



Onondaga County Community Health Assessment and Improvement Plan 2019-2021



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Message from the Commissioner of Health

Dear Friends of Public Health,

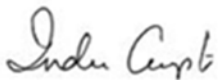
It is with great pleasure that I present the 2019-2021 Onondaga County Community Health Assessment and Improvement Plan. This core document provides our community with a foundation for understanding Onondaga County's current health challenges while also identifying a roadmap for working together to improve our community's health.

We know that our health is impacted by where we are born, live, go to school, play, socialize, and work. Our zip code is considered a more important predictor of health outcomes than our genetic code. It is crucial for us to remember that only 20 percent of the factors related to the access and quality of healthcare impact the health of a person. The other 80 percent are due to social, economic, behavioral, and environmental factors –such as trauma due to violence, discrimination due to race, sex, gender, sexual orientation, language, geography, poverty, available resources such as housing, nutrition, transportation, physical activity, and drug and alcohol use just to name a few. For these reasons, it is more important than ever that we work together as partners within the public health system to address challenges related to health equity. It is equally important that we adopt a Health Across All Policies approach to ensure that all sectors are considering health in their policies and decision-making.

The Community Health Assessment explores several factors which influence health risk and outcomes among our County's residents. Health inequities and determinants of health were identified as factors that contribute significantly to the health and well-being of our community. Fortunately, Onondaga County has numerous resources, including committed community based organizations and a strong healthcare sector, which can be mobilized to address these health challenges. The Community Health Improvement Plan outlines several approaches being undertaken by the Health Department in collaboration with local hospitals and other partners to improve the health of County residents.

The Community Health Assessment and Improvement Plan was developed by the Onondaga County Health Department in partnership with Crouse Health, St. Joseph's Health, and Upstate University Hospital. However it would not have been possible without the support of numerous other local agencies, including HealtheConnections and members of the Onondaga County Health Equity Coalition, who provided significant input into its development. Also critical to the development of the document was feedback of more than 3,000 County residents whose voices provided the foundation for identifying health priorities for improvement. Thank you to all who were involved in this collaborative effort!

Sincerely,



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

Onondaga County Community Health Assessment and Improvement Plan

EXECUTIVE SUMMARY

Overview

The 2019-2021 Onondaga County Community Health Assessment and Improvement Plan (CHA/CHIP) outlines the current health status of Onondaga County residents while also identifying a comprehensive plan for addressing health challenges within two priority areas.

The process was undertaken in alignment with the 2019-2024 New York State Prevention Agenda, which identifies five priority areas for health improvement:¹

- Prevent Chronic Diseases
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants, and Children
- Prevent Communicable Diseases

The CHA/CHIP was developed by the Onondaga County Health Department (OCHD) in collaboration with Crouse Health, St. Joseph's Health, and State University of New York Upstate University Hospital. With the addition of HealtheConnections, the local regional health information organization, a CHA/CHIP Steering Committee was formed to inform the assessment process. Advisory support was also provided by the Onondaga County Health Equity Coalition to ensure that health equity was at the forefront of planning efforts. The Coalition has over 30 member agencies with representation across a variety of sectors.

¹ https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

Community Health Assessment (CHA)

The Community Health Assessment (CHA) provides a comprehensive assessment of the health status of Onondaga County residents using national, state, and local data sources. Data collection efforts included a review of the following sources:

- Data collected and maintained by OCHD (including vital statistics and lead testing data)
- 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
- 2016 Expanded Behavioral Risk Factor Surveillance System
- County Health Rankings
- HealtheCNY.org

Whenever available, the assessment provides comparisons by race, ethnicity, and age among other demographic factors. Comparisons to statewide data and Central New York counties are also included as appropriate. Additionally an extensive community engagement process was undertaken in 2019 to gather feedback directly from county residents. Engagement strategies included a county-wide survey and focus groups among populations at risk for poor health outcomes. Overall more than 3,000 county residents were engaged through this process.

Key Findings on the Health Status of Onondaga County Residents

The section below provides key findings from the Community Health Assessment. Data are presented for determinants of health, general health status and health disparities, the five prevention agenda priority areas, and feedback from community engagement efforts.

Determinants of Health

Our health is shaped by several factors ranging from the biological traits we were born with, to the complex social and economic environments in which we live, learn, work, and play. Each of these factors has the potential to significantly influence our health risks and outcomes. Notable findings for determinants of health include:

- 14.9% of County residents live in poverty; however poverty rates are significantly higher in Syracuse (32.6%) particularly among Asian (47.3%), Black/African American (41.0%), and Hispanic (45.1%) residents.²
- Nearly half (49.1%) of County residents spend 30% or more of their household income on rent.² This rate increases to 57.3% among older adults (65+ years).
- 50.9% of the census tracts in Syracuse are food deserts.³

² U.S. Census Bureau American Community Survey, 2013-2017

Improve Health Status and Reduce Health Disparities

Poor self-reported physical health and mental health continue to be challenges in Onondaga County as are high rates of premature death. Additionally, significant health disparities exist for several health indicators in Onondaga County. Disparities on the basis of age, disability status, race and ethnicity, and income are present in our community. Notable findings for this topic area include:

- 24% of County residents die before reaching the age of 65 years compared to 22.4% in New York State (NYS) excluding New York City (NYC).⁴ However, premature deaths rates among Black (48.2%) and Hispanic residents (59.3%) are considerably higher.
- The County's rate of preventable hospitalizations (125.6 per 10,000) is higher than the rate in NYS excluding NYC (116.8 per 10,000).⁵

Prevent Chronic Diseases

Unhealthy behaviors including smoking, low fruit and vegetable consumption, and low levels of physical activity continue to be challenges in Onondaga County. Obesity also continues to be a challenge with both childhood and adult obesity rates increasing since last measurement. Onondaga County also continues to experience racial and ethnic disparities in several chronic disease outcomes including diabetes, cancer, stroke and heart disease. Notable findings for chronic diseases include:

- 65.9% of adults and 33.8% of public school children are either overweight or obese.⁶
- 18.0% of adults are current smokers; however smoking rates among adults with low incomes (31.8%) and adults with a disability (26.9%) are much higher.⁷
- Emergency department visit rates for hypertension vary substantially by race with Black (85.3 per 10,000) and Hispanic (36.2 per 10,000) residents having higher rates than the total population (21.9 per 10,000).⁸

Promote Well-Being and Prevent Mental and Substance Use Disorders

Onondaga County continues to face challenges related to mental health and substance use, including high rates of emergency department visits, hospitalizations, and mortality due to opioids. Suicide and self-inflicted injury also continue to be challenges locally. Notable findings for this topic area include:

- 9.1% of adults report experiencing poor mental health for fourteen or more days in the last month; while this rate is lower than NYS excluding NYC (11.2%), the rate in Syracuse is higher at 15.4%.⁹

³ Source: U.S. Department of Agriculture, Food Access Research Atlas, 2015

⁴ New York State Department of Health (NYSDOH) Office of Vital Statistics, 2014-2016

⁵ New York Statewide Planning and Research Cooperative System (SPARCS), 2016

⁶ New York State Student Weight Category Reporting System, 2016-2018 and Behavioral Risk Factor Surveillance System (BRFSS), 2016

⁷ BRFSS, 2016

⁸ SPARCS, 2014-2016

⁹ BRFSS, 2016 and CDC 500 Cities Project, <https://www.cdc.gov/500cities/index.htm>

- The rate of emergency department visits for opioid overdoses in Onondaga County is 65.0 per 100,000 compared to 50.2 per 100,000 in NYS excluding NYC.¹⁰
- Onondaga County's suicide mortality rate (10.0 per 100,000) exceeds that of NYS (8.0 per 100,000).¹¹

Promote a Healthy and Safe Environment

Onondaga County continues to face challenges related to asthma and childhood lead exposure, however, trend data indicate declines over time in elevated blood lead levels in both Onondaga County and Syracuse. While air quality measures have improved, food and water safety remain challenges with the increased presence of harmful algal blooms and outbreaks of foodborne illness in recent years. Notable findings for healthy and safe environments include:

- The prevalence of asthma in Onondaga County (11.5%) and Syracuse (12.7%) is higher than in NYS excluding NYC (10.4%).⁹
- 5.2% of children tested for lead in Onondaga County had a blood lead level of ≥ 5 mcg/dL. In Syracuse, this increased to 10.4%.¹²
- Onondaga County's work-related hospitalizations (217.8 per 100,000) exceed the rate for NYS (133.8 per 100,000).¹¹

Promote Healthy Women, Infants, and Children

Onondaga County continues to be challenged with racial and ethnic disparities in maternal and infant health outcomes including unintended pregnancy, preterm birth, low birth weight, infant mortality, and breastfeeding. However, the County continues to fare better than NYS for prenatal care indicators including first trimester prenatal care and adequacy of care. Rising trends in substance use in pregnancy continue to be a concern, along with infant mortality rates that continue to exceed national averages. Notable findings for women, infants, and children include:

- Overall, 30.0% of births in the County are unintended, however among non-Hispanic Black mothers this increases to 52.7%.¹³
- The preterm birth rate among non-Hispanic White mothers is 7.5% compared to 12.1% among non-Hispanic Black mothers and 9.2% among Hispanic mothers.¹¹
- 10.4% of mothers in Onondaga County and 17.3% of mothers in Syracuse report using illegal drugs during pregnancy.¹⁴

¹⁰ SPARCS, 2018

¹¹ NYSDOH County Health Assessment Indicators: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

¹² OCHD Division of Community Health, Lead Poisoning Prevention Program, 2018. Data are provisional

¹³ NYSDOH Office of Vital Statistics

¹⁴ Statewide Perinatal Data System, accessed by OCHD Division of Community Health, 2018. Data are provisional.

Prevent Communicable Diseases

Onondaga County continues to fare better than NYS with respect to immunization rates, and the County's rates for most vaccine-preventable diseases. Unfortunately, Onondaga County continues to see an increase in chlamydia and gonorrhea among both females and males, with rates much higher than NYS and NYS excluding NYC. While racial and ethnic disparities in newly diagnosed HIV cases persist, a comparison to data from the prior reporting period indicate outcomes for Black county residents are improving. Finally, while incidences of hepatitis A, B, and C, and HIV/AIDS remain relatively low, individuals who inject drugs may be at increased risk for exposure to these diseases. Notable findings for communicable diseases include:

- 43.9% of all adults and 60.8% of adults aged 65+ years received an influenza immunization in the past year (2016).¹⁵ These rates exceed those for NYS (all adults: 38.7%; adults 65+ years: 59.5%).
- The newly diagnosed HIV case rate among non-Hispanic Whites is 4.0 per 100,000 compared to 22.2 per 100,000 non-Hispanic Black residents and 36.2 per 100,000 Hispanic residents. The NYS rate is 16.0 per 100,000.¹⁶
- Chlamydia and gonorrhea case rates continue to drastically exceed those of NYS.¹⁷

Community Engagement Feedback

While Onondaga County residents have a wide variety of concerns around health status, access and system issues, it is clear that there is strong agreement within the community around top health priorities. Addressing **substance use disorders, mental health conditions, chronic diseases, and trauma and violence**, is extremely important to residents. Focus groups highlighted more specific challenges relating to poverty, education, transportation, and service coordination as barriers to health in our community.

Community Health Priorities

Following a comprehensive review of health indicator data and feedback from both community members and stakeholders, **the Steering Committee adopted the following priorities for the 2019-2021 CHA/CHIP cycle:**

- Prevent Chronic Diseases
- Promote Well-Being and Prevent Mental and Substance Use Disorders

Efforts to address these community health priorities are identified in the 2019-2021 Community Health Improvement Plan (CHIP), a collaborative work plan identifying interventions and activities to be undertaken by the Steering Committee in partnership with local agencies.

¹⁵ BRFSS, 2016

¹⁶ NYS HIV Surveillance System, 2014-2016

¹⁷ NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Community Health Improvement Plan (CHIP)

The CHIP includes several interventions selected by the Steering Committee to address health issues within the priority areas of **Prevent Chronic Diseases** and **Promote Well-Being and Prevent Mental and Substance Use Disorders**. These interventions were selected based on potential for broad impact and considerations for strengths, capacity, and resources of the OCHD and participating hospitals.

The OCHD and the participating hospitals are each responsible for components of the CHIP, whether as a lead agency or supporting partner. Many other community agencies are actively involved in CHIP activities, including but not limited to HealthConnections, American Heart Association, Transforming Communities Initiatives, Syracuse City School District, local farmers, the YMCA, Onondaga County Justice Center, Onondaga County Department of Adult and Long Term Care Services, and the Onondaga County Drug Task Force.

The selection of interventions and activities were informed by the NYSDOH's 2019-2024 Prevention Agenda Action Plan.¹⁸ Many of the included interventions address health disparities, including racial/ethnic disparities, disparities on the basis of income, a focus on older adults, individuals with disabilities, and individuals with substance use disorders and/or mental health disorders.

Within the priority area of **Prevent Chronic Diseases**, 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.
- Advocating for smoke free policies in multi-unit housing, public spaces, and worksite grounds.
- Reducing tobacco use through screening and smoking cessation programs, and preventing initiation of tobacco and electronic cigarettes use among youth.
- Enhancing chronic disease self-management.

Within the priority area of **Promote Well-Being and Prevent Mental and Substance Use Disorders**, activities include:

- Linking substance use disorder patients to care.
- Increasing the availability of Naloxone by training individuals to administer the drug.
- Providing education to medical providers and the community about topics related to substance abuse, pain management, access to substance abuse services, and reemerging infectious diseases such as Hepatitis A virus and Hepatitis C virus in populations with substance use disorders.
- Identifying community level protective factors to inform suicide prevention efforts.

Progress towards CHIP activities will be documented on a quarterly basis and shared with the Steering Committee. The Committee will re-convene bi-annually to review progress and make modifications to the CHIP as appropriate based upon changing community needs and resources available. Process measures used to evaluate performance are incorporated directly in the CHIP to ensure an outcome focused approach.

¹⁸ https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

Throughout the CHA/CHIP planning process, it was evident that there is a strong, diverse network of committed community partners in Onondaga County. While the health issues identified in this document are substantial, the collaboration and engagement present 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.

INTRODUCTION

The 2019-2021 Onondaga County Community Health Assessment and Improvement Plan (CHA/CHIP) was thoughtfully developed by the **Onondaga County Health Department (OCHD) in collaboration with Crouse Health, St. Joseph’s Health, and State University of New York Upstate University Hospital**. The development of this document was guided by the 2019-2021 CHA/CHIP Steering Committee which was made up of representatives from OCHD, Crouse Health, St. Joseph’s Health, Upstate University Hospital, and HealthConnections– Population Health Improvement Program. A description of the collaborative planning process can be found in Appendix 1.

The process was undertaken in alignment with the New York State Prevention Agenda, which identifies five priority areas for health improvement:¹⁹

- Prevent Chronic Diseases
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants, and Children
- Prevent Communicable Diseases

The Community Health Assessment (CHA) provides a comprehensive assessment of the health status of Onondaga County residents using national, state-wide, and local data sources. Whenever available, the assessment provides comparisons by race, ethnicity, and age among other demographic factors. Comparisons to statewide data and Central New York counties are also included as appropriate. A full description of the data review methodology is available in Appendix 1. Additionally an extensive community engagement process was undertaken in 2019 to gather feedback directly from county residents. Engagement strategies included a county-wide survey and focus groups among populations at risk for poor health outcomes. Overall more than 3,000 county residents were engaged through this process. A more detailed description of the engagement process can be found on pages 96 and 97.

Following a comprehensive review of health indicator data and feedback from both community members and stakeholders, the Steering Committee adopted the following priorities for the 2019-2021 CHA/CHIP cycle: *Prevent Chronic Diseases* and *Promote Well-Being and Prevent Mental and Substance Use Disorders*

Efforts to address these community health priorities are identified in the 2019-2021 Community Health Improvement Plan (CHIP), a collaborative work plan identifying interventions and activities to be undertaken by the Steering Committee in partnership with local agencies.

¹⁹ https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

ONONDAGA COUNTY COMMUNITY HEALTH ASSESSMENT

Health is defined as a **state of complete physical, mental, and social well-being and does not merely indicate the absence of disease.**²⁰ This Community Health Assessment provides a comprehensive overview of many factors which influence the physical, mental, and social well-being of Onondaga County residents. As we strive to ensure the health and well-being of county residents, it is important to understand the multitude of factors that influence health. It is known that only 20% of health outcomes are influenced by clinical factors such as access to care and quality of care; 80% is impacted by factors outside of the health care delivery system, including social and economic factors, health behaviors, and the physical environment (Appendix 4).²¹

What Creates Health and Well-Being: A Public Health Framework (see next page) provides an in depth look at factors which impact health. The framework ranges from social factors such as age, gender, race/ethnicity, and sexual orientation, to mortality, including life expectancy, premature death, and infant mortality. Each component falls on a continuum of downstream to upstream. Strategies to intervene at each level are shown in purple below each component. Interventions that address change further upstream have a greater likelihood of preventing adverse health outcomes at the population level than interventions downstream.

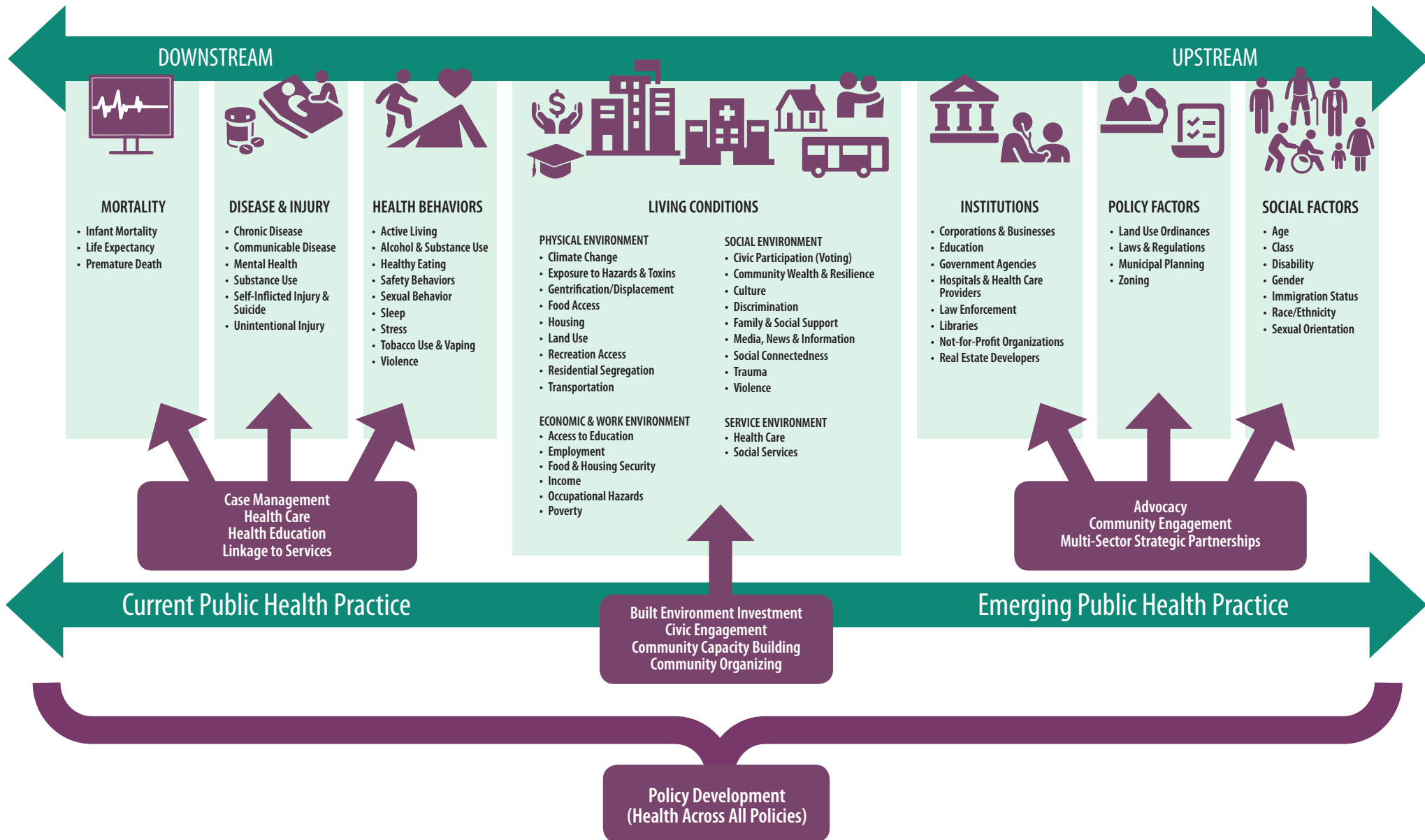
Efforts to address living conditions and the institutional and policy sectors are emerging public health approaches to protecting and improving the health of our community. Strategies of community engagement, advocacy, and multi-sector strategic partnership are key tools to this approach. Additionally, policy development is a strategy that can be applied at all levels of the framework to ensure impactful and lasting change.

²⁰ World Health Organization's definition of health, adopted by the International Health Conference, New York, Signed July 22, 1946 and adopted April 7, 1948

²¹ County Health Rankings Model, accessed 11/15/2019: <https://www.countyhealthrankings.org/county-health-rankings-model>

What Creates Health & Well-Being?

A PUBLIC HEALTH FRAMEWORK



Key Concepts in Emerging Public Health Practice

The scope of public health practice has evolved significantly in recent years. Emerging approaches to public health focus on building collaborative relationships, relying on actionable and timely data, thinking strategically and seeking out innovative funding sources. This approach to public health focuses on considering health across the lifespan and ensuring equity, and applies policy development as a lever for promoting change. Below is a description of key concepts in emerging public health practice.

Public Health 3.0

Adopted by the U.S. Department of Health and Human Services in 2016,²² Public Health 3.0 is a vision for the future that launches public health forward by building on the achievements of over 150 years of practice.

Public Health 3.0 emphasizes focusing on equity and social determinants of health through strong strategic and collaborative partnerships. Engaging partners outside of the traditional health sectors, such as law enforcement, schools, for-profit businesses, and real estate developers provide unique opportunities for addressing health challenges through the Public Health 3.0 framework. The adoption of shared goals, measurement, and action (known as collective impact) is also a key component of Public Health 3.0.

Core Concepts of Public Health 3.0

1. Strong leadership and workforce
2. Strategic partnerships
3. Flexible and sustainable funding
4. Timely and locally relevant data, metrics, and analytics
5. Foundational infrastructure

In this framework, the local health department acts as the lead health strategist, as a facilitator and backbone entity for supporting a vision for protecting and improving the health of the community.

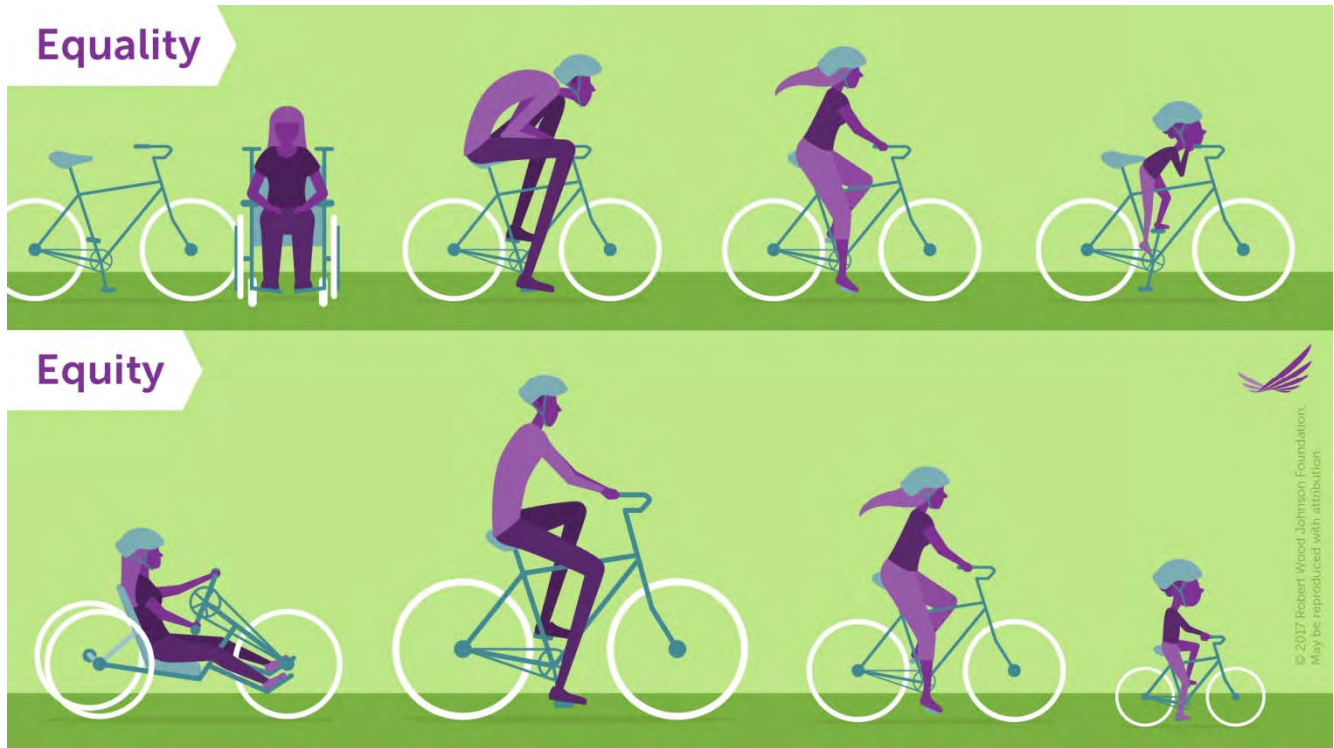
Health Equity

Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving that potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment (Center for Disease Control and Prevention Definition).²³

²² U.S. Department of Health and Human Services, Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure, 2016: <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>

²³ Definition from the Centers of Disease Control and Prevention (CDC): <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

It is important to note that equity is different than equality. While equality means giving the same resources to everyone, the concept of equity ensures that individuals are given the resources they need to achieve the desired outcome. Some individuals may need additional resources beyond those needed by others. This concept is illustrated in the visual below.



Used with permission from the Robert Wood Johnson Foundation

To address this topic locally, OCHD convened the Onondaga County Health Equity Coalition in 2018. The group is comprised of stakeholders from agencies across multiple sectors who convene to assess gaps in health equity work and identify solutions. Additionally, the Health Equity Coalition provided advisory support for development of this document to ensure that health equity concepts are incorporated throughout.

Health Across the Lifespan

An individual's health needs may vary significantly throughout their lifespan. A health across the lifespan approach to public health ensures that the needs of populations from birth to death are considered to ensure that all members of the community have an opportunity for physical, mental, and social well-being. In particular, as Onondaga County's population ages, age-friendly strategies such the American Association of Retired Persons (AARP)'s 8 Domains of Livability, will be critical tools for ensuring that communities are responsive to the needs of older adults.

AARP 8 Domains of Livability:²⁴

- | | |
|---------------------------------|----------------------------------|
| 1. Outdoor Spaces and Buildings | 5. Respect and Social Inclusion |
| 2. Transportation | 6. Work and Civic Engagement |
| 3. Housing | 7. Communication and Information |
| 4. Social Participation | 8. Community and Health Services |

Health Across All Policies

Health Across All Policies (HAAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across all sectors and policy areas.²⁵ The approach recognizes that many of the social and environmental conditions that impact health are impacted by decisions and policies made outside of the health and public-health sectors. The Health Across All Policies approach provides a framework for advocating that whenever policy decisions are made that have the potential to influence health, a full consideration of the health impact is made and incorporated into the policy as appropriate.²⁶ Multi-sector collaboration is a key component to the success of a health across all policies approach.

²⁴ <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2015/8-domains-of-livability-resources.html>

²⁵ *An Introduction to Health in All Policies: A Guide for State and Local Governments,*

http://www.phi.org/uploads/files/Four_Pager_Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf

²⁶ Adapted from: Health in all Policies Strategies to Promote innovative Leadership, Association of State and Territorial Health Officials, <http://www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/>

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 such as 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, 5- year estimates, 2013-2017.

Onondaga County is centrally located within New York State and covers a geographic area of 780 square miles. It is the sixth most populous county in Upstate New York and has a total of 467,669 residents. The county is comprised primarily of forests and agricultural lands, resulting in a population density of 600 persons per square mile.²⁷

The City of Syracuse is the county's hub, where nearly one-third of County residents reside. With a population of 144,405 residents, Syracuse is the largest city in the Central New York region and the fourth largest Upstate New York city. In addition to Syracuse, 19 towns, and 15 villages fall within Onondaga County including the heavily populated towns of Clay, Salina, and Cicero in the northwest, and Dewitt and Manlius in the southeast. The Onondaga Nation territory also falls geographically within Onondaga County.

Onondaga County contains several waterbodies including Onondaga Lake northwest of Syracuse, and Otisco Lake as well as a portion of Skaneateles Lake to the southwest. The County is also rich in green spaces with more than 70 State, County, and City parks. Interstate highways 90 and 81 are currently major east-west and north-south thoroughfares that intersect just north of Syracuse (Figure 1).

Figure 1. Map of Onondaga County



Source: OCHD Division of Community Health

²⁷ US Census Bureau, Quick Facts. Onondaga County, New York, 2018. <https://www.census.gov/quickfacts/fact/table/onondagacountynewyork/PST045218>

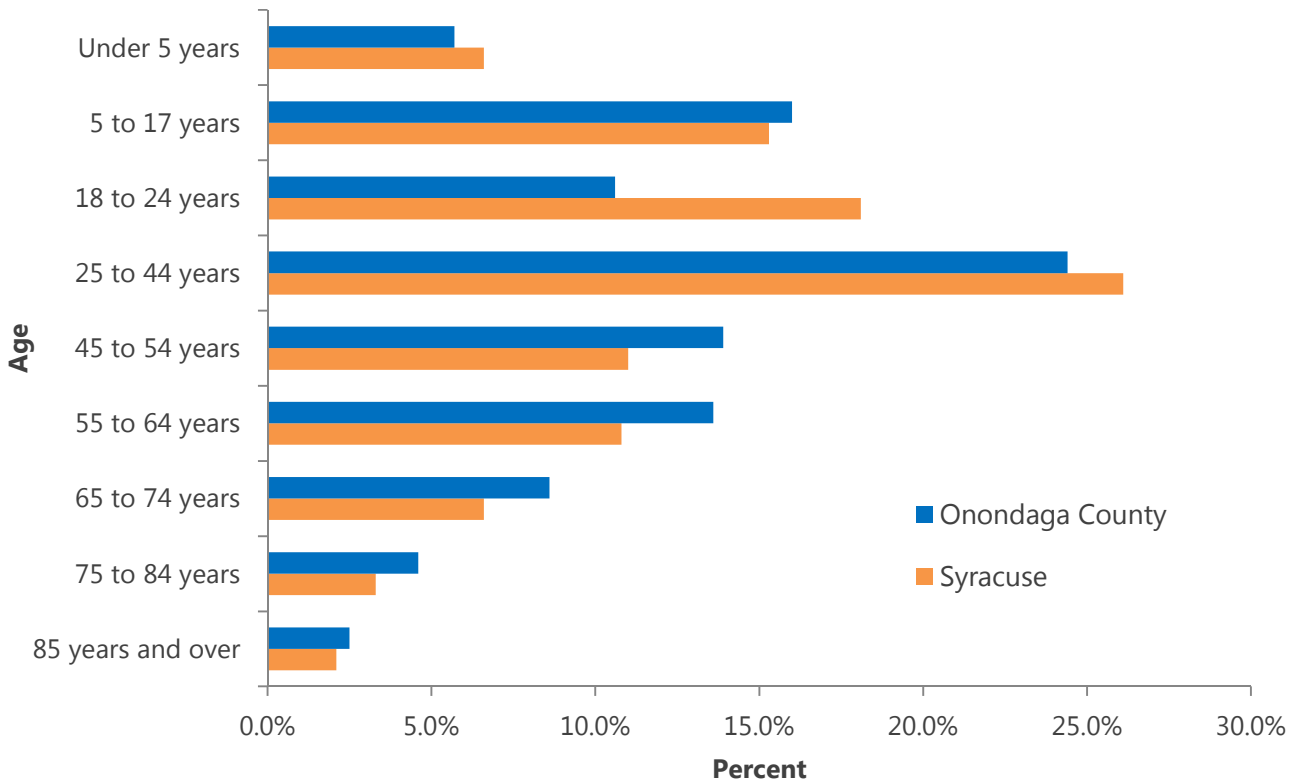
Community Demographics

Understanding the people who make up a community is essential for ensuring that the needs of all members of a community are met. Demographic characteristics may also have a significant impact on health status, access to health care, and utilization of health care services. These factors in turn influence health outcomes on a population level. This section covers demographic characteristics of Onondaga County residents including: age, gender, sexual orientation, race, ethnicity, country of origin, spoken languages, families and marital status, and disability status. Unless otherwise noted, data in this section are from the U.S. Census Bureau, American Community Survey, 5-year estimates, 2013-2017.

Age

The age distribution of a community can significantly impact the health needs of its residents. In particular, understanding a community’s age-specific health needs is critical to ensuring that all individuals have the opportunity to be healthy throughout their lifespan. Figure 2 displays age distributions for Onondaga County and Syracuse. Compared to Onondaga County, Syracuse has a higher proportion of residents less than 5 years of age, and a lower proportion of residents over age 65. Syracuse also has a lower median age, 30.6 years, than Onondaga County (38.8 years).

Figure 2. Population distribution by age group, Onondaga County and Syracuse, 2013 – 2017

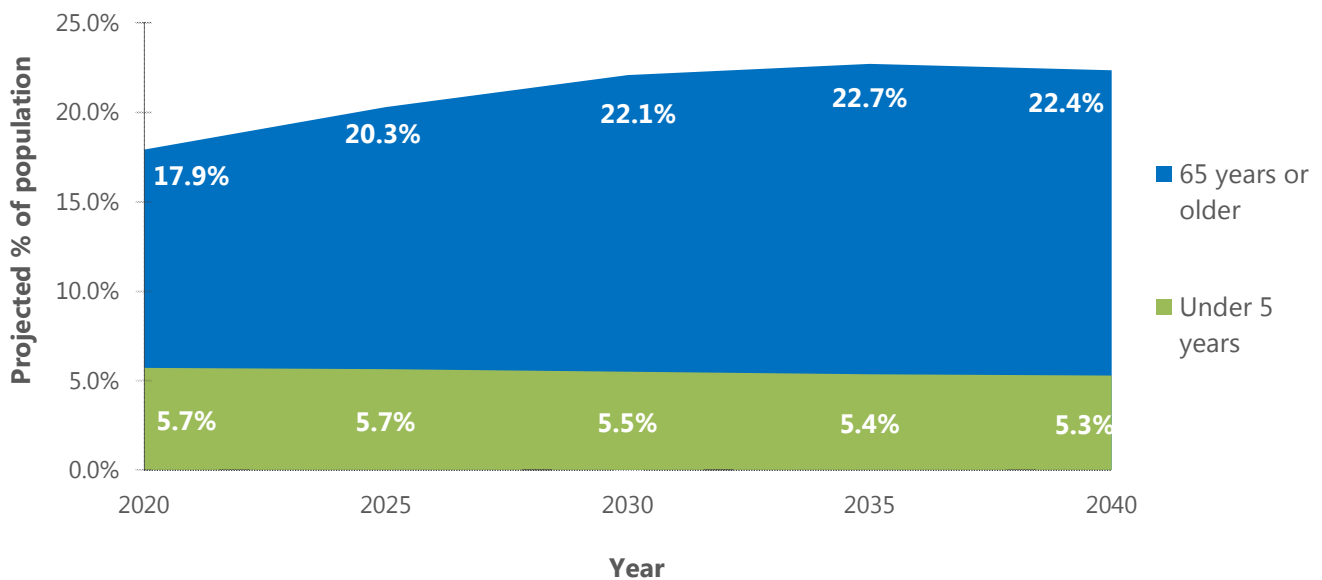


Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2013-2017

Additionally, Syracuse has a substantially higher percentage of residents in the 18 to 24 age cohort, likely due to the four major universities and colleges (Syracuse University, SUNY Environmental Science and Forestry, SUNY Upstate Medical University, and Le Moyne College) located in the City.

In Onondaga County, nearly 27,000 children are under the age of 5 years. This age group comprises 5.7% of the county’s population. Slightly fewer than 10,000 of those children reside in Syracuse, representing 6.6% of the City’s population. Projections from the Cornell Program on Applied Demographics indicate that the percentage of Onondaga County’s population that is under 5 years of age will decrease slightly over the next 20 years (Figure 3).²⁸

Figure 3. Projected population, under 5 years and 65 years or older, Onondaga County, 2020 - 2040



Source: Cornell Program on Applied Demographics

Nearly 16% of the county’s population (over 70,000 residents) are age 65 or older. Projections indicate that by 2040, nearly a quarter of Onondaga County’s population will be adults age 65 or older (Figure 3). Older adults may face unique health challenges that our community must be prepared to address over the next several years.

Gender

Women comprise more than half of the population of Onondaga County (51.7%) and Syracuse (52.8%). Women, especially of childbearing age (generally 15-44 years), may have specific health needs. Nearly 93,000 Onondaga County residents are women of childbearing age.

²⁸ Cornell Program on Applied Demographics: <https://pad.human.cornell.edu/counties/projections.cfm>

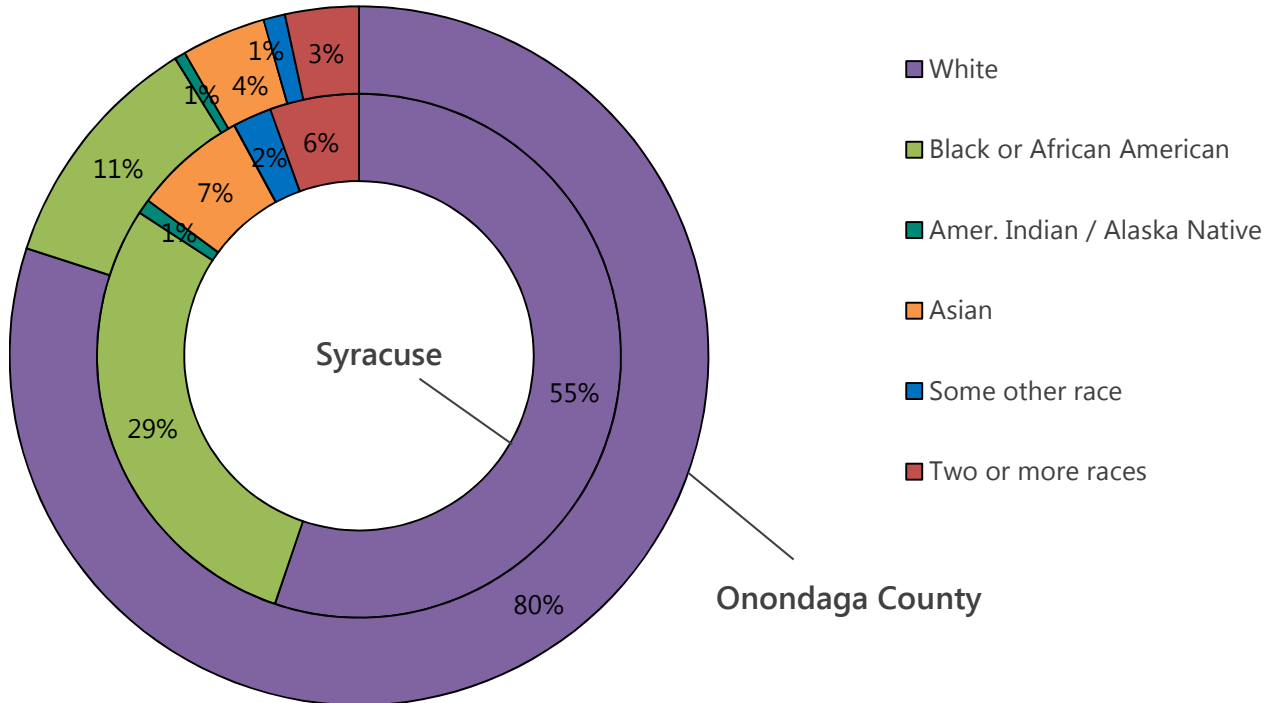
Sexual Orientation

Sexual orientation may impact an individual’s health risks, access to care, and social supports. In 2017, 4.1% of marriages taking place in Onondaga County where gender was identified on the marriage certificate were to same-sex partners.²⁹ A majority of the same sex partner marriages (72.8%) were females. Additionally, 3.8% of unmarried-partner households in Onondaga County are couples of the same sex. In Syracuse the rate is slightly higher (5.1%).

Race and Ethnicity

Figure 4 provides a breakdown of the populations of Onondaga County and Syracuse by race. In both geographies, more than 90% of the population identifies as only one race (96.6% in Onondaga County and 94.5% in Syracuse). In Onondaga County, nearly 80% of the population identifies as White, with 11.2% identifying as Black or African American, 3.9% as Asian, 0.5% as American Indian or Alaska Native, and 1.0% as some other race. The population of Syracuse is more diverse with 55.2% identifying as White, nearly 30% identifying as Black or African American, 7.0% as Asian, 0.9% as American Indian or Alaska Native, and 2.4% as some other race. Nearly 5% of the County’s population (of all races) identifies as Hispanic. Within Syracuse, the proportion is higher, with 9.1% of City residents identifying as Hispanic.

Figure 4. Population by race, Onondaga County and Syracuse



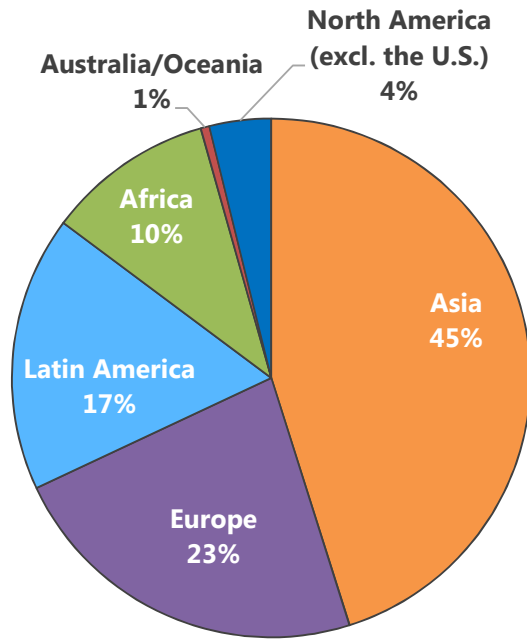
Source: U.S. Census Bureau, American Community Survey, 2013-2017

²⁹ NYS Vital Statistics: https://www.health.ny.gov/statistics/vital_statistics/2017/table47a.htm. Note gender is an optional field on the New York State marriage license.

Country of Origin

Foreign-born residents bring tremendous diversity to Onondaga County. Overall, 7.6% of Onondaga County's population (regardless of race) is made up of individuals born outside of the United States. In Syracuse, a greater percentage of the population, 12.5%, are individuals who were born outside of the U.S. Among the County's foreign born population, the greatest proportion was born in Asia, followed by Europe, Latin America, and Africa (Figure 5). When looking by country of origin, the greatest proportion of Onondaga County's foreign born population comes from China (10.8% of the County's foreign born population), followed by India (6.3%) and Cuba (4.6%). Onondaga County is also home to many recently settled refugees. Between 2007 and 2016, most refugees who settled in Onondaga County were from Burma, Bhutan and Somalia, with many also from Iraq, Afghanistan and Syria.³⁰

Figure 5. Place of birth for Onondaga County's foreign-born populations



Source: U.S. Census Bureau, American Community Survey, 2013-2017

Note: Latin American includes Central America, South America, and the Caribbean

Spoken Languages and Linguistic Isolation

English language proficiency may impact educational attainment, employment opportunities, and the ability to effectively communicate with healthcare providers. The percentage of households with limited English proficiency is lower in Onondaga County than it is in New York State as a whole (Onondaga County: 2.2%, New York State: 8.1%). Syracuse's rate (4.6%) is higher than the County rate but still remains lower than the statewide

³⁰ CNY Vitals. <https://cnyvitals.org/people/>

rate. In Onondaga County, 10.5% of households speak a language other than English at home, compared to 18.3% of households in Syracuse. After English, the second most commonly spoken language at home is Spanish (3.1%). Other Indo-European languages are spoken at home by 3.6% of County residents, and 2.4% of the County speaks Asian and Pacific Island languages at home.

Disability Status

In Onondaga County, 21.6% of adults have a disability.³¹ Disability encompasses the following dimensions: Impairment to body structure or mental functioning; activity limitation, including difficulty hearing, moving, or problem solving; and participation restrictions in daily activities, including working, engaging in social or recreational activities, or obtaining health care.³² Individuals with disability are at greater risk for several health conditions. Compared to Onondaga County, Syracuse has higher rates of several disabilities including cognitive disability, vision difficulty, and ambulatory difficulty (Table 1).

