancer Incidence and Mortality

Among males in Monroe County, incidence and mortality rates from all cancers, lung cancer and prostate cancer are higher among African American males compared to White males.



Among females, the incidence rate of breast cancer is statistically higher among White females compared to African American females, while the mortality rate is not statistically significant.

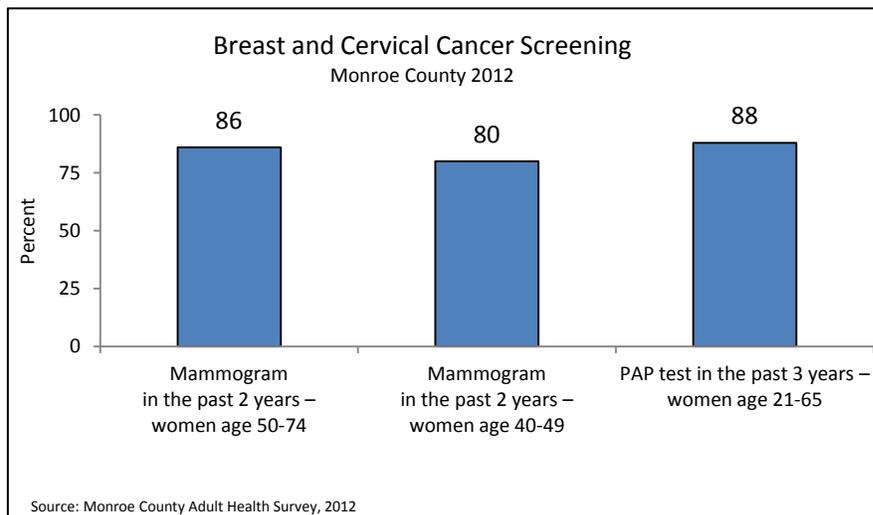


Cancer Screening

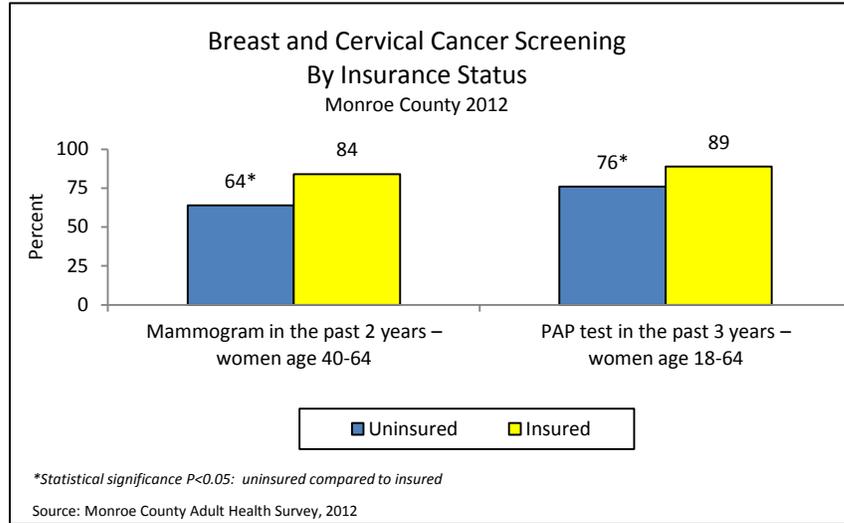
Breast and Cervical Cancer Screening (Mammogram and PAP Test)

Eighty-four percent (84%) of Monroe County females, ages 50 and older, reported having a mammogram within the past two years and 81% of women reported having a PAP test in the past 3 years. These rates are not statistically different from NYS.

The US Preventive Services Task Force (USPSTF) recommends breast cancer screening (mammography) every two years for women aged 50 to 74 years, and individualized decision making based on risk for women age 40-49 at average risk. Cervical cancer screening (PAP smear) is recommended every three years for women ages 21 to 65. Screening rates are shown in the graphic below.



There were no differences in breast and cervical cancer screening rates by residence or race/Latino origin, however, there were differences by health insurance status among those under age 65 years old as shown in the graphic on the next page.

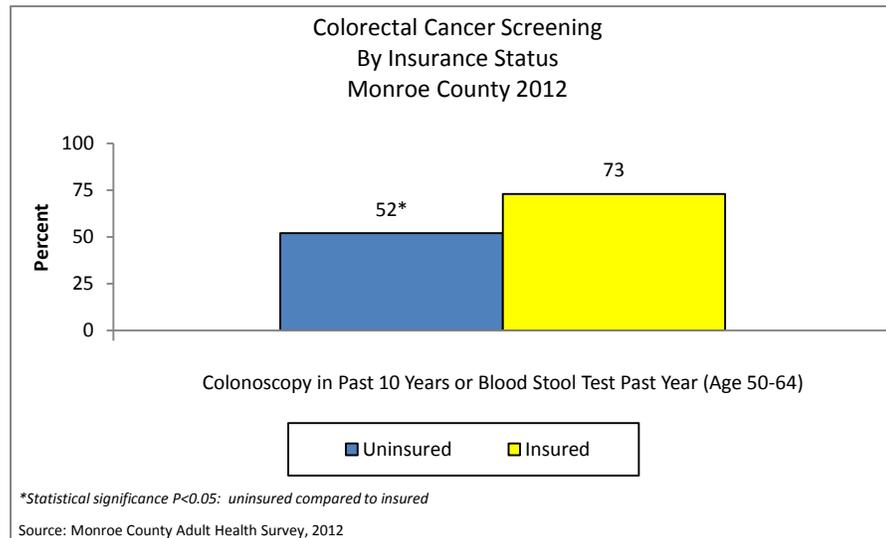


Colorectal Cancer Screening

The percentage, of Monroe County residents aged 50 and older who ever had a colonoscopy (76%*) is similar to the percentage in NYS in 2012.

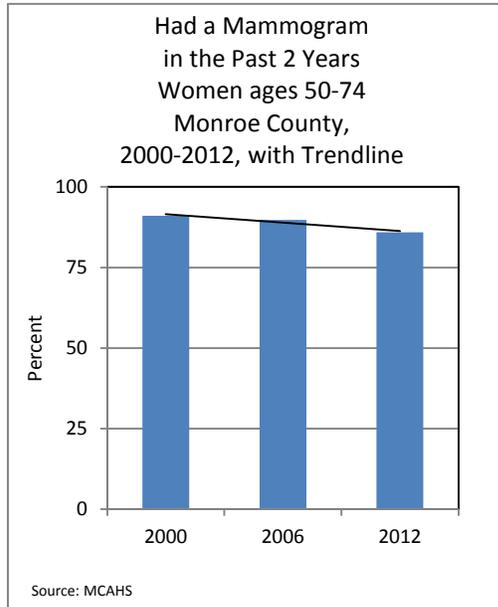
The USPSTF recommends adults ages 50 to 75 have a colonoscopy every 10 years, or a blood stool test annually. Seventy-five percent (75%) of residents in Monroe County meet this recommendation.

There were no differences by residence or race/Latino origin, however, there was a difference by health insurance status as shown in the graphic to the below.



Trends in Cancer Screening Rates

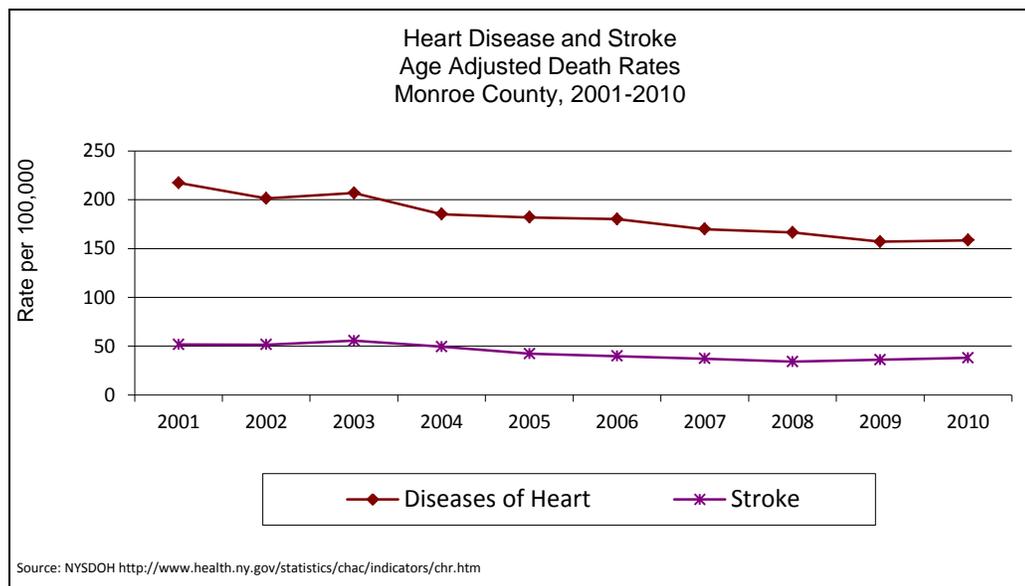
For breast cancer screening, both trends for ages 50-74 and ages 40-49 were analyzed. The screening rate declined among women ages 50-74 in Monroe County and the City. There was no change in the rate among women ages 40-49. Trend data were not available for cervical cancer screening and colorectal cancer screening.



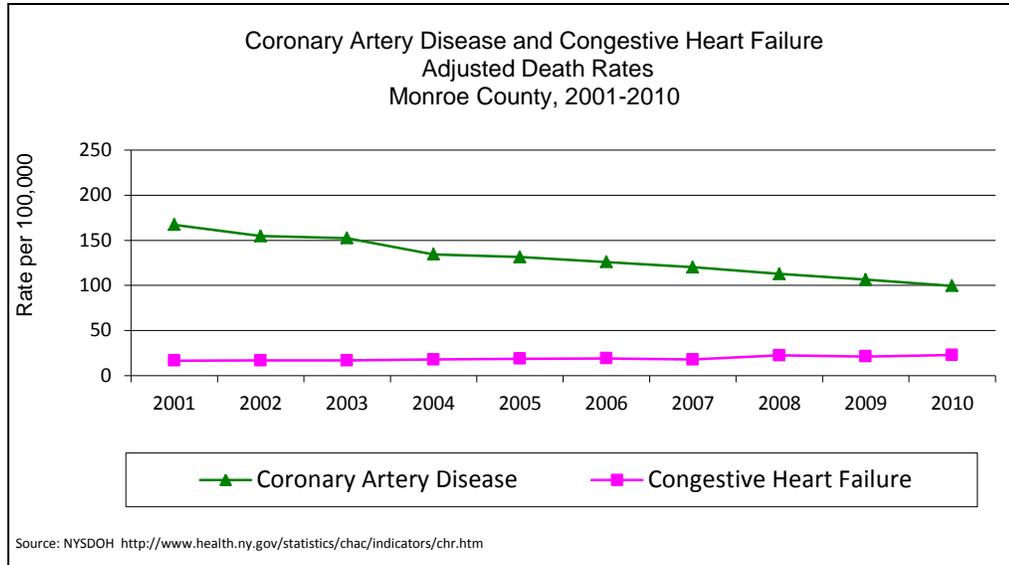
Cardiovascular Disease Deaths and Hospitalizations

Between 2008 and 2010, there were on average each year in Monroe County, 1,460 deaths and over 8,000 hospitalizations due to diseases of the heart, and 329 deaths and more than 2,000 hospitalizations due to stroke.

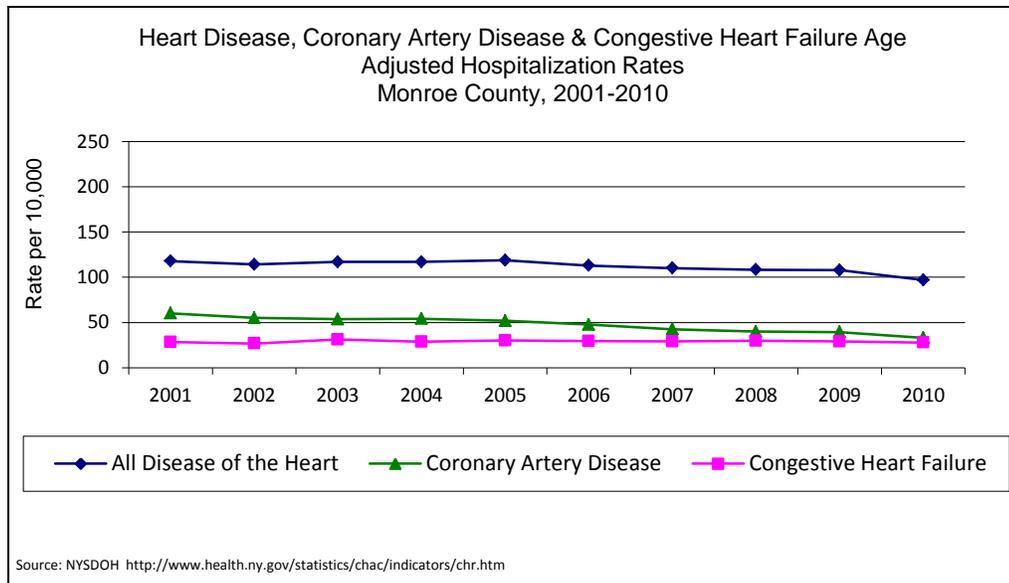
The death rates due to diseases of the heart, and stroke have declined significantly in the past decade.



Sixty-five percent (65%) of heart disease deaths are due to coronary artery disease (CAD) and 15% are due to congestive heart failure (CHF). The death rate due to CAD declined since 2001, while the rate due to CHF increased slightly.

