



Onondaga County Community Health Assessment and Improvement Plan

2016-2018

Revised September 1, 2017



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Acknowledgements

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Message from the Commissioner of Health

September 1, 2017

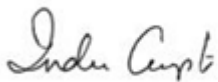
Dear Friends of Public Health,

It is my pleasure to present the Onondaga County Community Health Assessment and Improvement Plan 2016-2018. The Community Health Assessment presents demographic and health indicator data for Onondaga County residents while also examining determinants of health and existing assets and resources in the community. The Community Health Improvement Plan establishes long range priorities for health improvement and provides a road map to assure our community that we are committed to addressing these priority health challenges.

In today's ever-changing healthcare landscape, it is important to recognize the need for accountability, transparency, and flexibility throughout our efforts to improve the public's health. These values were present throughout the entire Community Health Assessment and Improvement Plan effort. Additionally, community engagement was a foundation for identifying health priorities for improvement.

This collaborative document was thoughtfully developed by the Onondaga County Health Department in partnership with Crouse Health, St. Joseph's Health, and Upstate University Hospital. Input was also received from numerous community partners including HealtheConnections, Lerner Center for Public Health Promotion, Onondaga County Department of Adult and Long Term Care Services, Central New York Care Collaborative, the CNY MPH Program, and the Greater Syracuse Healing, Opportunity, Prosperity and Empowerment (HOPE) anti-poverty initiative. I would like to thank all who were involved in this collaborative effort.

Sincerely,

A handwritten signature in dark ink, appearing to read "Indu Gupta".

Indu Gupta, MD, MPH, MA, FACP
Commissioner
Onondaga County Health Department

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Executive Summary

Overview

The Onondaga County Community Health Assessment and Improvement Plan, 2016-2018 (CHA/CHIP) presents demographic and health indicator data for Onondaga County residents and describes interventions to address these challenges. The CHA/CHIP is designed to ensure that local health priorities reflect the needs of the community and ensure accountability in addressing those needs.

The CHA/CHIP is framed around the 2013-2018 New York State Prevention Agenda which has identified an overarching theme of **Improve Health Status and Reduce Disparities** along with five priority areas:¹

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare-Associated Infections

This process began in the spring of 2016 with the formation of the CHA/CHIP Steering Committee.

Steering Committee

The health assessment process and the identification of interventions for the improvement plan were guided by the CHA/CHIP Steering Committee. This group included representatives from the Onondaga County Health Department (OCHD), Crouse Health, St. Joseph's Hospital Health Center, Upstate University Hospital, HealtheConnections– Population Health Improvement Program, the Lerner Center for Public Health Promotion, the Central New York Care Collaborative, and the Onondaga County Department of Adult and Long Term Care Services.

Community Health Assessment (CHA)

The CHA provides a comprehensive overview of health indicator data for residents of Onondaga County using the prevention agenda framework described above. The assessment was created following a formal data collection and analysis process which included regular review of indicators with the Steering Committee. Whenever possible, comparisons were made to rates for New York State (NYS) excluding New York City (NYC) as well as to Prevention Agenda 2013-2018 objectives.

In addition to the data review process, the OCHD and the Steering Committee conducted a community engagement effort reaching nearly 3,000 County residents. A Community Engagement Survey was designed and distributed to reach all County residents, and focus groups were conducted to reach populations at higher risk for poor health outcomes.

¹ Source: New York State Department of Health (NYSDOH): https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm.

Key findings on the health status and distribution of health issues in Onondaga County

Below are key findings from the Community Health Assessment. Findings are presented by prevention agenda priority area. Key results from the community engagement efforts are also presented.

Improve Health Status and Reduce Health Disparities

Substantial racial and ethnic disparities exist for several health status indicators. Additionally, there are geographic variations in life expectancy between Onondaga County and the City of Syracuse. While the percentage of County residents who have health insurance is increasing, some still do not have a regular health care provider.

In Onondaga County:

- 84.3% of adults have a regular health care provider compared to 84.7% in NYS excluding NYC.²
- County residents have a life expectancy of 80.5 years compared to 76.6 years among Syracuse residents.³
- The County's rate of preventable hospitalizations (112.1 per 10,000) is higher than the NYS excluding NYC rate (107.3 per 10,000).⁴

Prevent Chronic Disease

Obesity is a significant concern as the rates for both children and adults fail to meet Prevention Agenda objectives. Also of concern is the County's diabetes rate and disparities in diabetes based upon race and ethnicity. While the County is doing better than NYS excluding NYC in screening for many types of cancer, the County's cancer incidence and mortality rates continue to exceed those for NYS excluding NYC.

In Onondaga County:

- 63.1% of adults and 32.8% of children are either overweight or obese.²
- The diabetes mortality rate is 16.4 per 100,000 compared to 15.5 per 100,000 in NYS excluding NYC, with substantial variations by race and ethnicity.⁵
- 42.2% of adults with an annual income of <\$25,000 are current cigarette smokers.²

² Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014; Student weight status category reporting system, 2014-2016.

³ Onondaga County Bureau of Surveillance and Statistics, 2011-2014.

⁴ Statewide Planning and Research Cooperative System (SPARCS), 2014.

⁵ NYSDOH County Health Indicators by Race/Ethnicity, 2012-2014, available here:
<https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm>.

Promote a Healthy and Safe Environment

Onondaga County is faring better than NYS and NYS excluding NYC for many indicators in this area, however crime rates are a concern as Onondaga County's rates are higher than NYS excluding NYC and there are substantial disparities based on race, ethnicity, and income. Also of concern are elevated blood lead levels and food access challenges, particularly among Syracuse residents.

In Onondaga County:

- 6.3% of children tested for lead Countywide had a blood lead level of ≥ 5 mcg/dL. In Syracuse, 11.5% had a blood lead level of ≥ 5 mcg/dL.⁶
- 50.9% of census tracts in Syracuse are considered food deserts.⁷
- For every assault-related hospitalization among non-Hispanic white residents, there are 10.27 among non-Hispanic black residents.⁸

Promote Healthy Women, Infants, and Children

While several indicators in this priority area are showing improvement over time, Onondaga County continues to be challenged by racial and ethnic disparities in adolescent pregnancy, preterm birth, low birth weight, breastfeeding, smoking during pregnancy, and infant mortality. Substance use remains a concern as self-reported illegal drug use during pregnancy has increased over time in both Syracuse and Onondaga County.

In Onondaga County:

- 34.1% of pregnancies were unintended compared to 26.5% in NYS excluding NYC.⁹
- 77.5% of mothers received first trimester prenatal care compared to 75.7% in NYS excluding NYC.¹⁰
- The infant mortality rate is 6.2 per 1,000 live births. There are significant disparities between white and black births with infant mortality rates of 4.4 per 1,000 and 14.8 per 1,000 respectively.¹¹

Promote Mental Health and Prevent Substance Abuse

Since the 2014-2017 Onondaga County Community Health Assessment and Improvement Plan, many indicators within this priority area have worsened. The drug-related hospital discharge rate among newborns remains a concern and is indicative of a much larger community-wide substance abuse issue. Indicators such as opioid overdose emergency department visits and hospitalizations, as well as drug use deaths, provide additional evidence of the severity of the substance abuse issue in Onondaga County.

⁶ Onondaga County Health Department Lead Poisoning Control Program, 2016.

⁷ U.S. Department of Agriculture, Food Access Research Atlas, 2015.

⁸ SPARCS 2012-2014.

⁹ NYSDOH Office of Vital Statistics, 2014.

¹⁰ NYSDOH County Health Assessment Indicators, 2012-2014, available here:

https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.

¹¹ Onondaga County Health Department Bureau of Surveillance and Statistics, 2014-2016. Data are provisional.

In Onondaga County:

- The age-adjusted suicide mortality rate has increased slightly from 8.5 per 100,000 (2009-2011) to 10.6 per 100,000 (2012-2014).¹²
- The rate of deaths for heroin overdoses is 9.0 per 100,000 compared to 4.6 per 100,000 in NYS excluding NYC.¹³
- The number of unintended opioid-related deaths (2016) has more than tripled since 2012.¹⁴

Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare-Associated Infections

Onondaga County fares well compared to NYS excluding NYC with respect to immunization rates. The County has seen an increase in gonorrhea cases, while new cases of syphilis and HIV appear to be on the decline. Unfortunately, racial and ethnic disparities are seen in new HIV diagnoses, with higher rates among non-Hispanic blacks and Hispanics. Overall, STD rates are highest among those aged 20-24 years.

In Onondaga County:

- 51.0% of adults received an influenza immunization in the past year (2013-2014) compared to 47.2% in NYS excluding NYC.¹⁵
- The HIV incidence among white non-Hispanics is 4.8 per 100,000 compared to 32.4 per 100,000 black non-Hispanic residents and 36.7 per 100,000 Hispanic residents.¹⁶
- Syphilis cases decreased from a high of 56 in 2014, to 38 in 2016.¹⁷

Community Engagement Feedback

Onondaga County residents were found to have a variety of concerns around both health status and health system issues. There was strong agreement around the top priorities for the community. Addressing **drug abuse and addiction, chronic diseases, access to mental health providers** and the **high cost of health care** is extremely important to residents. Focus groups highlighted more specific issues relating to service coordination and mental health resources. Community engagement initiatives facilitated by partner agencies also provided a rich source of community feedback about the impacts of poverty and drug abuse in the community.

¹² NYSDOH County Health Assessment Indicators, 2009-2011 and 2012-2014, available here: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.

¹³ SPARCS, 2016. Accessed from the NYSDOH County Opioid Quarterly Report for New York State Counties, Published July 2017: https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jul17.pdf

¹⁴ Onondaga County Medical Examiner's Office. Data are provisional. Reflects closed cases through 6/16/2017.

¹⁵ NYSDOH County Health Assessment Indicators, 2012-2014, available here: https://www.health.ny.gov/statistics/chac/chai/docs/com_31.htm.

¹⁶ NYSDOH County Health Assessment Indicators, 2012-2014, available here: https://www.health.ny.gov/statistics/chac/chai/docs/sti_31.htm.

¹⁷ Onondaga County Health Department, Bureau of Disease Control

Priorities for 2016-2018 Cycle

After a year-long planning process, the Onondaga County CHA/CHIP Steering Committee, recommended reaffirmation of the priority areas from the 2014-2017 CHA/CHIP: **Prevent Chronic Disease** and **Promote Mental Health and Prevent Substance Abuse**. This recommendation was made after a thorough review of current health data, as well as a comprehensive community engagement process. While health disparities are evident in many areas, interventions within the Prevent Chronic Disease priority area will be implemented to focus on adults earning less than \$25,000 per year, and on children attending school in the Syracuse City School District. These interventions are noted in the 2016-2018 Onondaga County CHIP located on page 80.

Community Health Improvement Plan (CHIP)

The CHIP identifies several interventions that the Steering Committee selected to address health issues within the priority areas of **Prevent Chronic Disease** and **Promote Mental Health and Prevent Substance Abuse**. These interventions were selected based upon their potential for broad impact and considerations made for the strengths and capacity of the OCHD and the hospitals partners.

The CHIP outlines activities, process measures, and partner agencies for each identified goal. Appendices have been included with agency-specific work plans and include actions and resources committed by the Onondaga County Health Department, St. Joseph's Hospital Health Center, and Crouse Health.

Within the priority area of **Prevent Chronic Disease**, activities include:

- Adopting of policies and standards related to nutrition and physical activity.
- Increasing the sustainability of smaller food venues including corner stores, mobile farmers markets, and community gardens.
- Expanding the role of health care providers in the promotion of breastfeeding.
- Enhancing chronic disease self-management.
- Reducing tobacco use through screening and smoking cessation programs.

Within the priority area of **Promote Mental Health and Prevent Substance Abuse**, activities include:

- Providing education to medical providers and the community about topics related to substance abuse, pain management, and access to substance abuse services.
- Linking substance use disorder patients to care.
- Reducing prescription diversion through drug take back events.
- Increasing the availability of Naloxone by training individuals to administer the drug.

Each agency in the **Steering Committee** has a role in the implementation of interventions, whether as the lead on an activity or a supporting partner. Many other community agencies are actively involved in CHIP activities, including but not limited to, the Syracuse City School District, Syracuse Housing Authority, Centro, the American Heart Association, local farmers, the YMCA, local media, and the more than 50 agencies represented on the Onondaga County Drug Task Force and the Greater Syracuse H.O.P.E. anti-poverty coalition health subcommittee.

It continued to be apparent throughout the planning process that a very strong, diverse network of committed community partners exists in Onondaga County. While the health issues to be addressed through this document are substantial, the level of collaboration and engagement evident during the development of the CHA/CHIP reinforced the collective will to work together as partners for the physical, social, and emotional well-being of all residents.

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Community Health Assessment

Geographic Profile

A county's geography and location can significantly impact the lives of its residents and affect many factors including climate and access to resources like jobs and transportation. This section explores Onondaga County's location within New York State (NYS), population density, and geographic composition. Unless otherwise noted, data in this section are from the U.S. Census Bureau, American Community Survey, 2011-2015.

Onondaga County covers 780 square miles in central New York State (Figure 1). With a population of 468,463 (2015), Onondaga is the sixth most populous county in upstate New York. Onondaga County is comprised primarily of forests and agricultural lands, resulting in a population density of 600 persons/mi².

The County seat is the City of Syracuse, where nearly one-third of County residents reside. In addition to Syracuse, 19 towns, 15 villages, and the Onondaga Nation territory lie within the County's borders. Interstates 90 and 81 are major east-west and north-south highways that intersect just north of Syracuse (Figure 2).

Figure 1. Map of New York State



Source: OCHD Bureau of Surveillance and Statistics

Figure 2. Map of Onondaga County



Source: OCHD Bureau of Surveillance and Statistics

With a population of 144,142 (2015) Syracuse is the largest city in the Central New York region and the fourth largest upstate New York city. Other heavily populated towns in Onondaga County include Clay, Salina, and Cicero in the northwest, and Dewitt and Manlius in the southeast.

Population Characteristics

The demographic and socioeconomic characteristics of a population have a significant impact on health behaviors, health care access, and utilization of health services. These factors in turn influence health outcomes on a population level. The substantial differences in the socio-demographics between residents of Syracuse and the rest of Onondaga County lead to geographic disparities in health status and are a crucial consideration during the community health planning process. Given the extent of these differences, data are presented separately for Syracuse and Onondaga County where available. Other disparities are also addressed in this section.

Demographics covered in this section include: age, gender, race, ethnicity, spoken languages, and linguistic isolation. Socioeconomic characteristics covered include: poverty, education, employment, housing, and transportation. Unless otherwise noted, data in this section are from the U.S. Census Bureau, American Community Survey, 2011-2015.

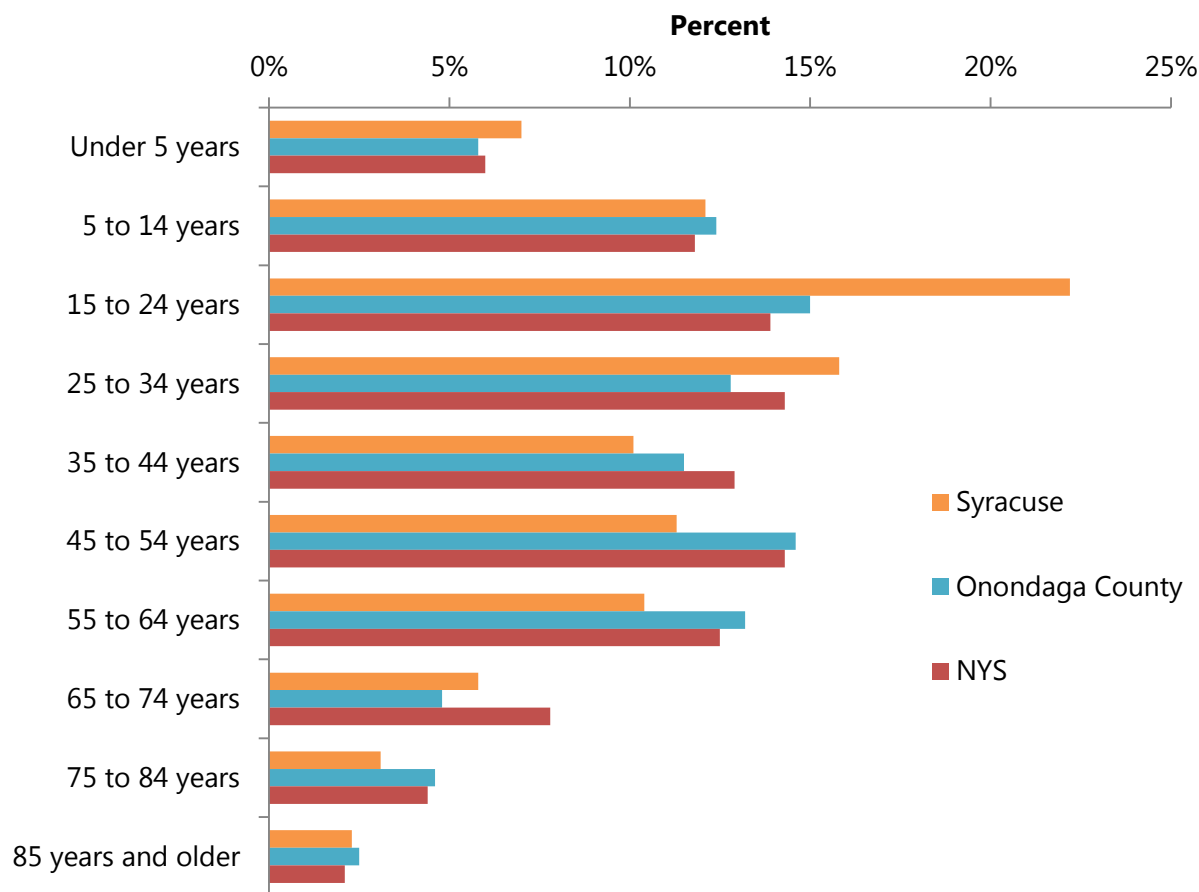
Age and Gender

A community's age distribution can have a significant impact on its health needs. In Onondaga County, the median age is 38.8 years; older than Syracuse's median age of 29.9 years. The population age distribution in Onondaga County is similar to that of NYS (Figure 3). Syracuse however has a younger population, with both a higher proportion of residents under 5 years of age, and a lower proportion over age 65. Of note, Syracuse also has a substantially higher percentage of residents in the 15 to 24 age group, likely due to the four major universities and colleges (Syracuse University, SUNY Environmental Science and Forestry, SUNY Upstate Medical University, and Le Moyne College) in the City.

In Onondaga County, there are nearly 27,000 children under the age of 5, which represents 5.8% of the County's population. Over 10,000 of those children reside in Syracuse, comprising 7.0% of the City's population. In addition, there are nearly 70,000 County residents age 65 years and older (11.9%). Projections from the Cornell Program on Applied Demographics predict that by 2025, residents between the ages of 65 and 84 years will increase by 38%, and nearly 20% of Onondaga County's population will be age 65 years or older. Older populations typically face unique health issues that the community must be prepared to address over the next 10 years.

Women comprise 51.8% of the population of Onondaga County and 53.0% of the population of Syracuse. Women of childbearing age (generally 15 – 44 years) have specific health needs and health risks. There are nearly 94,000 women in this category in Onondaga County, with roughly 37,000 residing in Syracuse.

Figure 3. Population distribution by age group, Syracuse, Onondaga County, and NYS, 2011 – 2015

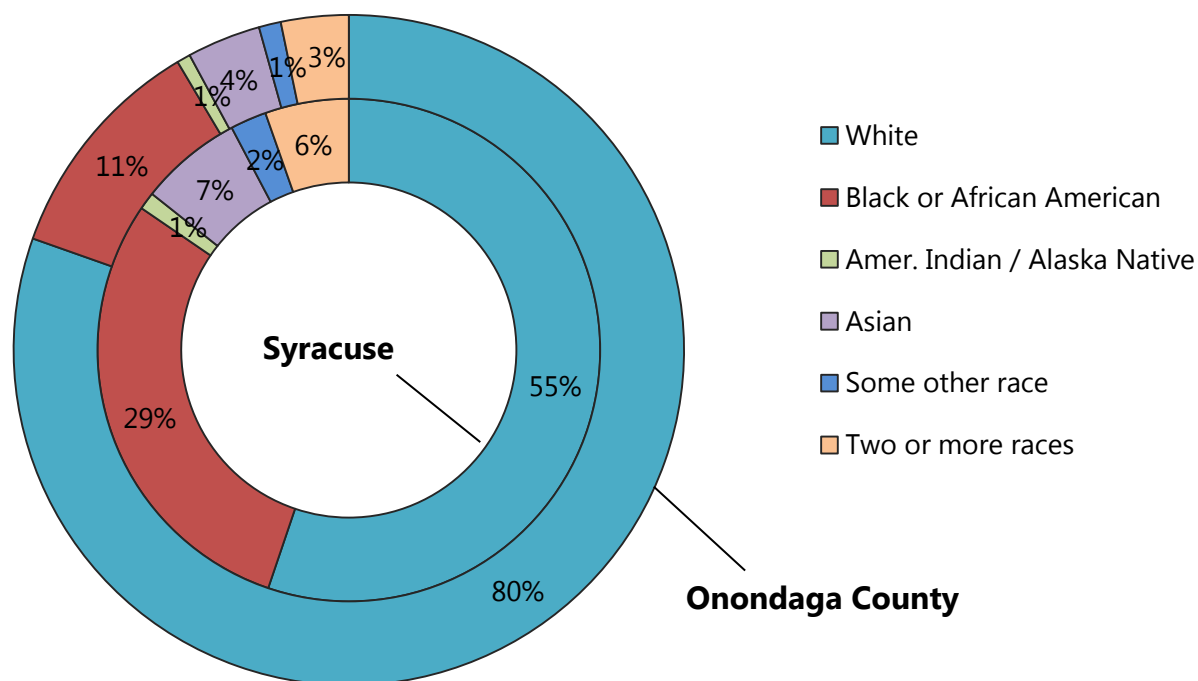


Source: U.S. Census Bureau, American Community Survey, 2011-2015

Race and Ethnicity

Among Onondaga County residents, 96.7% identified as being one race. Of these, 80.4% self-identify as white and 11.1% as black (Figure 4). The majority of the County's black residents reside in Syracuse, particularly on the near-south and near-west sides of the City. Asians and American Indian/Alaska Natives are also represented in comparatively large numbers. Nearly four percent of Onondaga's total population self-identifies as Asian and 0.7% self-identifies as Native American.

Figure 4. Population by race, Syracuse and Onondaga County, 2011-2015



Source: U.S. Census Bureau, American Community Survey, 2011-2015

Over 21,000 County residents of all races (4.5%) report Hispanic ethnicity. Currently, nearly two-thirds of local Hispanics reside in Syracuse, particularly in neighborhoods on the Near Westside of the city.

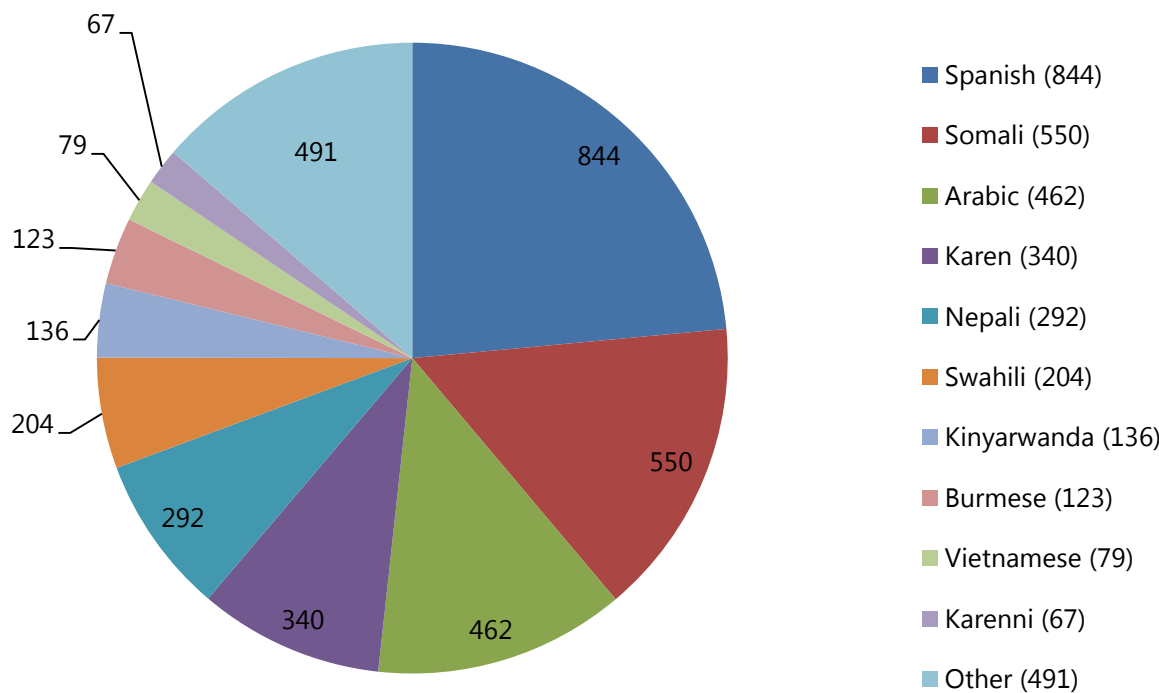
In Onondaga County, 7.4% of residents are foreign-born. Of these, the greatest percentage was born in Asia, followed by Europe, Latin America, and Africa. The percent of foreign-born residents increases to 11.9% in Syracuse, where the largest percentage was also born in Asia, followed by Latin America, Europe, and Africa. A number of foreign-born residents, particularly in Syracuse, are recently settled refugees. Since 2000, more than 10,000 refugees have resettled in the Syracuse area. While refugees have resettled from many diverse areas, the primary countries of origin include Burma/Myanmar, Bhutan, Thailand, Nepal, Somalia, and Iraq. Job opportunities and the relatively low cost of living continue to make the Syracuse area popular for resettlement. An estimated 12,000 refugees and former refugees currently reside in Syracuse; many in neighborhoods on the north side of the City.¹⁸ Newly arrived refugees have specific healthcare needs, as well as a unique set of barriers to accessing care, including language, education, and transportation. Ensuring access to care and improved health outcomes for this vulnerable population requires a coordinated response among many local service agencies.

¹⁸ Onondaga Citizens League report: The World at Our Doorstep, 2013. <http://onondagacitizensleague.org/>

Spoken Languages and Linguistic Isolation

English language proficiency can impact everything from an individual’s educational success to his/her ability to communicate with healthcare providers and to secure employment. In Onondaga County, English is the most commonly spoken language. The next most commonly spoken language is Spanish, which is the primary spoken language at home for 3.1% of Onondaga County residents and 6.2% of Syracuse residents ages 5 and older. Overall, 10.5% of households in Onondaga County and 18.1% of households in Syracuse speak a language other than English at home. The Syracuse City School District includes students from nearly 70 countries, with more than 3,500 who speak a language other than English. Spanish is the most commonly spoken language other than English in the district, with large numbers of students also speaking Somali, Arabic, Karen, Nepali and Swahili¹⁹ (Figure 5).

Figure 5. Syracuse City School District students who speak a language other than English



Source: Syracuse City School District

¹⁹ Syracuse City School District, Department of ENL, World Languages, and Bilingual Education

Poverty

Poverty is a significant contributor to poor health outcomes, and a recent report²⁰ showed that Syracuse had the highest rates of extreme poverty among black and Hispanic residents in the nation. Rutgers University-Camden professor Paul Jargowsky's paper noted that in 2000, nine "extreme poverty" neighborhoods (defined as census tracts where more than 40% of residents live in poverty) were identified in the City. By 2010, the number had increased to 19; current data show 30 such census tracts. Especially striking is the poverty rate among children in Syracuse, where 50.0% of those under age 18 live in poverty, compared to 23.0% of children Countywide. Striking racial and ethnic disparities exist, with black or African American residents and Hispanic residents much more likely to live in poverty than white residents, in both Syracuse and Onondaga County. In addition to children and families, seniors living in poverty warrant special attention. In Onondaga County, 8.2% of residents ages 65 years and older live in poverty, as do 16.7% of seniors in Syracuse. Select poverty indicators are shown in Table 1.

Table 1. Poverty indicators, Syracuse, Onondaga County, and NYS, 2011-2015

Indicator	City of Syracuse	Onondaga County	NYS
Median household income	\$31,881	\$55,092	\$59,269
Living in poverty	34.8%	15.4%	15.7%
<i>White alone</i>	26.0%	10.6%	11.3%
<i>Black or African American alone</i>	41.5%	37.5%	23.4%
<i>Hispanic (all races)</i>	49.1%	34.0%	25.9%
Children (under 18 years) living in poverty	50.0%	23.0%	22.2%
Poverty among families with female householder (no husband present) and related children under 5 years	56.7%	52.2%	39.2%
Elderly (65+ years) living in poverty	16.7%	8.2 %	11.5%
Receiving SNAP benefits	30.7%	14.2%	15.4%
Unemployed (16+ years, civilian)	11.4%	7.2%	8.2%

Source: U.S. Census Bureau, American Community Survey, 2011-2015

²⁰ Paul A. Jargowsky, "Architecture of Segregation: Civil Unrest, the Concentration of Poverty, and Public Policy," *Race and Inequality* (The Century Foundation, August 2015). <https://tcf.org/content/report/architecture-of-segregation/>

Education

Educational attainment is recognized as an important determinant of health. Early education is important for creating a foundation for learning in young children. Currently, only 47.2% of children in Onondaga County and 42.8% in Syracuse participate in preschool programs. There are 18 public school districts in Onondaga County with an enrollment of approximately 70,000 students, including nearly 20,000 students in the Syracuse City School District (SCSD).²¹ Thirty-four private or parochial schools in the County educate an additional 8,000 students. Disparities in education outcomes between Syracuse and the rest of the County are evident, as SCSD students consistently score significantly below the state average on standardized tests. The district is generally considered one of the lowest performing in NYS. In addition, the high school dropout rate in Syracuse was 11% for the 2015-2016 school year, compared to 4% Countywide. The percent of graduates in Syracuse who will go on to some type of college is 71%, compared with 81% Countywide.²¹ Table 2 illustrates the educational outcomes among adults age 25 years and older. In Onondaga County, 90.2% have a high school education or higher, and 34.1% have a bachelor's degree or higher. In Syracuse, these fall to 80.2% and 26.4% respectively.

Table 2. Highest level of education obtained among adults aged 25 years and older, Syracuse, Onondaga County, and NYS, 2011-2015

	City of Syracuse	Onondaga County	NYS
Less than high school education	19.9%	9.8%	14.4%
High school graduate or higher	80.2%	90.2%	85.6%
Bachelor's degree or higher	26.4%	34.1%	34.2%

Source: U.S. Census Bureau American Community Survey, 2011-2015

The Central New York region is home to a large number and variety of post-secondary educational institutions. Over 32,000 students currently attend colleges within Onondaga County, including Syracuse University, Le Moyne College, SUNY Upstate Medical University, SUNY College of Environmental Science and Forestry, and Onondaga Community College. Two local hospitals also have Colleges of Nursing. A number of other professional and licensing programs are offered in the County. Furthermore, an additional 35 institutions of higher learning are located within 100 miles of Onondaga County.

Employment

In Onondaga County, 31.0% of civilians ages 16 and older are employed in the educational services, health care and social assistance sector. This is followed by retail trade (11.8%); professional, scientific, management, administrative and waste management (10.0%); arts, entertainment recreation, accommodation and food services (8.6%); and manufacturing (7.7%). The leading employer in the Onondaga County area is Upstate University Health System with 9,525 employees. Other major employers in the area include Syracuse University, St. Joseph's Hospital Health Center, Wegmans, Crouse Health, and Onondaga County government.²² Recent

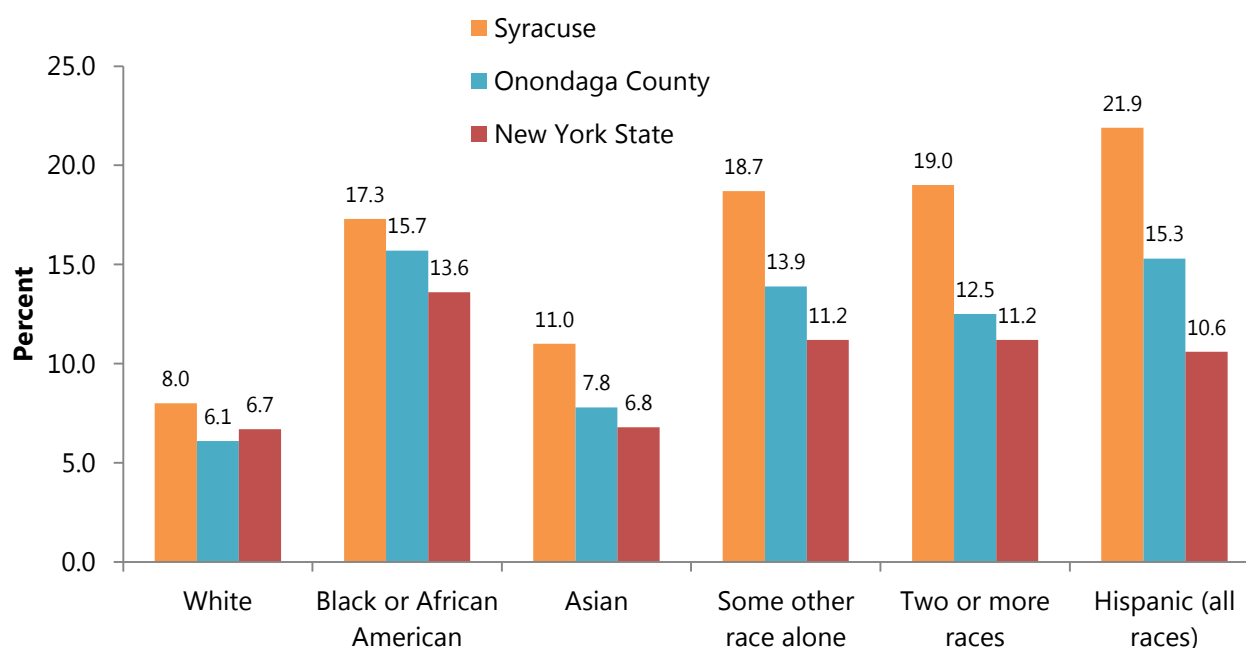
²¹ New York State Report Cards, 2015-2016. <https://data.nysed.gov/profile.php?county=42>

²² Onondaga County Office of Economic Development

data from the NYS Department of Labor show job growth in the Syracuse Metropolitan Statistical Area in the fields of education and health, trade, transportation and utilities, and leisure and hospitality. Recent job losses have occurred in the professional and business services and manufacturing sectors.

The unemployment rate in Onondaga County was 4.3% in May 2017, and has declined steadily from a high of 8.8% in January 2010. The current unemployment rate is the same as the statewide unemployment rate of 4.4% in May 2017.²³ Consequences of unemployment can include a decrease in access to employer-sponsored health insurance programs, which may lead to higher rates of uninsured persons. As seen in Figure 6, racial disparities in unemployment exist both within Onondaga County and Syracuse. In general, white residents have lower unemployment rates than other races and Syracuse consistently has higher unemployment than Onondaga County and NYS.

Figure 6. Unemployment by race and ethnicity, Syracuse, Onondaga County, and NYS, 2011-2015



Source: U.S. Census Bureau American Community Survey, 2011-2015

²³ U.S. Bureau of Labor Statistics. <http://www.bls.gov/lau/#cntyaa>

Housing

Housing in Onondaga County remains relatively affordable, with a median home price of \$135,900. This decreases to \$88,800 in Syracuse. The age and condition of housing stock varies across the County. Syracuse is an older city, with 43.7% of the housing stock built prior to 1940, and 72.5% built before 1960. Most of the recent new home building has occurred in the suburbs, though a recent downtown revitalization effort has led to an increase in market rate apartments and condominiums in popular business and shopping districts. Syracuse housing units are less likely to be owner-occupied (38.5%) compared to Onondaga County (81.0%), which contributes to some of the poor housing conditions that exist within some city neighborhoods. The number of homeless individuals has remained relatively constant over the last several years, with 821 homeless persons recorded in 2015. Of these, 131 are under the age of 18 years.²⁴

Transportation

Onondaga County is highly vehicle dependent, with nearly 80% of commuters driving to work alone each day. Fewer than 5% of County residents utilize public transportation for commuting to work. This increases to 9% among city residents. Inadequate transportation can result in poor access to health care, healthy foods, and opportunities for physical activity. In Syracuse, nearly one third of households do not have a vehicle available. This decreases to 12.8% in Onondaga County.

A more comprehensive discussion of the social and economic determinants of health in Onondaga County can be found on page 61.

²⁴ U.S. Department of Housing and Urban Development. CoC Homeless Populations and Subpopulations Reports. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

Health Status and Distribution of Health Issues

The framework for the Onondaga County 2016-2018 CHA/CHIP is the 2013-2018 New York State (NYS) Prevention Agenda. Through the Prevention Agenda, NYS has identified an overarching theme of **Improve Health Status and Reduce Disparities** along with five priority areas for improvement:²⁵

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare-Associated Infections

Examination of the health status and distribution of health issues within the community are framed around the priority areas shown above. As part of the Community Health Assessment, the OCHD and the Steering Committee collected, analyzed, and interpreted comprehensive health indicator data. These data were categorized by priority area and are presented in the following sections. Where available, data are presented by geography, racial and ethnic group, income and/or disability status, in order to fully understand how different populations in Onondaga County are affected.

²⁵ Source: New York State Department of Health (NYSDOH): https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm

Improve Health Status and Reduce Health Disparities

This section presents the primary indicators that capture disparities in health outcomes and healthcare access in Onondaga County. This section also provides an overall picture of the health status of Onondaga County residents.

A table of health indicators included in this section is presented in Appendix 11. Differences in statistical significance between Onondaga County and NYS values are noted in the table. When available, rates for NYS excluding New York City (NYC) are presented in place of NYS rates as these are more directly comparable to Onondaga County indicators. Prevention Agenda objectives are included as benchmarks when available.

Health Equity and Health Disparities

Understanding both health equity and health disparities is critical to fully assessing the health of a community. Definitions for each term are included below:

Health equity: "The fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing."²⁶

Health disparity: "A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability."²⁷

As seen in this section and throughout the document, racial and economic disparities in health outcomes persist in Onondaga County. The OCHD and Steering Committee members are committed to addressing barriers to health equity through implementing the interventions outlined in the Community Health Improvement Plan.

²⁶ Centers for Disease Control and Prevention (CDC), Health Equity Working Group, 2007.

²⁷ CDC. *Definitions*. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>.

Access to Care

Onondaga County fares better than NYS in the percent of adults (age 18 to 64 years) with health insurance; 91.3% of County residents have health insurance compared to 87.6% in NYS (Table 3). The County rate has increased since last measurement (2013) when the rate was 87.2%,²⁸ however, the Prevention Agenda objective of 100% has not been met. Despite relatively high insurance rates, not all adults in Onondaga County have a regular health care provider. Among adults, 84.3% report having a regular health care provider compared to 84.7% in NYS excluding NYC (Table 3). Both Onondaga County and NYS excluding NYC do not meet the Prevention Agenda objective of 90.8%.

Table 3. Access to care, Onondaga County, NYS excluding NYC, and NYSDOH Prevention Agenda Objective

Indicator	Onondaga County	NYS excluding NYC	NYS 2018 Objective
Percentage of adults with health insurance – Aged 18-64 years (2014)	91.3	87.6*	100.0
Age-adjusted percentage of adults who have a regular health care provider (2013-2014)	84.3	84.7	90.8

Sources: U.S. Census Bureau, 2014; Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014

*Rate is for NYS, data for NYS excluding NYC were not available

Premature Deaths

Premature deaths are any deaths occurring before the age of 65 years. In Onondaga County, 22.9% of residents die prematurely, compared to 22.0% for NYS excluding NYC (Table 4). Both Onondaga County and NYS excluding NYC do not meet the Prevention Agenda objective of 21.8%.

The ratio of premature deaths is much higher for black non-Hispanic and Hispanic residents compared to white non-Hispanics (Table 4). For each white non-Hispanic premature death there are 2.35 black non-Hispanic deaths and 2.92 Hispanic deaths. There are also geographic disparities; the premature death rate (2011-2014) is higher in Syracuse (29.7%) than in Onondaga County (22.9%).²⁹

²⁸ U.S. Census Bureau, accessed through the NYSDOH Prevention Agenda 2013-2018 Dashboard:

https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

²⁹ NYSDOH Office of Vital Statistics, 2011-2014.

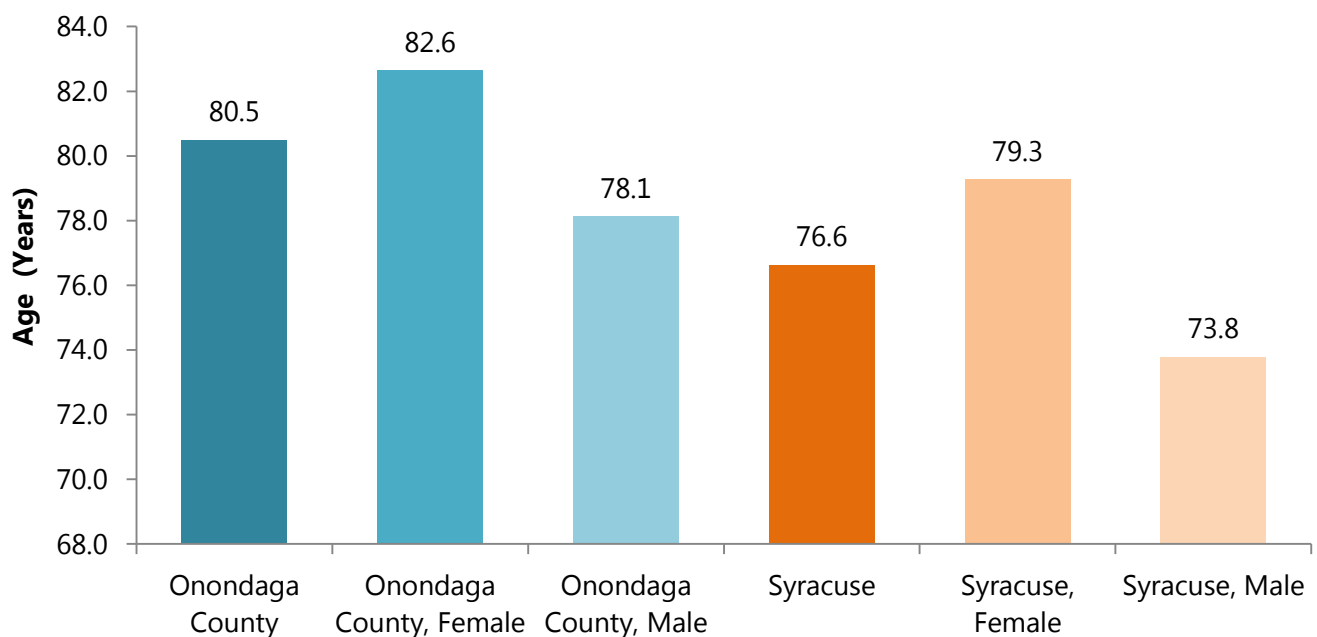
Table 4. Premature deaths, Onondaga County, NYS excluding NYC, and NYSDOH Prevention Agenda Objective

Indicator	Onondaga County	NYS excluding NYC	NYS 2018 Objective
Percentage of premature deaths (before age 65 years) (2014)	22.9	22.0	21.8
Ratio of black non-Hispanic to white non-Hispanic (2012-2014)	2.35	2.10	1.87
Ratio of Hispanic to white non-Hispanic (2012-2014)	2.92	2.24	1.86

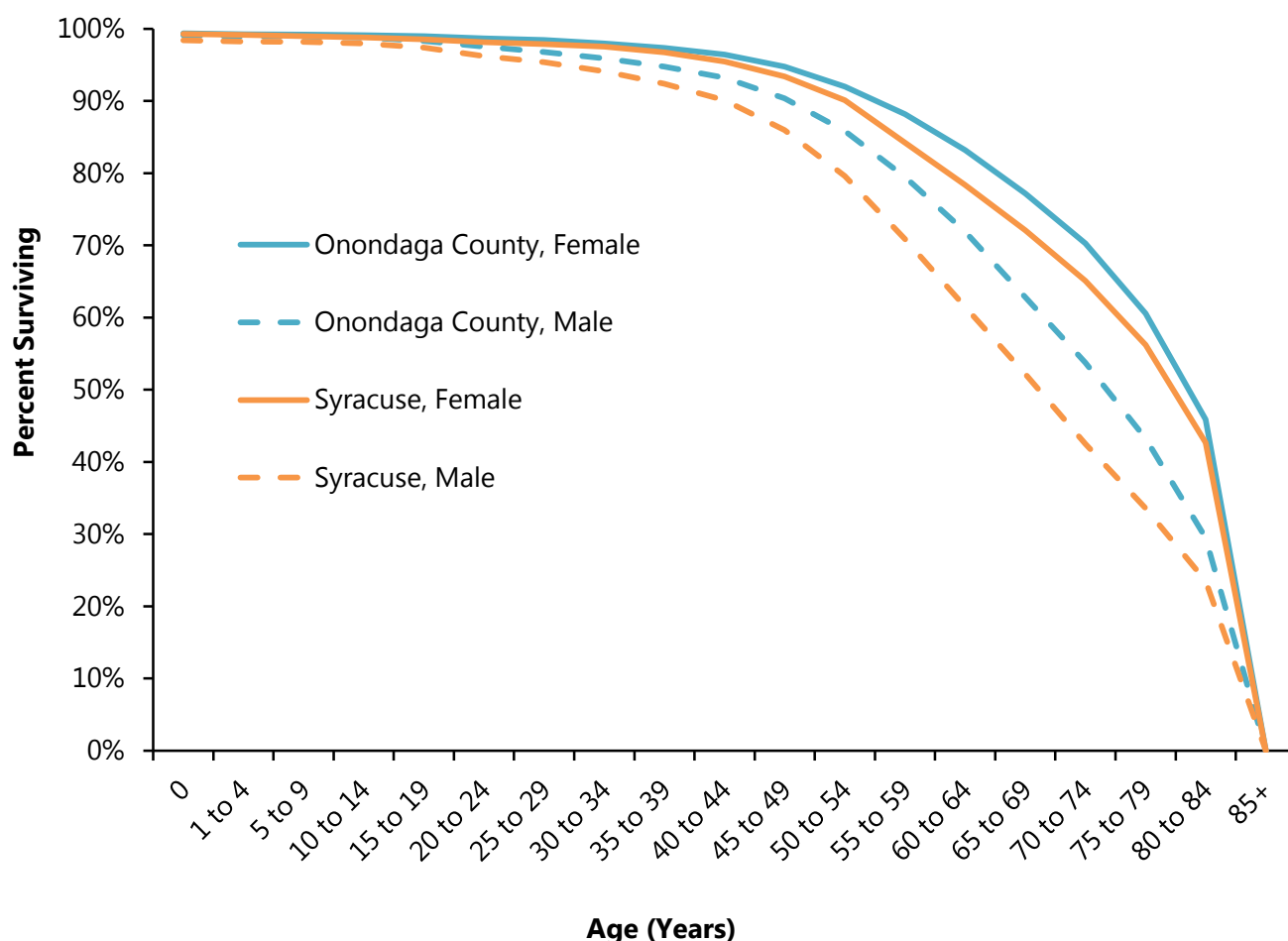
Source: NYSDOH Office of Vital Statistics, 2012-2014

Life Expectancy

Local life table analyses revealed geographic disparities in life expectancy between County residents and those residing in Syracuse. As shown in Figure 7, Onondaga County residents have a life expectancy of 80.5 years, 1.7 years longer than the national average of 78.8 years in 2014. The life expectancy for Syracuse residents (76.6 years) falls short of the national average and is 3.9 years shorter than for County residents. Differences are also observed based upon gender, with females in both Onondaga County and Syracuse having longer life expectancies than males. Longer female life expectancies are consistent with national data. Figure 8 depicts a survivorship curve for Onondaga County and Syracuse residents by sex. This figure further illustrates geographic disparities in length of life.