Table 1. Disability Status, Syracuse, Onondaga County, and NYS, 2016

	City of Syracuse	Onondaga County	New York State
Persons with a cognitive disability	8.1%	5.4%	4.4%
Persons with a hearing difficulty	3.3%	3.3%	2.8%
Persons with a self-care difficulty	3.1%	2.3%	2.7%
Persons with a vision difficulty	2.5%	1.9%	2.1%
Persons with an ambulatory difficulty	8.8%	6.5%	6.7%

Source: U.S. Census Bureau American Community Survey, 2013-2017

Families and Marital Status

Familial relationships and marital status can impact an individual’s social support which may in turn influence their health and well-being. There are a total of 113,541 families in Onondaga County and 27,857 in Syracuse. The average household size in Onondaga County and Syracuse is similar, with an average of 2.41 and 2.34 people per family respectively. In the County, 7.3% of families have a male householder with no wife present compared to 21.5% which have female householders with no husband present. In Syracuse, 27.4% of residents over 15 years old are married and 54.0% of residents have never been married. On the contrary, 44.8% of County residents are married and only 36.6% have never been married. In both geographies, approximately 12% of the population is divorced or separated and around 6% are widowed. Unmarried partner households make up 7.5% of households in the County and 7.3% in Syracuse. Among Onondaga County households with

³¹ Behavioral Risk Factor Surveillance System (BRFSS), 2016

³² Language adapted from New York State Department of Health Behavioral Risk Factor Surveillance System Brief Number 1906, Disability Status.

children, nearly 40% are single-parent households with no husband or wife present. In the City, 61.0% of households with children are single-parent households.

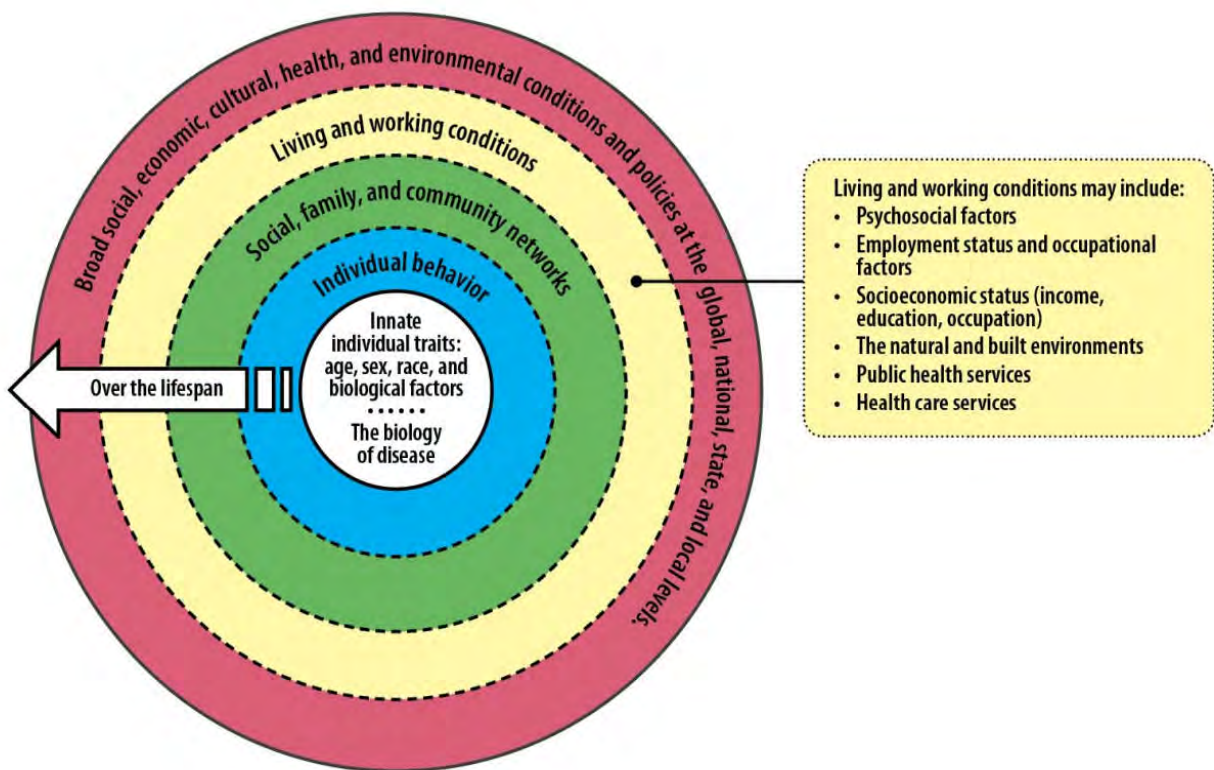
Community Demographics Summary

Data presented in this section speak to the diversity of Onondaga County residents. Each of the demographic factors described above has the potential to impact an individual's health status. Therefore understanding our population is a critical step in protecting and improving the health of all of the County's residents. To better understand the health inequities experienced by Onondaga County residents on the basis of demographic differences, demographic data are presented for health indicators whenever available.

Determinants of Health

Our health is shaped by several factors ranging from the biological traits we were born with to the complex social and economic environments, in which we live, learn, work, and play. Each of these factors has the potential to significantly influence our health risks and outcomes (Figure 6). This section covers the socioeconomic, environmental, behavioral, and policy determinants that influence the health and well-being of Onondaga County residents. Access to healthcare services is also addressed in the section below. A table of determinants of health data included in this section is presented in Appendix 8.

Figure 6. Determinants of health



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

Socioeconomic Determinants

The social and economic conditions in Onondaga County are significant factors that influence the health status of County residents. Factors such as **education level, employment, poverty, social support/connectedness, discrimination, and trauma** all play a key role in an individual's health risks, access to care, and ultimately their health outcomes.

Like many other communities, Onondaga County is composed of a wide range of social and economic environments. In particular, substantial differences are seen between the City of Syracuse and the rest of the County. The section below presents data relating to social and economic conditions in Onondaga County and Syracuse.

Education

Educational attainment can influence several factors in an individual's life from economic opportunity to the ability to understand health information. Onondaga County has a total of 18 public school districts with an enrollment of approximately 68,000 students, including nearly 20,000 students in the Syracuse City School District (SCSD).³³ Additionally, there are more than thirty private or parochial schools in the County. Onondaga County is also home to a large number and variety of post-secondary educational institutions. Over 37,000 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.³⁴ A number of other professional and licensing programs are also offered in the County.

Table 2 illustrates the educational outcomes among adults age 25 years and older. Overall, 90.8% of Onondaga County residents have a high school education or higher, and 35.0% have a bachelor's degree or higher. In general, educational attainment in Syracuse is lower than in Onondaga County, with 81.5% having a high school education or higher, and a 27.4% achieving a Bachelor's degree or higher.

³³ New York State Report Cards, 2018-2019. <https://data.nysed.gov/profile.php?county=42>

³⁴ <https://www.syracuse.edu/about/facts-figures-rankings/> http://www.upstate.edu/com/admissions/class_stats.php
<https://www.lemoyne.edu/About-Us>
<https://www.suny.edu/campuses/esf/>
<http://www.sunyocc.edu/index.aspx?menu=672&id=7959>

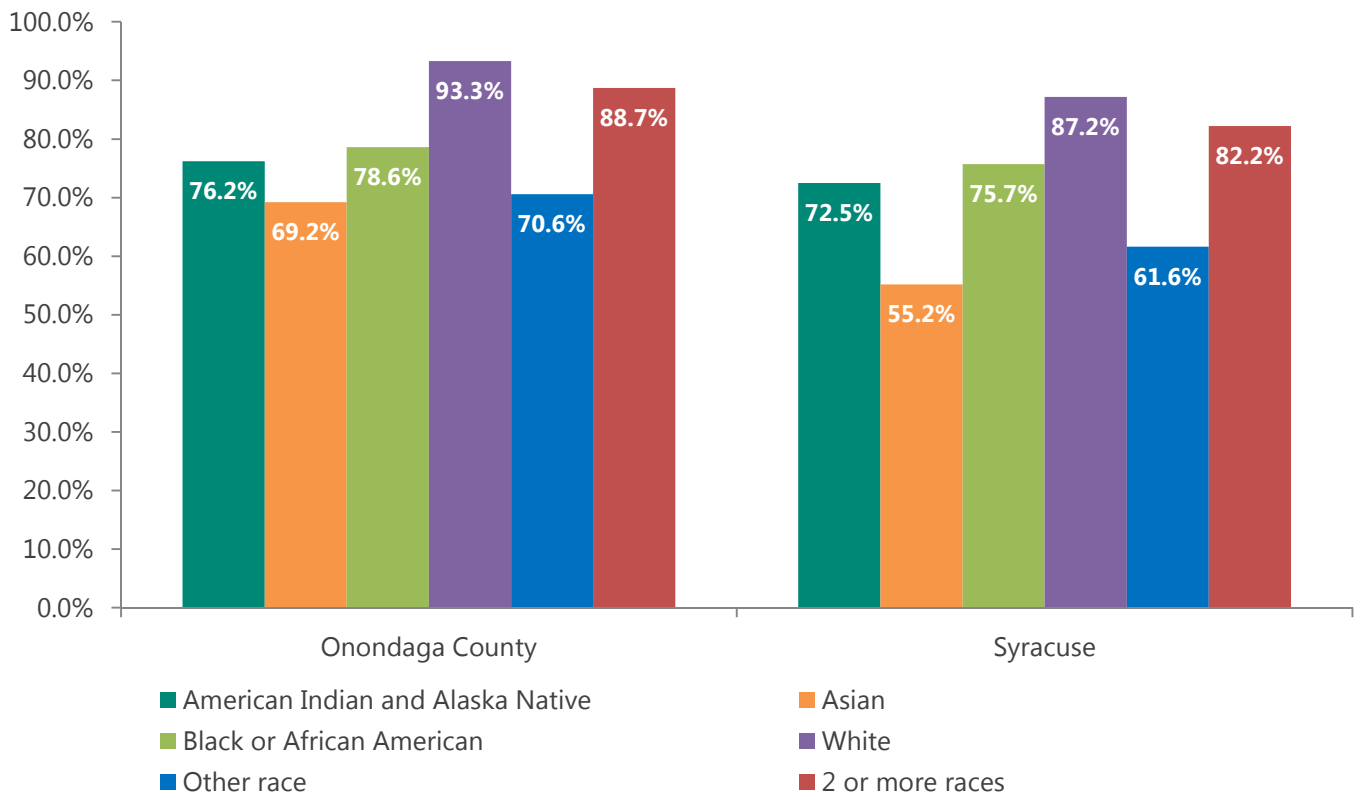
Table 2. Highest level of education obtained among adults aged 25 years and older, Syracuse, Onondaga County, and NYS

	City of Syracuse	Onondaga County	New York State
Less than High school education	18.5%	9.2%	13.9%
High school graduate or higher	81.5%	90.8%	86.1%
Bachelor’s degree or higher	27.4%	35.0%	35.3%

Source: U.S. Census Bureau American Community Survey, 2013-2017

Within both Onondaga County and Syracuse, disparities in education outcomes vary substantially by race and ethnicity. Figure 7 provides a breakdown by race of individuals age 25 and older who are high school graduates or higher in both Onondaga County and Syracuse. In both Onondaga County and Syracuse, White residents had the highest percentage of adults with at least a high school education and Asian residents had the lowest percentage. When looking at ethnicity, 77.1% of Hispanic residents of Onondaga County and 70.2% of Hispanic residents of Syracuse had at least a high school education.

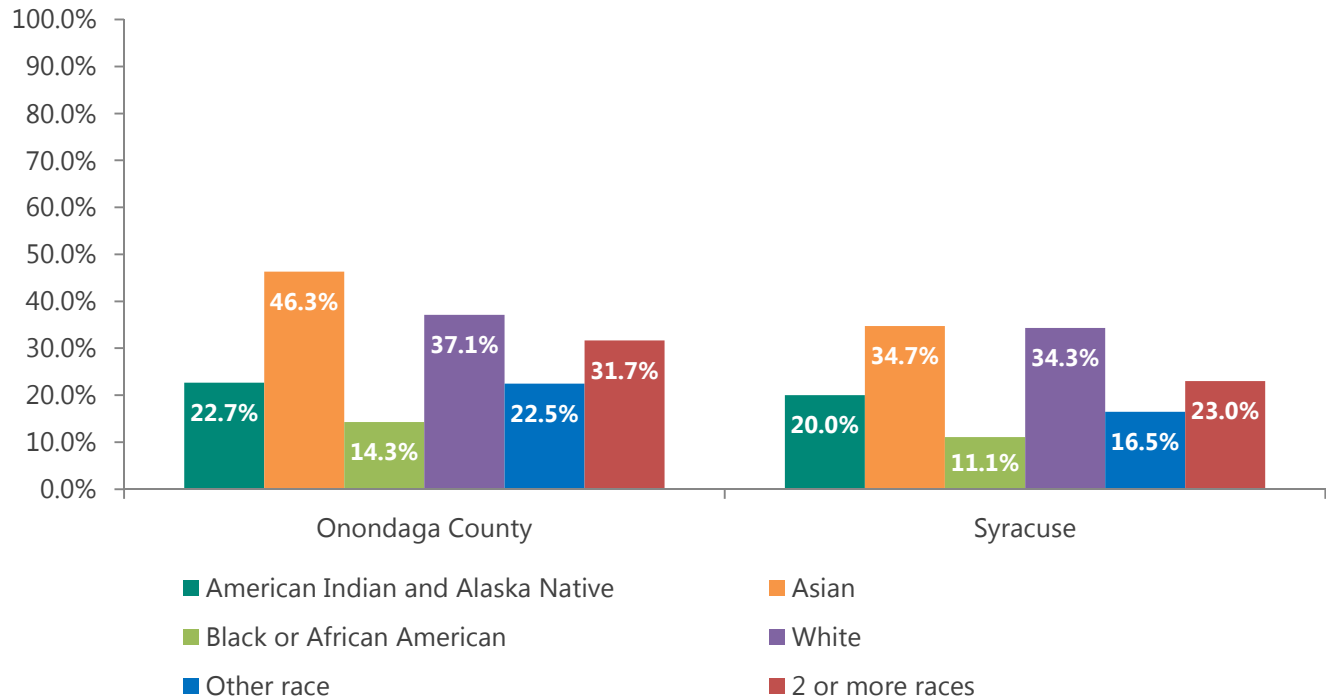
Figure 7. Adults aged 25 years and older, with high school education or higher, by race, Onondaga County and Syracuse



Source: U.S. Census Bureau American Community Survey, 2013-2017

Figure 8 provides a similar breakdown by race for individuals age 25 or older with a Bachelor’s degree or higher. When looking at higher education, Asian residents of both Onondaga County and Syracuse had the highest percentage of adults with a Bachelor’s degree or higher while Black or African American residents in both locations had the lowest percentage. Among Onondaga County’s Hispanic population, 25.5% of adults have a bachelor’s degree or higher compared to 18.3% of Hispanic residents in Syracuse.

Figure 8. Adults aged 25 years and older, with Bachelor’s degree or higher, by race, Onondaga County and Syracuse



Source: U.S. Census Bureau American Community Survey, 2013-2017

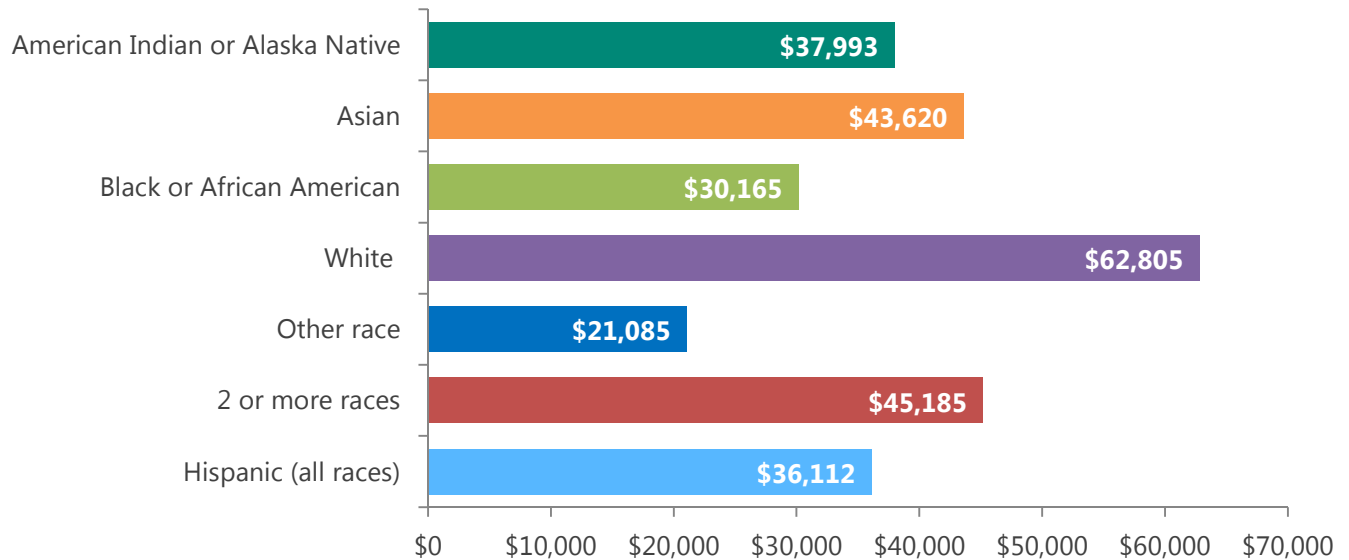
Another marker for educational success is proficiency in English Language Arts and Mathematics. In the Syracuse City School District, 18% of students were proficient in English Language Arts in 2019.³⁵ Scores varied dramatically based upon economic opportunity with only 14% of economically disadvantaged students having proficient scores compared to 38% of students who are not economically disadvantaged. Additionally, students with disabilities scored much lower than the entire student body with only 3% scoring as proficient. Outcomes also varied significantly by race, with 26% of White students scoring as proficient compared to 13% of Black or African American students. Similar disparities in outcomes were observed for Mathematics proficiency.

³⁵ New York State Report Cards, 2019. <https://data.nysed.gov/profile.php?county=42>

Economic Opportunity and Poverty

Economic opportunity and 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. The median income for Onondaga County residents is \$57,271 compared to \$34,716 in Syracuse. Both are lower than the statewide median income of \$62,276. Additionally, there are significant disparities in median income by race and ethnicity in Onondaga County, as shown in Figure 9.

Figure 9. Median income by race and ethnicity, Onondaga County



Source: U.S. Census Bureau American Community Survey, 2013-2017

Overall, 14.9% of Onondaga County’s residents live in poverty. This rate is much higher in Syracuse where 32.6% of residents live below the poverty level. Table 3 provides poverty indicators for Syracuse, Onondaga County, and New York State. In both Onondaga County and Syracuse, there are substantial differences in poverty rates by race and ethnicity. More than one third of Black or African American residents of Onondaga County live in poverty compared to 10.3% of White residents. Among Onondaga County’s residents of Hispanic ethnicity, 31.8% live in poverty compared to 45.1% of Syracuse’s Hispanic residents. Especially striking is the poverty rate among children in Syracuse, where 46.8% of those under age 18 live in poverty, compared to 21.6% of children countywide. The poverty rate among adults age 65 years is higher in Syracuse (14.7%) than in Onondaga County as a whole (8.2%). Additionally, more than 30% of Onondaga County residents with a disability and nearly 50% of people with a disability in Syracuse live in poverty.

Table 3. Poverty indicators, Syracuse, Onondaga County, and NYS

	City of Syracuse	Onondaga County	New York State
Living in poverty	32.6%	14.9%	15.1%
<i>American Indian or Alaska Native</i>	30.0%	19.7%	25.6%
<i>Asian</i>	47.3%	28.1%	16.8%
<i>Black or African American</i>	41.0%	37.2%	22.5%
<i>White</i>	23.7%	10.3%	11.0%
<i>Other race</i>	53.4%	41.0%	27.9%
<i>Two or more races</i>	46.9%	29.4%	20.4%
<i>Hispanic (all races)</i>	45.1%	31.8%	24.4%
Children living in poverty	46.8%	21.6%	21.3%
Adults age 65+ years living in poverty	14.7%	8.2%	11.5%
Persons with disability living in poverty	46.8%	31.9%	29.9%

Source: U.S. Census Bureau American Community Survey, 2013-2017

The city of Syracuse also has several high-poverty neighborhoods, defined as census tracts where more than 40% of residents live in poverty. A map of poverty in the city of Syracuse by census block group (available in Appendix 10) shows several areas of concentrated poverty, including some block groups where more than half of residents live in poverty. Additionally, many of the city’s high-poverty neighborhoods have high proportions of Black and Hispanic residents. A report published in 2015 identified Syracuse as having the highest rate of extreme poverty among Black and Hispanic residents in the nation.³⁶

Many individuals earn more than the federal poverty level but less than the basic cost of living in Onondaga County. This is referred to as ALICE (Asset Limited, Income Constrained, Employed), and 26% of county households fall into this category.³⁷ Combined with those living below the poverty level, 40% of households in the county are not able to meet the basic cost of living. In the city of Syracuse, and several towns and villages, ever higher proportions of residents are unable to meet basic needs (Table 4).

Table 4. Percent of population in poverty or below ALICE threshold, select municipalities, Onondaga County, 2016

Syracuse	62%
East Syracuse	60%
Solvay	54%
Tully	54%
North Syracuse	51%
Camillus	49%

Source: United Way. ALICE: A Study of Financial Hardship in New York. 2018. <https://www.unitedforalice.org/new-york>

³⁶ 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/>

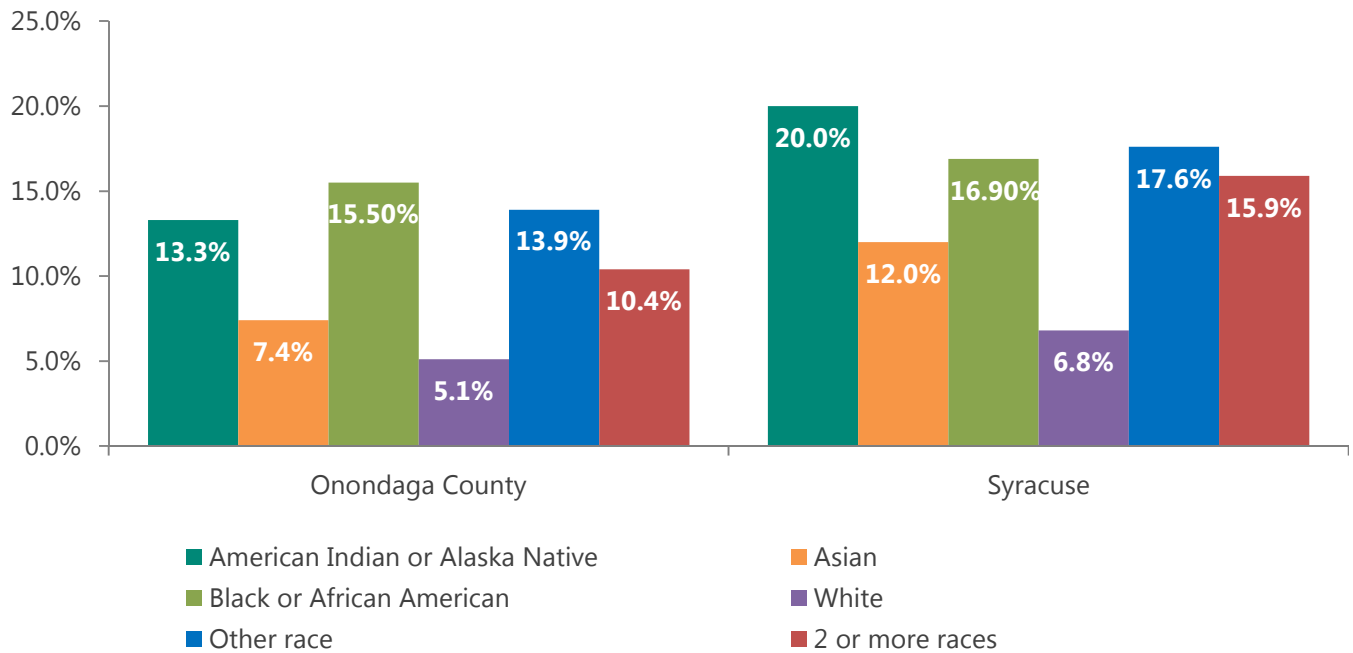
³⁷ United Way. ALICE: A Study of Financial Hardship in New York. 2018. <https://www.unitedforalice.org/new-york>

See Appendix 11 for a full list of Onondaga County municipalities and the percentage of the population below the ALICE threshold.

Employment

Access to employment is an important factor that impacts economic opportunity and poverty. Additionally, unemployment can lead to a decrease in access to employer-sponsored health insurance programs, which may lead to higher rates of uninsured individuals in the county. The unemployment rate in Onondaga County is 6.4%, compared to 10.5% in Syracuse and 6.8% statewide. There are notable disparities by race and ethnicity in unemployment rates within both Onondaga County and Syracuse (Figure 10). In general, White residents have lower unemployment rates than other races and Syracuse consistently has higher unemployment than Onondaga County among all races.

Figure 10. Unemployment rate, by race, Onondaga County and Syracuse



Source: U.S. Census Bureau American Community Survey, 2013-2017

Social Support and Connectedness

Relationships play an important role in supporting health and well-being.³⁸ The presence of strong relationships and a sense of solidarity among community members can positively impact health. One benefit of strong community relationships is social capital. Social capital refers to shared community resources, such as learning about a job opportunity through the friend of a friend.³⁸ Sources of social capital can include faith-based communities, neighborhoods, and families. Another benefit of strong social relationships is social support.

³⁸ Healthy People 2020: Social Cohesion: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/social-cohesion>. Accessed November 19, 2019.

Having a family member or friend to rely on can provide numerous benefits including helping individuals cope with stress, serving as positive role models for healthy behaviors, and reducing barriers to accessing health care or economic opportunities (for example, by providing transportation).

Social isolation and loneliness are factors that can negatively influence health outcomes.³⁹ These challenges can often disproportionately impact older adult populations. In Onondaga County, 31.1% of adults age 65 and older live alone. This increases to 36.8% in Syracuse; higher than that for New York State (28.3%). With Onondaga County's growing older adult population, it is important to consider social connectivity as we think about supporting healthy aging.

Civic Participation

Civic participation represents a wide variety of activities that benefit the community including voting in elections, volunteering, and participation in group activities.⁴⁰ In addition to supporting community development, civic participation can have many positive health benefits for those who engage in these activities.⁴⁰ These include increased opportunities to meet new people or groups, an increased sense of purpose tied to meaningful civic activities, and opportunities for increased physical activity (such as community gardening).

Discrimination

Discrimination is defined as a "socially structured action that is unfair or unjustified and harms individuals and groups."⁴¹ Structural discrimination, such as historic policies that segregated individuals on the basis of race, limits opportunities and resources available to a specific group. Discrimination can also occur on an individual level, taking many forms including acting disrespectfully or using harassing language. Many different groups are impacted by discrimination, including but not limited to, racial/ethnic minorities, women, lesbian, gay, bisexual, and transgender individuals, older adults, and individuals with disabilities.⁴¹ In the United States, 63% of adults report experiencing discrimination on a daily basis.⁴¹ Experiencing discrimination can significantly impact an individual's physical and mental health.⁴¹ Discrimination has been connected with increases in unhealthy behaviors and decreases in health promoting behaviors including chronic disease management and cancer screening.⁴¹ Additionally, racism has been directly linked with poor health outcomes including low birth weight and high blood pressure.⁴¹

Discrimination can also impact the quality of patient care or a patient's perception of their health care experience. The Onondaga County Community Health Assessment survey (described in the Community Engagement section pages 96 and 97), which reached more than 3,000 Onondaga County residents, found that in that last 3 years, 11.6% of survey respondents experienced stigma, discrimination, or feeling judged by their

³⁹ Healthy People 2020: Social Cohesion: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/social-cohesion>.

⁴⁰ Healthy People 2020: Civic Participation: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/civic-participation>

⁴¹ Healthy People 2020: Discrimination <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination>

medical provider.⁴² When broken down by demographic characteristics of respondents, 18.9% of Black or African American respondents, 38.8% of respondents of more than one race, and 16.3% of Hispanic respondents indicating experiencing stigma, discrimination, or feeling judged by their medical provider.

Trauma

Trauma and adverse childhood experiences (ACEs) can have a significant impact on health and mental health outcomes. ACEs are defined as “potentially traumatic events that occur in childhood [and] can include violence, abuse, and growing up in a family with mental health or substance use problems.”⁴³ The stress resulting from ACEs can change brain development and affect how the body responds to future stress. The health issues in adults that are associated with ACEs include, but are not limited to: alcohol and substance use disorders, depression, suicide attempts, teen pregnancy, smoking, heart disease, liver disease, and early death.⁴⁴ According to a recent article from the CDC, 61% of adults reported at least one ACE, and 16% had 4 or more ACEs.⁴³ Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs.⁴³ The same report found that eliminating ACEs could result in a 44% reduction in depressive disorders, a 33% reduction in current smoking behavior, and a 15% reduction in unemployment.

Evidence has shown that the effects of trauma can be lessened with strong social, economic, and community supports. The CDC lists a number of strategies that can mitigate the impact of ACEs, or prevent ACEs altogether. These include: strengthening economic support to families, supporting parents with positive parenting, providing quality child care and early education, and treating to prevent problem behavior and violence.⁴⁵

⁴² Community Engagement Survey Health System Feedback, Onondaga County Health Department, Fall 2019. <http://www.ongov.net/health/documents/HealthSystemReport2019.pdf>

⁴³ BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019. <https://www.cdc.gov/vitalsigns/aces/>

⁴⁴ Compton, M. T., Adverse Childhood Experiences in the Context of the Social Determinants of Health. New York State Office of Mental Health. Presentation, 5/16/2018

⁴⁵ Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta: GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html>

Environmental Determinants

The environments in which we live, learn, work, and play also impact our health. Whether it is the built environment (sidewalks, roads, bike lanes, etc.) or natural environment (parks, green space, water, etc.), our surroundings impact many factors including access to safe spaces to be active, our ability to get to and from medical appointments, access to food, and housing conditions. This section covers many built and natural environment factors that impact the health of Onondaga County residents.

Built Environment

The built environment has the remarkable potential to positively impact the health of county residents, particularly when health is considered in the development and design of community spaces. Safe spaces for physical activity and recreation, neighborhoods that are both pedestrian and bicycle friendly, and safe routes for children to get to and from school are a few examples. Additionally, considerations for our diverse and aging populations are critical to the development of communities that support the needs of all residents.

The Principles of Smart Growth and Sustainable Development provide guidelines for the development of safe, accessible, and diverse communities designed to support healthy living.⁴⁶ Additional resources are available at: <http://www.smartgrowthamerica.org>.

The following sections provide details about aspects of the built environment in Onondaga County including **housing, transportation, food access**, and how they currently impact the health of county residents.

Land Use

Onondaga County is home to more than 70 state, county, and city parks, providing safe places for residents to be physically active as well as areas to relax with family and friends. In addition, the county has several hiking,

Principles of Smart Growth and Sustainable Development

1. Mixed land uses
2. Density
3. Green infrastructure
4. Socio-economic diversity and integration
5. Range of housing opportunities and choices
6. Walkable/bikeable neighborhood design
7. Distinctive, attractive communities with a strong sense of place
8. Development and redevelopment in existing communities
9. Variety of mobility choices
10. Well-planned and well-placed public spaces
11. Community-based collaboration in planning

⁴⁶ New York State Office for the Aging, Request for Applications, New York State Age-Friendly Planning Grant Program, Date of Issuance June 26, 2019.

walking, and biking trails including the Erie Canal trail, the Onondaga Creekwalk, and Onondaga Lake Park. Proposals are currently underway to expand much of this infrastructure.

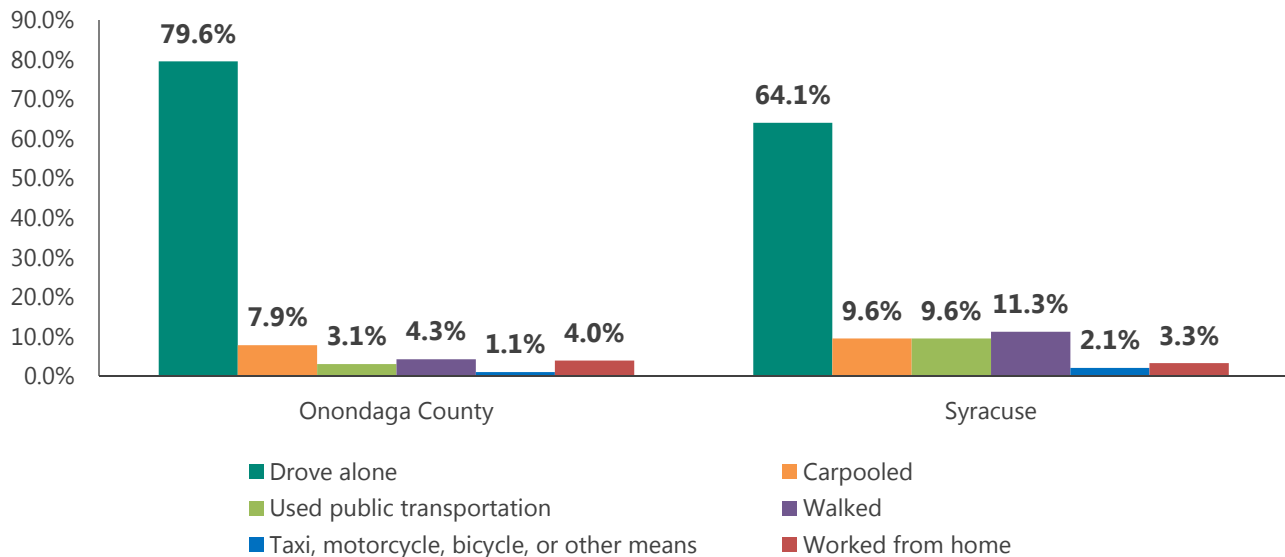
One of Onondaga County’s major highways, Interstate 81, currently runs through the center of Syracuse separating the University area from the rest of the city. A 2015 article published in *The Atlantic* relates this structural separation to high concentrated poverty in Syracuse, specifically in predominantly African American neighborhoods.⁴⁷

Transportation

Transportation impacts health in many diverse ways. Inadequate transportation can result in poor access to health care, healthy foods, and opportunities for physical activity. However an overreliance on personal vehicles can negatively impact our natural environment through carbon emissions. Active transportation, including biking and walking, provide opportunities for physical activity but rely heavily on infrastructure to keep bicyclists and pedestrians safe.

Onondaga County is highly vehicle dependent, with 79.6% of workers commuting to work alone each day. Only 3.1% of county residents utilize public transportation for commuting to work. This increases to 9.6% among city residents. An additional 4.3% of county residents and 11.3% of city residents walk to work. 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. In Syracuse, 28.3% of households do not have a vehicle available, compared to 12.3% of county residents.

Figure 11. Means of transportation to work, Onondaga County and Syracuse



Source: U.S. Census Bureau, American Community Survey, 2013-2017

⁴⁷ 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.

Housing

Access to stable and safe housing can play an important role in facilitating good health. The median home value in Onondaga County is \$139,400 compared to \$91,100 in Syracuse. While homes in Onondaga County are relatively affordable compared to other areas in the United States, only 64.9% of county properties are owner-occupied. In Syracuse, this rate is much lower where 38.3% are owner-occupied. Among those who rent, 49.1% of county residents and 56.2% of city residents spend more than 30% of their income on rent. These rates are much higher among younger populations (15-24 years) and adults age 65 or older (Table 5). Additionally, 34.2% of county residents have experienced housing insecurity in the last 12 months. Homelessness also remains a challenge in our region, with 732 homeless persons recorded in 2019 in Onondaga, Oswego, and Cayuga Counties. Of these, 113 (15.4%) are under the age of 18 years.⁴⁸

Table 5. Housing indicators, Syracuse, Onondaga County, and NYS

	City of Syracuse	Onondaga County	New York State
% of properties that are owner occupied	38.3	64.9	54.0
% of properties that are renter occupied	61.7	35.1	46.0
% of renters spending 30% or more of household income on rent	56.2	49.1	53.5
<i>Ages 15-24 years</i>	-	61.9	-
<i>Ages 65 + years</i>	-	57.3	-
% of adults experiencing housing insecurity in the past 12 months	-	34.2	36.4
% of population who lived in a different residence one year ago	23.9	14.1	10.6
% of households with severe housing problems	-	15.0	24.0
% of occupied housing units built in 1939 or earlier	43.8	23.5	32.3
% of occupied housing units built in 1979 or earlier	90.5	74.1	78.1

Source: U.S. Census Bureau American Community Survey, 2013-2017

The age and condition of housing stock varies across the county. In Syracuse, 43.8% of the housing stock was built in 1939 or earlier, and 90.5% was built in 1979 or earlier. Older homes are more likely to contain environmental hazards, such as lead, and in areas of high concentrations of rental properties, may be less likely to be maintained to healthy standards. Inadequately maintained homes may also be at increased risk for mold, pest infestations, and fire hazards. 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.

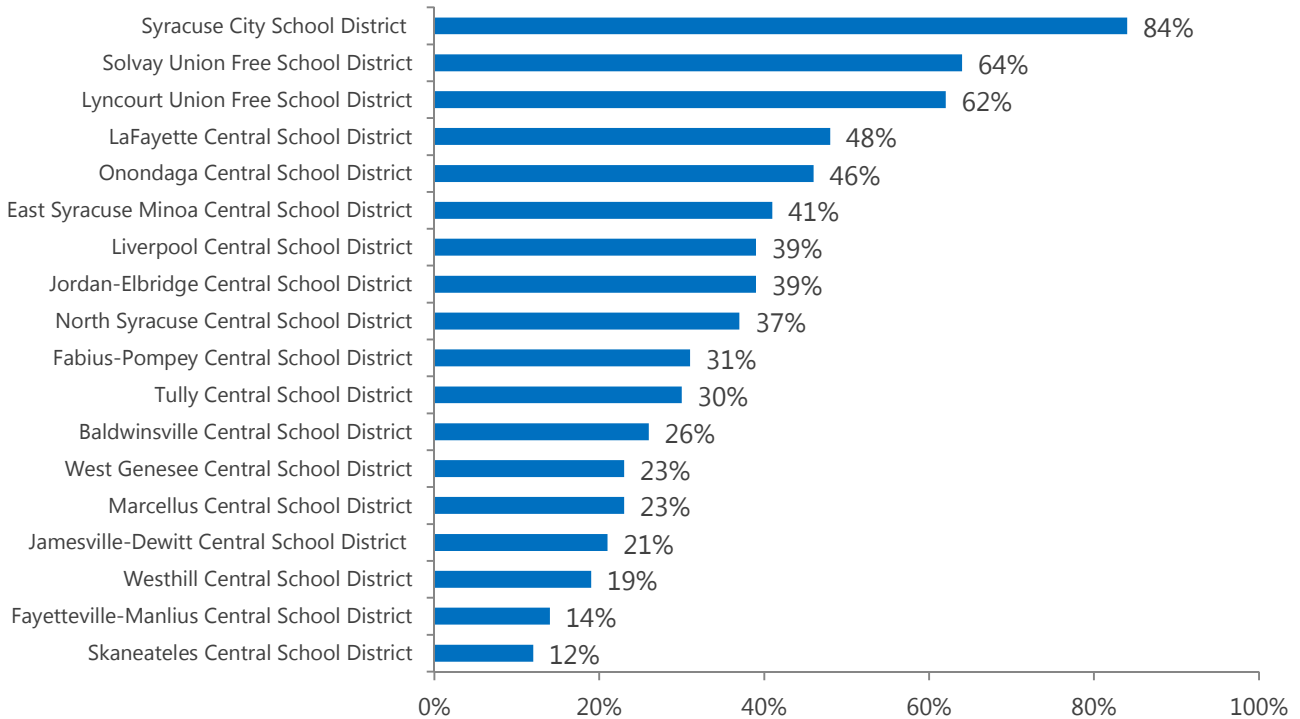
⁴⁸ Housing and Homeless Coalition of Central New York, Point in Time Count Reports. <http://www.hhccny.org/stats-resources/point-in-time-report-pit/>

Food Access

Access to healthy, fresh, and affordable food is important for maintaining healthy lifestyles. Additionally, food production, processing, distribution, and waste management have significant impacts on a community’s environment, economy, and health.⁴⁹ While Onondaga County has an extensive food system, efforts are currently underway to better understand the system as well as to develop mechanisms for supporting local producers while broadening accessibility of locally farmed food that is fresh, healthy, and affordable, particularly among populations with low food access. More details on these efforts are described in the Policy Determinants section (pages 33 to 35).

Several factors currently impact food access in Onondaga County including income, transportation, and geographic location. Relating to income and affordability of food, 26.1% of Onondaga County’s adults report food insecurity compared to 23.9% in Central New York, and 21.9% in NYS excluding NYC.⁵⁰ Nearly 15% of Onondaga County residents and more than 30% of Syracuse residents participate in SNAP, the Supplemental Nutrition Assistance Program. Within Onondaga County, 417 food retailers are SNAP-authorized and 85 are WIC-authorized. Additionally, 6.7% of farmer’s market vendors accept SNAP and 26.7% accept WIC.⁵¹ All of Onondaga County’s school districts also offer free and reduced price lunches to eligible students. Figure 12 provides a breakdown of the percentage of students eligible for free or reduced lunch by school district.

Figure 12. Percentage of students eligible for free or reduced lunch, by school district, Onondaga County, 2017-2018



Source: NYS Department of Education: <https://data.nysed.gov/>

⁴⁹ Local Food Systems, <https://community-wealth.org/strategies/panel/urban-ag/index.html>

⁵⁰ BRFSS, 2016

⁵¹ US Department of Agriculture Food Environment Atlas

The type and density of food retailers can impact whether individuals and families are able to access fresh and healthy food options. Table 6 provides a breakdown of the number of different types of food retailers present in Onondaga County. Fast food restaurants are the most frequent, with 428 located in Onondaga County, followed by full service restaurants. There are 208 convenience stores located in the county, with the majority of these falling within the city of Syracuse. Convenience stores, which can often be a main source of food in some neighborhoods, frequently offer high-calorie low nutrient options. Access to fresh fruits and vegetables can be challenging in convenience stores which typically stock shelf stable items. However, in recent years, many local convenience stores have worked to incorporate fresh healthy options. The Onondaga County Health Department has supported some of these efforts through technical assistance and mini-grants to local stores. Additionally, there are 15 farmer’s markets in Onondaga County.

Table 6. Food retailers in Onondaga County, by type

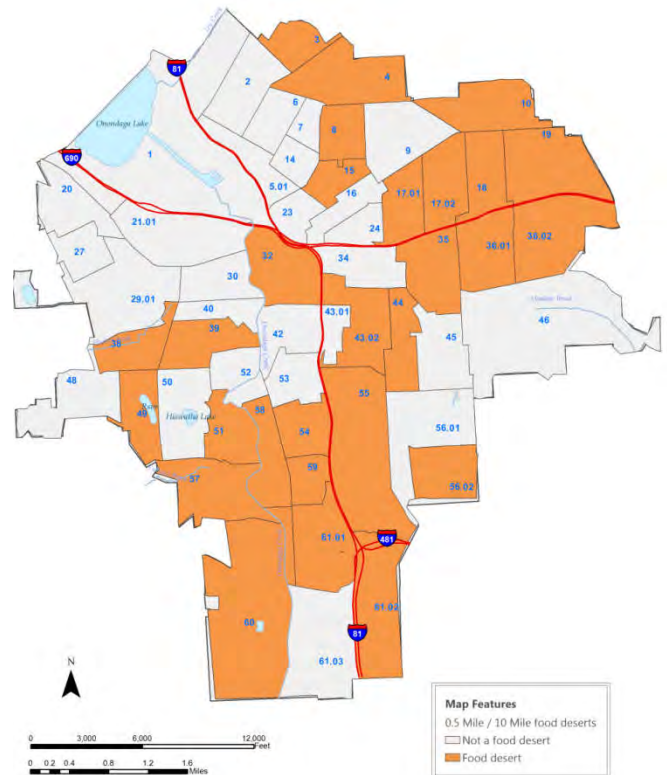
	Onondaga County
Fast food restaurants	428
Full service restaurants	357
Convenience stores	208
Grocery stores	121
Specialized food stores	29
Farmers’ markets	15
Supercenters and club stores	6

Source: USDA Food Environment Atlas, 2014 (note Farmers market data are from 2016)

Food deserts are also a significant challenge in our local community. Food deserts are defined as census tracts where the poverty rate is greater than 20%, and where 33% or more of residents are more

than 0.5 miles from the nearest supermarket. As seen in Figure 13, 50.9% of census tracts in Syracuse are food deserts.⁵² As shown, census tracts, north east and south of the city are more likely to be food deserts.

Figure 13. 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 Division of Community Health

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.