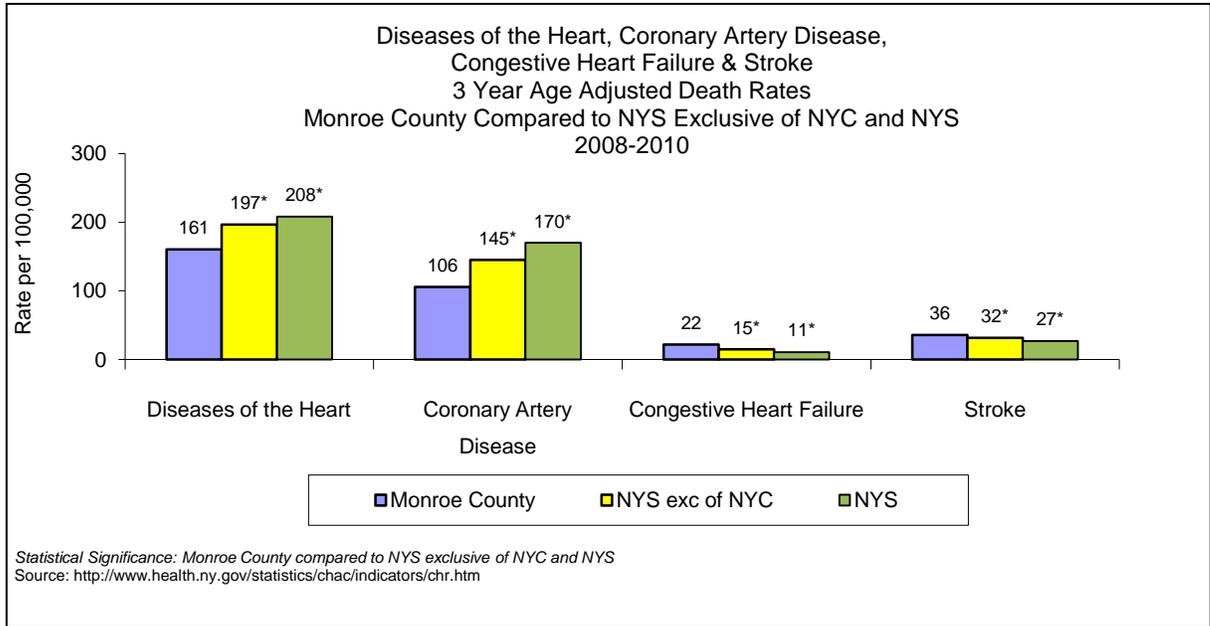


Since 2001, there were declines in the hospitalization rate due to all diseases of the heart. The rate of CAD hospitalizations declined, while the rate of CHF hospitalizations remained stable.

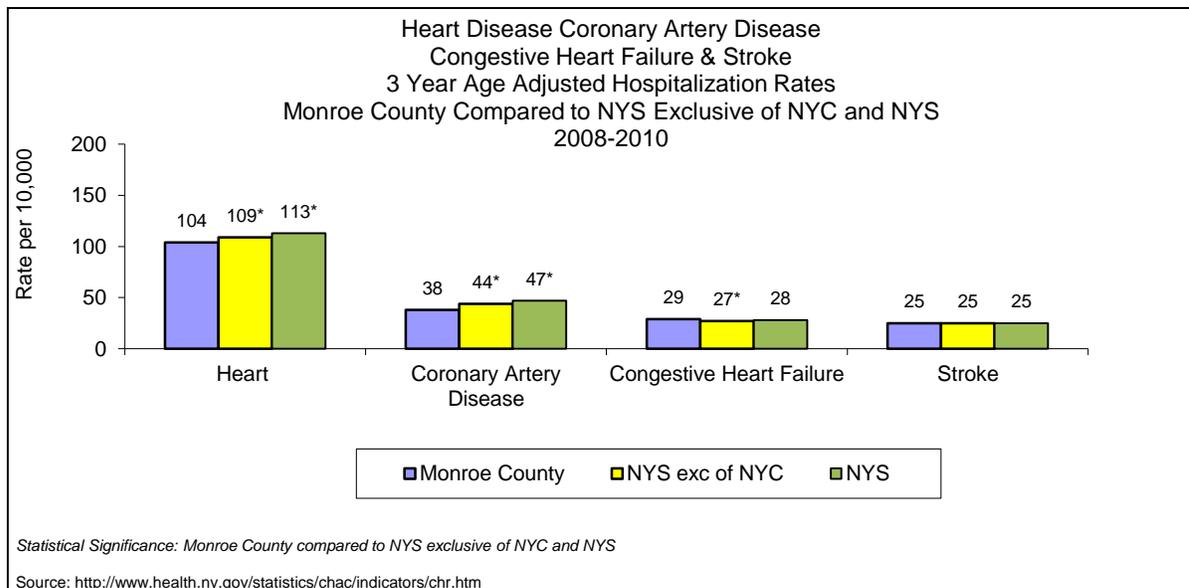


During this time period, the age adjusted stroke hospitalization rate remained relatively stable.

The death rates due to heart disease and coronary artery disease are lower in Monroe County compared to NYS exclusive of NYC, and NYS, while the congestive heart failure and stroke death rates are higher.

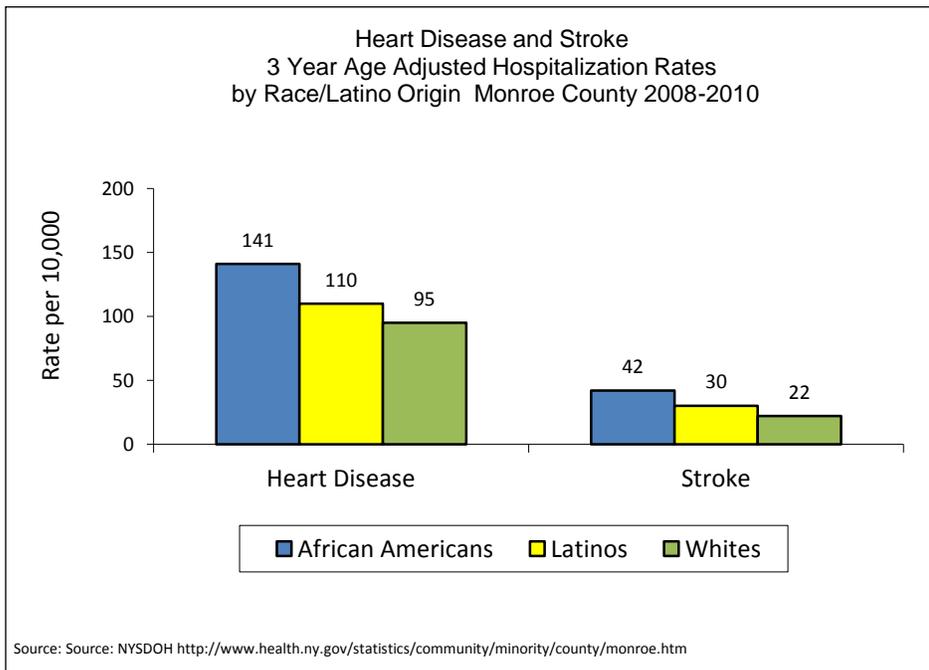
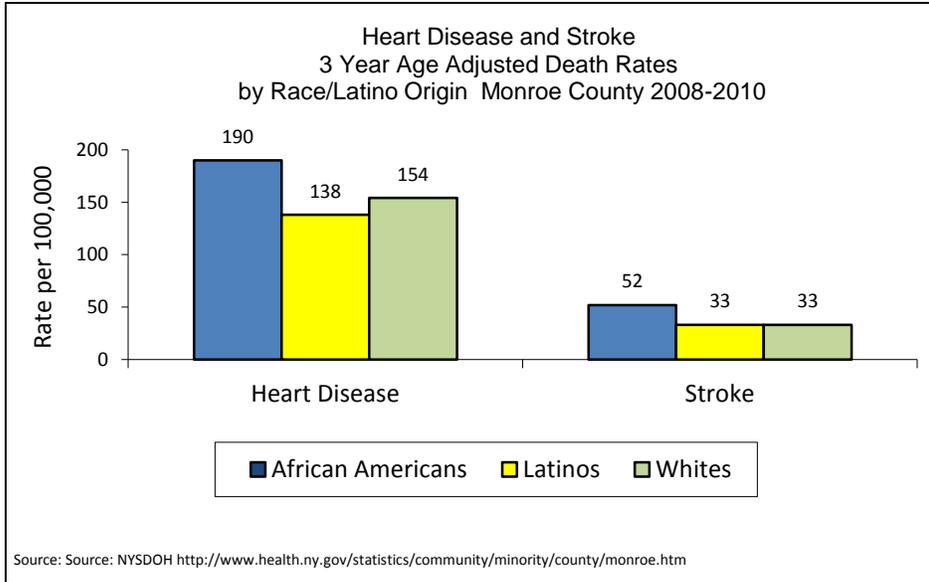


Compared to NYS exclusive of NYC and NYS, the hospitalization rates for diseases of the heart and coronary artery disease are lower in Monroe County. The rate for congestive heart failure is higher in Monroe County compared to NYS exclusive of NYC.



Disparities in Cardiovascular Disease Death and Hospitalization Rates

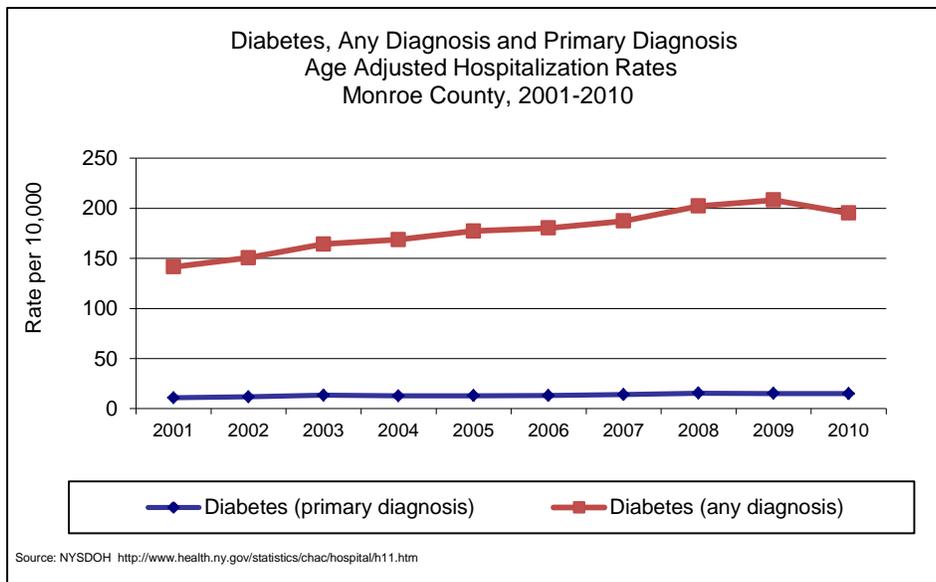
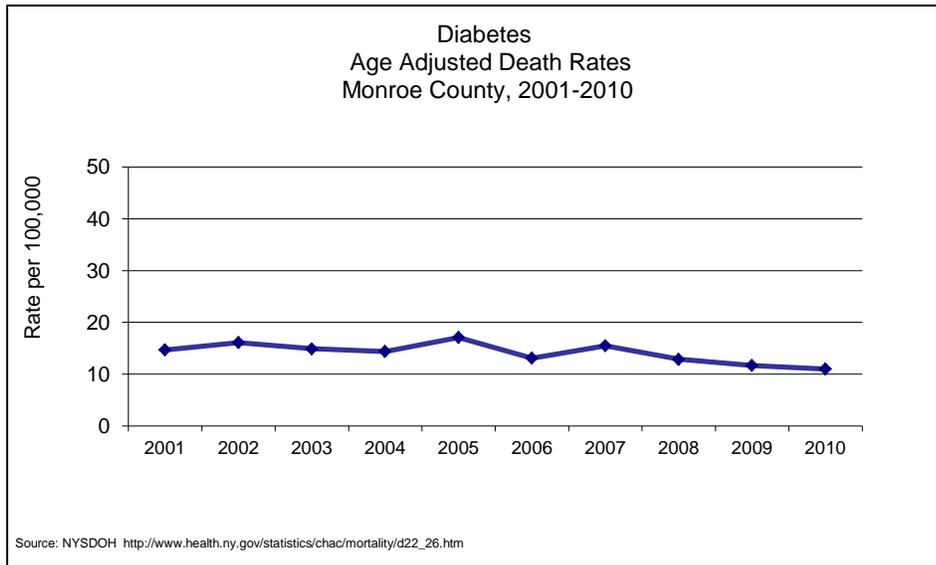
Age adjusted death and hospitalization rates due to heart disease and stroke, are higher among African Americans compared to Whites and Latinos as shown in the graphics.



Diabetes Deaths and Hospitalizations

In Monroe County, between 2008 and 2010, there were on average each year 100 deaths due to diabetes and almost 1,200 hospitalizations with diabetes as a primary diagnosis.

Since 2001, death rates due to diabetes declined overall, but the hospitalization rates for both primary diagnosis and any diagnosis have increased.



Death rates are lower compared to NYS excluding of NYC, and NYS, hospitalization rates are higher than NYS ex of NYC, but lower than NYS.

Diabetes
3 Year Age Adjusted Death and Hospitalization Rates
Monroe County Compared to NYS exclusive of NYC and NYS, 2008-2010'

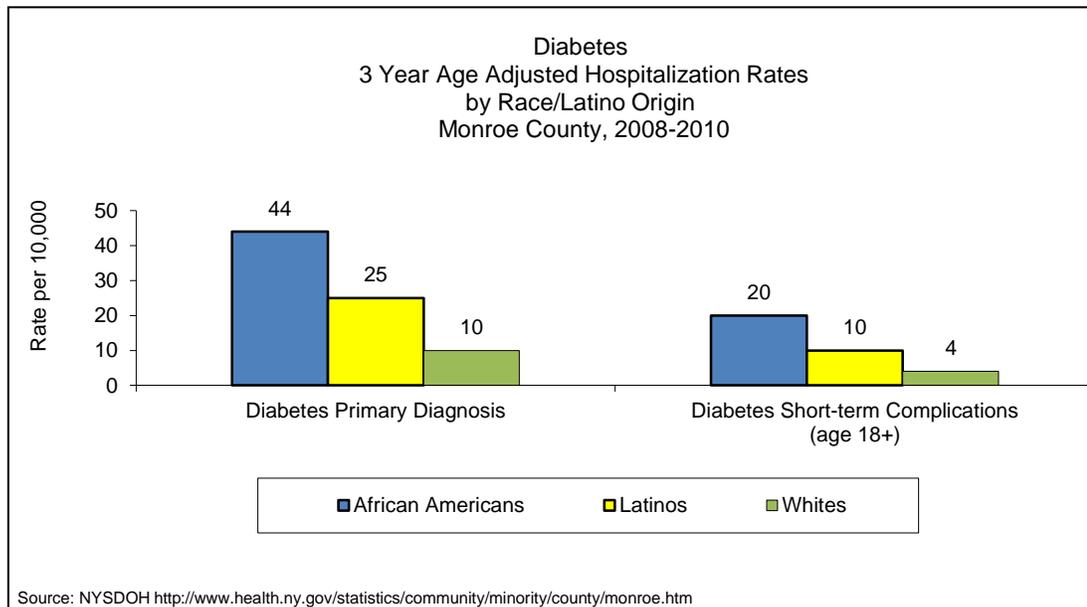
	Death per 100,000	Hospitalization (any diagnosis) per 10,000	Hospitalization (primary diagnosis) per 10,000
MC	12	202	15
NYC excluding NYC	15*	198*	14*
NYS	17*	226*	19*

*Statistical significance: Monroe County compared to NYS excluding NYS and NYS
Source: NYSDOH http://www.health.ny.gov/statistics/chac/chai/docs/res_26.htm

Disparities

The age adjusted death rate due to diabetes is 3 times higher among African American residents compared to White residents (31/100,000* verses 10/100,000).