Figure 7. Life expectancy at birth by gender, Syracuse and Onondaga County, 2011-2014

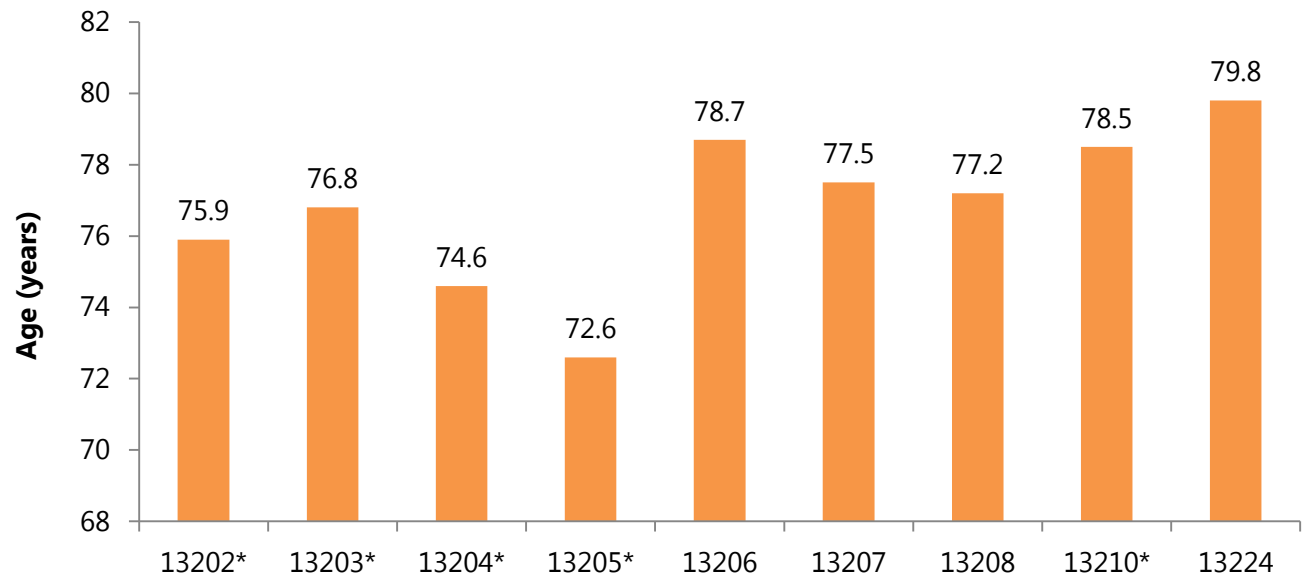
Source: OCHD, Bureau of Surveillance and Statistics

Figure 8. Survivorship by gender and age, Syracuse and Onondaga County, 2011-2014

Source: OCHD, Bureau of Surveillance and Statistics

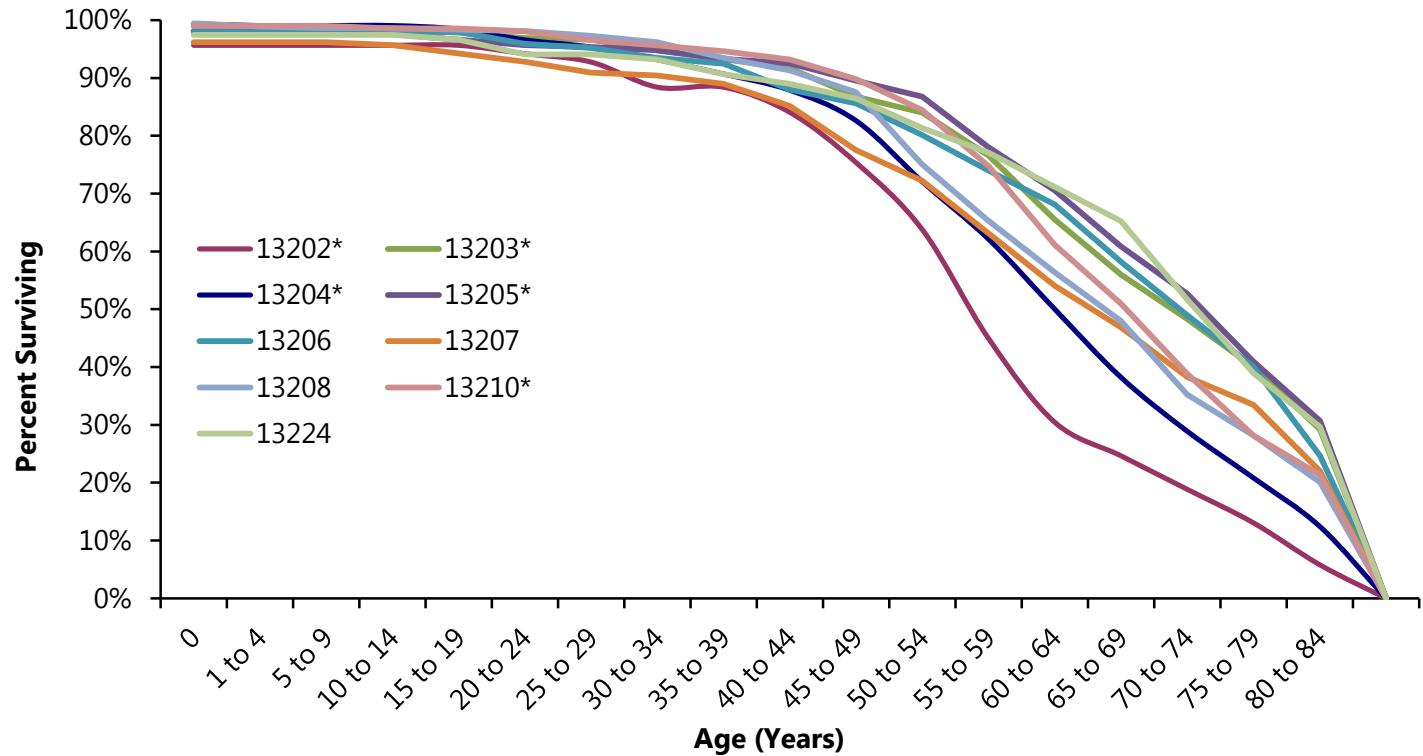
Additional analyses revealed substantial differences in life expectancy within the City of Syracuse based upon zip code of residence. Residents of 13224, are expected to live, on average, 7.2 years longer than residents of 13205 (Figure 9). These results include male and females combined. Males in certain City zip codes experience lower survivorship rates than males in other City zip codes. Figure 10 depicts the variation in survivorship for males across Syracuse zip codes.

Figure 9. Life expectancy at birth by zip code, Syracuse, 2011-2014



Source: OCHD, Bureau of Surveillance and Statistics
*Zip code contains nursing home or assisted living facility

Figure 10. Survivorship by zip code, male residents of Syracuse, 2011-2014



Source: OCHD, Bureau of Surveillance and Statistics
*Zip code contains nursing home or assisted living facility

Preventable Hospitalizations

Onondaga County's rate of preventable hospitalizations (112.1 per 10,000) is higher than the NYS excluding NYC rate (107.3 per 10,000). Both the County and NYS excluding NYC meet the Prevention Agenda objective of 122.0 per 10,000 (Table 5). However, within Onondaga County there are disparities in rates of preventable hospitalizations based upon race and ethnicity. For each white non-Hispanic preventable hospitalization, there are 2.32 preventable hospitalizations for black non-Hispanics and 1.17 preventable hospitalizations for Hispanics.

Table 5. Preventable hospitalization per 10,000 aged 18 + years, Onondaga County, NYS excluding NYC, and NYSDOH Prevention Agenda Objective

Indicator	Onondaga County	NYS excluding NYC	NYS 2018 Objective
Age-adjusted preventable hospitalization rate (per 10,000) – Aged 18+ years (2014)	112.1	107.3	122.0
<i>Ratio of black non-Hispanic to white non-Hispanic (2012-2014)</i>	2.32	1.94	1.85
<i>Ratio of Hispanic to white non-Hispanic (2012-2014)</i>	1.17	1.51	1.38

Source: New York Statewide Planning and Research Cooperative System (SPARCS)

Additionally, there are geographic differences in preventable hospitalizations with certain Syracuse zip codes experiencing the highest rates. Table 6 depicts age-adjusted preventable hospitalization rates over a five year period in Onondaga County and select zip codes located in the City of Syracuse. The zip code with the highest rate is 13202 with a rate of 356.8 per 10,000.

Table 6. Age-adjusted preventable hospitalization rate per 10,000 aged 18+ years, by select zip codes, 2010-2014

Location	Preventable hospitalization rate
Onondaga County	122.9
13202	356.8
13203	221.7
13204	243.5
13205	250.8
13208	192.5

Source: SPARCS

Disability

More than one quarter (25.7%) of adults in Onondaga County are living with a disability, which is a higher percentage than in NYS excluding NYC (21.5%).³⁰ Living with a disability is defined as reporting activity limitations due to physical, mental, or emotional problems or having health problems that require the use of special equipment.³¹ People living with a disability are often at increased risk for adverse health outcomes. When available, data on those living with a disability will be reported.

³⁰ Expanded BRFSS, 2013-2014

³¹ Expanded BRFSS, 2013-2014

Leading Causes of Death

The leading causes of death provide an indication of the burden of disease. Cancer is the overall leading cause of death in Onondaga County. This differs from NYS excluding NYC, where the leading cause of death is heart disease.³² Table 7 depicts the top 5 leading causes of death overall for Onondaga County and the leading causes by gender.

Table 7. Leading causes of death, by gender, Onondaga County, 2014

	Overall	Female	Male
1	Cancer 1,024 deaths 178 per 100,000	Cancer 508 deaths 159 per 100,000	Cancer 516 deaths 205 per 100,000
2	Heart Disease 913 deaths 147 per 100,000	Heart Disease 473 deaths 122 per 100,000	Heart Disease 440 deaths 181 per 100,000
3	Stroke 221 deaths 36 per 100,000	Stroke 135 deaths 35 per 100,000	Chronic Lower Respiratory Diseases 111 deaths 47 per 100,000
4	Chronic Lower Respiratory Diseases 215 deaths 37 per 100,000	Chronic Lower Respiratory Diseases 104 deaths 30 per 100,000	Unintentional Injury 100 deaths 42 per 100,000
5	Unintentional Injury 198 deaths 38 per 100,000	Unintentional Injury 98 deaths 33 per 100,000	Stroke 86 deaths 36 per 100,000

Source: NYSDOH Leading Causes of Death in New York State: https://www.health.ny.gov/statistics/leadingcauses_death/

Improve Health Status and Reduce Health Disparities Summary

Onondaga County's percentage of premature deaths is similar to NYS excluding NYC while the County's rate of preventable hospitalizations is higher than NYS excluding NYC. Substantial racial and ethnic disparities for these two indicators persist. Additionally, geographic differences in life expectancy exist between Onondaga County and City of Syracuse residents as well as within the City of Syracuse. While the percentage of County residents who have health insurance is increasing, some still do not have a regular health care provider. For each of the top five leading causes of death, males have a higher mortality rate than females.

³² NYSDOH Leading Causes of Death in New York State: https://www.health.ny.gov/statistics/leadingcauses_death/

Prevent Chronic Disease

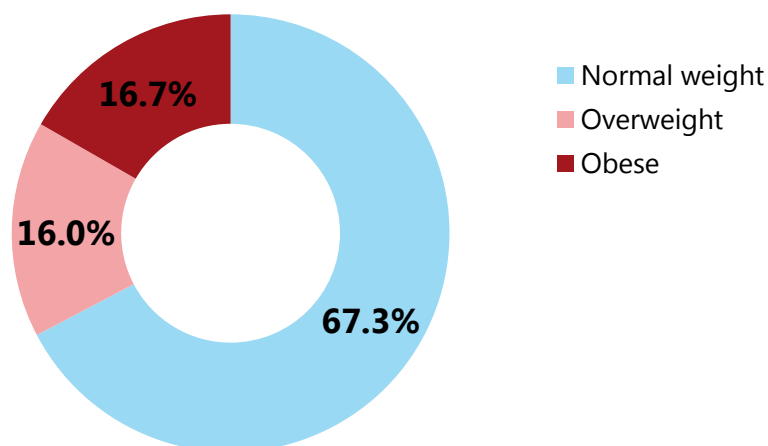
Chronic disease can significantly affect both the quality and the length of an individual's life. Of the five leading causes of death for Onondaga County residents, four are chronic diseases. Chronic diseases covered in this section include: obesity, heart disease, diabetes, and cancer. This section also reports on health behaviors that can directly impact chronic disease outcomes; these include physical activity, nutrition, and cigarette smoking.

A table of health indicators included in this section is presented in Appendix 11. Differences in statistical significance between Onondaga County and NYS values are noted in the table. When available, rates for NYS excluding NYC are presented in place of NYS rates as these are more directly comparable to Onondaga County indicators. Prevention Agenda objectives are included as benchmarks when available.

Overweight and Obesity

Overweight and obesity presents a substantial challenge in Onondaga County. Overall, 32.8% of children and adolescents in Onondaga County are overweight or obese (Figure 11). This rate has decreased from 35.1% at last measurement (2012-2014).³³ Obesity among children and adolescents in Onondaga County (16.7%) is slightly lower than in NYS excluding NYC (17.3%), and meets the Prevention Agenda objective of 16.7%. Substantial differences exist by school district (Table 8) with the highest rates seen in the Lafayette Central School District (24.7%) and the Onondaga Central School District (24.7%).

Figure 11. Percentage of children and adolescents who are overweight or obese, Onondaga County, 2014-2016



Source: Student weight status category reporting system, 2014-2016

Note: Among children, overweight is defined as weight category $\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile, obesity is defined as weight category $\geq 95^{\text{th}}$ percentile

³³ Student weight status category reporting system, 2012-2014

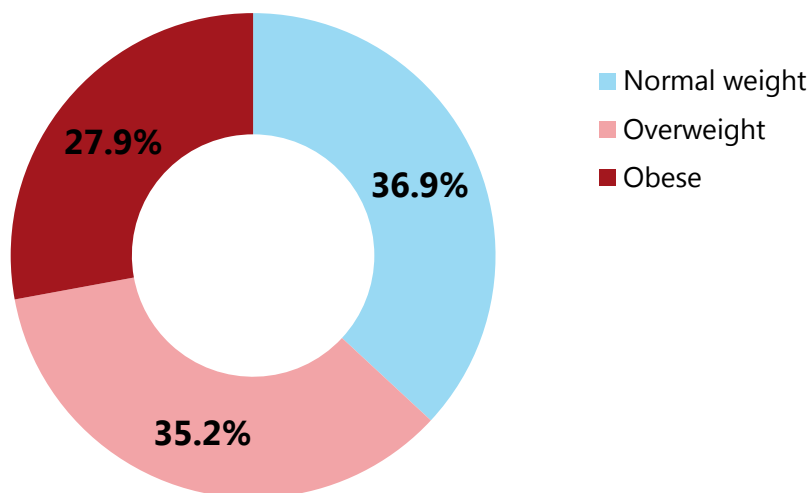
Table 8. Percentage of children and adolescents who are obese by school district, Onondaga County 2014-2016

School District	Students who are obese
Baldwinsville Central School District	11.4%
East Syracuse-Minoa Central School District	11.3%
Fabius-Pompey Central School District	24.5%
Fayetteville-Manlius Central School District	7.9%
Jamesville-Dewitt Central School District	12.5%
Jordan-Elbridge Central School District	22.7%
Lafayette Central School District	24.7%
Liverpool Central School District	18.3%
Lyncourt Union Free School District	19.3%
Marcellus Central School District	10.9%
North Syracuse Central School District	17.1%
Onondaga Central School District	24.7%
Skaneateles Central School District	11.5%
Solvay Union Free School District	20.1%
Syracuse City School District	20.8%
Tully Central School District	19.4%
West Genesee Central School District	14.8%
Westhill Central School District	12.8%

Source: Student weight status category reporting system, 2014-2016

Among adults, the obesity rate is 27.9% with 63.1% being either overweight or obese (Figure 12). Onondaga County's adult obesity rate is similar to NYS excluding NYC (27.4%) and does not meet the Prevention Agenda objective of 23.2%. As seen in Figure 13, some populations within Onondaga County are at greater risk for obesity, including individuals with an annual income of less than \$25,000 (33.9%) and those living with a disability (38.7%).

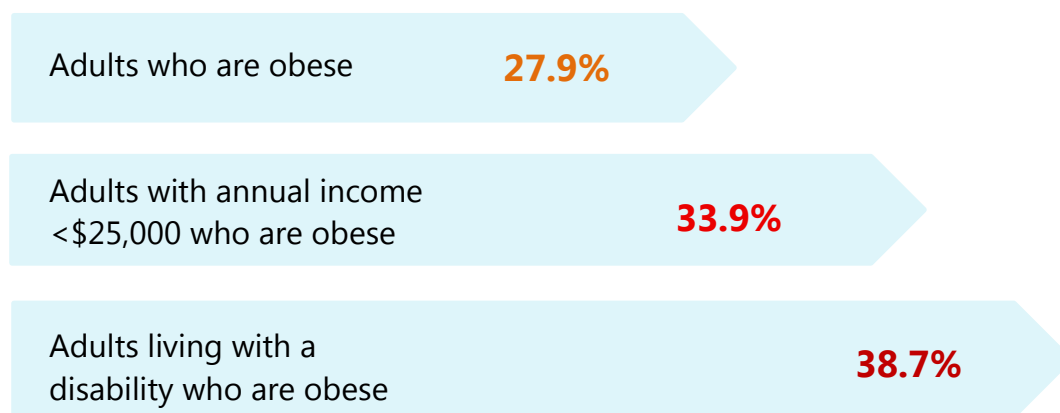
Figure 12. Age-adjusted percentage adults who are overweight or obese, Onondaga County, 2013-2014



Source: Expanded BRFSS, 2013-2014

Note: Among adults, overweight is defined as BMI between 25.0 and <30.0, obesity is defined as BMI \geq 30.0

Figure 13. Disparities in adult obesity, Onondaga County, 2013-2014

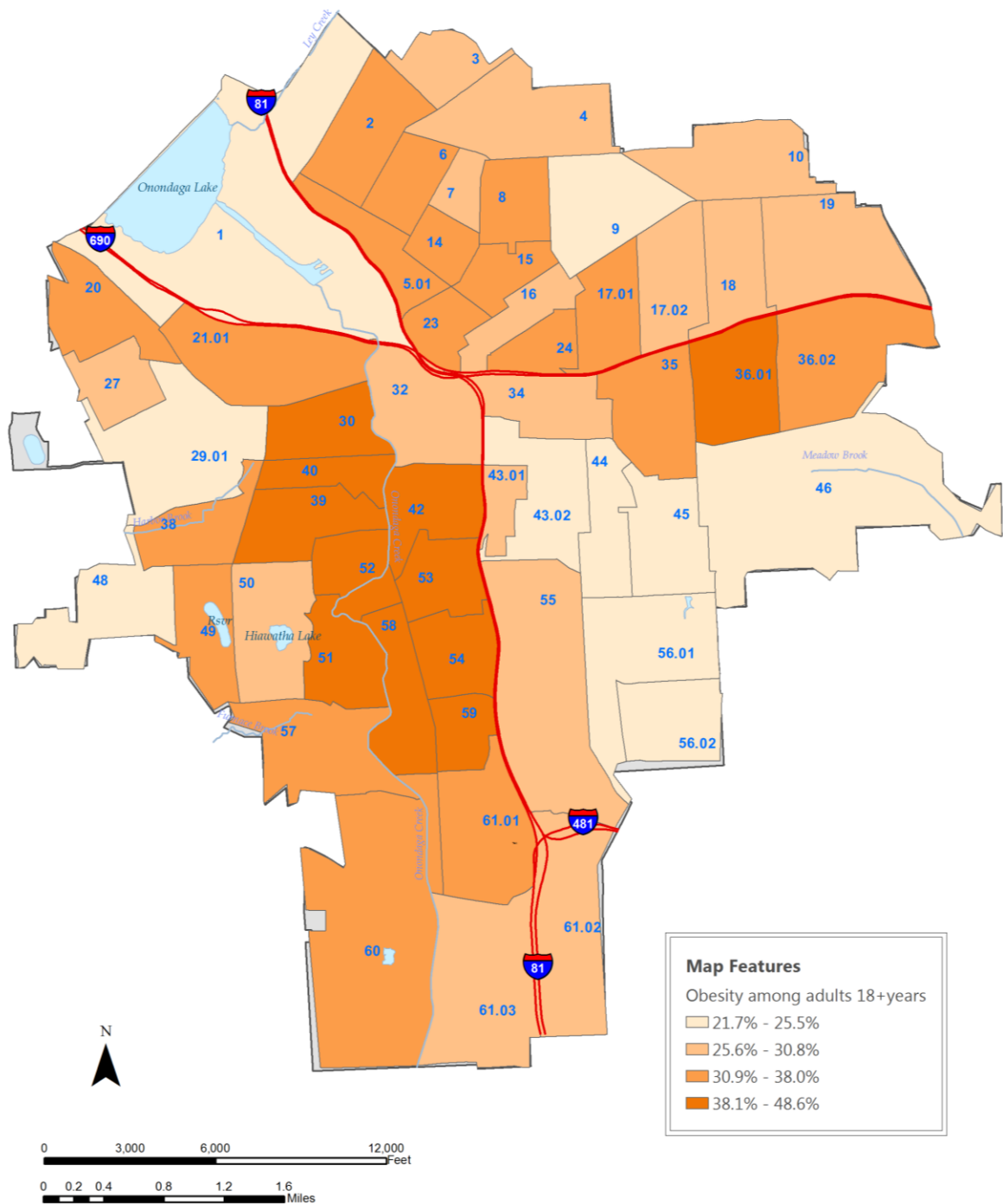


Source: Expanded BRFSS, 2013-2014

Note: Percentages are age-adjusted

There are also differences in obesity rates based on geography. Figure 14 shows obesity rates for each census tract within the City of Syracuse. The majority of the tracts with the highest obesity rates fall within the City of Syracuse's Near Westside and Southside neighborhoods. However there are pockets with higher rates such as Census tract 36.01 which is on the east side of the City.

Figure 14. Obesity among adults 18+years, by census tract, Syracuse, 2013-2014



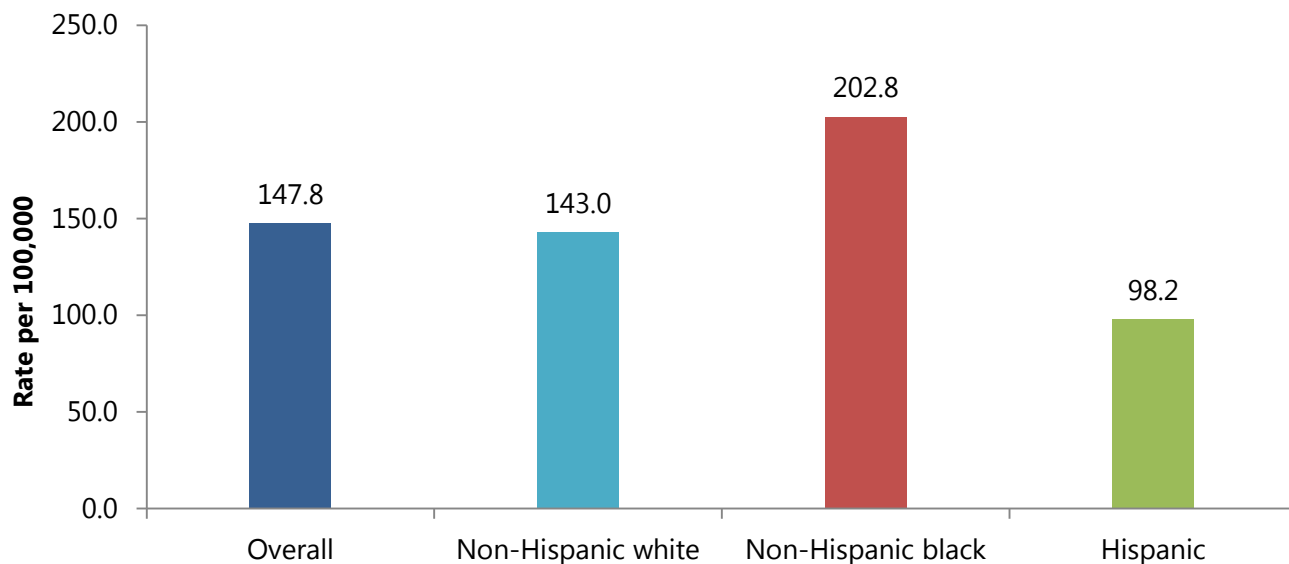
Map data source: CDC 500 cities project. Map created by OCHD Bureau of Surveillance and Statistics

Note: Obesity rates are represented only for census tracts that primarily comprise the City of Syracuse. Grey areas represent census tracts that do not fall primarily within Syracuse.

Heart Disease

Onondaga County's mortality rate for diseases of the heart (147.8 per 100,000) is lower than NYS excluding NYC (177.7 per 100,000). However, heart disease remains an important indicator as it is the second leading cause of death in Onondaga County³⁴ and substantial disparities in heart disease rates exist based upon race and ethnicity (Figure 15).

Figure 15. Age-adjusted mortality rate for diseases of the heart, by race and ethnicity, Onondaga County, 2012-2014



Source: NYSDOH County Health Indicators, by Race/Ethnicity, <https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm>

Diabetes

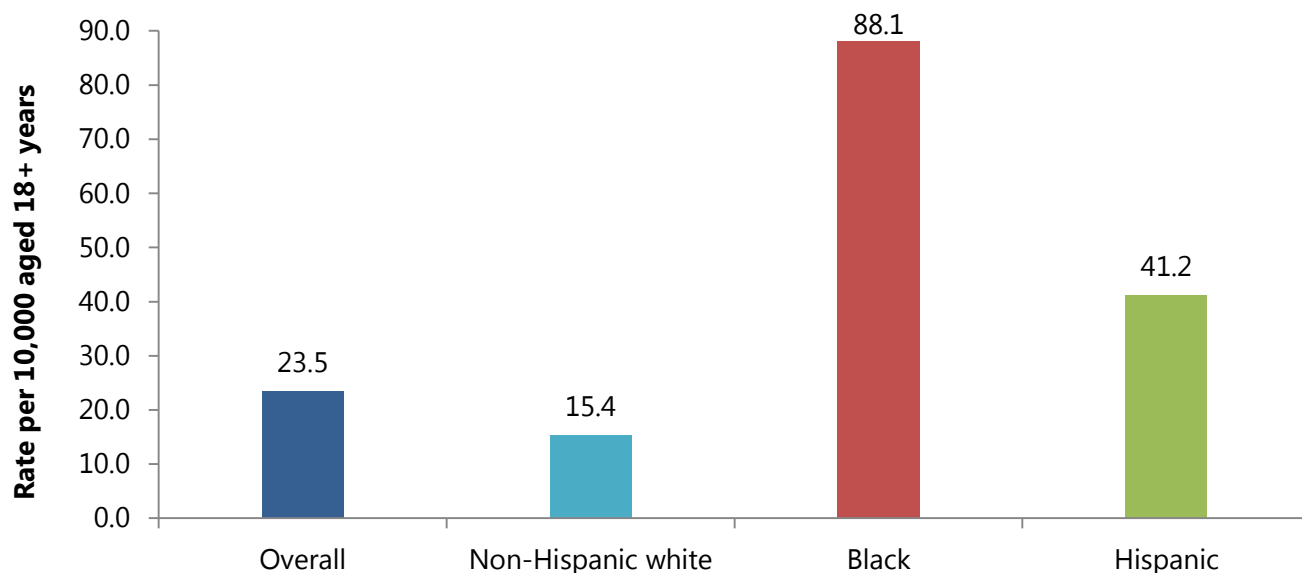
The prevalence of physician diagnosed diabetes in Onondaga County (8.6%) is similar to the prevalence in NYS excluding NYC (8.2%).³⁵ Within Onondaga County, there are substantial racial and ethnic disparities in rates of emergency department visits and hospitalizations due to diabetes. Figure 16 shows the emergency department visit rate due to diabetes for the County as a whole and by race and ethnicity. The emergency department visit rate among blacks and Hispanics is higher than the rate for non-Hispanic whites and also higher than the overall County rate.

³⁴ Leading Causes of Death by County, New York State, 2014.

https://www.health.ny.gov/statistics/leadingcauses_death/deaths_by_county.htm

³⁵ Expanded BRFSS, 2013-2014

Figure 16. Age-adjusted emergency department visit rate due to diabetes per 10,000 aged 18+ years, by race and ethnicity, Onondaga County, 2012-2014

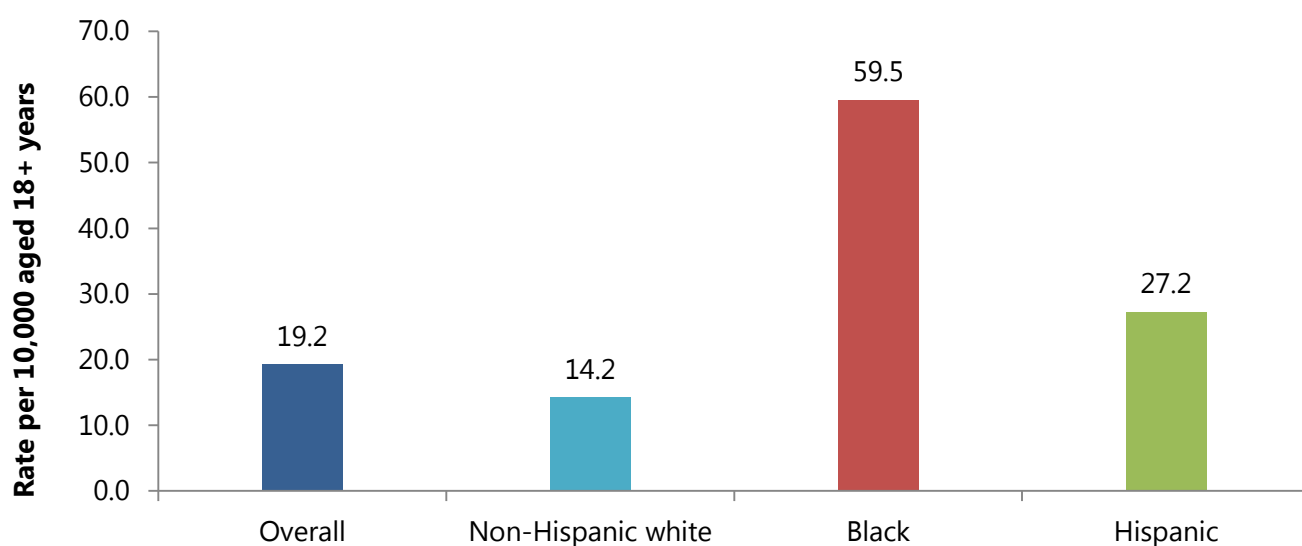


Source: SPARCS, 2012-2014

Note: Includes both Type 1 and Type 2 diabetes; cases of gestational diabetes were excluded

Similarly, Figure 17 shows the overall hospitalization rate due to diabetes for Onondaga County as well as rates by race and ethnicity. Unfortunately, racial and ethnic disparities can also be seen in hospitalization rates with blacks and Hispanics having higher rates than non-Hispanic whites and the County as a whole.

Figure 17. Age-adjusted hospitalization rate due to diabetes per 10,000 aged 18+ years, by race and ethnicity, Onondaga County, 2012-2014

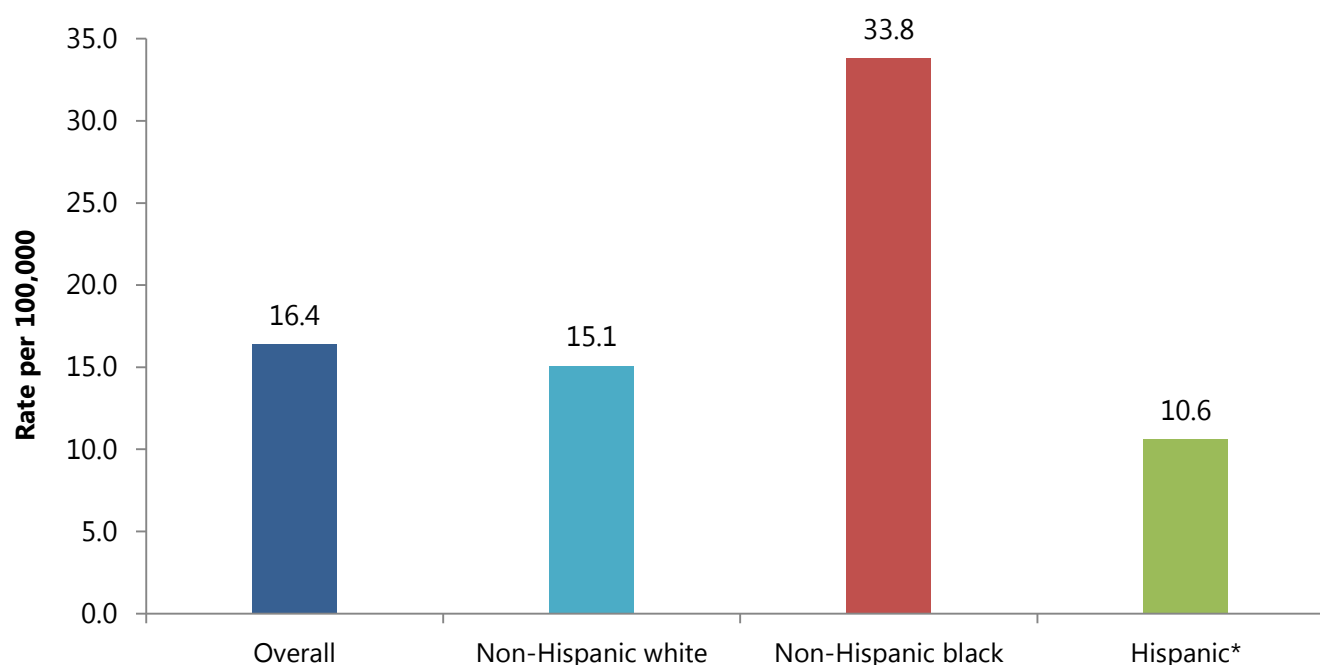


Source: SPARCS, 2012-2014

Note: Includes both Type 1 and Type 2 diabetes; cases of gestational diabetes were excluded

The age adjusted diabetes mortality rate in Onondaga County (16.4 per 100,000) is similar to NYS excluding NYC (15.5 per 100,000). However, within Onondaga County, there are notable differences in diabetes mortality based upon race and ethnicity, with non-Hispanic blacks having a much higher rate than non-Hispanic whites (Figure 18).

Figure 18. Age-adjusted diabetes mortality rate by race and ethnicity, Onondaga County, 2012-2014



Source: NYSDOH County Health Indicators by Race/Ethnicity, <https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm>

*Fewer than 10 events in the numerator, therefore the rate is unstable

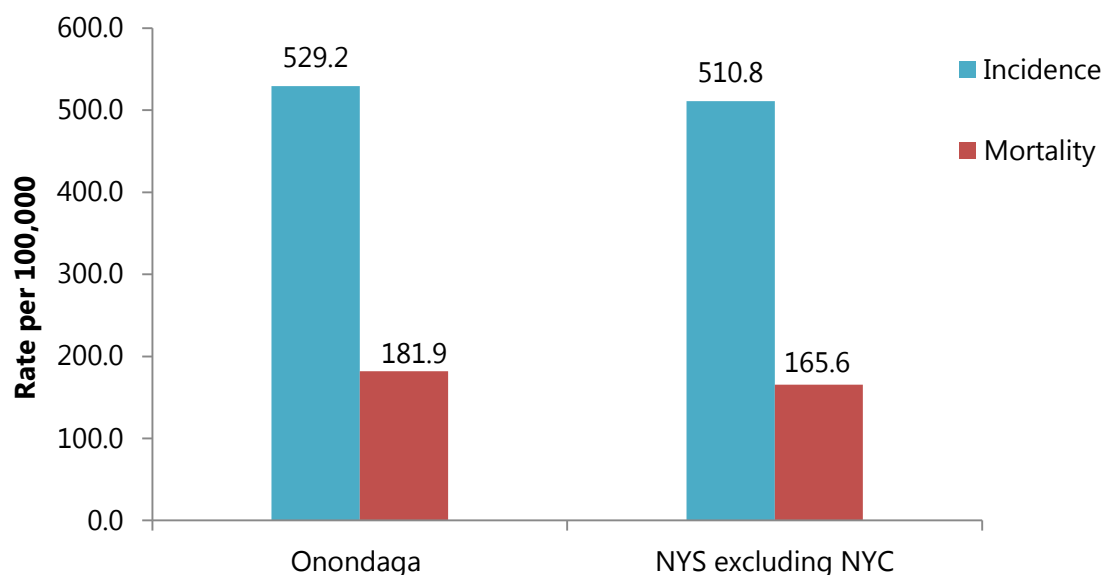
Cancer

Cancer is the leading cause of death in Onondaga County and accounts for almost one in four deaths to County residents.³⁶ Compared to NYS excluding NYC, Onondaga County has a higher rate of incidence and mortality for all types of cancer (Figure 19). Within Onondaga County, the incidence rate appears to be decreasing over time while the mortality rate has remained the same over the last few years.

³⁶ Leading Causes of Death by County, New York State, 2014.

https://www.health.ny.gov/statistics/leadingcauses_death/deaths_by_county.htm

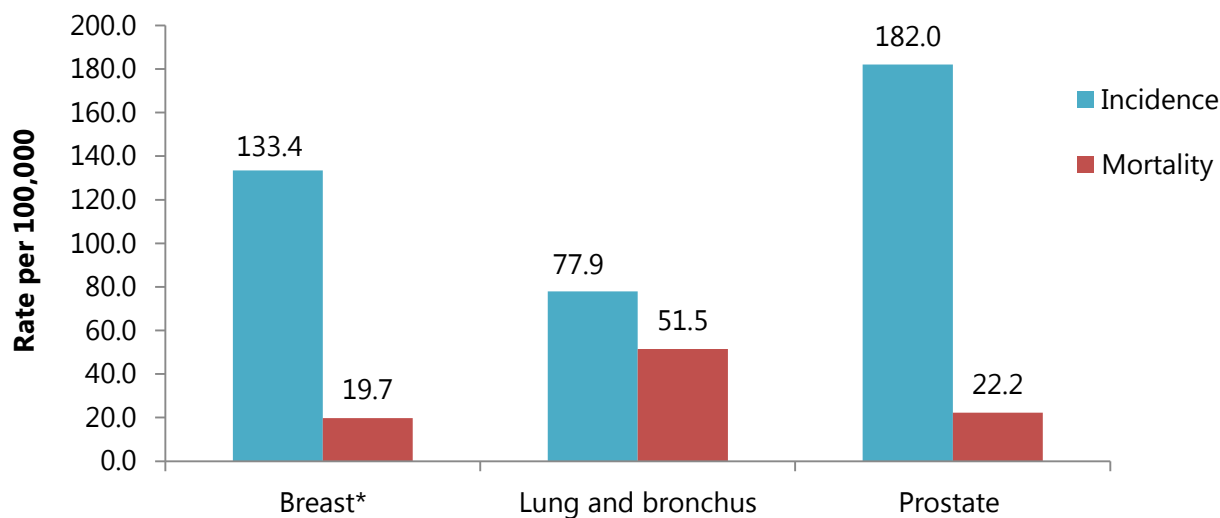
Figure 19. Age-adjusted incidence and mortality rates for all types of cancer, Onondaga County and NYS excluding NYC, 2010-2012



Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm

Figure 20 shows the incidence and mortality rates for three of common types of cancer. Of the three types, breast, lung and bronchus, and prostate cancers, the incidence rate is highest for prostate cancer while the mortality rate is highest for lung and bronchus cancer.

Figure 20. Age-adjusted incidence and mortality of breast, lung and bronchus, and prostate cancers, Onondaga County, 2010-2012



Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm

*Only includes female cases of breast cancer

Screening rates in Onondaga County for breast, cervical, and colorectal cancer are shown in Table 9. Onondaga County has screening rates higher than NYS excluding NYC for all three cancer types. However, Onondaga County's screening rate for colorectal cancer does not meet the Prevention Agenda objective of 80.0%.

Table 9. Cancer screening rates, Onondaga County and NYS excluding NYC, 2013-2014

Indicator	Onondaga County	NYS excluding NYC
Women aged 50-74 years who received breast cancer screening*	87.9%	80.5%
Women aged 21-65 years who received cervical cancer screening	87.4%	83.8%
Women aged 21-65 years with annual household income <\$25,000 who received cervical cancer screening	87.2%	75.5%
Adults aged 50-75 years who received colorectal cancer screening	75.3%	70.0%
Adults aged 50-75 years with annual household income <\$25,000 who received colorectal cancer screening	69.1% [†]	60.0%

Source: Expanded BRFSS, 2013-2014

*The Onondaga County rate of breast cancer screening among women 50-74 years with an annual household income <\$25,000 was suppressed due to small sample size

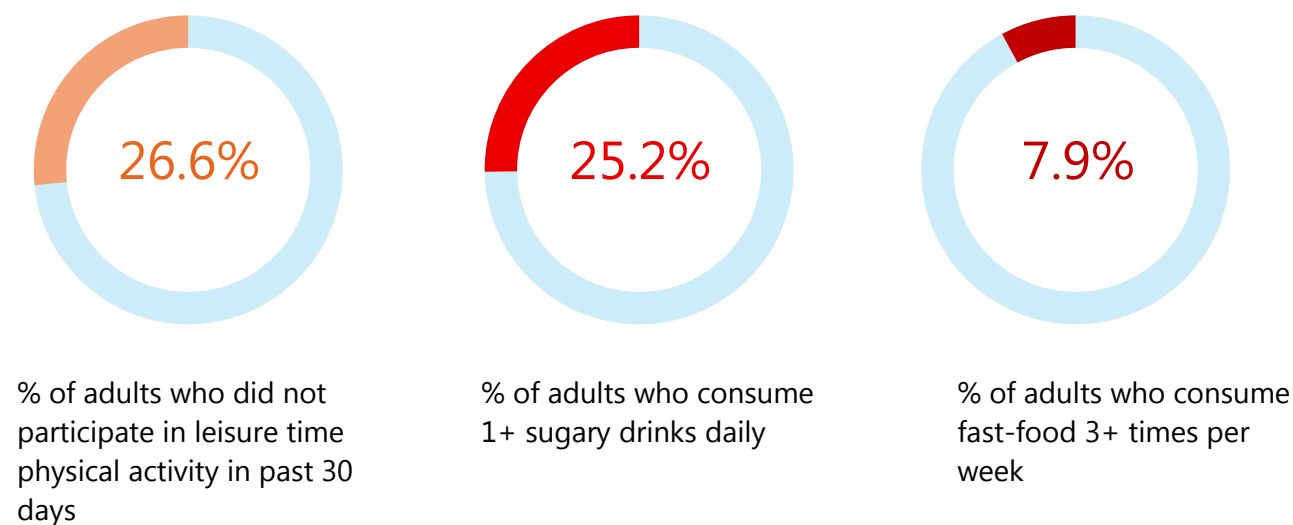
†Rate is unreliable due to large standard error

Physical Activity and Nutrition

Physical activity and nutrition behaviors for Onondaga County residents are presented in Figure 21. Among adults in Onondaga County, 26.6% reported that they did not participate in leisure time physical activity in the past 30 days. This is similar to the rate of 26.2% in NYS excluding NYC.³⁷ Compared to adults in NYS excluding NYC, Onondaga County adults were slightly more likely to report consuming one or more sugary drinks daily (Onondaga County: 25.2%; NYS excluding NYC: 24.7%) and fast food three or more times per week (Onondaga County: 7.9%; NYS excluding NYC: 6.8%).³⁷

³⁷ Expanded BRFSS, 2013-2014

Figure 21. Physical activity and nutrition behaviors, Onondaga County, 2013-2014



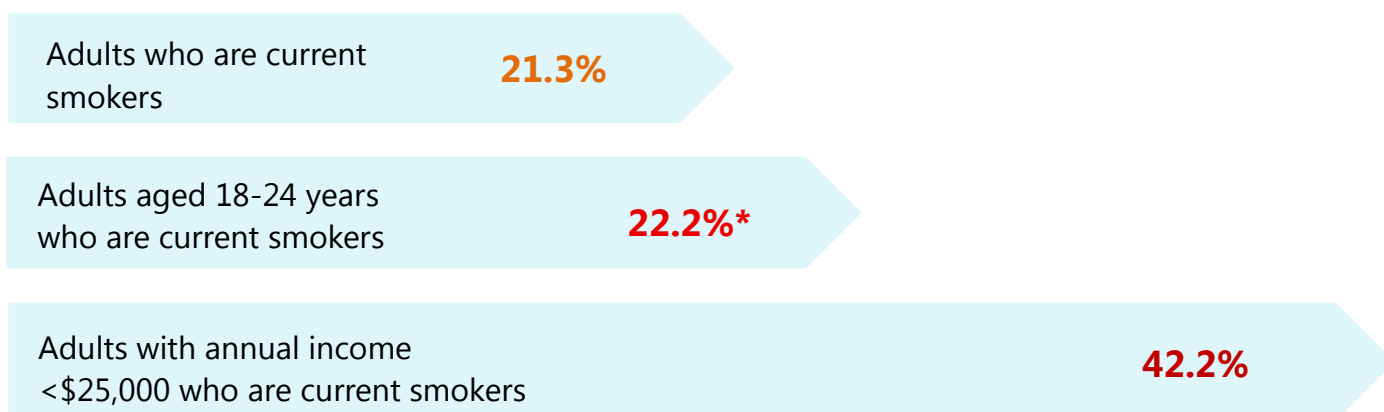
Source: Expanded BRFSS, 2013-2014

Note: Percentages are age-adjusted

Cigarette Smoking

The prevalence of cigarette smoking in Onondaga County is 21.3%, higher than the prevalence of 18.0% in NYS excluding NYC.³⁸ Within Onondaga County, the prevalence of cigarette smoking is higher among young adults (aged 18-24 years) and adults with an annual income less than \$25,000 (Figure 22).

Figure 22. Disparities in cigarette smoking, Onondaga County, 2013-2014



Source: Expanded BRFSS, 2013-2014

*Rate is unreliable due to large standard error

Note: Percentages are age-adjusted

³⁸ Expanded BRFSS, 2013-2014

Chronic Disease Self-Management

For individuals diagnosed with a chronic disease, learning how to manage that condition is critical for maintaining health and well-being. In Onondaga County, less than one in ten adults (8.7%) with a chronic condition have taken a course or class to learn how to manage that condition. This is higher than the rate in NYS excluding NYC (8.0%).

Prevent Chronic Disease Summary

Obesity is a significant concern in Onondaga County as the rates for both children and adults fail to meet the Prevention Agenda objectives. Also of concern is the County's diabetes rate and disparities in diabetes based upon race and ethnicity. Health behaviors like physical activity and nutrition contribute to high rates of both obesity and diabetes, and should be monitored in the future to identify trends. Rates of cigarette smoking are a concern especially among adults with an income <\$25,000 per year. Finally, while the County has high rates of screening for many types of cancer, the County's cancer incidence and mortality rates continue to exceed NYS excluding NYC rates.

Promote a Healthy and Safe Environment

The environment can affect several aspects of health including an individual's ability to experience optimal health and their ability to access resources to live a healthy lifestyle. Environmental indicators presented in this section include: the physical environment, asthma, lead, transportation, food access, crime, unintentional injury, and occupational health.

A table of health indicators included in this section is presented in Appendix 11. Differences in statistical significance between Onondaga County and NYS values are noted in the table. When available, rates for NYS excluding New York City (NYC) are presented in place of NYS rates as these are more directly comparable to Onondaga County indicators. Prevention Agenda objectives are included as benchmarks when available.

Physical Environment

Data for indicators related to the physical environment are shown in Table 10. These factors can have a significant impact on health outcomes. For example, air quality can have a substantial impact on the health of those with chronic respiratory conditions like asthma. Onondaga County's average daily density of fine particulate matter is 8.8 $\mu\text{g}/\text{m}^3$ compared to 8.6 $\mu\text{g}/\text{m}^3$ in NYS. Housing age and quality are also significant environmental factors with the potential to influence health. Onondaga County fares better than NYS for age of housing stock and percent of households with severe housing problems. Onondaga County also fares better than NYS excluding NYC in regards to the percentage of residents served by systems with optimally fluoridated water.

Table 10. Physical environment indicators, Onondaga County, NYS, NYSDOH Prevention Agenda Objective

Indicator	Onondaga County	NYS	NYS 2018 Objective
Average daily density of fine particulate matter (micrograms per cubic meter) (2012)	8.8	8.6	--
% of occupied housing units built in 1939 or earlier (2011-2015)	22.7	32.0	--
% of households with severe housing problems (2009-2013)	15.4	24.3	--
% of residents served by community water systems with optimally fluoridated water (2015)	98.8	52.6*	78.5

Sources: CDC's National Environmental Public Health Tracking Network, 2012; U.S. Census Bureau, American Community Survey, 2011-2015; U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy data, 2009-2013; Safe Drinking Water Information System, 2015.