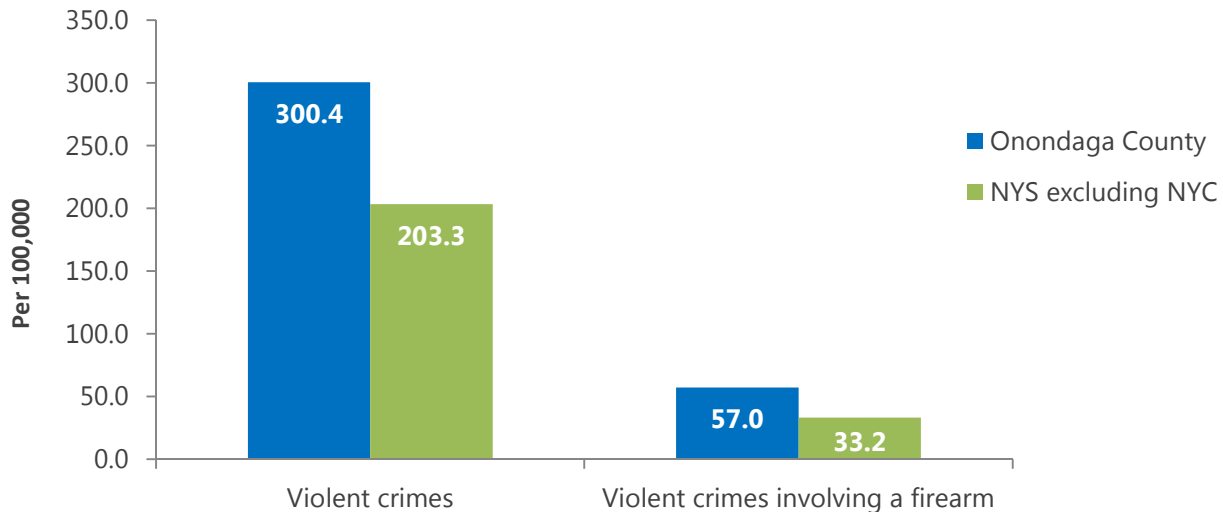
⁵² Source: U.S. Department of Agriculture, Food Access Research Atlas, 2015. Census tracts were counted if majority of tract fell within the City of Syracuse boundary. Food deserts are defined as census tracts where the poverty rate is >20%, and where 33% or more of residents are more than 0.5 miles from the nearest supermarket.

Crime and Violence

Crime and violence can significantly impact the health of a community. In addition to injury and death resulting from violent crime, exposure to violence can cause toxic stress, which has been linked to many poor health outcomes.⁵³ Additionally, residents in areas with high levels of crime or violence may also be less likely to engage in outdoor physical activity. More details about the health impacts of trauma can be found on page 22.

The violent crime rate in Onondaga County (300.4 per 100,000) is higher than that rate for NYS excluding New York City (NYC) (208.3 per 100,000) (Figure 14). Violent crimes include murder, rape, robbery, and aggravated assault.⁵⁴ The rate of violent crimes involving a firearm is also higher in Onondaga County than in NYS excluding NYC. Onondaga County ranks sixth for violent crimes and fifth for firearm related violent crimes among Upstate New York Counties.⁵⁵

Figure 14. Violent crimes and firearm related violent crimes per 100,000 population, Onondaga County and NYS excluding NYC, 2018



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

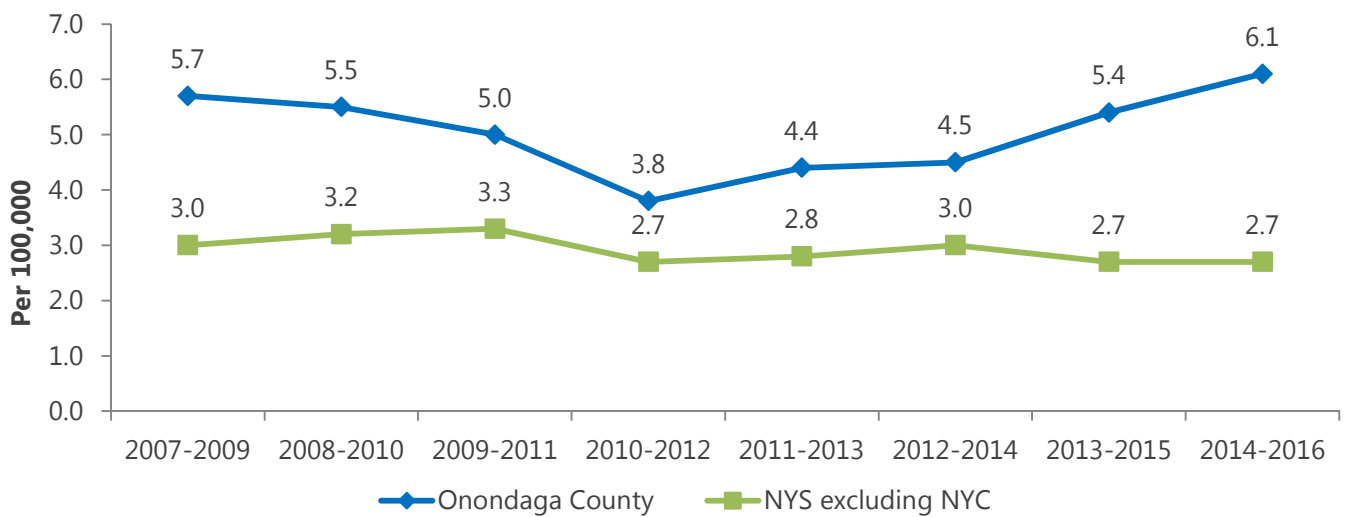
Figure 15 displays age-adjusted homicide mortality rates per 100,000 population for Onondaga County and NYS excluding NYC from 2007 to 2016. Homicide rates in Onondaga County consistently exceed the rates for NYS excluding NYC. Also of note, homicides in Onondaga County have been increasing over the last several years while the state rate has remained fairly consistent.

⁵³ 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.

⁵⁴ NYS Division of Criminal Justice Services; Uniform Crime Reporting System

⁵⁵ NYS Division of Criminal Justice Services; Uniform Crime Reporting System, 2018: <https://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm>. Accessed November 20, 2019.

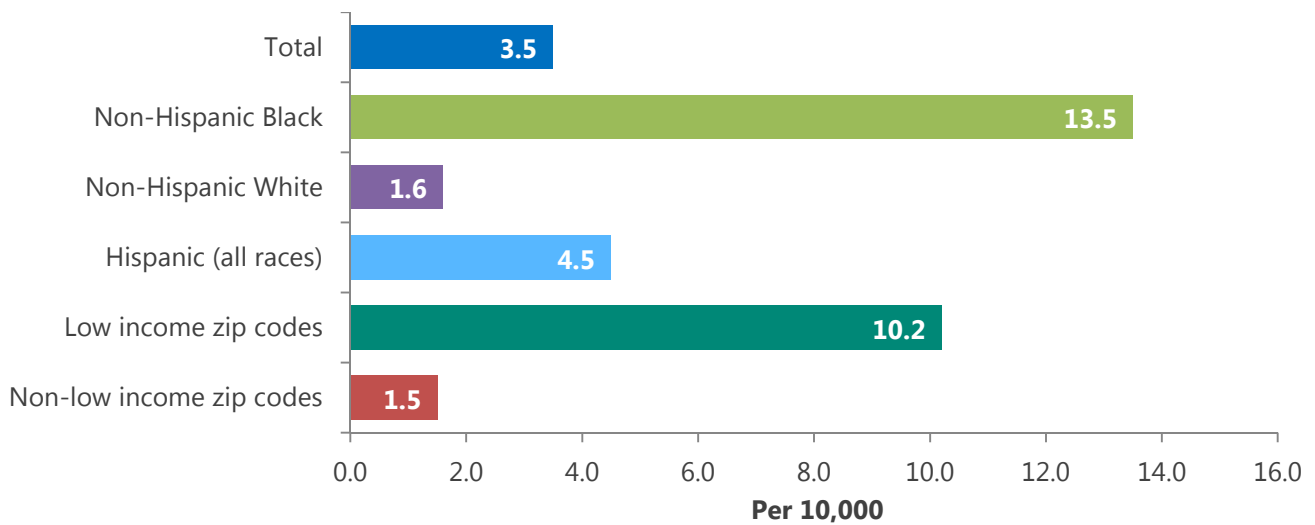
Figure 15. Age-adjusted homicide mortality rate per 100,000 population, Onondaga County and NYS excluding NYC, 2007-2016



Source: NYS Community Health Indicator Reports: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Violent crime in Onondaga County often disproportionately impacts racial and ethnic minorities and individuals living in poverty. These disparities are evident in the county’s assault-related hospitalization rates by race, ethnicity, and income (Figure 16). The overall county rate (3.5 per 10,000) is slightly higher than the rate for NYS excluding NYC (2.2 per 10,000).⁵⁶ However rates among non-Hispanic Black residents and Hispanic residents are much higher than the overall rate. Additionally, residents of low-income zip codes are more than nine times more likely to experience an assault related hospitalization than residents of non-low-income zip codes.⁵⁶

Figure 16. Assault-related hospitalization rate, by race, ethnicity, and income, Onondaga County, 2016



Source: SPARCS

⁵⁶ SPARCS, 2016

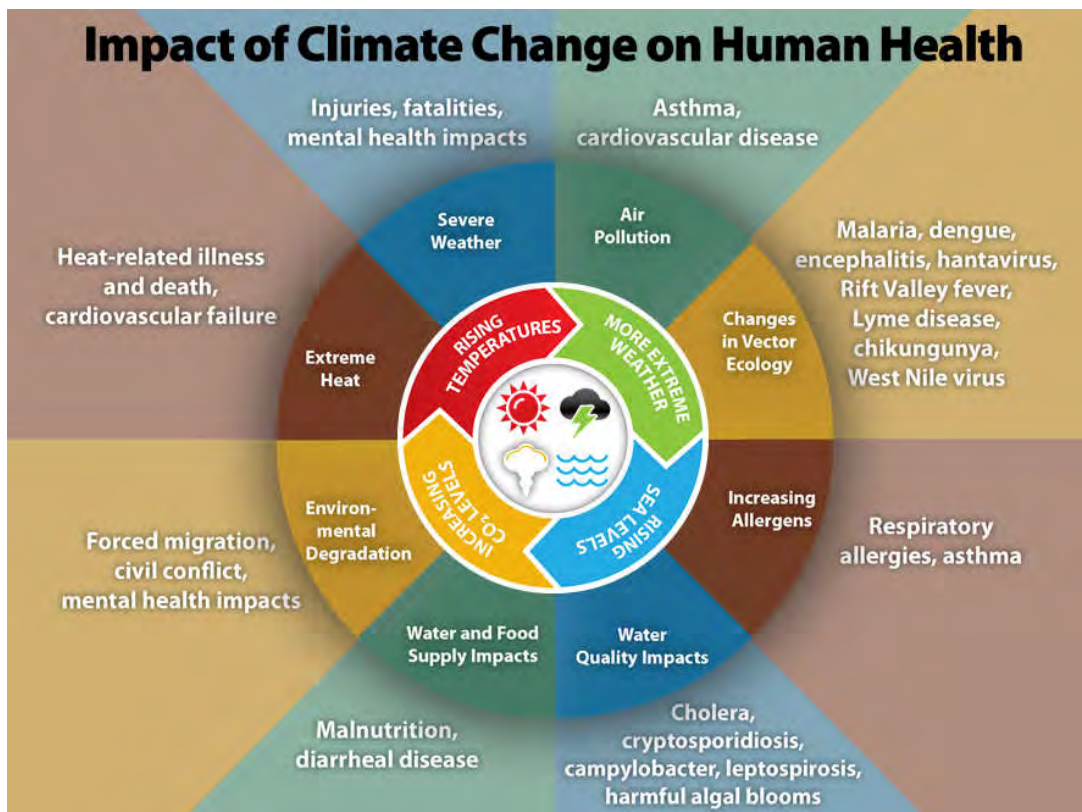
Natural Environment

Our natural environment has the potential to impact the health and safety of residents. Onondaga County sees large amounts of snowfall each year. On average, 124 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. Additionally, severe winter weather events can put individuals at risk for temporarily losing heat and electricity as well as for weather related vehicle collisions. Weather related social isolation is also a concern, particularly among older adults.

Climate Change

Changes to the climate have the potential to significantly impact health.⁵⁷ Figure 17 illustrates several of the impacts of climate change on human health including heat-related illness resulting from extreme heat; respiratory illness as the result of air pollution and increased allergens; changes in vector ecology impacting the transmission of vector borne diseases such as Lyme disease, West Nile virus, and Eastern Equine Encephalitis virus; and water quality including increased waterborne illness and the presence of harmful algal blooms.

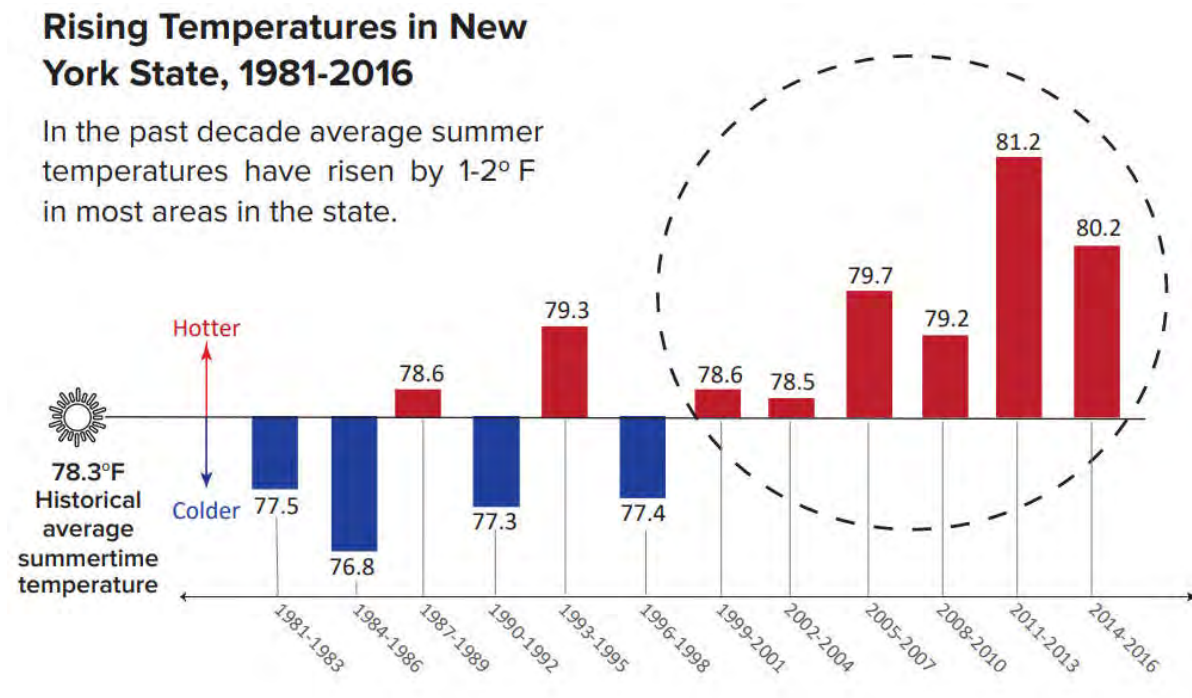
Figure 17. Impact of Climate Change on Health, Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention, *Climate Effects on Health*: <https://www.cdc.gov/climateandhealth/effects/default.htm>

⁵⁷ CDC, *Climate Effects on Health*: <https://www.cdc.gov/climateandhealth/effects/default.htm>

Figure 18. Average summer temperatures, New York State, 1981-2016



Source: NYSDOH County Heat and Health Profile Reports: <https://www.health.ny.gov/environmental/weather/profiles/>

Changes in climate have already been experienced statewide as well as in Onondaga County. In the last decade, New York State has experienced a rise in average summer temperatures by 1°F to 2°F over historical averages (Figure 18). These summer temperature trends are consistent with what has been observed in Onondaga County.⁵⁸

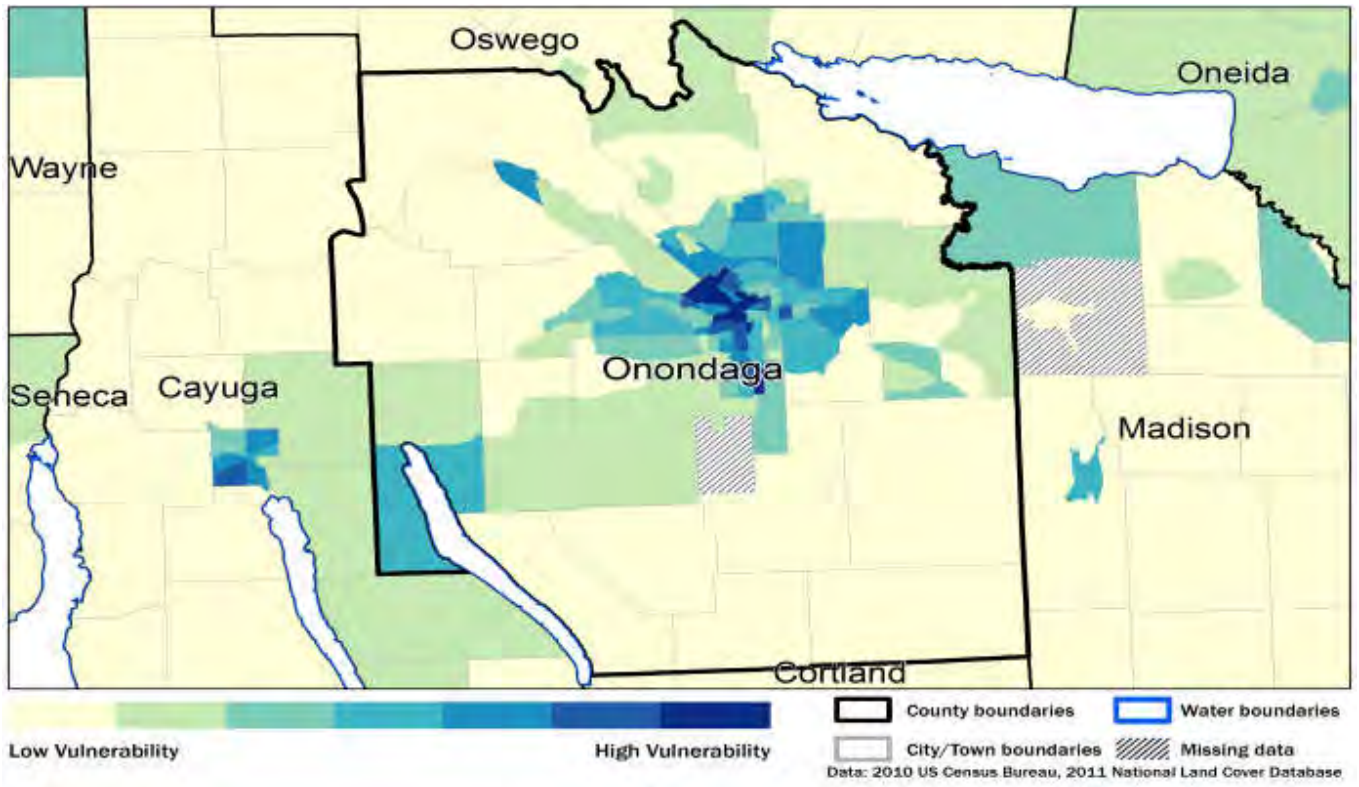
Rising temperatures put Onondaga County’s population at increased risk for heat-related illnesses, illnesses that occur when the body is unable to cool itself.⁵⁹ Heat vulnerability is influenced by both individual characteristics, including health status, socioeconomic status, and age, as well as environmental factors such as where individuals live. The New York State Department of Health developed a Heat Vulnerability Index (HVI) to identify populations at greater risk for vulnerability to extreme heat events. The HVI is a tool for local and state public health officials in identifying and mapping heat vulnerable populations to assist in the allocation of heat adaptation resources and inform mitigation planning.⁶⁰ Figure 19 displays the Heat Vulnerability Index for Onondaga County. The city of Syracuse, as well as areas northeast and northwest of the city, contain the highest levels of heat vulnerability in the county.

⁵⁸ NYSDOH, Heat and Health Profile Report Onondaga County: <https://www.health.ny.gov/environmental/weather/profiles/docs/onondaga.pdf>

⁵⁹ NYSDOH Climate and Health Data and Research: <https://www.health.ny.gov/environmental/weather/data.htm>.

⁶⁰ https://www.health.ny.gov/environmental/weather/vulnerability_index/

Figure 19. Heat Vulnerability Index, Onondaga County



Source: NYSDOH, Heat and Health Profile Report Onondaga County:
<https://www.health.ny.gov/environmental/weather/profiles/docs/onondaga.pdf>

Policy Determinants

Policies can have a significant impact on health and well-being by shaping the ways individuals interact with their environment and each other. Additionally, policy development and implementation can be important tools for supporting **sustainable change**. As policies are developed, it is important to consider their potential impact on health as well as social justice and equity. A **Health Across All Policies** approach (described on page 6) to policy development ensures that potential health impacts are considered when policies are adopted or modified. This can be achieved by incorporating the public health sector into policy decision making. The sections below illustrate some current challenges and successes related to the local policy environment while also highlighting the need to continue striving to implement policies that support health and promote social justice for all residents.

Land Use, Zoning, and Transportation

Land use planning and zoning laws directly impact how the environments in which we live, learn, work, and play are developed and modified. Considerations for green space, community centered design, and accessibility directly impact how residents use spaces in their community. Well-designed spaces can be created to promote active living, ensure safety, and cultivate social interaction and diversity.

Currently, efforts are underway in Syracuse to comprehensively update the City's zoning ordinance and map, which will allow for full implementation of the [Syracuse Land Use and Development Plan 2040](#). These efforts, referred to as [ReZone Syracuse](#), seek to improve walkability, promote environmentally sustainable land use patterns, and develop a sense of place in Syracuse's neighborhoods.⁶¹ These proposed changes have the potential to positively impact the community's health.

As described in the Environmental Determinants section (on page 24), Interstate 81 currently runs through the center of Syracuse and has often been cited as a contributing factor for highly concentrated poverty, particularly in predominantly African American neighborhoods in the city. A portion of the highway that runs through Syracuse is reaching the end of its usable life and does not meet current highway standards. The New York State Department of Transportation is currently considering proposals for re-development of the space. Two of the proposals currently under consideration include rebuilding the elevated highway with an expanded footprint to meet current highway standards, or demolishing the existing highway and developing a community grid that reconnects the previously separated city neighborhoods. While the project will likely have a significant health impact for Syracuse residents, a comprehensive Health Impact Assessment has not been conducted. An

⁶¹ ReZone Syracuse: <http://www.syr.gov.net/rezonesyracuse.aspx>

Environmental Impact Statement was drafted, and does consider some factors that may impact health including air quality, noise, and greenhouse emissions, however the full health impact of this large scale project have not been formally considered.

Complete Streets is a transportation approach that ensures that streets are designed and maintained to enable safe transportation for individuals of all ages and abilities regardless of mode of transportation.⁶² This approach incorporates the adoption of sidewalks, bicycle lanes, bus lanes, crosswalks, improved signage, and other design elements that reduce motor vehicle collisions and risks to pedestrians and bicyclists. By enhancing the safety of all individuals using the roadways, this approach supports active transportation and increased physical activity. Many local municipalities across the United States, including several in Onondaga County have adopted complete streets policies to ensure these approaches are incorporated in to transportation planning. This includes the city of Syracuse which has incorporated Complete Streets into the city's Comprehensive Plan.⁶³ The New York State Department of Transportation also requires that state, county, and local agencies adopt a Complete Streets approach when receiving state and federal funding for transportation projects.⁶⁴

Food Policy

As described in the Environmental Determinants (pages 23 to 32), access to food is an important determinant of health, and food related policies can have a large impact on the ability of a population to achieve proper nutrition. In Onondaga County, several agencies have started to convene around improving the local food system. Known as the Syracuse-Onondaga Food Systems Alliance (SOFSA), the team is working to develop its mission, vision, and goals (both short-term and long-term) for local food policy work. SOFSA is committed to connecting stakeholders to ensure access to a healthy, just, resilient, and sustainable local food system, with a focus on reducing economic disparities and addressing racial and social inequities. A foundational component in developing SOFSA was FoodPlanCNY, a joint project from Syracuse University and the State University of New York (SUNY) College of Environmental Science and Forestry (ESF) that took the first steps to examine the existing food system and identify opportunities for improvement.

Tobacco Control Policy

Policies to control tobacco use have proven to be effective in reducing smoking, encouraging some smokers to quit, and discouraging initiation of smoking by children.⁶⁵ In 2017, Onondaga County passed a local law that raised the minimum age to purchase tobacco products to 21 years. Known as Tobacco 21, the law went into effect statewide in November 2019. Increasing the legal age to purchase tobacco products has been shown to decrease youth smoking initiation rates.

⁶² U.S. Department of Transportation: <https://www.transportation.gov/mission/health/complete-streets>

⁶³ City of Syracuse Comprehensive Plan 2040: <http://www.syrgov.net/uploadedFiles/Comp%20Plan%20amended%202013-08-14.pdf>

⁶⁴ NYS Department of Transportation, Complete Streets: <https://www.dot.ny.gov/programs/completestreets>

⁶⁵ ¹Warner, KE. Tobacco control policies and their impacts. Past, present, and future. *Ann Am Thorac Soc.* 2014 Feb;11(2):227-30. doi: 10.1513/AnnalsATS.201307-244PS.

As noted in Prevent Chronic Diseases (page 52) use of electronic cigarettes (e-cigarettes) has continued to rise in recent years, and cases of associated lung disease have grown. As such, in 2019 New York State was the first to ban the flavored e-cigarettes that are most popular among youth.

To further advance tobacco control policies in Onondaga County and Central New York, the Tobacco-Free CNY program works to engage youth and community members in Cayuga, Onondaga, and Oswego counties. These efforts include developing and supporting policies relating to smoke-free multi-unit housing, tobacco-free workplaces and outdoor spaces, and tobacco imagery in youth-rated movies. The Tobacco-Free CNY program is also working with local school districts and youth to ensure that e-cigarettes are included in policies that prohibit tobacco use on school grounds.

As the policy landscape around tobacco control continues to evolve, especially around the use of e-cigarettes, Onondaga County seeks to continue being an early supporter and adopter of policies that reduce the health impacts of tobacco use for residents, particularly populations at increased risk for smoking initiation and high smoking rates including youth, individuals living in poverty, individuals with a disability, and individuals with poor mental health.

Behavioral Determinants

Many of the health challenges facing Onondaga County are impacted by individual health behaviors. Behaviors that have the potential to impact health outcomes include, but are not limited to, **healthy eating, active living, breastfeeding, alcohol and substance use, sexual behaviors, tobacco use and using e-cigarettes (also known as vaping), sleep habits, and use of safety equipment, such as helmets.**

Overall, the 2019 County Health Rankings ranked Onondaga County 31 out of 62 counties for health behaviors.⁶⁶ With respect to chronic disease prevention, Onondaga County residents are more likely to be current smokers, more likely to use e-cigarettes, and are more likely to consume \geq one sugary drink daily, compared to NYS as a whole. Additionally, 25% of county residents have not participated in leisure time physical activity in the past 30 days; this is similar to the NYS rate. Regarding substance use, 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. Relating to maternal child health, infants in Onondaga County are exclusively breastfed at lower rates than in NYC. 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 transmitted diseases compared to NYS. Additional data for health behaviors are included in the *Health Status: Distribution of Disease and Illness* section (pages 39 to 85).

While the importance of individual behavior choices is well-established, it is critical to note that access, opportunity, and toxic stress play a significant role in how individual choices are made. These factors are often influenced by socioeconomic and environmental determinants described in pages 15 to 22 and 23 to 32.

⁶⁶ County Health Rankings 2019, Onondaga County: <https://www.countyhealthrankings.org/app/new-york/2019/rankings/onondaga/county/outcomes/overall/snapshot>

Access to Care

Access to healthcare services is essential to promoting and maintaining good health as well as preventing or managing disease. Access to care is impacted by many factors including **health insurance status, having a primary care provider or medical home, cost of health care services, transportation, and language barriers**. Prior experiences seeking medical care also impact whether individuals are likely to seek care.

In Onondaga County, 87.1% of adults report having a regular health care provider; this is higher than the rate for NYS excluding NYC (84.4%).⁶⁷ Additionally, 73.3% of Onondaga County adults between 18 and 64 years old saw a doctor for a routine checkup within the last year.⁶⁷ Nearly 72% of adults also reported having a dentist visit within the past year.⁶⁷

Health Insurance

In Onondaga County, 97.0% of children have health insurance coverage. Among adults, 92.7% of individuals ages 19 to 64 years and 99.8% of individuals age 65 and older have health insurance (Table 7). In Syracuse, these rates are slightly lower but still exceed 90%. More than 20% of county residents and more than a third of city residents have Medicaid or other means tested public insurance coverage. This may impact access to care as the number of providers who accept Medicaid is limited. Disparities in insurance coverage on the basis of race are evident both in Onondaga County and Syracuse (Figure 20).

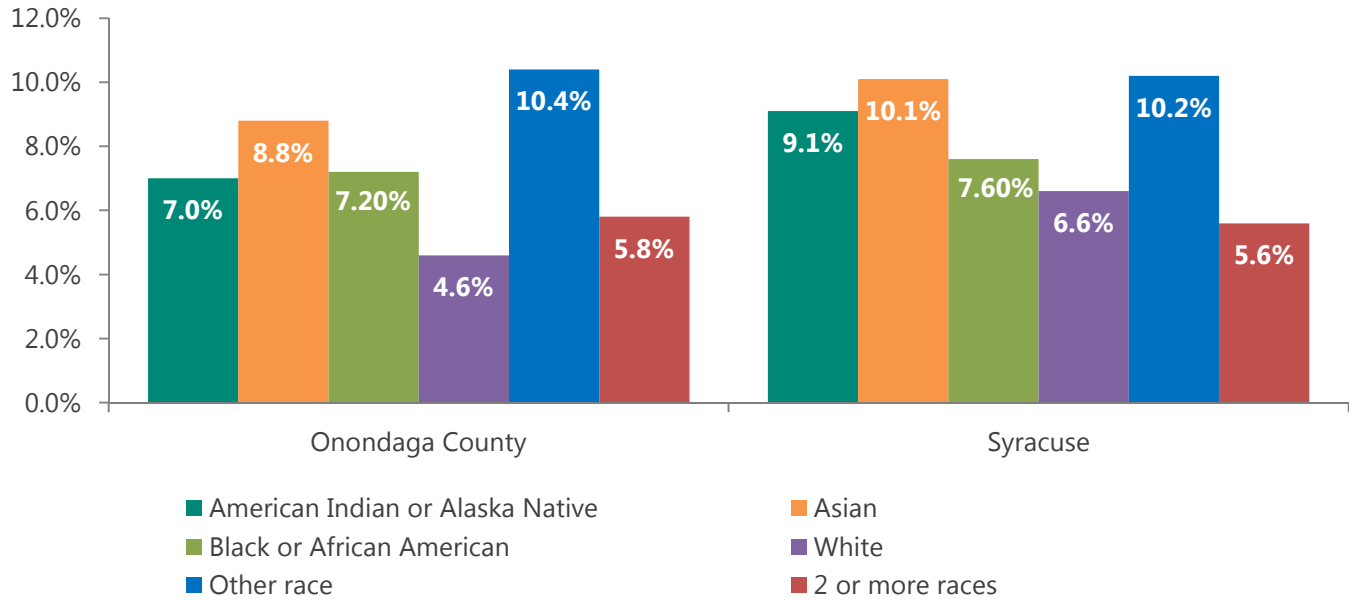
Table 7. Health insurance status, Syracuse, Onondaga County, and NYS

	City of Syracuse	Onondaga County	New York State
% of children with health insurance	96.4	97.0	97.0
% of adults with health insurance – Aged 19-64 years	90.1	92.7	89.2
% of adults with health insurance – Aged 65+ years	99.6	99.8	99.1
% of population with Medicaid/means tested public insurance coverage	37.3	20.9	24.8

Source: U.S. Census Bureau American Community Survey, 2013-2017

⁶⁷ Behavioral Risk Factor Surveillance System (BRFSS), 2016

Figure 20. Percent of population without health insurance, by race, Onondaga County and Syracuse



Source: U.S. Census Bureau American Community Survey, 2013-2017

Experiences Seeking Medical Care

The Onondaga County Community Health Assessment Survey (described in the Community Engagement section pages 96 and 97) collected feedback from Onondaga County residents about experiences seeking medical care in the last 3 years. The five most commonly cited experiences seeking medical care are provided in Table 8. The most common experience cited regarding access to medical care was a long wait time to get an appointment (44.9%).

Table 8. Five most common experiences seeking medical care, Onondaga County and Syracuse, 2019

	City of Syracuse	Onondaga County
Long wait to get an appointment	44.7%	44.9%
Wait time in the provider's office impacted your ability to meet your obligations (work, family, etc.)	27.8%	29.7%
Difficulty getting to a medical appointment due to office hours	25.1%	29.1%
Feeling like your provider is not spending enough time with you	23.9%	26.8%

Source: Community Engagement Survey Health System Feedback, Onondaga County Health Department, Fall 2019.

<http://www.ongov.net/health/documents/HealthSystemReport2019.pdf>

Health Status: Distribution of Disease and Illness

The following sections provide a comprehensive overview of the current health status of Onondaga County residents. This section is broken down into the following topic areas, using the NYS Prevention Agenda as a framework:

- Improve Health Status and Reduce Health Disparities
- Prevent Chronic Diseases
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants, and Children
- Prevent Communicable Diseases

Where available, data are presented by geography, race/ethnicity, income, and for individuals with disabilities, in order to examine the health status of Onondaga County's diverse population. Statewide data are also presented throughout this section, where applicable, as a comparison to county level data. A full list of health indicators included in this section is presented in Appendix 8.

Improve Health Status and Reduce Health Disparities

This topic area explores the overall health status of county residents while also highlighting disparities in mortality and morbidity. Health disparities are defined by the Centers for Disease Control and Prevention (CDC) as, **"preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations."**⁶⁸ These disparities can be the result of many factors, including socioeconomic status, access to health care, environmental conditions, educational access, and individual or behavioral factors. Several health disparities are noted below including, premature mortality and preventable hospitalizations.

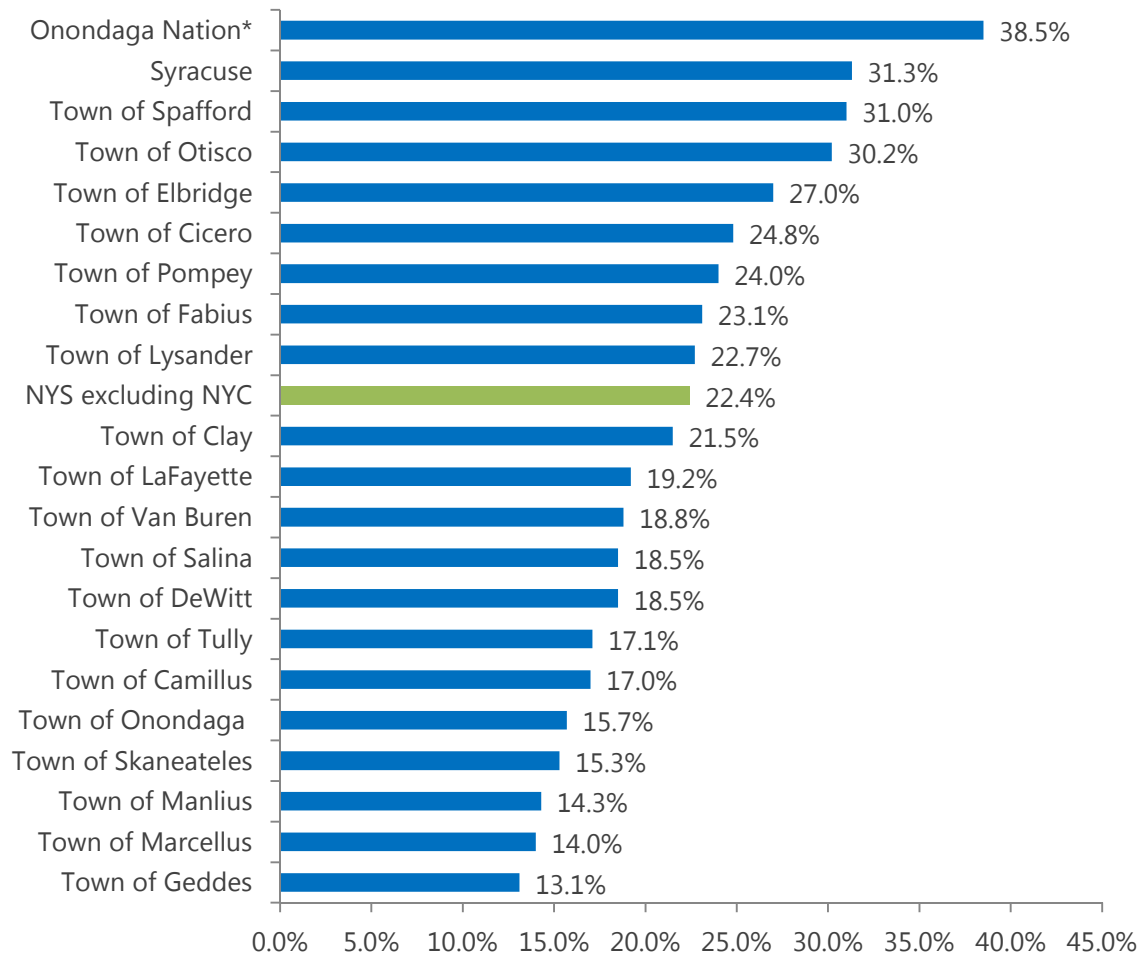
Premature Mortality

Premature death includes any death that occurs before the individual reaches the age of 65 years. Premature death reflects lost time with family, friends, and as a contributing member of Onondaga County's community. Additionally, premature death may be indicative of social, environmental, or behavioral factors that contribute to early decline in health status in our community. In Onondaga County, 24.0% of deaths occur before age 65 years. This is slightly higher than the rates in NYS excluding NYC (22.4%) and Central New York (23.5%).⁶⁹ Within Onondaga County, the premature mortality rate varies significantly by municipality (Figure 21). The Onondaga Nation and Syracuse have the highest rates while Marcellus and Geddes have the lowest.

⁶⁸ CDC, Health Disparities: <https://www.cdc.gov/healthyyouth/disparities/index.htm>

⁶⁹ NYSDOH Office of Vital Statistics, 2014-2016

Figure 21. Percentage of premature death (before 65 years), by municipality, Onondaga County, 2013-2016



Source: NYSDOH Office of Vital Statistics, 2013-2016

*Fewer than 10 events in numerator therefore rate is unstable

In addition to geographic differences, there are substantial disparities in premature death rates by race and ethnicity. The premature death rate among Black non-Hispanic residents is 48.2% compared to 19.6% among White non-Hispanic residents. The premature death rate among Hispanic residents (59.3%) is even more alarming.⁷⁰

Life Expectancy

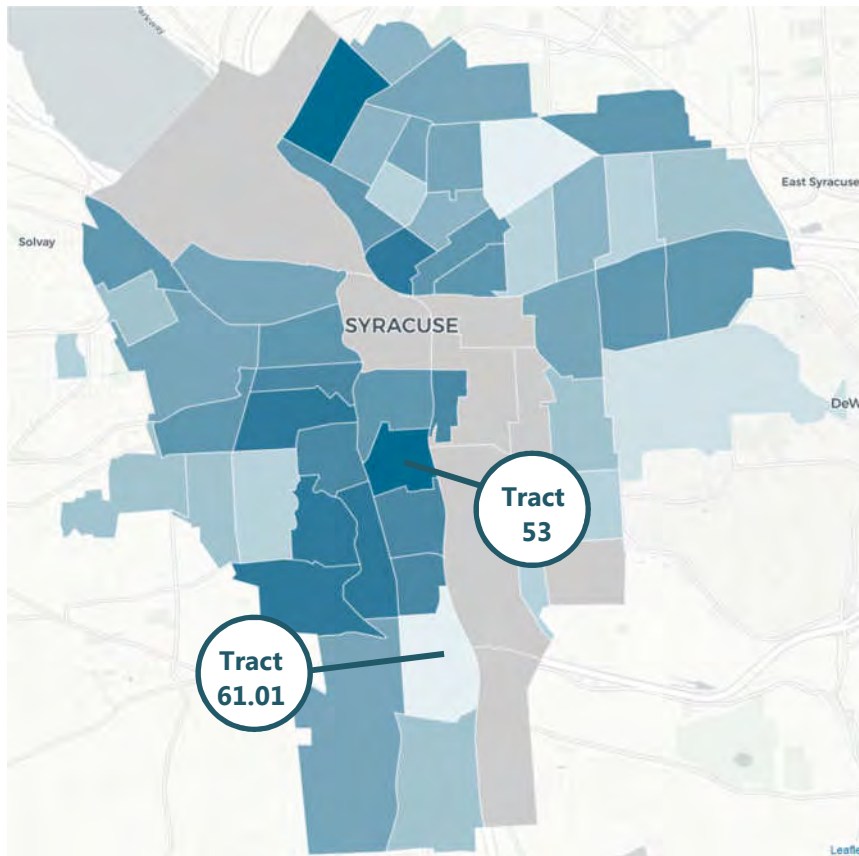
Life expectancy is another important marker for a community's health status. Analyses conducted by the Onondaga County Health Department found that the life expectancy for Onondaga County residents is 80.5 years. The age was higher among females (82.6 years) and lower among males (78.1 years).⁷¹ Data from the U.S. Small-area Life Expectancy Estimates Project (USALEEP) found that Syracuse has a life expectancy of 76.9 years,

⁷⁰ NYSDOH Office of Vital Statistics, 2014-2016

⁷¹ OCHD, Division of Community Health, 2011-2014.

with variance between census tracts.⁷² Life expectancy for Syracuse census tracts ranges from 69.5 years in tract 53 to 84.9 years in tract 61.01. Figure 22 depicts the range in life expectancy by census tract within Syracuse. Darker areas correspond to shorter life expectancy and the gray areas represent where data are unavailable.

Figure 22. Life expectancy in Syracuse census tracts, 2015



Source: U.S. Small-area Life Expectancy Estimates Project, 2015. Retrieved from <https://www.cityhealthdashboard.com/ny/syracuse/metric-detail?metric=837>

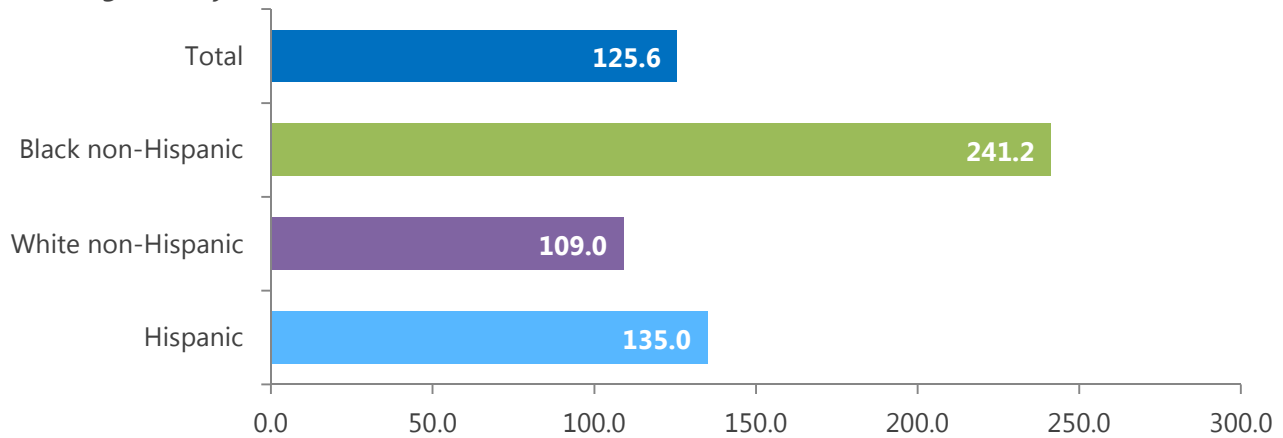
Preventable Hospitalization

The preventable hospitalization rate in Onondaga County (125.6 per 10,000) is higher than the rate in NYS excluding NYC (116.8 per 10,000).⁷³ Additionally, there are substantial variations in preventable hospitalizations on the basis of race and ethnicity as shown in Figure 23. Black non-Hispanic residents have more than twice the rate of preventable hospitalizations than White non-Hispanic residents. Hispanic residents have a higher rate of preventable hospitalizations than the overall population.

⁷² U.S. Small-area Life Expectancy Estimates Project, 2015. Retrieved from <https://www.cityhealthdashboard.com/ny/syracuse/metric-detail?metric=837>

⁷³ SPARCS, 2016

Figure 23. Preventative hospitalizations per 10,000 adults aged 18 years and older, by race and ethnicity, Onondaga County, 2016

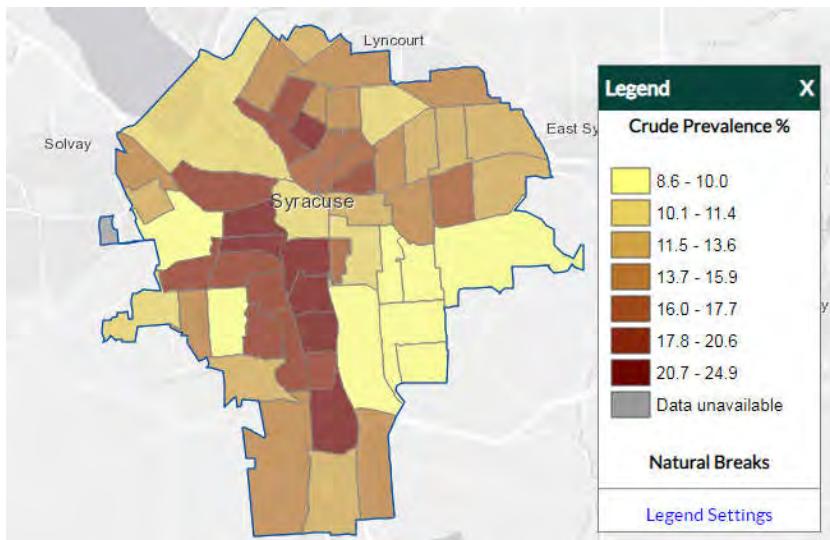


Source: SPARCS, 2016

Self- Reported Health

In Onondaga County, 4.3% of adults self-reported having poor general health, compared to 4.0% in Central New York and 3.9% in NYS excluding NYC.⁷⁴ These self-perceptions expanded among residents of the county and city when asked specifically about their physical and mental health in the past month. For instance, 11.0% of adults in Onondaga County report fourteen or more days of poor physical health in the past month.⁷⁴ In Syracuse, this increases to 16.0%.⁷⁵ Additionally, 9.1% of Onondaga County adults and 15.4% of Syracuse adults reported having poor mental health for fourteen or more days in the past month.^{74,75} Variations in poor physical and mental health (in the past month) for Syracuse census tracts are shown in the maps below.