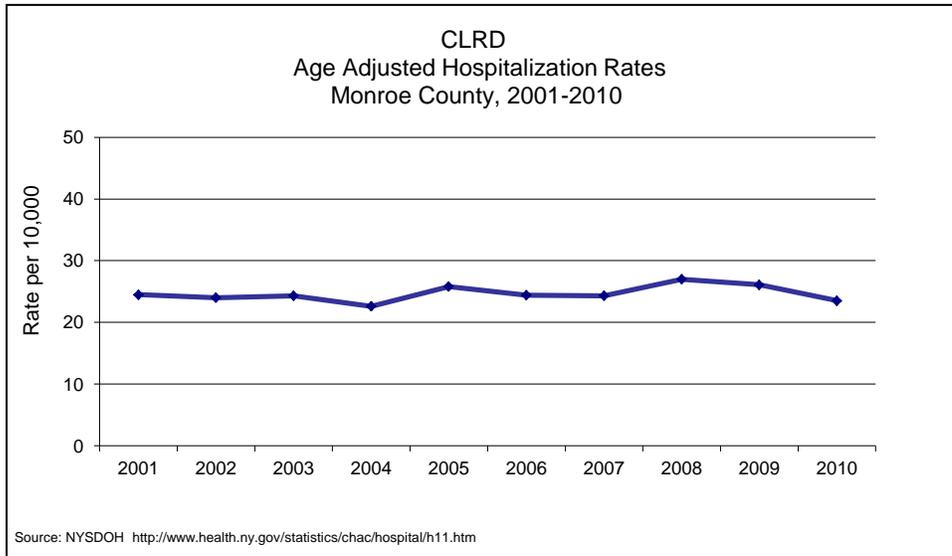
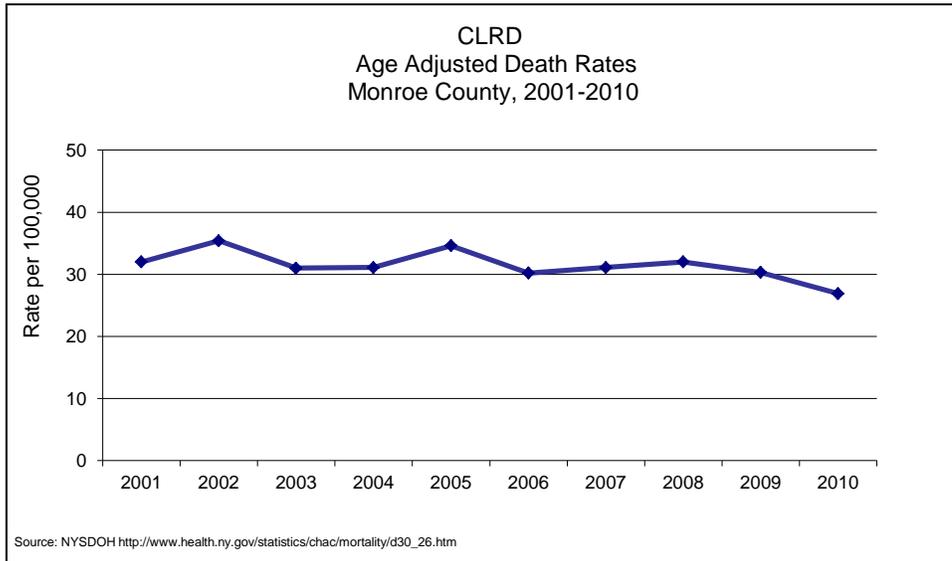
Hospitalization rates among African Americans are 4-5 times higher than rates among Whites. Among Latinos, the rates are 2 ½ times higher.



Chronic Lower Respiratory Disease(CLRD) Deaths and Hospitalizations

On average each year in Monroe County between 2008 and 2010, there were 259 deaths and 2,000 hospitalizations due to CLRD.

The death rate due to CLRD has gradually declined since 2001, while the hospitalization rate remained relatively stable.



The CLRD mortality rate in Monroe County is lower than NYS excluding NYC. Hospitalization rates for CLRD are lower than both NYS excluding NYC and NYS. Asthma accounts for about 40% of CLRD hospitalizations. The hospitalization rate for asthma in Monroe County is not different from NYS excluding NYC, but is lower than NYS.

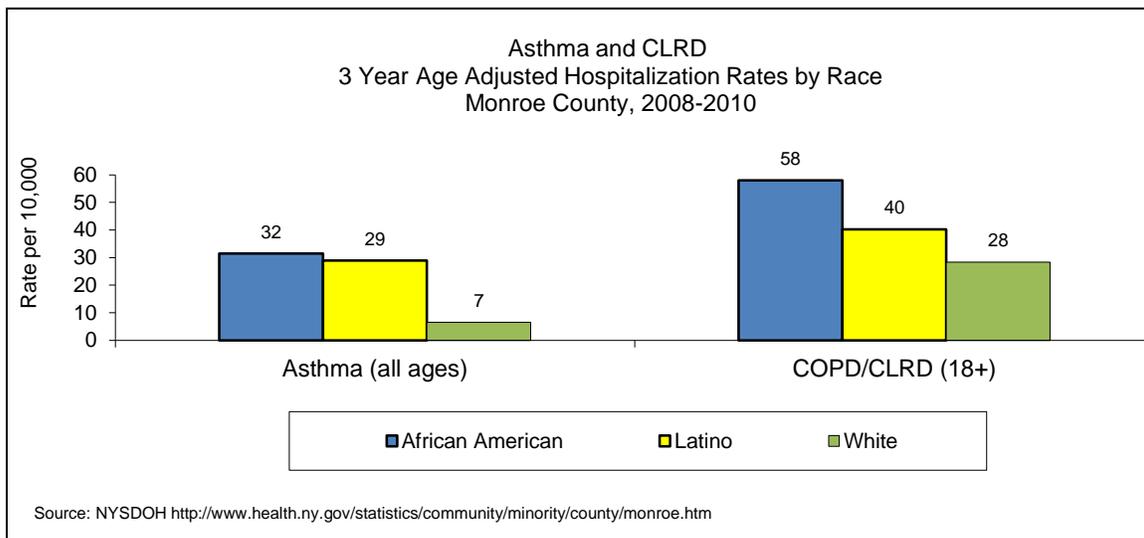
CLRD and Asthma
3 Year Age Adjusted Death and Hospitalization Rates
Monroe County Compared to NYS exclusive of NYC and NYS, 2008-2010

	Death per 100,000	Hospitalization per 10,000	Asthma per 10,000
Monroe	30	26	12
NYS excluding NYC	39*	32*	12
NYS	31	38*	20*

*Statistical significance: Monroe County compared to NYS excluding NYS and NYS
Source: NYSDOH http://www.health.ny.gov/statistics/chac/chai/docs/res_26.htm

Disparities

Hospitalization rates due to asthma and CLRD are higher among African American and Latino residents, compared to White residents.



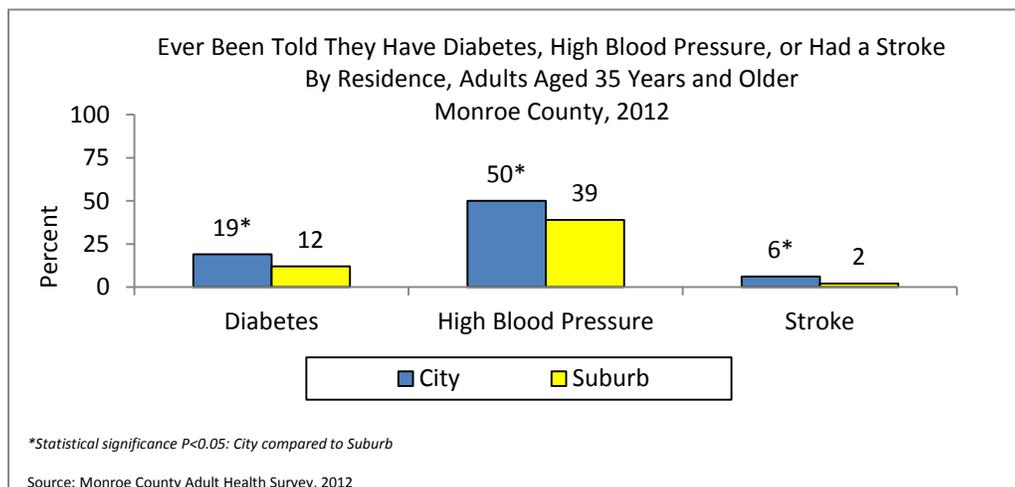
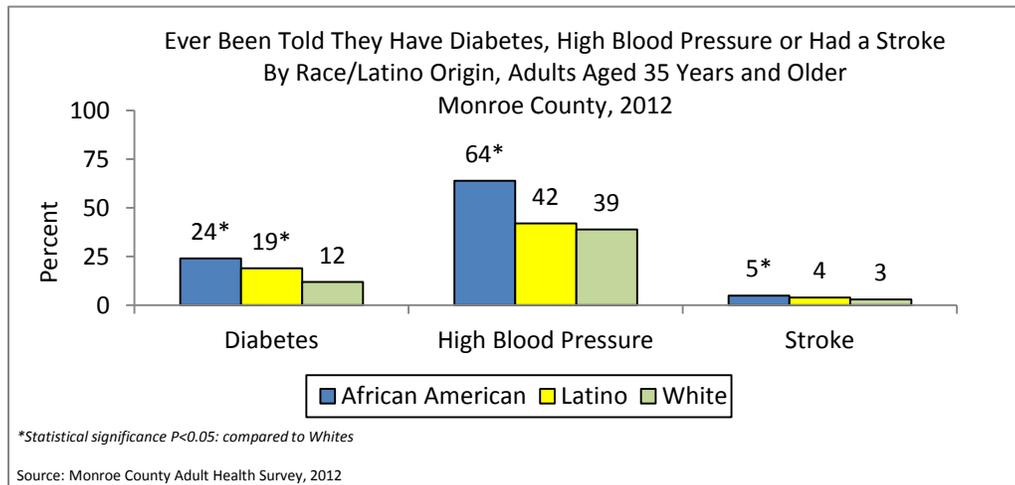
Prevalence of Diabetes and Cardiovascular Diseases/Conditions

% of Monroe County Adults Who Reported they Were Ever Told By a Health Professional That They:	Age 18+	Age 18-64	Age 65+
Have diabetes	10%	7%	21%*
Have high blood pressure	32%	25%	63%*
Have high blood cholesterol	33%	27%	55%*
Had a heart attack	4%	2%	11%*
Have angina or coronary artery disease	4%	2%	12%*
Had a stroke	3%	2%	6%*
Have or have had one or more of the following cardiovascular conditions: - Heart attack, coronary artery disease, angina, stroke	8%	5%	23%*

**Statistical significance P<0.05: age 18-64 compared to age 65+*
Source: Monroe County Adult Health Survey, 2012

The percentage of Monroe County residents who were ever told they had diabetes, high blood pressure, heart attack, angina, coronary artery disease or stroke are similar in Monroe County compared to NYS in 2011 and 2012. The percentage of residents who were ever told they have high cholesterol is lower in Monroe County compared to NYS (33% vs. 39%).

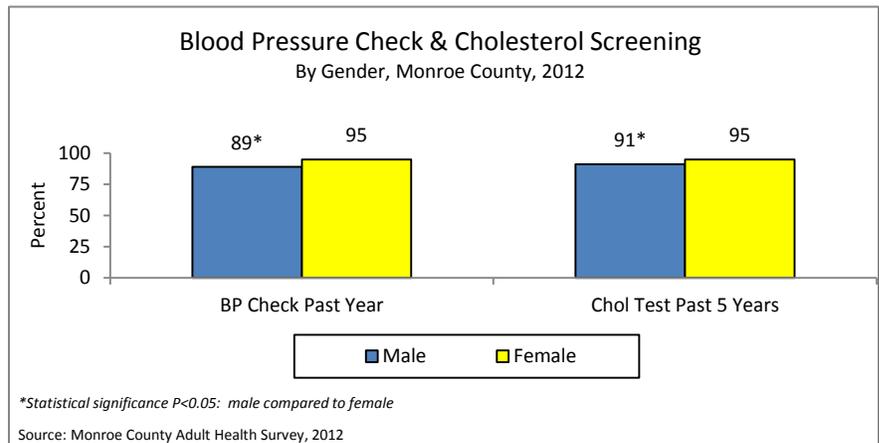
Since the populations of city residents and of African Americans and Latinos have high proportions of adults under age 35, and the prevalence of these diseases/conditions increase with age, we calculated rates for ages 35 and older by subpopulations. Difference by subpopulations are shown below.



Blood Pressure and Cholesterol Screening

Ninety-two percent (92%) of Monroe County residents had their blood pressure checked in the past year and 93% had their cholesterol checked in the past 5 years.

Differences by gender are shown in the graphic to the right.



Latino residents (81%*) were less likely than White residents (93%) to report they had their blood pressure checked in the past year. There were no other differences by race/Latino origin or residence.

Blood Pressure Checks and Control –Of Those with High Blood Pressure

Of those who were ever told they had high blood pressure, 96% had their blood pressure checked in the past year. Of those who had it checked, 72% reported their blood pressure was normal or low. The percentages were lower among adults under age 65 (67%*) compared to older adults (79%), and among city residents (61%*) compared to the suburban residents (77%) .

Of Monroe County adults with high blood pressure:

- 77% are taking medication to control it
- 63% are reducing their salt intake
- 45% are trying to lose weight
- 68% are exercising

Blood Sugar Management and Control Among Those with Diabetes

Respondents who were ever told they had diabetes were asked if their blood sugar is usually 130 or less in the morning before they eat. This question provides an indication of diabetes management and control. Of those who were ever told they had diabetes, 15% responded they did not know if their blood sugar was usually 130 or below. Of those who knew, 74% reported their blood sugar was usually 130 or below.