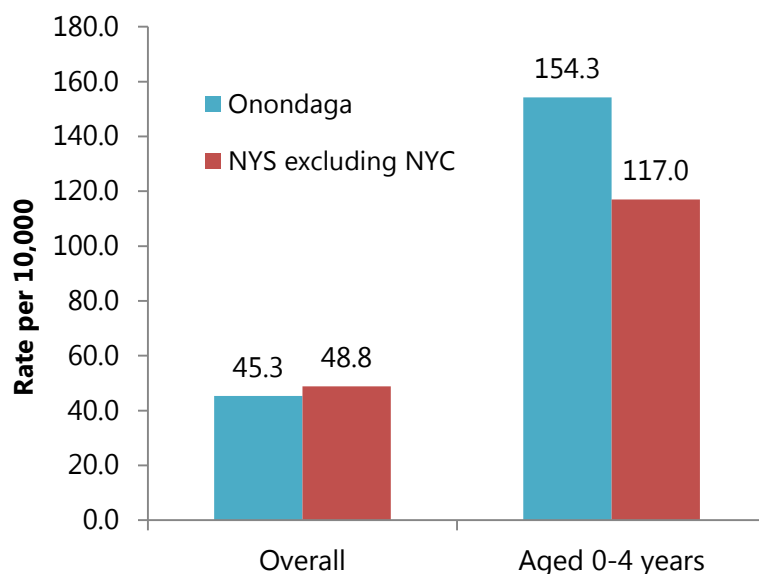
*Rate is for NYS excluding NYC.

Asthma

Although asthma is considered a chronic condition, it was included here to reflect the significant impact of the environment on the disease. In Onondaga County, 10.6% of adults report having physician diagnosed asthma compared to 10.5% in NYS excluding NYC.

The rate of asthma emergency room visits overall is lower in Onondaga County than NYS excluding NYC, however among children aged 0-4 years, the rate in Onondaga County is higher (Figure 23). The mortality rate due to asthma in Onondaga County is 1.5 per 100,000 compared to 0.8 per 100,000 in NYS excluding NYC.

Figure 23: Asthma emergency department visit rate, Onondaga County and NYS excluding NYC, 2014



Source: SPARCS, 2014

Lead

Exposure to lead, typically through lead paint, is a significant environmental concern as it can negatively impact cognitive development in children. Of children tested for lead in Onondaga County, 6.3% were found to have a blood lead level of 5 mcg/dL or greater (Table 11). This increased to 11.5% among children in Syracuse.

Table 11. Children tested for lead with blood lead level of 5 mcg/dL or greater, by blood lead level, Syracuse and Onondaga County, 2016

Blood lead level (mcg/dL)	Onondaga County	Syracuse
5-9	4.9%	8.7%
10-14	0.9%	1.7%
15-19	0.3%	0.5%
≥20	0.3%	0.5%
Total	6.3%	11.5%

Source: OCHD Lead Poisoning Control Program

Note: % EBLL may not add up to total due to rounding

Transportation

Transportation has a significant impact on an individual's access to health resources including healthy food options and healthcare providers. In Onondaga County, 12.8% of households do not have a vehicle available; this increases to 28.8% in Syracuse (Table 12). These rates are lower than in NYS as a whole.

Additionally, reliance on motor vehicles for transportation can increase greenhouse gas emissions which can negatively impact health, especially for individuals with chronic respiratory conditions. Less than one in five (19.4%) workers in Onondaga County utilize an alternate mode of transportation to work compared to 22.6% in NYS excluding NYC (Table 12). Alternate modes of transportation include public transportation, carpooling, biking, walking, or telecommuting. Nearly 80% of the workforce in Onondaga County drives alone to work and 17.5% drive alone with a commute that is more than 30 minutes.

Table 12. Transportation indicators, Onondaga County, NYS, and NYSDOH Prevention Agenda Objective

Indicator	Onondaga County	NYS	NYS 2018 Objective
% of households with no vehicle available (2011-2015)	12.8	29.4	--
% of workers who use alternative modes of transportation to work (2010-2014)	19.4	22.6*	49.2
% of workforce that drive alone to work (2011-2015)	79.7	53.2	--
% of workforce who drive alone to work that commute more than 30 minutes (2011-2015)	17.5	36.3	--

Source: U.S. Census Bureau, American Community Survey.

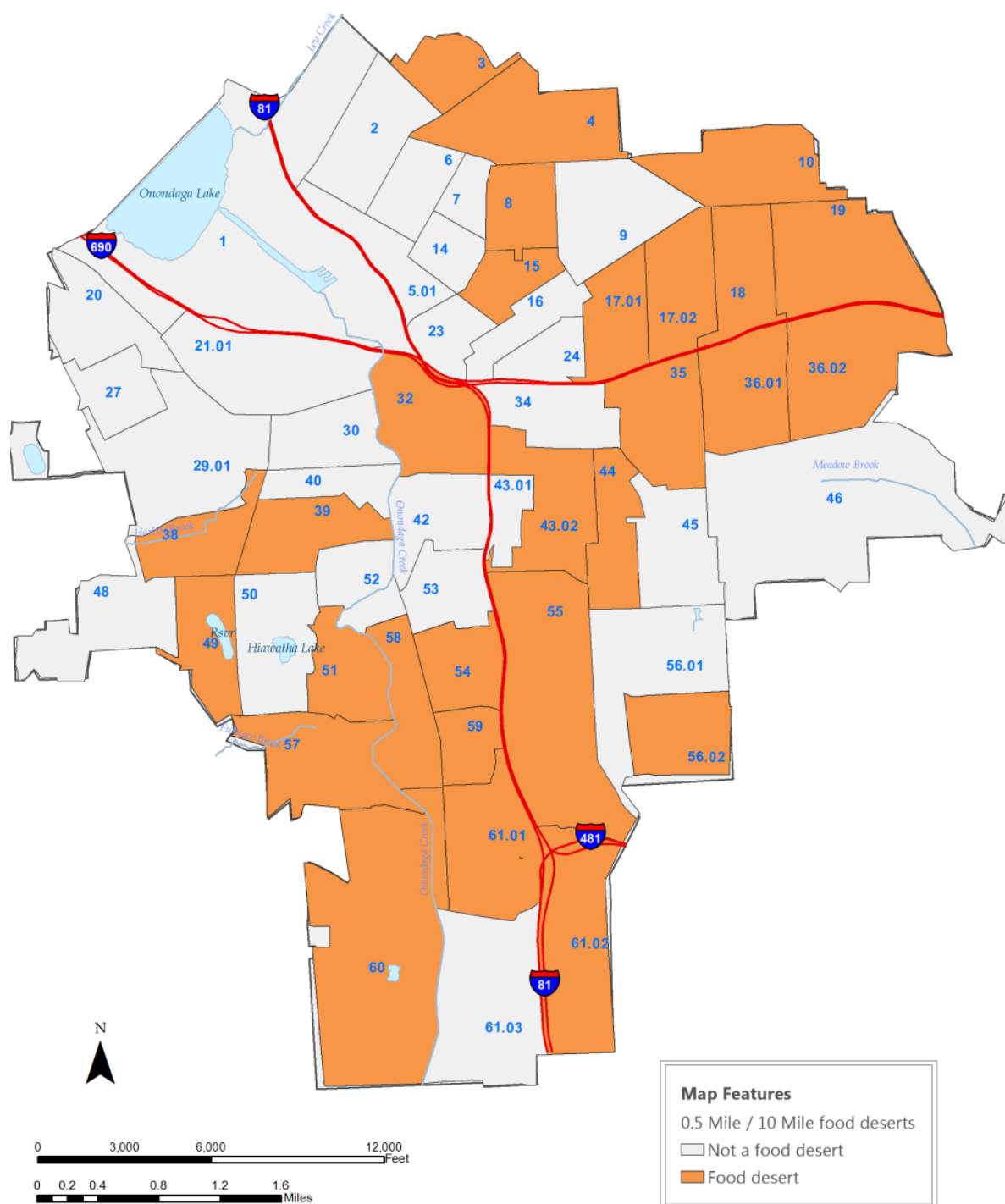
*Rate is for NYS excluding NYC.

Food Access

The food environment has a significant impact on an individual's ability to access healthy options. Low income County residents are disproportionately affected by low access to food retail venues. This is particularly evident in Syracuse where half (50.9%) of the City's census tracts are food deserts³⁹ (Figure 24). The Onondaga County Health Department (OCHD) recently completed an assessment of the food environment in Syracuse. The assessment report can be viewed here: <http://www.ongov.net/health/documents/FoodEnvironment.pdf>

³⁹ Source: U.S. Department of Agriculture, Food Access Research Atlas, 2015. Census tracts were counted if majority of tract fell within the City of Syracuse boundary. Food deserts are defined as census tracts where the poverty rate is >20%, and where 33% or more of residents are more than 0.5 miles from the nearest supermarket.

Figure 24. Food deserts by census tract, Syracuse, 2015



Map data source: U.S. Department of Agriculture, Food Access Research Atlas, 2015. Map created by the OCHD Bureau of Surveillance and Statistics.

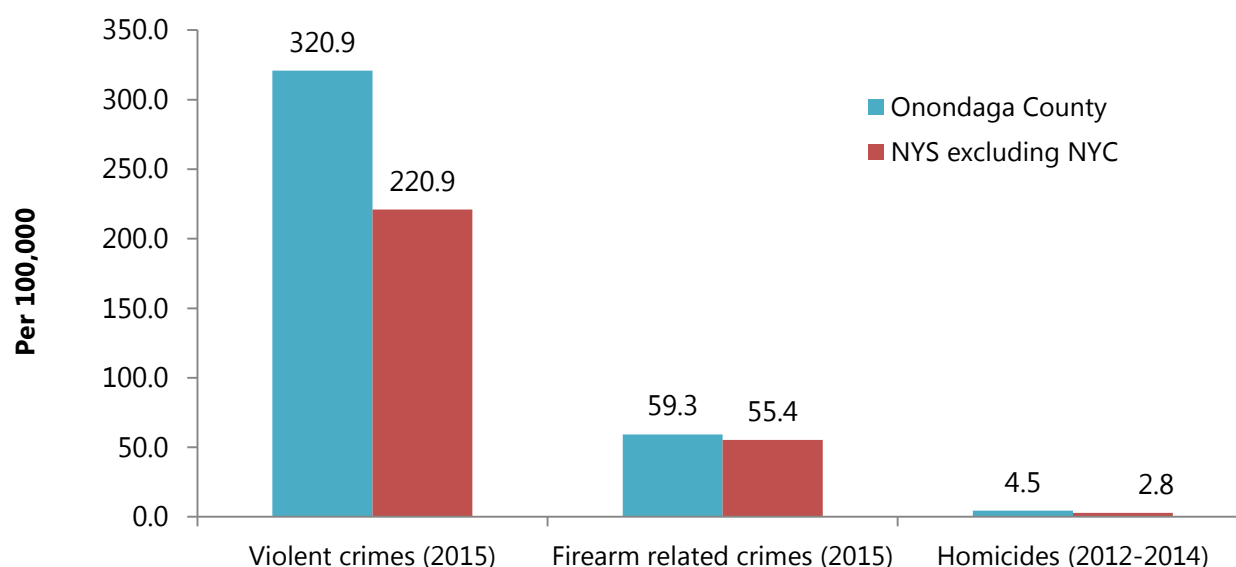
Note: Food deserts are defined as census tracts where the poverty rate is >20%, and where 33% or more of residents are more than 0.5 miles from the nearest supermarket.

Crime

Crime can have a significant impact on population health. In addition to injury and death resulting from violent crime, high crime rates can negatively affect a community through chronic stress. Residents may also be less likely to utilize community resources for physical activity, such as parks and other green space, if the areas are perceived as unsafe.

Onondaga County has higher rates of violent crimes than NYS excluding NYC (Figure 25). Violent crimes include murder, rape, robbery, and aggravated assault.⁴⁰ Onondaga County's rates of firearm related crimes and homicides are also higher (Figure 25). Additionally, property crimes which include burglary, larceny, and motor vehicle theft are higher in Onondaga County (2155.0 per 100,000) than NYS excluding NYC (1650.0 per 100,000).⁴⁰

Figure 25. Violent crimes, firearm related crimes, and homicides per 100,000 population, Onondaga County and NYS excluding NYC

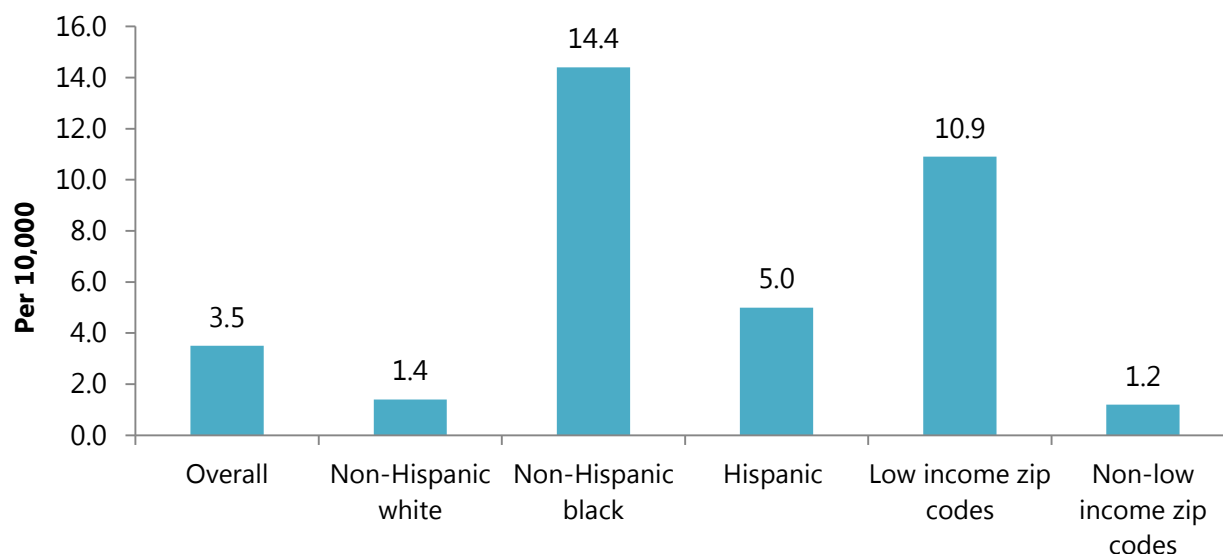


Sources: NYS Division of Criminal Justice Services; Uniform Crime Reporting System (2015); NYSDOH County Health Assessment Indicators, 2012-2014, https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm

In addition to having higher crime rates, Onondaga County has substantial disparities by race, ethnicity, and income. This disparity is particularly evident in rates of assault-related hospitalizations (Figure 26). The overall rate for Onondaga County (3.5 per 10,000) is slightly higher than the rate in NYS excluding NYC (2.4 per 10,000). However, for each assault-related hospitalization among non-Hispanic whites, there are 10.27 hospitalizations for non-Hispanic blacks. Additionally, for every assault-related hospitalization among residents of non-low income zip codes, there are 9.14 hospitalizations for low income zip code residents.⁴¹

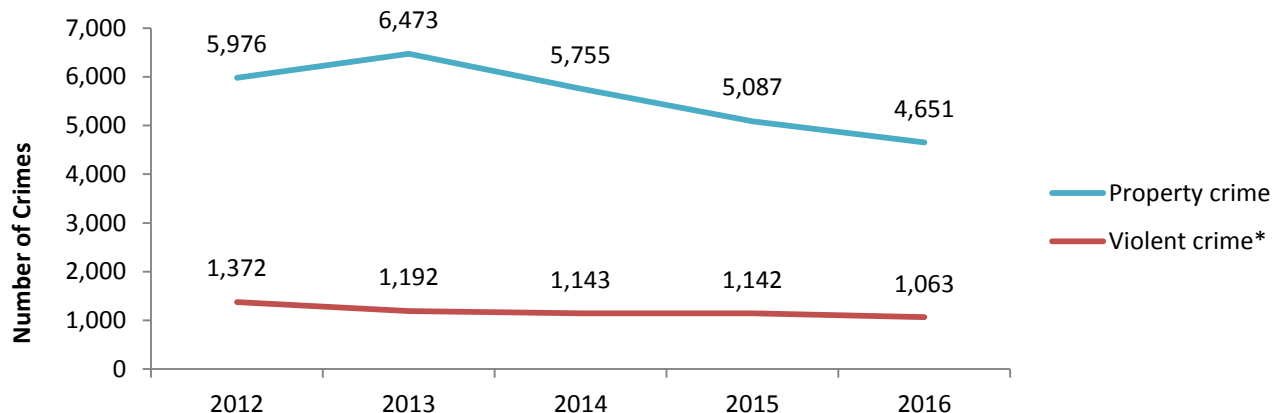
⁴⁰ NYS Division of Criminal Justice Services; Uniform Crime Reporting System, 2015.

⁴¹ SPARCS, 2012-2014.

Figure 26. Assault-related hospitalization rate, by race, ethnicity, and income, Onondaga County, 2012-2014

Source: SPARCS, 2012-2014

Within the City of Syracuse, a total of 4,651 property crimes and 1,063 violent crimes were reported by the Syracuse City Police Department in 2016. Figure 27 shows property and violent crimes reported by the Syracuse City Police Department from 2012-2016. These data show that the number of reported property and violent crimes has decreased since 2012. The classification of violent crimes changed between 2014 and 2015, so these data should be interpreted with caution.

Figure 27. Property and violent crimes reported by Syracuse City Police Department, 2012-2016

Source: NYS Division of Criminal Justice Services; Uniform Crime Reporting System

*Between 2014 and 2015, the crime category of rape was expanded, therefore caution should be used when citing or interpreting any percentage changes between violent crimes reported in 2015 and any subsequent year, to those reported in 2014 and earlier.

Note: These data only include crimes reported by the Syracuse City Police Department.

Unintentional Injury

Unintentional injuries are those that occur in a short period of time, with a harmful outcome that was not sought. Table 13 shows rates of unintentional injury in Onondaga County and NYS excluding NYC. Onondaga County fares worse than NYS excluding NYC for hospitalizations due to falls among adults aged 65+ years; however, the County has met the Prevention Agenda Objective. For unintentional injuries, Onondaga County has a lower rate of hospitalizations than NYS excluding NYC but a higher rate of mortality. The motor vehicle mortality rate in Onondaga County (6.7 per 100,000) is lower than in NYS excluding NYC (7.5 per 100,000).

Table 13. Unintentional injury indicators, Onondaga County, NYS excluding NYC, and NYSDOH Prevention Agenda Objective

Indicator	Onondaga County	NYS excluding NYC	NYS 2018 Objective
Hospitalizations due to falls (per 10,000) - Aged 65+ years (2014)	198.5	188.7	204.6
Unintentional injury hospitalization rate (per 10,000) (2012-2014)	53.9	60.0	--
Unintentional injury mortality rate (per 100,000) (2012-2014)	36.2	31.1	--
Motor vehicle mortality rate (per 100,000) (2012-2014)	6.7	7.5	--

Sources: SPARCS, 2014; NYSDOH County Health Assessment Indicators, 2012-2014, https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm

Occupational Health

Among adolescents aged 15-19 years, Onondaga County has a lower rate of occupational injuries treated in emergency departments than NYS excluding NYC (Table 14). However, rates for hospitalizations due to a work-related injury are higher in Onondaga County than NYS excluding NYC. The County rate for fatal work related injuries (2.7 per 100,000) is comparable to the NYS excluding NYC rate (2.6 per 100,000).

Table 14. Occupational health indicators, Onondaga County, NYS excluding NYC, and NYSDOH Prevention Agenda Objective

Indicator	Onondaga County	NYS excluding NYC	NYS 2018 Objective
Occupational injuries treated in emergency department (per 10,000) - Aged 15-19 years (2014)	19.5	28.2	33.0
Work-related hospitalizations (per 100,000) (2012-2014)	212.2	184.1	--
Fatal work-related injuries (per 100,000) (2012-2014)	2.7	2.6	--

Sources: SPARCS, 2014; NYSDOH County Health Assessment Indicators, 2012-2014, https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm

Promote a Healthy and Safe Environment Summary

Onondaga County is faring better than the State as a whole and NYS excluding NYC for many indicators in this area. However, where data are available for just Syracuse, it is clear that geographic disparities exist. Areas of special concern to the City of Syracuse include elevated blood lead levels, higher crime rates, asthma, and food access challenges. The Countywide crime rates are higher than NYS excluding NYC, and racial, ethnic, and income level variations in crime rates are of particular concern. The built environment in Onondaga County also presents challenges, with the majority of residents utilizing personal vehicles as the primary mode of transportation. Promoting walkability and bikeability throughout the County, as well as equitable access to healthy foods, can impact health outcomes through increased physical activity and improved nutrition, but also through decreased emissions and a more accessible physical environment.

Promote Healthy Women, Infants, and Children

The health of women, infants, and children is essential to ensuring the current and future health of our community. Topics covered in this section include: family planning and natality, prenatal care, substance use in pregnancy, preterm birth, low birth weight, infant mortality, breastfeeding, and the Women Infants and Children (WIC) program.

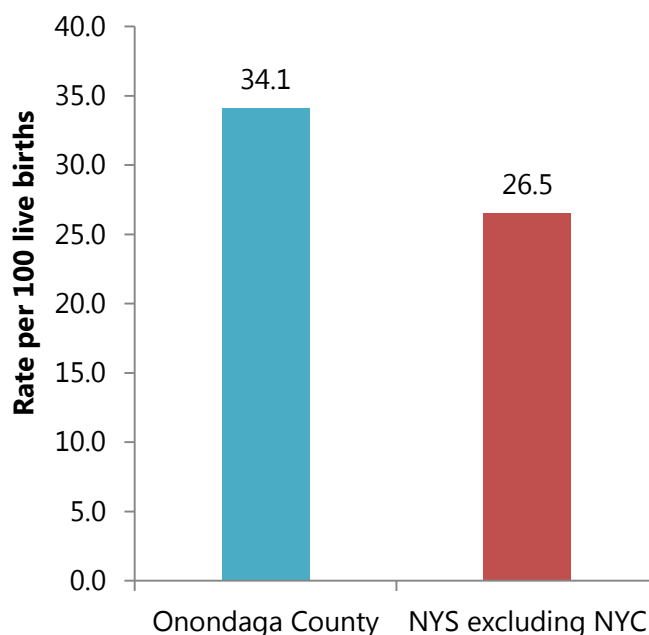
A table of health indicators included in this section is presented in Appendix 11. Differences in statistical significance between Onondaga County and NYS values are noted in the table. When available, rates for NYS excluding NYC are presented in place of NYS rates as these are more directly comparable to Onondaga County indicators. Prevention Agenda objectives are included as benchmarks when available.

Family Planning and Natality

In Onondaga County, more than one-third (34.1%) of births result from unintended pregnancies compared to 26.5% in NYS excluding NYC (Figure 28). Neither Onondaga County nor NYS excluding NYC has met the Prevention Agenda Objective of 23.8%. The unintended pregnancy rate is higher among black non-Hispanic and Hispanic mothers compared to white non-Hispanic mothers. For each white non-Hispanic mother with an unintended pregnancy, there are 2.17 unintended pregnancies among black non-Hispanic mothers and 1.83 among Hispanic mothers.

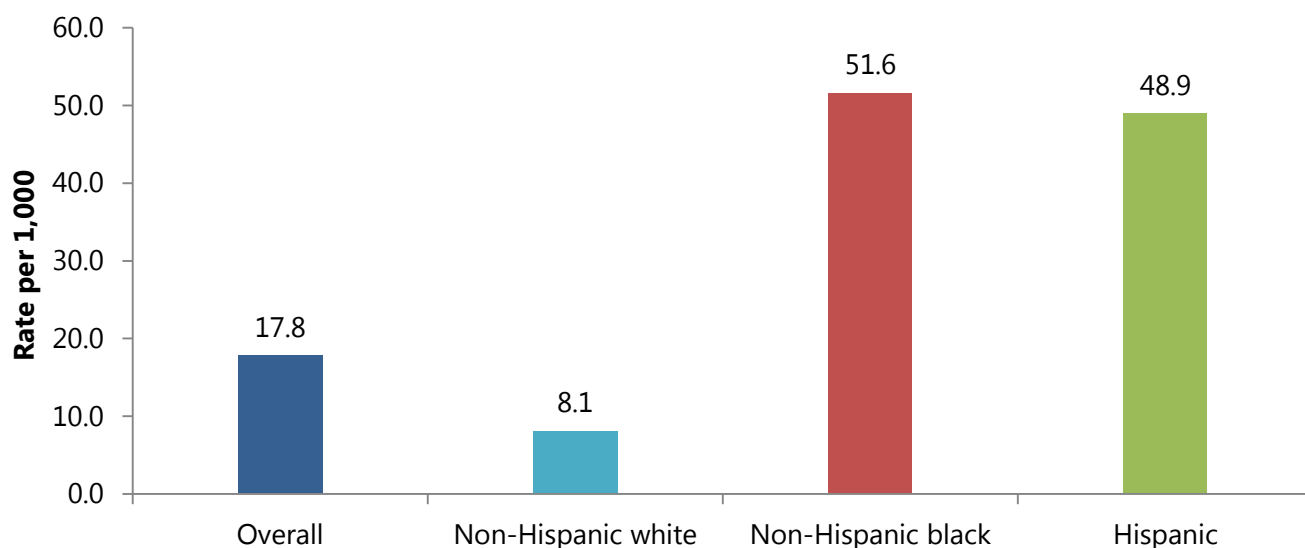
The adolescent pregnancy rate (aged 15-17 years) in Onondaga County is 17.8 per 1,000; this is higher than the rate in NYS excluding NYC (11.7 per 1,000) and meets the Prevention Agenda objective of 25.6 per 1,000. As seen in Figure 29 there are also differences by race and ethnicity with higher rates among non-Hispanic black and Hispanic mothers.

Figure 28. Unintended pregnancy rate, Onondaga County and NYS excluding NYC, 2014



Source: NYSDOH Office of Vital Statistics, 2014

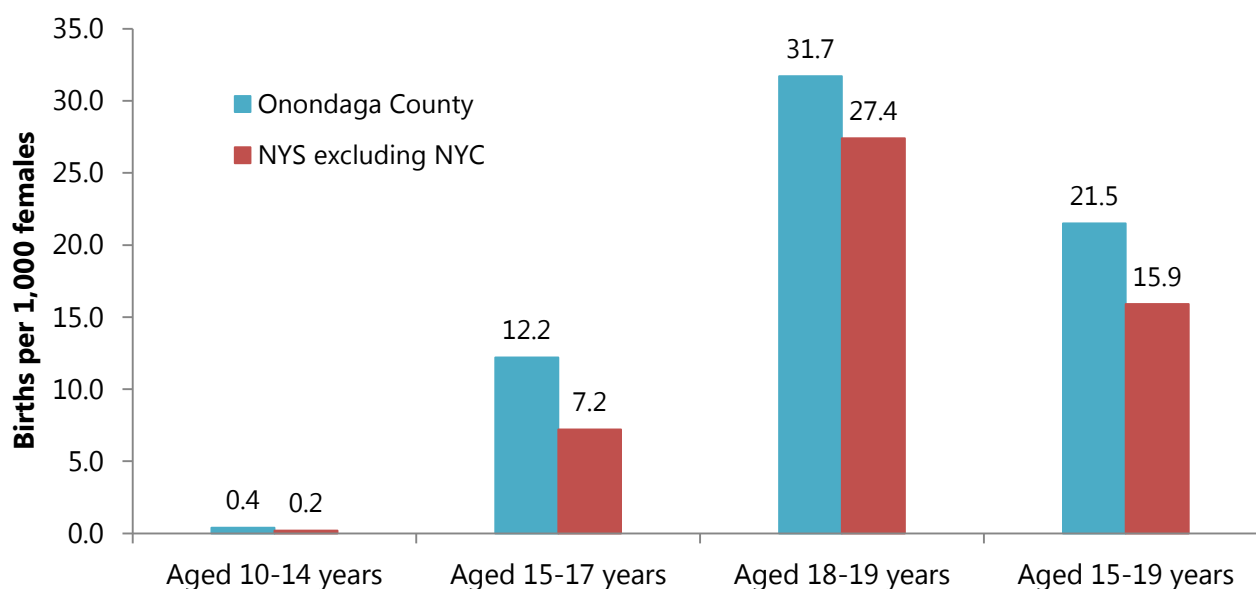
Figure 29. Adolescent pregnancy rate per 1,000 females-Aged 15-17 years, by race and ethnicity, Onondaga County, 2012-2014



Source: NYSDOH Office of Vital Statistics, 2012-2014

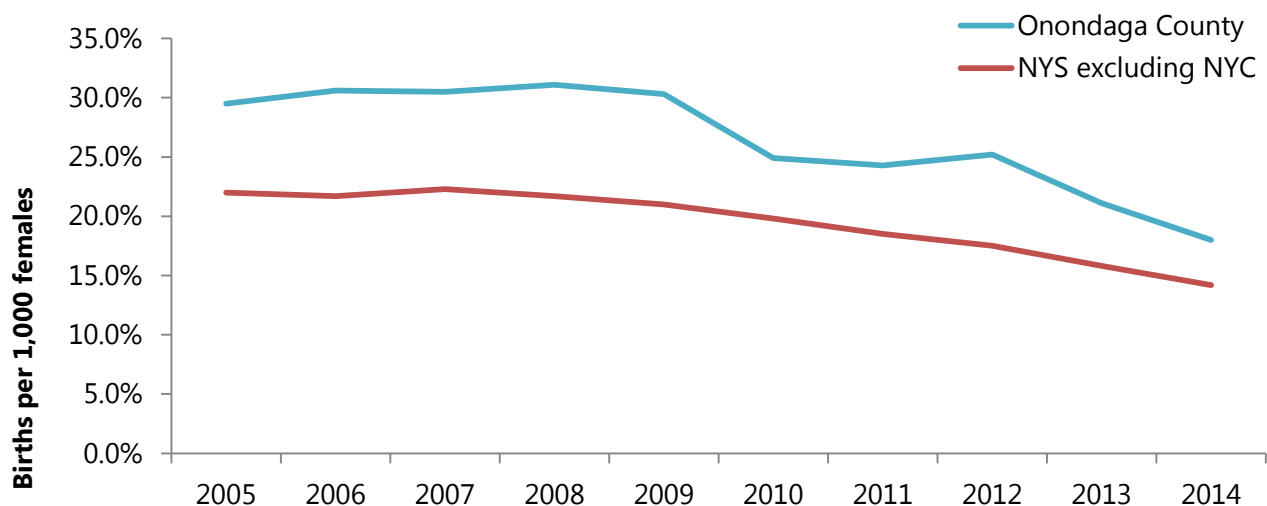
Overall, 7.1% of births in Onondaga County are to adolescents aged 15-19. As seen in Figure 30, Onondaga County has higher rates of births to adolescent females than NYS excluding NYC. Since 2005, the adolescent birth rate (aged 15-19) has decreased substantially in both Onondaga County and NYS excluding NYC (Figure 31).

Figure 30. Births to adolescent females, Onondaga County and NYS excluding NYC, 2012-2014



Source: NYSDOH Office of Vital Statistics, 2012-2014

Figure 31. Births to adolescent females aged 15-19 years, Onondaga County and NYS excluding NYC, 2005-2014

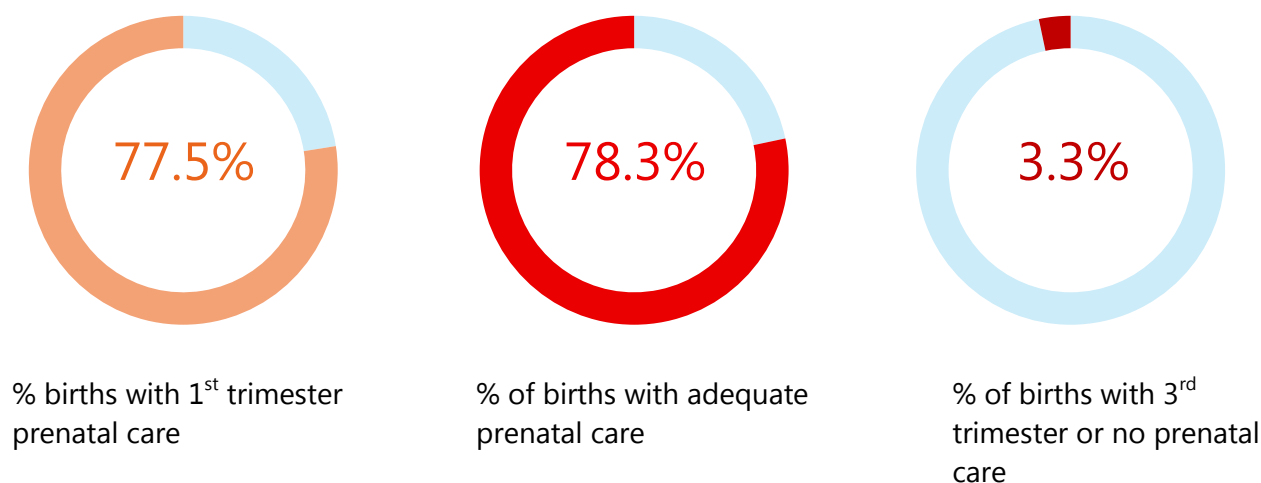


Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/fp_31.htm

Prenatal Care

Onondaga County fares better than NYS excluding NYC in prenatal care indicators. In Onondaga County, 77.5% of mothers entered prenatal care in their first trimester compared to 75.7% in NYS excluding NYC (Figure 32). Additionally, mothers in Onondaga County had higher rates of adequate prenatal care (Onondaga County: 78.3%; NYS excluding NYC: 70.2%), and a lower percentage of mothers with late (3rd trimester) or no prenatal care (Onondaga County: 3.3%; NYS excluding NYC: 4.1%).

Figure 32. Prenatal care indicators, Onondaga County, 2012-2014

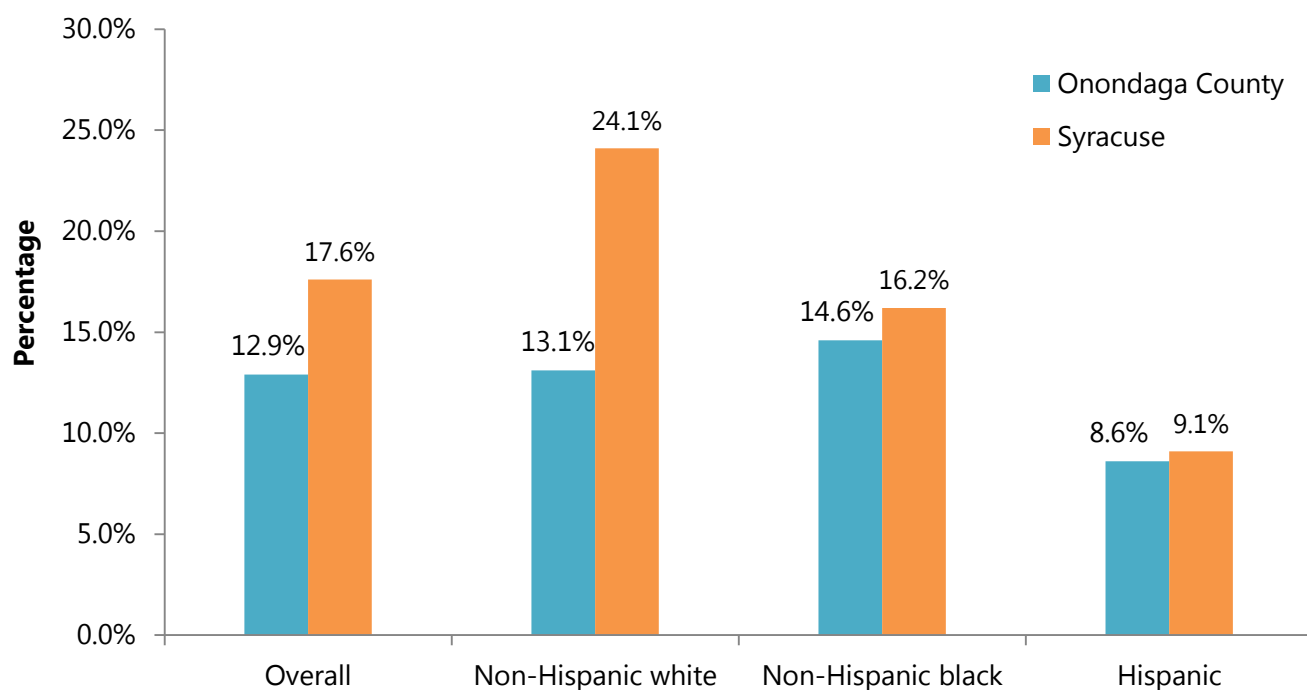


Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm

Substance Use in Pregnancy

Cigarette smoking and consuming alcohol or drugs during pregnancy can have significant impacts on infant health. While rates of smoking in pregnancy have decreased in the last decade, many continue to smoke. Among Onondaga County residents who gave birth in 2016, 12.9% report smoking during their first trimester of pregnancy.⁴² The rate is higher in Syracuse where 17.6% report smoking during their 1st trimester.⁴² Figure 33 shows rates of smoking in the 1st trimester by race and ethnicity both in Onondaga County and Syracuse. The highest rate, 24.1%, is among non-Hispanic white mothers in Syracuse.

Figure 33. Smoking in 1st trimester, by race and ethnicity, Onondaga County and Syracuse, 2016



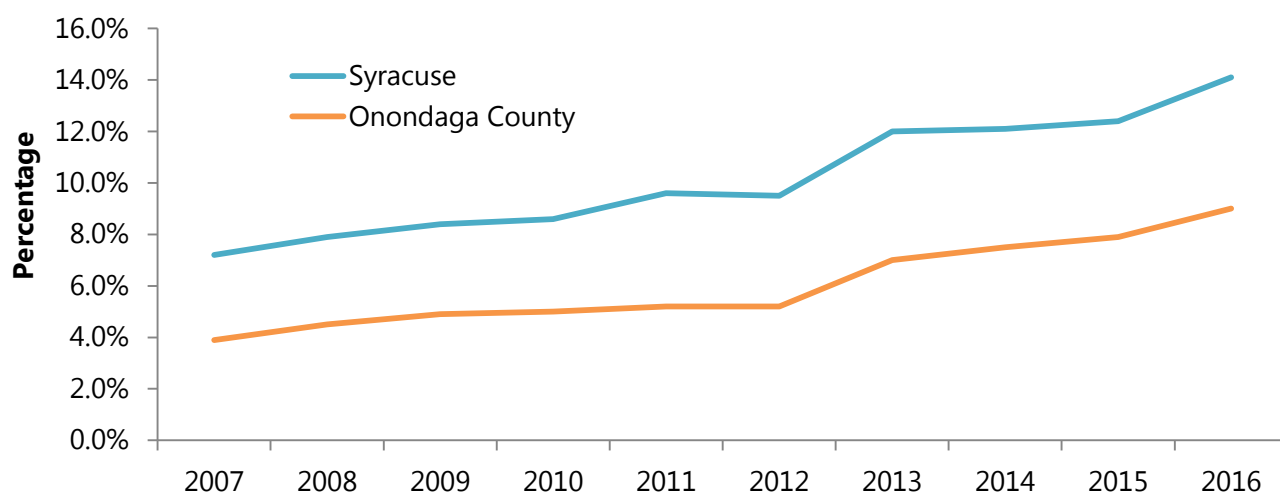
Source: Statewide Perinatal Data System, accessed by OCHD Bureau of Surveillance and Statistics

Note: Data are provisional

Self-reported alcohol use during pregnancy has decreased in recent years, with 0.6% of mothers in Onondaga County and 0.7% of those in Syracuse reporting drinking during pregnancy.⁴² Self-reported illegal drug use in pregnancy in both Syracuse and Onondaga County has increased substantially since 2007 (Figure 34). Nearly one in seven (14.1%) mothers who gave birth in 2016 in Syracuse reported illegal drug use compared to 7.2% who gave birth in 2007. In Onondaga County, the rate of self-reported illegal drug use in pregnancy has more than doubled from 3.9% (2007) to 9.0% (2016).

⁴² Statewide Perinatal Data System, OCHD Bureau of Surveillance and Statistics, 2016. Note: data are provisional.

Figure 34. Self-reported illegal drug use in pregnancy, Syracuse and Onondaga County, 2007-2016



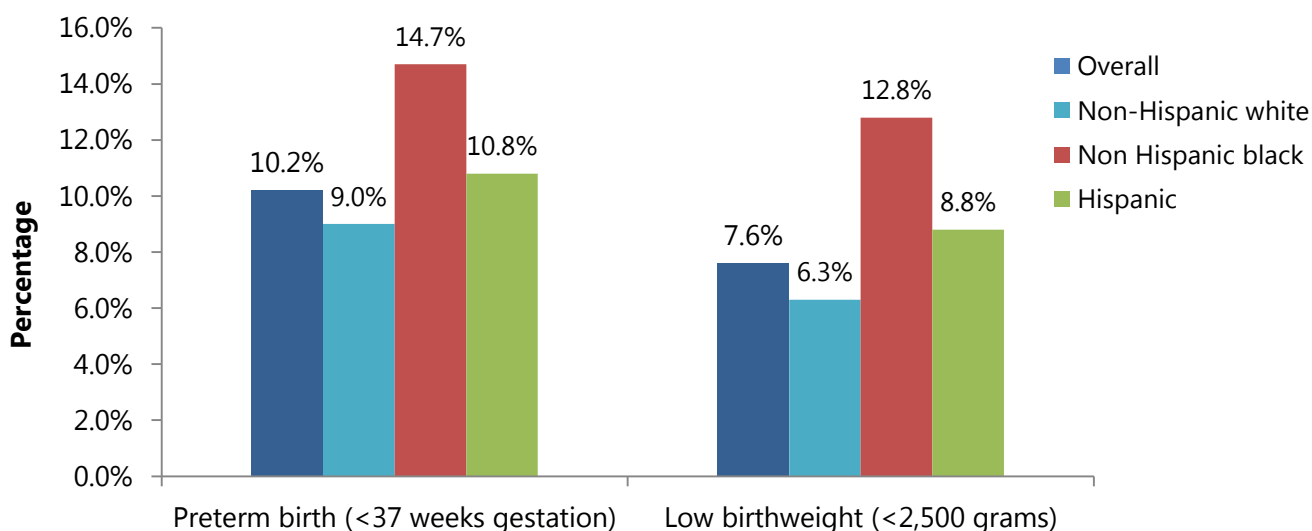
Source: Statewide Perinatal Data System, accessed by OCHD Bureau of Surveillance and Statistics

Note: Data are provisional

Preterm Birth and Low Birth weight

In Onondaga County, 10.2% of infants are born preterm compared to 10.9% in NYS excluding NYC. Onondaga County's rate meets the Prevention Agenda objective of 10.2%. The Onondaga County rate for low birth weight is 7.6% which is the same as in NYS excluding NYC. Despite having rates that are comparable to NYS excluding NYC for both preterm birth and low birth weight, there are substantial disparities in these birth outcomes by race and ethnicity in Onondaga County (Figure 35). For low birth weight in particular, the rate among non-Hispanic blacks (12.8%) is more than double the rate among non-Hispanic whites (6.3%).

Figure 35. Preterm births and low birth weight births by race and ethnicity Onondaga County, 2012-2014

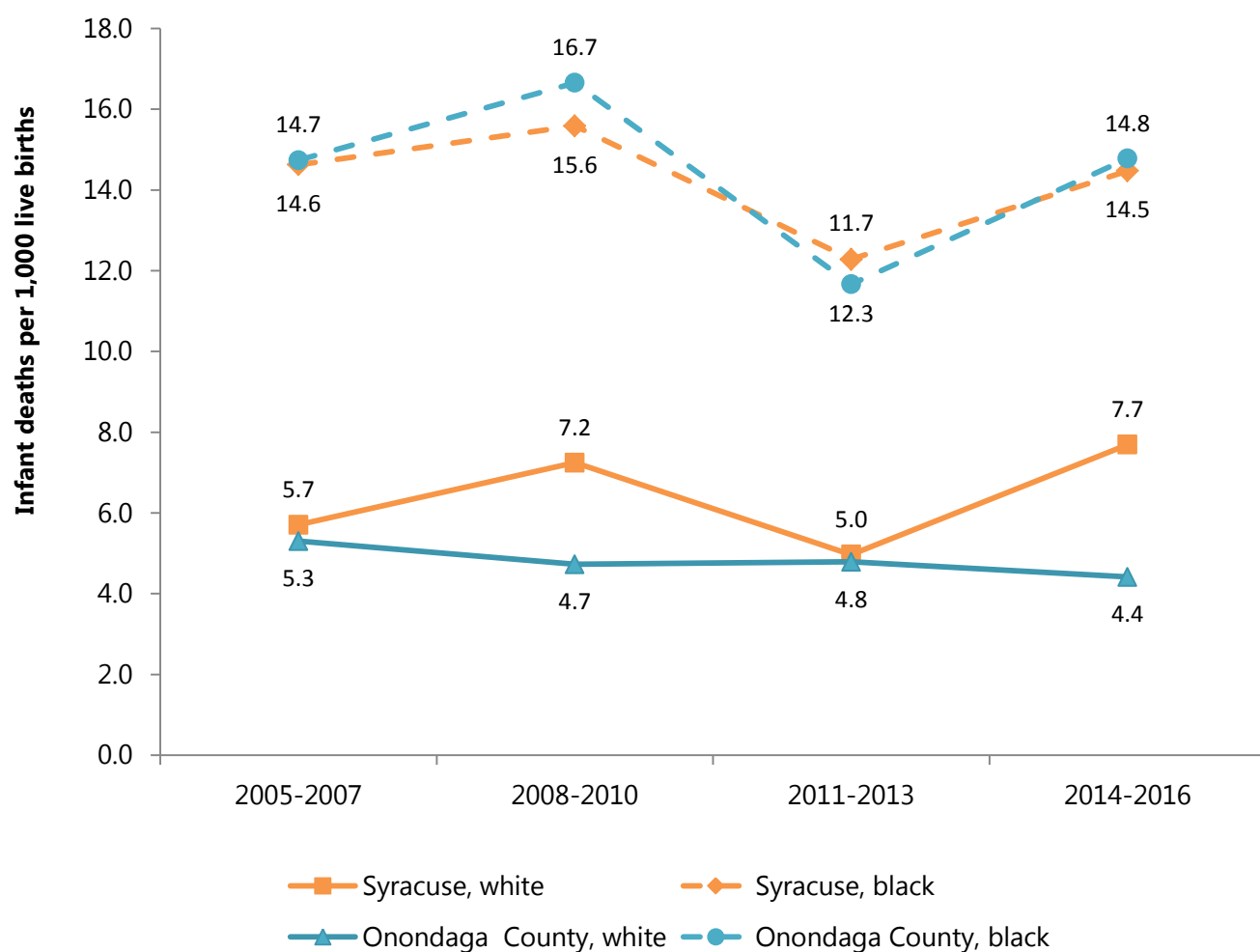


Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm

Infant Mortality

Significant improvements in infant mortality rates have been made in Onondaga County since the mid-1980s. At that time, Syracuse had one of the highest infant mortality rates among blacks in the United States compared to similarly sized communities. Figure 36 shows recent trends in infant mortality by race in Syracuse and Onondaga County from 2005-2016. The infant mortality rate among blacks in Syracuse (14.5 per 1,000) and Onondaga County (14.8 per 1,000) is substantially higher than among whites (Syracuse: 7.7 per 1,000; Onondaga County: 4.4 per 1,000) (Figure 37).

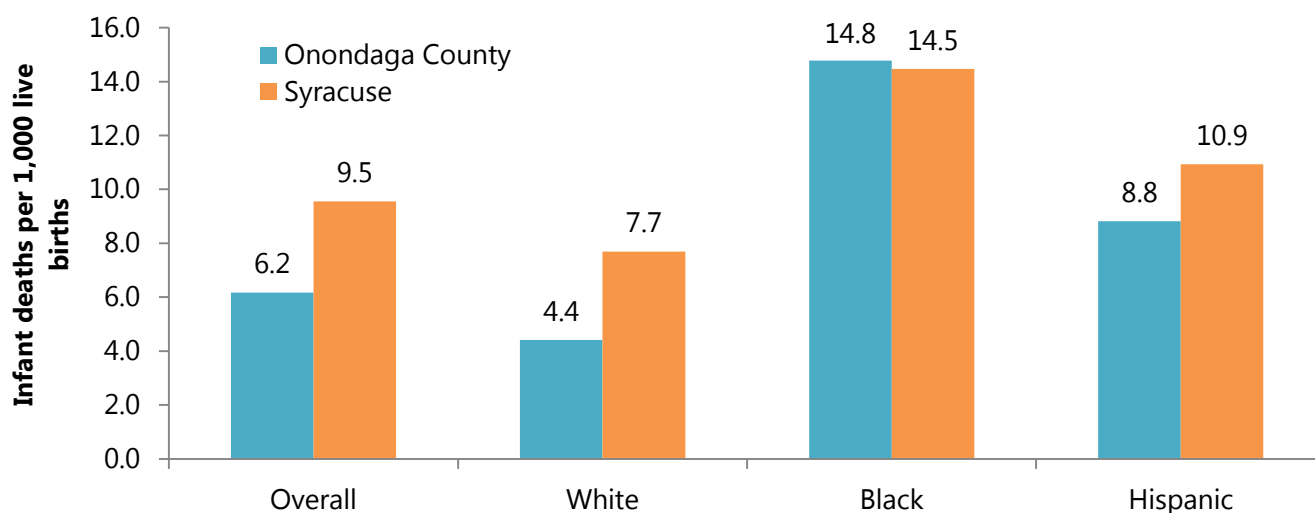
Figure 36. Infant mortality by race, Syracuse and Onondaga County, 2005-2016



Source: OCHD Bureau of Surveillance and Statistics

Note: A 3-year average is used to adjust for fluctuations in individual years. Data are provisional.