Figure 24. Percentage of adults reporting poor physical health ≥ 14 days in the last month, by census tract, Syracuse, 2016

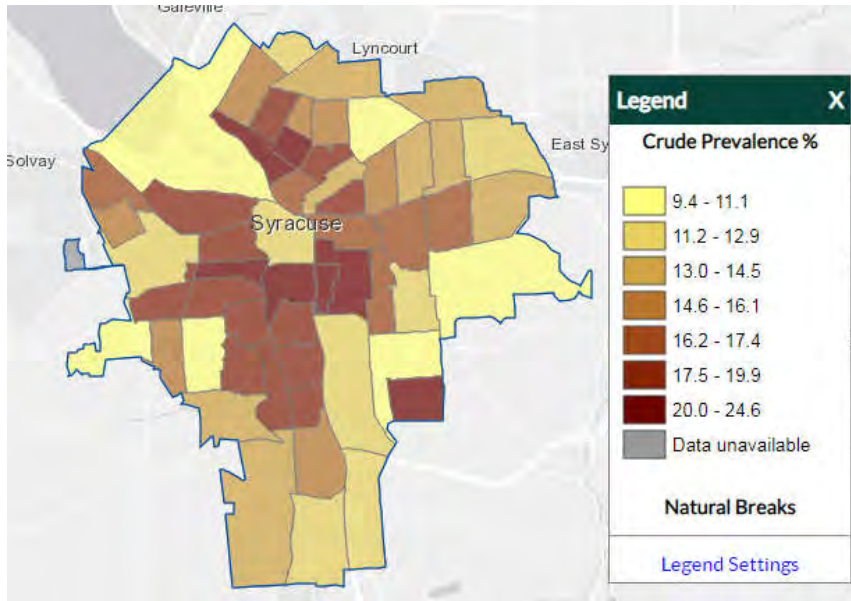


Source: CDC 500 Cities Project, <https://www.cdc.gov/500cities/index.htm>.

⁷⁴ BRFSS, 2016

⁷⁵ CDC 500 Cities Project, <https://www.cdc.gov/500cities/index.htm>.

Figure 25. Percentage of adults reporting poor mental health ≥ 14 days in the last month, by census tract, Syracuse, 2016



Source: CDC 500 Cities Project, <https://www.cdc.gov/500cities/index.htm>

Improve Health Status and Reduce Health Disparities Summary

Overall, Onondaga County fares slightly worse than both Central New York and NYS excluding NYC for several indicators of health status, these include premature death and preventable hospitalizations. Within the county, there are notable disparities in both premature death and hospitalization on the basis of race and ethnicity. Additionally, the city of Syracuse tends to fare worse than the county as a whole and has significant geographic variations in outcomes based upon census tract of residence.

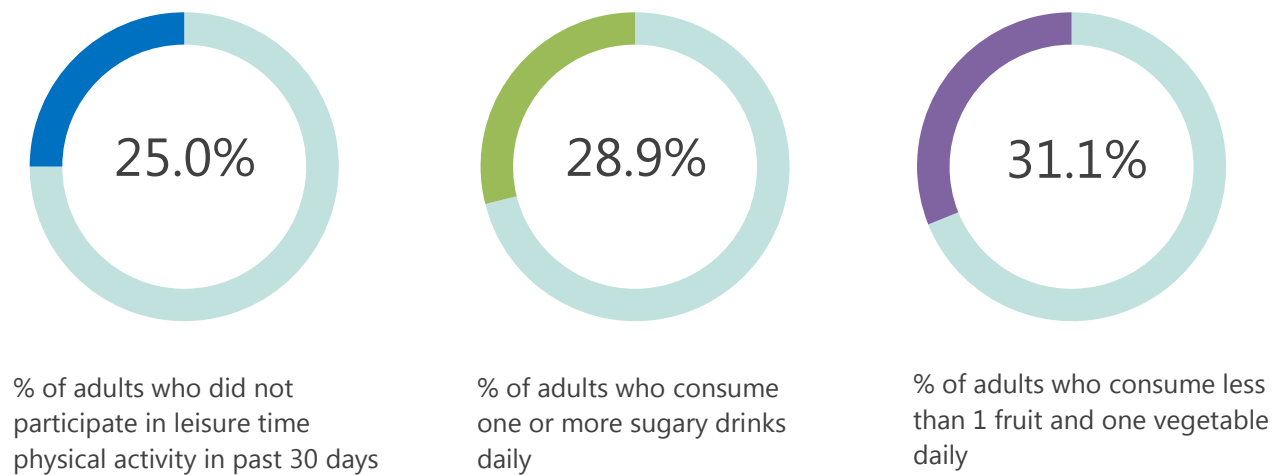
Prevent Chronic Diseases

Chronic diseases can substantially impact both the quality and length of an individual’s life. Several chronic conditions are covered in this topic area including, **obesity, heart disease, diabetes, and cancer**. This topic also covers health behaviors that can directly impact chronic disease outcomes, including physical activity, nutrition, and smoking. A comprehensive list of chronic disease indicators is available in Appendix 8.

Physical Activity and Nutrition

Physical activity and nutrition behaviors can influence an individual’s risk of developing a chronic condition. Additionally, both physical activity and healthy eating can be successful ways of managing an existing chronic disease. In Onondaga County, a quarter of adults report that they did not participate in leisure time physical activity within the last 30 days.⁷⁶ In Syracuse this increases to 31.7% of adults.⁷⁷ Additionally, nearly 30% of adults report consuming one or more sugary drinks daily while 31.1% report consuming less than one fruit and one vegetable daily.⁷⁶

Figure 26. Physical activity and nutrition behaviors, Onondaga County, 2016



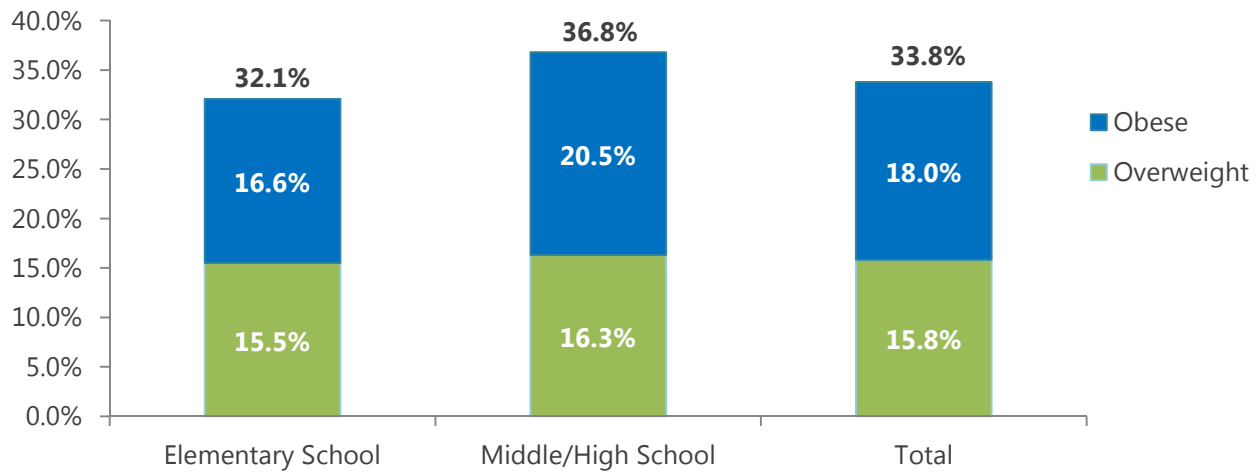
Source: Expanded BRFSS, 2016
 Note: Percentages are age-adjusted

⁷⁶ BRFSS, 2016
⁷⁷ CDC 500 Cities Project, <https://www.cdc.gov/500cities/index.htm>

Overweight and Obesity

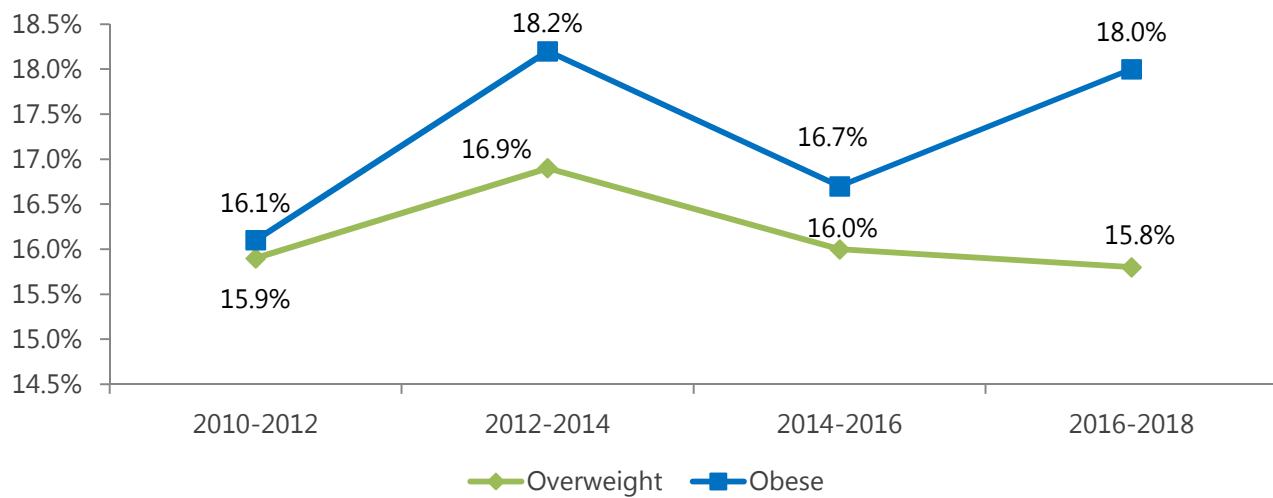
Overweight and obesity rates in Onondaga County continue to be of concern, especially among children. Current obesity rates for public school students in Onondaga County are displayed in Figure 27. Overall, 33.8% of students are overweight or obese.⁷⁸ This rate is higher among middle/high school students (36.8%) compared to elementary school students (32.1%).⁷⁸ Figure 28 depicts these data over time, from 2010 to 2018. Interestingly, the rate of overweight students has decreased from 2014-2016 to 2016-2018 while the rate of obese students has increased.

Figure 27. Overweight and obesity rates among public school students, by grade level, Onondaga County, 2016-2018



Source: NYS Student Weight Status Category Reporting System (SWSCRS), 2016-2018

Figure 28. Overweight and obesity rates among public school students, Onondaga County, 2010-2018

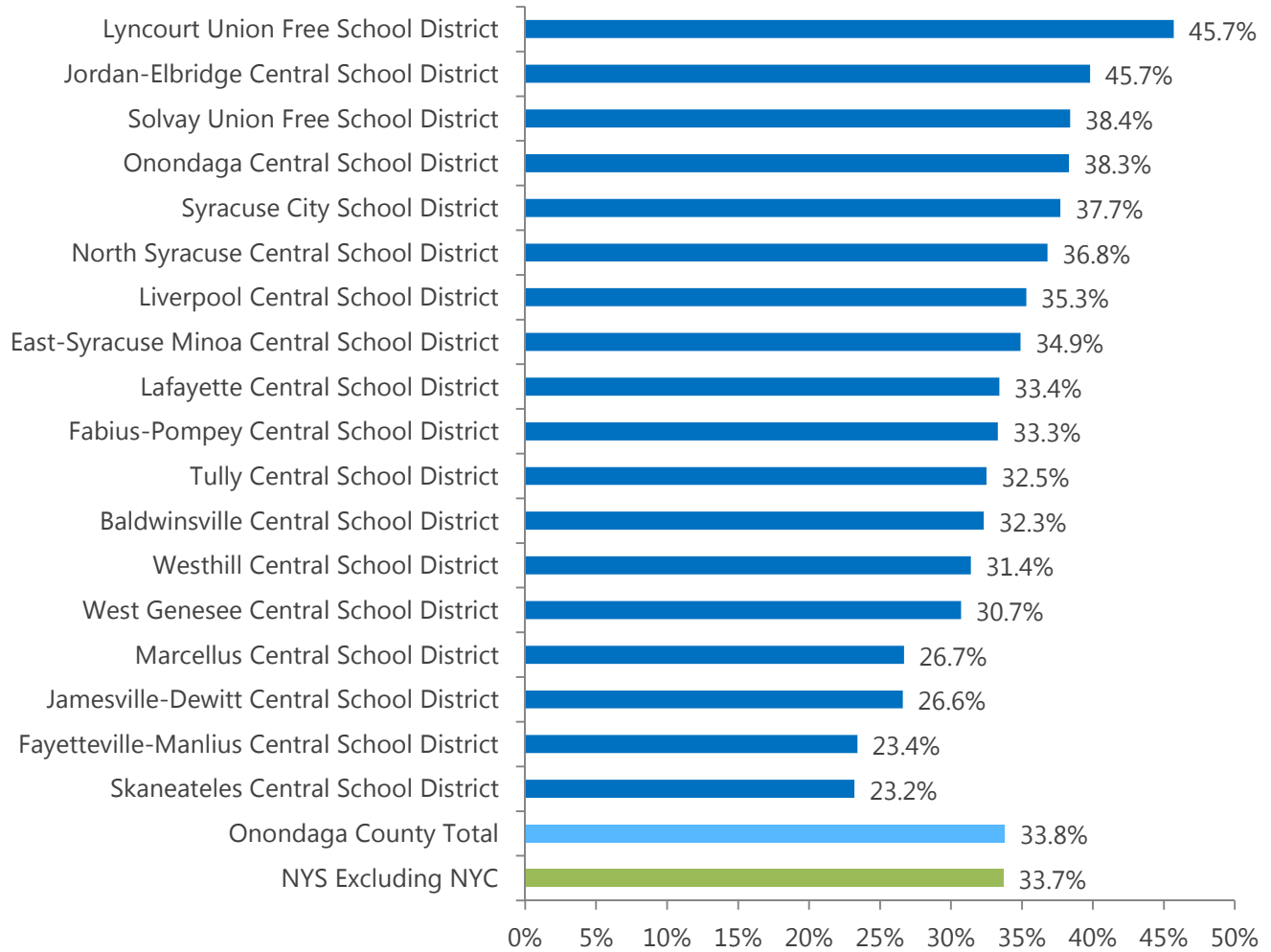


Source: NYS Student Weight Status Category Reporting System (SWSCRS), 2010-2018

⁷⁸ SWSCRS, 2016-2018

Within Onondaga County, the percentage of students who are overweight or obese varies by school district. Lyncourt has the highest rate (45.7%) and Skaneateles has the lowest rate (23.2%). The Syracuse City School District is in the top five with 37.7%. Additionally, eight of the eighteen school districts have a rate higher than the Onondaga County total.

Figure 29. Percentage of children and adolescents who are overweight or obese, by school district, Onondaga County, 2016-2018



Source: NYS Student Weight Status Category Reporting System (SWSCRS), 2016-2018

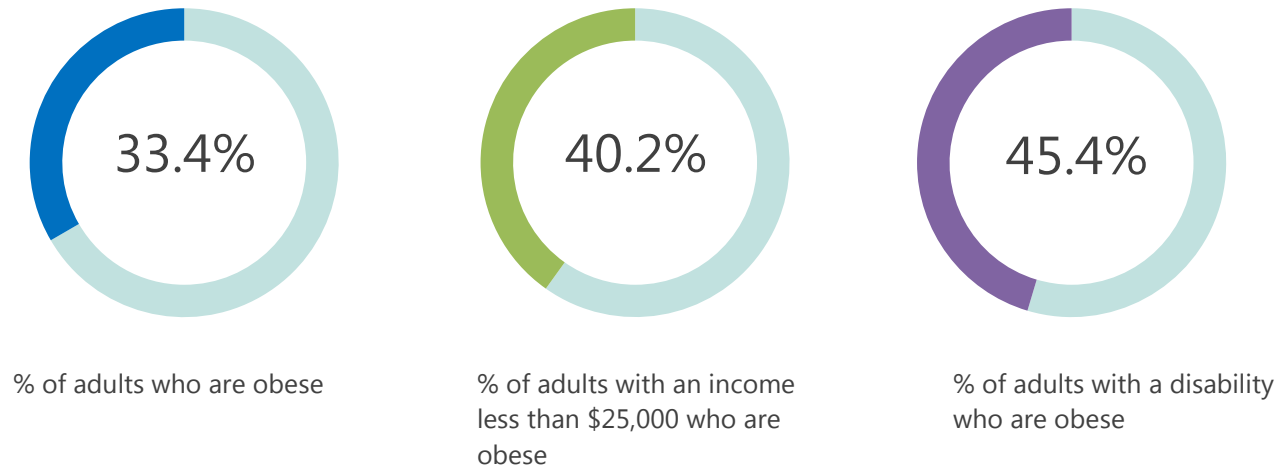
Among adults in Onondaga County, the obesity rate is 33.4%.⁷⁹ This is higher than the rates in NYS excluding NYC (27.5%) and Central New York (32.9%). A total of 65.9% of Onondaga County adults are either overweight or obese, putting them at increased risk for several chronic conditions. Both the adult obesity rate and percentage of adults who are overweight or obese have increased since last measurement in 2013-2014 (obesity: 27.9%, overweight or obese: 63.1%)⁸⁰ Obesity rates also vary significantly within Onondaga County’s population. Individuals who have an annual income less than \$25,000 per year and individuals with a disability have much

⁷⁹ BRFSS, 2016

⁸⁰ BRFSS, 2013-2014

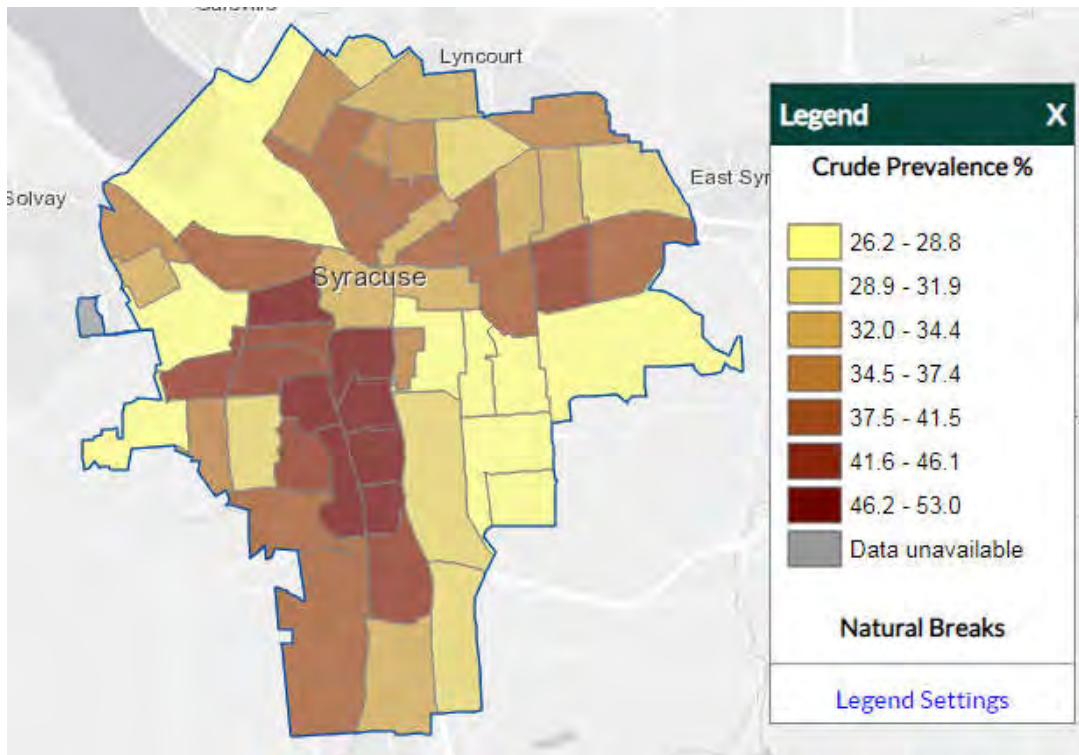
higher obesity rates than the county overall. These differences are shown in Figure 30. There are also variations by geography, evident in the map below depicting obesity prevalence by census tract in Syracuse.

Figure 30. Disparities in adult obesity, Onondaga County, 2016



Source: Expanded BRFSS, 2016
 Note: Percentages are age-adjusted

Figure 31. Percentage of adults with obesity by census tract, Syracuse, 2016



Source: CDC 500 Cities Project, <https://www.cdc.gov/500cities/index.htm>.

Hypertension (High Blood Pressure)

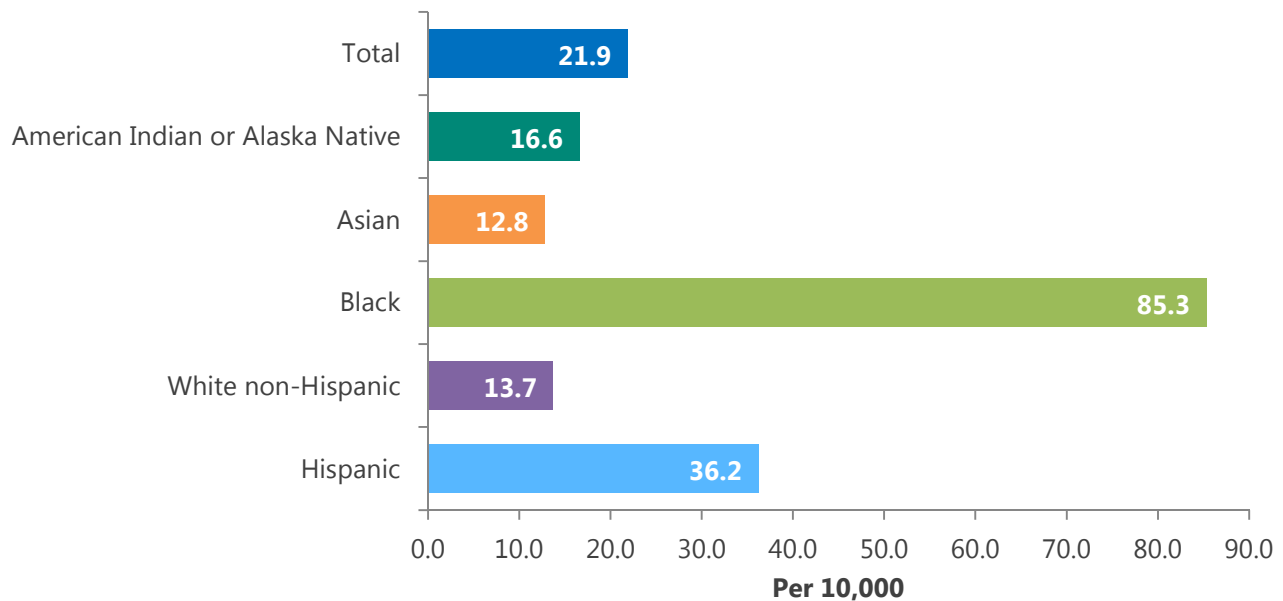
Hypertension, also known as high blood pressure, is a significant risk factor for heart disease and stroke. In Onondaga County, 32.4% of adults have physician diagnosed hypertension.⁸¹ Among those diagnosed, 51.8% are currently taking high blood pressure medication.⁸¹ Onondaga County has a higher hypertension prevalence than NYS excluding NYC (29.4%), however NYS has higher rates of emergency department visits and hospitalizations for hypertension (Table 9). Emergency department visit and hospitalization rates for hypertension vary by race and ethnicity. Figure 32 displays emergency department visit rates by race and ethnicity in Onondaga County. Black and Hispanic residents have substantially higher emergency department visit rates than the total population. For hospitalization rates, Black (15.6 per 10,000) and Hispanic (4.6* per 10,000) residents also have higher rates than the total population (3.4 per 10,000).⁸²

Table 9. Emergency department visit and hospitalization rate for hypertension, per 10,000 population, Onondaga County, Central NY, and NYS, 2014-2016

	Onondaga County	Central New York	New York State
Emergency department visit rate (per 10,000) – Aged 18+ years	21.9	22.8	28.4
Hospitalization rate (per 10,000) – Aged 18+ years	3.4	3.4	5.0

Source: SPARCS

Figure 32. Emergency department visit rate for hypertension, per 10,000 population, by race and ethnicity, Onondaga County, 2014-2016



Source: SPARCS

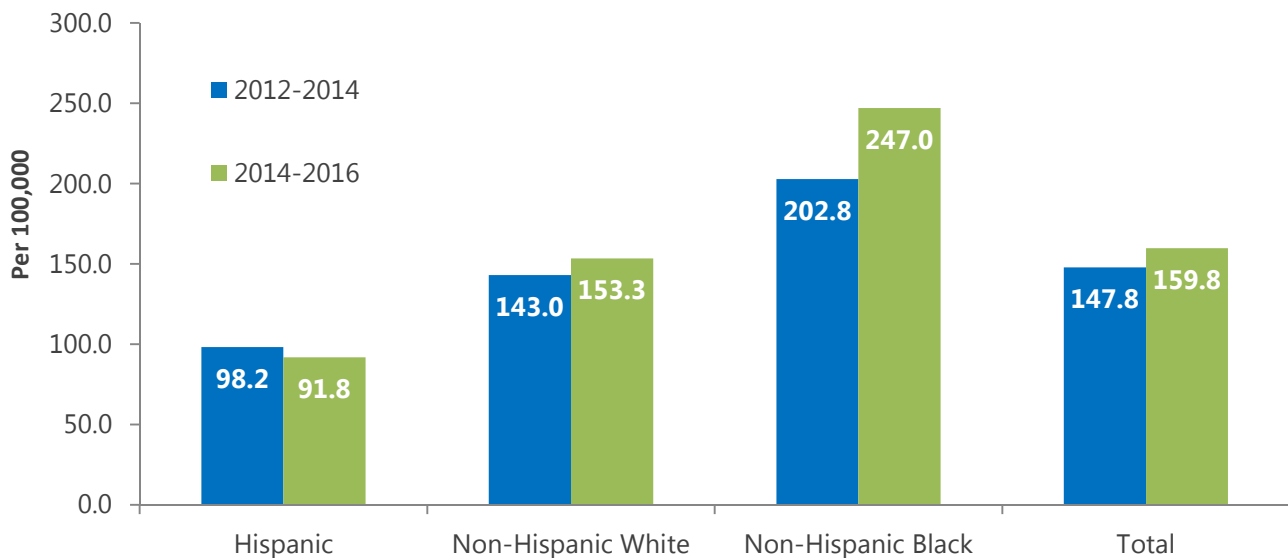
⁸¹ BRFSS, 2016

⁸² SPARCS, 2014-2016, note: rate for Hispanic populations is unstable or unreliable.

Heart Disease

The hospitalization rate for diseases of the heart in Onondaga County is 72.6 per 10,000.⁸³ This is lower than the statewide rate (83.7 per 10,000). The county’s age-adjusted mortality rate for diseases of the heart (159.8 per 100,000) has slightly increased in recent years but is still lower than NYS (178.1 per 10,000).⁸³ Disparities in heart disease mortality continue to exist and are depicted in Figure 33. From 2012-2014 to 2014-2016, heart disease mortality increased among both non-Hispanic White residents and non-Hispanic Black residents, however the increase among non-Hispanic Blacks was greater.

Figure 33. Age-adjusted mortality rate for diseases of the heart, per 100,000 population, by race and ethnicity, Onondaga County, 2012-2016



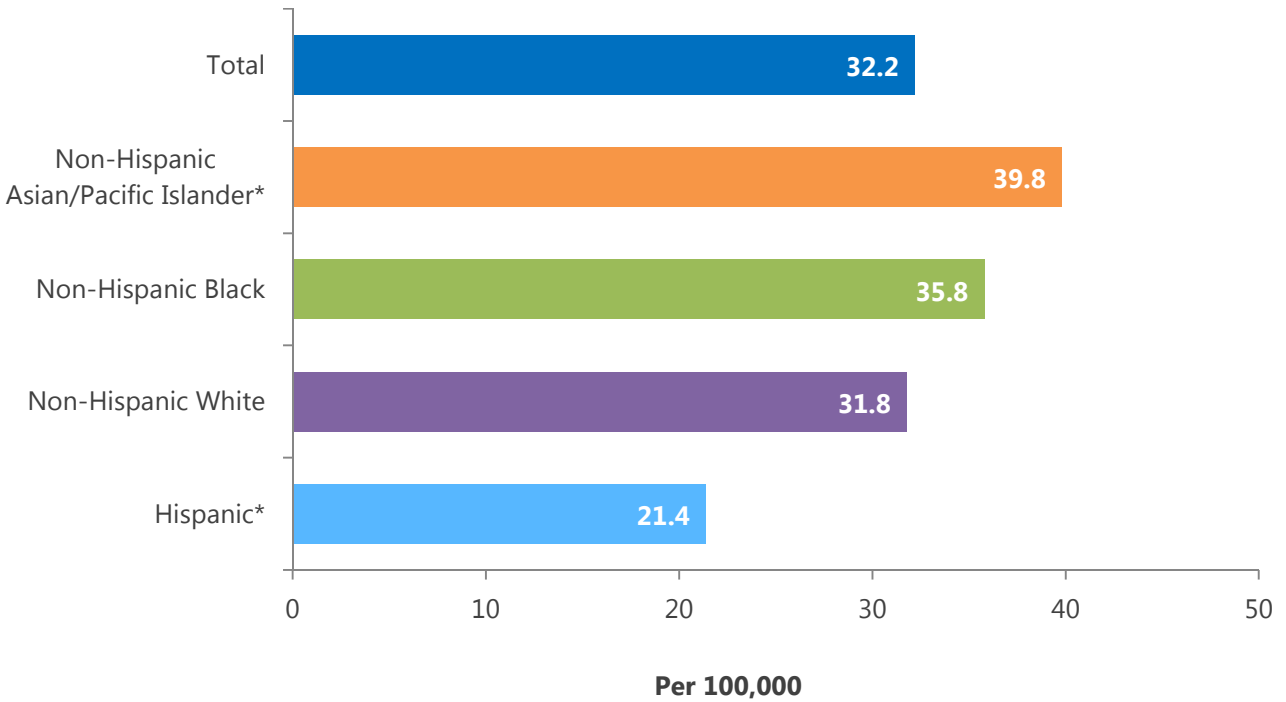
Source: NYSDOH County Health Indicators by Race/Ethnicity at:
<https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm>

Cerebrovascular Disease (Stroke)

Onondaga County’s hospitalization rate for stroke (22.1 per 10,000) is similar to the statewide rate (21.2 per 10,000); however the mortality rate for stroke (32.2 per 100,000) is slightly higher than the statewide rate (25.6 per 100,000).⁸³ Disparities in stroke mortality by race and ethnicity are presented in Figure 34. Non-Hispanic Asian/Pacific Islanders have the highest rate; however this must be interpreted with caution due to small numbers.

⁸³ NYSDOH County Health Assessment Indicators: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm.

Figure 34. Age-adjusted mortality rate due to stroke, per 100,000 population, by race and ethnicity, Onondaga County, Central NY, and NYS, 2014-2016



Source: SPARCS, 2014-2016

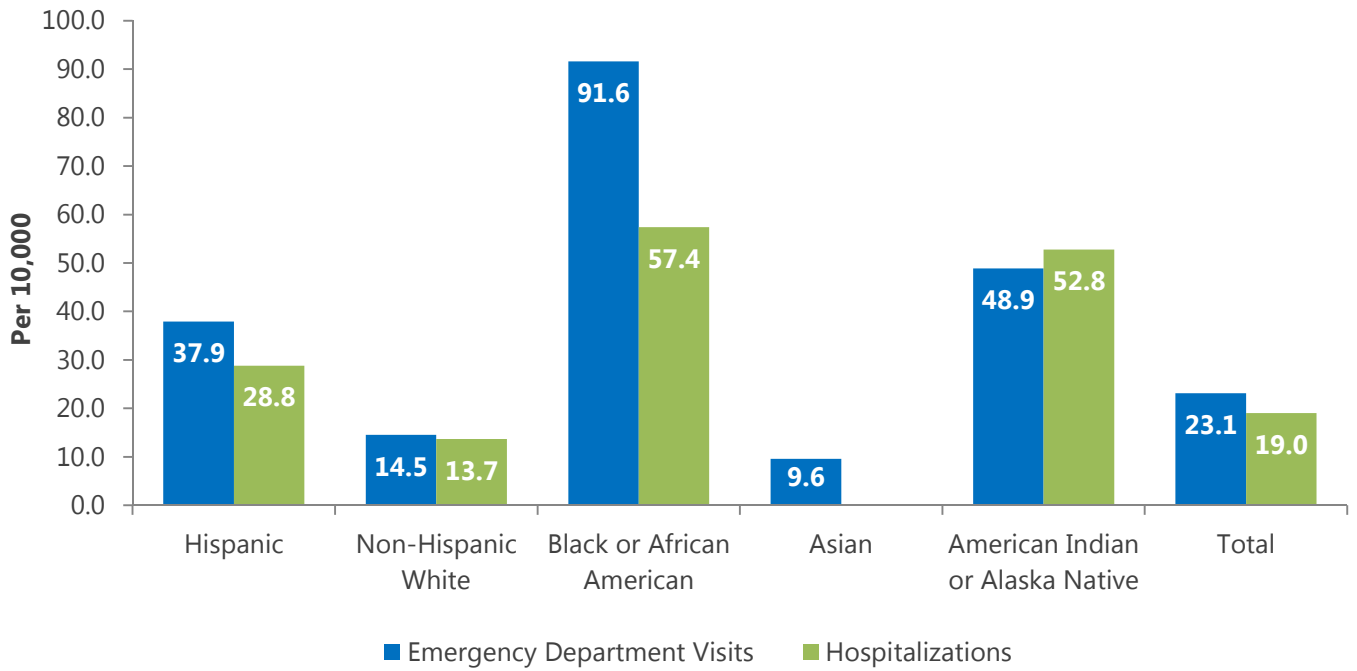
*Rate is unstable or unreliable

Diabetes

The prevalence of physician diagnosed diabetes in Onondaga County is 10.2% compared to 13.8% in Syracuse and 8.5% in NYS excluding NYC.⁸⁴ Nearly 50% of county residents have not had a test for diabetes within the last three years, so the prevalence may be significantly higher.⁸⁴ Diabetes outcomes vary significantly within Onondaga County on the basis of race and ethnicity. Figure 35 displays diabetes related emergency department visits and hospitalizations by race and ethnicity, and Figure 36 displays diabetes mortality rates, also by race and ethnicity. Black or African American residents have the highest rates for all three indicators.

⁸⁴ BRFSS, 2016

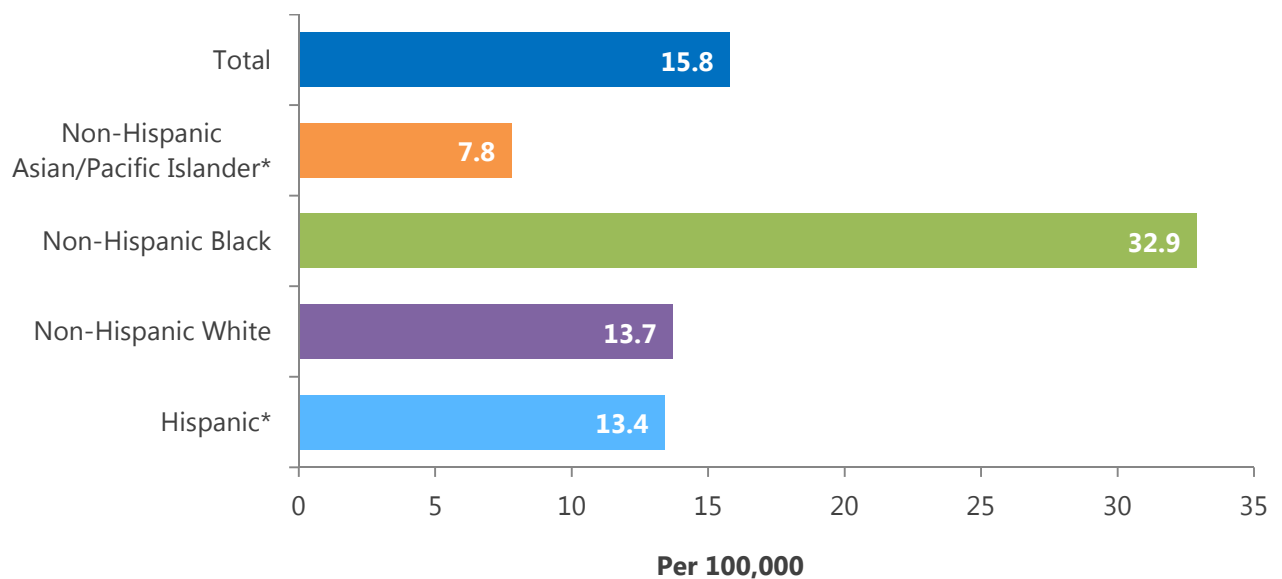
Figure 35. Age-adjusted emergency department visit and hospitalization rates due to diabetes, per 10,000 aged 18+ years, by race and ethnicity, Onondaga County 2014-2016



Source: SPARCS, 2014-2016

*Data not available

Figure 36. Age-adjusted mortality rate due to diabetes, per 100,000, by race and ethnicity, Onondaga County 2014-2016

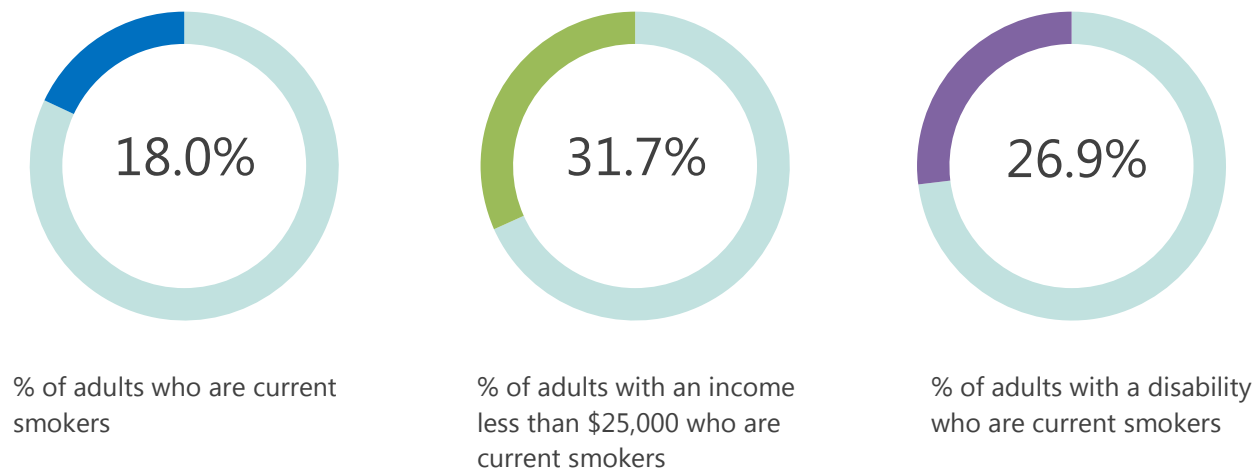


Source: SPARCS, 2014-2016

Smoking

In Onondaga County, 18.0% of adults are current smokers compared to nearly a quarter (24.6%) of adults in Syracuse.⁸⁵ While Onondaga County’s smoking prevalence remains higher than NYS excluding NYC (17.0%), it has decreased from 21.3% at last measurement.⁸⁶ Figure 37 depicts disparities in Onondaga County’s smoking rates on the basis of income and disability. Adults with an income less than \$25,000 per year and adults with a disability have substantially higher smoking rates than the population overall. Adults reporting poor mental health also have a higher smoking rate (36.5%).⁸⁷

Figure 37. Disparities in smoking, Onondaga County, 2016



Source: Expanded BRFSS, 2016

Note: Percentages are age-adjusted

Electronic cigarettes (e-cigarettes) also pose significant health risks including exposure to harmful chemicals and high levels of nicotine. The aerosol component of e-cigarettes has been found to contain carcinogens, volatile organic compounds, heavy metals (including nickel, tin, and lead), and chemicals (i.e. diacetyl) linked to lung disease.⁸⁸ Additionally, the ultrafine particles present in e-cigarette aerosol can be inhaled deep into the lungs. As of December 10, 2019, 52 deaths in the United States have been linked to e-cigarette or vaping product use associated lung injury (EVALI).⁸⁹ Additionally, 2,409 hospitalizations for EVALI have been reported in the United States.⁸⁹ In Onondaga County, 6.9% of adults report e-cigarette use. This is higher than the rates for Central New York (5.7%) and NYS excluding NYC (4.1%).⁸⁷ E-cigarette use among youth can be particularly concerning as youth who use e-cigarettes may be at an increased risk of smoking cigarettes in the future.⁸⁸ Additionally, e-cigarettes have been marketed to appeal to youth through youth-friendly flavors, such as candy or fruit, and widespread advertising.⁸⁸ E-cigarettes are typically sold at lower costs than cigarettes making them more readily

⁸⁵ BRFSS, 2016 and CDC 500 Cities Project, <https://www.cdc.gov/500cities/index.htm>

⁸⁶ BRFSS, 2013-2014

⁸⁷ BRFSS, 2016

⁸⁸ CDC, Quick Facts on E-Cigarettes: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html#e-cigarette-aerosol

⁸⁹ CDC, Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#what-is-new. Accessed December 13, 2019.

available to youth.⁸⁸ Youth also report using e-cigarettes because they believe them to be less harmful than conventional cigarettes.⁸⁸

Cancer

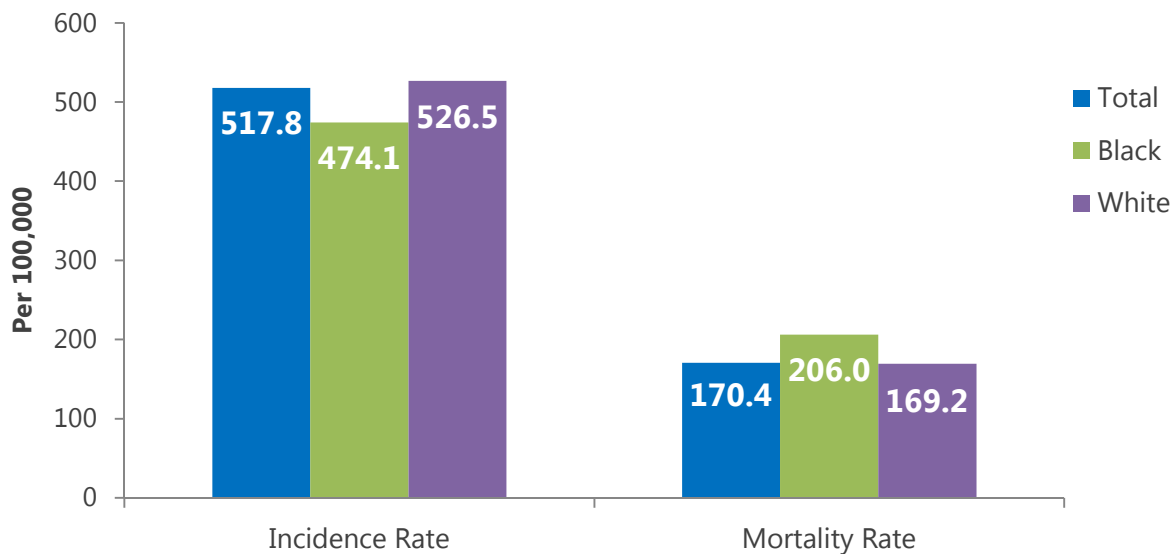
Onondaga County has a higher incidence and mortality rate for cancer than New York State. Table 10 displays the incidence and mortality rates for cancer for Onondaga County and NYS. Within Onondaga County, disparities in cancer incidence and mortality by race are notable. Figure 38 provides a breakdown by race for cancer overall, while Figure 39 displays disparities in incidence and mortality rates for breast (female), colon and rectum, lung and bronchus, and prostate cancers.