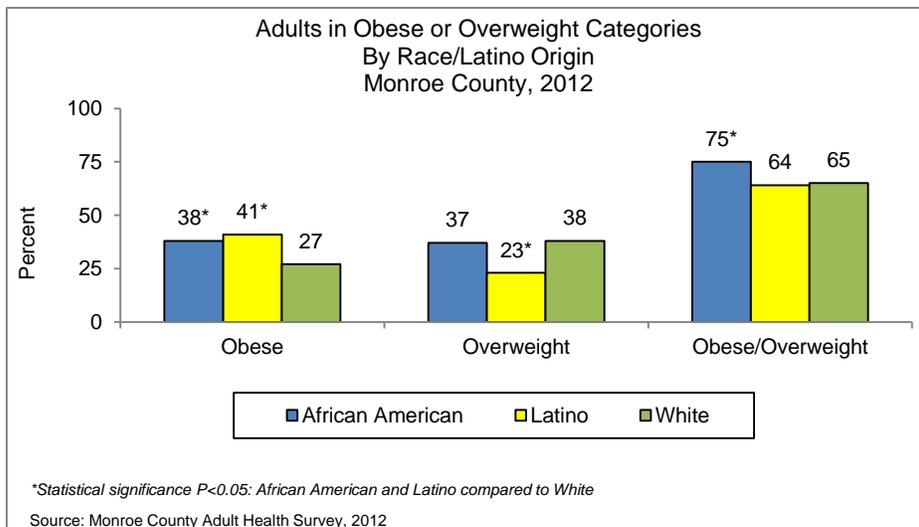
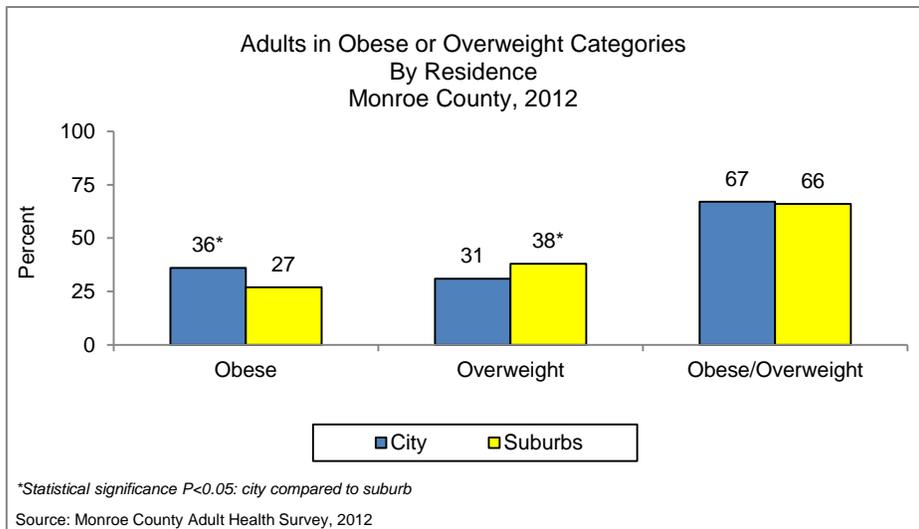
WEIGHT, PHYSICAL ACTIVITY & NUTRITION

Obesity and Overweight

As part of the 2012 Adult Health Survey, body mass index (BMI) was calculated based on self reported height and weight. Respondents were classified into the following categories: obese, overweight, and obese or overweight.³

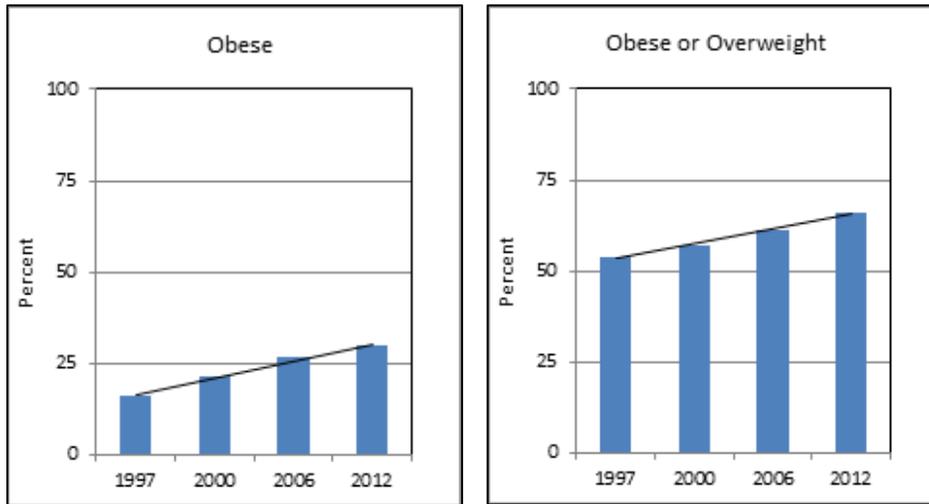
Thirty-percent (30%) of Monroe County adults are in the obese weight category and another 36% are in the overweight category. The rate of obesity in Monroe County is higher than the rate in NYS in 2012 (30%* vs. 24%), while the rates of overweight are not statistically different.

Within Monroe County, there are significant differences by residence and race.



³ Obese – BMI>=30, Overweight-BMI>=25 and <30, Obese or Overweight-BMI>=25, Not obese or overweight-BMI<25

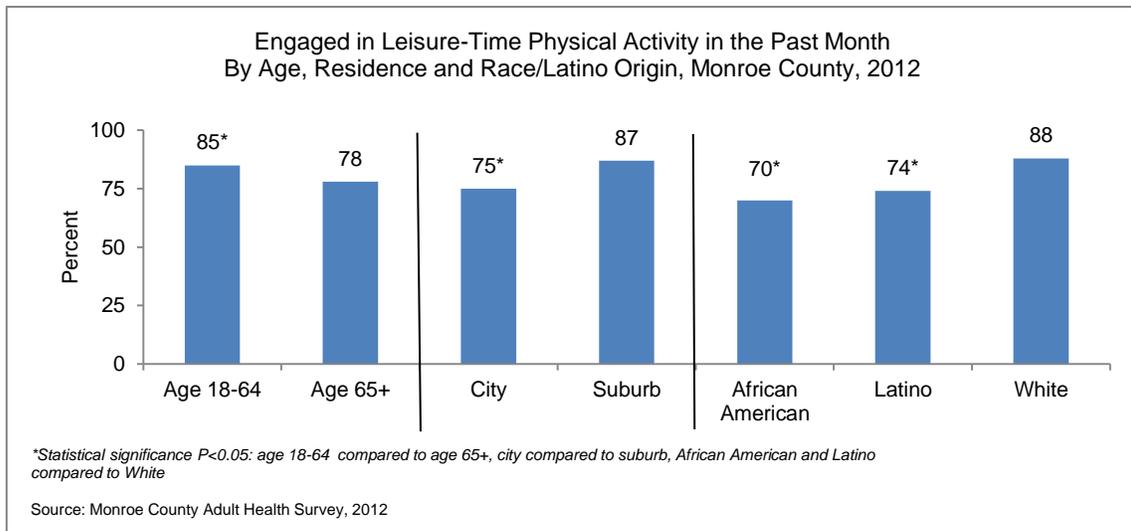
Between 1997 and 2012, the rate of obesity in Monroe county increased from 16% to 30%, while the rate of obesity and overweight combined increased from 54% to 66% in 2012. There was not a stastically significant change in the rate of overweight.



Leisure-Time Physical Activity in Past Month

Leisure-time physical activity is defined as walking for exercise, golf, gardening, running or any other exercise or physical activity done during non-work time. Eighty-four percent (84%) of residents reported they participated in leisure-time physical activity in the past month. The percentage is higher than NYS in 2012 (75%*), however the 2012 Monroe County AHS was conducted during the summer months, when residents tend to be more active, and the NYS BRFSS was conducted throughout the year.

The graphic below shows the differences by sub poulations in Monroe County.

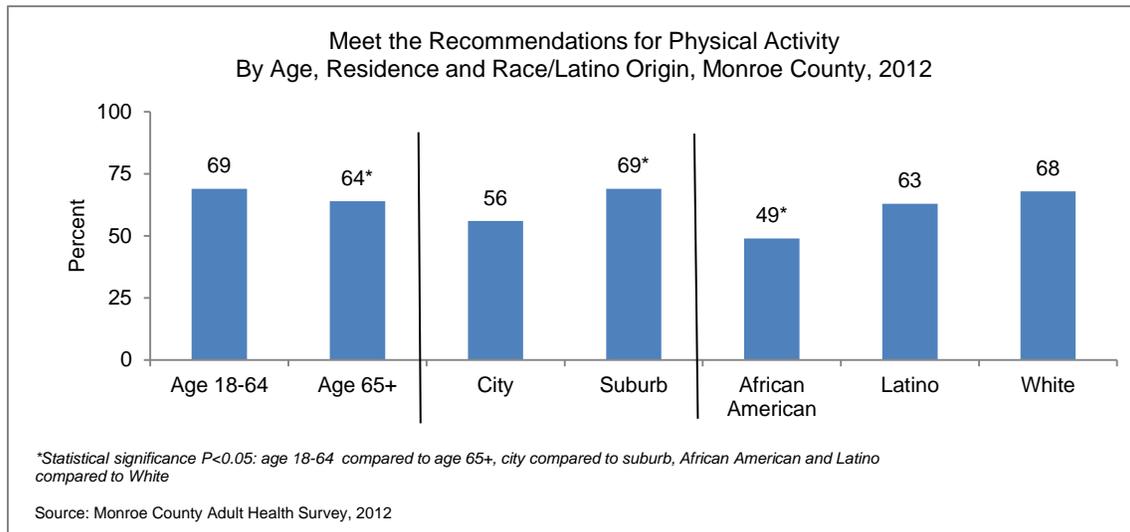


The percentage of adults engaging in leisure-time physical activity increased from 72% in 2000 to 84% in 2012. It should be noted however that the 2000 survey was completed in the winter and the 2006 and 2012 surveys were completed in the spring and summer.

Aerobic Physical Activity

Survey respondents were asked how often and how much time they spend engaging in moderate and/or vigorous physical activity. The National Recommendations for physical activity are for adults to *engage in 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity, or a combination of the two each week*. According to the Monroe County AHS, 65% of residents meet these recommendations. This percentage is comparable to national results from analysis of similar questions in the 2007 BRFSS.⁴

Differences by age, residence and race are shown in the graphic below.



Diet Practices/Intake

Below are indicators of dietary intake/practices from the AHS.

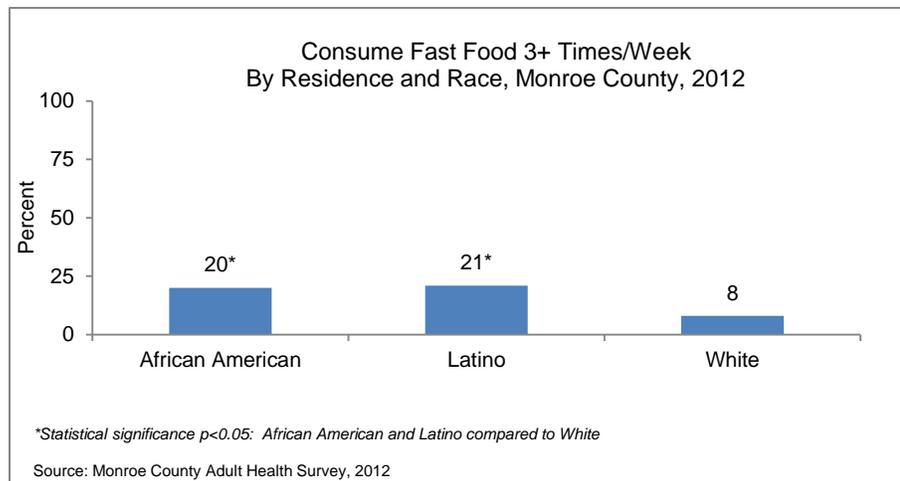
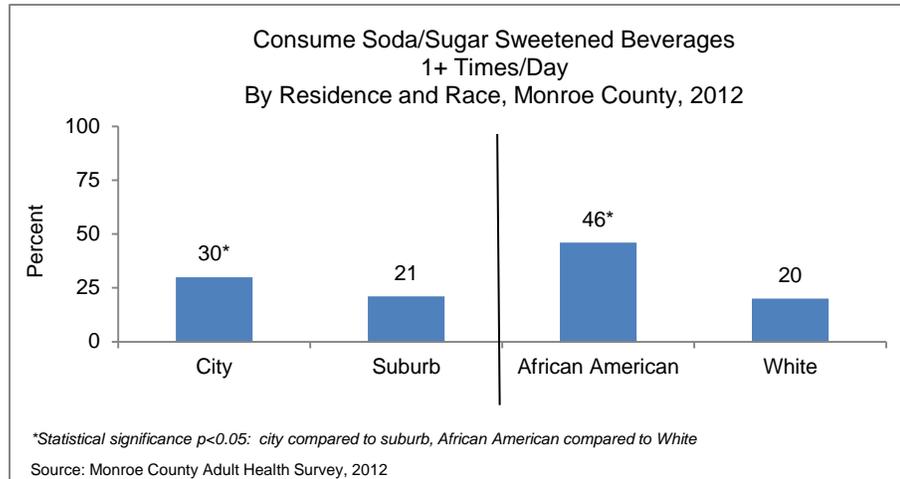
% of Monroe County Adults Reporting Diet Practices/Intake	Age 18+	Age 18-64	Age 65+
Watching their salt intake	58%	55%*	74%
Consume soda or another sugar sweetened beverage one or more times per day	23%	25%*	15%
Eat fast food 3 or more times per week	11%	12%*	4%

*Statistical significance $P < 0.05$: age 18-64 compared to age 65+.

Source: Monroe County Adult Health Survey, 2012

⁴ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5748a1.htm>

Differences by residence and race are shown in the graphics to the right.