Figure 37. Infant mortality by race and ethnicity, Syracuse and Onondaga County, 2014-2016

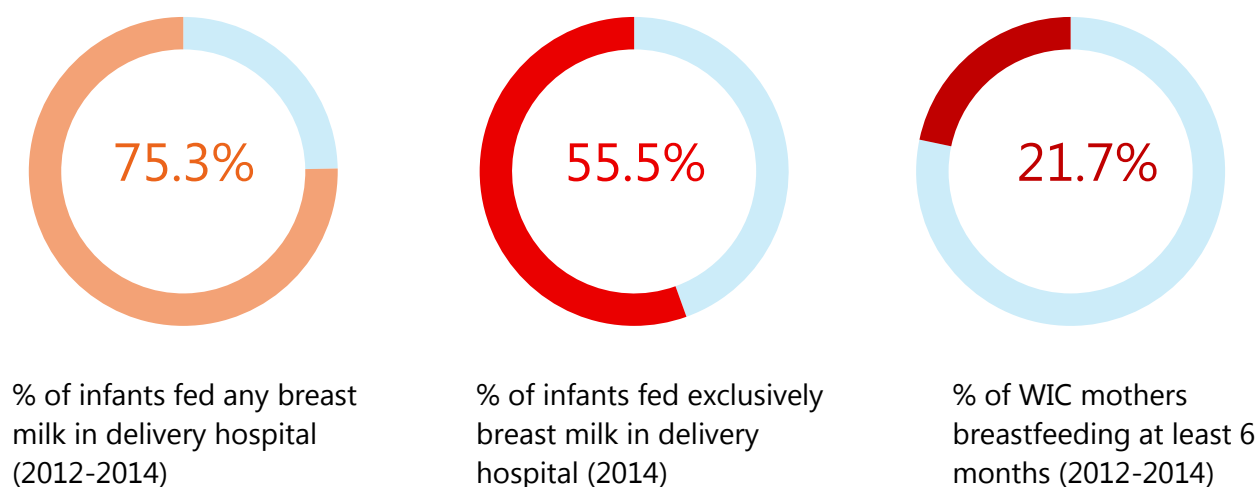


Source: OCHD Bureau of Surveillance and Statistics
Note: Data are provisional.

Breastfeeding

The percent of infants fed any breast milk in the delivery hospital is lower in Onondaga County (75.3%) than in NYS Excluding NYC (79.0%). However Onondaga County has a higher rate of infants exclusively breastfed at delivery hospitals than NYS excluding NYC (Onondaga County: 55.5%; NYS excluding NYC: 51.1%) and meets the Prevention Agenda objective of 48.1%. Among WIC program participants in Onondaga County, 21.7% breastfeed for at least 6 months (Figure 38).

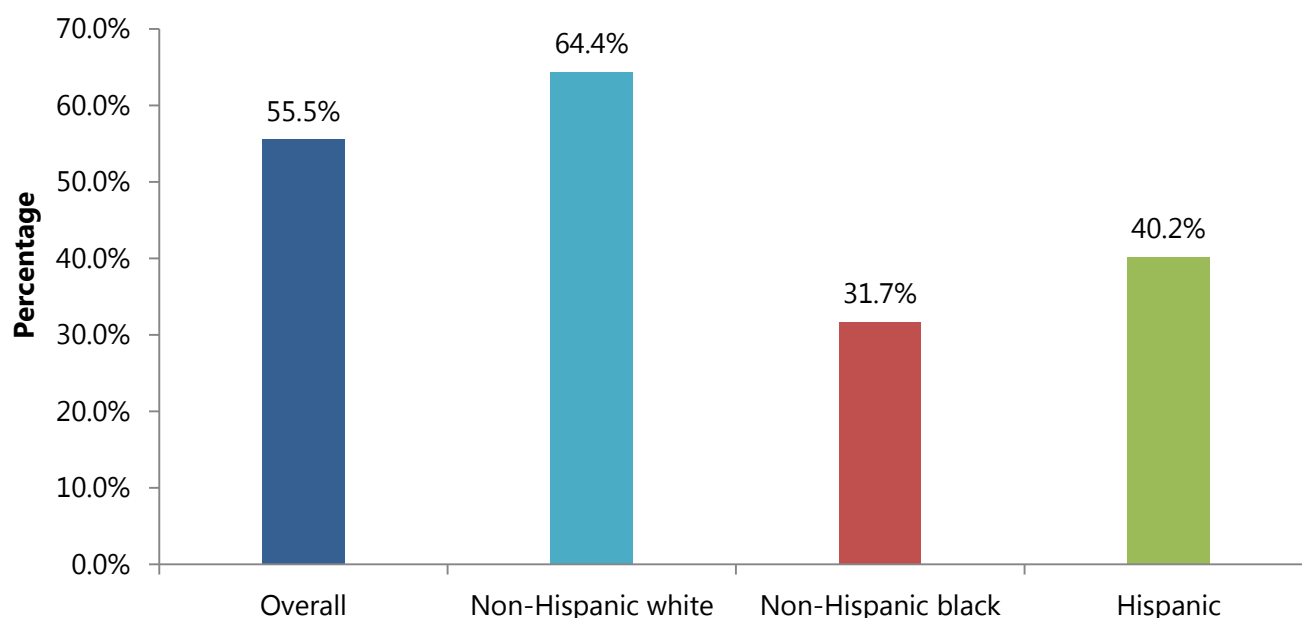
Figure 38. Breastfeeding indicators, Onondaga County



Sources: NYSDOH County Health Assessment Indicators, 2012-2014, https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm; NYSDOH Vital Statistics, 2014

Within Onondaga County, there are differences in breastfeeding rates based upon race, ethnicity, and Medicaid status. Figure 39 depicts rates of exclusive breastfeeding at delivery hospitals by race and ethnicity. The exclusive breastfeeding rate among non-Hispanic whites (64.4%) is more than double the rate of non-Hispanic blacks (31.7%), which is similar to disparities seen in NYS excluding NYC.⁴³ Births covered by Medicaid have a substantially lower rate of exclusive breastfeeding in the delivery hospital (38.4%) compared to non-Medicaid paid births (69.1%).

Figure 39. Exclusive breastfeeding in delivery hospital by race and ethnicity, Onondaga County, 2012-2014



Source: NYSDOH, Vital Statistics, 2012- 2014

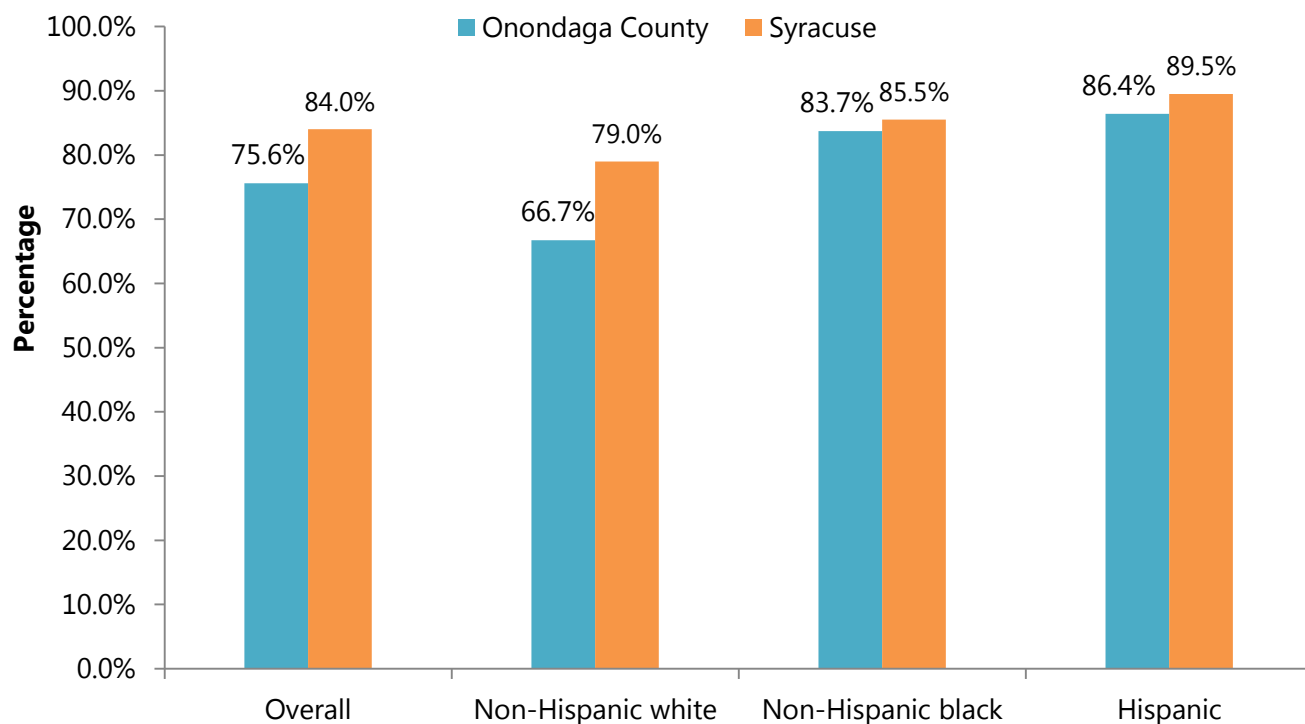
Women, Infants, and Children (WIC) Program

The Onondaga County WIC program provides nutrition related services to eligible pregnant, postpartum and breastfeeding women, infants, and children in Onondaga County. The program served an average monthly caseload of 8,982 in 2016.⁴⁴ Of clients enrolled in the program in 2016, 24% were women, 25% were infants, and 51% were children.⁴⁴ Any women receiving Medicaid during her pregnancy would be considered eligible to participate in WIC. Figure 40 depicts the percentage of women receiving WIC benefits among births paid by Medicaid in Onondaga County and Syracuse by race and ethnicity. Overall, 75.6% of this pool of eligible women was enrolled in WIC County wide. This increases to 84.0% in Syracuse. Hispanic women with Medicaid-paid births are the most likely to be enrolled in WIC, with 89.5% participating in the program.

⁴³ NYS Prevention Agenda 2013-2018 Dashboard

⁴⁴ Onondaga County Health Department 2016 Annual Report:
<http://www.ongov.net/health/documents/2016OCHDAnnualReport.pdf>

Figure 40. Medicaid paid births receiving WIC benefits, by race and ethnicity, Onondaga County and Syracuse, 2016



Source: Statewide Perinatal Data System, accessed by OCHD Bureau of Surveillance and Statistics

Note: Data are provisional

Promote Healthy Women, Infants, and Children Summary

While most of the indicators in this priority area are improving over time, Onondaga County continues to be challenged by racial and ethnic disparities in adolescent pregnancy, preterm birth, low birth weight, and infant mortality. Onondaga County is performing worse than NYS excluding NYC for family planning and natality indicators; however Onondaga County is doing better for indicators related to access to care including entry to care in the first trimester. Breastfeeding is another area where there are racial and ethnic disparities with black and Hispanic mothers exclusively breastfeeding in the delivery hospital at lower rates than white mothers. Finally, substance use in pregnancy remains a concern as self-reported illegal drug use has increased over time in both Syracuse and Onondaga County.

Promote Mental Health and Prevent Substance Abuse

Optimal mental health and emotional well-being are important for achieving overall health. Preventing substance abuse is also critical as addiction can be extremely disruptive in the lives of individuals, their families, and the entire community. This section covers the following topics: mental health, suicide and self-inflicted injury, alcohol abuse, substance abuse, and drug exposed newborns.

A table of health indicators included in this section is presented in Appendix 11. Differences in statistical significance between Onondaga County and NYS values are noted in the table. When available, rates for NYS excluding NYC are presented in place of NYS rates as these are more directly comparable to Onondaga County indicators. Prevention Agenda objectives are included as benchmarks when available.

Mental Health

In Onondaga County, 15.6% of adults reported experiencing poor mental health for 14 or more days in the last month compared to 11.8% in NYS excluding NYC.⁴⁵ Both Onondaga County and NYS excluding NYC have not met the Prevention Agenda objective of 10.1%.

Suicide and Self-inflicted Injury

Onondaga County has a higher rate of self-inflicted injury hospitalizations, particularly among those age 15 to 19 years, than NYS excluding NYC (Table 15). The suicide death rate in Onondaga County is also higher than in NYS excluding NYC, and neither meet the Prevention Agenda objective of 5.9 per 100,000. Particularly concerning is the increasing trend in suicide death rates in both Onondaga County and NYS excluding NYC, from 2009-2011 to 2012-2014 (Figure 41).

Table 15. Injury indicators, Onondaga County and NYS excluding NYC, 2012-2014

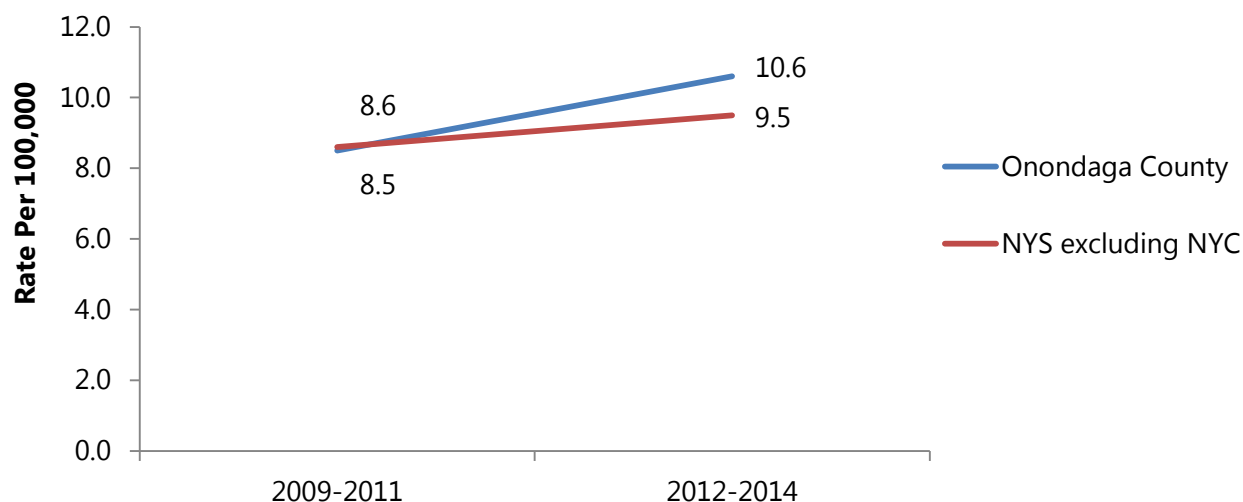
Indicator	Onondaga County	NYS excluding NYS
Age-adjusted self-inflicted injury hospitalizations (per 10,000)	7.9	6.8
Aged 15-19 years	14.5	12.9
Age-adjusted suicide mortality rate (per 100,000)	10.6	9.5
Aged 15-19 years	6.7*	5.9

Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm

*Fewer than 10 events in the numerator, therefore the rate is unstable

⁴⁵ Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014

Figure 41. Age-adjusted suicide mortality rate, Onondaga County and NYS excluding NYC, 2009-2011 and 2012-2014



Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm

Alcohol Abuse

In Onondaga County, 18.8% of adults report binge drinking during the last month compared to 17.2% in NYS excluding NYC.⁴⁶ The rate of alcohol related motor vehicle injuries and deaths occurring in Onondaga County (44.2 per 100,000) is higher than in NYS excluding NYC (42.5 per 100,000). Additionally, 30.1% of Onondaga County motor vehicle deaths involve alcohol compared to 23.0% in NYS.⁴⁷

The rates of emergency department (ED) visits and hospitalizations due to alcohol abuse for Onondaga County and NYS are presented in Table 16. Alcohol abuse is defined as alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol and does not include diseases of the nervous system, digestive system, and circulatory system caused by alcohol. In Onondaga County, ED visits due to alcohol abuse are highest among adults ages 18 to 19 years (107.7 per 10,000) while hospitalization rates are highest among adults ages 45 to 64 (37.8 per 10,000).⁴⁸ Rates for both ED visits and hospitalizations have increased since last measurement in 2011-2013.⁴⁹

⁴⁶ Expanded BRFSS, 2013-2014

⁴⁷ Fatality Analysis Reporting System, 2011-2015 available from the County Health Rankings, 2017 at: <http://www.countyhealthrankings.org/app/new-york/2017/rankings/onondaga/county/outcomes/overall/snapshot>.

⁴⁸ SPARCS, 2012-2014

⁴⁹ SPARCS, 2011-2013 and 2012-2014

Table 16. Overall emergency department and hospitalization rates per 10,000 aged 18+ years for alcohol abuse, Onondaga County and NYS, 2012-2014

Indicator	Onondaga County	NYS
Age-adjusted emergency department visits due to alcohol abuse (per 10,000) – Aged 18+ years	52.5	72.9
Age-adjusted hospitalizations due to alcohol abuse (per 10,000) – Aged 18+ years	25.1	25.3

Source: SPARCS, 2012-2014

Substance Abuse

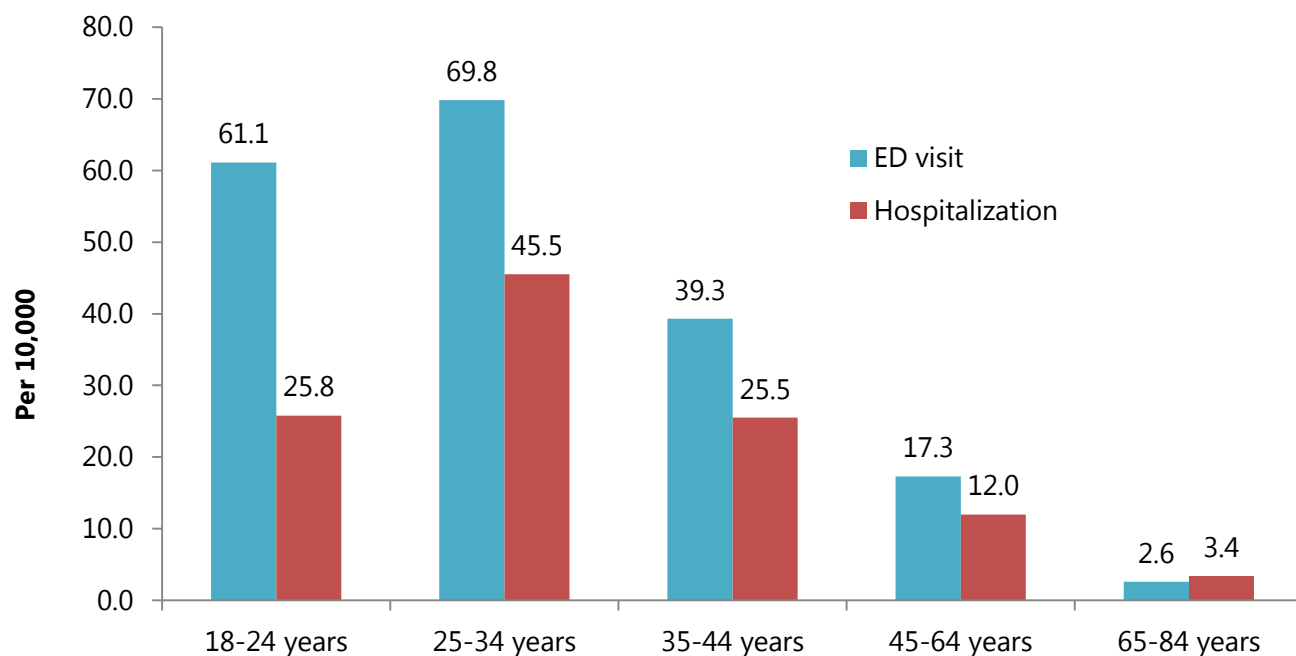
Onondaga County currently faces several challenges related to substance abuse. Table 17 shows rates of ED visits and hospitalizations due to substance abuse in both Onondaga County and NYS. These rates are for all types of substance abuse combined; however alcohol-related disorders were excluded. Onondaga County's rate of ED visits due to substance abuse is higher than the NYS rate while the County's hospitalization rate is similar to the NYS rate. Within Onondaga County, both ED visits and hospitalization rates are highest among adults aged 25 to 34 years (Figure 42). Differences based upon gender, race, and ethnicity are notable for ED visits with males (46.3 per 10,000), blacks (76.0 per 10,000), and Hispanics (42.0) having higher rates than the County as a whole.⁴⁸ Similar disparities exist for hospitalization rates.⁴⁸

Table 17. Overall emergency department and hospitalization rates per 10,000 aged 18+ years for substance abuse, Onondaga County and NYS, 2012-2014

Indicator	Onondaga County	NYS
Age-adjusted emergency department visits due to substance abuse (per 10,000) – Aged 18+ years	35.3	28.7
Age-adjusted hospitalizations due to substance abuse (per 10,000) – Aged 18+ years	21.6	22.6

Source: SPARCS, 2012-2014

Figure 42. Emergency department and hospitalization rates for substance abuse, by age, Onondaga County 2012-2014



Source: SPARCS, 2012-2014

Opioid Abuse

As seen nationally, Onondaga County has experienced an increase in opioid abuse and addiction in the last several years. Opioid is a term used to describe all substances with opium-like effects, including opiates, semi-synthetic opioids derived from morphine (such as heroin, hydrocodone, hydromorphone, oxycodone, and oxymorphone), and synthetic opioids which are not derived from morphine (such as fentanyl, buprenorphine, and methadone).⁵⁰

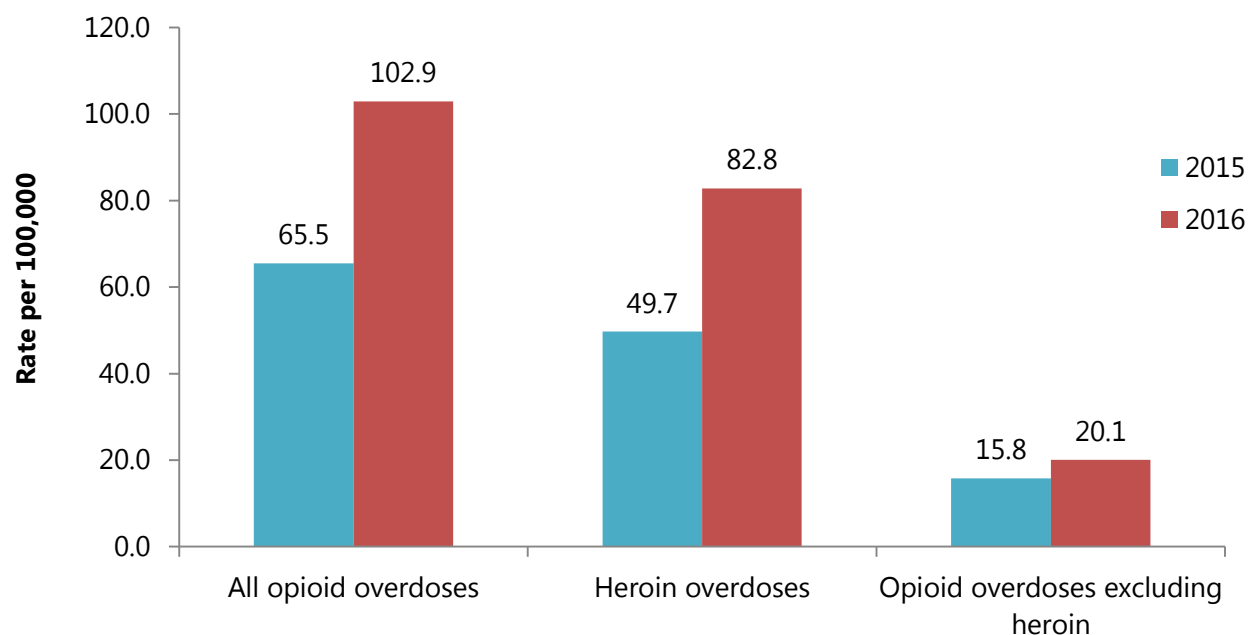
Figure 43 depicts rates of opioid overdose ED visits for the years of 2015 and 2016 in Onondaga County. Across all categories, (all opioid overdoses, heroin overdoses, and overdoses excluding heroin), the rates increased from 2015 to 2016. Additionally, Onondaga County rates exceed rates for NYS excluding NYC in all three categories.⁵¹

Hospitalizations for all opioid overdoses and heroin overdoses increased from 2015 to 2016, however during the same time period hospitalization rates for opioid overdoses excluding heroin decreased (Figure 44). Across all three categories, the County rates exceed the NYS excluding NYC rates.⁵¹

⁵⁰ Onondaga County Health Department Combat Opioid Addiction webpage: <http://www.ongov.net/health/heroin/>.

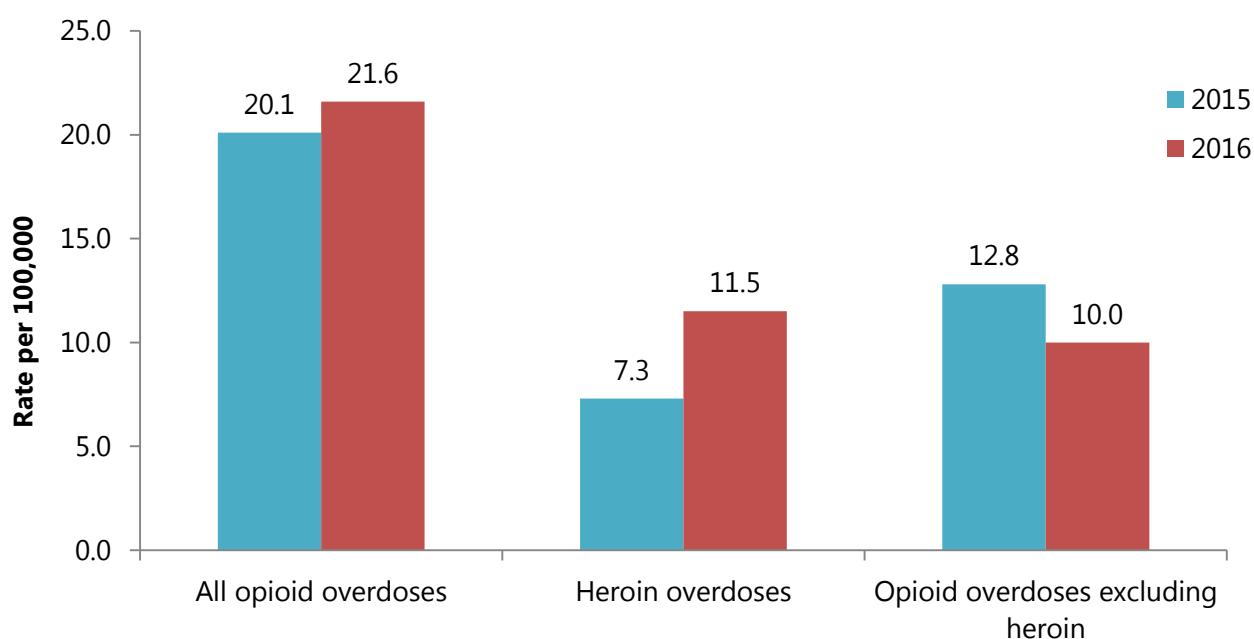
⁵¹ NYSDOH County Opioid Quarterly Report for New York State Counties, Published July 2017: https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jul17.pdf.

Figure 43. Opioid overdose outpatient emergency department visits, Onondaga County, 2015 and 2016



Source: SPARCS, 2015 and 2016. Accessed from the NYSDOH County Opioid Quarterly Report for New York State Counties, Published July 2017: https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jul17.pdf

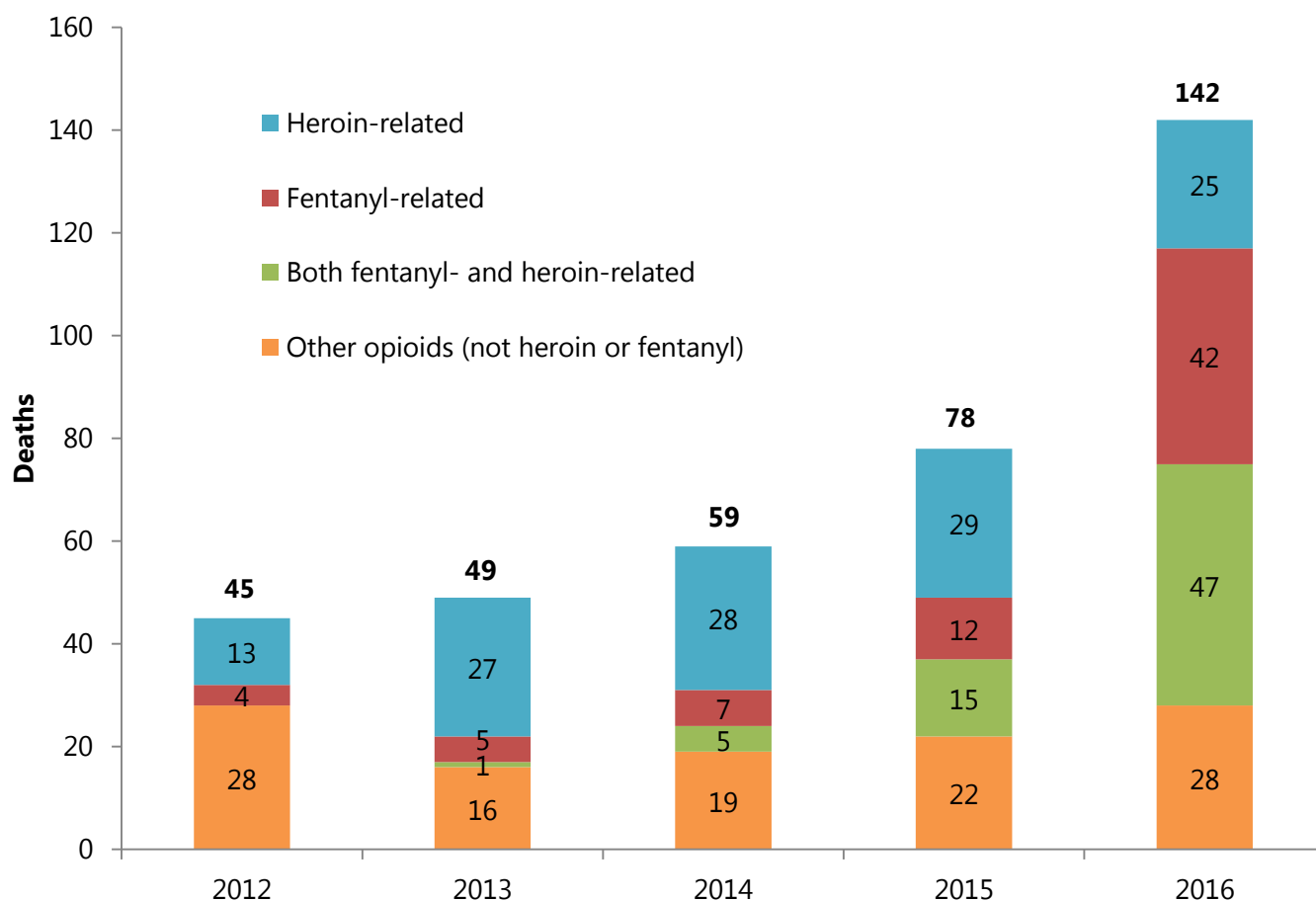
Figure 44. Opioid overdose hospitalizations, Onondaga County, 2015 and 2016



Source: SPARCS, 2015 and 2016. Accessed from the NYSDOH County Opioid Quarterly Report for New York State Counties, Published July 2017: https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jul17.pdf

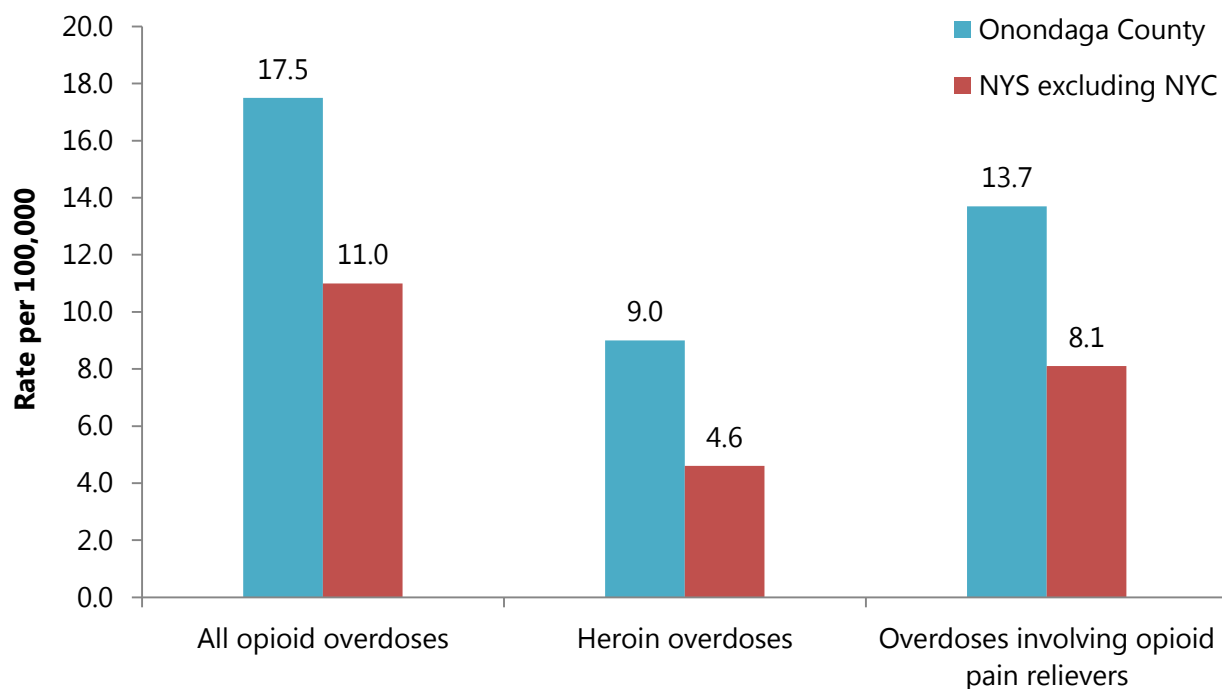
In Onondaga County, unintended opioid related deaths have increased in recent years (Figure 45). The total number of unintended opioid-related deaths in Onondaga County has more than tripled since 2012 (Figure 45). The trend seen in Onondaga County follows a broader trend that is occurring both in NYS and nationally. In 2016, the rate of deaths due to all types of opioid overdoses was higher in Onondaga County than in NYS excluding NYC (Figure 46). This was also true for heroin overdoses and overdoses involving opioid pain relievers.

Figure 45. Unintended opioid-related deaths, Onondaga County 2012-2016



Source: Onondaga County Medical Examiner's Office

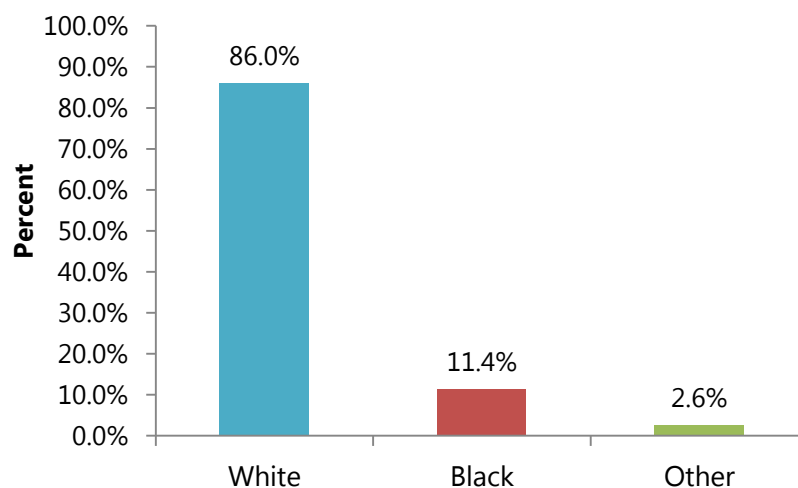
Note: Data are provisional and reflect closed cases reported as of 6/16/2017

Figure 46. Deaths due to opioid overdoses, Onondaga County and NYS excluding NYC, 2016

Source: NYSDOH, Vital Statistics, 2015. Accessed from the NYSDOH County Opioid Quarterly Report for New York State Counties, Published July 2017: https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jul17.pdf

Note: Indicators for heroin and opioid pain relievers are not mutually exclusive as decedents may have multiple substances in their system at the time of death. Overdoses involving opioid pain relievers include pharmaceutically and illicitly produced opioids such as fentanyl.

The demographics of individuals who have died from an opioid-related overdose provide insight into the populations most affected by opioid addiction in Onondaga County. In Onondaga County, men are more likely to die of an opioid overdose than women. From 2014-2016, 68.4% of unintended opioid-related deaths occurred among males while 31.6% occurred among females. The vast majority of recent (2014-2016) opioid-related deaths have occurred among whites (86.0%), with 11.4% occurring among blacks (Figure 47). Figure 48 depicts the distribution of opioid-related deaths by age. Nearly one third (27.9%) of deaths between 2014 and 2016 were among individuals aged 30-39 years (Figure 48).

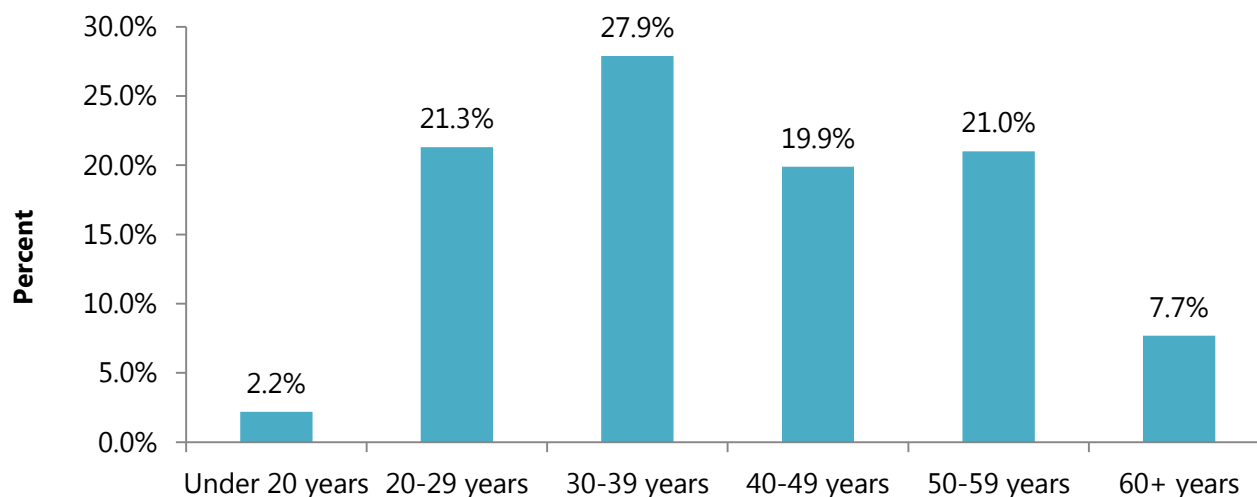
Figure 47. Unintended opioid-related deaths by race, Onondaga County, 2014-2016

Source: Onondaga County Medical Examiner's Office

Note: Data are provisional, closed cases reported through 2/14/2017

While these data provide insight into those affected by opioid addiction in Onondaga County, they must be interpreted with caution. Examining mortality data only quantifies a portion of the individuals struggling with opioid abuse in Onondaga County. Additionally, mortality data may reflect individuals or populations more likely to die from an overdose (i.e. individuals with co-morbid conditions or low healthcare access).

Figure 48. Unintended opioid-related deaths by age, Onondaga County 2014-2016



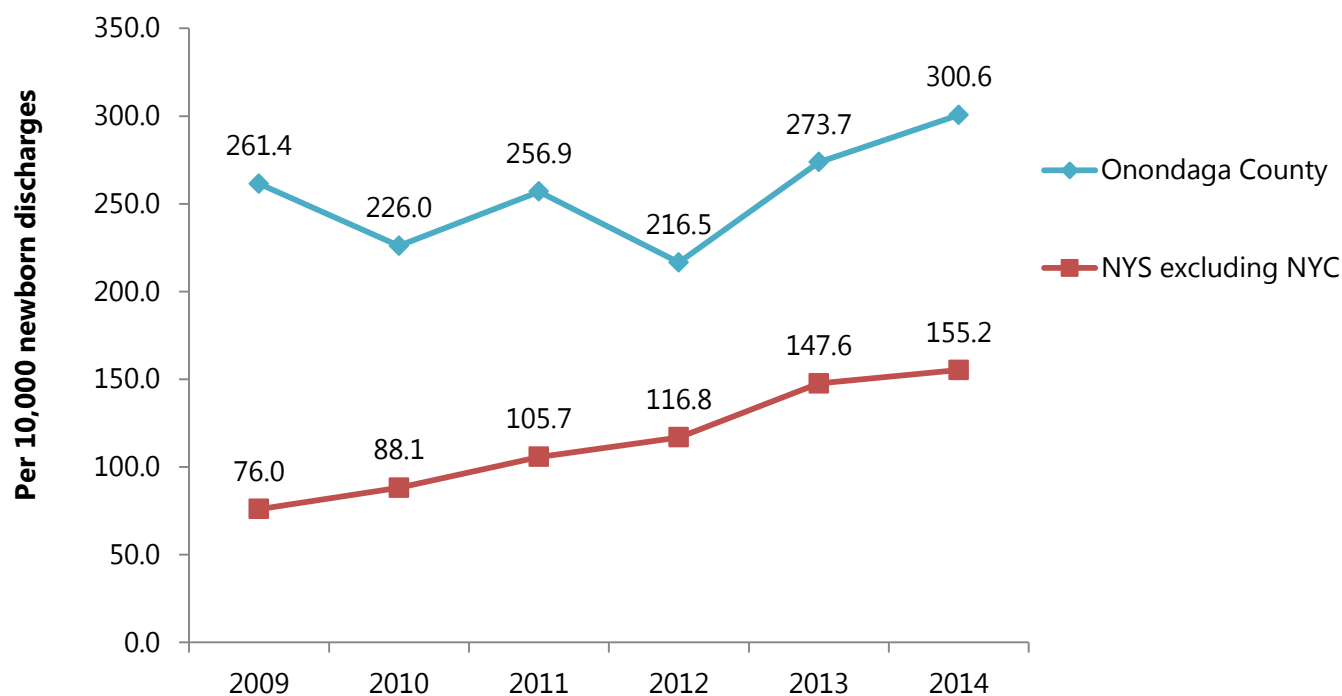
Source: Onondaga County Medical Examiner's Office

Note: Data are provisional, closed cases reported through 2/14/2017

Drug Exposed Newborns

The 2014-2017 Onondaga County Community Health Assessment identified drug exposed newborns as a priority area for intervention. Alarming, the Onondaga County newborn drug-related diagnosis rate has increased over the last three years, and continues to exceed the NYS excluding NYC rate (Figure 49). Onondaga County has the third highest rate (2014) in NYS for newborn drug-related diagnoses.⁵² However, this rate does not differentiate between substances that the mother may have used illegally, and substances like methadone which may be used for drug addiction detoxification and maintenance programs.

⁵² NYSDOH County Health Assessment Indicators. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

Figure 49. Newborn drug-related diagnoses, Onondaga County and NYS excluding NYC, 2009-2014

Source: SPARCS, 2009-2014

Note: Data does not differentiate between mothers in treatment at the time of infant birth and those using drugs.

Synthetic Cannabinoids

Along with opioids, synthetic cannabinoids have become popular drugs of choice nationally as well as in Onondaga County. Synthetic cannabinoids are addictive substances which are man-made and typically sold sprayed on plant material or in liquid form so that they can be smoked or vaporized.⁵³ Common names for synthetic cannabinoids include “spice” and “K2.” While no local data exist on the abuse of synthetic cannabinoids, surges in the use of these products were noted anecdotally in Syracuse, in 2012, 2015, and 2017.

Promote Mental Health and Prevent Substance Abuse Summary

Since the 2014-2017 Onondaga County Community Health Assessment and Improvement Plan, many indicators within this priority area have worsened. The drug-related hospital discharge rate among newborns remains a concern in Onondaga County; however, it is indicative of a much larger community-wide substance abuse issue. Indicators such as opioid overdose ED visits and hospitalizations as well as drug use deaths provide additional evidence of the severity of the substance abuse issue in Onondaga County. Additionally, emerging threats due to synthetic cannabinoids and synthetic opioids continue to provide challenges.

⁵³ Drug Facts: Synthetic Cannabinoids, National Institutes of Health: National Institute on Drug Abuse, available here: <https://www.drugabuse.gov/publications/drugfacts/synthetic-cannabinoids>. Accessed July 18, 2017.

Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare-Associated Infections

The burden of preventable communicable diseases can be reduced through a variety of public health strategies including vaccination, disease investigation, partner notification, testing and treatment, and pre-exposure prophylaxis. Topics covered in this section include: vaccine preventable diseases, HIV, and sexually transmitted diseases.

A table of health indicators included in this section is presented in Appendix 11. Differences in statistical significance between Onondaga County and NYS values are noted in the table. When available, rates for NYS excluding NYC are presented in place of NYS rates as these are more directly comparable to Onondaga County indicators. Prevention Agenda objectives are included as benchmarks when available.

Vaccine Preventable Diseases

In Onondaga County, rates of vaccination against preventable diseases are generally higher than NYS excluding NYC (Table 18). Results of this are seen in the relatively low rates of many communicable diseases in Onondaga County (Appendix 11).

Table 18. Select vaccine-preventable disease indicators, Onondaga County, NYS excluding NYC, and NYSDOH Prevention Agenda Objective

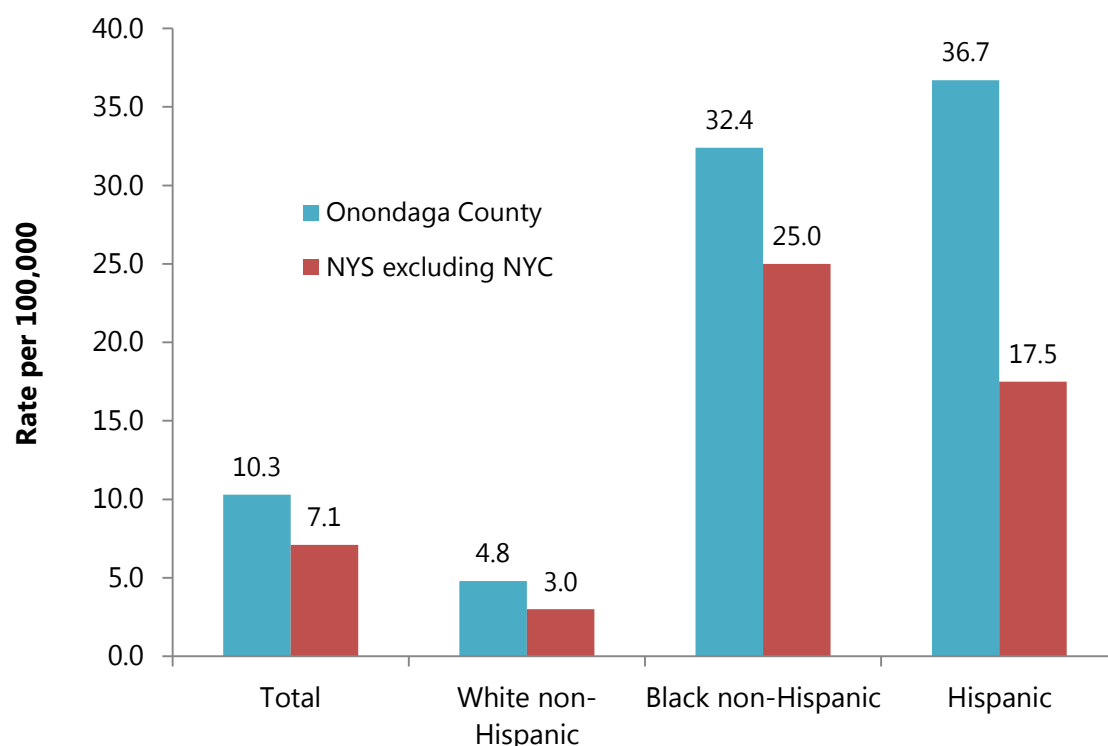
Indicator	Onondaga County	NYS excluding NYC	NYS 2018 Objective
Pneumonia/influenza hospitalization rate (per 10,000) – Aged 65+years (2012-2014)	132.2	111.8	
% of adults with an influenza immunization in the past year –Aged 18+years (2013-2014)	51.0	47.2	
% of adults with an influenza immunization in the past year– Aged 65+ years (2013-2014)	81.9	76.8	70.0
% of adults who ever received a pneumonia shot– Aged 65+years (2013-2014)	84.2	70.7	
% of children with 4:3:1:3:3:1:4 immunization series, age 19-35 months (2014)	72.4	59.4	80.0
% of adolescents with 3-dose HPV immunization- Females aged 13-17 years (2014)	40.2	30.3	50.0

Sources: NYSDOH County Health Assessment Indicators, 2012-2014, https://www.health.ny.gov/statistics/chac/chai/docs/com_31.htm; Expanded BRFSS, 2013-2014; New York State Immunization Information System (NYSIIS), 2014.