Table 10. Cancer (all types) incidence and mortality rates, per 100,000, Onondaga County and NYS, 2012-2016

	Onondaga County	New York State
Incidence rate for all cancer types (per 100,000)	517.8	482.9
Mortality rate for all cancer types (per 100,000)	170.4	151.0

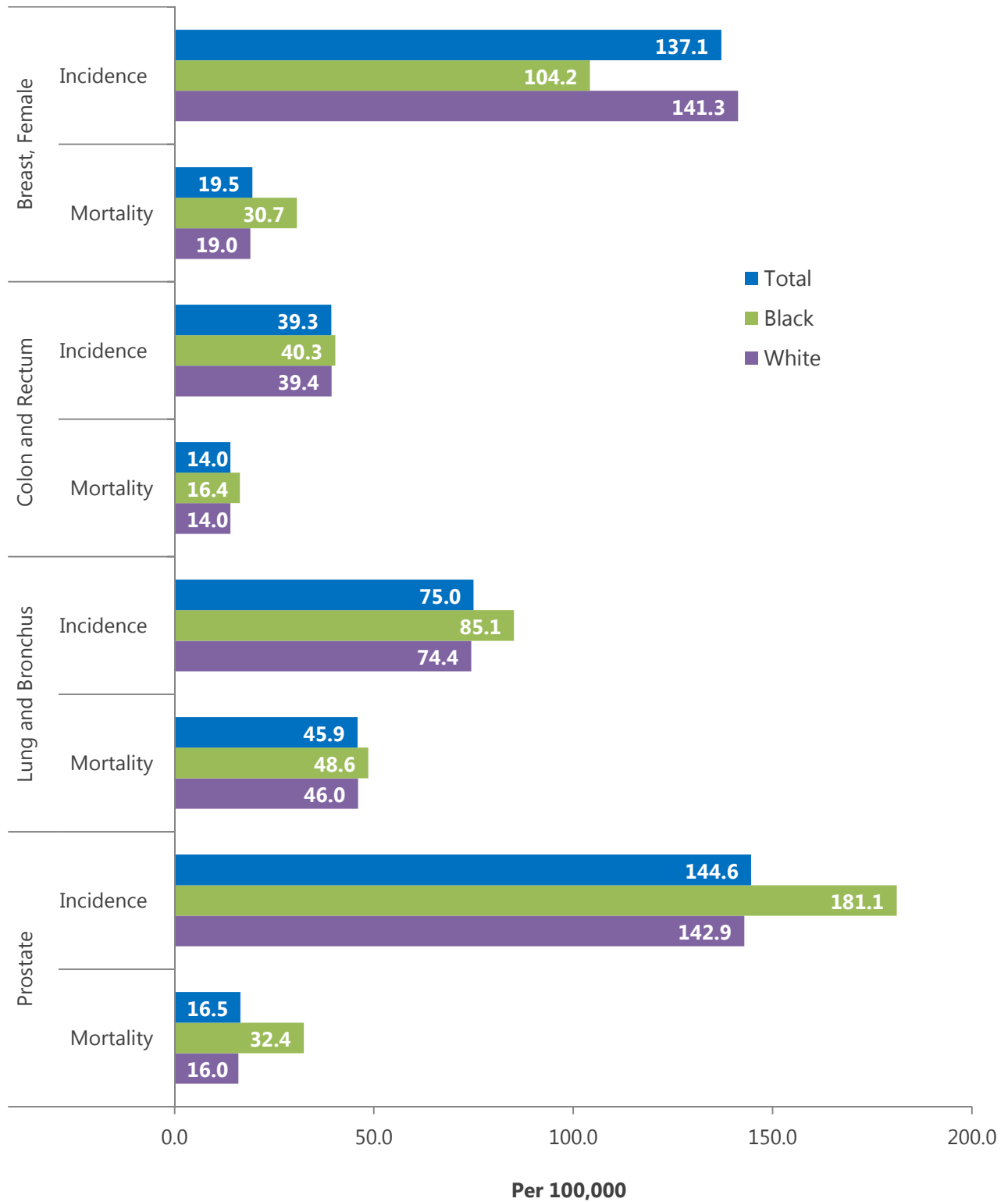
Source: State Cancer Profiles, 2012-2016: <https://statecancerprofiles.cancer.gov/index.html>

Figure 38. Cancer (all types) incidence and mortality rates, per 100,000, by race, Onondaga County, 2012-2016



Source: State Cancer Profiles, 2012-2016: <https://statecancerprofiles.cancer.gov/index.html>

Figure 39. Incidence and mortality rates for several cancer types, per 100,000, by race, Onondaga County 2012-2016



Source: State Cancer Profiles, 2012-2016: <https://statecancerprofiles.cancer.gov/index.html>

Cancer screening is a critical tool for the early detection of cancer. Onondaga County has higher rates of screening for colorectal (72.4%) and breast cancer (80.3%) than NYS excluding NYC (colorectal: 69.7%, breast: 79.2%).⁹⁰ However Onondaga County's cervical cancer screening rate (80.6%) is lower than NYS excluding NYC (83.5%).

Chronic Disease Self-Management

For individuals with chronic disease, learning to manage their condition is critical to maintaining health and quality of life. In Onondaga County, 8.9% of adults have taken a class to learn how to manage their chronic disease. This is higher than the rate for NYS excluding NYC (7.5%) and Central New York (8.4%).⁹⁰

Prevent Chronic Diseases Summary

Unhealthy behaviors including smoking, low fruit and vegetable consumption, and low levels of physical activity continue to be challenges in Onondaga County. Obesity also continues to be a challenge with both childhood and adult obesity rates increasing since last measurement. Disparities in outcomes are also apparent for several chronic diseases including diabetes, cancer, stroke and heart disease and may be indicative barriers to accessing care.

⁹⁰ BRFSS, 2016

Promote Well-Being and Prevent Mental and Substance Use Disorders

Mental health encompasses **emotional, psychological, and social well-being** and impacts the way we feel, think, and act. How we handle stress, relate to others, and make healthy choices is also impacted by our mental health.⁹¹ Poor mental health can be detrimental to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. It is important to note that poor mental health and mental illness are not the same things; an individual can experience poor mental health and not have a mental illness.⁹¹ In addition to poor mental health, substance use disorders (SUD) have wide reaching negative impacts that can be felt on an individual, family, and community level. The effects of SUD significantly contribute to costly social, physical, mental, and public health challenges.

Topics discussed in this section include **self-reported mental health, suicide, self-inflicted injury, alcohol and substance use, and neonatal withdrawal syndrome**. A comprehensive list of indicators for this topic area is available in Appendix 8.

Within Onondaga County, 9.1% of adults report experiencing poor mental health for fourteen or more days in the last month.⁹² This is lower than the rate for NYS excluding NYC (11.2%) and for Central New York (10.7%). However, adults in Syracuse experience poor mental health at higher rates with 15.4% reporting poor mental health for fourteen or more days in the last month.⁹³ A map depicting self-reported poor mental health by census tract in Syracuse can be viewed in the *Improve Health Status and Reduce Health Disparities* section on page 43.

Self-Inflicted Injury and Suicide

Self-inflicted injury occurs when an individual harms themselves intentionally. Self-inflicted injuries may include suicide attempts, however not all self-inflicted injuries have suicidal intent.⁹⁴ Onondaga County has higher rates of self-inflicted injury hospitalizations (6.5 per 10,000) than NYS (3.5 per 10,000) (Figure 40).⁹⁵ Onondaga County's suicide rate (10.0 per 100,000) is also higher than the rate for NYS (8.0 per 100,000) (Figure 41).⁹⁶ Within Onondaga County, individuals aged 15-19 years are more likely to experience self-inflicted injury than the overall population, however this same age group is less likely than that total population to experience suicide mortality.

⁹¹ Adapted from CDC, Learn about Mental Health: <https://www.cdc.gov/mentalhealth/learn/index.htm>

⁹² BRFSS, 2016

⁹³ CDC 500 Cities Project, <https://www.cdc.gov/500cities/index.htm>

⁹⁴ Adapted from NYSDOH, Self-Inflicted Injuries and Suicides in New York State, 2000-2014: https://www.health.ny.gov/statistics/prevention/injury_prevention/docs/sii_suicidenys.pdf

⁹⁵ NYSDOH County Health Assessment Indicators: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

⁹⁶ NYSDOH Prevention Agenda Dashboard at: <https://health.ny.gov/preventionagendadashboard>.

Figure 40. Self-inflicted injury hospitalization rate per 10,000, by age, Onondaga County and NYS, 2016

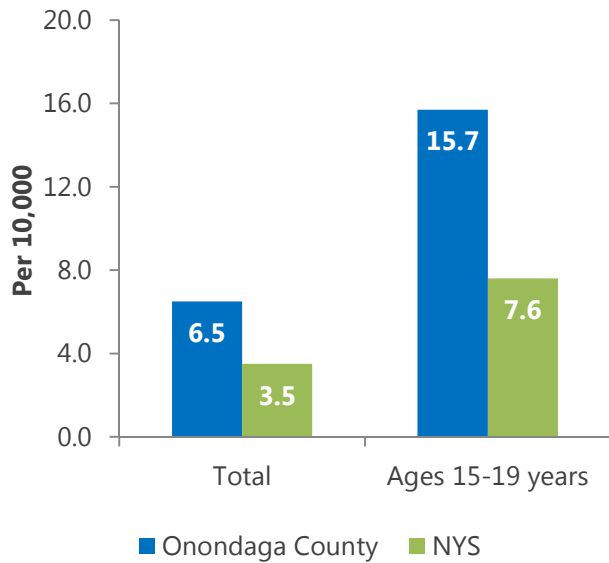
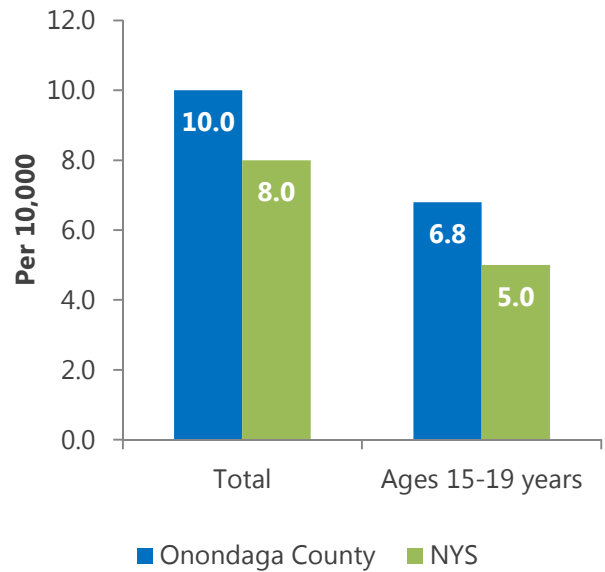


Figure 41. Suicide Mortality Rate per 100,000, by age, Onondaga County and NYS, 2014-2016



Source: NYSDOH County Health Assessment Indicators:
https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

*Rate is unstable

Alcohol Misuse

Drinking excessive amounts of alcohol can put an individual at risk for a several poor health outcomes, including injury, violence, liver failure, cancer, and heart disease.⁹⁷ Alcohol misuse is characterized by consumption that can jeopardize one’s health or relationships, and alcohol dependence is recognized as a chronic disease that can cause withdrawal symptoms and loss of control.⁹⁸ In Onondaga County, 19.8% of adults report binge drinking which is slightly lower than the rate for Central New York (21.3%).⁹⁹ This rate is slightly higher than at last measurement (18.8% in 2013-2014).¹⁰⁰ The rate of emergency department visits and hospitalizations due to alcohol use are presented in Table 11 for Onondaga County, Central New York and NYS. Onondaga County has lower rates than NYS for both emergency department visits and hospitalizations. However, the county has a higher rate of motor vehicle deaths involving alcohol use (30%) compared to NYS (21%).

⁹⁷ Alcohol & Substance Misuse (2018). Retrieved at <https://www.cdc.gov/workplacehealthpromotion/health-strategies/substance-misuse/index.html>

⁹⁸ Alcohol & Substance Misuse (2018). Retrieved at <https://www.cdc.gov/workplacehealthpromotion/health-strategies/substance-misuse/index.html>

⁹⁹ BRFSS, 2016

¹⁰⁰ BRFSS, 2013-14

Table 11. Alcohol misuse indicators, Onondaga County, Central New York, and NYS

	Onondaga County	Central New York	New York State
% of adults binge drinking in the past month (2016)	19.8	21.3	19.1*
Emergency department visit rate due to alcohol use (per 10,000)- Aged 18+ years (2014-2016)	55.6	45.5	82.7
Hospitalization rate due to alcohol use (per 10,000) – Aged 18+ years (2014-2016)	25.5	21.3	28.1
Alcohol related motor vehicle injuries and deaths (per 100,000) (2014-2016)	40.3	41.1	29.9
% of motor vehicle deaths involving alcohol (2013-2017)	30	-	21

Sources: BRFSS, SPARCS, NYS Department of Motor Vehicles, County Health Rankings

*Rate is for NYS excluding NYC

Substance Use

Substance use disorders continue to be a challenge in Onondaga County. Table 12 provides rates of emergency department visits and hospitalizations due to substance use in Onondaga County and NYS. These rates include all types of substance use combined, however alcohol-use is excluded. Onondaga County’s rate of emergency department visits is higher than both Central New York and NYS. The County’s hospitalization rate is higher than Central New York but similar to the rate for NYS.

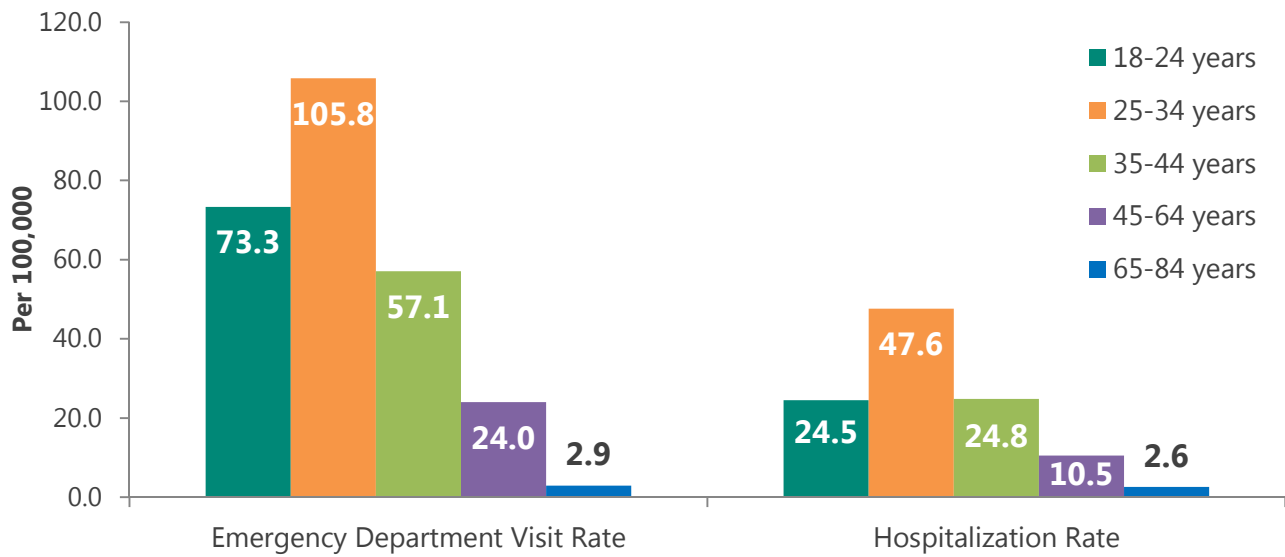
Table 12. Age-adjusted emergency department and hospitalization rates due to substance use, per 10,000 aged 18+ years, Onondaga County, Central New York, and NYS, 2014-2016

	Onondaga County	Central New York	New York State
Emergency department visit rate due to substance use (per 10,000)- Aged 18+ years	49.6	39.4	36.9
Hospitalization rate due to substance use (per 10,000)- Aged 18+ years	21.1	16.1	22.0

Source: SPARCS

As shown in Figure 42, the age group with the highest emergency department visit and hospitalization rates countywide is 25 to 34 year olds (emergency department visits: 105.8 per 10,000; hospitalizations: 47.6 per 10,000).¹⁰¹ The age group with the lowest rates is 65 to 84 (emergency department visits: 2.9 per 10,000; hospitalizations: 2.6 per 10,000).¹⁰¹

Figure 42. Age-adjusted emergency department and hospitalization rates due to substance use, per 10,000 by age, Onondaga County, NYS, 2014-2016



Source: SPARCS

As seen at the State and national level, opioid use disorders continue to be challenges for Onondaga County residents. For many opioid related indicators, Onondaga County continues to fare worse than NYS excluding NYC. Figures 43 and 44 display emergency department visit and hospitalization rates for opioid overdoses in Onondaga County and NYS excluding NYC. The rates for emergency department visits and hospitalizations for all opioids are higher for Onondaga County than for NYS excluding NYC. This is also the case for heroin related overdoses. For opioids excluding heroin, NYS excluding NYC has a slightly higher emergency department visit rate than Onondaga County, however the county’s hospitalization rate is higher.

¹⁰¹ SPARCS, 2014-2016

Figure 43. Emergency department visit rate due to opioid overdoses per 100,000 population, Onondaga County and NYS excluding NYC, 2018

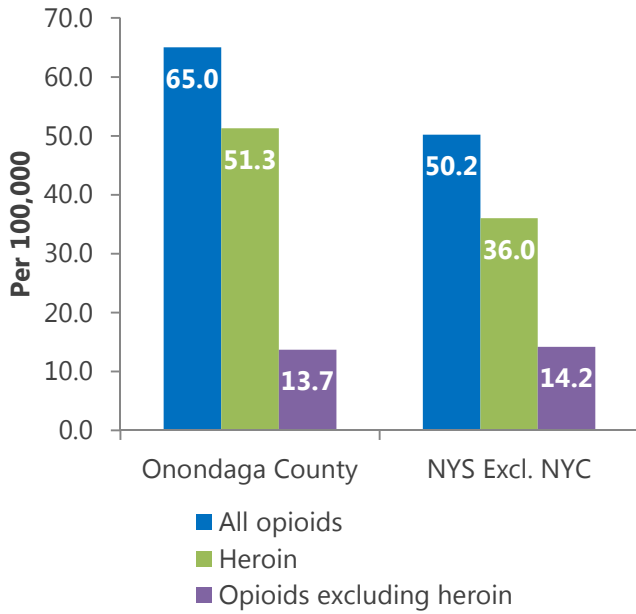
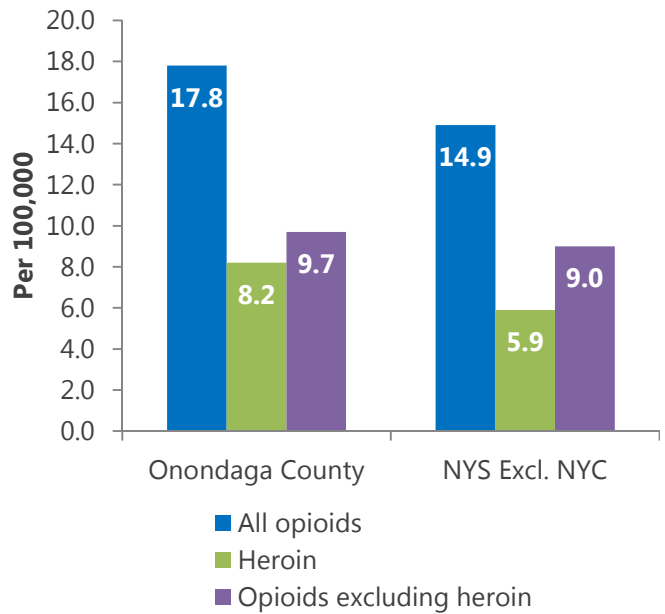


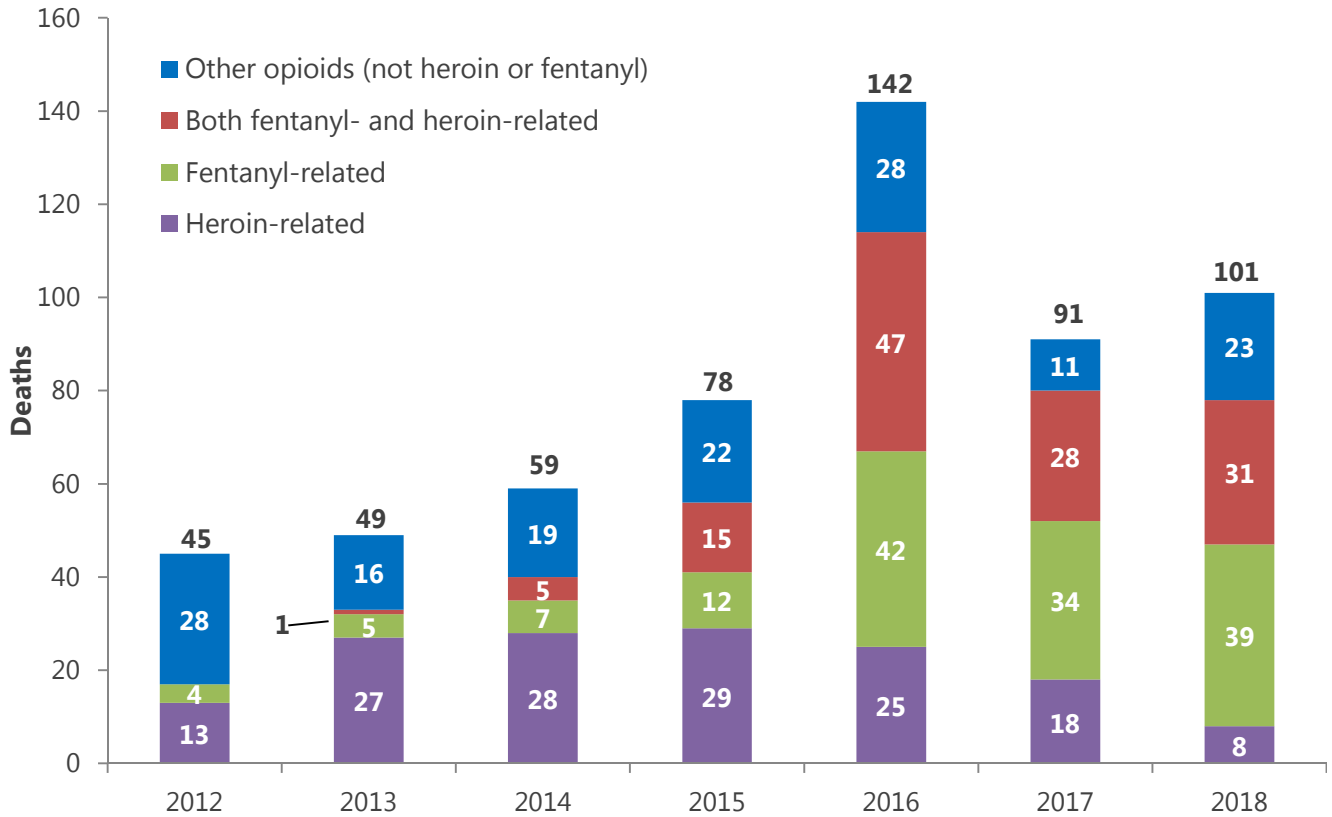
Figure 44. Hospitalization rate due to opioid overdoses per 100,000 population, Onondaga County and NYS excluding NYC, 2018



Source: SPARCS

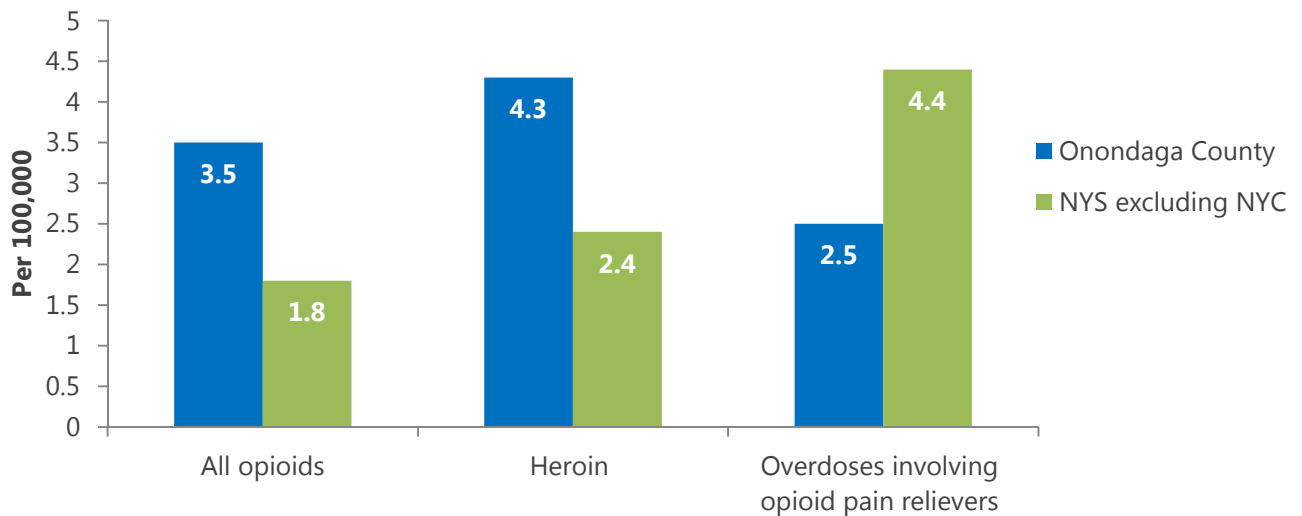
Unintended opioid related deaths in Onondaga County have decreased since 2016 (Figure 45). However, there still continues to be a higher number of unintended opioid-related deaths than in the preceding years (2012-2015). In 2018, the rate of deaths due to all types of opioid overdoses was higher in Onondaga County than in NYS excluding NYC (Figure 46). This was also true for heroin overdoses, however NYS excluding NYC had a higher mortality rate than Onondaga County for overdoses involving opioid pain relievers.

Figure 45. Unintended opioid-related deaths, Onondaga County, 2012-2018



Source: Onondaga County Medical Examiner’s Office
 Note: Data are provisional

Figure 46. Mortality rate due to opioid overdoses, per 100,000, Onondaga County and NYS excluding NYC, 2018

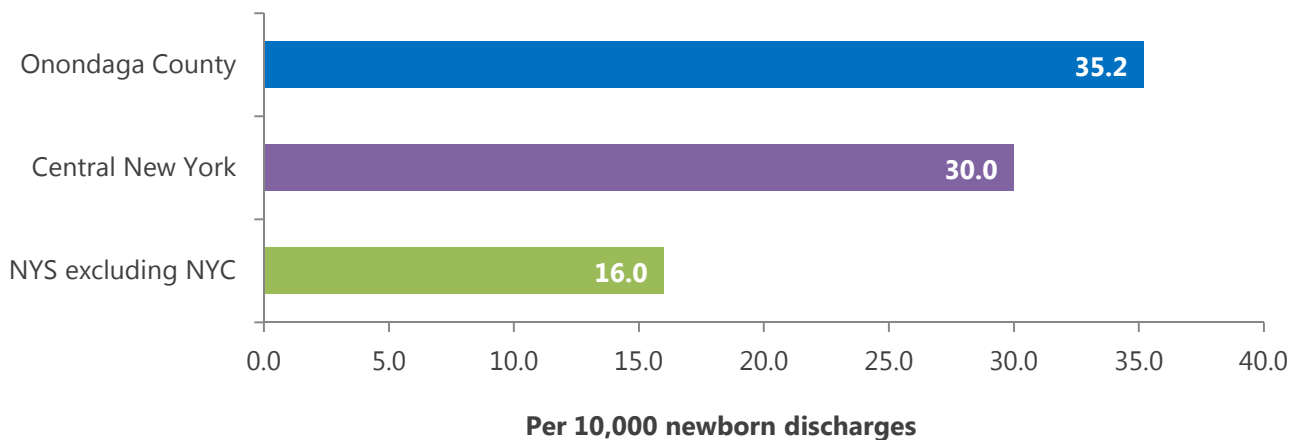


Source: NYSDOH Vital Statistics
 Note: Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids

Neonatal Withdrawal Syndrome

Neonatal Withdrawal Syndrome (also known as Neonatal Abstinence Syndrome) can occur in newborn infants following exposure to opioids and other substances in pregnancy.¹⁰² The rate of newborns with neonatal withdrawal syndrome is much higher in Onondaga County than in NYS excluding NYC (Figure 47). Onondaga County’s rate is also higher than the rate for Central New York. Onondaga County currently has the 9th highest rate for NYS counties. However, this is an improvement over 2014, when Onondaga County had NYS’s third highest rate. Due to changes in the methodology of how these data are reported direct comparisons to rates from prior years are not possible.

Figure 47. Newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs of addiction (per 10,000 newborn discharges), Onondaga County, Central New York, and NYS, 2016



Source: SPARCS

Promote Well-Being and Prevent Mental and Substance Use Disorders Summary

Onondaga County continues to face challenges related to mental health and substance use. The county fares better than Central New York and NYS excluding NYC for rates of poor mental health, however Syracuse residents report higher levels of poor mental health, with significant variations by census tract. While the number of unintended opioid related deaths has decreased in Onondaga County, this does not necessarily indicate a decrease in opioid misuse. Recent efforts in Onondaga County to promote the use of the life-saving medication naloxone at the time of an overdose may have contributed to fewer deaths, however opioid misuse remains a significant challenge, as evidenced by high rates of emergency department visits and hospitalizations for opioid overdoses.

¹⁰² CDC: <https://www.cdc.gov/pregnancy/features/public-health-reporting-of-NAS.html>

Promote a Healthy and Safe Environment

Ensuring healthy and safe environments is essential for protecting community members from exposure to toxins and chemicals as well as ensuring that residents are able to access resources necessary to live a healthy lifestyle.

Several environmental factors were addressed in the determinants of health section (pages 23 to 32). These include crime, housing, food access, transportation, and climate change. This topic area covers environmental topics that were not addressed in earlier sections, including **air pollution, asthma, water quality, food safety, lead exposure, unintentional injury, and occupational health**. A list of indicators for this topic area is available in Appendix 8.

Air Quality

Outdoor air quality is impacted by air pollutants; sources of pollution include human activities, such as vehicle exhaust and burning fossil fuels, as well as natural sources including wildfires.¹⁰³ Air pollution can have a substantial impact on health, particularly for individuals with chronic respiratory conditions such as asthma. Air pollution has also been linked to heart disease and low birthweight.¹⁰³

One measure of air pollution is the concentration of particulate matter in the air. Particulate matter (PM) consists of a mixture of solid particles and liquid droplets in the air.¹⁰⁴ Some particles are large enough to be seen, including dust, dirt, and smoke, while other particles can only be seen with a microscope.¹⁰⁴ Particulate matter is classified by its size in micrometers. Particulate matter that is 10 micrometers in diameter and smaller is referred to as PM₁₀.¹⁰⁴ Some PM₁₀ can enter deep in the lungs and may get into the bloodstream. Particulate matter that is 2.5 micrometers in diameter, or smaller, is referred to as PM_{2.5} and poses the greatest risk to health due to its small size.¹⁰⁴ PM_{2.5} is also referred to as fine particulate matter.

Health impacts of particulate matter include premature death among individuals with heart or lung disease, nonfatal heart attacks, irregular heartbeat, aggravated asthma, decreased lung function, irritation of the airways, coughing, or difficulty breathing.¹⁰⁵ Older adults and children as well as individuals with heart or lung diseases are at increased risk for experiencing the effects of particulate matter pollution. In addition to health impacts of particulate matter, there are environmental impacts which in turn have the potential to impact human health and well-being. These include impacts on water quality, depletion of nutrients in soil, damage to forests and farm

¹⁰³ NYSDOH Environmental Public Health Tracker:

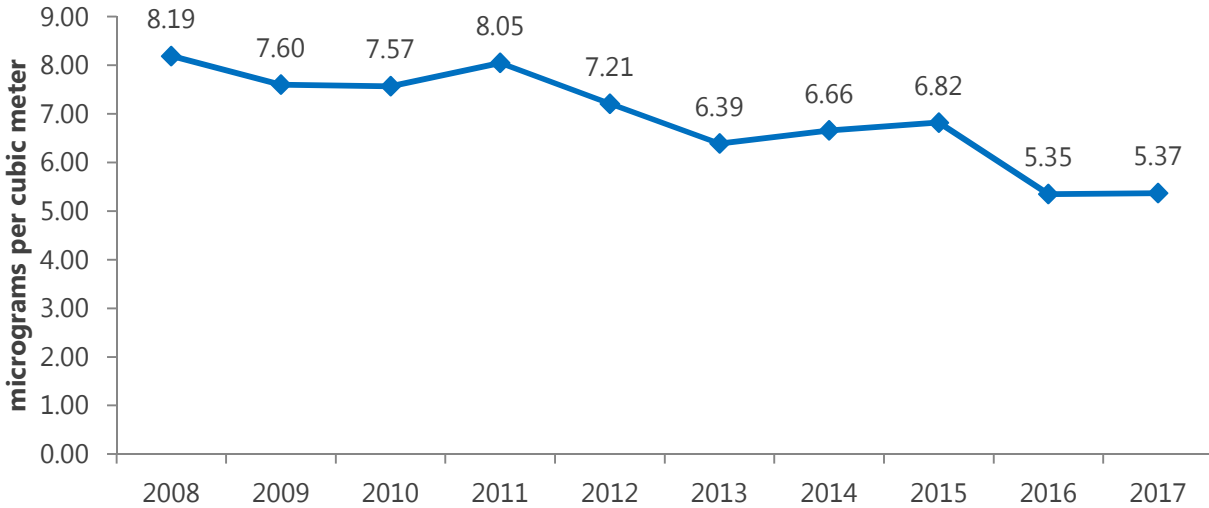
https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/index.html#/airpollutionCountyTrend

¹⁰⁴ U.S. Environmental Protection Agency, Particulate Matter Pollution, Particulate Matter Basics: <https://www.epa.gov/pm-pollution/particulate-matter-pm-basics#PM>

¹⁰⁵ U.S. Environmental Protection Agency, Particulate Matter Pollution, Health and Environmental Effects of Particulate Matter: <https://www.epa.gov/pm-pollution/health-and-environmental-effects-particulate-matter-pm>

crops, impacts on ecosystem diversity, and acid rain.¹⁰⁶ In Onondaga County, the average annual concentration of fine particulate matter (PM_{2.5}) is 5.37 µg/m³; this meets the National Ambient Air Quality Standard of 12 µg/m³. Additionally, trend data indicate Onondaga County’s average annual concentration of fine particulate matter has improved over the last decade (Figure 48).

Figure 48. Average annual concentration of fine particulate matter (PM_{2.5}), Onondaga County, 2008-2017



Source: NYSDOH Environmental Public Health Tracker: https://health.ny.gov/environmental/public_health_tracking/

Ground level ozone is a gas composed of oxygen that is created when two types of air pollutants (volatile organic compounds and nitrogen oxides) are combined. Ozone causes what is frequently referred to as smog and is more likely to form during summer months.¹⁰⁷ Ozone in the air can be harmful to our health and can result in eye irritation, chest pain, cough, shortness of breath, acute attacks of asthma, increased susceptibility to respiratory infections and inflammation.¹⁰⁸ Ozone can also worsen bronchitis, emphysema, and asthma. Individuals most at risk for the harmful effects of ozone include individuals with asthma, children, older adults, and individuals who spend a significant amount of time outdoors.¹⁰⁸

Figure 49 depicts the number of days in Onondaga County with ozone concentration above National Ambient Air Quality Standards from 2007- 2016. Between 2012 and 2016, Onondaga County experienced ten days in which the National Ambient Air Quality Standard for ozone was exceeded.¹⁰⁹ In the prior five year period, 2007-2011, there were a total of 26 days in which Onondaga County’s ozone levels exceeded the standard.

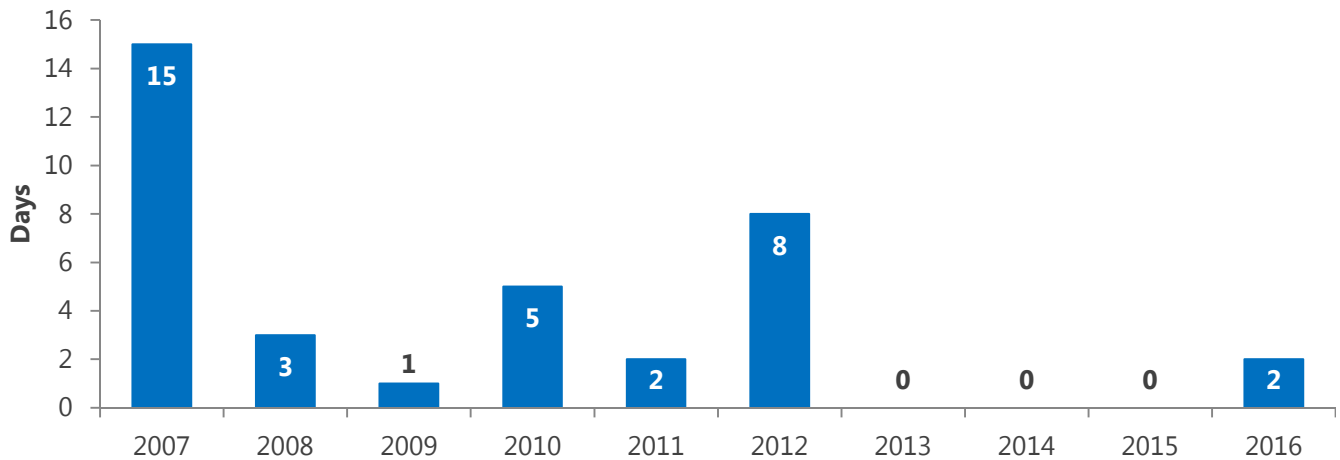
¹⁰⁶ U.S. Environmental Protection Agency, Particulate Matter Pollution, Health and Environmental Effects of Particulate Matter: <https://www.epa.gov/pm-pollution/health-and-environmental-effects-particulate-matter-pm>

¹⁰⁷ U.S. Environmental Protection Agency, Ozone Pollution and Your Patient’s Health: <https://www.epa.gov/ozone-pollution-and-your-patients-health/what-ozone>

¹⁰⁸ NYS Department of Environmental Conservation: Ground Level Ozone Pollution: <http://www.dec.ny.gov/chemical/8400.html>

¹⁰⁹ NYSDOH Environmental Public Health Tracker: https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/index.html#/airpollutionCountyTrend

Figure 49. Number of days with ozone concentration above National Ambient Air Quality Standard, Onondaga County, 2007-2016



Source: NYSDOH Environmental Public Health Tracker: https://health.ny.gov/environmental/public_health_tracking/

Asthma

Asthma impacts adults and children of all ages. In addition to impacting quality of life and putting individuals at risk for asthma related complications, asthma can make pursuing regular physical activity more challenging. Triggers for asthma include but are not limited to allergens, infections, tobacco smoke, dust, air pollution, weather, stress, depression, vapors, and mold.¹¹⁰ Exposure to these triggers often happens in the home or workplace. Individuals with toxic stress may be at increased risk for developing asthma.

The prevalence of asthma in Onondaga County is 11.5% compared to 12.7% in Syracuse.¹¹¹ Onondaga County’s asthma prevalence is higher than NYS excluding NYC (10.4%) and Central New York (10.6%). Data for asthma related emergency department visit and hospitalizations (Figures 50 and 51) indicate that children ages 0 to 4 years have higher rates of emergency department visits and hospitalizations than the population overall. Overall, Onondaga County’s rates for emergency department visits and hospitalizations are lower than NYS. This is also true for children ages 0 to 4 years.

¹¹⁰ NYSDOH, Environmental Asthma Triggers: <https://www.health.ny.gov/publications/4955/>

¹¹¹ BRFSS, 2016 and CDC 500 Cities Project, <https://www.cdc.gov/500cities/index.htm>

Figure 50. Emergency department visit rate for Asthma, per 10,000, by age, Onondaga County and NYS, 2016

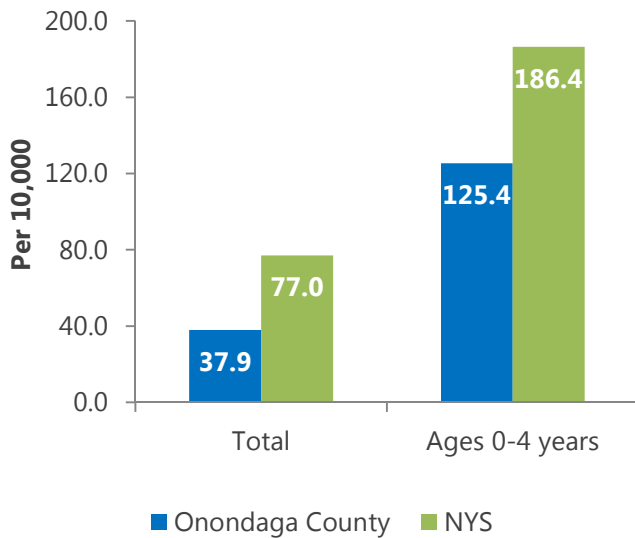
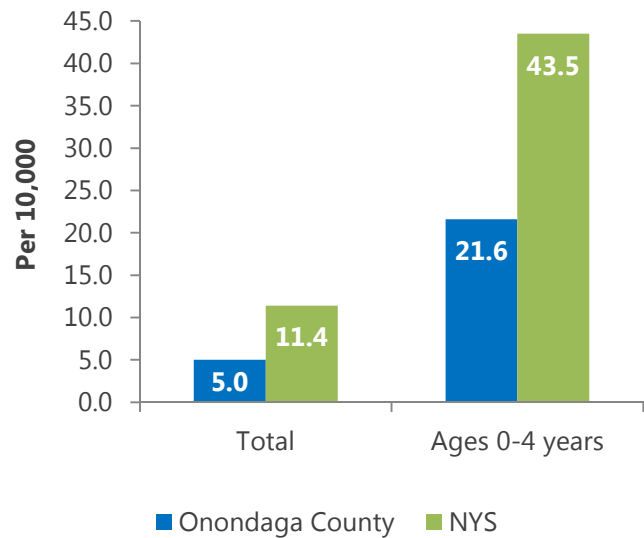


Figure 51. Hospitalization rate for Asthma, per 10,000, by age, Onondaga County and NYS, 2016



Source: SPARCS

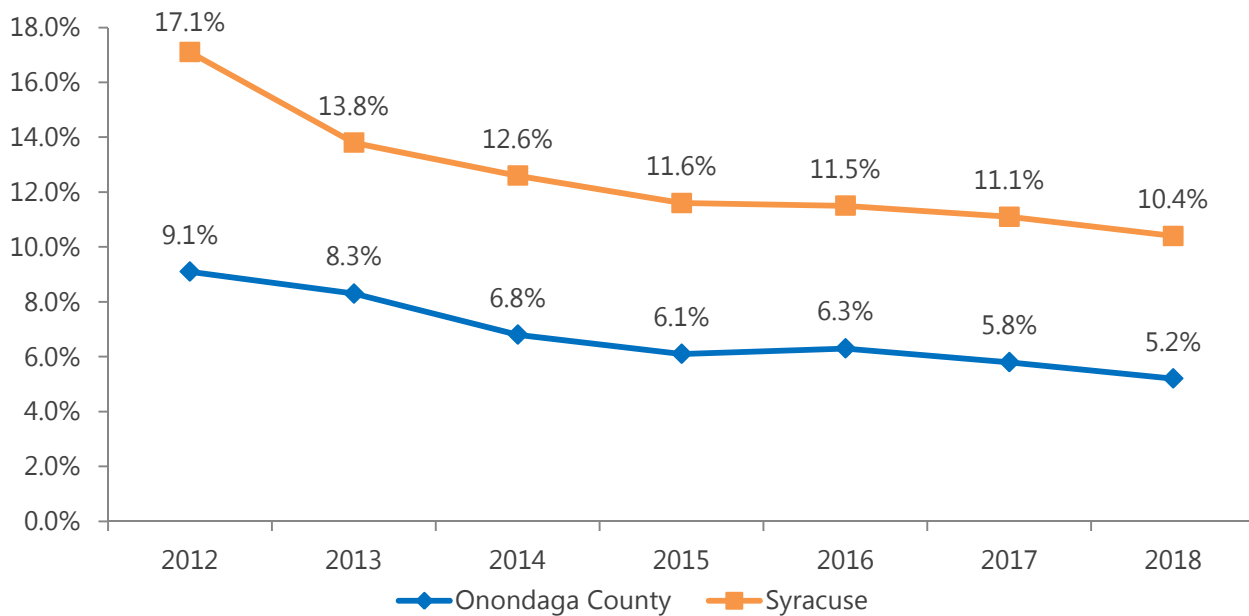
Lead Exposure

Exposure to lead during childhood can negatively impact a child’s physical and cognitive development. Lead exposure is preventable and often occurs through chipping or peeling lead-based paint which is common in homes built before 1978 (when lead-based paints were banned). Older homes that are not well maintained are at particular risk for chipping, cracking, or peeling paint. Lead exposure can also occur through water pipes that contain lead, in some products (including certain dishware, toys, and jewelry), and through jobs and hobbies involving lead-based products (including stain glass work).¹¹²

Testing children’s blood lead levels is a good way to measure whether a child has been exposed to lead. New York State mandates that doctors test all children for lead poisoning at ages 1 and 2 years. Blood lead levels of 5 micrograms per deciliter or greater require further testing and monitoring. Figure 52 displays the percentage of tested children with blood lead levels of 5µg/dL or greater in Onondaga County and Syracuse from 2012-2018. The percentage of children with blood lead levels of 5µg/dL or greater has decreased for both Onondaga County and Syracuse over the timeframe, however Syracuse continues to have rates nearly double the county rate. Within Syracuse, there are geographic variations by census tract with areas west of downtown having the highest percentages of children with blood lead levels of 5µg/dL or greater. A map of elevated blood lead levels among tested children is available for Syracuse census tracts in Appendix 12.

¹¹² CDC Sources of Lead: <https://www.cdc.gov/nceh/lead/prevention/sources.htm>

Figure 52. Percentage of tested children with blood lead levels of $\geq 5\mu\text{g/dL}$, Onondaga County and Syracuse, 2012-2018



Source: OCHD Division of Community Health, Lead Poisoning Prevention Program. Data are preliminary.