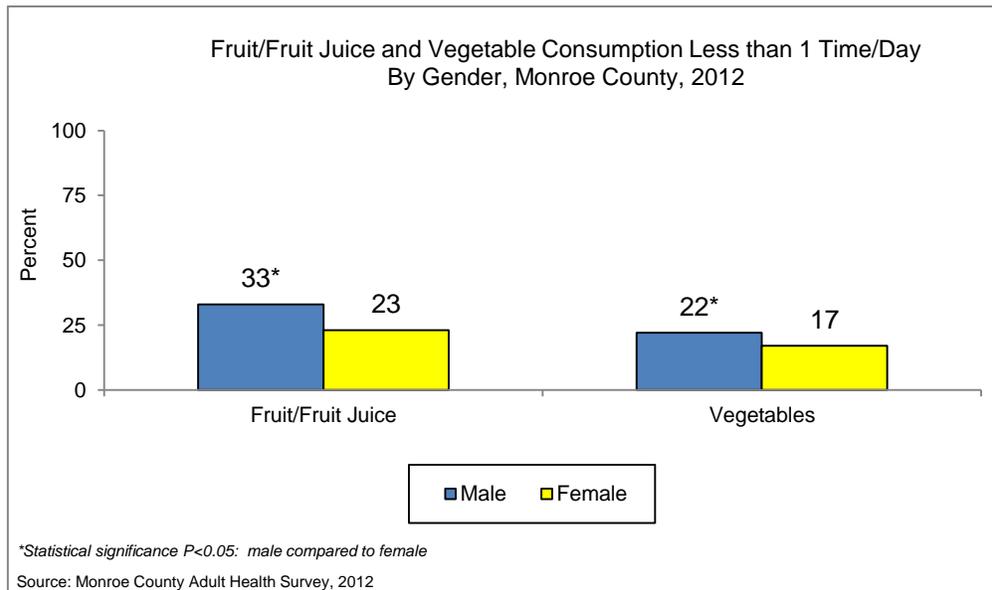
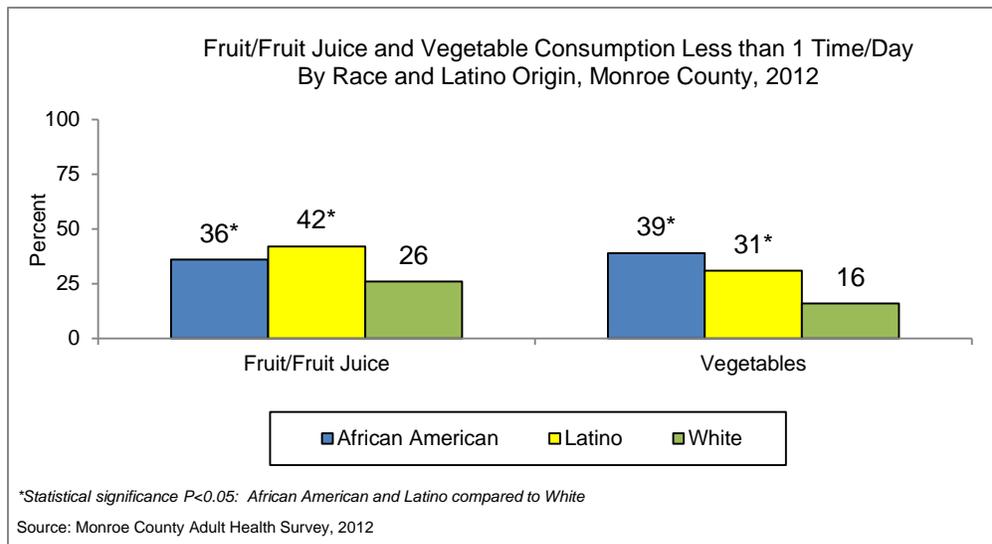
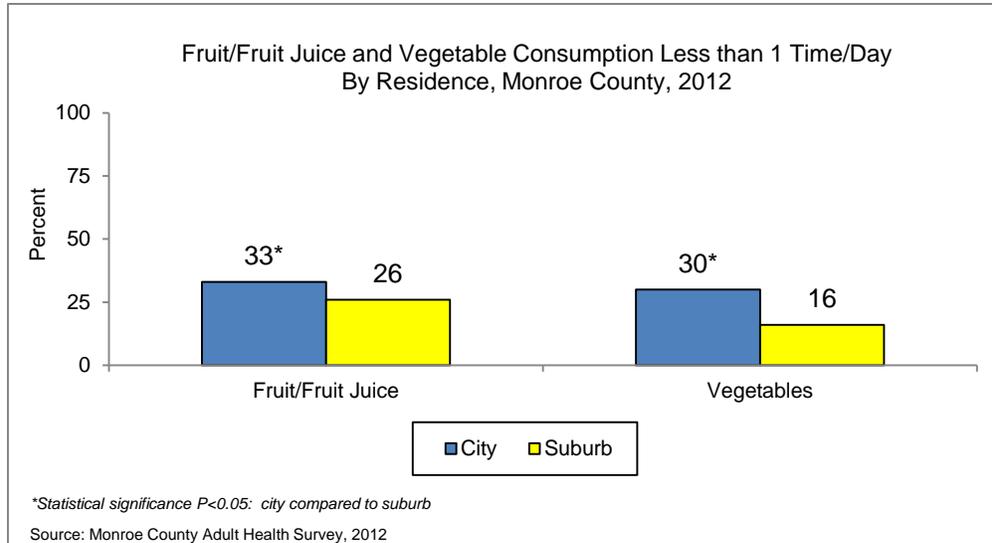


Fruit and Vegetable Intake

The 2012 Adult Health Survey included questions about past month consumption of 100% fruit juice, fruit, legumes (such as black beans, chick peas), dark green vegetables, orange colored vegetables, and all other types of vegetables (including potatoes, but not French fries). Responses were analyzed to determine the number of times per day fruit and vegetables were consumed.

Twenty-eight percent (28%) reported consuming fruit less than one time per day and 20% reported consuming vegetables less than once per day. Adults ages 18-64 were more likely to consume fruit less than one time per day (30%*) compared to adults aged 65 and older (21%). There was not a difference in vegetable intake between these age groups.

There were significant differences in fruit and vegetable intake by residence, race/Latino origin and gender.



Physician Counseling Related to Physical Activity and Nutrition

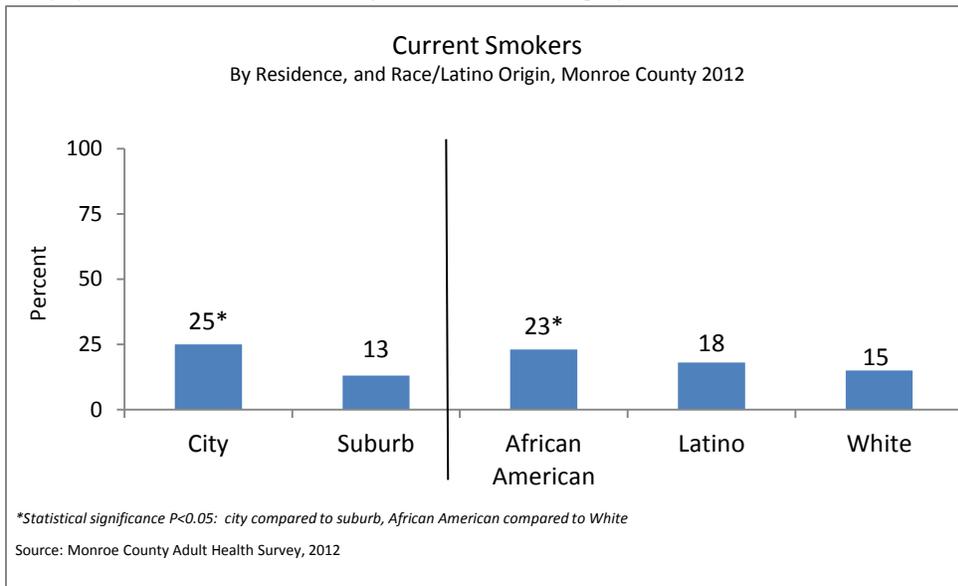
Of Monroe County adults who visited the doctor for a routine check-up in the past year, 40% said their health care provider spoke with them about their diet and 49% spoke with them about their physical activity. There were no differences by residence, race/Latino origin or gender.

SMOKING

Current Smokers

According to the 2012 Adult Health Survey, 16% of Monroe County residents reported they currently smoke cigarettes, which is not statistically different from the rate in NYS in 2012 (16%).

Differences by sub-populations in Monroe County are shown in the graphic below.



The percentage of Monroe County residents who smoke cigarettes declined from 20% in 1997 to 16% in 2012. The decline occurred county-wide and in the suburbs. There was not a statistically significant decline in the city.

Quit Attempts and Physician Counseling

Of daily smokers, 50% reported they stopped smoking one or more days in the past year because they were trying to quit. Eighty-five percent (85%) of daily smokers who visited the doctor for a check-up in the past year reported that their health care provider advised them to quit smoking.

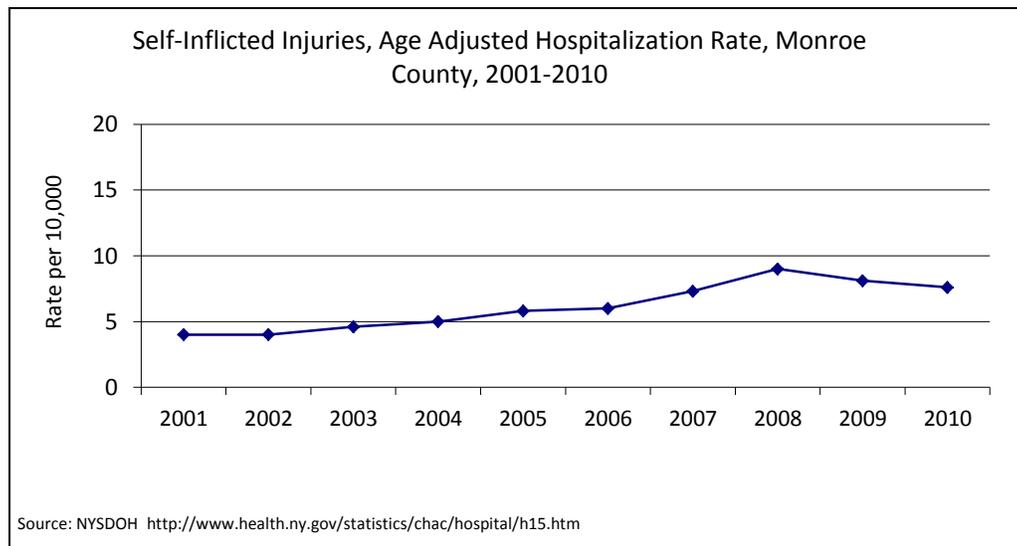
MENTAL HEALTH/SUBSTANCE ABUSE

Suicides and Self Inflicted Injuries

On average each year, between 2008 and 2010 there were 62 suicides and over 600 hospitalizations due to self inflicted injuries. Among adults age 20-64, suicides are the fourth leading cause of death.

The suicide mortality rate in Monroe County fluctuated between 2001 and 2010.

The rate of hospitalizations due to self-inflicted injuries increased overall between 2001 and 2010.



The suicide mortality rate in Monroe County is not statistically different from NYS excluding NYC and NYS. The hospitalization rates due to self inflicted injuries in Monroe county is higher than both NYS excluding NYC and NYS.

Suicide and Self-Inflicted Injury
3 Year Average Age Adjusted Rates
Monroe County Compared to NYS exclusive of NYC and NYS, 2008-2010

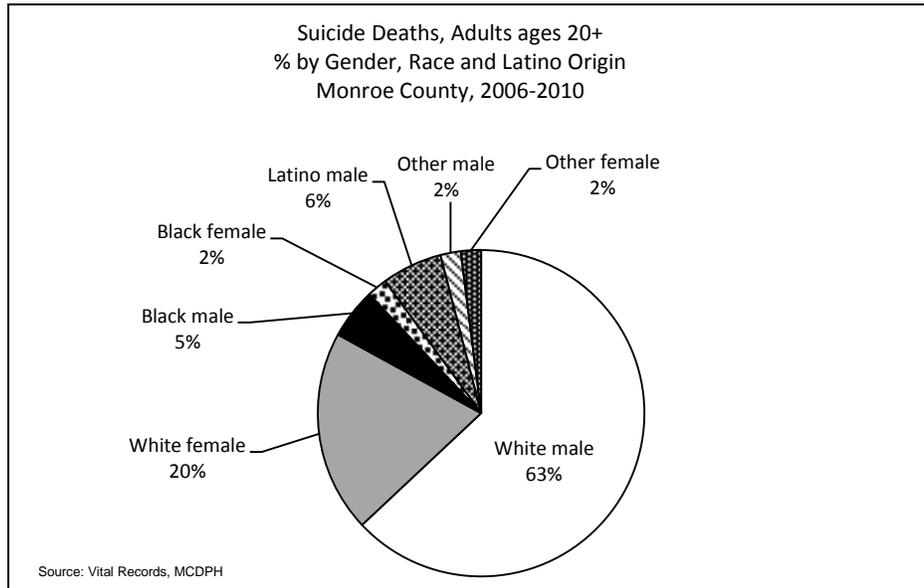
	Suicide Death Rate per 100,000	Self-Inflicted Injury Hospitalization Rate per 10,000
Monroe	7	8
NYS excluding NYC	8	6*
NYS	7	5*

*Statistical significance: Monroe County compared to NYS excluding NYS and NYS
Source: NYSDOH http://www.health.ny.gov/statistics/chac/chai/docs/inj_26.htm

Disparities

Nearly two thirds of adult suicide deaths are among White males as shown in the graphic to the right.

Among adults ages 20 years and older, rates are higher among males (17.7/100,000) compared to females (4.7/100,000), and among White residents (11.5/100,000) compared to African American residents (6.3/100,000).



Self-Reported Mental Health Issues

Respondents to the 2012 Adult Health Survey were asked several questions related to their mental health and the effect mental health problems have on their functioning. As shown below, adults under age 65 were more likely to report mental health issues compared to older adults.