HIV

The rate of newly diagnosed HIV cases varies by race and ethnicity. Onondaga County's incidence rate is higher than NYS excluding NYC in each category (Figure 50). With respect to incidence of AIDS, Onondaga County's rate is slightly higher than NYS excluding NYC (5.2 per 100,000 compared to 4.0 per 100,000, respectively).⁵⁴ The mortality rate for AIDS in Onondaga County (1.3 per 100,000) is nearly equal to that for NYS excluding NYC (1.2 per 100,000).⁵⁴

Figure 50. Newly diagnosed HIV case rate by race and ethnicity, Onondaga County and NYS excluding NYC, 2012-2014



Source: NYS Bureau of HIV/AIDS Epidemiology

Sexually Transmitted Diseases

Onondaga County continues to have rates of sexually transmitted diseases that are higher than NYS as a whole (Table 19). Overall, Onondaga County has the highest rate of gonorrhea in NYS excluding NYC⁵⁴. The gonorrhea cases rate among females in Onondaga County is higher than that of males, and both are much higher than the average rate for NYS excluding NYC. Onondaga County does not meet the Prevention Agenda objective for gonorrhea cases among males or females.

⁵⁴ NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/sti_31.htm, 2012-2014

The highest case rate of chlamydia in Onondaga County is among females aged 20-24 years, though the rates for both males and females are higher than the rate for NYS excluding NYC. Among all females, Onondaga County has the third-highest rate of chlamydia in NYS excluding NYC. A recent increase in diagnosed syphilis cases among males in Onondaga County is reflected in an incidence rate that is more than twice that for NYS excluding NYC.

Table 19. Select sexually transmitted disease indicators, Onondaga County, NYS excluding NYC, and NYSDOH Prevention Agenda Objective

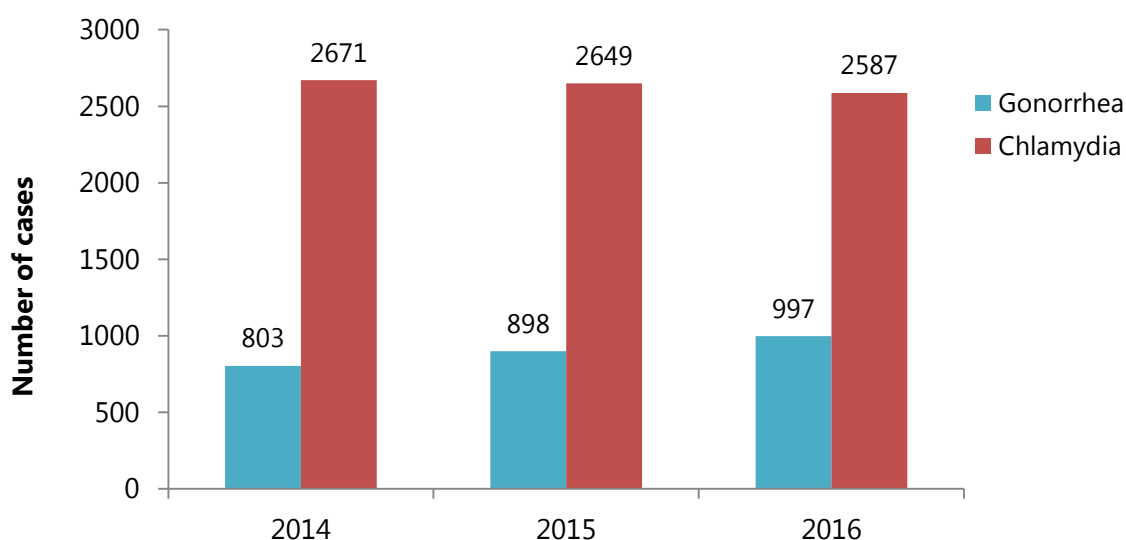
Indicator	Onondaga County	NYS excluding NYC	NYS 2018 Objective
Gonorrhea case rate (per 100,000) – Females aged 15-44 years (2014)	437.3	140.1	183.4
Gonorrhea case rate (per 100,000) – Males aged 15-44 years (2014)	381.2	145.3	199.5
Chlamydia case rate (per 100,000) – Females (2012-2014)	717.7	469.4	--
Aged 15-19 years (2012-2014)	3501.2	2298.6	--
Aged 20-24 years (2012-2014)	3773.7	2754.3	--
Chlamydia case rate (per 100,000) – Males (2012-2014)	353.9	207.9	--
Aged 15-19 years (2012-2014)	1031.8	582.3	--
Aged 20-24 years (2012-2014)	1779.2	1103.4	--
% of sexually active females aged 16-24 years with at least one Chlamydia test in Medicaid Program (2014)	71.9	65.1	--
Primary and secondary syphilis case rate (per 100,000) – Females (2014)	0.8*	0.3	0.4
Primary and secondary syphilis case rate (per 100,000) – Males (2014)	16.8	7.0	10.1

Sources: New York State Sexually Transmitted Disease Surveillance System, 2014; NYSDOH County Health Assessment Indicators, 2012-2014, https://www.health.ny.gov/statistics/chac/chai/docs/sti_31.htm.

*Rate is unstable due to fewer than 10 events in the numerator.

Over the past three years, cases of gonorrhea have continued to increase in Onondaga County, while cases of chlamydia have shown a slight decrease (Figure 51). Syphilis cases decreased from 56 in 2014, to 38 in 2016.⁵⁵ A corresponding decrease in new HIV cases was observed from 55 in 2014 to 33 in 2016.⁵⁵

Figure 51. Gonorrhea and Chlamydia cases, Onondaga County, 2014-2016



Source: OCHD Bureau of Disease Control, data are preliminary

Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases and Healthcare-Associated Infections Summary

Onondaga County fares well compared to NYS excluding NYC with respect to immunization rates. Unfortunately, Onondaga County has seen an increase in gonorrhea cases over the past three years, and now leads NYS excluding NYC in case rates for gonorrhea. New cases of syphilis and HIV appear to be on the decline after reaching a high in 2014. Racial and ethnic disparities are seen in new HIV diagnoses, with non-Hispanic black and Hispanic populations seeing higher rates than non-Hispanic white populations. Overall, STDs disproportionately impact younger age groups, with the highest rates found in those age 20-24 years.

⁵⁵ Onondaga County Health Department Bureau of Disease Control

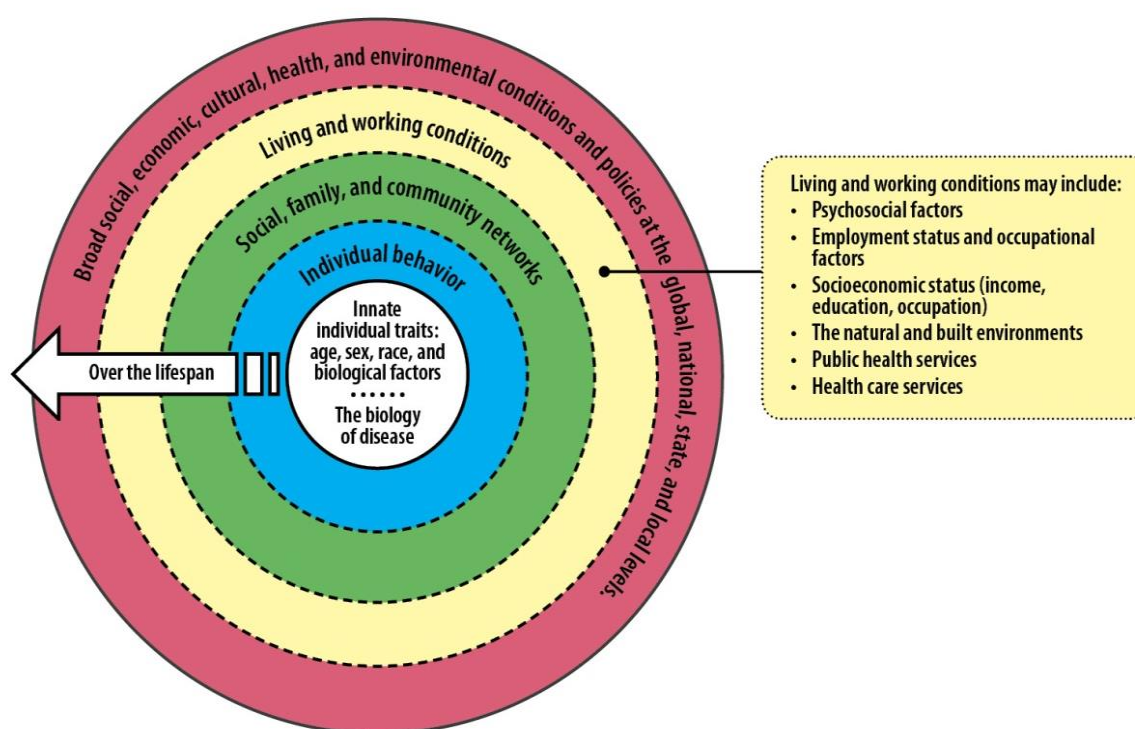
Summary of Health Status and the Distribution of Health Issues in Onondaga County

Data show that Onondaga County fares relatively well on indicators around clinical care, such as vaccinations, early prenatal care, and cancer screenings. The County fares much worse on indicators relating to health behaviors, and on social and economic factors that impact health. This pattern has been reflected for several years in the County Health Rankings,⁶⁴ and suggests that work in Onondaga County should focus on alleviating poverty and supporting efforts to improve outcomes in the social determinants of health.

Determinants of Health

As noted by Healthy People 2020, “Health starts in our homes, schools, workplaces, neighborhoods, and communities⁵⁶.” The social and economic environment including education, economic opportunity, safe and healthy housing, access to food, and the availability of social supports and health care resources significantly impacts the health of a community (Figure 52). To fully address Onondaga County’s main health challenges, including chronic diseases and substance abuse, these contributing factors must be understood. Topics covered in this section include: socioeconomic, environmental, behavioral, and policy determinants as well as health equity.

Figure 52. Determinants of population health



Source: IOM (Institute of Medicine). 2002. *The Future of the Public's Health in the 21st Century*. Washington, DC: National Academy Press.

⁵⁶ Healthy People 2020. Social Determinants of Health – Overview. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed on 5/4/2017.

Socioeconomic Determinants

Like many other communities, Onondaga County is made up of a wide range of social and built environments. With respect to social determinants, large differences are seen between the City of Syracuse and the rest of the County. Residents of Syracuse are younger, less educated, more likely to be unemployed, more likely to be living in poverty, more likely to live in public housing, more racially and ethnically diverse, more likely to be foreign-born (including refugees), and more likely to be linguistically isolated compared to those living outside of the City. All of these factors are associated with poorer health outcomes. Central to the socioeconomic determinants of health is the issue of poverty. In 2015, Paul Jargowsky authored an issue brief titled *Architecture of Segregation for the Century Foundation*⁵⁷, which identified Syracuse as having the highest level of concentrated poverty among blacks and Hispanics, out of the one hundred largest metropolitan areas in the nation². In 2000, twelve “extreme poverty” neighborhoods (defined as census tracts where more than 40% of residents live in poverty) were identified in the City. Recent data (2009-2013) show 30 such neighborhoods. Poverty can impact a significant number of health determinants, including access to safe and healthy housing, availability of fresh healthy foods, opportunities for physical activity, access to educational and employment opportunities, and exposure to crime or violence. Therefore, it is not surprising that many of these pockets of deep poverty overlap with areas reporting the poorest health outcomes.

In addition, a recent report by the United Way of New York State⁵⁸ shows that 24% of Onondaga County households earn more than the federal poverty level, but less than the basic cost of living for the County. Referred to as ALICE (Asset Limited, Income Constrained, Employed), these individuals may be struggling to make ends meet in low paying jobs. In Syracuse, 30% of households fall into this category. Combined with the additional 30% living below the poverty level, a total of 60% of households in the City are not able to meet the basic cost of living. Outside of the City, there are high proportions of households unable to meet the basic cost of living in the towns of Salina (37%), Geddes (37%), De Witt (33%), Van Buren (33%), Otisco (32%), Elbridge (31%) and LaFayette (31%). These households often have to make difficult choices about where to direct limited resources, and as a result may be less likely to have health insurance, less likely to have reliable transportation, and more likely to experience food insecurity.

Environmental Determinants

Health is also impacted by where people live, work and play. This includes the built environment (sidewalks, roads, bike lanes, etc.), the natural environment (parks, green space, etc.), any potential toxins or hazards, housing conditions, and physical barriers⁵⁶.

Onondaga County’s location makes it likely to see large amounts of snowfall each year. On average, 124.7 inches of snow falls annually in Syracuse, mostly between October and April. While most residents are accustomed to the weather patterns, significant snowfall can impact the ability to go outside for physical activity, and can make transportation to food sources and medical appointments more challenging.

⁵⁷ Jargowsky, Paul. *Architecture of Segregation: Civil Unrest, the Concentration of Poverty, and Public Policy*. (The Century Foundation, August 2015).

⁵⁸ United Way of New York State. *ALICE. Asset Limited, Income Constrained, Employed. Study of Financial Hardship*. 2016. [http://unitedwayalice.org/documents/16UW%20ALICE%20Report NY Lowres 11.11.16.pdf](http://unitedwayalice.org/documents/16UW%20ALICE%20Report%20NY%20Lowres%2011.11.16.pdf). Accessed 5/11/17.

With respect to the built environment, much of Onondaga County is rural with numerous county and state parks. Within the City of Syracuse, there are many parks and green spaces, a large central Farmer's Market, and many mobile markets. Despite this, too many Syracuse residents have low access to healthful foods and ready access to corner stores and fast food outlets. Though recent efforts have increased access to bike lanes and safe streets, many areas of the City and County remain difficult to navigate without a car. The most prominent physical barrier in Onondaga County is Interstate 81, which runs through the center of Syracuse, and separates the University area from the rest of the City. A 2015 article published in *The Atlantic* relates this structural separation to high concentrated poverty in Syracuse, specifically in the predominantly African American 15th Ward.⁵⁹

Housing characteristics play an important role in facilitating good health. In Onondaga County, 48.7% of houses were built before 1960, and 23.5% were built prior to 1940. In Syracuse, this increases to 72.6% built prior to 1960, and 43.7% built before 1940.⁶⁰ Older homes are more likely to contain environmental toxins, and in areas of poverty, these homes are less likely to be maintained to healthy standards. This likely contributes to the higher rates of asthma and lead poisoning reported in Syracuse.

Crime and violence are also important to consider in the context of the environment. Exposure to violence can cause significant stress, which has been linked to many poor health outcomes⁶¹. Residents in areas with high levels of crime or violence are also less likely to seek opportunities for outdoor physical activity. In Syracuse, the rate of violent crime in 2016 was 73.9 per 10,000 residents⁶², which is 2.3 times higher than the Countywide rate of 32.1 per 10,000 (2015)⁶³. For violent crimes with a firearm, the rate in Syracuse is more than 3 times higher than the Countywide rate (17.9 per 10,000⁶² vs. 5.9 per 10,000⁶³, respectively).

Behavioral Determinants

Many of the health challenges facing Onondaga County are impacted by individual health behaviors, including the priority areas of chronic disease and substance abuse. With respect to chronic disease prevention, Onondaga County residents have higher rates of obesity, are more likely to be current smokers, are more likely to consume \geq one sugary drink daily, and more likely to consume fast-food \geq 3 times per week compared to NYS as a whole. Regarding substance abuse, Onondaga County exceeds NYS (excluding NYC) in the rate of emergency department visits involving opioids, the rate of hospitalizations involving opioids, and the rate of opioid overdose deaths. Also of concern is the recent increase in self-reported illegal drug use during pregnancy. With respect to other health challenges, Onondaga County has higher rates of reportable sexually

⁵⁹ Semuels, A. "How to Decimate a City". *The Atlantic*. Nov 2015.

<https://www.theatlantic.com/business/archive/2015/11/syracuse-slums/416892/>. Accessed 5/16/2017.

⁶⁰ American Community Survey. 2011-2015.

⁶¹ Felitti, Vincent J et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *Am. Journal of Prev. Med.* 14:4, 245-58.

⁶² New York State Division of Criminal Justice Services. NYS Gun Involved Violence Elimination (GIVE) Initiative. Crime, Arrest, and Firearm Activity Report, 2016. <http://www.criminaljustice.ny.gov/crimnet/ojsa/greenbook.pdf>. Accessed 5/23/2017.

⁶³ New York State Division of Criminal Justice Services. County Violent Crime Counts and Rates Per 100,000 Population. <http://www.criminaljustice.ny.gov/crimnet/ojsa/indexcrimes/2015-county-violent-rates.pdf>. Accessed 5/23/2017.

transmitted infections compared to NYS (excluding NYC). Overall, the 2017 County Health Rankings⁶⁴ ranked Onondaga County 38th out of 62 counties for health behaviors.

While the importance of individual behavior choices is well-established, it is critical to note that access and opportunity play a significant role in these choices, which are influenced by the socioeconomic and environmental determinants described above.

Policy Determinants

Significant work has recently been completed, or is currently underway in Onondaga County with the goal of promoting social justice and improving health through policy implementation. However, there are still a number of areas where more work is needed.

As noted above, Interstate 81 has often been maligned for physically segregating portions of the City. As the segment of highway that runs through Syracuse reaches the end of its useful life, residents have a unique opportunity to reevaluate the needs and desires of the community. Two proposals currently under consideration include rebuilding the elevated highway along its current footprint, or creating a street-level boulevard. While both options have benefits and challenges, neither have been thoroughly examined through a comprehensive Health Impact Assessment process. An Environmental Impact Statement was drafted, but the health considerations of this massive project have not been formally considered. This resulted in a missed opportunity to demonstrate a commitment to improving health through a large-scale infrastructure project.

Much work is being done to address food access in Syracuse. Recently, a full-service grocery store opened in an area of Syracuse that had previously been considered a food desert. While this is something to celebrate, over time it has become increasingly likely that grocers in another high-risk area of the City may close due to the increased competition. This represents a potential unintended consequence of improving food access in specific neighborhoods.

In another example, in 2015 the Syracuse City School District amended its busing policy to provide busing services to all students who live 1.5 miles or more away from their school. Though an improvement from the previous policy covering only students living 2 or more miles away, this still leaves many students to walk through high crime areas, often navigating unplowed sidewalks or other unsafe road conditions.

Despite these challenges, important work is being done to improve health through changes to the local policy environment. Currently, efforts are underway to revise and update the City's zoning ordinance and maps, which will allow for full implementation of the Syracuse Land Use and Development Plan 2040. Among other things, this plan seeks to improve walkability and promote environmentally sustainable land use patterns, both of which may have a positive impact on the public's health. Other policy work is ongoing in the Syracuse City School District, which has recently updated its local wellness policy to include improvements to the nutrition environment in its schools.

⁶⁴ University of Wisconsin Population Health Institute. County Health Rankings 2017. <http://www.countyhealthrankings.org/app/new-york/2017/rankings/onondaga/county/outcomes/overall/snapshot>. Accessed 5/16/2017.

While not a comprehensive review of the policy environment in Onondaga County, this section illustrates some of the current challenges and successes, and highlights the need for our community to continue striving to implement policies that promote social justice for all residents, and especially the most vulnerable.

Health Equity

As shown by the indicator data throughout this report, health disparities are frequent in Onondaga County. The detailed review of health determinants above illustrates that these differences in health between population groups are impacted by social, economic, and environmental conditions in a way that is systemic, unfair, unjust, and avoidable.⁶⁵ To achieve health equity, all people must have “full and equal access to opportunities that enable them to lead healthy lives”, which happens only when all avoidable health inequities and disparities have been eliminated.⁶⁵

The interventions outlined in the Onondaga County Community Health Improvement Plan demonstrate a commitment from a wide variety of partners to improve health, not only through addressing health care services that can improve the health of an individual, but through implementing and supporting a variety of initiatives to address the broader issues of health equity that contribute to good health.

⁶⁵ Health Equity Institute: Defining Health Equity. <https://healthequity.sfsu.edu/content/defining-health-equity>. Accessed 5/17/17.

Community Assets and Resources

Onondaga County contains a variety of assets and resources available to address health challenges. Assets and resources covered in this section include: public health department, health care, academic institutions, community based agencies, and transportation. This section also provides an overview of resources by Prevention Agenda Priority Area and outlines existing barriers for each.

Public Health Department

- The Onondaga County Health Department (OCHD) has provided a wide range of public health services to the community since its creation in 1965. With a mission to protect and improve the health of all Onondaga County residents, the OCHD has a 2017 budget of approximately \$77 million (including over \$10 million in grants) and approximately 270 employees. For a description of all the programs and services offered by the OCHD, please see the OCHD Annual Report. With a proud history of quality improvement, the OCHD is currently pursuing accreditation through the national Public Health Accreditation Board to ensure the highest level of public health service to the community.

Health Care

- According to the Annual New York Physician Workforce Profile,⁶⁶ there are 1,994 physicians practicing in Onondaga County, and 421 physicians per 100,000 population including 113 primary care physicians per 100,000 population (2014).
- There are five hospitals located within Onondaga County:
 - Crouse Health operates 506 acute-care beds and 57 neonatal intensive care bassinets. In addition to other inpatient services, Crouse Health provides comprehensive maternity, labor and delivery care, including high-risk maternity/obstetrics with Central New York's only Level 4 neonatal intensive care unit. Crouse Health also houses a large chemical dependency treatment program that provides both inpatient and outpatient services. A more detailed description of Crouse Health's services can be found in Appendix 5.
 - St. Joseph's Hospital Health Center has 431 beds, and offers a variety of primary and specialty care services. St. Joseph's also offers behavioral health services for adults and children, including the region's only Comprehensive Psychiatric Emergency Program (CPEP) with a licensed Psychiatric Emergency room fully staffed 24/7.
 - The Syracuse VA Medical Center has 106 beds and provides a variety of medical services to veterans in the Central New York area. The Syracuse VA Medical Center also operates a 48-bed Community

⁶⁶ New York Physician Workforce Profile, 2014 Edition. Center for Health Workforce Studies. School of Public Health, University at Albany. State University of New York. http://www.chwsny.org/wp-content/uploads/2015/07/2014_NY_Physician_Profile_Full_Version.pdf

Care Center that provides a community day program, intensive case management services for mental health, and a program for homeless veterans.

- Upstate University Hospital is a Level-I trauma center with 735 licensed inpatient beds. In addition to other inpatient services, the hospital operates the Upstate New York Poison Center and 77 unique specialty clinics. Upstate University Hospital also includes Golisano Children's Hospital, the region's only children's hospital, and the Upstate Cancer Center.
- Upstate University Hospital Community Campus maintains 306 acute-care beds. In addition to other inpatient services, the hospital operates an inpatient physical medicine and rehabilitation program as well as an outpatient physical & occupational therapy service. The Community Campus also houses the Upstate Midwifery and Gynecology office, which offers gynecological care, family planning, perimenopause and menopause management.
- In addition to the local hospitals, there are numerous urgent care facilities in Onondaga County. Urgent care facilities are located in each quadrant of the County, with additional facilities in Syracuse. Upstate Golisano Children's hospital provides after hours care for children birth to age 21 years at the Community Campus. Onondaga County is also home to a multitude of private medical practices that provide general and specialty outpatient care.
- Syracuse is home to the Syracuse Community Health Center, a Federally Qualified Health Center (FQHC) that offers comprehensive care for children and adults, and operates eight school-based health centers in the Syracuse City School District. Five additional community-based clinics provide medical services to un- or underinsured individuals, or those who cannot pay.
- The OCHD provides testing and treatment for STDs and tuberculosis, and testing for HIV in a clinic setting. Family planning care is available through Family Planning Service and Planned Parenthood, with several sites throughout the County.

Academic Institutions

Onondaga County is home to a number of academic institutions with health-related programs whose students and faculty are ready and willing to assist in addressing community health needs.

- Upstate Medical University graduates approximately 150 physicians each year, many of whom have experienced a public health rotation.
- Upstate Medical University houses a joint Central New York Master of Public Health (CNYMPH) program with Syracuse University. The program also offers a Certificate of Advanced Study in Public Health.
- Syracuse University is home to the Lerner Center for Public Health Promotion and Falk College, which offers a variety of health-related programs including a Bachelor's degree in public health, and a Master of Science in Public Health.

Community-based Health and Human Service Agencies

- Central New York, including Onondaga County, has more than seventy community based health and human service agencies. The Human Services Leadership Council is a membership organization of the chief executive officers of these agencies and was established as a collaborative to facilitate information sharing and increase cooperation among the agencies. More information about each of these community based service agencies is available at www.hslccny.org.
- 211 CNY is a local three-digit dialing system designed to link residents with community, social, or government resources like food, shelter, employment or health care.

Transportation

- The Central New York Regional Transportation Authority (CENTRO) provides public transportation via bus within and between the counties of Onondaga, Oswego, Cayuga and Oneida. An accessible fleet of buses is available for persons with disabilities.
- The ride-sharing companies Uber and Lyft recently began operations in the Syracuse area, providing more transportation options for residents.

More specific assets and resources are available below for each of the five Prevention Agenda priority areas.

Prevent Chronic Diseases

Chronic diseases such as diabetes, cancer, heart disease and stroke are leading causes of morbidity and mortality in Onondaga County. Fortunately, chronic disease risk can be reduced through healthy lifestyle choices including good nutrition, physical activity, and regular preventive healthcare. Onondaga County has numerous assets and resources that help prevent chronic diseases, including:

- Twelve farmers markets that operate in Onondaga County, including a large Central New York Regional Market that is open year-round. This market accepts EBT, WIC Farmers Market coupons, and cash, and is located on a bus route to promote access and affordability for all residents.
- The Farm Fresh Mobile Market (FFMM) operates throughout the City of Syracuse, and provides healthy and affordable produce in food deserts, thereby increasing access for vulnerable populations. The FFMM accepts EBT, farmers market coupons, cash and checks.
- There are approximately 14 community gardens within the City of Syracuse. Community gardens utilize either individual or shared plots on private or public land while producing fruit, vegetables, and/or other plants. These resources increase the accessibility of healthy, safe, and affordable foods for many County residents. In addition, Salt City Harvest Farm is a non-profit farm that provides job training to New

Americans that live on the north side of Syracuse. In 2016, the farm provided 14,000 pounds of vegetables to the New American population and over 1,000 pounds of produce to food banks in Syracuse.

- A number of local funding opportunities to address healthy living have brought together a strong network of partners, including the OCHD, the New York State Department of Health (NYSDOH), the Syracuse City School District, St. Joseph's Hospital Health Center, HealtheConnections, academic institutions, early childhood centers, and small businesses. Projects include implementation of a Healthy Shopper Reward program and medical clinic partnership on the Near Westside; efforts to increase healthy food offerings at small retail venues (corner stores); establishment of nutrition standards and policies in childcare centers, worksites, and community based agencies; and the creation of breastfeeding-friendly spaces in select worksites and community agencies.
- The Green and Healthy Homes Initiative (GHHI) of Greater Syracuse, which became an official GHHI site in June 2016, has convened agency and community stakeholders to improve the health and safety of low and moderate income homes.
- The Cancer Services Program (CSP) of the OCHD partners with the NYSDOH, local healthcare providers, and numerous community agencies/organizations to offer free screening services for breast, cervical, and colorectal cancer to uninsured and underinsured residents of both the City of Syracuse and Onondaga County.
- Several community clinics are committed to providing free or affordable health care to those who are un- or under-insured, including Syracuse Community Health Center, Christian Health Service of Syracuse, and Amaus Medical Services.
- The Tobacco 21 workgroup was created as an offshoot of the Tobacco Action Coalition of Onondaga County (TACO), and includes members from American Cancer Society Cancer Action Network (ACS CAN), American Heart Association, St. Joseph's Hospital Health Center, Upstate Medical University, Tobacco Free Network of CNY, NYSDOH and community advocates. The group is working to encourage elected officials, community organizations, corporate decision makers and community members to decrease the social acceptability and reduce the burden of tobacco use in our community.

Barriers to preventing chronic diseases continue to persist in parts of Onondaga County. For example:

- Nearly 30% of City households do not have a vehicle available,⁶⁷ which can limit access to healthcare, healthy food options and opportunities for physical activity.
- Some areas of the County have a high density of unhealthy food options including fast food venues and corner stores.
- The abundance of older housing stock contributes to hazards around asthma, lead poisoning, and safety.
- Approximately 9% of adults age 18-64 do not have health insurance,⁶⁸ which limits access to preventative health services.

⁶⁷ U.S. Census Bureau, American Community Survey, 2011-2015, 5 year estimates.

⁶⁸ U.S. Census Bureau, Small Area Health Insurance Estimates, 2014.

Promote a Healthy and Safe Environment

The environment in which individuals live, work, and play has a significant impact on health. Ensuring safety and promoting a healthy lifestyle are essential to the development of a healthy community. Onondaga County has many resources in the environment that promote safe and healthy living, including:

- The Onondaga County Parks system is an extensive network of nearly 6,500 acres utilized by nearly 3 million people each year. Included in the park system are nature centers, beaches, forested areas, recreational facilities, and athletic fields, many of which can be used year-round. The Syracuse Department of Parks, Recreation & Youth Programs maintains an additional 1,000 acres of parks, playgrounds, and open spaces for recreational activities. Onondaga County is also home to a number of fitness facilities, athletic clubs, and sporting groups.
- Numerous collaborations between governmental, hospital, academic, and community-based organizations to promote sustainable environmental and policy changes that will positively impact the health of County residents. One such effort is work to encourage local municipalities to adopt Complete Streets policies which will improve access to safe routes for bicyclists and pedestrians. Another project focuses on a multi-agency collaboration around a Green and Healthy Homes Initiative to identify and remediate health hazards in the home environment.
- Updates to the zoning ordinance in the City of Syracuse. These changes will promote sustainable land use and improve transportation access while protecting the character of Syracuse's neighborhoods.

Barriers to promoting a healthy and safe environment continue to persist in parts of Onondaga County. For example:

- Lack of transportation can limit access to environmental resources, in both urban and rural settings.
- Some areas of the County have a high density of unhealthy food options including fast food venues and corner stores.
- The abundance of older housing stock contributes to hazards around lead poisoning, asthma, lead poisoning, and fire safety.
- Some neighborhoods experience higher levels of violence, which limits safe outdoor physical activity.

Promote Healthy Women, Infants and Children

The health and well-being of women, infants and children is fundamental to the overall health of a community. Onondaga County is rich in support services for women, infants and children, including:

- Several clinics that provide prenatal, post-partum and pediatric care to uninsured and Medicaid-eligible families, including Syracuse Community Health Center, Upstate Health Care Center – Women's Health Services, the Upstate Midwifery Program at Community Campus, St. Joseph's Primary Care Center – Main, St. Joseph's Primary Care Center – West, and St. Joseph's Primary Care Family Medicine Center.
- Three delivery hospitals (Crouse Health, St. Joseph's Hospital Health Center, and Upstate University Hospital Community Campus), including a level three (St. Joseph's Hospital Health Center) and a level four (Crouse Health) neonatal intensive care unit. St. Joseph's Hospital Health Center has achieved a Breastfeeding Friendly status; the other two are working toward this designation.

- A home visiting system supported by multiple programs and agencies, including the Onondaga County Health Department, the Salvation Army, and Catholic Charities. Home visitors provide education, outreach and referrals on topics such as smoking cessation, healthy home environments, reproductive health care, family planning, breastfeeding support, child development and parenting.
- A Supplemental Nutrition Program for Women, Infants and Children (WIC) that serves over 8,900 clients per month with nutritious foods, nutrition education, referrals, and breastfeeding support through Peer Counselors.
- An Early Childhood Alliance consisting of an interconnected system of committed medical, public health, and human service providers working together to coordinate supports for families to ensure children arrive at kindergarten ready to learn.
- Strong collaborations between community-based organizations, such as the Healthy Families Community Advisory Board, that come together to share resources and information to reduce barriers to community members in accessing services.

Barriers to promoting healthy women, infants and children continue to persist in parts of Onondaga County. For example:

- High levels of poverty affect children and female headed households, especially in the City of Syracuse.
- It can be difficult for families with young children to navigate the public transportation system. Lack of transportation can lead to missed medical appointments and WIC clinic visits.
- Some residents have limited access to high quality, affordable childcare.
- A growing number of women are struggling with substance use both during their pregnancy and as parents.
- A lack of awareness about available resources in the community, combined with the difficulty in navigating the complex system of services can impede access to programs that address social determinants of health.
- Despite strong partnerships, much of the population is not accessing home visiting services.

Promote Mental Health and Prevent Substance Abuse

Mental and emotional well-being is a key aspect of overall health. It is important to identify and treat mental, emotional and behavioral (MEB) disorders to minimize the impact on individuals, families and communities. Onondaga County is a relatively rich service hub, providing mental and behavioral healthcare to the Central New York region. Assets and resources include:

- An active and engaged Drug Task Force (DTF). Initially formed to address synthetic cannabinoids and high rates of newborn drug-related discharges, membership and initiatives have expanded in response to the recent opioid epidemic. Over 50 agencies are represented on the DTF, from sectors including local and state government, public safety, academics, clinical care, business, and community-based organizations (Appendix 8).
- Enhanced local and regional capacity to treat addiction through several opioid treatment programs that have recently opened or are currently in development, including a proposed Regional Crisis Center for Addiction. This has resulted in reduced reliance on inpatient services for substance use conditions.

- Collaboration between hospitals and other agencies around regional projects through New York State's Medicaid Redesign initiative known as the Delivery System Reform Incentive Payment (DSRIP) program, and other vehicles. These partnerships include projects to develop a Regional Crisis Center for Addictions, and enhance mental health supports for youth.
- A Suicide Prevention Coalition with representation from a variety of local agencies. The goal of the coalition is to link the community around suicide prevention to reduce stigma, promote help-seeking, and save lives. Four active subcommittees work in the areas of education, data, communication, and outreach.

Barriers to promoting mental health and preventing substance abuse include:

- A demand for detox and other substance use services that exceeds current capacity.
- Long waiting lists for mental health services, particularly for Medicaid recipients.
- Limited access to services due to lack of transportation, in both urban and rural settings.
- A shortage of prescribers for Medication Assisted Treatment (MAT).
- A lack of awareness of available community resources.

Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections

Preventing the transmission of preventable communicable diseases is a core function of public health. Onondaga County has many resources in place to help ensure protection of residents from STD, HIV and vaccine-preventable diseases, including:

- Testing and treatment for HIV is provided through a number of agencies in Onondaga County, including the OCHD STD Center (in collaboration with the NYSDOH Regional Office), SUNY Upstate Immune Health Services, and ACR Health. Testing and referral for treatment is offered by Planned Parenthood, Family Planning Service, Syracuse Community Health Center, and various private providers.
- Several area clinics, including the OCHD STD Center, ACR Health, and SUNY Upstate Immune Health Services, offer pre-exposure prophylaxis (PrEP) to individuals who are at high risk of contracting HIV. A robust network of government, hospital and non-profit agencies partner to promote awareness of PrEP in the community, including assisting patients in locating PrEP prescriptions and clinical care. Other ongoing efforts include organized community events, mixed media campaigns and town hall meetings.
- The OCHD STD Center operates a free, walk-in STD clinic that offers STD testing, treatment, counseling and education, and Human Papilloma Virus (HPV) immunization to patients.
- A partnership exists between the OCHD, the NYSDOH, local laboratories, medical providers and hospitals to identify and fully investigate any cases of reportable communicable disease, including healthcare-associated infections.
- A centrally-located OCHD Immunization Clinic operates each Wednesday for children between the ages of 2 months and 18 years, who do not have private health insurance. In addition to the vaccinations required for school entry/attendance, the immunization clinic offers HPV vaccine, MMR vaccination for adults 18 years and older (when required for school or college), and flu vaccine during flu season.
- Robust infection control programs exist at all area hospitals, which partner with the OCHD to receive regular updates on current infectious disease issues.

Barriers to preventing HIV, STDs, vaccine-preventable diseases and healthcare-associated infections continue to persist in Onondaga County. For example:

- Lack of access to healthcare and other social and economic supports is a barrier to the prevention of STDs and HIV.
- Use of certain social media apps has facilitated a rise in anonymous sexual activity, which has made partner notification more challenging.
- The stigma associated with HIV and STDs remains a barrier to prevention initiatives.
- Numerous studies have documented an association between substance abuse and HIV/ STDs. An increase in illicit drug use in the community can lead individuals to engage in risky behaviors that may result in increased transmission of STDs, HIV, and Hepatitis C virus (HCV).

Community Engagement

To reaffirm existing or identify new priority areas, the Onondaga County Health Department and CHA/CHIP Steering Committee sought to gather feedback from the community on important health issues. This process is described below. For an overview of the collaborative approach for the entire CHA/CHIP process as well as a timeline of events, see Appendix 1.

Survey

A Community Engagement Survey was designed and distributed to reach average County residents, and focus groups were conducted to reach populations at higher risk for poor health outcomes. The survey was developed by the OCHD health assessment team, with input from the Steering Committee. Respondents were asked to select their top five priorities in each of four areas: Health Problems, Health Behaviors, Health Systems, and Healthy Community. Demographic information was also collected, and space for open-ended comments was provided.

The survey was made available online and in hard copy in English and Spanish, and responses were anonymous. Participants had the option to include their name and contact information to enter to win one of 5 gift cards to a local shopping mall. The survey was distributed through a variety of outlets, including agency websites and social media pages. Paper copies were distributed to clinic areas for patients to complete as they waited for appointments. Steering Committee members and key stakeholders assisted by forwarding the survey link to community listservs, and promoting it to agency staff, including the staff of three large area hospitals. Through additional community outreach, the survey was distributed to employees of two local universities, volunteer firefighters, central library patrons, university students, YMCA members, and pharmacy customers at a large local grocery chain, among others. A total of 3,485 survey responses were received. After removing non-Onondaga County residents and responses with no data, 2,799 responses were included in the analysis.

Focus Groups

Focus groups were also conducted to identify the health issues in populations that are at higher risk for poor health outcomes, and potentially underrepresented in the survey responses. The OCHD worked with community agencies to identify appropriate focus groups. Thirty-three people participated, representing refugee communities, older residents, and inner city residents. The results of the survey and focus groups can be found in Appendix 2.

Additional Engagement Efforts

Throughout the CHA/CHIP Planning Process, numerous other community engagement initiatives were facilitated by partner agencies, including the Greater Syracuse H.O.P.E. antipoverty initiative, the Near Westside Initiative, the YMCA, HealtheConnections, Friends of Recovery NY, Syracuse Community Connections, and the NYS AIDS Institute and LGBT Health and Human Services Network. Examples of some of these efforts are described below.

- Greater Syracuse H.O.P.E. anti-poverty initiative: Conducted four listening sessions located throughout the City of Syracuse in July and August 2016. The aim of the sessions was to hear from the community about the issues that make their lives difficult and to brainstorm solutions. Themes focused on strengthening the community in social determinants of health, including early education and literacy, affordable childcare, workforce development, healthy housing, access to medical care, transportation, and jobs.
- Near Westside Initiative: A survey of Near Westside and Northside residents was conducted in August and September 2016. The survey assessed physical activity, perceived neighborhood safety, and nutrition beliefs and consumption patterns. Among other findings the survey noted poor neighborhood access to affordable fruits and vegetables.
- Syracuse Community Connections: A community health listening session was held in March 2017 to discuss the NYSDOH Prevention Agenda strategy of improving health status and reducing health disparities. Participants were from the south and southwest areas of the City. Themes from the Voice Your Vision session included bringing resources to the community, breaking down barriers between non-profits, government agencies, schools, businesses and political leaders to facilitate more collaboration, utilizing a variety of languages as well as traditional and non-traditional methods to share health information, improving job opportunities, and cleaning up the outdoor environment.

The OCHD attended and/or received summary reports from all of the engagement initiatives in order to ensure that a wide variety of perspectives were considered prior to selecting priorities for intervention in the Community Health Improvement Plan.

Community Feedback Summary

While Onondaga County residents have a wide variety of concerns around both health status and health system issues, there was strong agreement around the top priorities for the community. Addressing **drug abuse and addiction, chronic diseases, access to mental health providers**, and the **high cost of health care** is extremely important to residents. These concerns are confirmed by the health indicator data, reinforcing the need for a community-wide effort to address the selected priority areas through a formalized community health improvement process.

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Community Health Improvement Plan

Overview

The comprehensive Community Health Assessment process informed the development of a Community Health Improvement Plan. The two Prevention Agenda priority areas to be addressed in Onondaga County for 2016-2018 are 1) **Prevent Chronic Disease**, and 2) **Promote Mental Health and Prevent Substance Abuse**. These priorities were reaffirmed by the community, as well as by health and public health professionals following a thorough data review and community engagement process over the course of a year. While these topics were selected as priorities for the 2016-2018 CHIP, they do not reflect the full scope of work of the Onondaga County Health Department, St. Joseph's Hospital Health Center, Crouse Health, and other partners.

The scope of work included in the Onondaga County CHIP reflects interventions that will have a substantial impact on improving the health and wellbeing of county residents within the selected priority areas. These interventions were selected by the Steering Committee based upon their potential for broad impact, and considerations were made for the strengths and capacity of the OCHD and the hospitals partners. Whenever possible, interventions and process measures were selected from the updated NYSDOH's Prevention Agenda 2013-2018 Action Plan. Interventions were also reviewed for alignment with the National Prevention Strategy's⁶⁹ priority areas of tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, and active living. Each agency represented on the Steering Committee has a role in the implementation of interventions, whether as the lead on an activity or as a supporting partner. In addition to the deep commitment from the OCHD and hospitals, a strong network of community partners is essential to the success of the proposed interventions. Some of the many community agencies that are actively involved in CHIP activities include the Syracuse City School District, Syracuse Housing Authority, Centro, the American Heart Association, local farmers, the YMCA, local media, and the more than 50 agencies represented on the Onondaga County Drug Task Force and the Greater Syracuse H.O.P.E. anti-poverty coalition health subcommittee (Appendix 8 and Appendix 10).

Within the Prevent Chronic Disease priority area, the work selected builds upon existing assets in the community including strong partnerships with key public health focused organizations such as HealtheConnections, the Lerner Center for Public Health Promotion, and the Central New York Care Collaborative. Each of these institutions has demonstrated a commitment to working towards addressing chronic diseases in Onondaga County and have been important partners throughout the CHA/CHIP process. The Prevent Chronic Diseases priority area is also where much of the work to address health disparities will occur. As noted in the CHA, significant health disparities exist around healthy eating and active living. The interventions in the CHIP will focus on reducing the higher rates of obesity in adults earning less than \$25,000 per year, and in children attending school in the Syracuse City School District. This will be done by targeting programs to reach high risk geographic areas, and working directly with partners who serve at risk populations. More details can be found in the agency-specific appendices.

⁶⁹National Prevention Strategy. National Prevention Council, Office of the U.S. Surgeon General. 2011. <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>

Identifying points of intervention within the Promote Mental Health and Prevent Substance Abuse priority area required careful consideration. Some Promote Mental Health and Prevent Substance Abuse activities were informed by additional sources including recommendations from the NYSDOH,⁷⁰ the New York State Heroin and Opioid Task Force,⁷¹ and the American Hospital Association.⁷² Programs that have achieved success in other New York State counties⁷³ as well as additional evidence-based approaches were also reviewed.⁷⁴ Through the CHA process, feedback from key stakeholders, representatives from local government, and Onondaga County residents revealed challenges around access and barriers to drug treatment. While not addressed directly in the CHIP, these issues, including capacity for opioid overdose treatment, are being examined through the Onondaga County Drug Task Force. A key partner in this work, the Task Force is comprised of representatives from over 50 organizations, and is committed to addressing substance abuse through a focus on prevention, crisis, and treatment. A list of agencies participating in the Onondaga County Drug Task Force can be found in Appendix 8. An example of how participating agencies are contributing to the work of the task force can be found in Appendix 9.

The table below describes the objectives, activities, process measures, and partner agencies for each goal being addressed in the Onondaga County CHIP. The agency-specific work plans include actions and resources committed by the Onondaga County Health Department, St. Joseph's Hospital Health Center, and Crouse Health, and can be found in Appendix 3, Appendix 4, and Appendix 5, respectively.* Where agency-specific activities align with the overall Onondaga County Plan, the "OC Plan Activity #" will be specified in the "Activity" column of each agency plan.

*Upstate University Hospital is not required to complete an individual agency plan.

⁷⁰ New York State Opioid Poisoning, Overdose and Prevention: 2015 Report to the Governor and NYS Legislature, NYS Department of Health: AIDS Institute

⁷¹ Combatting the Heroin and Opioid Crisis: Heroin and Opioid Task Force Report, June 9, 2016, NYS Heroin and Opioid Task Force

⁷² Ending the Opioid Epidemic: New Patient Education Tool and Other Resources for Hospitals, June 7, 2016, American Hospital Association

⁷³ NYSAC Heroin Report Submissions from LGUs, NYS Conference of Local Mental Hygiene Directors, Inc.

⁷⁴ Many evidence based approaches were reviewed including: Alexander GC, Frattaroli S, Gielen AC, eds. The Prescription Opioid Epidemic: An Evidence-Based Approach. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland: 2015

Onondaga County Community Health Improvement Plan 2016 – 2018

Priority Area: Prevent Chronic Disease

Focus Area 1: Reduce Obesity in Children and Adults				
Goal 1: Create community environments that support healthy food and beverage choices and physical activity				
Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
By December 31, 2018, reduce the age-adjusted percentage of adults ages 18 years and older who are obese: <ul style="list-style-type: none">From 27.9%⁷⁵ to 25% among all adultsFrom 33.9%⁷⁵ to 31% among adults with income less than \$25,000	1. Increase the number of worksites with nutrition standards for healthy food and beverage procurement	<ul style="list-style-type: none">Number of worksites that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending)	OCHD <i>St. Joseph's Hospital</i>	December 2017
	2. Improve sustainability of healthy food offerings through small retail venues, corner stores, mobile markets, community gardens, and food pantries	<ul style="list-style-type: none">Number of new mobile markets or produce delivery programs implementedNumber of new community gardens planted and harvested	OCHD <i>St. Joseph's Hospital</i>	December 2018
Goal 2: Expand the role of health care and health service providers and insurers in obesity prevention				
Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
By December 31, 2018, increase the percentage of infants: <ul style="list-style-type: none">Exclusively breastfed in the hospital from 54.3%⁷⁶ to 60%Fed any breastmilk in the hospital from 76.7%⁷⁶ to 81%	1. Increase participation in CenteringPregnancy programs	<ul style="list-style-type: none">Number of pregnant women participating in CenteringPregnancy programs	Upstate University Hospital Crouse Hospital	December 2018
	2. Increase the number of hospitals with Baby-Friendly designation	<ul style="list-style-type: none">Baby-Friendly Hospital letter of intent submitted	Upstate University Hospital	August 2017

⁷⁵ Expanded BRFSS, 2013-2014

⁷⁶ Statewide Perinatal Data System, accessed by OCHD Bureau of Surveillance and Statistics, 2015. Note: Data are provisional.

Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure				
Goal 1: Promote tobacco use cessation, especially among low SES populations and those with poor mental health				
Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
By December 31, 2018, decrease the age-adjusted prevalence of cigarette smoking from: <ul style="list-style-type: none">21.3%⁷⁷ to 19% among all adults42.2%⁷⁷ to 40% among adults with annual household income less than \$25,000	1. Expand smoking cessation programs for hospital employees	<ul style="list-style-type: none">Number of hospital employees participating in smoking cessation programs	Crouse Hospital	December 2018
	2. Support smoking cessation at outpatient chemical dependency programs	<ul style="list-style-type: none">Number of patients receiving smoking cessation education at outpatient chemical dependency programs	Crouse Hospital	December 2018
	3. Screen all primary care patients over 18 for tobacco use <ul style="list-style-type: none">Counsel tobacco users, refer to cessation programs and/or treat	<ul style="list-style-type: none">Number of primary care provider offices implementing Million Hearts Campaign smoking cessation strategies	Upstate University Hospital St. Joseph's Hospital CNYCC	December 2018

⁷⁷ Expanded BRFSS, 2013-2014

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings				
Goal 1: Promote culturally relevant chronic disease self-management education and prevention				
Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
By December 31, 2018, increase the percentage of adults who have taken a course or class to learn how to manage their chronic condition from 8.7% ⁷⁸ to 11%	1. Improve and expand outreach to refugee community	<ul style="list-style-type: none">Number of chronic disease self-management education sessions conducted in refugee communities	Crouse Hospital <i>OCHD</i>	December 2018
	2. Increase referrals to chronic disease self-management classes from primary care physicians	<ul style="list-style-type: none">Number of evidence-based self-management program workshops conductedNumber of participants in self-management education and prevention programsNumber of participants referred to workshops through primary care	St. Joseph's Hospital Upstate University Hospital <i>CNYCC</i>	December 2018
	3. Increase coverage of the National Diabetes Prevention Program (NDPP) by self-insured employers and associated health plans	<ul style="list-style-type: none">Number of new self-insured employers with coverage of NDPPNumber of employees newly insured for NDPP	OCHD	December 2018

⁷⁸ Expanded BRFSS, 2013-2014

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area 1: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders				
Goal 1: Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive alcohol consumption by adults				
Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
1. By December 31, 2018, focus interventions on prevention, crisis and treatment to reduce: <ul style="list-style-type: none"> Opioid-related overdose deaths by 15% from 142⁷⁹ to 121 The number of newborn drug-related discharges by 15% from 148⁸⁰ to 126 	1. Increase education to providers through physician detailing and a targeted social marketing campaign in the areas of: <ul style="list-style-type: none"> Early identification of substance abuse in patients Pain management, addiction and prescribing practices, including the Internet System for Tracking Over-Prescribing (I-STOP) 	<ul style="list-style-type: none"> Number of providers receiving education on pain management, addiction, prescribing practices, and early identification of substance abuse Number of opioid prescriptions dispensed 	OCHD Crouse Hospital St. Joseph's Hospital Upstate University Hospital OC Drug Task Force	December 2018
	2. Implement a community-based media and social marketing campaign to increase awareness of: <ul style="list-style-type: none"> The opioid abuse problem Available services and how to access them 	<ul style="list-style-type: none"> Number of unique visits to newly developed community education website Number of residents reached by educational campaign Number of community agencies using campaign materials 	OCHD Crouse Hospital St. Joseph's Hospital Upstate University Hospital OC Drug Task Force OC Department of Aging & Long Term Care (DALTC)	August 2017
	3. Enhance instruction on pain management and opioid prescribing in medical school curriculum	<ul style="list-style-type: none"> Number of medical students / residents receiving prescriber education aligned with CDC recommendations 	Upstate Medical University Crouse Hospital	December 2018
	4. Implement standardized prescription drug monitoring program in local EDs	<ul style="list-style-type: none"> A policy is developed and implemented in local EDs regarding patient education on correct pain medication usage as part of the discharge plan 	Crouse Hospital St. Joseph's Hospital Upstate University Hospital	July 2018

⁷⁹ Onondaga County Medical Examiner's Office, 2016. Data are provisional and reflect closed cases reported as of 6/16/2017.

⁸⁰ NYSDOH County Health Assessment Indicators, 2014. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
	5. Ensure proper discharge for patients treated for substance abuse disorder (SUD)	<ul style="list-style-type: none"> Standard protocols developed for care transitions, including patients with SUD 	Crouse Hospital Upstate University Hospital CNYCC OC DALTC	December 2018
	6. Safeguard prescription opioids against diversion	<ul style="list-style-type: none"> Number of individuals participating in prescription drug take-back events Pounds of prescriptions collected through Sharps, Needles, and Drug Disposal (SNADD) boxes 	OC Drug Task Force Crouse Hospital	December 2018
	7. Increase availability of Naloxone	<ul style="list-style-type: none"> Number of individuals trained on use of Naloxone 	OC Drug Task Force OCHD St. Joseph's Hospital	December 2018
	8. Increase referrals for patients with substance abuse disorders	<ul style="list-style-type: none"> Number of patients participating in patient navigator programs Number of adult patients screened using Screening Brief Intervention Referral to Treatment (SBIRT) Number of adolescent patients screened using SBIRT Number of referrals to substance abuse resources Number of home visitors trained in SBIRT administration 	Crouse Hospital Upstate University Hospital CNYCC OC DALTC OCHD	December 2018
	9. Improve linkages between primary care and substance abuse treatment providers	<ul style="list-style-type: none"> A directory of substance abuse treatment providers is developed and distributed Number of primary care providers accepting Medicaid patients 	CNYCC OC DALTC OC Drug Task Force Crouse Hospital	December 2018

Appendices

Appendix 1: Community Health Assessment and Improvement Plan Collaborative Process

Overview: In late 2015, the New York State Department of Health (NYSDOH) provided guidance to Local Health Departments (LHDs) and hospitals on the development of a Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) for 2016 – 2018. Unlike previous years, for this cycle LHDs and hospitals were encouraged to work together with community partners to develop and submit a single document per county. In addition, partners needed to identify a shared priority and focus work to address that priority.

Community Partners: In February 2016, the Commissioner of Health and the Chair of the Health Advisory Board convened a meeting with the CEO's from Crouse Health, St. Joseph's Hospital Health Center, and Upstate University Hospital to secure buy in for a collaborative process that would result in one CHA/CHIP for Onondaga County. Designees from each hospital, the Onondaga County Health Department (OCHD), and several community-based organizations formed a Steering Committee to guide CHA/CHIP development. The Steering Committee met monthly from April – December 2016, and continues to meet quarterly in 2017. Core activities and a timeline can be seen below.

The Steering Committee members for the development of the 2016-2018 Onondaga County Community Health Assessment and Improvement Plan are:

Bob Allen – Crouse Health
Michelle Brown, MPA – St. Joseph's Hospital Health Center
Shawna Craigmile, LCSW – Upstate University Hospital
Thomas Dennison, PhD – Syracuse University
Indu Gupta MD, MPH, MA, FACP – Onondaga County Health Department
Cindy Jaconski, MPH – Upstate University Hospital
Rachel Kramer, ScD, MHS – HealtheConnections
Bridget K. Lenkiewicz, MPH, CAS, CPH – Onondaga County Health Department
Virginia Opipare – Central New York Care Collaborative
Mathew Roosa, ACSW, LCSW-R – Onondaga County Department of Adult and Long Term Care Services
Rebecca Shultz, MPH - Onondaga County Health Department
Kris Waelder – Crouse Health
Deborah Welch – St. Joseph's Hospital Health Center
Lauren Wetterhahn, MPH, CAS, CPH – Central New York Care Collaborative

Other stakeholder organizations include:

Greater Syracuse H.O.P.E. anti-poverty coalition – Health Subcommittee
Lerner Center for Public Health Promotion
Le Moyne University
P.E.A.C.E, Inc.
Refugee and Immigrant Self-Empowerment (RISE)
Syracuse Community Connections
Upstate Medical University – Central New York Master of Public Health (CNYMPH) Program

One of the first activities of the Steering Committee was to review the status of the interventions identified during the 2013 Community Health Assessment and Improvement Plan process. Agencies completed a template and identified areas where more work was needed. This was followed by a comprehensive update of the health indicator data reported under the previously selected priority areas: Prevent Chronic Disease, and Promote Mental Health and Prevent Substance Abuse. Data were also updated for the other priority areas where there were specific indicators of interest, or where Onondaga County was an outlier compared to NYS. The updated data were presented to, and reviewed by the Steering Committee and the Greater Syracuse H.O.P.E. health subcommittee. Simultaneously, students from the CNYMPH Program assisted the OCHD in developing a community engagement plan. The plan included examples of potential survey questions, a survey distribution plan, and recommendations for groups to target with a more in-depth focus group format. The community engagement plan was finalized and implemented by the OCHD in August – September 2016.

Primary data collection involved a Community Engagement Survey that reached nearly 3,000 residents. Respondents provided feedback in four areas: **Health Problems, Health Behaviors, Health Systems, and Healthy Community**. The survey also provided qualitative data in the form of open-ended responses. Three focus groups were conducted to further enhance the qualitative feedback. More information on the survey methodology can be found in Appendix 2. Sources of quantitative primary data included the Onondaga County Medical Examiner's Office, the OCHD Division of Healthy Families, the Division of Environmental Health, the Bureau of Disease Control, the Bureau of Health Promotion and Disease Prevention, and the Bureau of Surveillance and Statistics.

Since the last secondary data collection process in 2013, many new sources of data have been released and many previously available sources have been enhanced by including data broken out by smaller geographies and/or demographic categories. Where possible, comparison data were reported and benchmarks from the Prevention Agenda 2013-2018 dashboard were provided. Secondary data sources include but are not limited to:

- U.S. Census Bureau, American Community Survey
- New York State Department of Health County Health Assessment Indicators, Bureau of Vital Statistics, Prevention Agenda Dashboard
- New York Statewide Planning and Research Cooperative System
- 2013-2014 Expanded Behavioral Risk Factor Surveillance System
- County Health Rankings
- HealtheConnections

Throughout the CHA/CHIP planning process, numerous other community engagement initiatives were facilitated by partner agencies, including Greater Syracuse H.O.P.E., the Near Westside Initiative, the YMCA, HealtheConnections, Friends of Recovery NY, and the NYS AIDS Institute and LGBT Health and Human Services Network. For example, Greater Syracuse H.O.P.E. conducted four listening sessions located throughout the City of Syracuse. The aim of the sessions was to hear from the community about the issues that make their lives difficult, and to brainstorm solutions. The OCHD attended and/or received summary reports from all of the engagement initiatives in order to ensure that a wide variety of perspectives were considered prior to selecting priorities for intervention in the Community Health Improvement Plan.

Throughout the year, the Steering Committee met monthly and continuously reviewed results from the quantitative data analysis and community engagement initiatives that comprised the Community Health Assessment. In September 2016, the Steering Committee met to finalize the priorities for intervention. After a robust discussion, the group voted overwhelmingly to confirm **Prevent Chronic Diseases** and **Promote Mental Health and Prevent Substance Abuse** as the two priority areas to address during this cycle in Onondaga County. This decision was based on the following factors:

- The severity of the issue as demonstrated through quantitative data collection
- Feedback from the community as assessed through quantitative and qualitative methods
- The ability to implement interventions with current resources
- The ability to identify shared projects within the priority areas
- Whether or not interventions could address health disparities

Once the priorities were confirmed, the Steering Committee began drafting interventions. Whenever possible, interventions and process measures were selected from the updated NYSDOH's Prevention Agenda 2013-2018 Action Plan. Interventions were also reviewed for alignment with the National Prevention Strategy's⁸¹ priority areas, including tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, and active living. Some Promote Mental Health and Prevent Substance Abuse activities were informed by additional sources including recommendations from the NYSDOH,⁸² the New York State Heroin and Opioid Task Force,⁸³ and the American Hospital Association.⁸⁴ Programs that have achieved success in other New York State counties⁸⁵ as well as additional evidence-based approaches were also reviewed.⁸⁶ Interventions were selected to be attainable within the specified timeframe, measureable, and impactful. Each agency represented on the Steering Committee has a role in the implementation of interventions, whether as the lead on an activity or as a supporting partner. Many other community agencies are actively involved in CHIP activities, including but not limited to, the Syracuse City School District, Syracuse Housing Authority, Centro, the American Heart Association, local farmers, the YMCA, local media, and the more than 50 agencies represented on the Onondaga County Drug Task Force and the Greater Syracuse H.O.P.E. anti-poverty coalition health subcommittee.

Upon finalizing the interventions, the Steering Committee members agreed that progress would be measured twice a year, and the opportunity to revisit and assess the interventions for potential modifications would occur annually during the third quarter meeting. The preliminary document was approved by all members of the Steering Committee and made publicly available on several agency websites. The OCHD distributed the document to stakeholders and partner agencies, and solicited feedback through an online form.

⁸¹ National Prevention Strategy. National Prevention Council, Office of the U.S. Surgeon General. 2011. <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>

⁸² New York State Opioid Poisoning, Overdose and Prevention: 2015 Report to the Governor and NYS Legislature, NYS Department of Health: AIDS Institute

⁸³ Combatting the Heroin and Opioid Crisis: Heroin and Opioid Task Force Report, June 9, 2016, NYS Heroin and Opioid Task Force

⁸⁴ Ending the Opioid Epidemic: New Patient Education Tool and Other Resources for Hospitals, June 7, 2016, American Hospital Association

⁸⁵ NYSAC Heroin Report Submissions from LGUs, NYS Conference of Local Mental Hygiene Directors, Inc.

⁸⁶ Many evidence based approaches were reviewed including: Alexander GC, Frattaroli S, Gielen AC, eds. The Prescription Opioid Epidemic: An Evidence-Based Approach. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland: 2015

During the first two quarters of 2017, the OCHD completed an enhancement of the CHA/CHIP, which included:

- More comprehensive data for each of the priority areas: New data sources were added, and sections were included for the priority areas that were not selected for intervention
- A thorough review of community assets and resources, as well as existing barriers: The OCHD consulted with the Steering Committee and drew on internal expertise to identify assets, resources and barriers. This section was also informed by additional data sources, such as the County Health Rankings and results from the Community Engagement Survey.
- Identification of social, economic, behavioral, environmental and policy determinants of health
- A description of the collaborative process and data collection methodology.

The final enhanced 2016-2018 Onondaga County Community Health Assessment and Improvement Plan will be distributed to community partners, shared with the local media, and made available online.

Onondaga County CHA/CHIP Collaborative Process Timeline

TASK	LEAD AGENCY	TARGET DATE	DELIVERABLE
Convene meeting with the OCHD and hospital CEOs	Health Advisory Board Commissioner of Health	February 2016	
Identify Steering Committee members	Hospital CEOs OCHD	March 2016	
Initiate monthly Steering Committee meetings	Steering Committee	Monthly for 2016, quarterly for 2017	
Assess current ongoing projects around PA Priority Areas	OCHD, Steering Committee	April 2016	
Review updated data for selected prevention agenda priority areas	OCHD, HealtheConnections, Steering Committee, HOPE Health Subcommittee	April – August 2016	Completed
Present updated data to HOPE Health Subcommittee	OCHD	April 2016	Data presentation
Develop Community Engagement Plan	Upstate CNYMPH students, OCHD	July 2016	
Greater Syracuse HOPE Community Listening Sessions	Greater Syracuse HOPE, OCHD	July – August 2016	Final summary
Complete community engagement survey and focus groups	OCHD, Steering Committee members, Syracuse University public health student	September 2016	
Finalize process to select priority areas	Steering Committee	September 2016	
Distribute Community Engagement Executive Summary	OCHD, Steering Committee, HOPE Health Subcommittee	November 2016	

TASK	LEAD AGENCY	TARGET DATE	DELIVERABLE
Develop priority area interventions	Steering Committee	October – December 2016	
Identify timelines, measures and lead agency responsible for each intervention	Steering Committee	November – December 2016	
Develop a plan for monitoring, reporting and evaluating CHIP interventions	Steering Committee	November – December 2016	
Share preliminary CHA and CHIP for community feedback	OCHD, Steering Committee agencies	January 2017	Online survey results
Review and update data for all remaining prevention agenda priority areas	OCHD, HealtheConnections, Steering Committee	January – May 2017	
Voice Your Vision – Syracuse, New York event	Greater Syracuse HOPE	March 2017	Summary Report
Collection and review of other agency sources of community feedback	Near Westside Initiative, YMCA, HealtheConnections, Friends of Recovery NY, NYS AIDS Institute and LGBT Health and Human Services Network	May 2016 – May 2017	
Identify and document community assets and resources	OCHD Bureau Directors, Steering Committee	February – June 2017	
Finalize, distribute, and publicize updated CHA/CHIP	OCHD, Steering Committee, community partners	July 2017	Updated document available on website

Data Collection Activities

Stakeholder Engagement Activities

Community Engagement Activities

Administrative Activities

Appendix 2: Community Engagement Survey Executive Summary

Background

Overview	As part of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process, the Onondaga County Health Department (OCHD) and CHA/CHIP Steering Committee sought to gather feedback from the community on important health issues. The steering committee believed that broad community participation could best be achieved through a dual approach. A Community Engagement Survey (CES) was designed and distributed to reach average county residents, and focus groups were conducted to reach populations at higher risk for poor health outcomes.
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Methodology

Survey Design	The survey was developed by the OCHD Health Assessment team, with input from the steering committee. The survey consisted of four main sections: Health Problems, Health Behaviors, Health Systems, and Healthy Community, as well as demographics. Each of the four topic areas asked respondents to choose their top five priorities from a list and included space for open-ended comments. The survey was made available online in English and Spanish. Paper copies were also developed in both English and Spanish. Survey responses were anonymous. Participants had the option to include their name and contact information to enter to win one of 5 gift cards to a local shopping mall. All identifying information was removed prior to analysis.
Promotion and Distribution	The OCHD and steering committee members promoted the survey through a variety of outlets. OCHD added a survey link to its website and social media pages. Paper copies were distributed to health department clinics for patients to complete as they waited for appointments. The OCHD also shared the link with all County staff, and posted flyers and table tents in the elevator and cafeteria of the main office building. OCHD Senior Staff sent the survey link to community partners working directly with the public. Steering committee members and key stakeholders assisted by adding the survey to agency websites, forwarding to community listservs, and promoting it to agency staff, including the staff of three large area hospitals. Through additional community outreach, the survey was distributed to employees of two local universities, volunteer firefighters, central library patrons, university students, YMCA members, and pharmacy customers at a large local grocery chain, among others.
Data Entry	Surveys that were completed in OCHD clinics, or sent to the office via mail were entered by OCHD support staff. Surveys were excluded if the respondent did not live in Onondaga County or answer any questions.

Time Frame	The survey was available online and on paper from 7/29/2016 through 9/9/2016. Survey responses were tallied beginning on 9/14/16, to allow time for any paper copies to be received by the office. Focus groups were set to run during September and October, 2016.
Focus Groups	Focus groups were identified as a method to gather information from target populations that may be both underrepresented in the survey responses, and potentially at higher risk for poor health outcomes. Focus groups were planned for: refugees/new Americans; elderly residents; and young racially diverse residents. OCHD also relied on information from recent engagement projects completed by other agencies, that targeted populations not listed above (Spanish-speaking residents, LGBTQ residents, etc.). Focus group participants received a \$10 grocery gift card for their participation.
Distribution of Results	The Executive Summary will be shared with all participating stakeholders and partners. If agencies choose to do so, they may forward the document to the same listservs that they used to solicit participation. The OCHD will also make the Executive Summary available on its website, and will include it as an appendix to the Community Health Assessment and Community Health Improvement Plan, which will be distributed widely upon completion.
Steering Committee Members	<p>Bob Allen – Crouse Hospital</p> <p>Michelle Brown, MPA – St. Joseph’s Hospital Health Center</p> <p>Shawna Craigmile, LCSW – Upstate University Hospital</p> <p>Thomas Dennison, PhD – Syracuse University</p> <p>Indu Gupta, MD, MPH, MA, FACP – Onondaga County Health Department</p> <p>Cindy Jaconski, MPH – Upstate University Hospital</p> <p>Rachel Kramer, ScD, MHS – HealtheConnections</p> <p>Bridget Lenkiewicz, MPH – Onondaga County Health Department</p> <p>Virginia Opihare – Central New York Care Collaborative</p> <p>Rebecca Shultz, MPH – Onondaga County Health Department</p> <p>Kris Waelder – Crouse Hospital</p> <p>Deborah Welch – St. Joseph’s Hospital Health Center</p> <p>Lauren Wetterhahn, MPH – Central New York Care Collaborative</p>

Results

Response

A total of 3,485 survey responses were received. After removing non-Onondaga County residents and responses with no data, 2,799 responses remained. Of these, 879 (31.4%) were Syracuse residents, and 1,920 (68.6%) lived outside the City of Syracuse. Compared to the general population of Onondaga County, survey respondents were more likely to be female (78.1%), between the ages of 50 – 64 years (40.4%) and have at least a 4-year college degree (57.9%). Respondents were also less likely to report being Black or African American (6.5%) or Hispanic (2.6%).

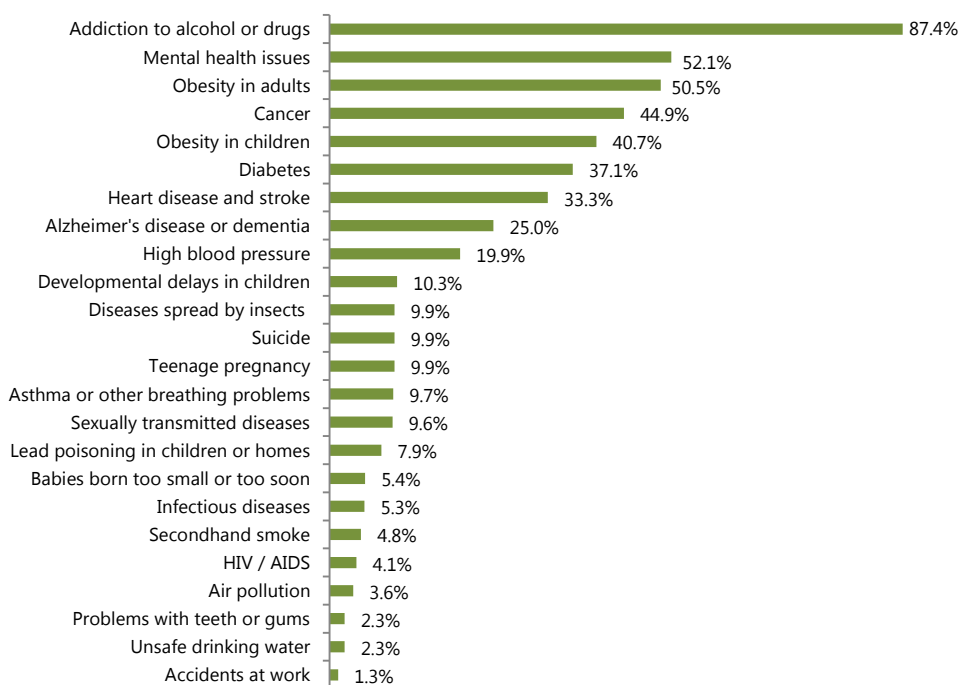
Despite numerous outreach efforts, no responses were received using the Spanish-language version of the survey.

Health Problems

What are the five biggest health problems you believe our community is facing?

Health problems are diseases, medical conditions or environmental factors that can affect a person's health. Respondents overwhelmingly identified addiction to alcohol or drugs as the biggest health problem in Onondaga County (87.4%). Mental health issues were next, with 52.1%. The next five problems identified are related to chronic disease (Figure 1). When grouped together, it is clear that the top health concerns among Onondaga County residents are substance abuse, mental health, and chronic diseases.

Figure 1. Biggest Health Problems, Onondaga County (n=2,799)



When asked what OCHD and other local agencies could do to improve these health problems, several themes emerged. Respondents overwhelmingly cited a need for

increased education for individuals and the community overall, with a specific focus on more education in schools. Others focused on the high cost of health care, and a lack of access to mental health and drug rehabilitation services. Finally, respondents expressed a desire for more programming and resources for disease prevention, including screening.

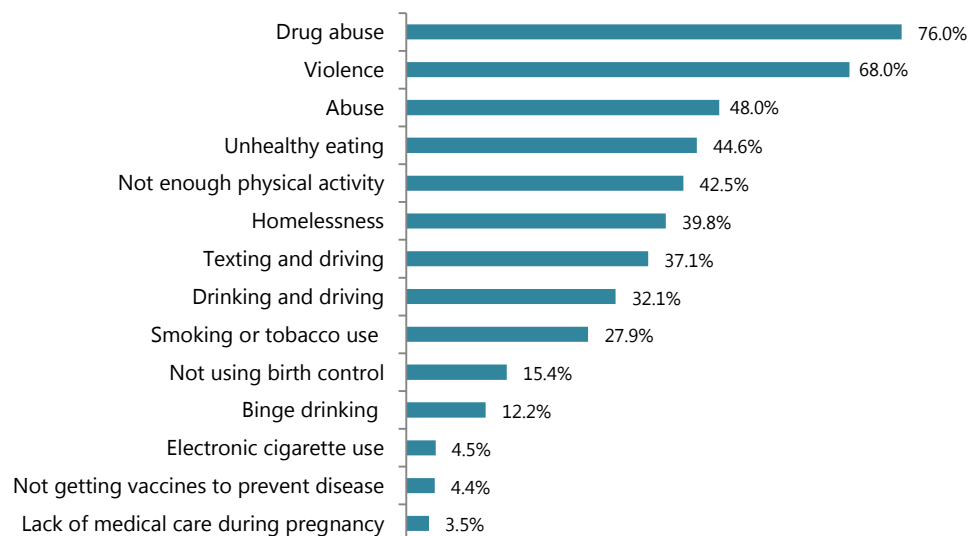
“(We need) better education of health in schools starting at an elementary level. Teaching children about the dangers of drugs. Teaching children how to eat healthy. More programs that allow children to receive a healthy meal. Having more activities children can participate in. More summer leagues of baseball, soccer, football, etc., that don’t cost an arm and leg to join.”

Health Behaviors and Social Factors

Which five health behaviors or social factors do you believe are the biggest problems for our community?

Health behaviors and social factors can have a large impact on an individual’s ability to be healthy. Again, respondents selected drug abuse as the top concern among health behaviors and social factors that impact health. This was followed by violence, and general abuse (including emotional, physical or sexual). Unhealthy eating and not getting enough physical activity also ranked highly in this measure (Figure 2).

Figure 2. Health Behaviors or Social Factors Most Impacting Health, Onondaga County (n=2,799)



Respondents felt that community agencies needed to increase awareness of health behaviors and social issues, and provide more support in the form of referrals, outreach, advocacy and access to services. Responses also focused on enhancing community engagement beyond the traditional health agencies (to schools, churches and community-based organizations). A portion of responses cited improved education as a way to address health behaviors, focusing both on formal education and improving life skills. Finally, some respondents expressed a desire for increased legal or political interventions, particularly for illegal health behaviors.

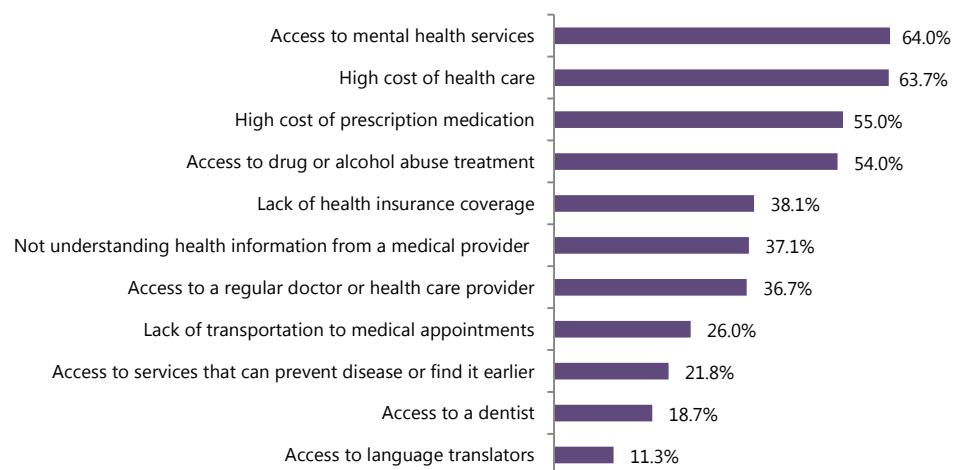
“Reaching the community where they are is extremely important. Promoting things at the hospital is useful, but [we need to] bring things to schools, community centers, and churches to bring the knowledge to them.”

Health System Issues

Which five health system issues do you believe are the biggest problems for our community?

Features of the health system in a community are important to consider when determining if the people, agencies and resources that comprise that system can meet the community’s need. Survey respondents cited (lack of) access to mental health services as the top health system problem in Onondaga County (64.0%). This aligns with the selection of mental health issues as a top health problem in the community, and further corresponds with the concern over drug abuse and addiction, given the potential for co-occurrence of mental health and substance abuse issues. The next two priorities focused on the high cost of health care and prescription medications as health system issues. Not surprisingly, (lack of) access to drug or alcohol abuse treatment was also noted as a high priority issue (Figure 3).

Figure 3. Health System Issues Most Impacting Health, Onondaga County (n=2,799)



Envisioning a Healthy Community

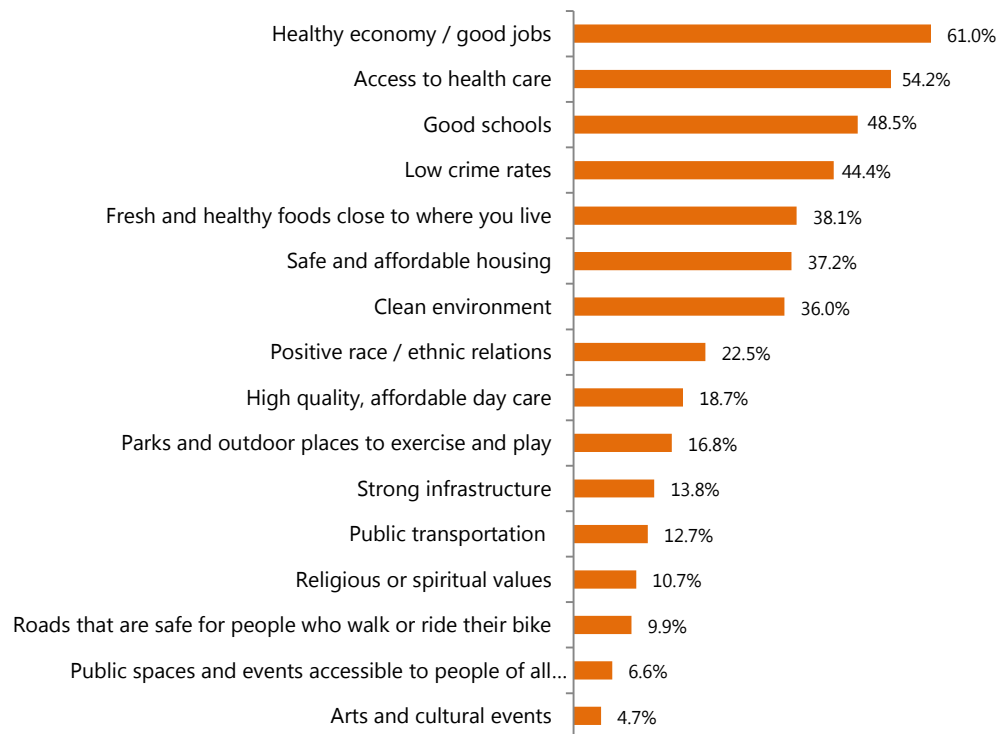
Which five features do you believe are the most important for a healthy community?

When asked how local agencies could improve health system issues, responses focused around three main themes: access, education, and affordability. Respondents wanted improved access to affordable healthcare, including primary care, specialists and dentists. Many noted that it was difficult to find and pay for mental health and substance abuse treatment. Health insurance was also cited as being unaffordable for some. There was also a clear desire for more education on available services, and more individual education from physician to patient. Another theme that emerged was a need for assistance in navigating a complicated health care system.

“People of all ages and ethnicities are (experiencing) short comings in health care, and it is quite sad. The health system just has to keep progressing and adapting to the current problems we face.”

A healthy community includes many features that can improve the health and quality of life for residents. Survey respondents defined a healthy community as having a strong economy with good jobs (61.0%), access to health care (54.2%), good schools (48.5%), low crime rates (44.4%), and fresh and healthy foods close to where residents live (38.1%) (Figure 4).

Figure 4. Features of a Healthy Community, Onondaga County (n=2,799)



When providing open-ended feedback on a healthy community, responses focused on the desire for a community culture involving community pride and engagement, and strong values of cooperation, acceptance, integrity, support, respect and positivity. Based on the responses to this question, it is clear that residents feel the health of a community is dependent not only on health or environmental factors, but social determinants, culture, and connections as well.

“Having a sense of pride and connection to the positive things in the community helps build a stronger and more sociable community! The stronger the ties are to the community the safer and more likely people are to thrive within that community!”

Notable Geographic Differences

Quantitative data were analyzed to compare responses between Syracuse residents and those living outside the city. Overall, the top priority areas were nearly identical between the two geographies. Syracuse residents identified homelessness as a high priority health behavior/social factor, while non-city residents choose lack of physical activity. City residents also placed higher priority on a clean environment as a feature of a healthy community, while non-city residents chose close proximity to fresh and healthy foods. Table 1 shows the top five priorities within each topic area by geography. Within Syracuse, data were also analyzed by zip code of residence. Respondents in all zip codes chose addiction to alcohol and drugs as the top health problem, and overall there was strong agreement on the top priorities, with some variation. The top five priorities in each topic area by zip code are shown in Table 2.

Notable Demographic Differences

Consistency around the top priorities was maintained across each race, ethnicity, age, sex and level of education. Across the board, drug abuse, addiction and mental health issues were cited as top areas of concern. Differences are noted below:

- Black respondents reported concern about diabetes, high blood pressure and homelessness, while white respondents were more concerned about obesity in adults and children, and a lack of physical activity.
- Those reporting Hispanic ethnicity chose drinking and driving, homelessness, and a clean environment as high priorities, while non-Hispanics had more concerns around lack of physical activity and unhealthy eating.
- Respondents age 65 and older cited Alzheimer’s disease, dementia or memory loss, as well as drinking and driving as high priorities, while those younger than 65 years chose obesity in children, homelessness, and lack of physical activity.

- Males had greater concerns about access to a regular doctor or health care provider as a top priority while females were more concerned with a lack of health insurance coverage. Men were also more likely to cite a clean environment as a feature of a healthy community, while women cited proximity to fresh and healthy foods.
- Those with a high school degree or less were more likely to be concerned about diabetes, drinking and driving, and texting and driving compared to those with at least some college.

Focus Groups

Process	The Onondaga County Health Department worked with community agencies to identify groups that were potentially underrepresented in the online survey. A facilitator's guide was developed to ensure consistency, and at least one facilitator and one note-taker attended each group. Each group was facilitated by a member of the OCHD Community Health Assessment team.
RISE	<p>The first focus group was conducted with New Americans at Refugee & Immigrant Self-Empowerment (RISE). There were 17 adult participants. The majority were from Somalia, with Bhutan, Burma, and Kenya also represented. Two translators assisted with the session. Estimated ages ranged from 20 to 60 years old. The following themes were identified:</p> <ul style="list-style-type: none"> • Assistance is needed to identify housing that is accessible for those who are mobility impaired, and those with health concerns related to housing such as allergies, asthma and eczema. • There is a need for family support around parenting, with special focus on the cultural gap between parents and older adolescent children. • More resources are needed for individuals with physical and/or mental disabilities. <p>While specific concerns did not surface during the discussion, when asked to prioritize the health issues of the community, participants chose Mental Health and Substance Abuse as the highest priority (82%).</p>
P.E.A.C.E., Inc.	The next focus group was conducted at the County East Family Resource Center of P.E.A.C.E, Inc. Six participants attended, with the majority over 50 years of age.

SHS Executive Council

Themes:

- Concerns over water quality should be addressed, particularly for those on public water in East Syracuse.
- More resources are needed for mental health issues, particularly for those that are unrecognized or untreated.
- Agencies in the community should work to better coordinate the services offered.

The top two health issues prioritized by the group were Healthy and Safe Environment and Mental Health and Substance Abuse.

The final focus group was conducted among members of the Syracuse Healthy Start Executive Council at the Syracuse Model Neighborhood Facility. Ten individuals participated. All were African American, and most were under age 50.

Themes:

- Access to services is limited, and current systems do not adequately support those in need.
- Care coordinators or patient navigators are needed to help individuals access community resources more efficiently.
- Available services need to improve upon cultural competency.
- There is a lack of communication, and sometimes misinformation about health topics in the community.
- Mental health issues impact many of the other areas of health concerns.
- The (built) environment and current infrastructure impacts all health topic areas.

The group prioritized Healthy Moms and Babies, Mental Health and Substance Abuse, and Healthy and Safe Environment as the top three health priorities in Onondaga County.

Conclusion

Items for Action

While Onondaga County residents have a wide variety of concerns around both health status and health system issues, there was strong agreement around the top priorities for the community. Addressing **drug abuse and addiction, chronic diseases, access to mental health providers** and the **high cost of health care** is extremely important to residents.

To complement the qualitative analysis, the CHA/CHIP Steering Committee has gathered and reviewed quantitative data around the health status of Onondaga County residents. A wide variety of health indicators, as well as detailed information about the collection and review process, can be found in the Community Health Assessment.

Table 1. Top priority issues by geography

Topic Area	Issue	Onondaga County	City of Syracuse	Rest of County
Health Problems	Addiction to alcohol or drugs	87.4%	84.0%	88.9%
	Cancer	44.9%	39.0%	47.6%
	Mental health issues	52.1%	51.4%	52.4%
	Obesity in adults	50.5%	43.5%	53.8%
	Obesity in children	40.7%	37.5%	42.1%
Health Behaviors/ Social Factors	Abuse (including emotional, physical or sexual)	48.0%	52.2%	46.0%
	Drug abuse	76.0%	73.0%	77.4%
	Homelessness	39.8%	48.0%	36.0%
	Not enough physical activity	42.5%	38.0%	44.6%
	Unhealthy eating	44.6%	42.4%	45.5%
	Violence	68.0%	69.5%	67.3%
Health Systems	Access to drug or alcohol abuse treatment	54.0%	51.5%	55.2%
	Access to a regular doctor or health care provider	36.7%	38.7%	35.9%
	Access to mental health services	64.0%	60.5%	65.6%
	High cost of health care	63.7%	61.0%	64.9%
	High cost of prescription medication	55.0%	51.1%	56.8%
	Lack of health insurance coverage	38.1%	37.1%	38.5%
	Not understanding health information from a medical provider	37.1%	38.7%	36.4%
Creating a Healthy Community	Clean environment	36.0%	39.8%	34.2%
	Healthy economy / good jobs	61.0%	58.8%	62.0%
	Access to health care	54.2%	52.0%	55.2%
	Fresh and healthy foods close to where you live	38.1%	37.8%	38.2%
	Good schools	48.5%	50.4%	47.6%
	Low crime rates	44.4%	45.4%	43.9%

Source: Onondaga County Community Engagement Survey, 2016

Note: Tables include the top five priorities for each geography, with the highest percentage highlighted for each.

Table 2. Top priority issues by zip code (City of Syracuse)

Topic Area	Issue	13202	13203	13204	13205	13206	13207	13208	13210	13224
Health Problems	Addiction to alcohol or drugs	90.0%	88.1%	82.1%	76.5%	88.6%	93.6%	83.7%	81.7%	86.4%
	Cancer	35.0%	29.9%	38.8%	47.1%	39.8%	35.1%	39.1%	28.0%	34.1%
	Diabetes	25.0%	20.9%	32.8%	30.9%	43.2%	43.6%	39.1%	38.7%	29.6%
	Heart disease and stroke	15.0%	29.9%	37.3%	32.4%	26.1%	29.8%	27.2%	24.7%	22.7%
	High blood pressure	45.0%	16.4%	22.4%	26.5%	27.3%	17.0%	18.5%	20.4%	15.9%
	Mental health issues	50.0%	58.2%	53.7%	50.0%	50.0%	66.0%	57.6%	45.2%	59.1%
	Obesity in adults	45.0%	38.8%	34.3%	32.4%	51.1%	38.3%	33.7%	47.3%	40.9%
	Obesity in children	35.0%	41.8%	29.9%	29.4%	42.1%	46.8%	30.4%	39.8%	31.8%
Health Behaviors/ Social Factors	Abuse (including emotional, physical or sexual)	55.0%	56.7%	50.8%	69.1%	55.7%	61.7%	60.9%	52.7%	50.0%
	Drinking and driving	25.0%	26.9%	37.3%	35.3%	38.6%	26.6%	31.5%	33.3%	18.2%
	Drug abuse	80.0%	79.1%	79.1%	66.2%	78.4%	81.9%	79.4%	63.4%	81.8%
	Homelessness	70.0%	46.3%	58.2%	41.2%	47.7%	57.5%	50.0%	49.5%	52.3%
	Not enough physical activity	40.0%	43.3%	35.8%	41.2%	40.9%	41.5%	30.4%	41.9%	45.5%
	Unhealthy eating	30.0%	46.3%	35.8%	44.1%	44.3%	42.6%	33.7%	51.6%	50.0%
	Violence	60.0%	64.2%	76.1%	76.5%	69.3%	88.3%	69.6%	73.1%	81.8%
Heath Systems	Access to drug or alcohol abuse treatment	35.0%	62.7%	56.7%	42.7%	54.6%	57.5%	56.5%	54.8%	59.1%
	Access to a regular doctor or health care provider	50.0%	38.8%	44.8%	39.7%	39.8%	41.5%	44.6%	51.6%	50.0%
	Access to mental health services	50.0%	71.6%	64.2%	61.8%	69.3%	74.5%	58.7%	67.7%	84.1%
	High cost of health care	65.0%	67.2%	58.2%	60.3%	76.1%	67.0%	65.2%	63.4%	61.4%
	High cost of prescription medication	60.0%	58.2%	41.8%	64.7%	60.2%	56.4%	54.4%	46.2%	65.9%
	Lack of health insurance coverage	35.0%	44.8%	44.8%	35.3%	37.5%	40.4%	33.7%	39.8%	34.1%
	Lack of transportation to medical appointments	40.0%	26.9%	29.9%	39.7%	40.9%	31.9%	27.2%	31.2%	36.4%
	Not understanding health information from provider	85.0%	49.3%	38.8%	35.3%	35.2%	44.7%	34.8%	39.8%	40.9%
Creating a Healthy Community	Clean environment	60.0%	32.8%	44.8%	55.9%	33.0%	45.7%	56.5%	43.0%	38.6%
	Healthy economy / good jobs	65.0%	59.7%	56.7%	54.4%	64.8%	74.5%	70.7%	64.5%	79.6%
	Access to health care	50.0%	55.2%	53.7%	42.7%	59.1%	52.1%	58.7%	61.3%	61.4%
	Fresh and healthy foods close to where you live	45.0%	46.3%	44.8%	45.6%	35.2%	43.6%	42.4%	45.2%	36.4%
	Good schools	65.0%	61.2%	50.8%	57.4%	61.4%	64.9%	50.0%	45.2%	52.3%
	Low crime rates	60.0%	53.7%	56.7%	50.0%	51.1%	48.9%	52.2%	40.9%	47.7%
	Safe and affordable housing	45.0%	50.8%	40.3%	41.2%	38.6%	51.1%	44.6%	49.5%	54.5%

Source: Onondaga County Community Engagement Survey, 2016

Note: Table includes top five priorities for each zip code, with the highest percentage highlighted for each.

Appendix 3: Onondaga County Health Department
Community Health Improvement Plan 2016 – 2018

Priority Area: Prevent Chronic Disease

Focus Area 1: Reduce Obesity in Children and Adults					
Goal 1: Create community environments that promote and support healthy food and beverage choices and physical activity					
Objective: By December 31, 2018, reduce the age-adjusted percentage of adults ages 18 years and older who are obese: <ul style="list-style-type: none">From 27.9%⁸⁷ to 25% among all adultsFrom 33.9%⁸⁷ to 31% among adults with income less than \$25,000					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Increase the number of agencies with nutrition standards for healthy food and beverage procurement	1. Develop action plans with 4-6 organizations or worksites to identify innovative strategies for offering healthy food options at the worksite	Health promotion team, health assessment team	<ul style="list-style-type: none">Number of action plans developed and implementedNumber of individuals accessing settings with new procurement standards and practicesNumber of healthy options purchased before and after implementation (sales data)	HealtheConnections, Near Westside Initiative, St. Joseph’s Hospital, Syracuse Housing Authority, Centro, Early Childhood Centers	December 2017
	2. Assist agencies with plan implementation, including promotion and evaluation of new interventions				
	3. Implement a special event to promote new standards and practices at each site				
2. OC Plan Activity #2 – Improve sustainability of healthy food offerings through small retail venues, corner stores, and mobile markets	1. Provide information, education, and support items to small retail venues/ corner stores on strategies to promote the sale of healthy foods and beverages	Health promotion team	<ul style="list-style-type: none">Number of small retail venues/ corner stores supportedNumber of additional mobile markets or produce delivery programs implemented	HealtheConnections, Local Farmers, American Heart Association, Farm Fresh Mobile Markets	December 2017
	2. Coordinate on-site mobile markets or produce delivery programs in high-need areas that are currently not being served				

⁸⁷ Expanded BRFSS, 2013-2014

Note: Where agency-specific activities align with the 2016-2018 Onondaga County Community Health Improvement Plan, the “OC Plan Activity #” is specified in the “Activity” column.

Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
3. New Activity – Implement additional Complete Streets policies within the City of Syracuse	1. Complete an assessment of Complete Streets practice implementation in Syracuse	Health promotion team	<ul style="list-style-type: none">Number of new Complete Streets practices implementedNumber of streets in Syracuse with Complete Streets practices implemented	City of Syracuse Transportation Planner, HealtheConnections, Department of Transportation, Law Enforcement, Syracuse Metropolitan Transportation Council	December 2017
	2. Work with partners to identify new projects that would benefit from Complete Streets practices				
	3. Implement new Complete Streets projects				
	4. Launch a social media campaign to promote awareness of health and safety benefits associated with Complete Streets practices				
Goal 2: Prevent childhood obesity through early child care and schools					
Objective: By December 31, 2018, reduce the percentage of children in the Syracuse City School District (SCSD) who are obese from 23.7% ⁸⁸ to 20%					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. New Activity – Increase the number of schools in the SCSD that have healthy nutrition environments	1. Develop and implement a comprehensive and strong Local Wellness Policy (LWP)	Health promotion team, health assessment team	<ul style="list-style-type: none">Use Wellness School Assessment Tool (WellSAT 2.0) to evaluate the revised SCSD LWP; compare with previous scoreEnvironmental assessment completedNumber of students attending schools complying with revised LWP	SCSD – Wellness Committee, SCSD – Food Service Director, Cornell Cooperative Extension, American Heart Association	1. Complete - October 2016
	2. Conduct a baseline environmental assessment in 4-6 school buildings to identify compliance with the revised LWP				2-3. December 2017
	3. Develop and action plans to increase compliance with the revised LWP				
2. New Activity – Increase the number of schools in the SCSD that have adopted and implemented a comprehensive school physical activity program (CSPAP)	1. Conduct a baseline CSPAP assessment in 4-6 school buildings	Health promotion team, health assessment team	<ul style="list-style-type: none">Number of school buildings implementing CSPAPNumber of children attending schools with CSPAP in placeNumber of students participating in physical activity during recess, before and after recess kits	SCSD – Wellness Committee, YMCA, SCSD – Physical Education Director	December 2017
	2. Develop, implement, and evaluate improvement plans to improve CSPAP activities				
	3. Distribute and evaluate recess kits provided to 4-6 elementary school buildings				

⁸⁸ Student weight status category reporting system, 2012-2014

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings					
Goal 1: Promote culturally relevant chronic disease self-management education and prevention					
Objective: By December 31, 2018, increase the percentage of adults who have taken a course or class to learn how to manage their chronic condition from 8.7% ⁸⁹ to 10%					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #3 – Increase coverage of the National Diabetes Prevention Program (NDPP) by self-insured employers and associated health plans	1. Contact 3-5 self-insured employers and provide education on NDPP coverage	Health promotion team	<ul style="list-style-type: none">Number of new self-insured employers with coverage for NDPPNumber of employees newly insured for NDPP	City of Syracuse businesses, YMCA, Local media	December 2017
	2. Obtain agreement for coverage from at least two new employers				

⁸⁹ Expanded BRFSS, 2013-2014

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area 1: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders					
Goal 1: Prevent underage drinking, non-medical use of prescription drugs by youth, and excessive alcohol consumption by adults					
Objectives: By December 31, 2018, focus interventions on prevention, crisis, and treatment to reduce: <ul style="list-style-type: none"> • Opioid-related overdose deaths by 15% from 142⁹⁰ to 121 • The number of newborn drug-related discharges by 15% from 148⁹¹ to 126 					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 - Increase education to providers on pain management, addiction and prescribing practices, as well as early identification of substance abuse in patients	1. Identify and adapt, or develop appropriate educational materials	Commissioner, assessment team, health promotion team	<ul style="list-style-type: none"> • Number of providers receiving education on pain management, addiction, prescribing practices, use of I-STOP and early identification of substance abuse • Percent of providers routinely using I-STOP • Number of home visiting staff trained in SBIRT 	Crouse Hospital, St. Joseph's Hospital, Upstate University Hospital, OC Drug Task Force	Physician detailer trained by December 2017
	2. Train additional staff in physician detailing				Physician detailing completed by December 2018
	3. Schedule and complete detailing visits				Staff training completed by August 2017
	4. Implement SBIRT training for OCHD home visiting staff				
2. OC Plan Activity #2 - Implement a community-based educational campaign on opioid abuse	1. Identify and secure funding for an educational campaign	Assessment team, health promotion team, Commissioner, Medical Director	<ul style="list-style-type: none"> • Number of residents reached by educational campaign • Number of unique visits to newly developed community education website • Number of community agencies using campaign materials 	Crouse Hospital, St. Joseph's Hospital, Upstate University Hospital, OC Drug Task Force, OC Dept. of Aging and Long Term Care (DALTC)	Partial funding secured – December 2016
	2. Develop and implement media campaign				Media campaign launched – June - August 2017
	3. Create new interactive website				Website live – June 2017 Materials distributed – June 2017
	4. Distribute all materials to hospitals, OC Drug Task Force agencies and other partners				

⁹⁰ Onondaga County Medical Examiner's Office, 2016. Data are provisional and reflect closed cases reported as of 6/16/2017.