Injury

Table 13 displays indicators for injuries occurring in Onondaga County, Central New York, and NYS. Onondaga County fares worse than Central New York and NYS for hospitalizations due to falls (among adults aged 65+ years), unintentional injury mortality, and poisoning hospitalizations. For unintentional injury hospitalizations and motor vehicle mortality, Onondaga County fares better than Central New York but worse than NYS.

Table 13. Injury indicators, Onondaga County, Central New York, and NYS

	Onondaga County	Central New York	New York State
Hospitalizations due to falls (per 10,000) – Aged 65+ years (2016)	199.6	196.2	179.0
Unintentional injury hospitalization rate (per 10,000) (2016)	60.5	61.1	55.7
Unintentional injury mortality rate (per 100,000) (2014-2016)	46.5	45.4	30.2
Motor vehicle mortality rate (per 100,000) (2014-2016)	6.1	8.4	5.3
Poisoning hospitalization rate (per 10,000) (2016)	11.2	10.6	6.9

Source: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Occupational Health

The environments in which individuals work can impact both health and safety. Some occupations put individuals at increased risk for job related injuries or exposure to harmful chemicals, toxins, or fibers. Asbestosis and Mesothelioma are lung conditions which can occur after occupational exposures to asbestos. Table 14 provides several occupational health related indicators for Onondaga County, Central New York, and NYS. Onondaga County fares better than NYS for the exposure related indicators including elevated blood lead levels, mesothelioma, and asbestosis. However Onondaga County fares worse than NYS for work related hospitalizations and fatal work injuries.

Table 14. Occupational health indicators, Onondaga County, Central New York, and NYS

	Onondaga County	Central New York	New York State
Blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$ (per 100,000) employed and aged 16 +years (2014-2016)	7.8	15.6	17.3
Incidence of malignant mesothelioma (per 100,000)- aged 15 +years (2013-2015)	1.2	1.4	1.3
Asbestosis hospitalization rate (per 100,000)- aged 15 + years (2016)	2.9	2.6	5.5
Work-related hospitalizations (per 100,000)- employed and aged 16+years (2014-2016)	217.8	212.0	133.8
Fatal work-related injuries (per 100,000)- employed and aged 16+years (2014-2016)	3.6	4.0	2.7

Source: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Water Quality

Water is an important community resource for both drinking and recreation. Clean and safe drinking water is critical to sustain human life. Water is necessary for recreational activities, such as swimming, which promotes healthy living. In Onondaga County over 92% of the population is served by public water which is governed through Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York. Direct oversight is the responsibility of the Onondaga County Health Department (OCHD). The major suppliers include the Onondaga County Water Authority, City of Syracuse Water Department, and several Town and Village systems. The majority of the water comes from Skaneateles Lake, Lake Ontario, and Otisco Lake. Suppliers are required to sample the water for a variety of constituents on a regular basis and results are available to the public. Confirmed levels of high E-coli bacteria can result in the issuing of a Boil Water Order and the public is then notified that they must boil their water prior to consumption until bacteria levels decrease.

Harmful algal blooms (HAB's) can affect both drinking water and recreational uses of Skaneateles Lake. The lake is monitored for HAB's throughout the summer and fall season. Sampling results are posted on the OCHD website. Although only low levels of toxins have been found in untreated water, there is a plan in place to alert to public if there is a potential for toxins to reach residential taps.

Public beaches are inspected frequently throughout the summer season for safety and water quality issues. Water is tested for E-coli bacteria which is an indicator of contamination. Beaches are closed when bacteria levels are elevated or other water quality issues, such as HAB's, are present.

Food Safety

Foodborne illness is a common but preventable public health problem. CDC estimates that 1 in 6 Americans get sick from contaminated food or beverages each year.¹¹³ Symptoms may include vomiting, diarrhea, fever, and can result in death in rare cases. Food can be contaminated with bacteria, viruses or parasites due to improper handling at home or in restaurants. In Onondaga County, the OCHD is responsible for surveillance, investigation, and prevention of foodborne outbreaks at restaurants and other venues which serve food to the public. All food service facilities are inspected at least once a year and complaints from the public are investigated. Foodborne outbreaks, both at home and in restaurants, can be reduced by cleaning hands and surfaces, eliminating cross-contamination of foods, cooking to correct temperatures, and chilling perishable foods promptly.

Promote a Healthy and Safe Environment Summary

Trend data indicate Onondaga County is faring better in recent years for air quality measures. However, asthma continues to be a challenge, with the county's asthma prevalence higher than Central New York and NYS. The county also continues to struggle with lead exposure, though trend data show declines over time in elevated blood lead levels in both Onondaga County and Syracuse. In general, Onondaga County fares worse than NYS for injury indicators demonstrating that safety continues to be a challenge. Ensuring food and water safety continue to be important, particularly in light of recent food outbreaks and water quality challenges including harmful algal blooms. When taken in context with data presented for climate change and built environment factors (found in the Determinants of Health section, pages 23 to 32), it is clear that an increased focus on climate resilience and the built environment (such as walkability, food access, and access to safe places to play) will also be important for the future.

¹¹³ CDC, Food Safety. <https://www.cdc.gov/foodsafety/cdc-and-food-safety.html>

Promote Healthy Women, Infants, and Children

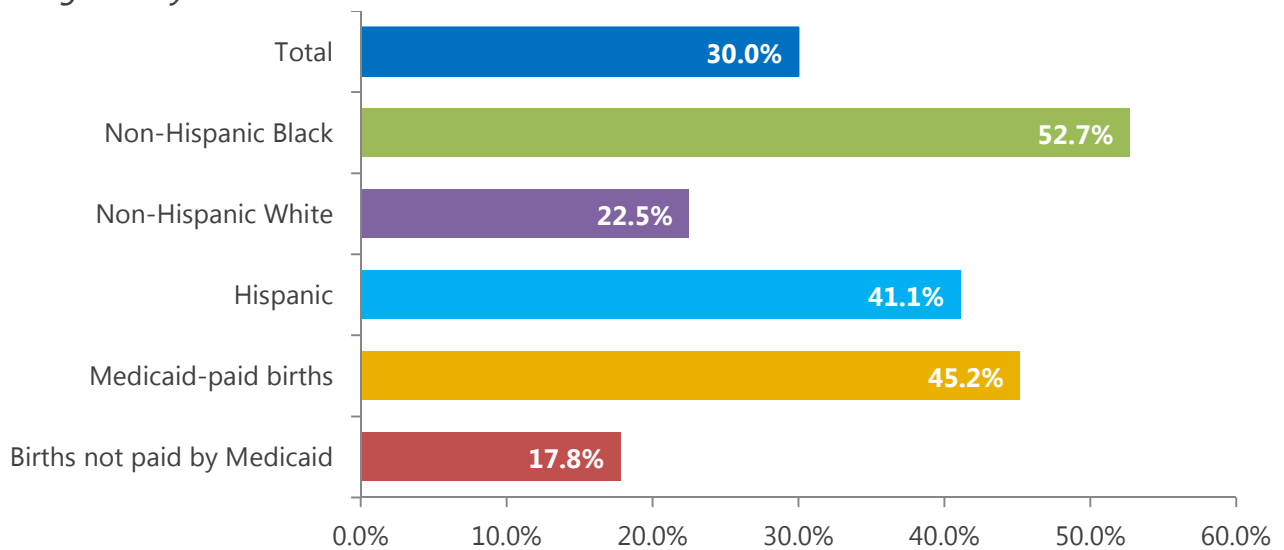
Protecting the health of women, infants and children is essential in supporting the current and future health of the community. Topics covered in this section include: **family planning and natality, prenatal care, substance use in pregnancy, preterm birth, low birth weight, infant mortality, and breastfeeding.**

A comprehensive list of indicators for this topic area is available in Appendix 8.

Family Planning and Natality

Approximately 5,000 live births occur in Onondaga County each year, with approximately 2,000 of those to Syracuse residents.¹¹⁴ Among all live births in the County, 30.0% result from unintended pregnancies.¹¹⁵ In Syracuse, this rate is much higher (46.7%).¹¹⁶ Both Onondaga County and Syracuse’s rates exceed the unintended pregnancy rate for NYS excluding NYC (24.9%). Unintended pregnancy rates also vary significantly by race, ethnicity, and income, potentially indicating unequal access to family planning services (Figure 53). Medicaid-status is used as a proxy for income for this indicator.

Figure 53. Percentage of unintended pregnancy among live births, by race, ethnicity, and Medicaid-status, Onondaga County



Source: NYSDOH Office of Vital Statistics

¹¹⁴ OCHD Division of Community Health, birth data accessed through Statewide Perinatal Data System

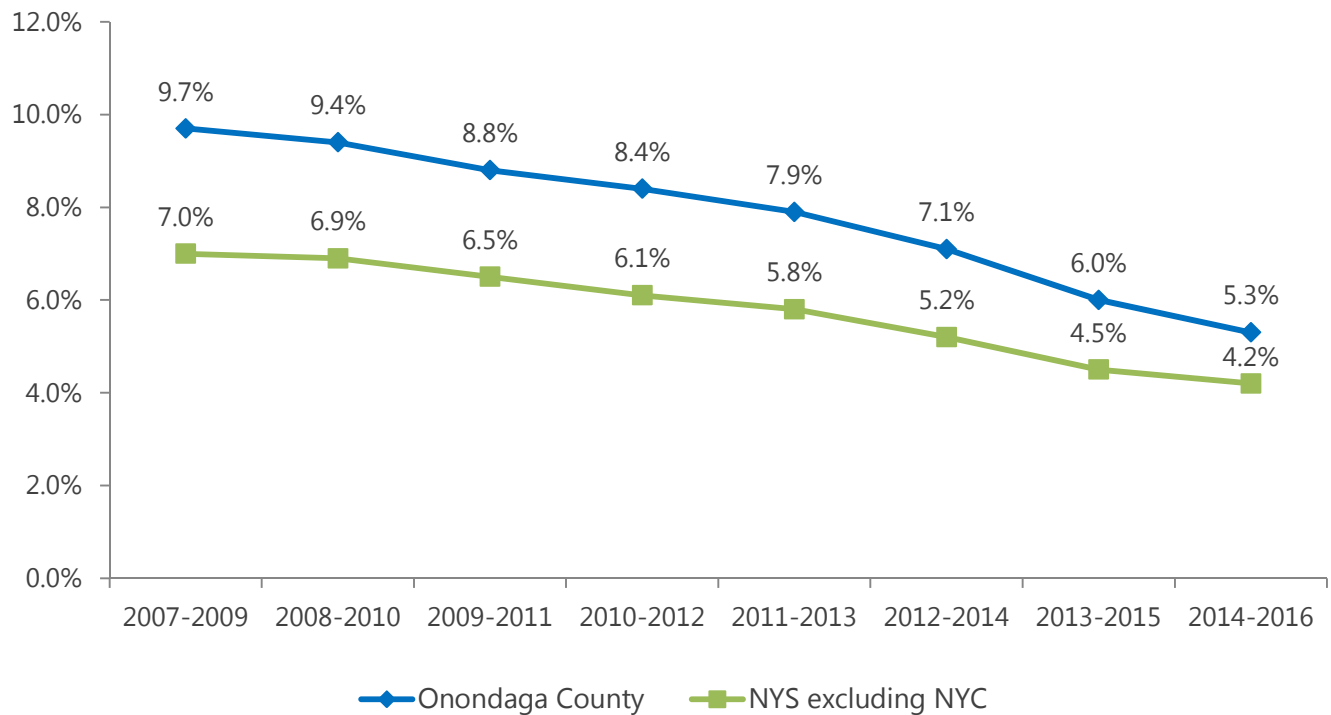
¹¹⁵ NYSDOH Office of Vital Statistics, 2016

¹¹⁶ NYSDOH Office of Vital Statistics, 2013-2016

The adolescent pregnancy rate (aged 15-17 years) in Onondaga County is 16.0 per 1,000 females.¹¹⁷ Pregnancies include the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths. Onondaga County’s adolescent pregnancy rate is lower than at previous measurement (17.8 per 1,000),¹¹⁸ however it remains higher than the rate for Central New York (15.0 per 1,000) and NYS excluding NYC (9.9 per 1,000). Non-Hispanic Black populations have a higher rate of adolescent pregnancy in Onondaga County (38.1 per 1,000) compared to non-Hispanic Whites (6.8 per 1,000).¹¹⁹ Hispanic residents have even higher rates with 44.4 adolescent pregnancies per 1,000 females.

Among all births in the county, 5.3% are to adolescents aged 15-19 years old. This rate has decreased substantially in the last decade; however Onondaga County’s rate continues to exceed that of NYS excluding NYC (Figure 54).

Figure 54. The percentage of total births that were to females aged 15-19 years, 3- year rolling average, Onondaga County and NYS excluding NYC, 2007-2016



Source: Office of Vital Statistics

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

¹¹⁷ NYSDOH Office of Vital Statistics, 2016

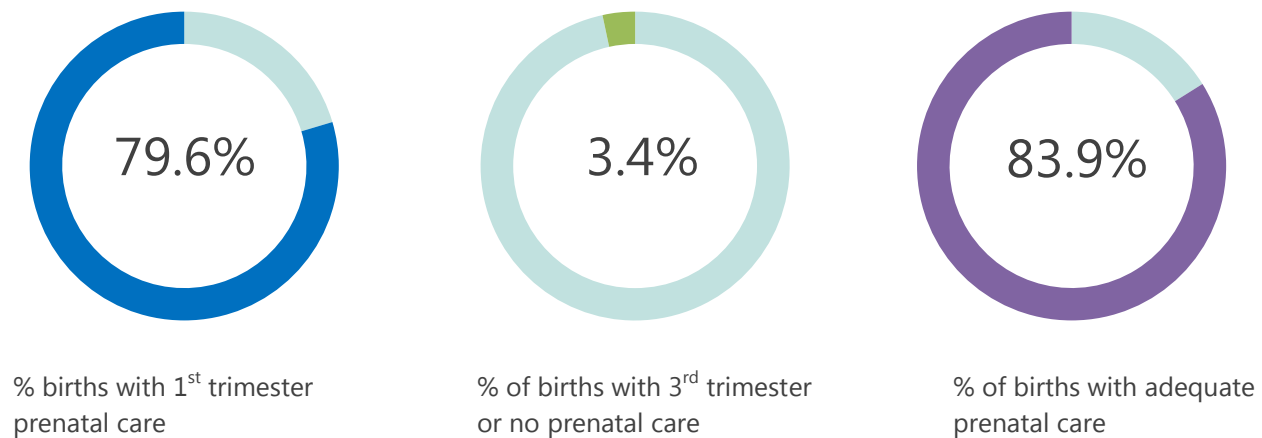
¹¹⁸ NYSDOH Office of Vital Statistics, 2012-2014

¹¹⁹ NYSDOH Office of Vital Statistics, 2014-2016

Prenatal Care

Access to early and adequate prenatal care is essential for supporting a healthy pregnancy. Onondaga fares better than NYS for prenatal care indicators. In Onondaga County, 79.6% of mothers entered prenatal care in their first trimester compared to 75.2% in NYS.¹²⁰ Onondaga County also had a lower percentage of mothers with late (3rd trimester) or no prenatal care (Onondaga County: 3.4%, NYS: 5.6%). Additionally, mothers in Onondaga County had higher rates of adequate prenatal care compared to NYS (Onondaga County: 83.9%, NYS: 74.0%).

Figure 55. Prenatal care indicators, Onondaga County, 2014-2016



Source: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

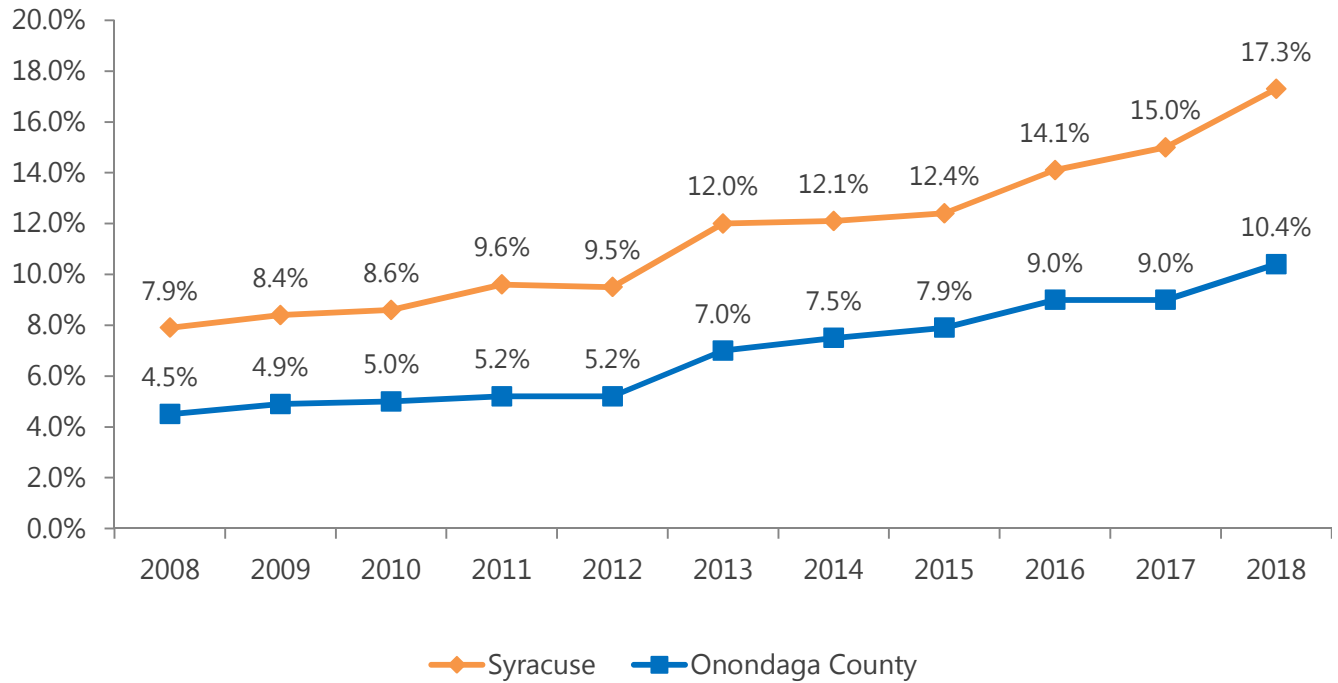
Substance Use in Pregnancy

Smoking and consuming alcohol or drugs during pregnancy can significantly impact fetal development and health. Within Onondaga County, 11.1 percent of mothers reported smoking during their first trimester of pregnancy, compared to 16.4% of mothers in Syracuse.¹²¹ Only 0.6 percent of mothers in both Syracuse and Onondaga County report alcohol use during pregnancy.¹²¹ Illegal drug use in pregnancy has become more frequent in recent years and may reflect the impact of higher rates of opioid misuse (described on pages 59 to 62). Figure 56 depicts the percentage of women reporting illegal drug use during pregnancy from 2008 to 2018 in Onondaga County and Syracuse. In 2018, 10.4% of women reported illegal drug use in pregnancy countywide, compared to 17.3% in Syracuse.¹²¹

¹²⁰ NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

¹²¹ Data are from the OCHD Division of Community Health, 2018. Data were accessed from the Statewide Perinatal Data System. Data are provisional

Figure 56. Self-reported illegal drug use in pregnancy, Syracuse and Onondaga County, 2008-2018



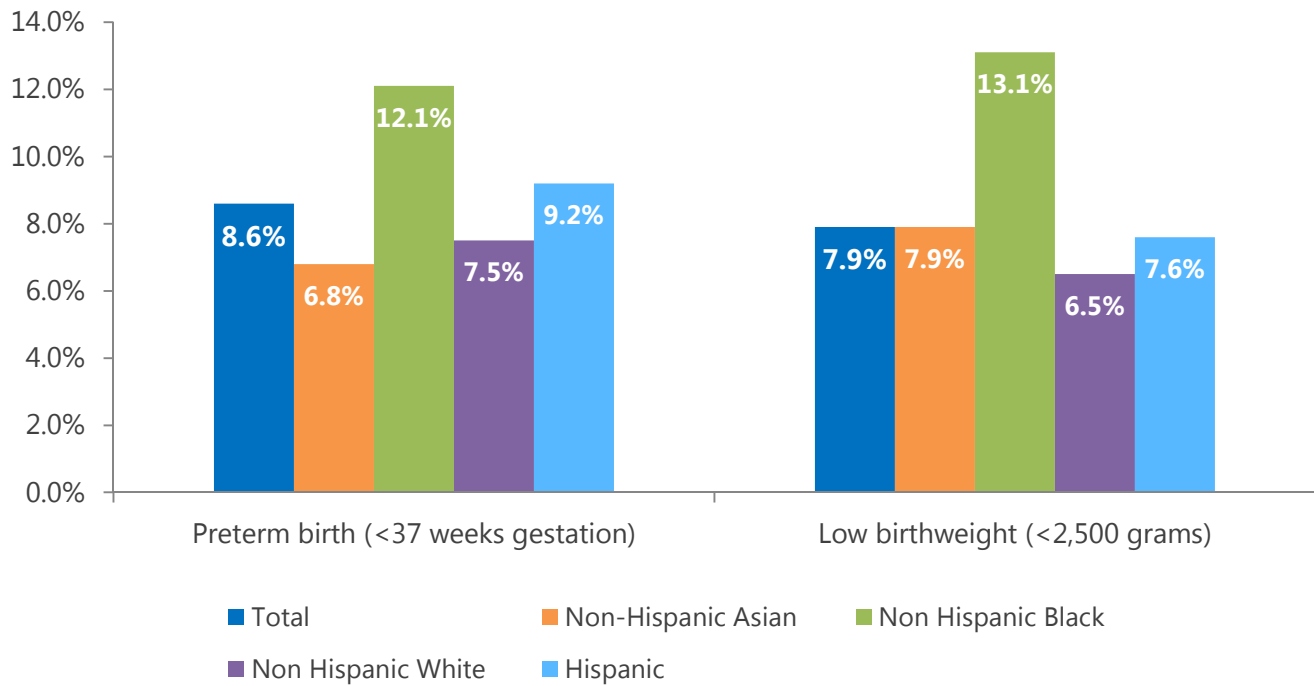
Source: Statewide Perinatal Data System, accessed by OCHD Division of Community Health
 Note: Data are provisional

Birth Outcomes

Onondaga County continues to face racial disparities in birth outcomes including preterm birth and low birthweight. Figure 57 below depicts preterm births and low birth weight births by race and ethnicity in Onondaga County. Most notably, non-Hispanic Black populations have the highest rates of both preterm birth and low birthweight at nearly twice the rate of non-Hispanic Whites. Overall, Onondaga County fares better than NYS excluding NYC for preterm birth (Onondaga: 8.6%, NYS excluding NYC: 8.9%) but worse for low birth weight (Onondaga: 7.9%, NYS excluding NYC: 7.6%)¹²²

¹²² NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Figure 57. Preterm births and low birth weight births by race and ethnicity, Onondaga County, 2014-2016



Source: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

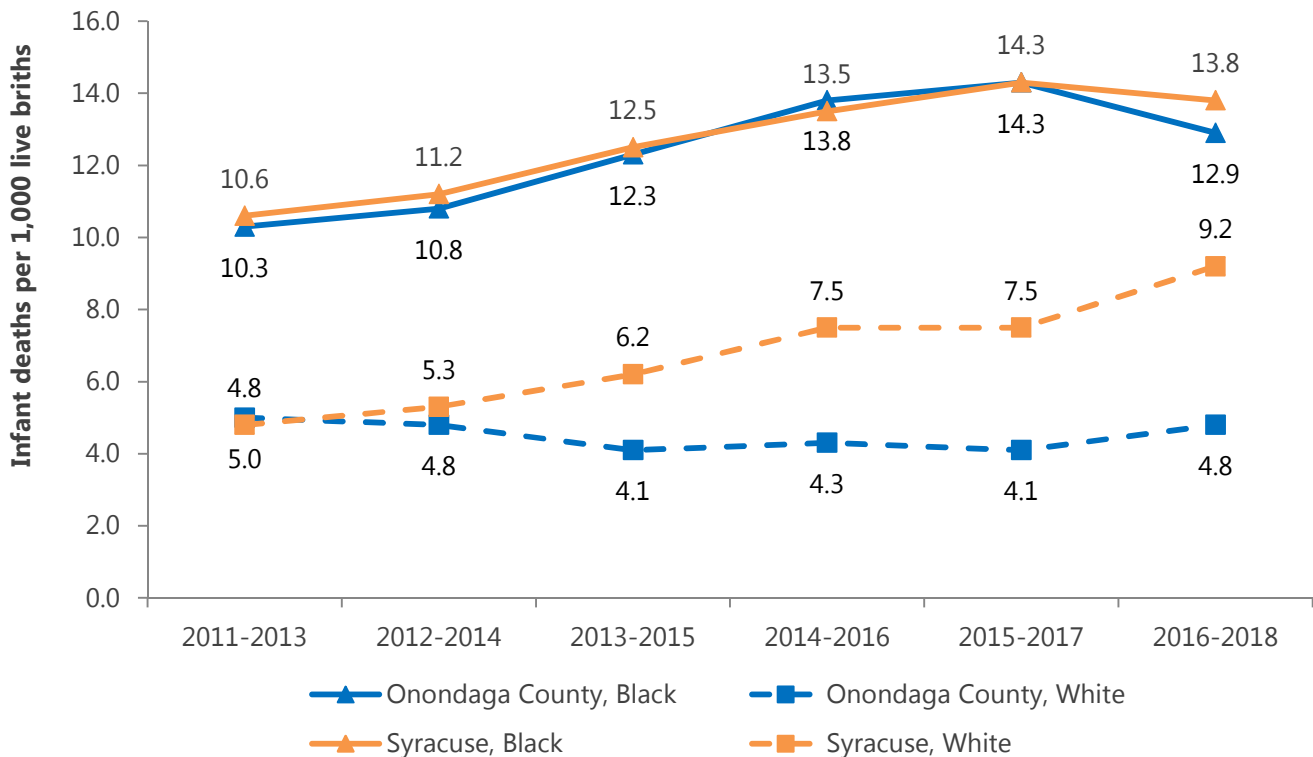
Infant Mortality

Onondaga County continues to struggle with infant mortality rates higher than the national average (5.8 per 1,000 live births).¹²³ Onondaga County’s overall rate was 6.3 per 1,000 births in 2016-2018.¹²⁴ In Syracuse, the rate was 10.0 per 1,000 for the same time period. Significant racial disparities in infant mortality continue to persist. Figure 58 depicts trends in infant mortality by race for Syracuse and Onondaga County from 2011-2018. Infant mortality rates for Black infants continue to exceed rates for White infants in both Onondaga County and Syracuse. Recent trends for Syracuse indicate slight improvements among Black infants and however, there appear to be worsening outcomes among White infants in the city.

¹²³ CDC, Infant Mortality, 2017: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

¹²⁴ OCHD Division of Community Health, 2016-2018

Figure 58. Infant mortality by race, 3-year rolling average, Syracuse and Onondaga County, 2011-2018



Source: OCHD Division of Community Health

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

In 2019, OCHD Division of Community Health modified its methodology for calculating infant mortality rates to better align with national practices. Infant mortality rates for prior years going back to 2011 were re-calculated to facilitate trend analysis.

Breastfeeding

For most infants, breastfeeding is the best source of nutrition.¹²⁵ Breastfeeding has also been associated with reductions in both short and long-term health conditions for infants and mothers. In Onondaga County, 77.3% of infants are fed any breast milk while in the delivery hospital.¹²⁶ This includes infants who are breast feeding and using formula as well as those exclusively breastfeeding.

Overall, 57.9% of infants in Onondaga County were exclusively breastfed while in the delivery hospital.¹²⁷ In Syracuse, this drops to 43.1%.¹²⁸ The County’s rate is better than the rate for Central New York (57.1%) and for NYS excluding NYC (50.9%). However within Onondaga County, there are racial and ethnic disparities in exclusive breastfeeding in the delivery hospital. These data are reflected in Figure 59. The exclusive breast

¹²⁵ CDC, About Breastfeeding: <https://www.cdc.gov/breastfeeding/about-breastfeeding/index.html>

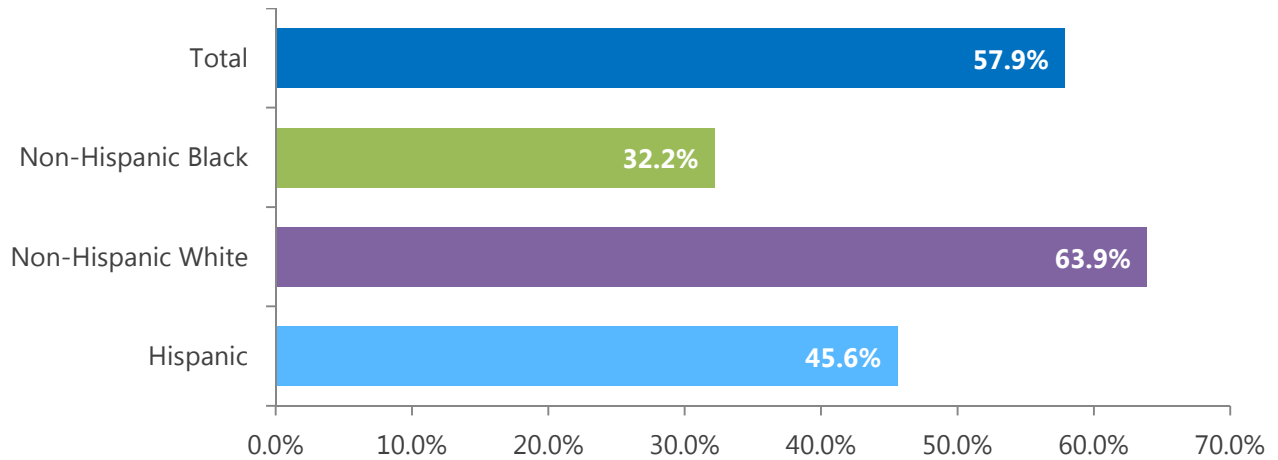
¹²⁶ NYSDOH Office of Vital Statistics, 2014-2016

¹²⁷ NYSDOH Office of Vital Statistics, 2016

¹²⁸ NYSDOH Office of Vital Statistics, 2013-2016

feeding rate among non-Hispanic Black infants is nearly half the rate of non-Hispanic White infants. Additionally, Hispanic infants have lower rates than the overall population.

Figure 59. Percentage of infants fed exclusively breast milk in delivery hospital by race and ethnicity, Onondaga County, 2014-2016



Source: NYSDOH Office of Vital Statistics

Promote Healthy Women, Infants, and Children Summary

Onondaga County continues to be challenged with racial and ethnic disparities in maternal and infant health outcomes including unintended pregnancy, preterm birth, low birth weight, infant mortality, and breastfeeding. For each of these indicators, rates for Black mothers and infants are far worse than among White mothers and infants. Hispanic mothers and infants also experience worse outcomes for many of these indicators. Onondaga County continues to fare better than NYS for prenatal care indicators including entry to care in the first trimester and adequacy of care. Rising trends in substance use in pregnancy continue to be a concern along with infant mortality rates that continue to exceed national averages.

Prevent Communicable Diseases

Communicable diseases can be transmitted in numerous ways, however many public health strategies exist to mitigate their spread and impact. These include vaccination, disease investigation, partner notification, testing and treatment, and pre-exposure prophylaxis.

This topic area provides an overview of current rates of several communicable diseases, these include: **vaccine preventable diseases, HIV, and sexually transmitted diseases**. A comprehensive list of indicators for this topic area is available in Appendix 8.

Vaccine Preventable Diseases

Onondaga County fares better than NYS for most vaccine preventable disease indicators. Table 15 provides a comprehensive list of immunization indicators for Onondaga County, Central New York, and New York State. Onondaga County’s vaccination rates for childhood immunizations, HPV, and influenza (among adults aged 18+ years) exceed the rates for both Central New York and NYS. For influenza and pneumococcal vaccinations among adults aged 65+ years, the county fares better than NYS but worse than Central New York.

Table 15. Immunization indicators, Onondaga County, Central New York, and NYS, 2016

	Onondaga County	Central New York	New York State
% of children with 4:3:1:3:3:1:4 immunization series– Aged 19-35 months	76.3	74.7	64.0 [†]
% of adolescents with 3-dose HPV immunization – Females aged 13-17 years	50.0	47.5	41.7 [†]
% of adults with an influenza immunization in the past year –Aged 18+years	43.9	42.4	38.7
% of adults with an influenza immunization in the past year –Aged 65+ years	60.8	62.3	59.5
% of adults with pneumococcal immunization– Aged 65+years	76.8	80.1	69.3

Sources: NYSDOH Prevention Agenda Dashboard at: <https://health.ny.gov/preventionagendadashboard>, and BRFSS

[†]Data are for NYS Excluding NYC

Incidence rates for several vaccine preventable diseases are presented in Table 16. Onondaga County fares worse than NYS but better than Central New York for pneumonia/influenza hospitalizations among adults age 65+ years. Rates of meningococcal disease and mumps in Onondaga County are both less than one per 100,000 population and either equivalent to or lower than rates for Central New York and NYS. The incidence rate for pertussis in Onondaga County (9.2 per 100,000) exceeds the rate for Central New York (7.0 per 100,000) and NYS (5.1 per 100,000).¹²⁹ Onondaga County’s hepatitis A incidence (1.7 per 100,000) is slightly higher than NYS (0.8 per 100,000) while the incidence of acute hepatitis B is lower (Onondaga County: 0.0 per 100,000; NYS: 0.3 per 100,000).¹³⁰

Table 16. Vaccine preventable disease indicators, Onondaga County, Central New York, and NYS

	Onondaga County	Central New York	New York State
Pneumonia/influenza hospitalization rate (per 10,000) – Aged 65+years (2016)	96.2	106.2	87.3
Hepatitis A incidence (per 100,000) (2018)	1.7	-	0.8
Acute hepatitis B incidence (per 100,000) (2018)	0.0	-	0.3
Meningococcal incidence rate (per 100,000) (2014-2016)	0.1*	0.1*	0.1
Mumps incidence rate (per 100,000) (2014-2016)	0.07*	0.13*	1.08
Pertussis incidence rate (per 100,000) (2014-2016)	9.2	7.0	5.1

Sources: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm; NYSDOH 2018 Communicable Disease Annual Reports:

<https://www.health.ny.gov/statistics/diseases/communicable/2018/docs/rates.pdf>

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

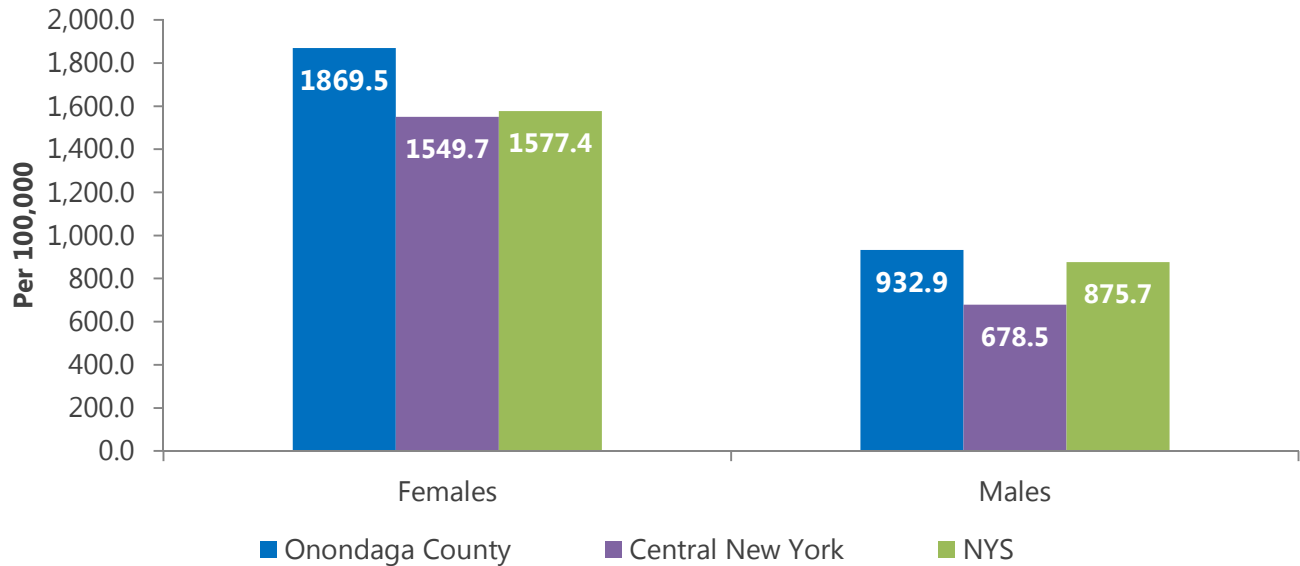
Sexually Transmitted Diseases

Onondaga County continues to be challenged by high rates of Sexually Transmitted Diseases (STDs). Onondaga County has 1,869.5 cases of chlamydia per 100,000 population of females ages 15-44 years. This rate exceeds the rates for Central New York (1,549.7 per 100,000) and NYS (1,577.4 per 100,000) (Figure 60). The rate for males ages 15-44 years (932.9 per 100,000) also exceeds the rates for Central New York (678.5 per 100,000) and NYS (875.7 per 100,000).¹²⁹ Figure 61 depicts chlamydia case rates overtime for female and male populations ages 15-44 years. For both females and males, the case rate has increased over the last decade. Female and male populations ages 20-24 years have particularly high rates of chlamydia in Onondaga County with 3,856.8 cases per 100,000 females aged 20-24 years and 1,934.2 cases per 100,000 males aged 20-24 years.¹²⁹

¹²⁹ NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

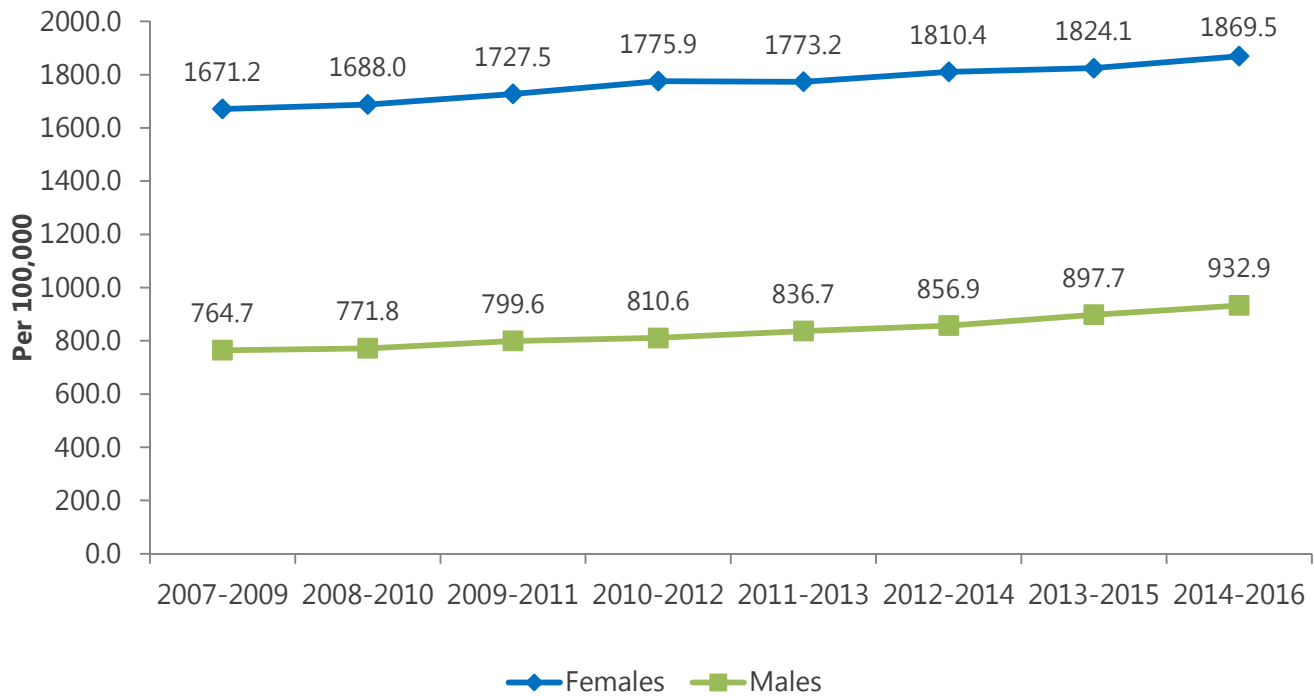
¹³⁰ NYSDOH 2018 Communicable Disease Annual Reports: <https://www.health.ny.gov/statistics/diseases/communicable/2018/docs/rates.pdf>

Figure 60. Chlamydia case rate per 100,000 population, ages 15-44 years, by gender, Onondaga County, Central New York, and NYS, 2014-2016



Source: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

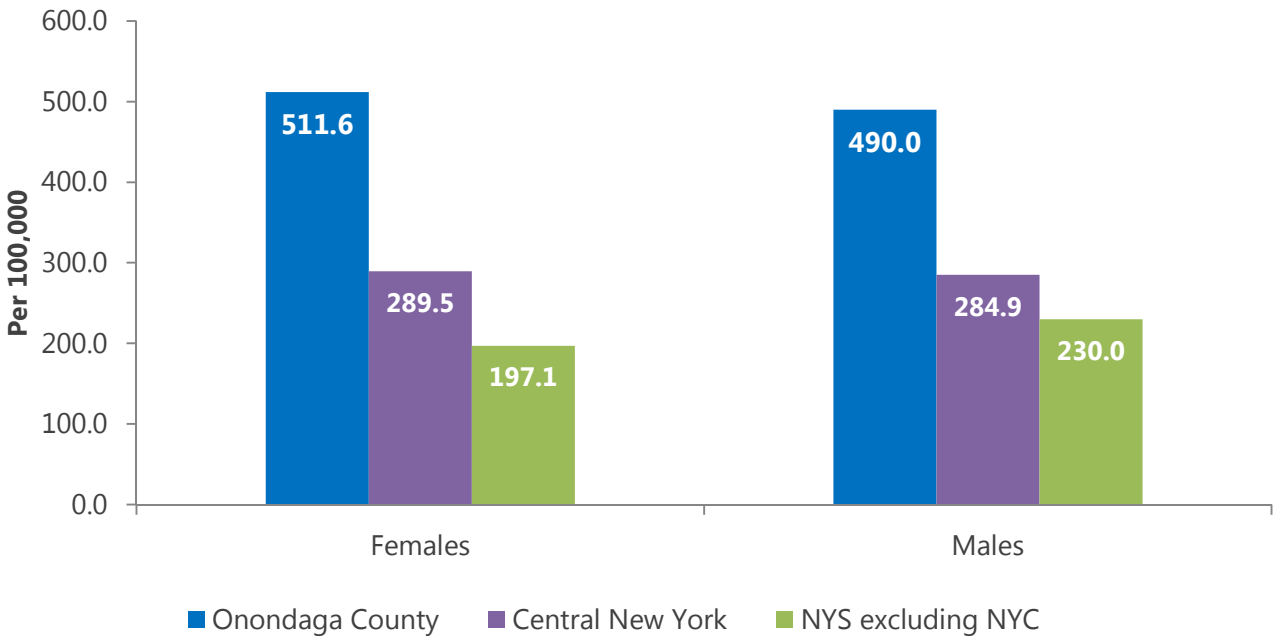
Figure 61. Chlamydia case rate per 100,000 population, ages 15-44 years, by gender, 3-year rolling average, Onondaga County, 2007-2016



Source: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Figure 62 provides a comparison of gonorrhea case rates for Onondaga County, Central New York, and NYS excluding NYC for 2016. Onondaga County's case rate for gonorrhea among females aged 15-44 years (511.6 per 100,000) exceeds the rates for Central New York (289.5 per 100,000) and NYS excluding NYC (197.1 per 100,000).¹³¹ The County's case rate for males aged 15-44 years (490.0 per 100,000) also exceeds the rates for Central New York (284.9 per 100,000) and NYS excluding NYC (230.0 per 100,000).¹³¹ Gonorrhea case rates from 2007 to 2016 are displayed in Figure 63 and similar to chlamydia case rates, show increasing an incidence of gonorrhea among both females and males. It is unclear whether the increase in case rates is a reflection of higher incidences of chlamydia and gonorrhea or of higher testing rates among at risk populations.

Figure 62. Gonorrhea case rate per 100,000 population, ages 15-44 years, by gender, Onondaga County, Central New York, and NYS excluding NYC, 2016



Source: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

¹³¹ NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Figure 63. Gonorrhea case rate per 100,000 population, ages 15-44 years, by gender, 3 year rolling average, Onondaga County, 2007-2016



Source: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Syphilis case rates for Onondaga County and NYS excluding NYC are shown Table 17. Within Onondaga County, syphilis case rates for males continue to be a challenge. The primary and secondary syphilis case rate for males in Onondaga County is 9.0 per 100,000, which is lower than the rate for NYS excluding NYC (9.4 per 100,000).¹³² The syphilis case rate among males has increased in the recent years, with a peak in 2014, as shown in Figure 64. Onondaga County has a lower rate of late or late latent syphilis than NYS excluding NYC (Table 17).