Mental Health Issues and Functioning in the Past 30 Days Monroe County Adults, 2012	Age 18+	Age 18-64	Age 65+
Have "Frequent Mental Distress" (FMD) - their mental health was not good during 14 or more of the past 30 days. (Mental health=stress, depression and problems with their emotions)	9%	10%*	3%
Accomplished less than they would have liked due to emotional problems – <u>all or most of the time</u>	7%	7%	6%
Worked less carefully due to any emotional problems - <u>all or most of the time</u>	5%	5%	5%
Felt calm and peaceful – <u>none or a little of the time</u>	11%	13%*	5%
Felt downhearted and depressed - <u>all or most of the time</u>	5%	6%*	2%

*Statistical significance P<0.05 age 18-64 compared to age 65
Source: Monroe County Adult Health Survey, 2012

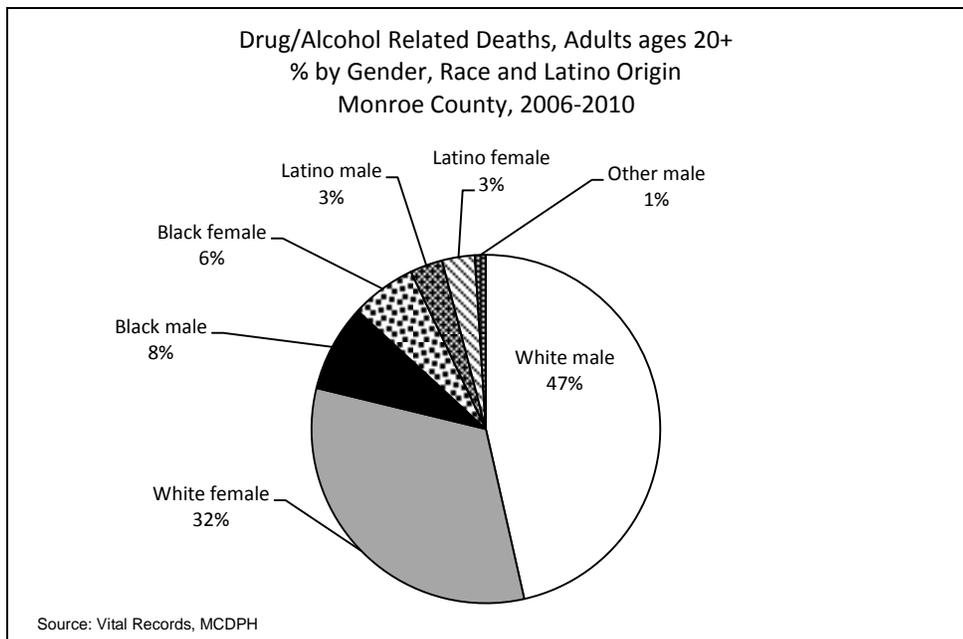
Prevalence rates of these issues are significantly higher among city residents compared to suburban residents and Latino residents compared to white residents.

Substance Use (alcohol/drugs) Related Deaths⁵

On average each year, there are more than 60 drug and alcohol related deaths among Monroe County adults. This count includes deaths due to drug/alcohol abuse, alcohol intoxication, and deaths that were related to drug/alcohol use, and the manner was either an unintentional injury, suicide, homicide or undetermined. Nearly 40% of these deaths are due to accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens].

Fifty-eight percent (58%) of substance use related deaths are among males. The rate is higher among males compared to females (14/100,000* vs. 9/100,000).

While the majority of deaths are among White residents, the differences in the rates by race and Latino origin are not statistically significant.



⁵ICD 10 codes for drug/alcohol related deaths : Nondependent abuse of drugs (F11-16, 18-19 (not .2)), Dependent abuse (F11-16,18-19(.2)), Alcohol intoxication (F10), Accidental poisoning by and exposure to noxious substances (X40-X44), Suicide –intentional self-poisoning with drugs (X60-X64), Homicide (X85), and undetermined (Y10-Y14)

VIOLENCE

In Monroe County, on average each year between 2008 and 2010, there were 43 homicides and nearly 300 hospitalizations due to assault. Homicide is the 5th leading cause of death among adults in Monroe County ages 20-64.

The age adjusted death rates due to homicide and hospitalizations due to assault fluctuated over the past decade.

The homicide rate in Monroe County is higher than NYS excluding NYC and NYS. The hospitalization rate due to assault is lower compared to NYS, but higher than NYS excluding NYC.

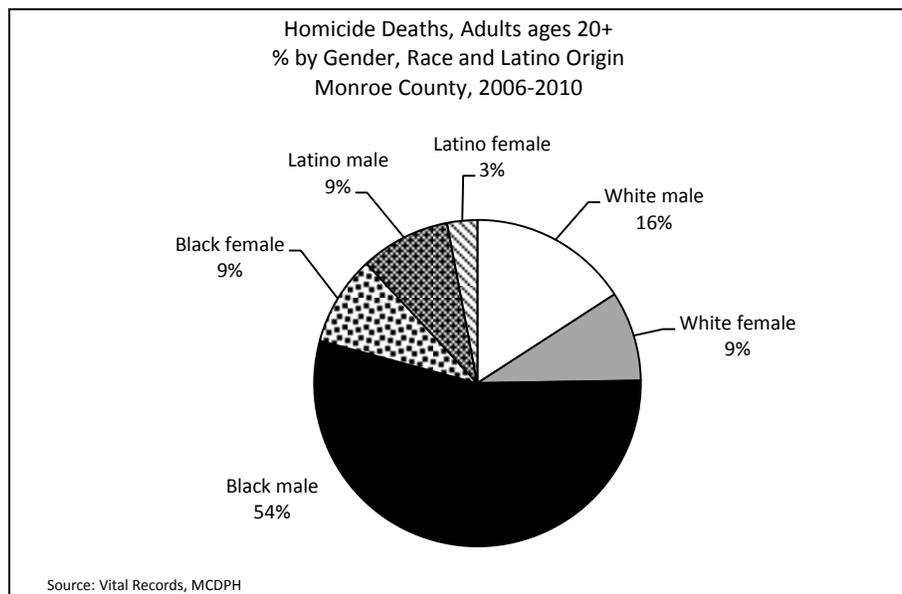
Homicide and Assault
3 Year Average Age Adjusted Rates
Monroe County Compared to NYS exclusive of NYC and NYS, 2008-2010

	Homicide Death Rate per 100,000	Assault Hospitalization Rate per 10,000
Monroe	5.8	3.9
NYS excluding NYC	3.1*	2.8*
NYS	4.4*	4.7*

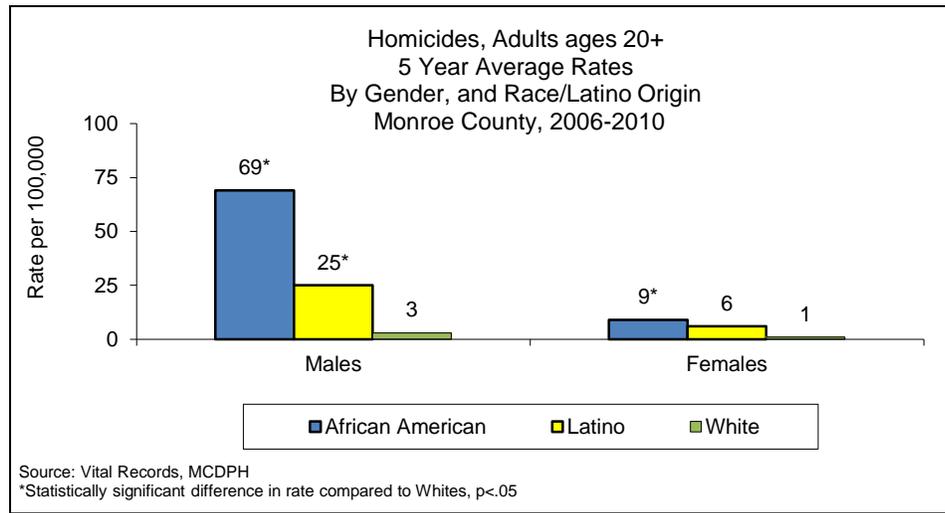
*Statistical significance: Monroe County compared to NYS excluding NYS and NYS
Source: NYSDOH http://www.health.ny.gov/statistics/chac/chai/docs/inj_26.htm

Disparities

Nearly 80% of adult homicides are among males, with the majority of them among African American males, as shown in the graphic below.



The homicide rate among African American adult males is more than 20 times higher compared to the rate among White adult males.



UNINTENTIONAL INJURIES

Unintentional Injury Deaths and Hospitalizations

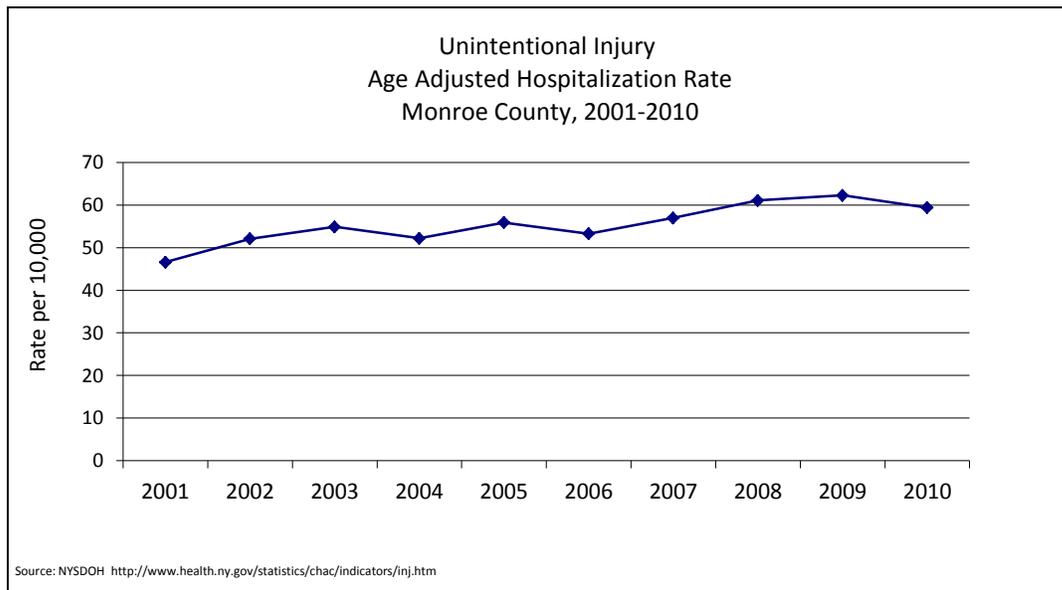
On average each year between 2008 and 2010, there were 200 deaths and 5,000 hospitalizations due to unintentional injuries. Below are the leading causes of unintentional injury deaths among adults in Monroe County.

Leading Causes of Unintentional Injury Deaths Monroe County Adults, by Age Group, 2006-2010					
Age 20-64		Age 65+		Age 20+	
Cause	Average Annual Number	Cause	Average Annual Number	Cause	Average Annual Number
Poisoning	38	Falls	64	Falls	73
Motor Vehicle Crash	30	Motor Vehicle Crash	8	Poisoning	41
Falls	9	Suffocation	6	Motor Vehicle Crash	38

Source: Vital Records, MCDPH

Since 2001, the age adjusted death rate due to unintentional injuries has fluctuated.

The age adjusted hospitalization rate due to unintentional injuries has increased since 2001. A similar trend was seen in NYS and NYS excluding NYC.



The death rate due to unintentional injuries in Monroe County is not different from NYS excluding NYC and NYS, while the hospitalization rate is lower

Unintentional Injury Death and Hospitalizations 3 Year Average Age Adjusted Rates Monroe County Compared to NYS exclusive of NYC and NYS, 2008-2010		
	Unintentional Injury Death Rate per 100,000	Unintentional Injury Hospitalization Rate per 10,000
Monroe	24.4	60.9
NYS excluding NYC	26.4	65.1*
NYS	22.4	64.5*

*Statistical significance: Monroe County compared to NYS excluding NYS and NYS
Source: NYSDOH http://www.health.ny.gov/statistics/chac/chai/docs/inj_26.htm

Poisoning

Among adults ages 20-64, unintentional poisoning is the leading cause of unintentional injury deaths, with an average of 38 deaths each year. Nearly two-thirds of the accidental poisoning deaths were due to poisoning by and exposure to narcotics and psychodysleptics (hallucinogens).⁶ The hospitalization rate due to unintentional poisoning in Monroe County (12/100,000) is higher than both NYS excluding of NYC (10/100,000) and NYS (10/100,000).⁷

Motor Vehicle Crashes

Motor vehicle crashes are the second leading cause of unintentional injury deaths among adults ages 20-64. Each year there are on average 30 deaths due to motor vehicle crashes among adults ages 20 and older. The mortality rate due to motor vehicle crashes has fluctuated over the past decade. The rate in Monroe County (6/100,000) is similar to NYS, but lower than NYS exclusive of NYC (8/100,000*⁶).

Each year in Monroe County there are about 350 alcohol related motor vehicle crashes that result in injuries or deaths. The rate of alcohol related motor vehicle injuries and deaths in Monroe County has fluctuated in the past decade. The rate (47/100,000) is comparable to the rate in NYS exclusive of NYC (50/100,000), but lower than NYS (36/100,000).⁸

⁶ Vital Records, MCDPH

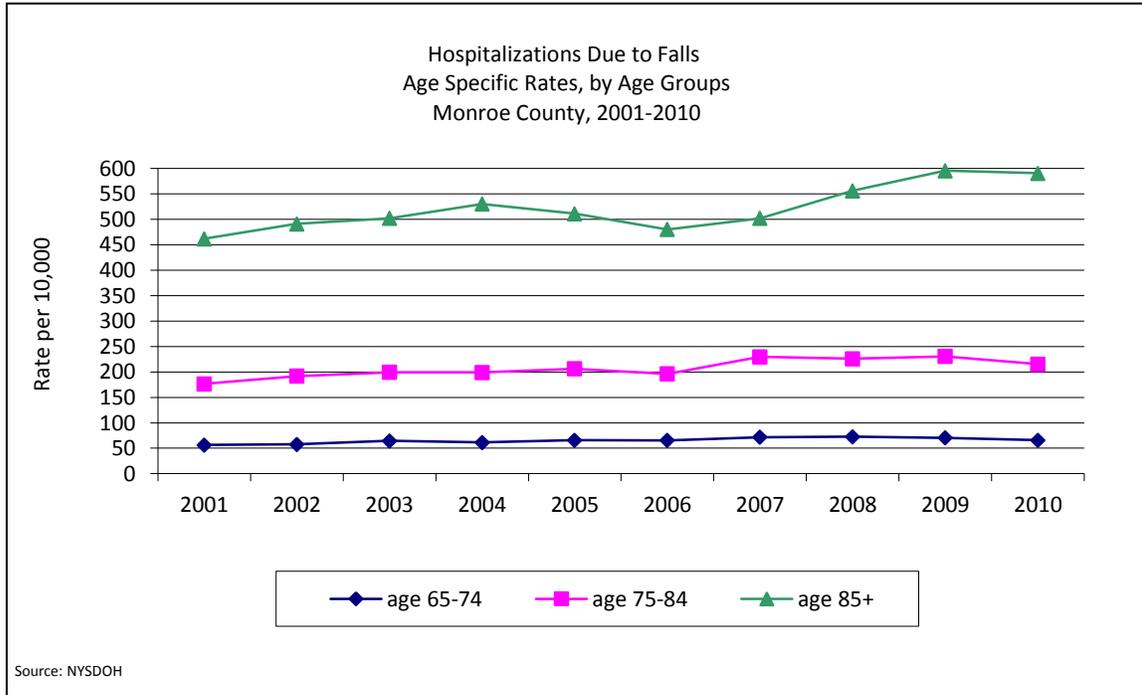
⁷ http://www.health.ny.gov/statistics/chac/chai/docs/inj_26.htm