⁹¹ NYSDOH County Health Assessment Indicators, 2014. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
3. OC Plan Activity #6 - Safeguard prescription opioids against diversion.	1. Publicize and promote use of Sharps, Needles And Drug Disposal (SNADD) boxes throughout the county.		<ul style="list-style-type: none"><i>Pounds of prescriptions collected through SNADD boxes</i>	OC Drug Task Force	Ongoing through December 2018
4. OC Plan Activity #7 - Increase availability of Naloxone	1. Train OCHD home visiting staff in the appropriate administration of Naloxone	Medical Director	<ul style="list-style-type: none"><i>Number and percent of OCHD home visiting staff trained on use of Naloxone</i><i>Number of individuals trained through OCHD-supported events</i>	OC Drug Task Force	Completed – June 2016
	2. Support community trainings in Naloxone use				
5. New Activity - Participate in In-Depth Technical Assistance (IDTA) opportunity from OASAS to identify strategies to decrease neonatal abstinence syndrome (NAS).	1. Attend 2017 Policy Academy in Baltimore, MD	Commissioner, health assessment team, Healthy Families team	<ul style="list-style-type: none"><i>NYS policy agenda and action plan developed</i>	Crouse Hospital, Upstate University Hospital, Prevention Network, Onondaga County Department of Children and Family Services	Ongoing, initiated in November 2016
	2. Participate in NYS team to create a state-specific policy agenda and action plan to reduce NAS.				
	3. Strengthen collaboration across systems to address complex needs of those with opioid and other substance abuse disorders				

Appendix 4: St. Joseph's Hospital Health Center Community Health Improvement Plan 2016 – 2018

Priority Area: Prevent Chronic Disease

Focus Area 1: Reduce Obesity in Children and Adults					
Goal 1: Create community environments that promote and support healthy food and beverage choices and physical activity					
Objective: By December 31, 2018, reduce the age-adjusted percentage of adults ages 18 years and older who are obese: <ul style="list-style-type: none"> From 27.9%⁹² to 25% among all adults From 33.9%⁹² to 31% among adults with income less than \$25,000 					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Increase the number of agencies with nutrition standards for healthy food and beverage procurement	1. Implement Healthy vending initiative	Community Benefit team, nutritional services, St. Joseph's auxiliary	<ul style="list-style-type: none"> Number of healthy options purchased at the time of implementation and in the quarters/years following (trending) 	OCHD	December 2017
	2. Raise awareness among employees and the public on the benefits of healthy choices				
	3. Participate in OCHD's "special event" promoting healthy food and beverage practices				
2. OC Plan Activity #2 - Improve sustainability of healthy food offerings through small retail venues, corner stores, and mobile markets	1. Coordinate on-site mobile markets or produce delivery programs in high-need areas that are currently not being served	Community Benefit staff	<ul style="list-style-type: none"> Number of additional mobile markets or produce delivery programs implemented 	OCHD Community centers/community-based organizations	July, 2018

⁹² Expanded BRFSS, 2013-2014

Note: Where agency-specific activities align with the 2016-2018 Onondaga County Community Health Improvement Plan, the "OC Plan Activity #" is specified in the "Activity" column.

Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure					
Goal 1: Promote tobacco use cessation, especially among low SES populations and those with poor mental health					
Objectives: By December 31, 2018, decrease the age-adjusted prevalence of cigarette smoking from: <ul style="list-style-type: none">• 21.3%⁹³ to 19% among all adults• 42.2%⁹³ to 40% among adults with annual household income less than \$25,000					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #3 - Screen all primary care patients over 18 for tobacco use. Counsel tobacco users, refer to cessation programs and/or treat	1. Monitor screening compliance in all owned primary care practices on a monthly basis	Community Benefit staff; Population Health Management team	<ul style="list-style-type: none">• Number of primary care provider offices implementing Million Hearts Campaign smoking cessation strategies• Percent compliance with screening for tobacco use (# screened/# eligible) with the ultimate goal of reaching 19% by 2019	CNYCC	December 2018
	2. Provide collaborative clinical education to further improve measures as appropriate				

⁹³ Expanded BRFSS, 2013-2014

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings					
Goal 1: Promote culturally relevant chronic disease self-management education and prevention					
Objective: By December 31, 2018, increase the percentage of adults who have taken a course or class to learn how to manage their chronic condition from 8.7% ⁹⁴ to 10%					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #2 - Increase referrals to chronic disease self-management classes from primary care physicians	1. Determine the best pathway for patients according to payor: development of internal DPP program vs. working with the YMCA	Chronic Disease Management team; Dietitians	<ul style="list-style-type: none">Number of evidence-based self-management program workshops conductedNumber of participants referred to workshops through primary care	YMCA - Senior Healthy Living Director	December 2018
	2. Develop and implement a process for targeting pre-diabetic patients and facilitating enrollment into a DPP program				

⁹⁴ Expanded BRFSS, 2013-2014

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area 1: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders					
Goal: Prevent underage drinking, non-medical use of prescription drugs by youth, and excessive alcohol consumption by adults					
Objectives: By December 31, 2018, focus intervention on prevention, crisis, and treatment to reduce: <ul style="list-style-type: none">• Opioid-related overdose deaths by 15% from 142⁹⁵ to 121• The number of newborn drug-related discharges from 148⁹⁶ to 126					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 - Increase education to providers on pain management, addiction and prescribing practices, as well as early identification of substance abuse in patients	1. Schedule and complete educational visits in collaboration with the OCHD	OC Drug Task Force representatives; Community Benefit staff; OCHD health promotion team	<ul style="list-style-type: none">• Number of providers receiving education on pain management, addiction, prescribing practices and early identification of substance abuse• Number of opioid prescriptions dispensed	Crouse Hospital, Upstate University Hospital, OC Drug Task Force, OCHD	Physician detailing completed by December 2018
2. OC Plan Activity #2 – Implement a community-based educational campaign on opioid abuse	1. Develop and implement media campaign in collaboration with the OCHD	Community Benefit staff; marketing and communications team, OCHD health promotion team	<ul style="list-style-type: none">• Number of residents reached by educational campaign• Number of unique visits to newly developed community education website• Number of community agencies using campaign materials	Crouse Hospital, Upstate University Hospital, OC Drug Task Force, OCHD	Media campaign launched – June - August 2017
	2. Distribute materials throughout the St. Joseph’s system; provide education at internal leadership meetings; integrate campaign into social media and PR efforts as appropriate				Website live – June 2017 Materials distributed – June 2017
3. OC Plan Activity #4 – Implement standardized prescription drug monitoring program in local EDs		OC Drug Task Force representatives; ED leadership	<ul style="list-style-type: none">• A policy is developed and implemented in local EDs regarding patient education on correct pain medication usage as part of the discharge plan	Crouse Hospital, Upstate University Hospital	July 2018

⁹⁵ Onondaga County Medical Examiner’s Office, 2016. Data are provisional and reflect closed cases reported as of 6/16/2017.

⁹⁶ NYSDOH County Health Assessment Indicators, 2014. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
4. OC Plan Activity #7 - Increase availability of Naloxone	1. Create training opportunities for staff in the appropriate administration of Naloxone	<i>Behavioral Health leadership; medical education leadership; clinical education leadership</i>	<ul style="list-style-type: none"><i>Number and percent of relevant/targeted Behavioral Health staff trained on use of Naloxone</i>	<i>OC Drug Task Force</i>	Completed 2016 – Behavioral Health facilitated two trainings (July 2016 & September 2016) resulting in the training of 45 staff members. Additional training targeted for 2017

Appendix 5: Crouse Health Community Health Improvement Plan and Community Service Plan 2016 – 2018

The Community Health Assessment and Improvement Plan was developed through a collaboration between the Onondaga County Health Department (OCHD) and the CHA/CHIP Steering Committee, which included representatives from Crouse Health, St. Joseph's Hospital Health Center, Upstate University Hospital, HealtheConnections (Onondaga County's Regional Health Information Organization [RHIO]) and the CNY Care Collaborative (the region's DSRIP Performing Provider System [PPS]).

The Community Service Plan was developed by Crouse Health based upon:

- Crouse's mission, vision, values and strategic initiatives
- Onondaga County Community Health Improvement Plan
- CNY Care Collaborative Community Health Assessment
- New York State's 2013 -2018 Prevention Agenda

Crouse Health Mission

To provide the best in patient care and to promote community health.

Vision

- Service excellence
- Dynamic work environment
- Building on center of clinical and organizational excellence
- Innovation and collaboration
- Financial and resource stewardship

Values

- Community – working together
- Respect – honor dignity and trust
- Open and honest communications
- Undivided commitment to quality
- Service to our patients, physicians and employees
- Excellence through innovation and creativity

Strategic Initiatives 2016 – 2017

- Culture – nurture relationships and encourage diversity
- Service line growth – including women & infants services and cardiac care
- Access to healthcare – improve access to care through growth and expansion of primary and critical care services
- Information systems – implement new technology to enhance patient care through data sharing
- Crouse Health System – build on a coordinated network of providers and services to improve the health of our community

Community Served by Crouse Health

Crouse Health is located in Syracuse, the county seat of Onondaga County and is the largest metropolitan statistical area in the region. Eighty-seven per cent of Crouse Health inpatient and outpatient discharges reside in Onondaga County. Crouse Health cares for inpatients and outpatients from surrounding counties primarily for two service lines: women's and infants' services, specifically high-risk perinatal patients and infants admitted to the neonatal intensive care unit, and chemical dependency treatment services (CDTS).

Since 1975, Crouse has served as the New York State-designated Regional Perinatal Center (RPC) for high-risk perinatal and neonatal services. New York State's system includes a hierarchy of four levels of perinatal care provided by the hospitals within a region and led by a Regional Perinatal Center, which provides the most sophisticated care and provides education, advice and support to affiliate hospitals in their region. Crouse provides the clinical services of the Central New York Regional Perinatal Program. The center's Baker Regional Neonatal Intensive Care Unit (NICU) admits more than 900 premature and critically ill infants each year. Dedicated to the care and well-being of mothers and babies in the 14 counties that comprise the hospital's service area, the program provides specialized care during pregnancy and/or the newborn period. Crouse's service area spans from St. Lawrence County in the northern part of the state, to Broome and Tioga counties in the southern tier. Approximately 30% of infants admitted to the NICU are transferred from outside Onondaga County.

Crouse CDTS is the region's largest provider of substance abuse services, and is the only hospital-based program in the region. CDTS provides a comprehensive system of assessment and treatment services for patients with Substance Use Disorder (SUD) at varied levels of care. From hospital-based withdrawal

management, residential treatment, medication assisted treatment with methadone, suboxone and vivitrol, to a variety of outpatient programs, Crouse CDTS provides options to meet the unique needs of individuals with substance use disorders. Crouse programs include gender specific treatment for women; adolescents; Older Adult Recovery Program for adults 50 and older; Recovery Challenge program for individuals with substance use disorders and co-occurring conditions such as developmental disabilities and traumatic brain injury; a co-occurring disorder program for individuals with both substance use disorders and mental health diagnoses; and programs geared towards individuals involved with the criminal justice system. In addition Crouse provides addiction psychiatry to individuals presenting with both substance use disorders and co-occurring mental health symptoms. Approximately 79% of CDTS patients reside in Onondaga County and out of those 74% are residents of the City of Syracuse. In 2015, there were 191,184 patient service visits.

Inpatient and outpatient discharges for Onondaga and the next highest counties:

County	Discharges
Onondaga	132,178
Oswego	11,026
Madison	5,023
Oneida	3,803

Crouse Health serves as the safety net hospital for Onondaga County. In 2015, the payer composition of the inpatient and outpatient populations Crouse served was: (1) Medicaid – 34%; (2) Medicare – 22%; uninsured – 4%; commercially insured – 38%.

Crouse Health
Community Health Improvement Plan and Community Service Plan 2016-2018

Priority Area: Prevent Chronic Disease

Focus Area 1: Reduce Obesity in Children and Adults					
Goal 1: Create community environments that promote and support healthy food and beverage choices and physical activity					
Objective: By December 31, 2018, reduce the age-adjusted percentage of adults ages 18 years and older who are obese: <ul style="list-style-type: none">• From 27.9%⁹⁷ to 25% among all adults• From 33.9%⁹⁷ to 31% among adults with income less than \$25,000					
Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Increase the number of worksites with nutrition standards for healthy food and beverage procurement	1. Expand Crouse “Simply Well” nutrition, exercise and wellness program to staff, their families, and worksites in the Crouse Health Network	“Simply Well” educational materials, nutrition information, exercise classes	<ul style="list-style-type: none">• Number of worksites that develop and adopt policies to implement nutrition standards	OCHD, St. Joseph’s Hospital	December 2017
Goal 2: Expand the role of health care and health service providers and insurers in obesity prevention					
Objective: By December 31, 2018, increase the percentage of infants: <ul style="list-style-type: none">• Exclusively breastfed in the hospital from 54.3%⁹⁸ to 60%• Fed any breastmilk in the hospital from 76.7%⁹⁸ to 81%					
Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 - Increase participation in CenteringPregnancy programs	1. Collaborate with Crouse CDTS and Upstate OB/GYN to encourage women to enter CenteringPregnancy program for substance abusing women	CDTS staff	<ul style="list-style-type: none">• Number of pregnant women participating in CenteringPregnancy programs	Upstate University Hospital OB/GYN staff	December 2018

⁹⁷ Expanded BRFSS, 2013-2014

⁹⁸ Statewide Perinatal Data System, accessed by OCHD Bureau of Surveillance and Statistics, 2015

Note: Where agency-specific activities align with the 2016-2018 Onondaga County Community Health Improvement Plan, the “OC Plan Activity #” is specified in the “Activity” column.

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
2. OC Plan Activity #2 – Increase the number of hospitals with Baby-Friendly designation	1. Achieve all 2017 DOH mandates related to breast feeding and move toward Baby Friendly designation	Kienzle Family Maternity Center and Baker Regional NICU staff/physicians	<ul style="list-style-type: none">2017 DOH mandates achieved		December 2017

Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure					
Goal 1: Promote tobacco use cessation, especially among low socioeconomic status (SES) populations and those with poor mental health					
Objectives: By December 31, 2018, decrease the age-adjusted prevalence of cigarette smoking from: <ul style="list-style-type: none">• 21.3%⁹⁹ to 19% among all adults• 42.2%⁹⁹ to 40% among adults with annual household income less than \$25,000					
Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Expand smoking cessation programs for hospital employees	1. Continue and expand Quit for Life program for employees throughout the Crouse Health Network and their families	Counseling, medication recommendations, free nicotine replacement products, quit guides, online forums, help guide for family and friends	<ul style="list-style-type: none">• Number of hospital employees/family members participating in smoking cessation programs		December 2018
2. OC Plan Activity #2 – Support smoking cessation at outpatient chemical dependency programs	1. Strengthen smoking cessation and support, including addressing triggers and decreasing stress factors for patients in outpatient chemical dependency services	Counseling, help guides, community collaborations	<ul style="list-style-type: none">• Number of patients receiving smoking cessation education at outpatient chemical dependency programs		December 2018
3. OC Plan Activity #3 – Screen all primary care patients over 18 for tobacco use – counsel tobacco users, refer to cessation programs and/or treatment	1. Work with Crouse Medical Practice in implementation of Million Hearts Campaign	Crouse Health Network staff, patient/family educational materials, Crouse social media sites	<ul style="list-style-type: none">• Number of primary care provider offices implementing Million Hearts Campaign smoking cessation strategies	Upstate University Hospital, St. Joseph’s Hospital, CNYCC OCHD	December 2018
	2. Work through Crouse Heart Caring program to initiate 100 Congregations for Million Hearts Campaign				
	3. Join the Tobacco 21 Campaign to raise the sale age for tobacco products to 21 to improve public health				

⁹⁹ Expanded BRFSS, 2013-2014

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings					
Goal 1: Promote culturally relevant chronic disease self-management education and prevention					
Objective: By December 31, 2018, increase the percentage of adults who have taken a course or class to learn how to manage their chronic condition from 8.7% ¹⁰⁰ to 10%					
Activity	Actions	Responsible Person / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Improve and expand outreach to refugee community	1. Provide education through Visit to Hospital Land programs and Heart Caring initiatives	Crouse staff	<ul style="list-style-type: none">Number of chronic disease self-management education sessions conducted in refugee communities	OCHD	December 2018
2. OC Plan Activity #2 – Increase referrals to chronic disease self-management classes from primary care physicians	1. Work within Crouse Health Network physician leadership to educate providers on chronic disease management including use of self-management tools	Crouse Medical Practice staff/physicians, Crouse staff, EMR, Crouse Health Network staff/physicians	<ul style="list-style-type: none">Number of evidence-based self-management program workshops conductedNumber of participants referred to workshops through primary care	St. Joseph's Hospital, Upstate University Hospital, CNYCC	December 2018
	2. Increase use of data with Crouse Health Network for chronic care management including care coordination to increase number of patients referred to chronic disease self-management classes				

¹⁰⁰ Expanded BRFSS, 2013-2014

Crouse Health Programs

Addressing the Prevention Agenda Priority Area: Prevent Chronic Diseases

As stated in its mission, Crouse Health promotes community health, for no cost and available to all by providing:

- Spirit of Women health education programs and initiatives
- Heart health screenings for underinsured and uninsured
- Mammogram information ladies' nights
- Prostate cancer screenings
- Health fairs for local employers, government agencies, refugee and senior groups
- Infant loss support group; ostomy support group; breast cancer survivor support group; stroke support group
- Programs on perinatal mood disorders including depression
- Baby Beginnings program to reduce the risk of child abuse/improve parenting skills
- Visit to Hospital-Land community service program for first-graders
- National programming to educate consumers and clinicians on cardiovascular disease-states as they relate to women through the Heart Caring program
- Annually participation in an inner-city free health screening fair promoted to underinsured and uninsured individuals
- Sponsorship of Syracuse's annual Juneteenth Health Pavilion
- Sponsorship for and members of Partnership for Patients, a public-private partnership to improve the quality, safety and affordability of healthcare for all Americans.
- CHOICES Program provides high school students with a year-long "inside look" at clinical departments within the hospital including monthly tours and speakers
- Community Education Seminars made by physicians and other clinicians, offered approximately eight times a year on a variety topics
- Dedicated MRSA Unit with specially trained clinicians
- Emergency Medical Service clinical trainings on topics such as stroke care and sepsis
- Donated Family and Friends CPR and First Aid Training for persons unable to pay
- Health Care Proxy Card Program distribution by mail and at events
- Crouse Hospital medical library is open to the community and staff serve as Health Literacy Network for CNY members
- Student Mentoring Program for hundreds of healthcare students each year

In 2017, Crouse will join the Tobacco 21 project with the aim of raising the sale age for tobacco products to 21 to improve public health.

Crouse Health
Community Health Improvement Plan and Community Service Plan 2016-2018

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area 1: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders					
Goal: Prevent underage drinking, non-medical use of prescription drugs by youth, and excessive alcohol consumption by adults					
Objectives: By December 31, 2018, focus intervention on prevention, crisis, and treatment to reduce: <ul style="list-style-type: none">Opioid-related overdose deaths by 15% from 142¹⁰¹ to 121The number of newborn drug-related discharges from 148¹⁰² to 126					
Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 - Increase education to providers in the areas of: early identification of substance abuse in patients and pain management, addiction and prescribing practices	1. Provide education to inpatients' providers on patient pain management	Crouse staff, educational materials, IT staff, CDTS staff, community collaborative	<ul style="list-style-type: none">Number of providers receiving education on pain management, addiction, prescribing practices, and early ID of substance abuseNumber of individuals successfully completing treatment, increased patient access to mental health, housing, employment services	St. Joseph's Hospital, Upstate University Hospital, OC Drug Task Force, OCHD, HealtheConnections	December 2018
	2. Increase data sharing on patients' pain management within Crouse Health Network				
	3. Enhance existing programs through evidence-based innovative treatment and strengthen partnerships with CBOs to address the social determinants of health				

¹⁰¹ Onondaga County Medical Examiner's Office, 2016. Data are provisional and reflect closed cases reported as of 6/16/2017.

¹⁰² NYSDOH County Health Assessment Indicators, 2014. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

Note: Where agency-specific activities align with the 2016-2018 Onondaga County Community Health Improvement Plan, the "OC Plan Activity #" is specified in the "Activity" column.

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
2. OC Plan Activity #2 – Implement community-based educational campaign to increase awareness of the opioid abuse problem and available services and how to access them	1. Promote website at all public substance abuse educational programs	<i>Staff, educational materials, crouse.org</i>	<ul style="list-style-type: none"> • Number of unique visits to newly developed community education website • Number of residents reached by educational campaign • Number of community agencies using campaign materials 	<i>OCHD, St. Joseph's Hospital, Upstate University Hospital, OC Drug Task Force, OC Department of Aging and Long Term Care (DALTC)</i>	December 2018
	2. Promote website on Crouse Hospital website; educational materials available to all and placed at Crouse; distribute materials at all agency meetings attended by Crouse staff				
3. OC Plan Activity #3 – Enhance instruction on pain management and opioid prescribing in medical school curriculum	1. Provide education to all Upstate Medical University students who attend programs at Crouse CDTS on unintended effects of opioid pain medication	<i>Crouse staff</i>	<ul style="list-style-type: none"> • Number of medical students receiving prescriber education aligned with CDC recommendations 	<i>Upstate Medical University</i>	December 2018
4. OC Plan Activity #4 – Implement standardized prescription drug monitoring program in local Emergency Departments (EDs)	1. Implement policy in collaboration with St. Joseph's Hospital Health Center and Upstate University Hospital to educate patients on correct use of pain medication	<i>ED staff, public education materials, CDTS staff, I-STOP, Crouse EMR</i>	<ul style="list-style-type: none"> • A policy is developed and implemented in local EDs regarding patient education on correct pain medication usage as part of the discharge plan 	<i>St. Joseph's Hospital, Upstate University Hospital</i>	December 2018
	2. Continue Crouse ED policy to complete medical screening on patients displaying symptoms of potential substance abuse				
	3. Continue hospital policy for pain management in the ED - if patient meets identified criteria and has not seen a provider one dose of pain medication is prescribed				

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
5. OC Plan Activity #5 – Ensure proper discharge for patients treated for substance use disorder	1. Continue and enhance Crouse Hospital Intervention Service, consultations at the patient's bedside with a Substance Abuse counselor when attending physician has suspicions of SUD	<i>CDTS staff, hospitalists, physicians</i>	<ul style="list-style-type: none"> Standard protocols developed for care transitions, including patients with Substance Use Disorder (SUD) 	<i>St. Joseph's Hospital Upstate University Hospital CNYCC OC DALTC</i>	December 2018
	2. Develop an inter-hospital collaboration for inpatient assessment for substance abuse for Medicaid patients				
6. OC Plan Activity #6 – Safeguard prescription opioids against diversion	1. Provide patient education to hospital inpatients and outpatients including patients in the methadone treatment program	<i>Staff, brochures, website</i>	<ul style="list-style-type: none"> Number of individuals participating in prescription drug take-back events 	<i>OC Drug Task Force</i>	December 2018
7. OC Plan Activity #8 – Increase referrals for patients with substance abuse disorders	1. Work with CNY Care Collaborative peer support program and Crouse Health Network to expand patient navigator program	<i>Communications staff, CDTS staff, website, educational materials</i>	<ul style="list-style-type: none"> Number of patients participating in patient navigator programs Number of adult patients screened using SBIRT in EDs Number of referrals to substance abuse resources 	<i>HealtheConnections Upstate University Hospital CNYCC OC DALTC</i>	December 2018
	2. Expand use of SBIRT in expanded ED space				
	3. Create links on hospital and providers' websites to Combat Heroin website and create links on hospital and providers' websites to the Prevention Network list of resources				
8. OC Plan Activity #9 – Improve linkages between primary care and substance abuse treatment providers	1. Improve linkages between primary care and substance abuse treatment providers	<i>CDTS staff</i>	<ul style="list-style-type: none"> A directory of substance abuse treatment providers is developed and distributed 	<i>CNYCC, OCDALTC, OC Drug Task Force</i>	December 2018

Crouse Health Chemical Dependency Treatment Services Description

Addressing the Prevention Agenda Priority Area: Promote Mental Health and Prevent Substance Abuse

The Central New York Care Collaborative (CNYCC), the Performing Provider System (PPS) covering a six-county area including Onondaga, submitted the results of a Community Needs Assessment (CNA) in November of 2014. The report highlighted that the heroin and opioid epidemic is putting a significant burden on an already strained substance abuse services system and contributes to unnecessary ED visits and inpatient hospitalizations. The 2017 Onondaga County Local Services Plan also highlights the heroin and opioid epidemic in Onondaga County. Crouse Chemical Dependency Treatment Services (CDTS) provides treatment to those with all substance use disorders and works collaboratively with a number of community-based organizations, including the Onondaga County Health Department, on prevention programs to prevent substance abuse.

As the only hospital-based treatment service, Crouse CDTS in 2015 logged 159,294 patient visits to the Opioid Treatment Program, with 200,413 outpatient visits overall. This is up from 2014, when there were 123,930 visits. The payer mix for the overall outpatient clinic and outpatient rehab is 75% Medicaid, 7% Medicare, 8% self-pay, 2% Medicare HMO and 9% commercial payers. Opioid Treatment Program is 71% Medicaid and Medicaid HMO; 10% self-pay, 3% Medicare and Medicare HMO, 8% Commercial. The Opioid Treatment Program serves 700 individuals.

According to the Onondaga County Health Department, the county has a significant and growing opioid addiction epidemic. Drug use has increased the incidence of NAS (Neonatal Abstinence Syndrome) in newborns. Over the past two years Crouse CDTS has experienced a significant increase in pregnant women seeking opioid treatment services. In 2014, 40% of women seeking services were pregnant; in 2015 it increased to 52%. As the New York State DOH-designated Regional Perinatal Center for Neonatal Intensive Care services, Crouse cares for those NAS newborns in its Baker Neonatal Intensive Care Unit. In 2013, Crouse cared for 59 NAS infants at a financial loss per case of over \$12,000. In 2015, that number increased to 70 NAS infants.

Crouse CDTS staff is actively engaged in local and state policy, educational and community awareness initiatives and groups including:

- New York State Association of Alcoholism and Substance Abuse Providers (ASAP)
- Coalition of Medication-Assisted Treatment Providers and Advocates of New York State, Inc. (COMPA)
- Central New York Alcohol & Drug Association (CNYDA)
- Perinatal Substance Abuse Committee
- Onondaga County Drug Task Force

- Onondaga County Community Service Board
- Prevention Network.

Crouse CDTs clinical staff members are noted experts in the field of addiction treatment and are routinely invited to participate in community educational awareness forums on the issue of substance abuse and the community-wide opioid epidemic. In 2015, CDTs experts took part in more than 30 community and school forums and educational opportunities to expand awareness on these issues.

Crouse CDTs Services

Commonwealth Place (CWP) is home to an inpatient rehabilitation program that opened in December 1989. The program is licensed for 40 beds and treatment is gender specific to best meet the individual needs of women and men.

CDTs' centralized intake department and all remaining services are provided at 410 South Crouse Avenue, two blocks north from the hospital. Individuals seeking services other than medication-assisted treatment can easily access those services through "Same Day Access" which provides on-demand treatment services for individuals ready for treatment without the wait for an intake appointment.

Within the outpatient rehabilitation program gender specific programming is offered as well as a specialized program for individuals with a primary SUD diagnosis with co-occurring conditions such as traumatic brain injury, developmental delays or mild mental retardation. Programming is available throughout the day and early evening and on weekends to meet the needs of the community.

Through a grant funded partnership with Syracuse Community Treatment Court (SCTC) a program was developed in 2014, specifically for women offenders who are identified by the SCTC. In addition to traditional SUD treatment, women can participate in "Beyond Trauma" an evidence-based curriculum to address current and past trauma, "Celebrating Families" also an evidence-based curriculum geared to work with the entire family.

Patients have access to a vocational counselor and work on employability skills. Additionally, through partnerships with other Crouse Hospital departments and community partners such as Children's Consortium, Catholic Charities, Vera House, Cornell Cooperative Extension, ACR Health and Onondaga County Department of Health, Crouse offers classes on topics such as childbirth and parenting; nutritional programming; preventing sexually transmitted and communicable diseases; and family planning education.

The opioid treatment program (OTP) offers medication-assisted treatment with methadone, suboxone and vivitrol. The OTP multi-disciplinary treatment team is comprised of over 30 staff members including physicians, nurse practitioners, registered nurses, bachelors and masters prepared counselors, treatment aides, and support staff. A manager, clinical supervisor and charge counselor, working closely with the director of CDTs, lead the team.

Appendix 6: Onondaga County Community Health Improvement Plan Tracking and Revision Process

Onondaga County Community Health Improvement Plan (CHIP) 2016-2018

Progress Reporting and Revision Plan

8/14/2017

The following plan will be implemented by the Onondaga County Health Department (OCHD) and the CHA/CHIP Steering Committee in order to:

- 1) Effectively evaluate progress made towards activities outlined in the Onondaga County CHIP 2016-2018.
- 2) Best meet the evolving needs of our community by making appropriate revisions to the Onondaga County CHIP 2016-2018.

The table below outlines activities to be undertaken by the Onondaga County Health Department and the Steering Committee as well as the corresponding responsible agencies and target dates.

Activities	Responsible Agencies	Target Date
Solicit feedback from Steering Committee members at quarterly Steering Committee meetings on: <ul style="list-style-type: none"> Progress towards activities Changing agency resources Recommendations for revisions 	OCHD, all Steering Committee members	Quarterly beginning in Q1 2017
Complete <i>Quarterly Progress Update</i> form	OCHD Crouse Health St. Joseph's Hospital Upstate University Hospital*	Completed quarterly beginning in Q3 2017
Compile and review <i>Quarterly Progress Update</i> forms	OCHD	Completed quarterly beginning in Q3 2017
Complete <i>Annual Progress Update</i> form	OCHD Crouse Health St. Joseph's Hospital Upstate University Hospital*	Completed by January 2018
Compile and review <i>Annual Progress Update</i> form	OCHD	Completed by January 2018
Discuss recommendations for revisions at quarterly Steering Committee meeting	All Steering Committee members	Q1 2018 Steering Committee meeting

Create <i>CHA/CHIP Annual Progress Report: 2017</i>	OCHD	Completed by Q2 2018 Steering Committee meeting
<ul style="list-style-type: none"> • Include feedback from Steering Committee meetings, <i>Quarterly Progress Update</i> forms, and <i>Annual Progress Update</i> forms • Outline proposed revisions to CHIP 		
Review <i>CHA/CHIP Annual Progress Report: 2017</i> with Steering Committee, and discuss potential revisions referencing the <u>Revision Considerations</u> shown below	OCHD	Q2 2018 Steering Committee meeting
Incorporate revisions agreed upon by the Steering Committee	OCHD, all Steering Committee members	Completed by Q2 2018 Steering Committee meeting
Publicize <i>CHA/CHIP Annual Progress Report: 2017</i> and revised CHIP	OCHD	May 2018
Comply with all CHA/CHIP reporting requirements as outlined the New York State Department of Health	OCHD Crouse Health St. Joseph's Hospital Upstate University Hospital*	Ongoing

*Not required by New York State Department of Health

Revision Considerations

Revisions to the CHIP will be made if one or more of the following conditions are met:

- Significant barriers to feasibility of proposed activities
- Changes in agency resources (i.e. funding, staffing)
- Changes in legislation (i.e. making a new policy obsolete)
- Capitalizing on an emerging opportunity
- Response to emerging health issues

Proposed revisions to the CHIP will consider the following:

- Newly available data sources
- Availability of data for performance measures
- Existence of evidence based or promising practices to support desired outcomes
- Agency readiness to pursue proposed projects
- Current assets and resources in the community

Enter agency name: _____
Community Health Improvement Plan 2016-2018
Quarterly Progress Update

Reporting period:
Completion date:
Completed by:

Priority Area: _____

Focus Area 1:							
Goal 1:							
Objective:							
Activity	Actions	Process Measures	Partner Agencies	Target Date	Status (Not started, in progress, completed)	Process Measure Data (if available)	Updates, Recommendations, Changes

Onondaga County Community Health Improvement Plan 2016-2018
Annual Progress Update

Please complete the following questions to provide feedback about the work outlined in your agency's CHIP, changes in resources and priorities, and emerging opportunities. Your responses will be used together with feedback gathered in our quarterly CHA/CHIP Steering Committee meetings to inform revisions to the CHIP.

Reporting period:

Completion date:

Completed by:

Reporting agency:

1. Please provide any relevant updates related to activities and strategies included in your agency's CHIP that were not already reported in the quarterly CHIP progress updates.
2. Have there been any changes in your agency's resources that will affect the completion of activities outlined in your agency's CHIP? Please explain.
3. Please identify any new community partnership opportunities relevant to the priority areas of *Prevent Chronic Disease* and *Promote Mental Health and Prevent Substance Abuse*.
4. Are you aware of any newly available data sources or updated indicators within the priority areas of *Prevent Chronic Disease* and *Promote Mental Health and Prevent Substance Abuse*? Please explain.
5. Please describe the emerging health issues that your agency believes should be given priority in the current or future CHIP cycle(s).
6. Please use the space below to provide any recommendations for changes to the work outlined in your agency's CHIP. Recommendations may include changes to planned activities, actions, target dates, responsible parties, or process measures.
7. Please provide any additional feedback below

Thank you!

Appendix 7: Onondaga County Drug Task Force Structure

Onondaga County Drug Task Force

Mission: *To work together to prevent, treat, and reverse our public health drug crisis*

Law
Enforcement

Family
Support &
Navigation

Prevention
Education
Committee

Medical
Providers

Mental
Health &
Substance
Abuse
Treatment
Providers

Harm
Reduction

Appendix 8: Onondaga County Drug Task Force Member Agencies

ACR Health
Adapt Pharma
Addicted To Hope
American Medical Response (AMR) of Central New York
Baldwinsville Addiction Awareness Group
Belvedere Addictions Center
City of Syracuse
Conifer Park
Contact Community Services
Crouse Health
Excellus BlueCross BlueShield
Gifford Foundation
Heroin Epidemic Action League (HEAL) Madison County
High Intensity Drug Trafficking Area Program (HIDTA)
Kinney Drugs
Le Moyne College
MAK Consultants
North Area Volunteer Ambulance Corps (NAVAC), Inc.
NYS Office of Alcoholism and Substance Abuse Services (OASAS)
NYS Office of Children and Family Services (OCFS)
NYS Senator David Valesky's Office
Onondaga Community College
Onondaga County Department of Adult Long Term Care
Onondaga County Department of Emergency Management
Onondaga County Department of Probation
Onondaga County Department of Social Services-Economic Security
Onondaga County District Attorney's Office – Task Force Co-Chair
Onondaga County Health Department – Task Force Co-Chair
Onondaga County Medical Society
Onondaga County Sheriff's Department
POMCO
Prevention Network
ProAct, Inc.
REACH CNY, Inc.
Rescue Mission
St. Joseph's Hospital Health Center
Statewide Peer Assistance for Nurses (SPAN)
SUNY Upstate Medical University
Syracuse Behavioral Healthcare
Syracuse City School District
Syracuse Community Treatment Court
Syracuse Recovery Services
Syracuse University
U.S. Attorney's Office
U.S. Probation Office
U.S. Senator Charles Schumer's Office
U.S. Senator Kirsten Gillibrand's Office

United Way of Central New York

Upstate New York Poison Center

Upstate Psychiatry and Behavioral Sciences

Wegmans

West Genesee Central School District

Workers' Compensation Pharmacy Benefit Management

Note: Representatives from new agencies are added to the Task Force on a regular basis

Appendix 9: Onondaga County Drug Task Force Goal Matrix

Partner Agencies	Prevention			Crisis			Treatment	
	Community outreach & education	Provider education & training	Prevent drug diversion & reduce availability	Substance use disorder screening & assessment	Harm reduction efforts	Long term support networks	Acute care linkages	Access to mental health & addiction treatment
ACR Health								
Adapt Pharma								
AMR								
Baldwinsville Addiction Awareness								
Conifer Park								
Crouse Health								
HEAL Madison County								
Kinney Drugs								
LeMoyne College								
NAVAC, Inc								
NYS OASAS								
OC Adult and Long Term Care								
OC District Attorney's Office								
OC Health Department								
OC Medical Society								
Prevention Network								
St. Joseph's Hospital Health Center								
Statewide Peer Assistance for Nurses								
SUNY Upstate								
Syracuse Behavioral Healthcare								
Syracuse University								
United States Attorney's Office								
Upstate NY Poison Center								

Appendix 10: Greater Syracuse H.O.P.E. Health Subcommittee Agencies

Alliance of Communities Transforming Syracuse (ACTS)
City of Syracuse
Crouse Health
Healthcare Education Project
HealtheConnections
Hillside Children's Center
Human Services Leadership Council
Meals on Wheels of Syracuse
Onondaga County Department of Children and Family Services
Onondaga County Health Department
P.E.A.C.E, Inc.
Prevention Network
REACH CNY, Inc.
Syracuse Community Connections
Syracuse Community Health Center
Syracuse University – Lerner Center for Health Promotion
Upstate Medical University
YMCA of Greater Syracuse

Appendix 11: Data Tables

A. Improve Health Status and Reduce Health Disparities

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Premature death				
% of premature deaths (before age 65 years)	22.9 [§]	23.7	22.0	21.8
<i>Ratio of black non-Hispanic to white non-Hispanic</i>	2.35 [§]	1.98	2.10	1.87
<i>Ratio of Hispanic to white non-Hispanic</i>	2.92 [§]	1.92	2.24	1.86
Preventable hospitalization				
Preventable hospitalization rate (per 10,000) – Aged 18 + years	112.1 [§]	119.0	107.3	122.0
<i>Ratio of black non-Hispanic to white non-Hispanic</i>	2.32 [§]	2.11	1.94	1.85
<i>Ratio of Hispanic to white non-Hispanic</i>	1.17 [§]	1.52	1.51	1.38
Access to care				
% of adults with health insurance – Aged 18-64 years	91.3 [†]	87.6	--	100.0
% of adults who have a regular health care provider	84.3	84.5	84.7	90.8
% of adults who saw a doctor for a routine checkup within the last year – Aged 18-64 years	68.4	70.9	69.5	--
% of adults who did not receive medical care because of cost	10.1	13.6	12.0	--
% of adults who had a dentist visit within the past year	73.5	69.3	70.9	--
Insecurity				
% of adults experiencing housing insecurity in the past 12 months	34.2 ^{†‡}	43.7	38.0	--
% of adults experiencing food insecurity in the past 12 months	24.4	29.4	23.9	--
Disability				
% of adults living with a disability	25.7 [†]	19.9	21.5	--

Note: See the Technical Notes table (Appendix 12) for more information on data sources and years.

*Rate is unstable or unreliable

[†]The Onondaga County rate is statistically significantly different than the NYS rate.

[‡]The Onondaga County rate is statistically significantly different than the NYS Exc. NYC rate

[§]Statistical significance data not available

B. Prevent Chronic Disease

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Child overweight and obesity				
% of students who are overweight or obese	32.8 [§]	--	33.8	--
<i>Syracuse City School District</i>	37.6 [§]	--	--	--
% of students who are obese	16.7 [§]	--	17.3	16.7
<i>Syracuse City School District</i>	20.8 [§]	--	--	--
% of elementary school students who are obese	15.5 [§]	--	16.3	--
<i>Syracuse City School District</i>	20.0 [§]	--	--	--
% of middle/high school students who are obese	18.7 [§]	--	18.5	--
<i>Syracuse City School District</i>	22.0 [§]	--	--	--
Adult overweight and obesity				
% of adults who are overweight or obese	63.1	60.5	62.3	--
% of adults who are obese	27.9	24.6	27.4	23.2
<i>Annual income less than \$25,000</i>	33.9	28.5	33.5	--
<i>Living with a disability</i>	38.7	35.4	36.9	--
Diseases of the heart				
Hospitalization rate (per 10,000)	76.6 ^{†‡}	89.4	86.4	--
Mortality rate (per 100,000)	147.8 ^{†‡}	180.1	177.7	--
<i>Non-Hispanic white</i>	143.0 [§]	182.8	179.0	--
<i>Non-Hispanic black</i>	202.8 [§]	213.1	206.8	--
<i>Hispanic</i>	98.2 [§]	136.2	111.8	--
Pretransport mortality (per 100,000)	112.2 ^{†‡}	126.5	135.9	--
Premature death (per 100,000) – Aged 35-64 years	74.3	80.7	80.1	--

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Cardiovascular disease				
Hospitalization rate (per 10,000)	120.6 ^{†‡}	135.8	129.1	--
Mortality rate (per 100,000)	198.9 ^{†‡}	221.9	222.1	--
Pretransport mortality (per 100,000)	147.1 [‡]	147.1	163.4	--
Premature death (per 100,000) – Aged 35-64 years	94.6	99.1	97.5	--
Heart attack				
Hospitalization rate (per 10,000)	13.0 ^{†‡}	14.4	15.4	14.0
Mortality rate (per 100,000)	36.2 ^{†‡}	29.9	33.3	--
Cholesterol				
% of adults with elevated cholesterol	33.5	34.5	33.8	--
% of adults with cholesterol checked in the last 5 years	81.9	83.4	83.2	--
Cerebrovascular disease				
Hospitalization rate (per 10,000)	23.3	22.8	22.9	--
Mortality rate (per 100,000)	33.8 ^{†‡}	25.6	29.0	--
Pretransport mortality (per 100,000)	22.0 ^{†‡}	11.6	16.8	--
Premature death (per 100,000) – Aged 35-64 years	12.0	10.5	10.3	--
Hypertension				
% of adults ever told they have high blood pressure	25.1	27.3	27.8	--
Emergency department visit rate (per 10,000) – Aged 18+ years [primary diagnosis]	23.2 ^{†‡}	32.7	25.6	--
Emergency department visit rate (per 10,000) – Aged 18+ years [any diagnosis]	1,009.5 ^{†‡}	930.8	956.6	--
Hospitalization rate (per 10,000) – Aged 18+ years [primary diagnosis]	4.1 ^{†‡}	6.8	4.7	--
Hospitalization rate (per 10,000) – Aged 18+ years [any diagnosis]	504.2 ^{†‡}	541.5	543.7	--
Diabetes				
% of adults with physician diagnosed diabetes	8.6	8.9	8.2	--

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Diabetes (continued)				
Emergency department visit rate (per 10,000) – Aged 18+ years	23.5 [†]	23.4	--	--
<i>Non-Hispanic white</i>	15.4 [§]	--	--	--
<i>Black</i>	88.1 [§]	--	--	--
<i>Hispanic</i>	41.2 [§]	--	--	--
Hospitalization rate (per 10,000) – Aged 18+ years	19.2 [†]	21.3	--	--
<i>Non-Hispanic white</i>	14.2 [§]	--	--	--
<i>Black</i>	59.5 [§]	--	--	--
<i>Hispanic</i>	27.2 [§]	--	--	--
Mortality rate (per 100,000)	16.4 ^{†‡}	17.4	15.5	--
<i>Non-Hispanic white</i>	15.1 [§]	14.2	14.7	--
<i>Black</i>	33.8 [§]	34.4	28.9	--
<i>Hispanic</i>	10.6 ^{*§}	20.0	14.1	--
All cancer				
Incidence rate (per 100,000)	529.2 ^{†‡}	489.2	510.8	--
Mortality rate (per 100,000)	181.9 ^{†‡}	158.6	165.6	--
Female breast cancer				
Incidence rate (per 100,000)	133.4	127.2	133.2	--
Late – stage incidence rate (per 100,000)	43.8	42.7	42.7	--
Mortality rate (per 100,000)	19.7	20.9	20.9	--
Lung and bronchus cancer				
Incidence rate (per 100,000)	77.9 ^{†‡}	61.6	68.6	--
Mortality rate (per 100,000)	51.5 ^{†‡}	41.0	46.1	--
Prostate cancer				
Incidence rate (per 100,000)	182.0 ^{†‡}	145.3	143.8	--

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Prostate cancer (continued)				
Late – stage incidence rate (per 100,000)	20.2	21.2	21.1	--
Mortality rate (per 100,000)	22.2 [†]	20.0	18.5	--
Colon and rectum cancer				
Incidence rate (per 100,000)	40.5	41.4	41.2	--
Mortality rate (per 100,000)	13.3	14.4	13.9	--
Cancer screening				
% of women who received breast cancer screening – Aged 50-74 years	87.9	80.9	80.5	--
% of women who received cervical cancer screening – Aged 21-65 years	87.4	80.6	83.8	--
<i>Annual household income < \$25,000</i>	87.2	75.3*	75.5	--
% of adults who received colorectal cancer screening – Aged 50-75 years	75.3	69.3	70.0	80.0
<i>Annual household income < \$25,000</i>	69.1*	61.4	60.0	--
Chronic lower respiratory disease				
Hospitalization rate (per 10,000)	22.0 ^{† ‡}	32.3	26.7	--
<i>Non-Hispanic white</i>	18.6 [§]	21.9	22.7	--
<i>Non-Hispanic black</i>	36.9 [§]	52.1	43.4	--
<i>Hispanic</i>	25.0 [§]	40.1	33.1	--
Mortality rate (per 100,000)	39.3 ^{† ‡}	29.8	35.6	--
<i>Non-Hispanic white</i>	40.1 [§]	34.0	37.7	--
<i>Non-Hispanic black</i>	25.6 [§]	22.1	24.0	--
<i>Hispanic</i>	28.8 ^{* §}	16.4	12.6	--
Asthma				
% of adults with current asthma	10.6	10.1	10.5	--
Emergency department visit rate (per 10,000)	45.3 [§]	85.4	48.8	75.1
<i>Aged 0-4 years</i>	154.3 [§]	205.6	117.0	196.5

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Asthma (continued)				
Hospitalization rate (per 10,000)	7.2 ^{†‡}	17.6	10.5	--
<i>Aged 0-4 years</i>	18.9 ^{†‡}	49.3	29.3	--
Mortality rate (per 100,000)	1.5 ^{†‡}	1.3	0.8	--
Physical activity and nutrition				
% of adults who participated in leisure time physical activity in the past 30 days	73.4	72.9	73.8	--
% of adults who consume ≥ one sugary drinks daily	25.2	24.7	24.7	--
% of adults who consume fast-food ≥3 times per week	7.9	5.9	6.8	--
Cigarette smoking				
% of adults who are current smokers	21.3	15.9	18.0	12.3
<i>Aged 18-24 years</i>	22.2 [*]	13.0	20.1	--
<i>Annual household income < \$25,000</i>	42.2 ^{†‡}	24.2	29.3	--
Chronic disease self-management				
% of adults who have taken a class to learn how to manage their chronic disease or condition	8.7	9.7	8.0	--

Note: See the Technical Notes table (Appendix 12) for more information on data sources and years.

*Rate is unstable or unreliable

[†]The Onondaga County rate is statistically significantly different than the NYS rate.