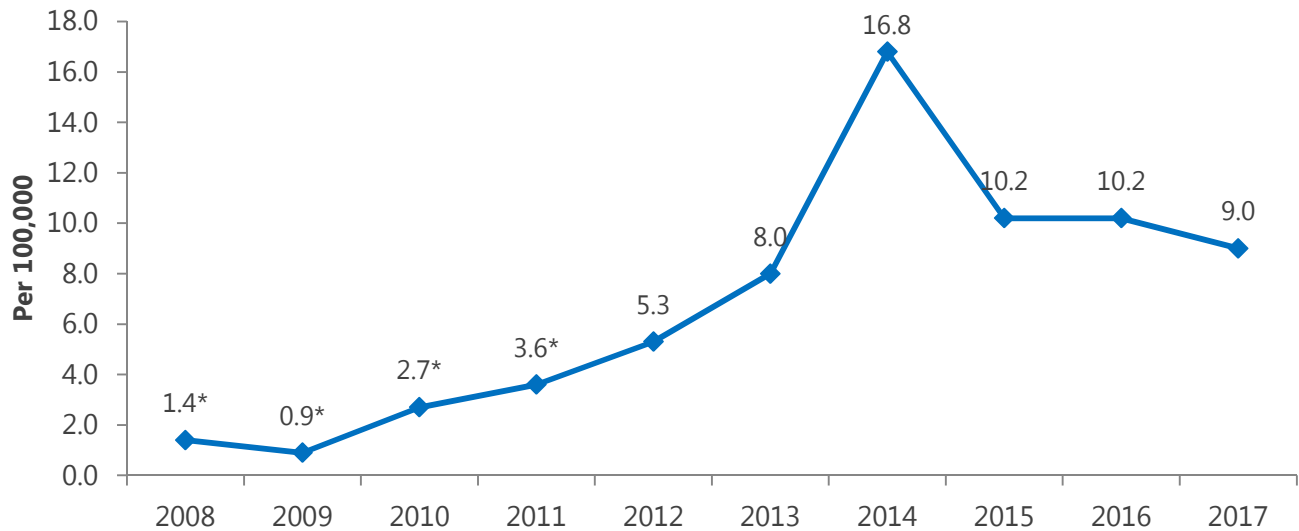
¹³² NYSDOH Sexually Transmitted Infections Surveillance Report 2017: https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2017.pdf

Table 17. Syphilis case rate per 100,000 population, Onondaga County and NYS excluding NYC, 2017

	Onondaga County	NYS excluding NYC
Primary and secondary syphilis case rate (per 100,000)	4.6	5.2
Primary and secondary syphilis case rate (per 100,000) – Females	0.4	1.0
Primary and secondary syphilis case rate (per 100,000) – Males	9.0	9.4
Late and late latent syphilis case rate (per 100,000)	0.8	6.4

Source: NYSDOH Sexually Transmitted Infections Surveillance Report 2017: https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2017.pdf

Figure 64. Syphilis case rate per 100,000 males, Onondaga County, 2008-2017



Sources: New York State Sexually Transmitted Disease Surveillance System and NYSDOH Sexually Transmitted Infections Surveillance Report 2017: https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2017.pdf

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

Prevention and management of STDs is critical for reducing the burden of disease in our community. Women and infants are particularly vulnerable to the consequences of undiagnosed and untreated STDs.¹³³ Infection with STDs during pregnancy can result in poor outcomes for the mother and infant including preterm birth, premature rupture of membranes, low birthweight and still birth.¹³³ Both chlamydia and gonorrhea can often be

¹³³ CDC, STDs in Women and Infants: <https://www.cdc.gov/std/stats17/womenandinf.htm>

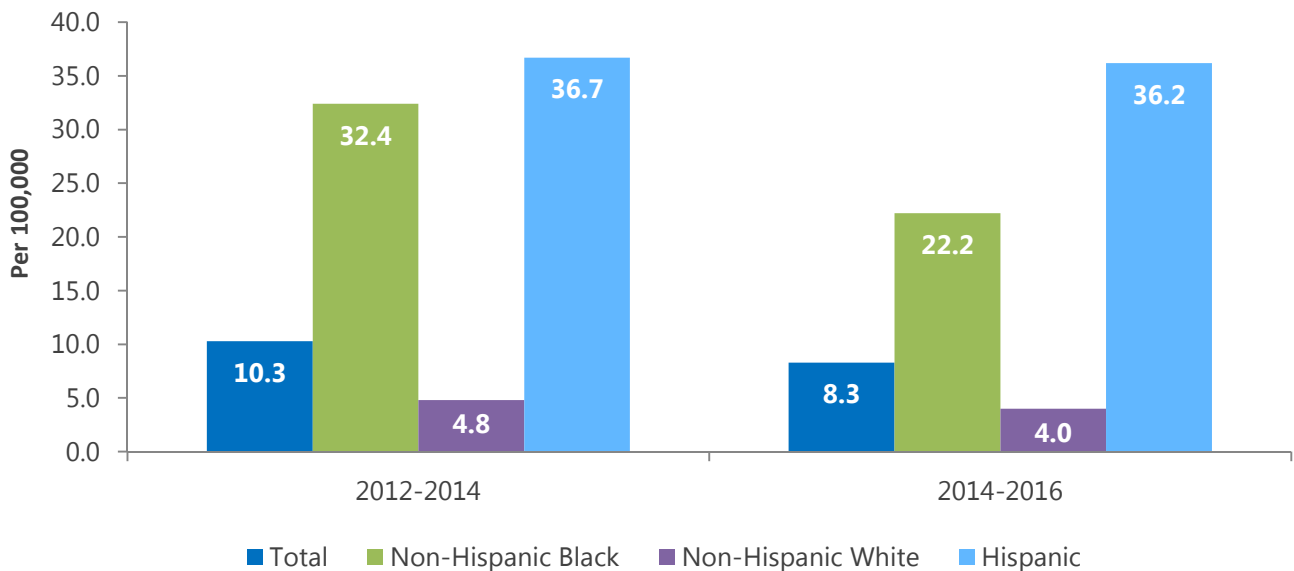
asymptomatic and if left untreated can result in pelvic inflammatory disease which increases risk for infertility and ectopic pregnancy.¹³³ Infection with syphilis during pregnancy is associated with increased risk for congenital syphilis as well as fetal death and preterm birth.¹³³ Congenital syphilis is often preventable with screening and early treatment. From 2013-2017, there were no reported cases of congenital syphilis in Onondaga County.

Testing for STDs is an important tool for increasing treatment and reducing transmission. Among sexually active females aged 16- 24 years enrolled in Medicaid Managed Care, 69.4% have had at least one chlamydia test.¹³⁴ This rate is higher than Central New York (64.3%) but lower than NYS (74.3%). Several other tools are also currently employed in Onondaga County to reduce STD transmission and increase treatment. These include sexual health education and expedited partner therapy. Expedited partner therapy is the practice of treating the sexual partners of patients with chlamydia or gonorrhea by giving prescriptions, or medication, to the patient to take to their partner without the partner being examined by a healthcare provider.¹³⁵

HIV and AIDS

Onondaga County’s newly diagnosed case rate for HIV (8.3 per 100,000) exceeds the rates for Central New York (6.4 per 100,000) and NYS excluding NYC (6.9 per 100,000).¹³⁶ Additionally new HIV diagnoses vary significantly by race and ethnicity. However, a comparison to newly diagnosed HIV case rates from the prior reporting period (2012-2014) indicate county level improvements, as well as improvements by race and ethnicity, particularly among non-Hispanic Black county residents (Figure 65).

Figure 65. Differences in newly diagnosed HIV case rates by race and ethnicity, Onondaga County, 2012-2016



Source: NYS HIV Surveillance System, 2012-2016

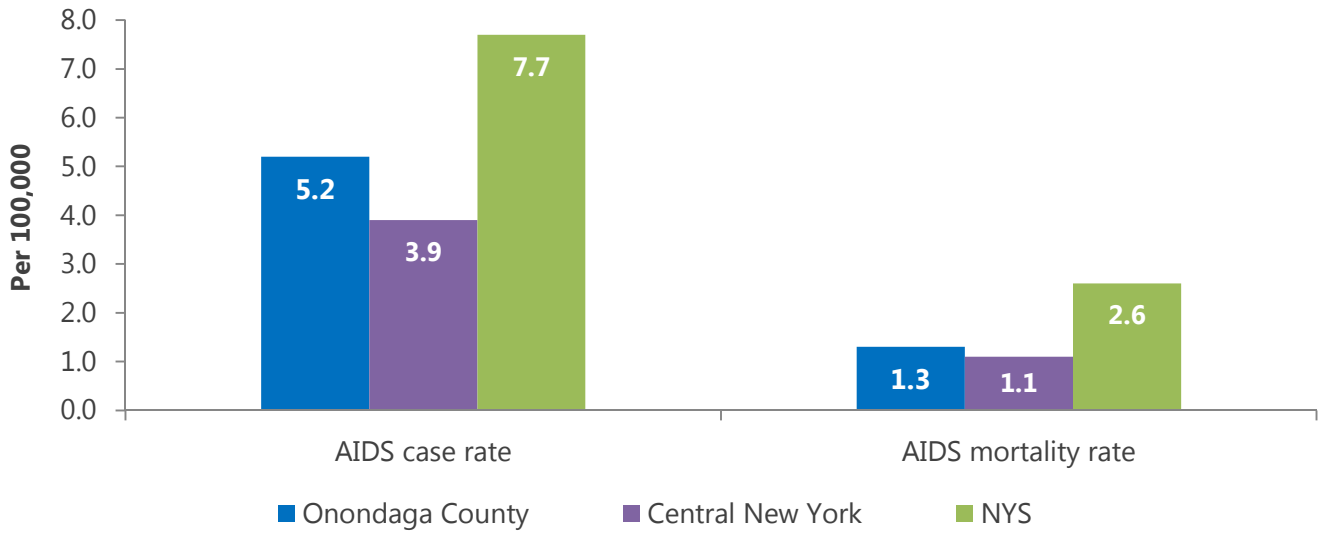
¹³⁴ NYS Medicaid and Child Health Plus, 2016

¹³⁵ CDC, Expedited Partner Therapy: <https://www.cdc.gov/std/ept/default.htm>

¹³⁶ NYS HIV Surveillance System, 2014-2016

The AIDS case rate is lower in Onondaga County (5.2 per 100,000) than in NYS (7.7 per 100,000), however the County’s rate exceeds the rate for Central New York (3.9 per 100,000) (Figure 66).¹³⁷ The AIDS mortality rate for Onondaga County (1.3 per 100,000) is also lower than the rate for NYS (2.6 per 100,000) and higher than the rate for Central New York (1.1 per 100,000).

Figure 66. AIDS case rate and AIDS mortality rate per 100,000 population, Onondaga County, Central New York, and NYS, 2014-2016



Source: NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Infections among Persons who Inject Drugs

Injection drug use can be associated with increased risk for certain infections including hepatitis A, B, and C, and HIV/AIDS. Fortunately Onondaga County has a relatively small number of hepatitis A, and acute hepatitis B and C infections annually. Rates for hepatitis A and acute hepatitis B are presented on pages 78 and rates for HIV/AIDS are presented on pages 83 and 84. The incidence rate for acute hepatitis C in Onondaga County is 1.3 per 100,000 compared to 2.1 per 100,000 in NYS excluding NYC.¹³⁸ While these rates remain low, the current opioid crisis puts many Onondaga County residents at high risk for becoming exposed to these diseases. Ongoing monitoring of infectious disease rates as well as programs that focus on increased vaccination and education among substance users will be important for preventing future outbreaks.

¹³⁷ NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

¹³⁸ NYSDOH 2018 Communicable Disease Annual Reports: <https://www.health.ny.gov/statistics/diseases/communicable/2018/docs/rates.pdf>

Prevent Communicable Diseases Summary

Onondaga County continues to fare better than NYS with respect to immunization rates, and the County's rates for most vaccine-preventable diseases are lower than statewide rates. Unfortunately, Onondaga County continues to see an increase in chlamydia and gonorrhea among both females and males, with rates much higher than NYS and NYS excluding NYC. While racial and ethnic disparities in newly diagnosed HIV cases persist, a comparison to data from the prior reporting period indicate outcomes for Black County residents are improving. Finally, while incidences of hepatitis A, B, and C, and HIV/AIDS remain relatively low in Onondaga County, individuals who inject drugs may be at increased risk for exposure to these diseases.

Community Assets and Resources

Onondaga County has a variety of assets and resources that can be mobilized to address community health challenges. This section provides an overview of local assets and resources available in our community. Topics covered in this section include: **public health department, health care, academic institutions, and community based organizations**. This section also provides an overview of resources and as well as current barriers specific to each of the NYS Prevention Agenda Priority areas.

Community-wide Assets and Resources

Public Health Department

Since its creation in 1965, the Onondaga County Health Department (OCHD) has provided a wide range of public health services to Onondaga County. In 2018, the OCHD was awarded accreditation from the national Public Health Accreditation Board and continues to ensure the highest level of public health service to the community. With a mission to *protect and improve the health of all Onondaga County residents*, the OCHD has a proud history of quality improvement and performance management. In 2019, the OCHD had approximately 260 employees and a budget of \$85 million, including almost \$12 million in grant funding. For a description of all the programs and services offered by the OCHD, please see the [OCHD Annual Report](#).

Health Care

There are four health systems located within Onondaga County:

- [Crouse Health](#) has 506 acute-care beds and is recognized for their comprehensive maternity, surgical, cardiac, oncology and stroke care services. Crouse Health delivers more than 4,000 babies each year and has 57 neonatal intensive care bassinets. Additionally, Crouse Health has one of the longest-running ambulatory surgery programs in the US and offers the region's only pediatric cardiac catheterization program and chemical dependency treatment program.
- [St. Joseph's Health Hospital](#) has 451 beds, including 58 beds for intensive care. St. Joseph's is known for a variety of services, including being one of the top heart surgery centers in the US. Additionally, St. Joseph's is acknowledged for their behavioral health services for adults and children, including the region's only Comprehensive Psychiatric Emergency Program (CPEP) with a licensed Psychiatric Emergency room.

- [Syracuse VA Medical Center](#) has 189 beds for general medical services with an additional 16 beds in the Acute Care Psychiatric Unit, 21 beds in the Spinal Cord Injury and Disorder Center, and 46 beds in the Community Living Center. The Community living center provides short-term, restorative and rehabilitative care for up to 100 days, extending longer for those who meet eligibility criteria.
- [Upstate University Hospital Downtown Campus](#) has 420 beds, more than 80 specialty clinics and the region's only Level-I Trauma Center. In addition to these services, Upstate University Hospital is also home to the Upstate Poison Center, Joslin Diabetes Center, Upstate Cancer Center and Golisano Children's Hospital. Golisano Children's Hospital serves individuals from birth to 19 years of age and operates 44 medical, 15 intensive care, and 12 hematology or oncology beds. Upstate University Hospital Community Campus has 306 beds with 460 physicians. The Community Campus also houses the Physical Medicine and Rehabilitation Center, Upstate Family Birth Center, Center for Orthopedics, and Emergency Services for seniors, children and adults.

In addition to local hospitals, Onondaga County is home to numerous health care services:

- Urgent care facilities and primary care practices are located county-wide.
- Affordable family planning is made available by Family Planning Service of Onondaga County and Planned Parenthood with locations throughout the county.
- The OCHD offers testing and treatment for STDs and tuberculosis, and testing for HIV in downtown Syracuse.
- Syracuse Community Health Center, a Federally Qualified Health Center (FQHC) provides comprehensive care for children and adults in the greater Syracuse area, and operates eight school-based health centers in the Syracuse City School District. Five additional community-based clinics provide health care services to uninsured or under-insured individuals.
- There are also several mental health providers and chemical dependency treatment resources located throughout Onondaga County. A list of these resources is available in the [Mental Health Local Resource Directory](#).
- Amaus Dental Services, located in downtown Syracuse, offers free dental services to Central New York residents who are unemployed, homeless or do not have dental insurance.
- A number of Article 28 and 36 healthcare facilities provide surgical, orthopedic, and dialysis services.

Academic Institutions

There are a number of academic institutions located in Onondaga County, several of which have health-related programs with students and faculty willing to partake in community health initiatives.

- Upstate Medical University enrolls approximately 160 medical students annually, a select number of whom experience a public health rotation. The University also offers a Master of Public Health (MPH) degree and a combined MD/MPH program. The program also offers a Certificate of Advanced Study in Public Health.

- Crouse Hospital College of Nursing educates approximately an additional 300 students each year.
- Syracuse University is home to the Lerner Center for Public Health Promotion and Falk College of Sport and Human Dynamics, which offers a Bachelor's degree in public health, a Master of Science in Public Health, and a Master of Public Health. The Maxwell School offers degrees in Social Sciences, Public Policy, and Public Administration.

Community-based Health and Human Service Agencies

Onondaga County also has a rich network of community-based health and human service agencies:

- The Human Services Leadership Council is a membership organization of chief executive officers from these agencies. It was established as a collaborative to facilitate information sharing and increase cooperation among the agencies. In Central New York, including Onondaga County, there are nearly seventy participating agency members with three additional strategic partners. More information about the participating community based service agencies is available on their website (www.hslccny.org.)
- 211 CNY is a local three-digit dialing system that links residents to 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 currently operate in Onondaga County, providing more transportation options for residents.

Priority Area Specific Assets and Resources

Assets and resources specific to the NYS Prevention Agenda Priority Areas are outlined below. Also included are current barriers experienced within each topic area.

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, including a large Central New York Regional Market that is open year-round. This market accepts Electronic Benefits Transfer (EBT), WIC Farmers Market coupons, and cash, and is located on a bus route to promote access and affordability for all residents. A Farm Fresh Mobile Market (FFMM) also operates throughout the City of Syracuse, and provides healthy and affordable produce to increase access for vulnerable populations. Syracuse is also home to approximately 14 community gardens on individual or shared plots that produce fruit, vegetables, and/or other plants. These resources increase the accessibility of healthy, safe, and affordable foods for many County residents.
- A number of local funding opportunities to address healthy living have brought together a strong network of partners, including the Onondaga County Health Department (OCHD), the New York State Department of Health (NYSDOH), the Syracuse City School District (SCSD), St. Joseph's Hospital Health Center, HealthConnections, academic institutions, early childhood centers, and small businesses to develop sustainable policy, practice, and environmental changes. Projects include efforts to increase healthy food offerings at small retail venues (corner stores) and worksites; 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 OCHD and the SCSD have developed a close partnership to enhance the physical activity and nutrition environment for the district's more than 21,000 students. Initiatives include professional development for staff, creation of building-level wellness committees, environmental changes to support the Food Services department, and a variety of projects designed to increase physical activity in classroom settings.
- The OCHD's Cancer Services Program (CSP) 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 Rahma Health Clinic.

- Tobacco-Free Central New York is a program that works in Onondaga, Cayuga, and Oswego counties to reduce tobacco use through policy change and youth empowerment to reduce the power and everyday presence of the tobacco industry, prevent exposure to secondhand smoke, and support CNY residents who want to live healthy, tobacco-free lives. The Tobacco-Free Network of CNY also participates in the Tobacco Action Coalition of Onondaga County (TACO), which includes members from the American Cancer Society Cancer Action Network (ACS CAN), American Heart Association, St. Joseph's Hospital Health Center, Upstate Medical University, NYSDOH, and community advocates. The coalition 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.
- A new initiative will bring together stakeholders from a variety of sectors to form the Age-Friendly Alliance of Onondaga County. This team will identify opportunities to incorporate Smart Growth Principles, and the Eight (8) Domains of Age-Friendly Livable Communities into existing social, environmental and economic infrastructure, to improve the health of Onondaga County residents throughout the life-span.
- Several recent infrastructure projects have provided increased opportunities for physical activity and connectivity, including extension of the Onondaga Creekwalk to Syracuse's South Side, and the extension of the West Shore trail at Onondaga Lake.

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, 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.
- Onondaga County lacks a formal process to encourage developers to document the consideration of health impacts in the context of new projects.
- Changing social media landscapes impact how some health education messages around chronic diseases are delivered and received.
- Accessing the healthcare system remains challenging for some county residents. Noted barriers include wait times for appointments, the high cost of health care, and a lack of insurance coverage.

Promote Wellbeing and Prevent Mental and Substance Use Disorders

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 45 agencies are represented on the DTF, from sectors including local and state

government, public safety, academics, clinical care, business, and community-based organizations (Appendix 7). Initiatives of the DTF include implementing a real time overdose tracking system, engaging in strategic planning for a coordinated local effort around the opioid epidemic, promoting prescribing guidelines, and providing community education around emergent topics related to the opioid epidemic.

- Several active naloxone training and distribution programs (Opioid Overdose Prevention Programs) that provide trainings and promote the use of naloxone throughout the community.
- Enhanced local and regional capacity to treat addiction through several opioid treatment programs including a Regional Crisis Center for Addiction. This has resulted in reduced reliance on inpatient services for substance use conditions.
- Medical practitioners able to prescribe buprenorphine. Over the past 3 years, over 90 medical practitioners have been trained to become waivered to prescribe buprenorphine. These practitioners come from a variety of medical backgrounds and work in many diverse settings.
- Two initiatives are under development to serve inmates with substance use disorders in the county jail who will soon be released. A Medication Assisted Treatment program will allow inmates to begin treatment prior to release; and a peer transition service will work with inmates to identify and connect with needed community services to support the transition back to the community.
- The Upstate Emergency Opioid Bridge Clinic, an innovative Emergency Medicine approach to aiding the fight against opioid use disorder. Patients arriving to the Emergency Department are evaluated, treated for withdrawal and referred, within three to five days, to the Bridge Clinic for further treatment.
- A Suicide Prevention Coalition with representation from a variety of local agencies. The goal of the coalition is to educate the community about suicide prevention, reduce stigma, promote help-seeking, and save lives. Four active subcommittees work in the areas of education, data, communication, and outreach.
- Several new initiatives to address suicide in Onondaga County are underway or in development including:
 - Zero Suicide, a model that integrates questions about suicide for patients at all health care visits. This is being piloted in behavioral health settings, but will become standard operating procedure across all specialties and within primary care settings.
 - Suicide Fatality Review, which uses a formal in-depth suicide review process to ensure accurate and complete data collection by medical examiner office investigations of suicide deaths; and to conduct in-depth community reviews of suicide deaths to identify systemic patterns. This allows interventions to be put in place where they will be most effective.
 - Contact Community Services Crisis Center Follow-up Expansion, in partnership with Liberty Resources, Inc. and St Joseph's Hospital Health Center Comprehensive Psychiatric Emergency Program. This program will implement the Air Traffic Control Model (ATCM) to promote continuity of care and safeguard the well-being of individuals at risk of suicide in the Syracuse metropolitan area.

- An increased interest in and commitment to addressing the impacts of trauma within our community, including educating on the impacts trauma at both the community and individual levels, and implementing strategies throughout provider communities and service systems to build resilience in clients, students, and practitioners.

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 lack of awareness of available community resources.

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. Many towns in the county have Parks and Recreation Programs which provide diverse activities for residents of all ages. All Onondaga County parks have committed to a tobacco-free environment. Onondaga County is also home to a number of fitness facilities, athletic clubs, and sporting groups.
- Over ten lakes and reservoirs are located within or partially within Onondaga County, which provide significant opportunities for recreation and physical activity. Lakes are also an important source of drinking water for Onondaga County residents.
- 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.

- The majority of residents in Onondaga County are served by Public Water Systems which provide safe drinking water. The Onondaga County Water Authority and the City of Syracuse Water Department add fluoride to their systems which helps prevent tooth decay for both children and adults.

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, 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 and well woman care to uninsured and Medicaid-eligible families, including Syracuse Community Health Center, Upstate Health Care Center's Women's Health Services and the Regional Perinatal Center; 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 Baby-friendly designation. The Upstate University Hospital Breastfeeding Medicine Clinic offers evaluation and support for families coping with breastfeeding difficulties.
- A home visiting system supported by multiple programs and agencies, including the Onondaga County Health Department, REACH CNY, Syracuse Community Connections and Catholic Charities of Onondaga County. 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 served over 8,500 clients per month in 2018 with nutritious foods, nutrition education, referrals, and breastfeeding support through Peer Counselors.

- The Early Childhood Alliance (ECA), 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.
- Help Me Grow, launched by the ECA, is an affiliate of a nationwide initiative linking families and caregivers to information and community resources on child development and parenting.
- Strong collaborations between community-based organizations, such as the Healthy Families 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. There is a shortage of safe and affordable housing for low income families in Onondaga County.
- 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 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.
- Program participants have expressed the need for respectful, individualized, patient-centered, accessible, quality health care.
- A growing number of women are struggling with substance use both during their pregnancy and as parents.
- Despite strong partnerships built for referrals, much of the population experiences barriers to accessing home visiting services.

Prevent Communicable Diseases

Decreasing 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 Sexually Transmitted Diseases (STDs), HIV, Tuberculosis (TB) 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, Planned Parenthood, 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 walk-in STD clinic that offers STD testing, treatment, counseling and education, and certain immunizations 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. Vaccinations are available for adults 18 years and older without public or private health insurance and MMR vaccination is offered for adults (when required for school or college) regardless of insurance status. Flu vaccine is offered during flu season for those who are uninsured or underinsured.
- Robust infection control programs exist at all area hospitals, which partner with the OCHD to receive regular updates on current infectious disease issues.
- The OCHD Tuberculosis (TB) Control Program provides testing, diagnosis and treatment of latent and active tuberculosis cases in Onondaga County.

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

- Lack of easy access to healthcare and other social and economic supports is a barrier to the treatment and/or 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, hepatitis C virus, and hepatitis A virus.

Community Engagement

In effort to identify priority areas for the 2019-2021 CHIP, the OCHD, with support from the CHA/CHIP Steering Committee, gathered feedback from Onondaga County residents on important community health issues. To ensure broad community participation, feedback was collected using three approaches. These approaches are described in detail below. A full description of the CHA/CHIP methodology is available in Appendix 1.

Community Engagement Survey

A Community Engagement Survey was developed by the OCHD Health Assessment and Data Team, with input from the Steering Committee, to better understand the community health issues. In addition to demographic information, the survey consisted of five main sections: **Healthy Community, Health Problems, Health Behaviors, Health Systems, and Access to Care**. In the first four sections, respondents were asked to select their top five priorities from a list and were provided space for open-ended comments, based on their perspectives of health in the community. The fifth section, regarding access to care, asked respondents to select all circumstances they or members of their family had personally experienced within the last three years.

The survey was distributed online and on paper in English and Spanish. Although the survey was anonymous, participants had the option to include their name and contact information for a chance to win one of five gift cards to a local grocery store or an electronics retailer. All identifying information was removed prior to analysis. The survey was distributed through a variety of outlets, including agency websites and social media pages. Paper copies were also distributed to clinics for patients to complete as they waited for appointments. Steering Committee members, Health Equity Coalition partners, and other 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 County library patrons, YMCA members, visitors to the Civic Center, and pharmacy customers at a large local grocery chain, among others. A total of 3,025 survey responses were received from Onondaga County residents.

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. Five focus groups were held, representing racially diverse residents, New Americans, individuals living with a disability, and older adults.

Social Determinants of Health Survey

To solicit additional feedback about barriers to health that are imposed by social and economic factors, a social determinants of health survey was developed by the OCHD Health Assessment and Data Team. The SDOH survey was administered in person at the CENTRO Transportation Center in downtown Syracuse. The survey

took only a few minutes to complete and participants were offered bottles of water as an appreciation for participation. The survey included six categories of social and economic factors that influence health: **adverse early life experiences, built environment and neighborhood factors, economic stability, education, health and health care, and social and community context**. Survey respondents were asked to identify three of these categories that represent the greatest challenge to being healthy. Demographic information was collected and survey responses remained anonymous. A total of 20 completed surveys were collected from Onondaga County residents.

Community Feedback Summary

A report of the findings from the comprehensive CHA/CHIP community engagement efforts can be found in the CHA/CHIP Community Engagement Summary in Appendix 2. A copy is also available on the OCHD website (<http://www.ongov.net/health/>) under publications.

While Onondaga County residents have a wide variety of concerns around health status, access and system issues, it is clear that there is strong agreement within the community around top health priorities. Addressing **substance use disorders, mental health conditions, chronic diseases, and trauma and violence**, is extremely important to residents. These concerns are confirmed by health indicator data which reinforces a need for a community-wide effort to address these challenges through a formalized community health improvement process.

ONONDAGA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2019-2021

Overview

Community input and data collected through the Community Health Assessment process informed the development of the Community Health Improvement Plan (CHIP). Key priority areas to be addressed in Onondaga County for 2019-2021 are: **1) Prevent Chronic Diseases** and **2) Promote Well-Being and Prevent Mental and Substance Use Disorders**. These priorities were affirmed 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 key priorities for the 2019-2021 CHIP, they do not reflect the full scope of work of the Onondaga County Health Department (OCHD), St. Joseph's Hospital Health Center, Crouse Health, and other partners.

The interventions and activities included in the Onondaga County CHIP reflect evidence based initiatives and best practices selected to have significant impact on improving the health and wellbeing of County residents within the selected priority areas. Interventions were identified by the Steering Committee on the basis of potential for broad impact and considerations for strengths, capacity, and resources of the OCHD and participating hospitals. The selection of interventions and activities were informed by the NYSDOH's 2019-2024 Prevention Agenda Action Plan.¹³⁹ Many of the included interventions aim to address health disparities. Disparities addressed by CHIP activities include, but are not limited to, racial/ethnic disparities, disparities on the basis of income, a focus on older adults, individuals with disabilities, and individuals with substance use disorders and/or mental health disorders.

The OCHD and participating hospitals are each responsible for components of the CHIP, whether as a lead agency or supporting partner. Table 18 below provides a summary of CHIP goals and agency-level commitments. This table does not reflect all the areas in which an agency works. For example, while routine programming at the OCHD addresses many of the goals listed below; the CHIP is meant to reflect the new or enhanced activities that each agency has committed to for the duration of the cycle.

In addition to the activities undertaken by the OCHD and participating hospitals, many activities included in the CHIP would not be possible without the support of other local agencies. Some of the many community agencies that are actively involved in CHIP activities include HealthConnections, American Heart Association, Transforming Communities Initiatives, Syracuse City School District, local farmers, the YMCA, Onondaga County Justice Center, Onondaga County Department of Adult and Long Term Care Services, and the more than 45 agencies represented on the Onondaga County Drug Task Force (Appendix 7).

¹³⁹ https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

Table 18. Community Health Improvement Plan Summary, 2019-2021

PREVENT CHRONIC DISEASES

Focus Area 1: Healthy Eating and Food Security		OCHD	Hospitals
Goal 1	Increase access to healthy and affordable food and beverages	X	X
Goal 2	Increase skills and knowledge to support healthy food and beverage choices		X
Goal 3	Increase food security		X
Focus Area 2: Physical Activity		OCHD	Hospitals
Goal 1	Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities	X	
Goal 2	Promote school, childcare, and worksite environments that support physical activity for people of all ages and abilities	X	X
Goal 3	Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity	X	X
Focus Area 3: Tobacco Prevention		OCHD	Hospitals
Goal 1	Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults	X	X
Goal 2	Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use	X	X
Goal 3	Eliminate Exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products	X	
Focus Area 4: Preventive Care and Management		OCHD	Hospitals
Goal 1	Increase cancer screening rates for breast, cervical, and colorectal cancer		X
Goal 2	Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity		X
Goal 3	Promote the use of evidence-based care to manage chronic diseases		X
Goal 4	Improve self-management skills for individuals with chronic conditions		X

PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS

Focus Area 1: Prevent Mental and Substance Use Disorders		OCHD	Hospitals
Goal 1	Prevent opioid and other substance misuse and deaths	X	X
Goal 2	Prevent and address adverse childhood experiences (ACEs)	X	X
Goal 3	Reduce the prevalence of major depressive disorders		X
Goal 4	Prevent suicides	X	X

The OCHD and participating hospitals have committed significant resources to support the implementation of interventions included in the CHIP. These resources include, but are not limited to, staff time and financial resources to acquire needed equipment and software. Several of the initiatives outlined in the CHIP are funded through federal, state, and local grants which have been awarded to support improved community health.

The Onondaga County CHIP is presented in the following work plan (pages 101- 118). The work plan outlines objectives, activities, responsible agencies and staff, performance measures, and target dates for each intervention being addressed in the Onondaga County CHIP. For each of the activities that directly address a disparity, details on the population(s) impacted are included in the work plan. Progress towards work plan objectives will be reported using the process outlined in Appendix 5.

PRIORITY AREA 1. PREVENT CHRONIC DISEASES

Focus Area 1: Healthy Eating and Food Security (*Overarching Goal: Reduce obesity and the risk of chronic diseases*)

Objectives: By December 31, 2021, reduce the percentage of children and adults who are obese:

- From 18.0% to 15% among children and adolescents¹
- From 33.4% to 30% among all adults²
- From 40.2% to 38% among adults with income less than \$25,000²
- From 45.4% to 43% among adults with a disability²

Goal 1: Increase access to healthy and affordable food and beverages					
Intervention 1.1: Increase the number of early childcare centers and schools with nutrition standards for healthy food and beverages					
Activity	Lead Agency & Partners	Responsible staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Support the adoption of healthy nutrition standards at early childcare centers through the following: <ul style="list-style-type: none"> • Conducting assessments of current practices • Supporting development of action plans in response to assessment findings • Supporting implementation of action plans 	OCHD	<u>OCHD</u> : Healthy Communities Initiatives Team	# assessments completed # action plans developed # interventions completed	December 2021	Low income communities
2. Assist local schools in meeting USDA Smart Snacks standards for school related fundraising and celebrations	OCHD	<u>OCHD</u> : Healthy Communities Initiatives Team	# schools meeting Smart Snacks standards	December 2021	Low income communities

Intervention 1.2: Increase the number of worksites with nutrition standards for healthy food and beverage procurement					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Support the adoption of healthy nutrition standards at local worksites through the following: <ul style="list-style-type: none"> • Conducting assessments of current practices • Supporting development of action plans in response to assessment findings • Supporting implementation of action plans 	OCHD	<u>OCHD</u> : Healthy Communities Initiatives Team	# assessments completed # action plans developed # interventions completed	December 2021	
2. Support a vending machine company in the adoption of healthy vending standards, using New York City's "Good Choice" program standards as a guide	OCHD St. Joseph's Health	<u>OCHD</u> : Healthy Communities Initiatives Team <u>St. Joseph's</u> : Community Health and Well-Being Team	Adoption of vending healthy machine standards by vending machine company	April 2020	
3. Adopt, implement, and promote two new Onondaga County government policies to support access to healthy foods and beverages: <ul style="list-style-type: none"> • Health Meeting and Event Policy • Healthy Vending Machine Policy 	OCHD	<u>OCHD</u> : Healthy Communities Initiatives Team	Adoption of Onondaga County government policy (completed April 2019) # promotional materials developed and used	Policies adopted April 2019 December 2021	
Intervention 1.3: Increase the reach of locally farmed food to all Onondaga County residents					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Partner with local farmers to implement innovative approaches to increase redemption of WIC farmer's market coupons	OCHD Emmi Farms	<u>OCHD</u> : Healthy Communities Initiatives Team; WIC Program staff	# WIC coupons redeemed	December 2021	Low-income communities

Intervention 1.4: Improve sustainability of healthy food offerings through small retail venues, corner stores, mobile markets, and food delivery programs					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Support small retail venues in developing and implementing strategies for increasing the sale of healthy foods and beverages. Activities include: <ul style="list-style-type: none"> • Conducting environmental assessments • Supporting development of action plans in response to assessment findings • Supporting implementation of action plans 	OCHD	<u>OCHD</u> : Healthy Communities Initiatives Team	# assessments completed # action plans developed # interventions completed	December 2021	Racial and ethnic disparities, low-income communities
2. Pilot a program to deliver produce boxes in conjunction with prescription delivery	OCHD Westside Family Pharmacy	<u>OCHD</u> : Healthy Communities Initiatives Team	# produce boxes delivered with prescriptions	November 2019 (with potential to continue if successful)	Racial and ethnic disparities, low-income communities, older adults
Goal 2: Increase skills and knowledge to support healthy food and beverage choices					
Intervention 2.1: Support healthy food choices by providing easily accessible information and resources					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Offer Healthy Choices education program to Crouse employees, patients, and guests including: <ul style="list-style-type: none"> • Healthy Intake Café menu smartphone app with menu and nutritional information • Providing healthy recipes • Offer Weight Watchers program onsite at no cost 	Crouse Health	<u>Crouse</u> : Hospital staff including dietitians and diabetes education nurses	Availability of smartphone app # healthy recipes provided # Weight Watchers program participants	December 2021	Low income communities

Goal 3: Increase food security					
Intervention 3.1: Increase food security					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Screen for food insecurity during clinical assessments and provide resources and follow up to those who screen positive	Crouse Health Meals on Wheels	<u>Crouse</u> : Crouse Health Network staff	# patients provided resources and follow-up	December 2021	Low-income communities, older adults
2. Further develop food assistance capacity by increasing access to available community supports at health care service delivery sites	St. Joseph's Health	<u>St. Joseph's</u> : Health Home Coordinator	# patients served by food assistance services	Dec 2020	Low-income communities, older adults

Focus Area 2: Physical Activity (*Overarching Goal: Reduce obesity and the risk of chronic diseases*)

Objectives: By December 31, 2021, reduce the percentage of children and adults who are obese:

- From 18.0% to 15% among children and adolescents¹
- From 33.4% to 30% among all adults²
- From 40.2% to 38% among adults with income less than \$25,000²
- From 45.4% to 43% among adults with a disability²

Goal 1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities					
Intervention 1.1: Adopt and implement local policies to facilitate active transportation and recreational physical activity for people of all ages and abilities					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Support adoption of a County Level Executive Order incorporating health across all policies into County governance (similar to NYS Executive Order 190)	OCHD OC Department of Adult and Long Term Care Services	<u>OCHD</u> : Commissioner of Health; Director of Community Health; Epidemiologist	Adoption of Executive Order	June 2021	Older adults, individuals with disabilities

Goal 2: Promote school, childcare, and worksite environments that support physical activity for people of all ages and abilities					
Intervention 2.1: Increase the number of schools with environments that support physical activity					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Conduct environmental assessments in local schools and use results to promote practice and environmental changes that support increased physical activity among students	OCHD Transforming Communities Initiative	<u>OCHD</u> : Healthy Communities Initiatives Team	# environmental assessments conducted # practice changes adopted # environmental changes adopted	December 2021	Racial and ethnic disparities, low-income communities
2. Provide physical activity equipment to select schools based on demonstrated need and commitment to practice-based and environmental changes	OCHD American Heart Association	<u>OCHD</u> : Healthy Communities Initiatives Team	# schools provided equipment	December 2021	Racial and ethnic disparities, low-income communities
3. Implement the “Growing Healthy Hearts” program to promote education around healthy habits and physical activity within Syracuse City School District elementary schools	St. Joseph’s Health OCHD, American Heart Association, Syracuse City School District, Syracuse Parks and Recreation, Transforming Communities Initiative	<u>St. Joseph’s</u> : Director of Community Engagement <u>OCHD</u> : Healthy Communities Initiatives Team	#of students impacted by educational program	June 2020	Racial and ethnic disparities, low-income communities
Goal 3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity					
Intervention 3.1: Increase the number of opportunities for safe physical activity for youth through infrastructure and programing					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Develop, coordinate, and promote an inclusive physical activity program for students with physical disabilities	OCHD City of Syracuse Parks and Recreation, Upstate University Hospital, Syracuse	<u>OCHD</u> : Healthy Communities Initiatives Team	Development of the program	December 2021	Individuals with disabilities

	City School District				
2. Plan, develop, and promote safer routes to school to increase active transportation	OCHD St. Joseph's Health, HealthConnections, Syracuse Police Department, Syracuse City School District, Syracuse Metropolitan Transportation Council	<u>OCHD</u> : Healthy Communities Initiatives Team	# safer routes to school developed	December 2021	Racial and ethnic disparities, low-income communities
3. Develop a new wellness space on the City of Syracuse's northside in collaboration with community-based organizations	St. Joseph's Health YMCA, Transforming Communities Initiative	<u>St. Joseph's</u> : Director of Community Engagement	#of total members utilizing the space #of northside community members utilizing the space	December 2021	Low-income communities

Focus Area 3: Tobacco Prevention

Objectives: By December 31, 2021, reduce the current smoking rate:

- From 18% to 15% among all adults²
- From 31.7% to 29% among adults with income less than \$25,000²
- From 26.9% to 25% among adults with a disability²
- From 36.5% to 35% among adults who report poor mental health²

Goal 1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults					
Intervention 1.1: Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies and reshape social norms					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Complete an assessment of tobacco retail landscape and use results to plan and host a town hall meeting	OCHD	<u>OCHD</u> : Tobacco Control Program Staff; Health Assessment Data Team	Assessment completed Town hall held	December 2021	Racial and ethnic disparities, low-income communities

2. Create computer-based education programs about vaping for high school students and implement at local high schools	Crouse Health	<u>Crouse</u> : Community Engagement and Education Staff	Development of the computer based education program; Pilot program among one local high school # students who view the computer-based education program	December 2021	
Intervention 1.2: Organize youth, youth agencies, and other community partners to advocate for changes to point-of-sale policies					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Implement Reality Check program in Onondaga County to engage youth in tobacco control efforts	OCHD	<u>OCHD</u> : Tobacco Control Program Staff	Creation of Reality Check program # program participants	December 2021	
2. Identify, educate, and engage community advocates to educate others on the problem of tobacco retail density	OCHD	<u>OCHD</u> : Tobacco Control Program Staff	# community advocates engaged	December 2021	Low-income communities
Intervention 1.3: Pursue policy action to reduce the impact of tobacco marketing in lower-income and racial/ethnic minority communities, disadvantaged urban neighborhoods and rural areas					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Complete a baseline community assessment project in the City of Syracuse, focusing on disparate populations, to measure the support for point-of-sale tobacco policy	OCHD	<u>OCHD</u> : Tobacco Control Program Staff; Health Assessment Data Team	Assessment event held # participants	June 2020	Racial and ethnic disparities, low-income communities
Intervention 1.4: Advocate to eliminate youth exposure to tobacco imagery and tobacco marketing in youth-rated movies					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Participate in and hold events to provide education on the impact of tobacco imagery on youth	OCHD	<u>OCHD</u> : Tobacco Control Program Staff	# events participated in	December 2021	

Goal 2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use					
Intervention 2.1: Develop workflows to facilitate the delivery of tobacco cessation services					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Increase reach of evidence based smoking cessation training to substance use disorder counselors, especially those working with higher risk patient populations	Crouse Health OC Drug Task Force	<u>Crouse</u> : Director, Chemical Dependency	# counsellors trained # patients receiving counseling	December 2021	Low-income communities and individuals with substance use disorders
2. Increase accessibility to cessation program capacity within the community	St. Joseph's Health OCHD	<u>St. Joseph's</u> : Director, CNY Regional Center for Tobacco Health Systems <u>OCHD</u> : Tobacco Control Program Staff	# participants accessing new program(s)	Dec 2020	
3. Reduce rate of cigarette smoking among students and employees through increased education and smoking cessation resources	Upstate University Hospital	<u>Upstate</u> : Director of Special Projects	% students and employees who self-report smoking	Dec 2020	
Goal 3: Eliminate Exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products					
Intervention 3.1: Promote smoke-free policies in multi-unit housing, especially those that house low-SES residents					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Support the adoption of smoke-free policies in multi-unit housing through: <ul style="list-style-type: none"> Conducting assessment of smoke-free multi-unit dwelling policy landscape Providing technical assistance to property owners/managers that are considering adopting smoke-free housing policies 	OCHD	<u>OCHD</u> : Tobacco Control Program Staff	Completion of assessment # of smoke-free housing policies adopted	December 2021	Low-income communities

Intervention 3.2: Increase the number of smoke-free parks, beaches, playgrounds, and other public spaces					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Complete an assessment of tobacco-free outdoor policies in Onondaga County and communicate findings to relevant stakeholders	OCHD	<u>OCHD</u> : Tobacco Control Program Staff	Completion of assessment	December 2021	Low-income communities
Intervention 3.3: Partner with local employers to adopt tobacco-free outdoor air policies including work site grounds, parking lots, and proximity to building entryways					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Support the adoption tobacco-free outdoor air policies at local worksites through: <ul style="list-style-type: none"> • Conducting assessment of tobacco-free outdoor air policy landscape • Providing technical assistance to employers as they adopt tobacco-free outdoor air policies 	OCHD	<u>OCHD</u> : Tobacco Control Program Staff	Completion of assessment # tobacco-free outdoor air policies adopted	December 2021	

Focus Area 4: Preventive Care and Management

Objectives: By December 31, 2021, increase:

- The percentage of women, age 21-65 years, who receive cervical cancer screening based on recent guidelines from 80.6% to 83.0%²
- The percentage of adults, age 50-75 years, who receive a colorectal cancer screening based on recent guidelines from 72.4% to 75.0%²
- The percentage of adults who have taken a test for diabetes in the past three years from 53.3% to 56.0%²
- The percentage of adults who have taken a course to manage their chronic disease or condition from 8.9% to 10%²