⁸ New York State Department of Motor Vehicles <http://www.health.ny.gov/statistics/chac/general/g107.htm>

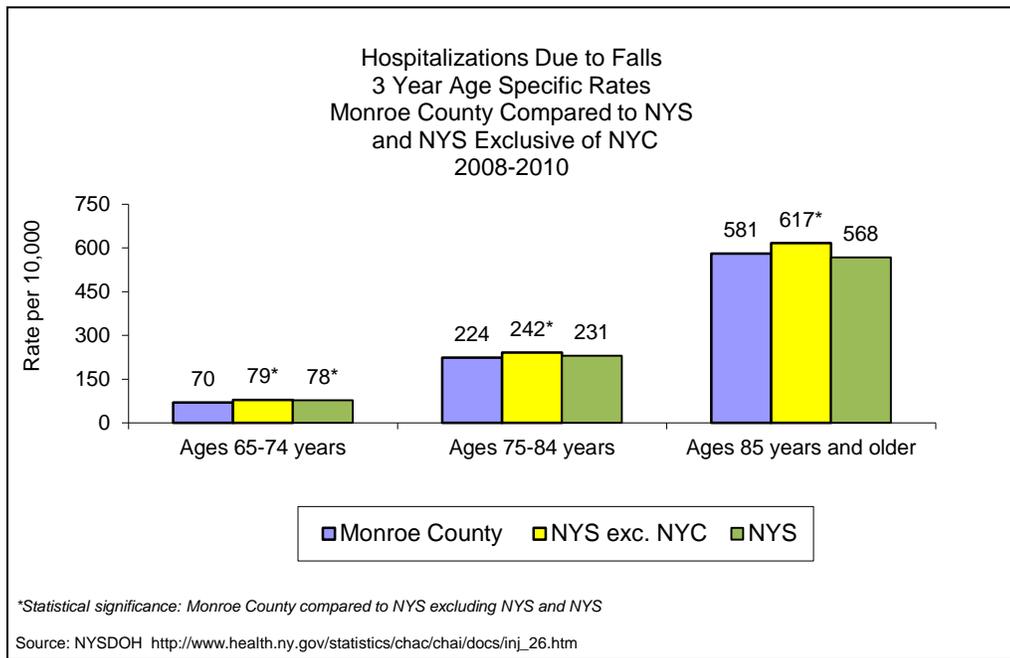
Falls

Falls are the leading cause of unintentional injury deaths among adults age 65 years and older. In this age group, there are more than 60 deaths and 2,000 hospitalizations annually due to injuries sustained during a fall.

Since 2001, the hospitalization rates due to falls among adults age 65 and older increased.



Falls hospitalization rates in Monroe County are lower than NYS exclusive of NYC in all age categories and lower than the NYS rate among those age 65-74.



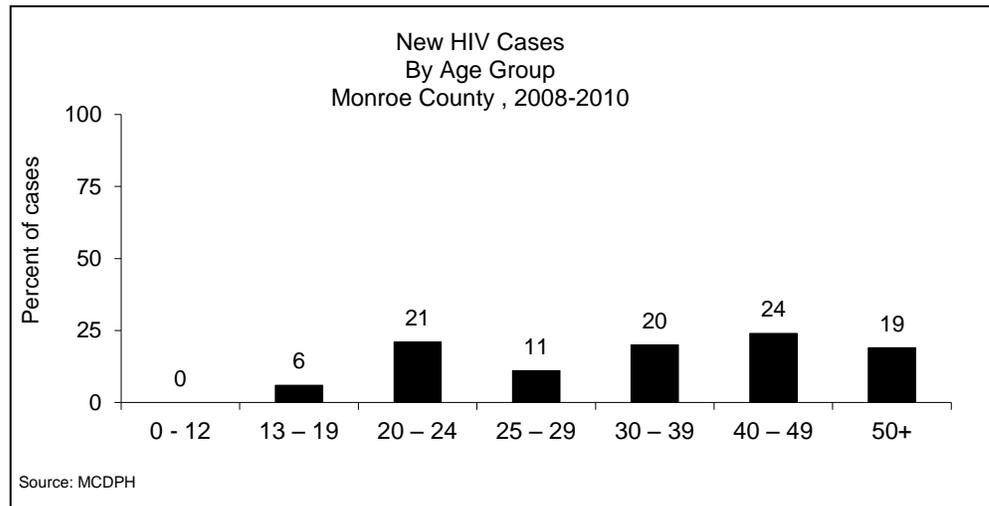
HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES (STDs)

Having an untreated STD increases the risk of both transmitting and acquiring HIV. Having an STD also increases the risk of developing some forms of cancer.

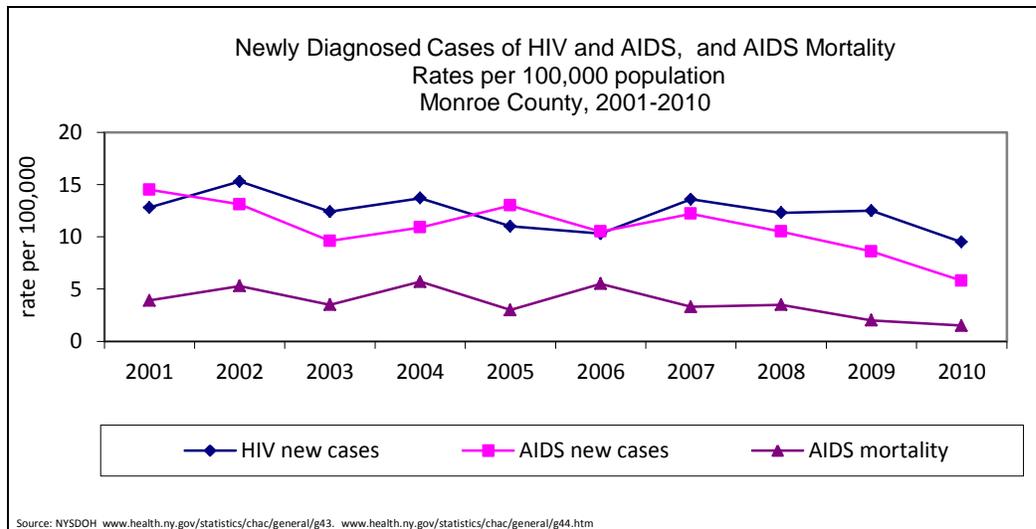
HIV

In 2010, there were 11 deaths due to AIDS, 71 new cases of HIV and 43 new cases of AIDS diagnosed among Monroe County residents.⁹

Most new cases of HIV are among those over age 30.



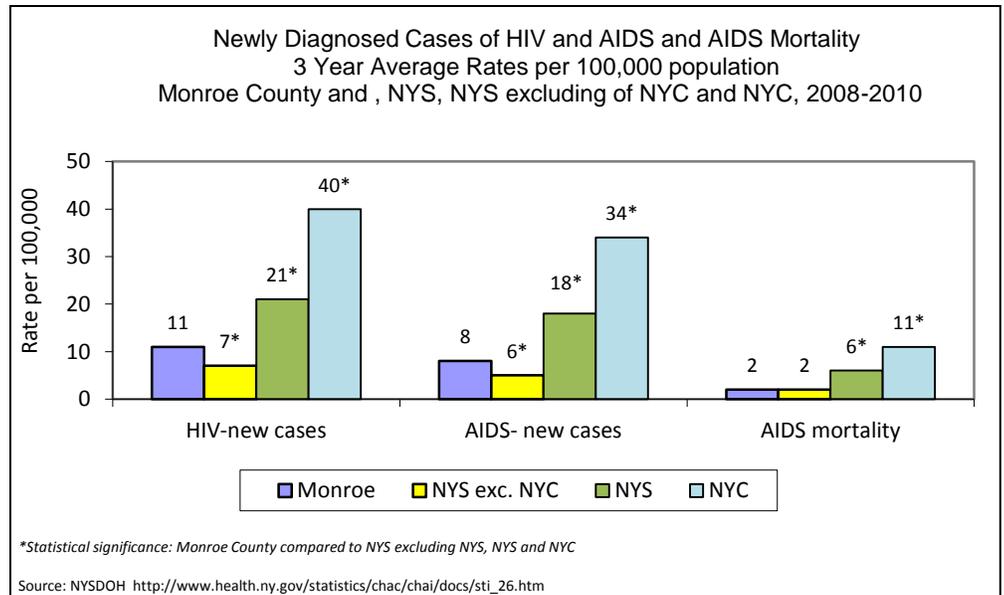
HIV and AIDS case rates and AIDS mortality rates have declined in recent years.



Similar declines were seen in NYS exclusive of NYC and NYS.

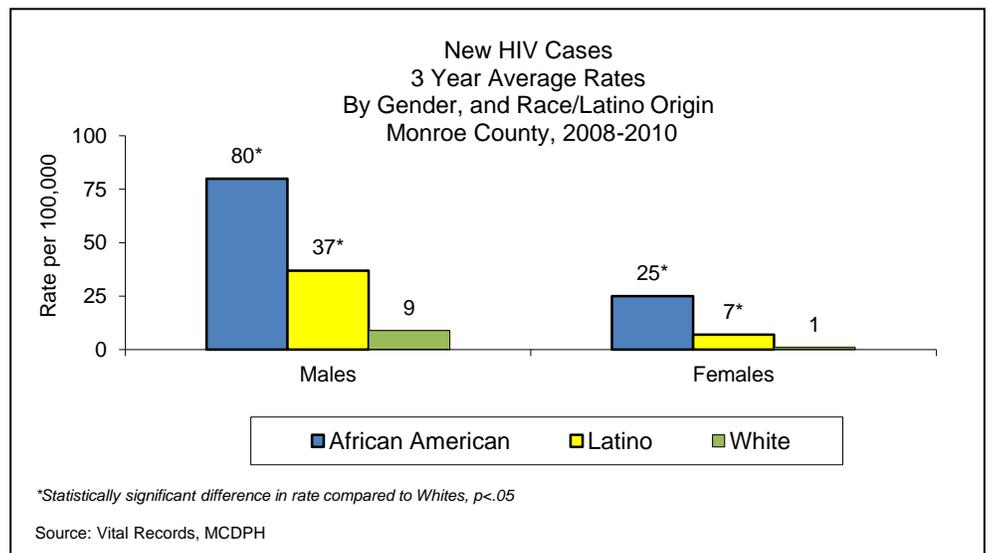
⁹ Excludes prisoners. NYS AIDS Surveillance Annual Report, Through Dec 2010. NYS Bureau of HIV AIDS Epidemiology, NYSDOH http://www.health.ny.gov/diseases/aids/statistics/annual/2010/2010-12_annual_surveillance_report.pdf

HIV and AIDS case rates in Monroe County are higher than NYS excluding NYC, but lower than NYS and NYC. The AIDS mortality rate in Monroe County is lower than NYS and NYC.



Disparities

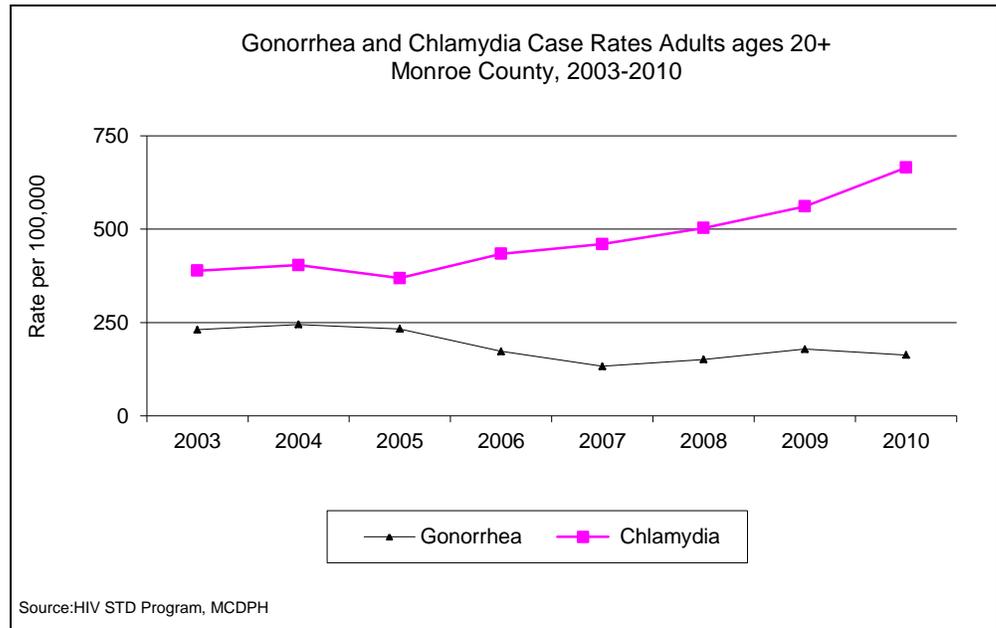
Eighty-eight percent (88%) of new HIV cases in Monroe County are among males. The graphic below shows that HIV case rates are significantly higher among people of color.



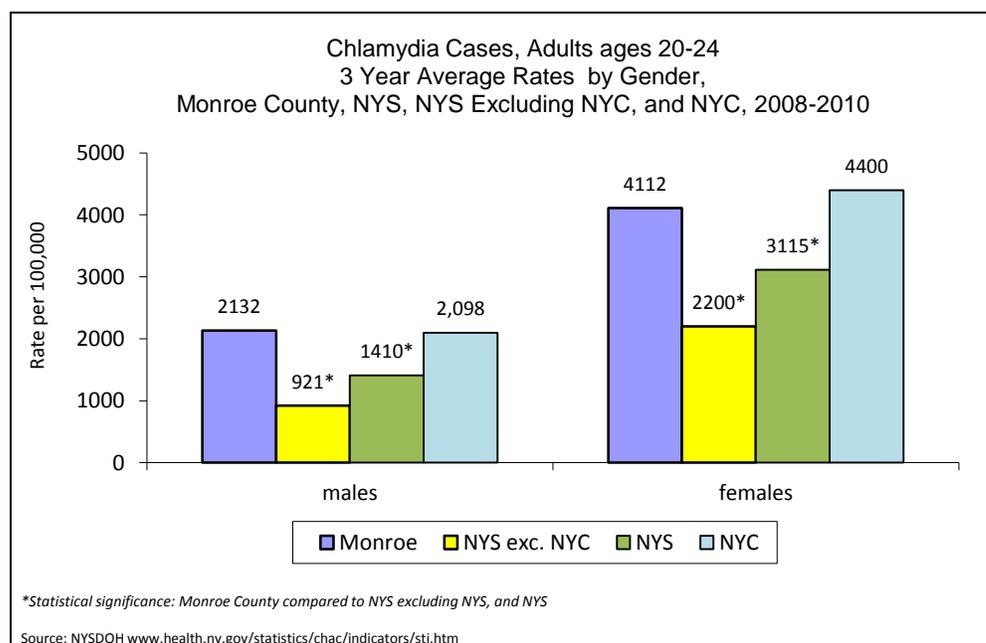
Chlamydia and Gonorrhea

Each year in Monroe County, there are nearly 900 cases of gonorrhea and more than 3,100 cases of chlamydia, diagnosed among Monroe County residents ages 20+.