[‡]The Onondaga County rate is statistically significantly different than the NYS Exc. NYC rate

[§]Statistical significance data not available

C. Promote a Healthy and Safe Environment

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Physical Environment				
Average daily density of fine particulate matter (micrograms per cubic meter)	8.8 [§]	8.6	--	--
% of occupied housing units built in 1939 or earlier	22.7 [†]	32.0	--	--
% of households with severe housing problems	15.4 [†]	24.3	--	--
% of residents served by community water systems with optimally fluoridated water	98.8 [§]	72.1	52.6	78.5
Asthma				
% of adults with current asthma	10.6	10.1	10.5	--
Emergency department visit rate (per 10,000)	45.3 [§]	85.4	48.8	75.1
<i>Aged 0-4 years</i>	154.3 [§]	205.6	117.0	196.5
Hospitalization rate (per 10,000)	7.2 ^{†‡}	17.6	10.5	--
<i>Aged 0-4 years</i>	18.9 ^{†‡}	49.3	29.3	--
Mortality rate (per 100,000)	1.5 ^{†‡}	1.3	0.8	--
Lead				
% of children tested with blood lead level of ≥5 mcg/dL	6.3 [§]	--	--	--
<i>City of Syracuse</i>	11.5 [§]	--	--	--
Transportation				
% of households with no vehicle available	12.8 [§]	29.4	--	--
% of workers who use alternative modes of transportation to work	19.4 [§]	45.1	22.6	49.2
% of workforce that drive alone to work	79.7 [†]	53.2	--	--
% of workforce who drive alone to work that commute more than 30 minutes	17.5 [†]	36.3	--	--
Crime				
Property Crime (per 100,000)	2155.0 [§]	1593.3	1650.0	--
Violent crimes (per 100,000)	320.9 [§]	378.5	220.9	--
Firearm related crimes (per 100,000)	59.3 [§]	39.1	55.4	--

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Crime (continued)				
Homicides (per 100,000)	4.5 ^{†‡}	3.4	2.8	--
Assault-related hospitalizations (per 10,000)	3.5 [§]	3.9	2.4	4.3
<i>Ratio of black non-Hispanics to white non-Hispanics</i>	10.27 [§]	7.28	7.68	6.69
<i>Ratio of Hispanics to white non-Hispanics</i>	3.54 [§]	3.45	2.55	2.75
<i>Ratio of low income zip codes to non-low income zip codes</i>	9.14 [§]	3.29	3.24	2.92
Unintentional injury				
Hospitalizations due to falls (per 10,000) – Aged 65+ years	198.5 [§]	183.6	188.7	204.6
Unintentional injury hospitalization rate (per 10,000)	53.9 ^{†‡}	60.6	60.0	--
Unintentional injury mortality rate (per 100,000)	36.2 ^{†‡}	25.9	31.1	--
Motor vehicle mortality rate (per 100,000)	6.7 ^{†‡}	5.7	7.5	--
Occupational health				
Occupational injuries treated in emergency department (per 10,000) – Aged 15-19 years	19.5	20.6	28.2	33.0
Work-related hospitalizations (per 100,000)	212.2 ^{†‡}	151.1	184.1	--
Fatal work-related injuries (per 100,000)	2.7	2.3	2.6	--

Note: See the Technical Notes table (Appendix 12) for more information on data sources and years.

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[‡]The Onondaga County rate is statistically significantly different than the NYS Exc. NYC rate

[§]Statistical significance data not available

D. Promote Healthy Women, Infants, and Children

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Family planning/Natality				
% of births within 24 months of previous pregnancy	24.4 ^{†‡}	18.6	21.1	17.0
% of unintended pregnancy among live births	34.1 [§]	24.5	26.5	23.8
<i>Ratio of black non-Hispanics to white non-Hispanics</i>	2.17 [§]	2.21	2.14	1.90
<i>Ratio of Hispanics to white non-Hispanics</i>	1.83 [§]	1.73	1.48	1.43
<i>Ratio of Medicaid births to non-Medicaid births</i>	2.56 [§]	1.76	1.97	1.54
Adolescent pregnancy rate per 1,000 females – Aged 15-17 years	17.8 [§]	17.0	11.7	25.6
<i>Non-Hispanic white</i>	8.1 [§]	7.5	7.5	--
<i>Non-Hispanic black</i>	51.6 [§]	38.5	31.1	--
<i>Hispanic</i>	48.9 [§]	32.9	23.6	--
Fertility rate per 1,000 females	56.6 [†]	58.8	57.0	--
<i>Aged 10-14 years</i>	0.4	0.2	0.2	--
<i>Aged 15-17 years</i>	12.2 ^{†‡}	8.3	7.2	--
<i>Aged 15-19 years</i>	21.5 ^{†‡}	17.8	15.9	--
<i>Aged 18-19 years</i>	31.7 [†]	30.7	27.4	--
% of births to adolescents	--	--	--	--
<i>Aged 15-17 years</i>	2.1 ^{†‡}	1.3	1.3	--
<i>Aged 15-19 years</i>	7.1 ^{†‡}	4.7	5.1	--
Abortions per 1,000 live births	257.9 ^{†‡}	400.2	237.8	--
<i>Aged 15-19 years</i>	545.5 ^{†‡}	1021.4	631.6	--
Prenatal care				
% births with early (1 st trimester) prenatal care	77.5 ^{†‡}	73.7	75.7	--

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Prenatal care (continued)				
% births with late (3 rd trimester) or no prenatal care	3.3 ^{†‡}	5.6	4.1	--
% of births with adequate prenatal care	78.3 ^{†‡}	69.0	70.2	--
Substance use in pregnancy				
% of women who smoked in first trimester	12.9 [§]	--	--	--
<i>City of Syracuse</i>	17.6 [§]	--	--	--
% of women who report alcohol use during pregnancy	0.6 [§]	--	--	--
<i>City of Syracuse</i>	0.7 [§]	--	--	--
% women who report illegal drug use during pregnancy	9.0 [§]	--	--	--
<i>City of Syracuse</i>	14.1 [§]	--	--	--
Newborn drug-related diagnosis rate (per 10,000 newborn discharges)	300.6 [§]	--	155.2	--
Birth outcomes				
Preterm birth % (<37 weeks gestation)	10.2 ^{†‡}	10.8	10.9	10.2
<i>Non-Hispanic white</i>	9.0 [§]	9.4	9.9	--
<i>Non-Hispanic black</i>	14.7 [§]	15.0	15.7	--
<i>Hispanic</i>	10.8 [§]	11.7	11.9	--
Preterm birth % (<32 weeks gestation)	1.7	1.7	1.8	--
% low birth weight births (<2,500 grams)	7.6	7.9	7.6	--
<i>Non-Hispanic white</i>	6.3 [§]	6.6	6.8	--
<i>Non-Hispanic black</i>	12.8 [§]	12.3	12.8	--
<i>Hispanic</i>	8.8 [§]	7.6	7.3	--
% low birth weight (<2,500 grams) singleton births	5.8	6.0	5.6	--
% very low birth weight births (<1,500 grams)	1.3	1.4	1.4	--
% very low birth weight births(<1,500 grams) singleton births	1.0	1.0	1.0	--

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Birth outcomes continued				
% of births delivered by cesarean section	31.4 ^{†‡}	33.9	34.9	--
Maternal mortality (per 100,000 live births)	31.6*	18.7	18.0	21.0
Infant mortality				
Infant mortality (per 1,000 live births)	6.2 [§]	--	--	--
<i>White</i>	4.4 [§]	--	--	--
<i>Black</i>	14.8 [§]	--	--	--
<i>Hispanic</i>	8.8 [§]	--	--	--
<i>City of Syracuse</i>	9.5 [§]	--	--	--
Socioeconomic risk factors				
% of births paid by Medicaid	45.2 [§]	--	--	--
<i>City of Syracuse</i>	72.1 [§]	--	--	--
% of births to women aged 25 years and older without high school education	10.8 [†]	13.7	10.5	--
% of women with health insurance – Aged 18 to 64 years	92.8 [§]	89.7	--	100.0
Breastfeeding				
% of infants fed any breast milk in delivery hospital	75.3 ^{†‡}	84.2	79.0	--
% of infants fed exclusively breast milk in delivery hospital	55.5 [§]	43.1	51.1	48.1
<i>White non-Hispanic</i>	64.4 [§]	53.9	58.1	--
<i>Black non-Hispanic</i>	31.7 [§]	30.2	30.8	--
<i>Hispanic</i>	40.2 [§]	29.3	33.7	--
% of WIC infants breastfeeding at least 6 months	21.7 ^{†‡}	39.0	27.5	--
Child health				
% of children who have had the recommended number of well child visits in government sponsored insurance programs	67.3 [§]	72.4	70.2	76.9
% of children with health insurance – Aged 0-19 years	96.9 [§]	96.6	--	100.0

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Child health (continued)				
% of children with at least one dental visit in government sponsored insurance programs—Aged 2-21 years	51.1 ^{†‡}	58.2	59.9	--
Childhood mortality (per 100,000)	--	--	--	--
<i>Aged 1-4 years</i>	21.5	19.7	21.0	--
<i>Aged 5-9 years</i>	9.6*	10.0	9.2	--
<i>Aged 10-14 years</i>	14.5	11.7	11.1	--
<i>Aged 15-19 years</i>	33.7	30.5	32.0	--
% of children tested with blood lead level of ≥5 mcg/dL	6.3 [§]	--	--	--
<i>City of Syracuse</i>	11.5 [§]	--	--	--

Note: See the Technical Notes table (Appendix 12) for more information on data sources and years.

*Rate is unstable or unreliable

[†]The Onondaga County rate is statistically significantly different than the NYS rate.

[‡]The Onondaga County rate is statistically significantly different than the NYS Exc. NYC rate

[§]Statistical significance data not available

E. Promote Mental Health and Prevent Substance Abuse

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Mental health				
% of adults with poor mental health for ≥ 14 days in the last month	15.6	11.1	11.8	10.1
Suicide and self-inflicted injury				
Self-inflicted injury hospitalizations (per 10,000)	7.9 ^{†‡}	5.7	6.8	--
<i>Aged 15-19 years</i>	14.5 [†]	11.9	12.9	--
Suicide mortality rate (per 100,000)	10.6 ^{†‡}	7.9	9.5	5.9
<i>Aged 15-19 years</i>	6.7 [*]	5.1	5.9	--
Alcohol abuse				
Emergency department visit rate (per 10,000)- Aged 18+ years	52.5 [†]	72.9	--	--
Hospitalization rate (per 10,000) – Aged 18+ years	25.1 [†]	25.3	--	--
% of adults binge drinking in the past month	18.8	17.7	17.2	18.4
Alcohol related motor vehicle injuries and deaths (per 100,000)	44.2 [†]	32.2	42.5	--
% of motor vehicle deaths involving alcohol	30.1 [†]	23.0	--	--
Substance abuse				
% of adults who are current smokers	21.3	15.9	18.0	12.3
<i>Aged 18-24 years</i>	22.2 [*]	13.0	21.0	--
<i>Annual household income <\$25,000</i>	42.2 ^{†‡}	24.2	29.3	--
Emergency department visit rate (per 10,000)- Aged 18+ years	35.3 [†]	28.7	--	--
Hospitalization rate (per 10,000) – Aged 18+ years	21.6 [†]	22.6	--	--
Substance use in pregnancy				
% of women who smoked in first trimester	12.9 [§]	--	--	--
<i>City of Syracuse</i>	17.6 [§]	--	--	--
% of women who report alcohol use during pregnancy	0.6 [§]	--	--	--
<i>City of Syracuse</i>	0.7 [§]	--	--	--

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Substance use in pregnancy (continued)				
% of women who report illegal drug use during pregnancy	9.0 [§]	--	--	--
<i>City of Syracuse</i>	14.1 [§]	--	--	--
Newborn drug-related diagnosis rate (per 10,000 newborn discharges)	300.6 [§]	--	155.2	--
Opioid overdose				
Emergency department visit rate (per 100,000) – All opioids	102.9 [§]	--	58.9	--
<i>Heroin overdoses</i>	82.8 [§]	--	42.3	--
<i>Opioid overdoses excluding heroin</i>	20.1 [§]	--	16.6	--
Hospitalization rate (per 100,000) – All opioids	21.6 [§]	--	16.5	--
<i>Heroin overdoses</i>	11.5 [§]	--	6.7	--
<i>Opioid overdoses excluding heroin</i>	10.0 [§]	--	9.8	--
Mortality rate (per 100,000) – All opioids	17.5 [§]	--	11.0	--
<i>Heroin overdoses</i>	9.0 [§]	--	4.6	--
<i>Overdoses involving opioid pain relievers</i>	13.7 [§]	--	8.1	--

Note: See the Technical Notes table (Appendix 12) for more information on data sources and years.

*Rate is unstable or unreliable

[†]The Onondaga County rate is statistically significantly different than the NYS rate.

[‡]The Onondaga County rate is statistically significantly different than the NYS Exc. NYC rate

[§]Statistical significance data not available

F. Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare-Associated Infections

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
HIV/AIDS				
Newly diagnosed HIV case rate (per 100,000)	10.3 [§]	17.9	7.1	16.1
<i>White non-Hispanic</i>	4.8 [§]	6.2	3.0	--
<i>Black non-Hispanic</i>	32.4 [§]	46.6	25.0	--
<i>Hispanic</i>	36.7 [§]	31.4	17.5	--
AIDS case rate (per 100,000)	5.2 [†]	10.3	4.0	--
AIDS mortality rate (per 100,000)	1.3 ^{†‡}	3.2	1.2	--
Sexually transmitted diseases				
Gonorrhea case rate (per 100,000) – Females aged 15-44 years	437.3 [§]	165.4	140.1	183.4
Gonorrhea case rate (per 100,000) – Males aged 15-44 years	381.2 [§]	303.1	145.3	199.5
Chlamydia case rate (per 100,000) – Females	717.7 ^{†‡}	651.6	469.4	--
<i>Aged 15-19 years</i>	3501.2 ^{†‡}	3319.7	2298.6	--
<i>Aged 20-24 years</i>	3773.7 ^{†‡}	3376.3	2754.3	--
Chlamydia case rate (per 100,000) – Males	353.9 ^{†‡}	338.9	207.9	--
<i>Aged 15-19 years</i>	1031.8 ^{†‡}	941.3	582.3	--
<i>Aged 20-24 years</i>	1779.2 ^{†‡}	1488.8	1103.4	--
% of sexually active females aged 16-24 years with at least one Chlamydia test in Medicaid Program	71.9 [†]	72.2	65.1	--
Primary and secondary syphilis case rate (per 100,000) – Females	0.8 ^{* §}	0.5	0.3	0.4
Primary and secondary syphilis case rate (per 100,000) – Males	16.8 [§]	17.3	7.0	10.1
Vaccine-preventable diseases				
Pertussis incidence rate (per 100,000)	14.7 [†]	8.4	12.9	--

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Vaccine-preventable diseases (continued)				
Mumps incidence rate (per 100,000)	0.0* ^{†‡}	0.3	0.1	--
Meningococcal incidence rate (per 100,000)	0.1*	0.2	0.2	--
% of adults reporting ever tested for Hepatitis C – Aged 47-68 years	35.3	37.3	33.3	--
Pneumonia/influenza hospitalization rate (per 10,000) – Aged 65+years	132.2 ^{†‡}	103.5	111.8	--
% of adults with an influenza immunization in the past year –Aged 18+years	51.0	46.0	47.2	--
<i>Aged 65+ years</i>	81.9	72.1	76.8	70.0
% of adults who ever received a pneumonia shot– Aged 65+years	84.2 ^{†‡}	65.1	70.7	--
% of children with 4:3:1:3:3:1:4 immunization series– Aged 19-35 months	72.4 [§]	--	59.4	80.0
% of adolescents with 3-dose HPV immunization – Females aged 13-17 years	40.2 [§]	--	30.3	50.0

Note: See the Technical Notes table (Appendix 12) for more information on data sources and years.

*Rate is unstable or unreliable

[†]The Onondaga County rate is statistically significantly different than the NYS rate.

[‡]The Onondaga County rate is statistically significantly different than the NYS Exc. NYC rate

[§]Statistical significance data not available

Appendix 12: Data Tables Technical Notes

A. Improve Health Status and Reduce Health Disparities

Premature death	
% of premature deaths	<p>The percentage of deaths occurring before age 65 years, 2014. Ratios use 2012-2014 data and are calculated by dividing the rate for one race/ethnicity by the rate for the other race/ethnicity.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/. The original data source is the NYSDOH Office of Vital Statistics.</p>
Preventable hospitalization	
Preventable hospitalization rate	<p>The age-adjusted rate of preventable hospitalizations per 10,000 population aged 18 years and older, 2014. Ratios use 2012-2014 data and are calculated by dividing the rate for one race/ethnicity by the rate for the other race/ethnicity.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/. The original data source is the Statewide Planning and Research Cooperative System (SPARCS).</p>
Access to care	
% of adults with health insurance – Aged 18-64 years	<p>The percentage of adults aged 18-64 who reported that they had health insurance coverage, 2014.</p> <p>Data for Onondaga County and New York State are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/. The original data source is the U.S. Census Bureau- Small Area Health Insurance Estimates.</p>
% of adults who have a regular health care provider	<p>The age-adjusted percentage of adults who have a regular health care provider, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State excluding New York City are from the Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014.</p>
% of adults who saw a doctor for a routine checkup within the last year – Aged 18-64 years	<p>The percentage of adults aged 18-64 years who saw a doctor for a routine checkup within the last year, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State excluding New York City are from the Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014.</p>

Access to care (continued)

% of adults who did not receive medical care because of cost The age-adjusted percentage of adults who did not receive medical care because of cost among people needing to see a doctor in the past 12 months, 2013-2014.

Data for Onondaga County, New York State, and New York State excluding New York City are from the Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014.

% of adults who had a dentist visit within the past year The age-adjusted percentage of adults who reported having visited a dentist or dental clinic for any reason within the past year, 2013-2014.

Data for Onondaga County, New York State, and New York State excluding New York City are from the Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014.

Insecurity

% of adults experiencing housing insecurity in the past 12 months The age-adjusted percentage of adults experiencing housing insecurity in the past 12 months, 2013-2014.

Data for Onondaga County, New York State, and New York State excluding New York City are from the Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014.

% of adults experiencing food insecurity in the past 12 months The age-adjusted percentage of adults experiencing food insecurity in the past 12 months, 2013-2014.

Data for Onondaga County, New York State, and New York State excluding New York City are from the Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014.

Disability

% of adults living with a disability The age-adjusted percentage of adults who report activity limitations due to physical, mental, or emotional problems or having health problems that require the use of special equipment.

Data for Onondaga County, New York State, and New York State excluding New York City are from the Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014.

B. Prevent Chronic Disease

Child overweight and obesity

% of students who are overweight or obese

The percentage of all students (Pre-K, K, 2nd, 4th, 7th, and 10th grades) attending public schools with a BMI at or above the 85th percentile, 2014-2016.

Data for Syracuse, Onondaga County, and New York State Excluding New York City are from the Student Weight Status Category Reporting System (SWSCR).

% of students who are obese

The percentage of all students (Pre-K, K, 2nd, 4th, 7th, and 10th grades) attending public schools with a BMI at or above the 95th percentile, 2014-2016.

Data for Syracuse, Onondaga County, and New York State Excluding New York City are from the Student Weight Status Category Reporting System (SWSCR).

% of elementary school students who are obese

The percentage of all elementary students (Pre-K, K, 2nd and 4th grades) attending public schools with a BMI at or above the 95th percentile, 2014-2016.

Data for Syracuse, Onondaga County, and New York State Excluding New York City are from the Student Weight Status Category Reporting System (SWSCR).

% of middle/high school students who are obese

The percentage of all middle/high school students (7th and 10th grades) attending public schools with a BMI at or above the 95th percentile, 2014-2016.

Data for Syracuse, Onondaga County, and New York State Excluding New York City are from the Student Weight Status Category Reporting System (SWSCR).

Adult overweight and obesity

% of adults who are overweight or obese

The age-adjusted percentage of adults with body mass index (BMI) of 25 or greater, 2013-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/obs_31.htm. The original data source is the Expanded BRFSS, 2013-2014.

% of adults who are obese

The age-adjusted percentage of adults with body mass index (BMI) of 30 or greater, 2013-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.

Diseases of the heart

Hospitalization rate	<p>The age-adjusted rate of hospitalizations due to diseases of the heart per 10,000 population, 2012- 2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>
Mortality rate	<p>The age-adjusted rate of deaths due to diseases of the heart per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm. Data by race and ethnicity for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/.</p>
Pretransport mortality	<p>The rate of deaths due to diseases of the heart that occurred any place other than a hospital, clinic or medical center per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>
Premature death	<p>The rate of deaths due to diseases of the heart among persons age 35-64 years per 100,000 population aged 35-64 years, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>

Cardiovascular disease

Hospitalization rate	<p>The age-adjusted rate of hospitalizations due to cardiovascular disease per 10,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>
Mortality rate	<p>The age-adjusted rate of deaths due to cardiovascular disease per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>

Cardiovascular disease (continued)

Pretransport mortality The rate of deaths due to cardiovascular disease that occurred any place other than a hospital, clinic or medical center per 100,000 population, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.

Premature death The rate of deaths due to cardiovascular disease among persons age 35-64 years per 100,000 population aged 35-64 years, 2012-2014.

Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.

Heart attack

Hospitalization rate The age-adjusted rate of hospitalizations due to heart attack (Acute Myocardial Infarction), 2012-2014.

Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.

Mortality rate The age-adjusted rate of deaths due to heart attack (Acute Myocardial Infarction), 2012-2014.

Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.

Cholesterol

% of adults with elevated cholesterol The age-adjusted percentage of adults who reporting being told by a doctor, nurse, or other health professional of having high cholesterol, 2013-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.

% of adults with cholesterol checked in the last 5 years The age-adjusted percentage of adults who have had their cholesterol checked in the last 5 years, 2013-2014.

Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: http://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm. The original data source is the Expanded BRFSS, 2013-2014.

Cerebrovascular disease

Hospitalization rate	<p>The age-adjusted rate of hospitalizations due to cerebrovascular disease per 10,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>
Mortality rate	<p>The age-adjusted rate of deaths due to cerebrovascular disease per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>
Pretransport mortality	<p>The rate of deaths due to cerebrovascular disease that occurred any place other than a hospital, clinic or medical center per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>
Premature death	<p>The rate of deaths due to cerebrovascular disease among persons age 35-64 years per 100,000 population aged 35-64 years, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>

Hypertension

% of adults ever told they have high blood pressure	<p>The age-adjusted percentage of adults who report being told by a doctor, nurse, or other health professional of having high blood pressure, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm. The original data source is the Expanded BRFSS, 2013-2014.</p>
Emergency department visit rate	<p>The rate of emergency department visits due to hypertension per 10,000 population aged 18 years and older, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.</p>

Hypertension (continued)

Hospitalization rate

The rate of hospitalizations due to hypertension per 10,000 population aged 18 years and older, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.

Diabetes

% of adults with physician diagnosed diabetes

The age-adjusted percentage of adults who report being told of having diabetes (other than diabetes during pregnancy), 2013-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators: https://www.health.ny.gov/statistics/chac/chai/docs/dia_31.htm. The original data source is the Expanded BRFSS, 2013-2014.

Emergency department visit rate

The age-adjusted rate of emergency department visits due to diabetes per 10,000 population aged 18 years and older, 2012-2014. Includes both Type 1 and Type 2 diabetes. Cases of gestational diabetes were excluded.

Data for Onondaga County and New York State were accessed on www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).

Hospitalization rate

The age-adjusted rate of hospitalizations due to diabetes per 10,000 population aged 18 years and older, 2012-2014. Includes both Type 1 and Type 2 diabetes. Cases of gestational diabetes were excluded.

Data for Onondaga County and New York State were accessed on www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).

Mortality rate

The age-adjusted rate of deaths due to diabetes per 100,000 population, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/dia_31.htm. Data by race and ethnicity for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Indicators by Race/Ethnicity at: <https://www.health.ny.gov/statistics/community/minority/county/>. The Onondaga County rate for Hispanics is unstable due to fewer than 10 events in the numerator.

Cancer indicators	
Incidence rate	<p>The age-adjusted rate of new cancer cases per 100,000 population, 2010-2012.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm.</p>
Late-stage incidence rate	<p>The age-adjusted rate of new cancer cases per 100,000 population, where the cancer has already spread to distant lymph nodes or other organs at the time of diagnosis, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm.</p>
Mortality rate	<p>The age-adjusted rate of deaths due to cancer per 100,000 population, 2010-2012.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm.</p>
Cancer screening	
% of women who received breast cancer screening – Aged 50-74 years	<p>The percentage of women aged 50-74 years who received a breast cancer screening based on the most recent clinical guidelines, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.</p>
% of women who received cervical cancer screening – Aged 21-65 years	<p>The percentage of women aged 21-65 years who received cervical cancer screening based on the most recent clinical guidelines, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014. The New York State rate for annual household income <\$25,000 is unreliable due to large standard error.</p>
% of adults who received colorectal cancer screening – Aged 50-75 years	<p>The percentage of adults aged 50-75 years who received a colorectal cancer screening based on the most recent clinical guidelines, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014. The Onondaga County rate for annual household income <\$25,000 is unreliable due to large standard error.</p>

Chronic lower respiratory disease

Hospitalization rate	<p>The age-adjusted rate of hospitalizations due to chronic lower respiratory disease per 10,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/res_31.htm. Data for race and ethnicity are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/index.htm.</p>
Mortality rate	<p>The age-adjusted rate of deaths due to chronic lower respiratory disease per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/res_31.htm. Data for race and ethnicity are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/index.htm.</p>

Asthma

% of adults with current asthma	<p>The age-adjusted percentage of adults who report currently having diagnosed asthma.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/res_31.htm. The original data source is the Expanded BRFSS, 2013-2014.</p>
Emergency department visit rate	<p>The rate of emergency department visits due to asthma per 10,000 population, 2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Hospitalization rate	<p>The age-adjusted rate of hospitalizations due to asthma, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/res_31.htm.</p>
Mortality rate	<p>The age-adjusted mortality rate due to asthma per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/res_31.htm.</p>

Physical activity and nutrition	
% of adults who participated in leisure time physical activity in the past 30 days	<p>The age-adjusted percentage of adults who participated in leisure time physical activities for exercise in the past 30 days, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.</p>
% of adults who consume \geq one sugary drinks daily	<p>The age-adjusted percentage of adults who consume regular soda or other sugar-sweetened drinks (fruit drinks, sweet tea, and sports or energy drinks) at least one or more times per day, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.</p>
% of adults who consume fast-food ≥ 3 times per week	<p>The age-adjusted percentage of adults who consume fast-food three or more times per week, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.</p>
Cigarette smoking	
% of adults who are current smokers	<p>The age-adjusted percentage of adults who currently smoke cigarettes, 2013-2014. Current smoking is defined as having smoked 100 cigarettes during the lifetime and reported smoking every day or some days. Age-specific rates use crude values.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014. The Onondaga County rate for ages 18-24 years is unreliable due to large standard error.</p>
Chronic disease self-management	
% of adults who have taken a class to learn how to manage their chronic disease or condition	<p>The age-adjusted percentage of adults who have taken a course or class to learn how to manage their chronic disease or condition, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.</p>

C. Promote a Health and Safe Environment

Physical Environment

Average daily density of fine particulate matter The average daily density of fine particulate matter in micrograms per cubic meter (PM_{2.5}), 2012. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers.

Data for Onondaga County and New York State are available from the County Health Rankings, 2017 at: <http://www.countyhealthrankings.org/app/new-york/2017/rankings/onondaga/county/outcomes/overall/snapshot> . The original data source is the CDC's National Environmental Public Health Tracking Network.

% of occupied housing units built in 1939 or earlier The percentage of occupied housing units built in 1939 or earlier, 2011-2015.

Data for Onondaga County and New York State are available from the U.S. Census Bureau, American Community Survey.

% of household with severe housing problems Severe housing problems is the percentage of households with at least one or more of the following housing problems: housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; household is severely overcrowded; or household is severely cost burdened, 2009-2013. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.

Data for Onondaga County and New York State are available from the County Health Rankings, 2017 at: <http://www.countyhealthrankings.org/app/new-york/2017/rankings/onondaga/county/outcomes/overall/snapshot> . The original data source is the U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy data.

% of residents served by community water systems with optimally fluoridated water The percentage of residents served by community water systems with optimally fluoridated water, 2015.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the Safe Drinking Water Information System.

Asthma

% of adults with current asthma The age-adjusted percentage of adults who report currently having diagnosed asthma.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/res_31.htm. The original data source is the Expanded BRFSS, 2013-2014.

Asthma (continued)	
Emergency department visit rate	<p>The rate of emergency department visits due to asthma per 10,000 population, 2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Hospitalization rate	<p>The age-adjusted rate of hospitalizations due to asthma, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/res_31.htm.</p>
Mortality rate	<p>The age-adjusted mortality rate due to asthma per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/res_31.htm.</p>
Lead	
% of children tested with blood lead level of ≥ 5 mcg/dL	<p>The percentage of children who were tested for lead found to have a blood lead level of ≥ 5 mcg/dL, 2016.</p> <p>Data for Syracuse and Onondaga County are from the Onondaga County Health Department Lead Poisoning Control Program.</p>
Transportation	
% of households with no vehicle available	<p>The percentage of households that have no vehicle available, 2011-2015.</p> <p>Data for Onondaga County and New York State are available from the U.S. Census Bureau, American Community Survey.</p>
% of workers who use alternative modes of transportation to work	<p>The percentage of employed civilian workers age 16+ years who use alternate modes of transportation (public transportation, carpool, bike, walk or telecommute) to work or work from home, 2010-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the U.S. Census Bureau, American Community Survey.</p>

Transportation (continued)

% of workforce that drive alone to work	<p>The percentage of the workforce that usually drives alone to work, 2011-2015.</p> <p>Data for Onondaga County and New York State are available from the County Health Rankings, 2017 at: http://www.countyhealthrankings.org/app/new-york/2017/rankings/onondaga/county/outcomes/overall/snapshot . The original data source is the U.S. Census Bureau, American Community Survey.</p>
% of workforce who drive alone to work that commute more than 30 minutes	<p>The percentage of commuters, among those who commute to work by car, truck, or van alone, who drive longer than 30 minutes to work each day, 2011-2015.</p> <p>Data for Onondaga County and New York State are available from the County Health Rankings, 2017 at: http://www.countyhealthrankings.org/app/new-york/2017/rankings/onondaga/county/outcomes/overall/snapshot . The original data source is the U.S. Census Bureau, American Community Survey.</p>

Crime

Property Crime	<p>The number of property-related crimes reported per 100,000 population, 2015. Property crimes include: burglary, larceny, and motor vehicle theft.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from the NYS Division of Criminal Justice Services; Uniform Crime Reporting System.</p>
Violent crimes	<p>The number of violent crimes reported per 100,000 population, 2015. Violent crimes include: murder, rape, robbery, and aggravated assault.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from the NYS Division of Criminal Justice Services; Uniform Crime Reporting System.</p>
Firearm related crimes	<p>The number of firearms-related crimes reported per 100,000 population, 2015.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from the NYS Division of Criminal Justice Services; Uniform Crime Reporting System.</p>
Homicides	<p>The age-adjusted number of deaths due to homicide per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.</p>

Crime (continued)	
Assault-related hospitalizations	<p>The number of hospitalizations with primary diagnosis external cause of injury codes E960-E968 per 10,000 population, 2012-2014. Ratios are calculated by dividing the rate for one subgroup by the rate for the other subgroup.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Unintentional injury	
Hospitalization due to falls – Aged 65+ years	<p>The rate of hospitalizations (inpatient, ages 65 years and older) with primary diagnosis external cause of injury codes E880-E888 (excluding E887), per 10,000 population age 65 years and older, 2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Unintentional injury hospitalization rate	<p>The age- adjusted rate of hospitalizations due to unintentional injury per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.</p>
Unintentional injury mortality rate	<p>The age-adjusted rate of deaths due to unintentional injury per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.</p>
Motor vehicle mortality rate	<p>The age-adjusted rate of deaths due to motor vehicle injury per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.</p>

Occupational health

Occupational injuries treated in emergency department – Aged 15-19 years

The number of emergency department visits with expected primary reimbursement coded as workers' compensation per 10,000 adolescents - aged 15-19 years, 2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).

Work-related hospitalizations

The number of hospital discharges with primary payor coded as workers' compensation for persons age 16 years or older, per 100,000 employed persons age 16 years or older, 2012-2014.

Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/occ_31.htm.

Fatal work-related injuries

The number of fatal work-related injuries reported to CFI, per 100,000 employed persons age 16 years or older.

Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/occ_31.htm.

D. Promote Healthy Women, Infants and Children

Family planning/Natality

% of births within 24 months of previous pregnancy	<p>The percentage of total births to women who had had a previous pregnancy within 24 months of the current birth, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/fp_31.htm.</p>
% of unintended pregnancy among live births	<p>The number of unintended pregnancies among live births with known pregnancy intendedness, 2014. Ratios are calculated by dividing the rate for one subgroup by the rate for the other subgroup.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/. The original data source is the NYSDOH Office of Vital Statistics.</p>
Adolescent pregnancy rate per 1,000 females – Aged 15-17 years	<p>The number of pregnancies to women age 15-17 years, per 1,000 female population aged 15-17 years, 2014. Pregnancy is defined as the sum of all live births, induced terminations, and fetal deaths. Data for Race/ethnicity and Medicaid status are from 2012-2014.</p> <p>Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/. The original data source is the NYSDOH Office of Vital Statistics.</p>
Fertility rate per 1,000 females	<p>The number of live births per year per 1,000 female population in the specified age groups, 2012-2014.</p> <p>Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/fp_31.htm.</p>
% of births to adolescents	<p>The percentage of total births to females in the specified age groups, 2012-2014.</p> <p>Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH Community Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/fp_31.htm.</p>

Family planning/Natality (continued)

Abortions per 1,000 live births

The number of induced abortions per 1,000 live births in a specified age group, 2012-2014.

Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH Community Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/fp_31.htm.

Prenatal care% of births with early (1st trimester) prenatal care

The percentage of births (excluding births without a known prenatal care start date) that began prenatal care within the first three months of pregnancy, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.

% of births with late (3rd trimester) or no prenatal care

The percentage of births (excluding births without a known prenatal care start date) that began prenatal care during the last three months of pregnancy or not at all, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.

% of births with adequate prenatal care

The percentage of births to women who began care in the first trimester and have completed at least 80% of the expected prenatal visits, based on the Kotelchuck Index, 2012-2014. Excludes births without a known prenatal care start date.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.

Substance use in pregnancy

% of women who smoked in first trimester

The percentage of women who self-report cigarette use during pregnancy, 2016.

Data for Syracuse and Onondaga County are from the OCHD Bureau of Surveillance and Statistics. Data were accessed from the Statewide Perinatal Data System. Data are provisional.

% of women who report alcohol use during pregnancy

The percentage of women who self-report alcohol use during pregnancy, 2016.

Data for Syracuse and Onondaga County are from the OCHD Bureau of Surveillance and Statistics. Data were accessed from the Statewide Perinatal Data System. Data are provisional.

Substance use in pregnancy (continued)	
% of women who report illegal drug use during pregnancy	<p>The percentage of women who self-report illegal drug use during pregnancy, 2016.</p> <p>Data for Syracuse and Onondaga County are from the OCHD Bureau of Surveillance and Statistics. Data were accessed from the Statewide Perinatal Data System. Data are provisional.</p>
Newborn drug-related diagnosis rate	<p>The number of newborns (Primary diagnosis = "V3") with a drug related ICD-9 code (in one of the secondary diagnoses): 292, 304, 305.1-305.9, 648.3, 655.5, 763.5, 779.4, 779.5, 965.0, 967.0, 968.5, 969.6, 969.7, 760.70, 760.72, 760.73, 760.75, 760.79, E850-E858, E950.0-E950.2, E962.0, E980.0-E980.2, per 10,000 newborn discharges, 2014.</p> <p>Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH Community Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.</p>
Birth outcomes	
Preterm birth %	<p>The percentage of infants with known gestation born before 37 weeks, and before 32 weeks, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm . Data for race and ethnicity are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/index.htm.</p>
% low birth weight births	<p>The percentage of infants born weighing less than 2500 grams (low birth weight) or less than 1500 grams (very low birth weight), 2012-2014. Singleton births include births with only one baby. Otherwise, multiple births are included.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm. Data for race and ethnicity are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/index.htm.</p>
% of births delivered by cesarean section	<p>The percentage of births delivered by cesarean section, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.</p>

Birth outcomes (continued)

Maternal mortality	<p>The number of deaths to women from any causes related to or aggravated by pregnancy or its management that occurred while pregnant or within 42 days of termination of pregnancy (ICD-10 codes O00-95, O98-O99, and A34 (obstetrical tetanus)), per 100,000 live births, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.</p>
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Infant mortality

Infant mortality	<p>The number of deaths among infants less than 1 year of age per 1,000 live births, 2014-2016.</p> <p>Data for Syracuse and Onondaga County are from the OCHD Bureau of Surveillance and Statistics. Data are provisional.</p>
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Socioeconomic risk factors

% of births paid by Medicaid	<p>The percentage of births with Medicaid as the primary payor, 2016.</p> <p>Data for Syracuse and Onondaga County are from the OCHD Bureau of Surveillance and Statistics. Data were accessed from the Statewide Perinatal Data System. Data are provisional.</p>
% of births to women aged 25 years and older without a high school education	<p>The percentage of births that were born to women aged 25 and older without a high school education, 2012-2014.</p> <p>Data for Syracuse, Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.</p>
% of women with health insurance – Aged 18-64 years	<p>The percentage of women aged 18-64 years who reported that they had health insurance coverage, 2014.</p> <p>Data for Onondaga County and New York State are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/. The original data source is the U.S. Census Bureau.</p>

Breastfeeding

% of infants fed any breast milk in delivery hospital	<p>The percentage of births that were fed any breast milk in the delivery hospital (excludes infants admitted to the NICU or transferred in or out of the hospital, and infants with unknown method of feeding), 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.</p>
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Breastfeeding (continued)

% of infants fed exclusively breast milk in delivery hospital

The percentage of infants exclusively fed breast milk in the hospital among infants with known breastfeeding status, 2014. Data for race and ethnicity are from 2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/. The original data source is the New York State Department of Health (NYSDOH) Office of Vital Statistics.

% of WIC infants breastfeeding at least 6 months

The percentage of infants enrolled in WIC who were breastfed at 6 months. Only infants who turned 6 months of age during the reporting period were included, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.

Child health

% of children who have had the recommended number of well child visits in government sponsored insurance programs

The percentage of children aged 0-15 months, 3-6 years and 12-21 years in the Medicaid and Child Health Plus programs who have had the recommended number of well-child visits, 2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/. The original data source is the NYSDOH Office of Quality and Patient Safety.

% of children with health insurance
– Aged 0-19 years

The percentage of children aged under 19 years with health insurance coverage, 2014.

Data for Onondaga County and New York State are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/. The original data source is the U.S. Census Bureau.

% of children with at least one dental visit in government sponsored insurance programs
– Aged 2-21 years

The percentage of children aged 2-21 years in government sponsored insurance programs who have had at least one dental visit, 2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/ora_31.htm.

Child health (continued)

Childhood mortality	<p>The number of deaths in a particular age group per 100,000 children in that age group, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/cah_31.htm.</p>
% of children tested with blood lead level of ≥ 5 mcg/dL	<p>The percentage of children who were tested for lead found to have a blood lead level of ≥ 5 mcg/dL, 2016.</p> <p>Data for Syracuse and Onondaga County are from the Onondaga County Health Department Lead Poisoning Control Program.</p>

E. Promote Mental Health and Prevent Substance Abuse

Mental health

% of adults with poor mental health for ≥ 14 days in the last month

The age-adjusted percentage of adults with poor mental health for 14 or more days in the last month, 2013-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.

Suicide and self-inflicted injury

Self-inflicted injury hospitalizations

The age-adjusted rate of hospitalizations for self-inflicted injury per 10,000 population, 2012-2014. Age-specific rates use crude values and reflect hospitalizations in the specified age group per 10,000 population in that age group.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.

Suicide mortality rate

The age-adjusted rate of suicide deaths per 100,000 population, 2012-2014. Age-specific rates use crude values and reflect hospitalizations in the specified age group per 10,000 population in that age group.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.

Alcohol abuse

Emergency department visit rate

The age-adjusted rate of emergency department visits due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older, 2012-2014. Alcohol abuse includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol. It does not include diseases of the nervous system, digestive system, and circulatory system caused by alcohol.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.

Alcohol abuse (continued)

Hospitalization rate	<p>The age-adjusted rate of hospitalizations due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older, 2012-2014. Alcohol abuse includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol. It does not include diseases of the nervous system, digestive system, and circulatory system caused by alcohol.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.</p>
% adults binge drinking in the past month	<p>The age-adjusted percentage of adults binge drinking in the past month. Binge drinking is defined as ≥ 5 drinks (men) or ≥ 4 drinks (women) on at least one occasion during the past month, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.</p>
Alcohol related motor vehicle injuries and deaths	<p>The rate of alcohol related motor vehicle injuries and deaths per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm.</p>
% of motor vehicle deaths involving alcohol	<p>The percentage of motor vehicle crash deaths with alcohol involvement, 2011-2015.</p> <p>Data for Onondaga County and New York State are available from the County Health Rankings, 2017 at: http://www.countyhealthrankings.org/app/new-york/2017/rankings/onondaga/county/outcomes/overall/snapshot . The original data source is the Fatality Analysis Reporting System.</p>
Substance abuse	
% of adults who are current smokers	<p>The age-adjusted percentage of adults who currently smoke cigarettes, 2013-2014. Current smoking is defined as having smoked 100 cigarettes during the lifetime and reported smoking every day or some days. Age-specific rates use crude values.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014. The Onondaga County rate for ages 18-24 years is unreliable due to large standard error.</p>

Substance abuse (continued)	
Emergency department visit rate	<p>The age-adjusted rate of emergency department visits due substance abuse per 10,000 population aged 18 years and older, 2012-2014. Cases of alcohol-related disorders were excluded.</p> <p>Data for Onondaga County and New York State were accessed on www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Hospitalization rate	<p>The age-adjusted rate of hospitalizations due to substance abuse per 10,000 population aged 18 years and older, 2012-2014. Cases of alcohol-related disorders were excluded.</p> <p>Data for Onondaga County and New York State were accessed on www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Substance use in pregnancy	
% of women who smoked in first trimester	<p>The percentage of women who self-report cigarette use during pregnancy, 2016.</p> <p>Data for Syracuse and Onondaga County are from the OCHD Bureau of Surveillance and Statistics. Data were accessed from the Statewide Perinatal Data System. Data are provisional.</p>
% of women who report alcohol use during pregnancy	<p>The percentage of women who self-report alcohol use during pregnancy, 2016</p> <p>Data for Syracuse and Onondaga County are from the OCHD Bureau of Surveillance and Statistics. Data were accessed from the Statewide Perinatal Data System. Data are provisional.</p>
% of women who report illegal drug use during pregnancy	<p>The percentage of women who self-report illegal drug use during pregnancy, 2016</p> <p>Data for Syracuse and Onondaga County are from the OCHD Bureau of Surveillance and Statistics. Data were accessed from the Statewide Perinatal Data System. Data are provisional.</p>
Newborn drug-related diagnosis rate	<p>The number of newborns (Primary diagnosis = "V3") with a drug related ICD-9 code (in one of the secondary diagnoses): 292, 304, 305.1-305.9, 648.3, 655.5, 763.5, 779.4, 779.5, 965.0, 967.0, 968.5, 969.6, 969.7, 760.70, 760.72, 760.73, 760.75, 760.79, E850-E858, E950.0-E950.2, E962.0, E980.0-E980.2, per 10,000 newborn discharges, 2014.</p> <p>Data for Onondaga County, New York State and New York State Excluding New York City are available from NYSDOH Community Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/mih_31.htm.</p>

Opioid overdose

Emergency department visit rate	<p>The rate of outpatient emergency department visits for opioid overdoses per 100,000 population, 2016.</p> <p>Data for Onondaga County and New York State Excluding New York City are from the <i>New York State-County Opioid Quarterly Report Published July 2017</i>, available here: https://www.health.ny.gov/statistics/opioid/. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Hospitalization rate	<p>The rate of hospitalizations for opioid overdoses per 100,000 population, 2016.</p> <p>Data for Onondaga County and New York State Excluding New York City are from the <i>New York State-County Opioid Quarterly Report Published July 2017</i>, available here: https://www.health.ny.gov/statistics/opioid/. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Mortality rate	<p>The rate of opioid overdose deaths per 100,000 population, 2016. Indicators for heroin and opioid pain relievers are not mutually exclusive as decedents may have multiple substances in their system at the time of death. Overdoses involving opioid pain relievers include pharmaceutically and illicitly produced opioids such as fentanyl.</p> <p>Data for Onondaga County and New York State Excluding New York City are from the <i>New York State-County Opioid Quarterly Report Published July 2017</i>, available here: https://www.health.ny.gov/statistics/opioid/. The original data source is the NYSDOH Office of Vital Statistics.</p>

F. Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare-Associated Infections

HIV/AIDS

Newly diagnosed HIV case rate	<p>The number of people newly diagnosed with human immunodeficiency virus (HIV), regardless of concurrent or subsequent AIDS diagnosis, per 100,000 population, 2012-2014. Prisoner cases were excluded from the New York State excluding New York City rate, but not from the New York State rate.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is NYS Bureau of HIV/AIDS Epidemiology.</p>
AIDS case rate	<p>Age-adjusted rate of AIDS cases per 100,000 population, 2012-2014. Data are based on year of diagnosis and exclude prison inmates.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/sti_31.htm.</p>
AIDS mortality rate	<p>Age-adjusted number of deaths due to AIDS per 100,000 population, 2012-2014. The ICD-10 codes for AIDS are: B20-B24.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/sti_31.htm.</p>

Sexually transmitted diseases

Gonorrhea case rate	<p>The number of cases of gonorrhea in a particular age and gender per 100,000 population in that age and gender, 2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the New York State Sexually Transmitted Disease Surveillance System.</p>
Chlamydia case rate	<p>The number of cases of chlamydia in a particular age and gender per 100,000 population in that age and gender, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/sti_31.htm.</p>

Sexually transmitted diseases

% of sexually active females aged 16-24 years with at least one Chlamydia test in Medicaid Program

Percentage of sexually active females aged 16-24 years who had at least one test for Chlamydia during the measurement year in Medicaid managed care program, 2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/sti_31.htm.

Primary and secondary syphilis case rate

The number of cases of primary or secondary syphilis in each gender per 100,000 population in that gender, 2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the New York State Sexually Transmitted Disease Surveillance System. The Onondaga rate for females is unstable due to fewer than 10 events in the numerator.

Vaccine-preventable diseases

Pertussis incidence rate

The number of reported cases of pertussis per 100,000 population, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/com_31.htm.

Mumps incidence rate

The number of reported cases of mumps per 100,000 population, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: http://www.health.ny.gov/statistics/chac/chai/docs/com_31.htm. The Onondaga County rate is unstable due to fewer than 10 events in the numerator.

Meningococcal incidence rate

The number of reported cases of meningococcal disease per 100,000 population, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: http://www.health.ny.gov/statistics/chac/chai/docs/com_31.htm. The Onondaga County rate is unstable due to fewer than 10 events in the numerator.

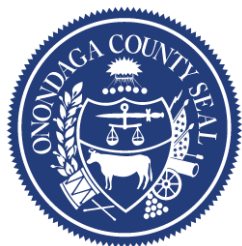
% of adults reporting ever tested for Hepatitis C – Aged 47-68 years

The percentage of adults aged 47 -68 years who report ever having been tested for Hepatitis C, 2013-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.

Vaccine-preventable diseases

Pneumonia/influenza hospitalization rate (per 10,000) – Aged 65+years	<p>The number of hospitalizations for pneumonia and influenza among persons age 65 + years per 10,000 population in this age group, 2012-2014. The ICD-9 codes included are: 480-487.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: http://www.health.ny.gov/statistics/chac/chai/docs/com_31.htm.</p>
% of adults with an influenza immunization in the past year	<p>The percentage of adults in a particular age group who received an influenza immunization in the past year within that specified age group, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are from the Expanded BRFSS, 2013-2014.</p>
% of adults who ever received a pneumonia shot – Aged 65+years	<p>The percentage of adults age 65 + years who report ever having received a pneumonia shot, 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: http://www.health.ny.gov/statistics/chac/chai/docs/com_31.htm. The original data source is the Expanded BRFSS, 2013-2014.</p>
% of children with 4:3:1:3:3:1:4 immunization series – Aged 19-35 months	<p>The percentage of children (aged 19-35 months) who received their 4:3:1:3:3:1:4 immunization series (4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13), 2014.</p> <p>Data for Onondaga County and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the New York State Immunization Information System (NYSIIS).</p>
% of adolescents with 3-dose HPV immunization – Females aged 13-17 years	<p>The percentage of females (aged 13-17 years) who received their 3 or more doses of Human Papillomavirus (HPV) immunization vaccine, 2014.</p> <p>Data for Onondaga County and New York State Excluding New York City are available from NYSDOH Prevention Agenda Dashboard at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017. The original data source is the New York State Immunization Information System (NYSIIS).</p>



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Published September 1, 2017