The case rate for gonorrhea among adults has declined since 2005, while the rate for chlamydia has increased significantly.

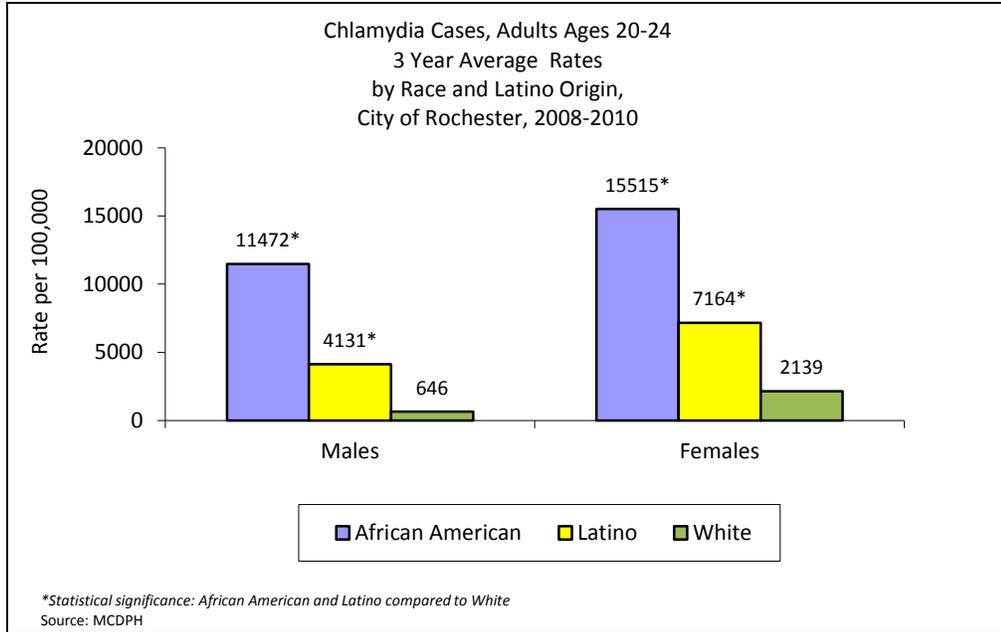


The highest percentage of adult chlamydia cases is in the 20-24 age category. Case rates in this age group in Monroe County are higher than NYS and NYS exclusive of NYC, but similar to NYC.



Disparities

The majority of cases of chlamydia occur among City residents. Among City adults ages 20-24, chlamydia case rates are significantly higher among African American and Latino residents compared to White residents

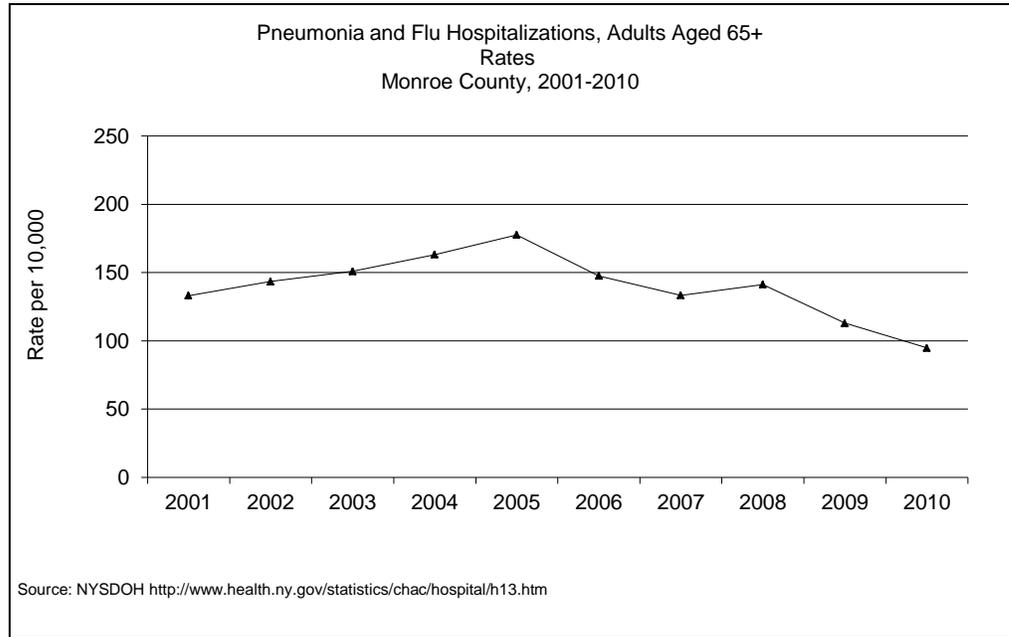


VACCINE PREVENTABLE DISEASES

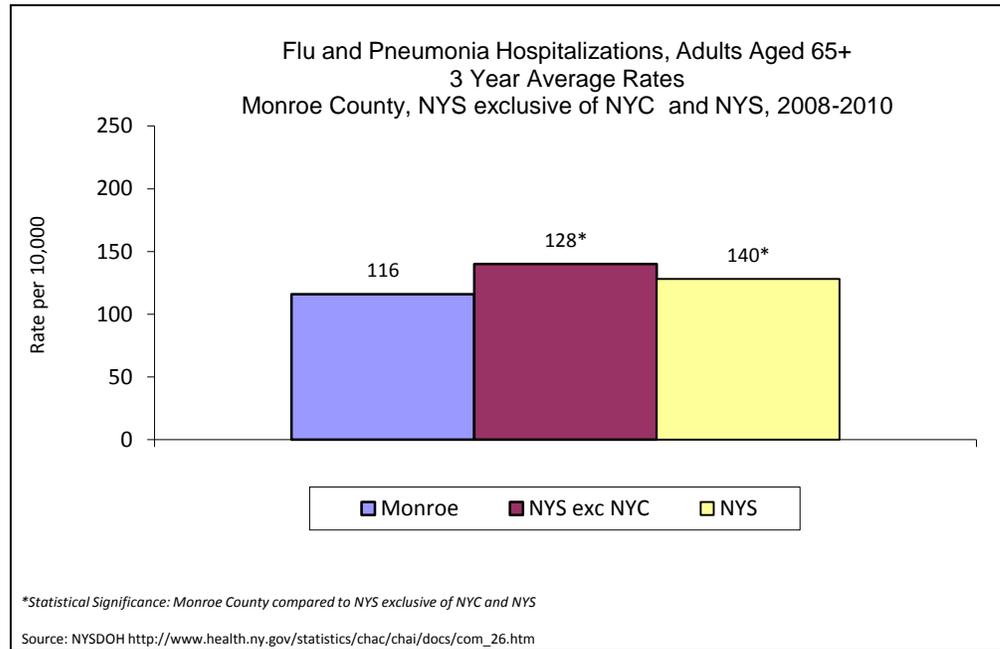
Pneumonia and Flu

Pneumonia and flu combined are the 6th leading cause of death in Monroe County resulting in about 180 deaths per year. More than 90% of these deaths are among adults ages 65 years and older. In this age group there are on average 1,100 hospitalizations per year.

The hospitalization rate due to flu and pneumonia in this population has declined in recent years.



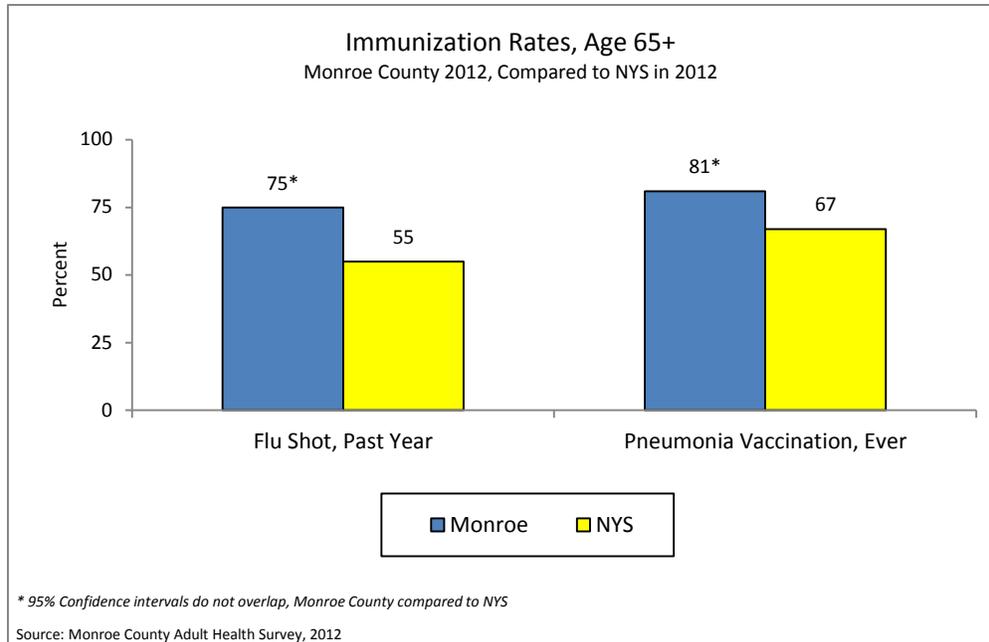
The rate in Monroe County is lower than rates in NYS and NYS exclusive of NYC.



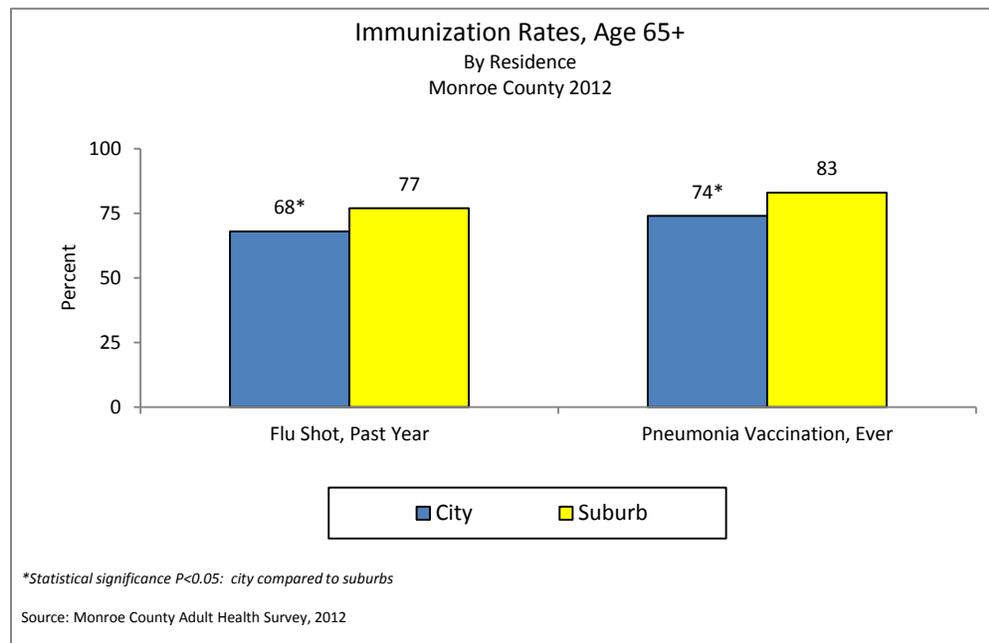
Immunizations

Older adults are at highest risk for developing complications from flu and pneumonia.

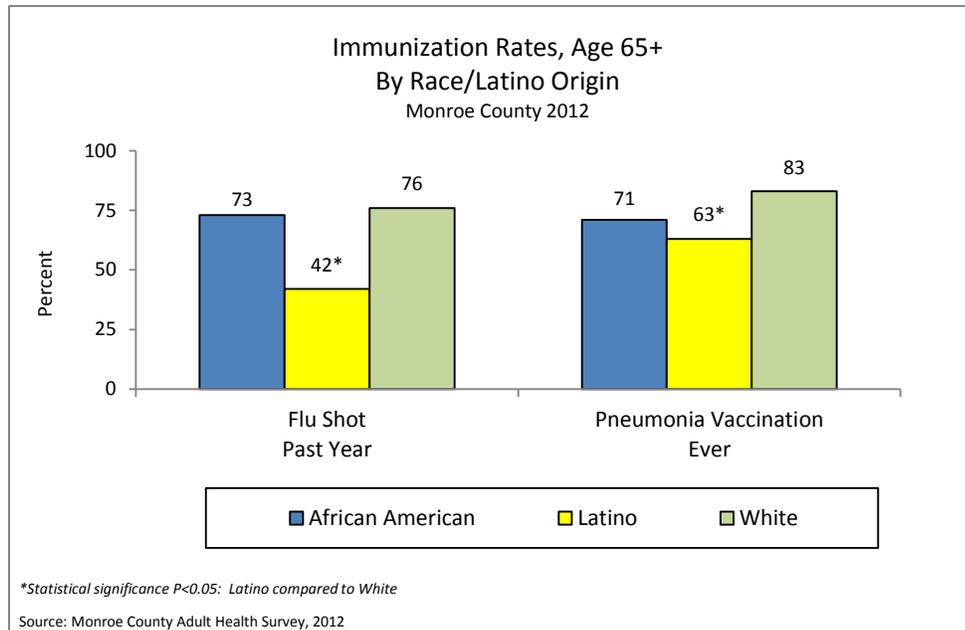
According to the significantly 2012 AHS, immunization rates among older adults in Monroe County are higher than rates in NYS.



As shown in the graphic below there are differences by residence.



There were statistically significant differences in the rates between Latinos and Whites. While rates for African American residents were somewhat lower than Whites, the differences were not statistically significant.



Trends in Immunization Rates

The percentage of Monroe County older adults who received a flu shot did not change significantly between 1997 and 2012, while the percentage who received the pneumonia shot increased from 53% in 1997 to 81% in 2012. Similar trends were seen in both the city and suburbs.