Goal 1: Increase cancer screening rates for breast, cervical, and colorectal cancer					
Intervention 1.1: Increase cancer screening in primary care and outpatient settings by assessing how many patients are receiving screening services					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Verify screening status of eligible patients in primary care and other outpatient services for breast and colorectal cancer, and ensure needed screenings are ordered/conducted accordingly	St. Joseph's Health	<u>St. Joseph's:</u> Director of the Primary Care Service Line; Director of Hospital-Based Primary Care Clinics	#of eligible patients screened	June 2021	
Intervention 1.2: Remove barriers to cancer screening					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Offer Upstate employees paid leave for cancer screening and promote to staff via communication strategy	Upstate University Hospital	<u>Upstate:</u> Director of Special Projects	Implementation of communication strategy to encourage use of paid leave for cancer screening % employees taking paid leave for cancer screening	Dec 2021	
2. Provide a mobile mammography service to reduce transportation barriers to breast cancer screening	Upstate University Hospital	<u>Upstate:</u> Director of Special Projects	# mammograms completed in Onondaga County in the mobile van	Dec 2021	Low-income communities, older adults
Goal 2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity					
Intervention 2.1: Promote strategies that improve the detection of undiagnosed hypertension in health systems					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Participate in the American Heart Association's blood pressure monitoring programs, such as the "Check It! Challenge," and Target BP, which help to engage the community in self-management of hypertension in alignment with best practices	St. Joseph's Health Crouse Health American Heart Association	<u>St. Joseph's:</u> Director of Community Engagement <u>Crouse:</u> Director of Community Engagement	#of participants in respective programs	June 2021	

Goal 3: Promote the use of evidence-based care to manage chronic diseases					
Intervention 3.1: Promote patient engagement in managing chronic disease care					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Provide population health activities throughout Crouse Health Network through the following: <ul style="list-style-type: none"> Increased social work capacity Enhanced data collection software 	Crouse Health	<u>Crouse</u> : Director, Patient Engagement	# patients engaged in follow up # patients with adherence to care plan	December 2021	Older adults, low-income communities, individuals with substance use disorders and mental health disorders
Intervention 3.2: Promote a team-based approach to chronic disease care to improve health outcomes					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Offer the Mobile Integrated Service Team (MIST) and Network Care Coordination Team (NCCT) programs to provide a team-based approach for complex patients	St. Joseph's Health	<u>St. Joseph's</u> : Director of Care Transitions	# of Patients enrolled in MIST & NCCT	December 2021	
Intervention 3.3: Promote evidence-based medical management in accordance with national guidelines					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Integrate national guidelines within protocols for medical management of chronic diseases in primary care and specialist outpatient practices	St. Joseph's Health	<u>St. Joseph's</u> : Outpatient private practice and Primary Care Clinic Leadership	# of chronic disease protocol measures integrated within value-based care agreements	December 2021	
Intervention 3.4: Promote the use of Health Information Technology for: Measurement, Registry Development, Patient Alerts, Bi-Directional Referrals, Reporting					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Develop and maintain disease registries within the Electronic Health	St. Joseph's Health	<u>St. Joseph's</u> : Health Informatics Team	# of disease registries maintained	December 2021	

Record, including but not limited to diabetes, prediabetes, hypertension, congestive heart failure and COPD			# of patients identified within each disease registry		
Intervention 3.5: Implement evidence based chronic disease management programs in worksites					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Implement the American Heart Association's Workplace Health Solutions program	Upstate University Hospital	<u>Upstate</u> : Director of Special Projects	Obtain Silver recognition in the evidence-based American Heart Association Workplace Health Achievement Index	March 2021	
Goal 4: Improve self-management skills for individuals with chronic conditions					
Intervention 4.1: Expand access to evidence-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone.					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Offer a diabetes self-management education (DSME) program to help patients with diabetes manage their own care	St. Joseph's Health	<u>St. Joseph's</u> : Dietitians and nurses trained in DSME throughout the system of care	#of participants engaged in the DSME	December 2021	

Priority Area 2. Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 1: Prevent Mental and Substance Use Disorders

Objectives: By December 31, 2021, reduce:

- Overdose deaths involving any opioid by 15% from 101 to 85³
- The age- adjusted suicide mortality rate from 10.0 per 100,000 population to 8.0 per 100,000 population⁴

Goal 1: Prevent opioid and other substance misuse and deaths					
Intervention 1.1: Increase availability of/access and linkages to medication assisted treatment (MAT) including Buprenorphine.					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Support trainings for providers so that they have a waiver to prescribe Buprenorphine	OCHD Crouse Health, St. Joseph's Health, Upstate University Hospital, OC Drug Task Force	<u>OCHD</u> : Program Coordinator	# providers trained to receive waivers to prescribe Buprenorphine	December 2021	Individuals with substance use disorders
Intervention 1.2: Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Conduct trainings to members of the public on the appropriate technique for administering Naloxone	OCHD Crouse Health ACR Health	<u>OCHD</u> : Program Coordinator <u>Crouse</u> : Chemical Dependency Treatment Services staff	# individuals provided Naloxone training	December 2021	Individuals with substance use disorders

2. Conduct trainings among staff at worksites on the appropriate technique for administering Naloxone	OCHD ACR Health	<u>OCHD</u> : Program Coordinator	# worksites where trainings were held	August 2020	Individuals with substance use disorders
3. Conduct naloxone administration trainings among hospital staff in ED, inpatient, and outpatient settings	Crouse Health	<u>Crouse</u> : Chemical Dependency Treatment Services Staff	# staff trained	December 2021	Individuals with substance use disorders
Intervention 1.3: Build support systems to care for opioid users or at risk of an overdose.					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Work with the Onondaga County Justice Center to develop a transition plan for inmates with substance use disorder that ensures a comprehensive, in-person connection to treatment and recovery services upon discharge	OCHD Onondaga County Justice Center, Crouse Health	<u>OCHD</u> : Program Coordinator	# inmates connected to resources during discharge planning	August 2020	Individuals with substance use disorders
2. Establish electronic referrals to treatment and provide on-call peer support in Emergency Department settings	OCHD HealtheConnections, Helio Health, Crouse Health, St. Joseph's Health, OC Department of Adult and Long Term Care Services	<u>OCHD</u> : Program Coordinator	# electronic referrals made	August 2020	Individuals with substance use disorders
3. Administer the first dose of suboxone in Emergency Department and set up next day appointment with a provider for ongoing treatment	Crouse Health	<u>Crouse</u> : Chemical Dependency Treatment Services staff	# of individuals receiving opioid treatment	December 2020	Individuals with substance use disorders
4. Implement standard protocols to care for patients experiencing opiate withdrawal, including administration of the Clinical Opiate Withdrawal	St. Joseph's Health	<u>St. Joseph's</u> : <i>St. Joseph's Physician's providers</i>	#of COWS assessments conducted	June 2020	Individuals with substance use disorders

Scale (COWS) tool to monitor and respond to symptoms					
Intervention 1.4: Safeguard prescription opioids against diversion					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Publicize and promote use of Sharps, Needles and Drug Disposal (SNADD) boxes throughout county	OCHD OC Drug Task Force	<u>OCHD</u> : Program Coordinator	Pounds of prescriptions collected through SNADD boxes	December 2021	Individuals with substance use disorders
2. Publicize national drug take back days	OCHD OC Drug Task Force, Crouse Health, St. Joseph's Health	<u>OCHD</u> : Program Coordinator	#organizations participating in prescription drug take-back events	December 2021	Individuals with substance use disorders
Intervention 1.5: Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Conduct medical office detailing for outpatient providers to educate about prevention, crisis, and treatment strategies	OCHD	<u>OCHD</u> : Program Coordinator	# medical office detailing sessions conducted # practices in which medical office detailing was conducted	December 2021	Individuals with substance use disorders
2. Partner with local pharmacies to educate about opioid addiction and naloxone use	OCHD	<u>OCHD</u> : Program Coordinator	# pharmacies partnered with	December 2021	Individuals with substance use disorders
Intervention 1.6: Promote vaccination and screening among individuals with substance use disorders to minimize risk of communicable diseases					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Work with NYSDOH, health systems, medical society, and individual providers to promote Hepatitis A vaccination based on Advisory Committee on Immunization Practices (ACIP) guidelines and Hepatitis C screening among	OCHD OC Drug Task Force	<u>OCHD</u> : Commissioner of Health; Program Coordinator	# of people vaccinated	December 2021	Individuals with substance use disorders

individuals with substance use disorders					
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Goal 2: Prevent and address adverse childhood experiences (ACEs)					
Intervention 2.1: Integrate trauma-informed approaches into local governance, leadership, and practice					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Integrate trauma-informed approaches in governance through the development of a County level trauma-informed policy	OCHD Onondaga County	<u>OCHD</u> : Program Coordinator	Adoption of an Onondaga County policy	December 2021	Individuals impacted by trauma
2. Attend training opportunities to learn how to apply human-centered approaches to OCHD's work	OCHD Health Foundation of Western and Central New York	<u>OCHD</u> : Program Coordinator; Health Assessment Data Team; Maternal Child Health Program Coordinators	# training opportunities attended # staff attending trainings	August 2019 (Completed)	Individuals impacted by trauma
3. Provide trauma-informed care training for staff	OCHD St. Joseph's Health	<u>OCHD</u> : Program Coordinator <u>St. Joseph's</u> : Director of Behavioral Health	# staff trained	<u>OCHD</u> : December 2020 <u>St. Joseph's</u> : June 2019	Individuals impacted by trauma
4. Conduct trauma-informed care training for OC Drug Task Force	OCHD OC Drug Task Force	<u>OCHD</u> : Program Coordinator	Training completed	August 2019	Individuals impacted by trauma
5. Host conference on trauma informed approaches	OCHD	<u>OCHD</u> : Program Coordinator; Healthy Start Program Coordinator	# attendees at training	August 2019	Individuals impacted by trauma
6. Work with community based organizations to provide ACE education to specific patient populations in substance use disorder treatment	Crouse Health	<u>Crouse</u> : Director, Chemical Dependency; Chemical Dependency Treatment Services staff	# of families in program	December 2021	Individuals impacted by trauma, low income residents
7. Provide evidenced based trauma	Crouse Health	<u>Crouse</u> : Director,	# of individuals receiving	December	Individuals

curricula programs to outpatients with substance use disorder		Chemical Dependency; Chemical Dependency Treatment Services staff	trauma informed treatment	2021	impacted by trauma, low income residents
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Goal 3: Reduce the prevalence of major depressive disorders

Intervention 3.1: Offer programs and services to treat depression and other mental health conditions

Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Provide perinatal mood anxiety disorder (PMAD) treatment	Crouse Health	<u>Crouse</u> : Program Administrator for Perinatal Family Support Program	# clinicians trained in PMAD # women who received counseling and attend group meetings	December 2021	
2. Educate and train therapist to work with veterans with post-traumatic stress disorder through alternative medicine activities	Crouse Health	<u>Crouse</u> : Director of Community Engagement	# therapists who receive training # patients receiving treatment	December 2021	

Goal 4: Prevent suicides

Intervention 4.1: Develop evidence base of community-level protective factors for preventing suicides

Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Target Date	Disparities Addressed
1. Develop an Onondaga County Suicide Fatality Review team and conduct meetings quarterly	OCHD NY Office of Mental Health: Suicide Prevention Center of NY	<u>OCHD</u> : Program Coordinator; Medical Examiner's Office staff; Epidemiologist	Suicide Fatality Review team developed Ongoing quarterly meetings taking place	December 2021	
2. Analyze and interpret data collected through Suicide Fatality Review team meetings and death records to identify community-level protective factors	OCHD NY Office of Mental Health: Suicide Prevention Center of NY	<u>OCHD</u> : Health Assessment Data Team; Program Coordinator; Medical Examiner's Office staff;	Participation in Suicide Fatality Review team meetings Community-level protective factors identified	December 2021	

<p>3. Share findings from data collection efforts with OC Suicide Prevention Coalition and relevant stakeholders to inform local interventions</p>	<p>OCHD OC Suicide Prevention Coalition, Contact Community Services, OC Dept. of Children and Family Services</p>	<p><u>OCHD</u>: Program Coordinator</p>	<p>Findings shared with stakeholders</p>	<p>December 2021</p>	
<p>4. Develop policy to ensure suicide screening is provided throughout hospital regardless of entry point. For those who screen positive, provide resources, and decrease time of follow up</p>	<p>Crouse Health</p>	<p><u>Crouse</u>: Care Coordinators</p>	<p>Policy developed # of patients completing screenings # of patients referred to treatment</p>	<p>December 2021</p>	
<p>5. Implement the Zero Suicide program, including but not limited to standard suicide assessments in inpatient and outpatient settings, standardized safety plans and post-discharge follow-up calls</p>	<p>St. Joseph's Health</p>	<p><u>St. Joseph's</u>: Director of Emergency Services</p>	<p>#of standardized screenings conducted Safety planning intervention rate</p>	<p>December 2021</p>	

Data Sources and Notes

1. New York State Student Weight Status Category Reporting System, 2016-2018. Data represent children and adolescents enrolled in public schools in Onondaga County.
2. Behavioral Risk Factor Surveillance System, 2016. Data are age-adjusted, unless they represent a specific age group, if so a crude rate was used.
3. Onondaga County Medical Examiner's Office, 2018. Data are preliminary through 9/18/19.
4. NYS Office of Vital Records, 2014-2016

Appendices

Appendix 1: Community Health Assessment and Improvement Plan Methodology

Overview

In 2018, 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 2019-2021. Similar to the prior cycle, LHDs and hospitals were encouraged to work together to develop and submit a single document per county. In addition, LHDs and hospitals needed to identify a shared priority and focus work to address that priority.

Collaborative Process

In February 2019, the Onondaga County Health Department (OCHD) convened the CHA/CHIP Steering Committee with designees from each hospital (Crouse Health, St. Joseph's Health, and Upstate University Hospital), the OCHD, and HealtheConnections to guide CHA/CHIP development. The Steering Committee met monthly from February – December 2019, and will meet bi-annually in 2020 and 2021.

The Steering Committee members for the development of the 2019-2021 Onondaga County Community Health Assessment and Improvement Plan are:

Onondaga County Health Department

Bridget K. Volz, MPH, CAS, CPH

Rebecca Shultz, MPH

Indu Gupta, MD, MPH, MA, FACP

Isabella Baglietto

Crouse Health

Bob Allen

Kris Waelder

HealtheConnections

Rachel Kramer, ScD, MHS

St. Joseph's Health

Michelle A. Brown, MPA

Brandiss Pearson, MS, FNP-C

Deborah Welch

Upstate University Hospital

Shawna Craigmile-Sciacca, LCSW

Cindy Jaconski, MPH

Stacey Keefe, MPA

To further shape the CHA/CHIP development process, the OCHD sought advisory support from the Onondaga County Health Equity Coalition. The Coalition has over 30 member agencies (a list of member agencies is available in Appendix 6) with representation from local government, housing, transportation, and community development sectors, among others.

Methodology

One of the first activities of the Steering Committee was identifying how determinants of health and concepts of health equity could be more broadly incorporated into the CHA/CHIP. The Committee agreed to expand the narrative description of determinants of health and incorporate data in those sections of the CHA to demonstrate how these factors impact the lives of community members. A broader description of health equity was added to the CHA and additional data for health disparities (race/ethnicity, income, individuals with disabilities) were incorporated, when available. A column was added to the CHIP to better reflect how activities were developed to address disparities.

Simultaneously, the OCHD, with input from the Steering Committee, developed a community engagement plan to ensure broad feedback from county residents. The plan was finalized and implemented from May to October 2019. Community engagement efforts centered on a community-wide survey that reached more than 3,000 residents. Respondents provided feedback in five areas: **Healthy Community, Health Problems, Health Behaviors, Health Systems, and Access to Care**. To further enhance community feedback, a shorter in-person survey was conducted with a focus on determinants of health. Five focus groups were also conducted, focusing on populations at risk of being underrepresented in the surveys. A more in depth description of community engagement methodology can be found on pages 96 and 97. The full report of community engagement findings is available in Appendix 2. A report of the findings specific to health system challenges is also available. (Appendix 3)

The OCHD also undertook a comprehensive update of the health indicator data for the five Prevention Agenda priority areas. Data from primary and secondary sources were incorporated in the CHA to provide a full description of the current health status of County residents. Sources of quantitative primary data included the Onondaga County Medical Examiner's Office, the OCHD Division of Community Health, and the Division of Healthy Families. 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
- 2016 Expanded Behavioral Risk Factor Surveillance System
- County Health Rankings
- HealtheCNY.org

A comprehensive table of health indicators reviewed as part of the CHA is available in Appendix 8. A list of data sources and technical notes is available in Appendix 9. Where possible, disparities data, and comparisons to Central New York, New York State, and New York State excluding New York City were included in the CHA. Prevention Agenda objectives were incorporated into the data tables as benchmarks, when available. Once updated, data were shared with the Steering Committee and the Health Equity Coalition.

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 July 2019, the Steering Committee met to identify the priorities for intervention. Input from the Health Equity Coalition was sought and incorporated into the decision making process. After a robust discussion, the group voted to confirm **Prevent Chronic Diseases** and **Promote Well-Being and Prevent Mental and Substance Use Disorders** as the two priority areas to address during the 2019-2021 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 developing interventions using the NYSDOH's Prevention Agenda 2019-2024 Action Plan as a framework. 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 activities included in the CHIP would not be possible without the support of other local agencies. Some of the many community agencies that are actively involved in CHIP activities include HealtheConnections, American Heart Association, Transforming Communities Initiatives, the Syracuse City School District, local farmers, the YMCA, the Onondaga County Justice Center, the Onondaga County Department of Adult and Long Term Care Services, and the more than 45 agencies represented on the Onondaga County Drug Task Force (Appendix 7).

Upon finalizing the interventions, the Steering Committee members agreed that progress would be measured regularly (as outlined in Appendix 5) with the opportunity to revisit and assess the interventions for potential modifications as needed.

Dissemination to the Public

The 2019-2021 Onondaga County CHA/CHIP will be made publicly available through a number of venues. This will include publication on the Onondaga County Health Department website (www.ongov.net/health) and websites of each of the partner hospitals. The document will also be disseminated to key stakeholder groups including the Onondaga County Health Equity Coalition, among others. Local media outlets will also be notified of the publication of the document. In addition, to solicit feedback and input from members of the public and stakeholders, a survey will be made available on the OCHD website (www.ongov.net/health) and will run for the month of January 2020.

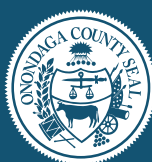


Onondaga County Community Health Assessment and Community Health Improvement Plan



Community Engagement Summary

OCTOBER 2019



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STEERING COMMITTEE

Members of the *2019-2021 Onondaga County Community Health Assessment and Improvement Plan Steering Committee* include:

Onondaga County Health Department
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INTRODUCTION

As part of the 2019 – 2021 Onondaga County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), the Onondaga County Health Department (OCHD) and CHA/CHIP Steering Committee gathered feedback from Onondaga County residents on important community health issues.

To ensure broad community participation, feedback was collected using three approaches. A comprehensive Community Engagement Survey (CES) was developed and distributed widely to county residents. Feedback from populations at higher risk for poor health outcomes was collected through focus groups. Additionally, a shorter in person survey was administered at a local transportation hub to solicit feedback on social determinants of health.

METHODOLOGY

Survey Design

The survey collected data in five main sections:

1. Healthy Community
2. Health Problems
3. Health Behaviors
4. Health Systems
5. Access to Care

The CES was developed by the OCHD Health Assessment Team, with input from the CHA/CHIP Steering Committee and consisted of five main sections: Features of a Healthy Community, Health Problems, Health Behaviors, Health Systems, and Access to Care. Demographic data were also collected. In the first four sections, respondents were asked to select their top five priorities from a list and were provided space for open-ended comments, based on their perspectives of health in the community. The fifth section, regarding access to care, asked respondents to select all circumstances they or members of their family had personally experienced within the last three years. The survey was distributed both electronically and on paper and was available in both English and Spanish. CES responses remained anonymous. Participants had the option to include their name and contact information to enter to win one of five gift cards to an electronics retailer or local grocery store. All identifying information was removed prior to analysis. A copy of the survey can be found in Appendix A.

Promotion + Distribution

The OCHD and the CHA/CHIP Steering Committee promoted the CES through a variety of outlets. The OCHD added a survey link to their website and social media pages. The OCHD also shared the link with all county staff, posted flyers and table tents in a main county office building and sent the survey link to community partners working directly with the public. A soft news release was developed and earned media opportunities were secured on local television and radio channels to promote the survey. Paper copies were distributed within health department clinics and other clinical settings in the community for patients to complete while waiting for appointments. Members of the Onondaga County Health Equity Coalition and other stakeholders played an active role in promoting the survey by adding the link to agency websites, posting on social media, forwarding to community listservs, and promoting it to agency staff. Additionally, the survey reached the staff at three large area hospitals, county library patrons, YMCA members, visitors to the Civic Center, and pharmacy customers at a large local grocery chain, among others.

Timeframe

The CES was administered from April 22, 2019 through May 31, 2019. Survey responses were tallied beginning June 14, 2019 to allow time for any paper copies to be received by the OCHD.

Data Entry + Analysis

Paper surveys were entered manually by OCHD support staff. Surveys were excluded if the respondent did not live in Onondaga County or did not answer any questions. Qualitative responses to the survey were categorized into themes and subthemes using a social determinants of health framework (Figure 1 on Page 6). Some responses were coded into multiple subthemes to ensure all content was categorized.

Focus Groups

The OCHD worked with community agencies to identify groups that may be underrepresented in the survey responses and potentially at higher risk for poor health outcomes. Five focus groups were conducted. Populations of focus were racially diverse residents, New Americans, individuals living with a disability, and elderly residents. A facilitator's guide was developed by the OCHD to ensure consistency between focus group sessions. A facilitator and a note-taker from the OCHD attended each group meeting. Focus group participants received a \$10 gift card to a local grocery store for their participation. Focus groups took place between May and October of 2019.

Social Determinants of Health Survey

To solicit additional feedback about barriers to health that are imposed by social and economic factors, a social determinants of health (SDOH) survey was developed by the OCHD Health Assessment Team. The SDOH survey was designed to be administered in person and only take a few minutes to complete. The survey included six main categories of social and economic factors that influence health (see list to the left). Respondents were asked to identify three of these categories that represent the greatest challenge to being healthy. Demographic information was also collected. Survey responses remained anonymous. A copy of the Social Determinants of Health Survey can be found in Appendix B.

The OCHD Health Assessment Team administered the survey in person at the CENTRO Transportation Center in downtown Syracuse. The survey was administered May 15 and 17, 2019. Survey participants were offered bottles of water as an appreciation for participation.

Additional community feedback was gathered through:

- Focus Groups
- Social Determinants of Health Survey

The survey collected feedback on six social determinants of health:

- Adverse early life experiences
- Built environment + neighborhood
- Economic stability
- Education
- Health + healthcare
- Social + community context

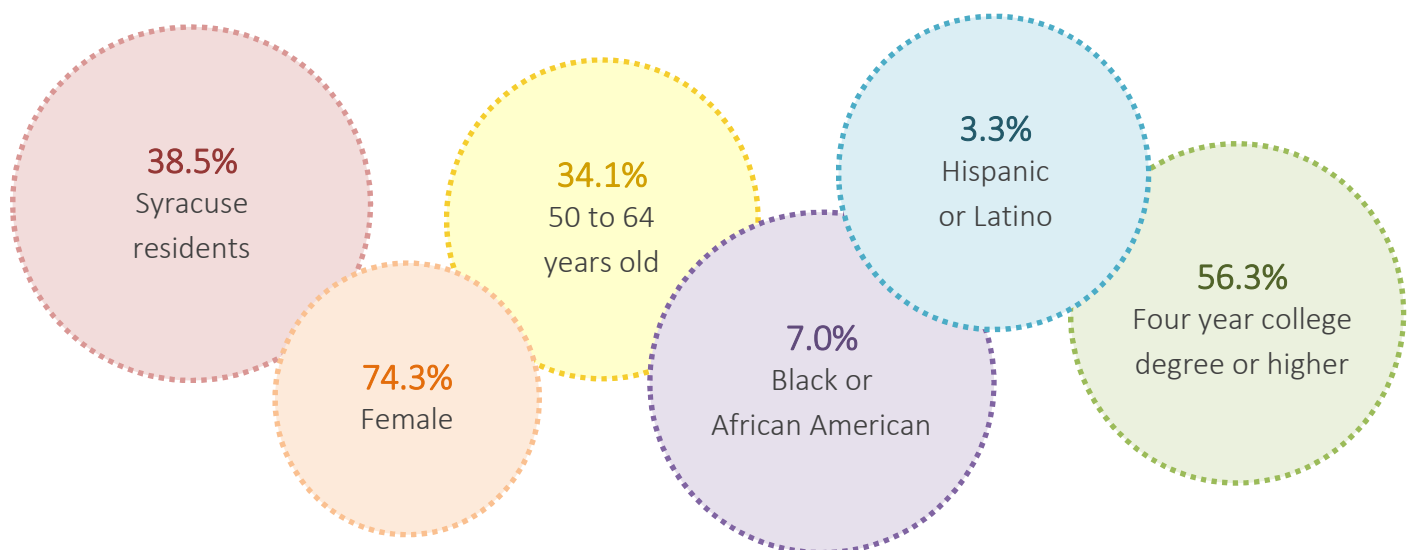
Distribution of Results

The Community Engagement 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 Community Engagement Summary available on its website, and will include it as an appendix to the 2019 – 2021 Community Health Assessment and Community Health Improvement Plan, which will be distributed widely upon completion.

SURVEY RESULTS

Characteristics of Respondents

A total of 3,494 responses from the CES were collected. After excluding non-Onondaga County residents and responses with no data, 3,025 survey responses remained. Of these, 1,165 (38.5%) were from Syracuse residents, and 1,860 (61.5%) were from county residents outside the City of Syracuse. Compared to the general population of Onondaga County, survey respondents were more likely to be female (74.3%), between the ages of 50 – 64 years old (34.1%) and have a 4-year college degree or higher (56.3%). Respondents were also less likely to report being Black or African American (7.0%), or Hispanic or Latino (3.3%). Additionally, 18 responses to the CES were received using the Spanish-language version of the survey, an increase from the last administration of the survey in 2016.



Qualitative Responses

A total of 826 Onondaga County residents completed at least one optional, opened ended question within the CES. Of these, 347 (42.0%) respondents reported living in the City of Syracuse, and 479 (58.0%) respondents reported living outside of Syracuse. Overall, a total of 1,565 qualitative responses were received. Themes and sub themes that responses fell into are identified below in Figure 1.

Figure 1. Qualitative Themes and Sub Themes , Community Engagement Survey

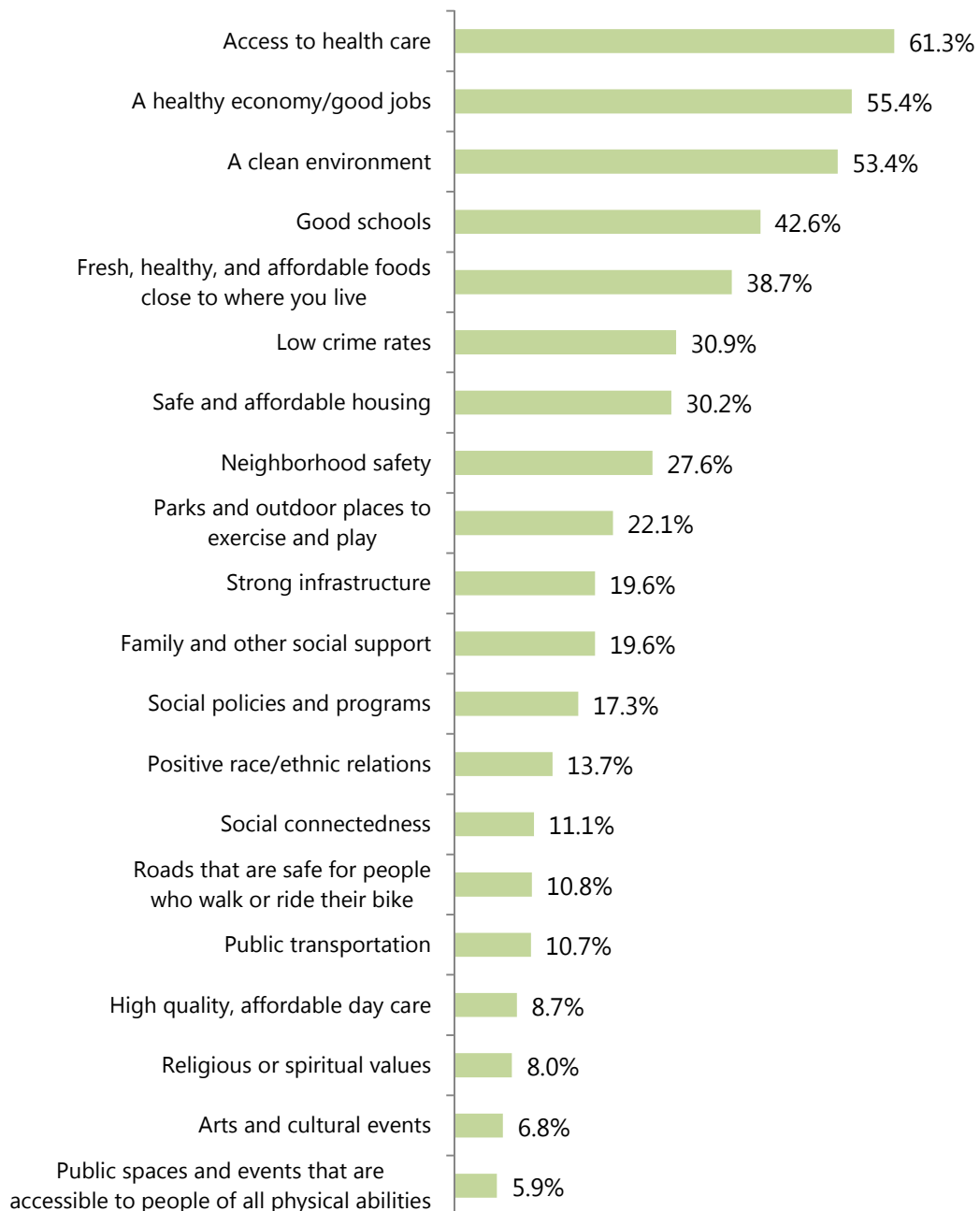
Social + Community Context	Environment	Healthcare	Health	Economic Factors + Stability	Education + Awareness	Other Factors
Collective/ supportive mindset + community engagement	Infrastructure + built environment	Supportive attention + services for high risk groups	Meeting basic needs	Economy, economic growth, poverty + taxes	Health education	Individual + family responsibility
Sense of pride; Positive image of city/county	Transportation	Coordination of care + services	Healthy behaviors + presence of disease	Employment	Schools	Religious or spiritual values
Diversity, inclusivity, equal opportunity + mutual respect	Affordable + quality housing	Affordability of services	Affordable, healthy food	Income + expenses	Communication + awareness	Multiple factors/All
Positive support + presence from government, police + community leaders	Safety	Access to quality services + providers		Daycare		Other
Community events, arts, + culture	Focus on/enabling health lifestyle	Wait time + appointment availability				
	Pollution + environmental sustainability	Competency + understanding				
		Insurance coverage				

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

Features of a Healthy Community

A healthy community includes many features that support the health and quality of life of residents. Survey respondents felt that access to health care was vital for a community to be healthy (61.3%). Respondents also felt that a healthy economy and good jobs (55.4%), a clean environment (53.4%), good schools (42.6%) and fresh, healthy and affordable foods close to where they live (38.7%) were important features of a healthy community.

Figure 2. Features of a Healthy Community, Onondaga County (n=3,018)



“Addressing the social determinants of health will help build the health of the community from the ground up.”

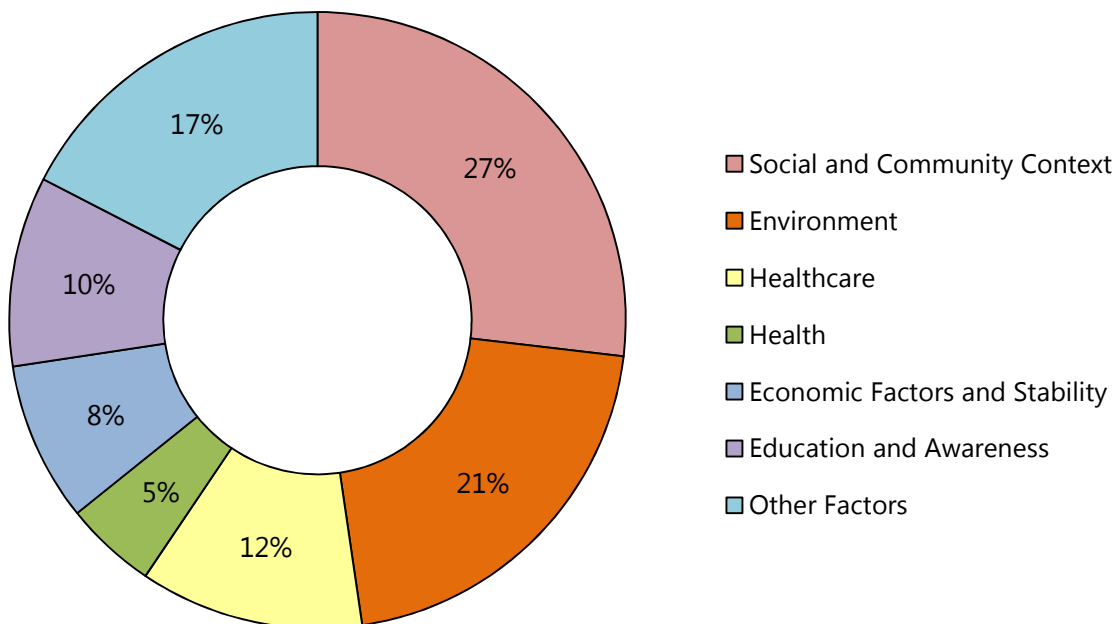
Please share any additional feedback on what you believe makes a healthy community.

Within the qualitative feedback, many survey respondents indicated social and community characteristics as the most important aspect of a healthy community. Within the broad theme of social and community context, the most frequent subthemes identified by respondents were:

- A collective and supportive mindset, and community engagement
- Diversity, inclusivity, equal opportunity, and mutual respect
- Positive support and presence from government, policy, and community leaders

Safety, a sub theme of environment, was also commonly described as a key characteristic of a healthy community.

Figure 3. Features of a Healthy Community, Qualitative Feedback, By Theme, Onondaga County (n=674)

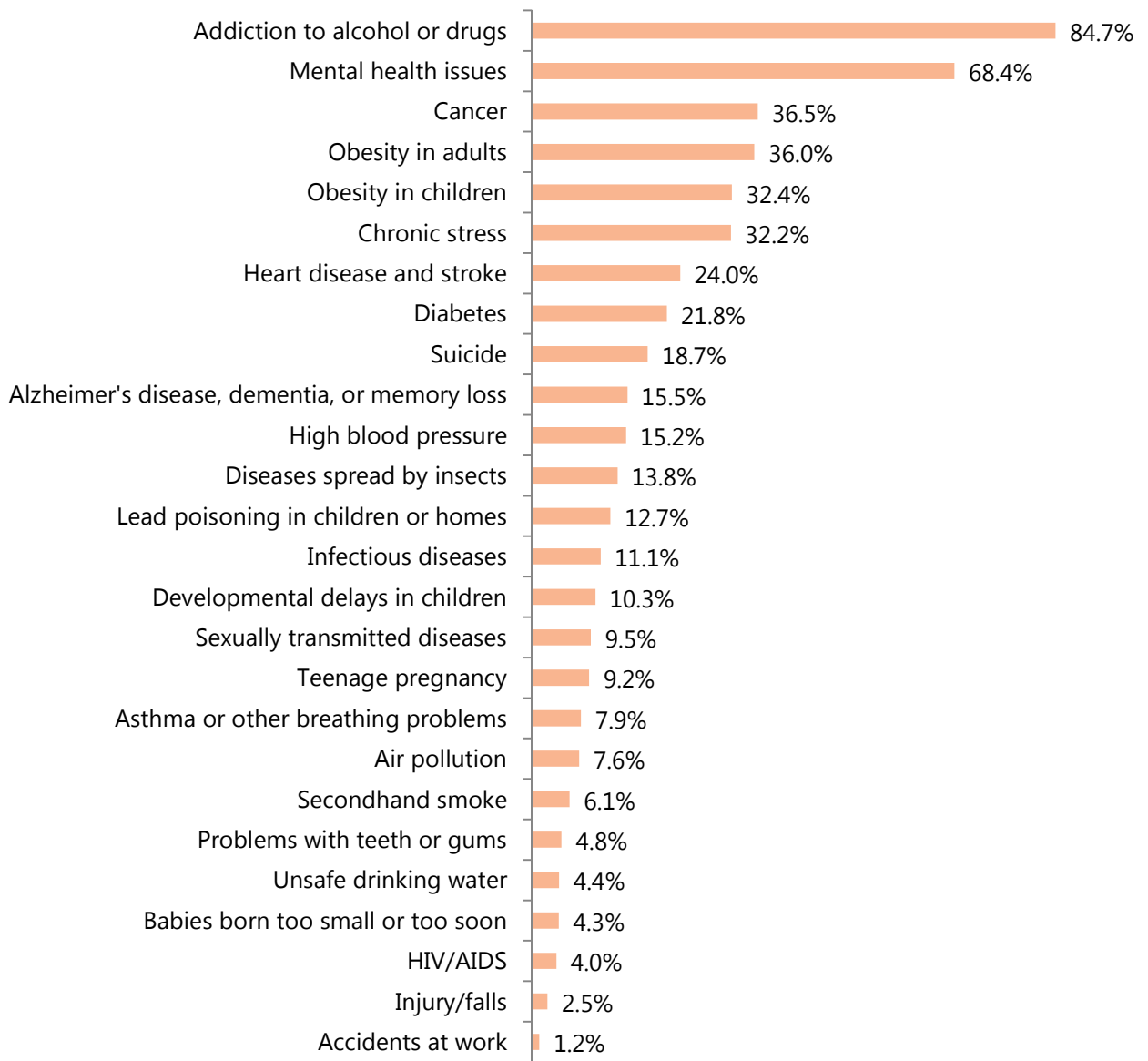


What are the five biggest health problems you believe our community is facing?

Health Problems

Health problems are diseases, medical conditions or environmental factors that can affect a person's health. Respondents identified addiction to alcohol or drugs as the biggest health problem in Onondaga County (84.7%). Mental health issues were identified as the next biggest health problem in Onondaga County (68.4%); in 2016, fewer respondents (52.1%) selected mental health issues as the biggest health problem, indicating a growing concern for this health problem (Table 3 in Appendix C). The next six concerns relate to chronic diseases or conditions including cancer and obesity.

Figure 4. Biggest Health Problems, Onondaga County (n=2,969)



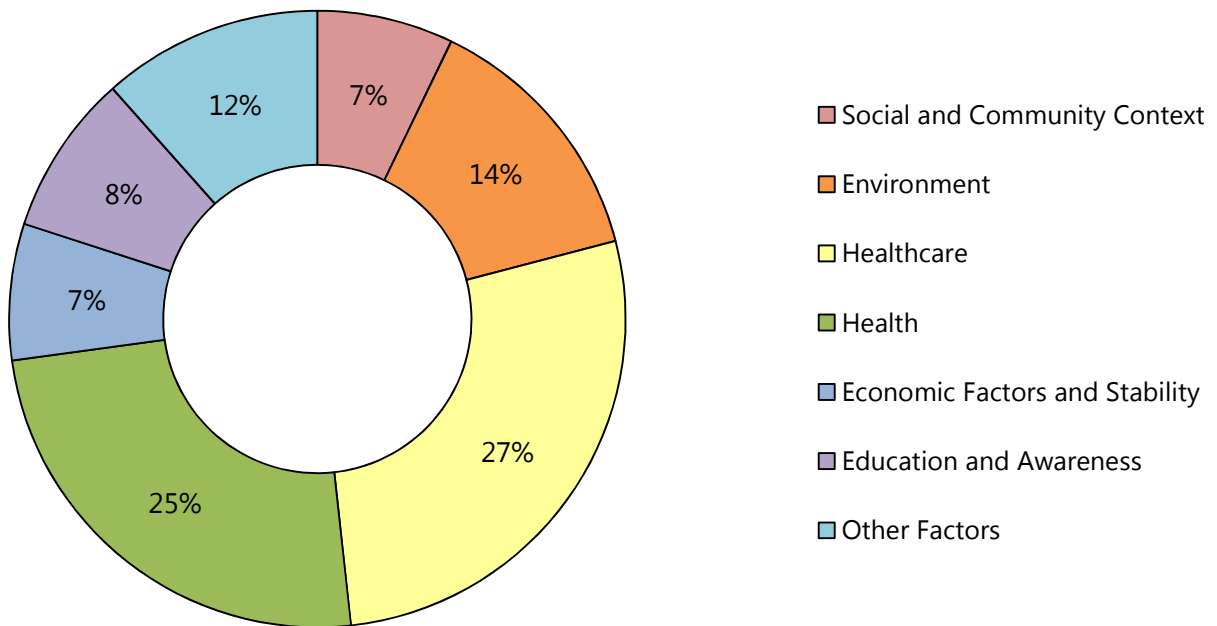
“Mental health and addiction issues lead to/exacerbate so many of these other issues, that it's hard to place any other issues as such a high profile factor to declining community.”

Please share any feedback you have on health problems in our community.

Predominately, the biggest community health problems indicated by open ended survey responses discussed health, healthcare and related resources. Within these categories, the most commonly cited subthemes were:

- Need for increased support and services for high risk groups
- Desire for increased access to quality services and providers
- Unhealthy behaviors and presence of disease or illness

Figure 5. Biggest Health Problems, Qualitative Feedback, By Theme, Onondaga County (n=371)

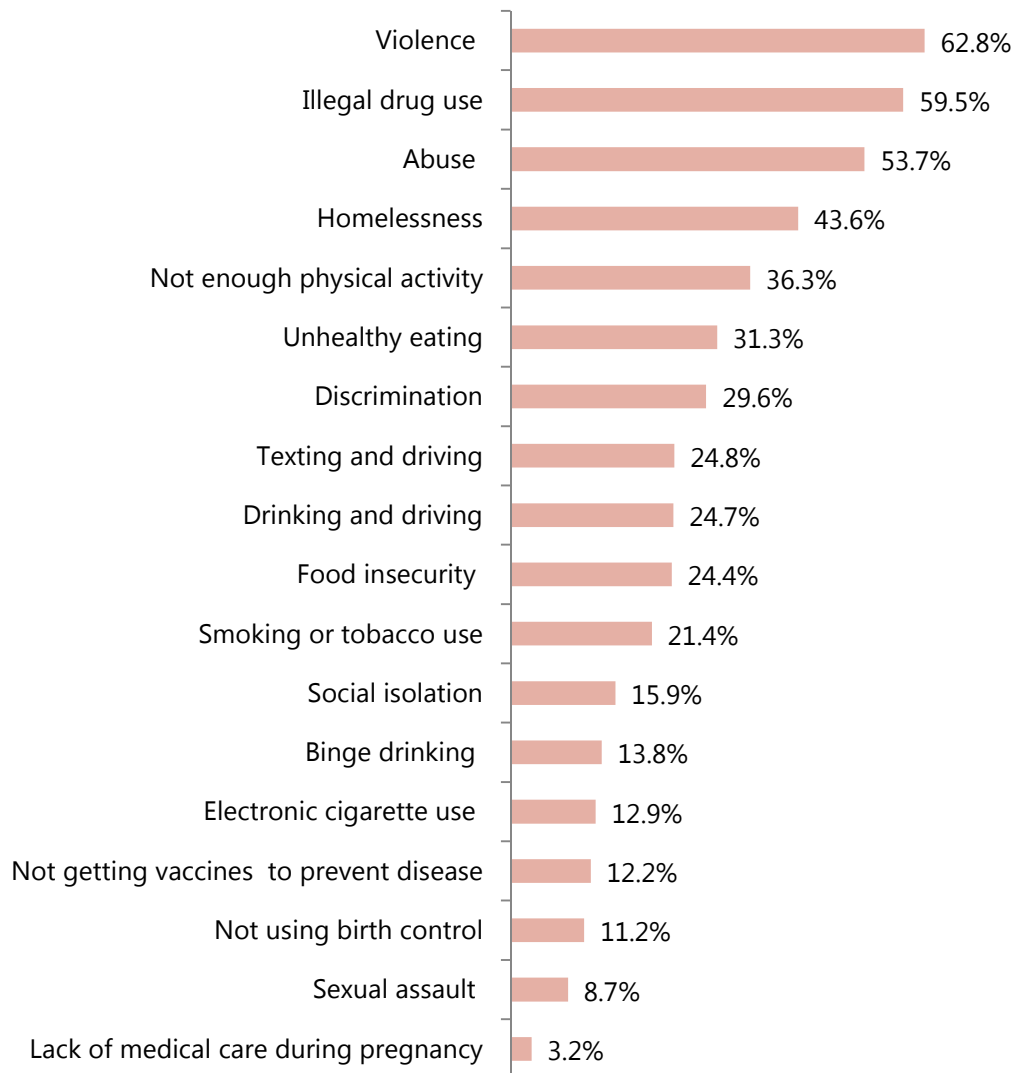


Which five health behaviors or social factors do you believe are the biggest problems for our community?

Health Behaviors + Social Factors

Health behaviors and social factors impact an individual's ability to be healthy. Respondents selected violence (62.8%) as the leading health behavior or social factor influencing health. This was followed by illegal drug use (59.5%), abuse (including emotional, physical, or sexual, 53.7%), and homelessness (43.6%). Concerns about illegal drug use are consistent with the responses for the prior question.

Figure 6. Health Behaviors or Social Factors Most Impacting Health, Onondaga County (n=2,918)



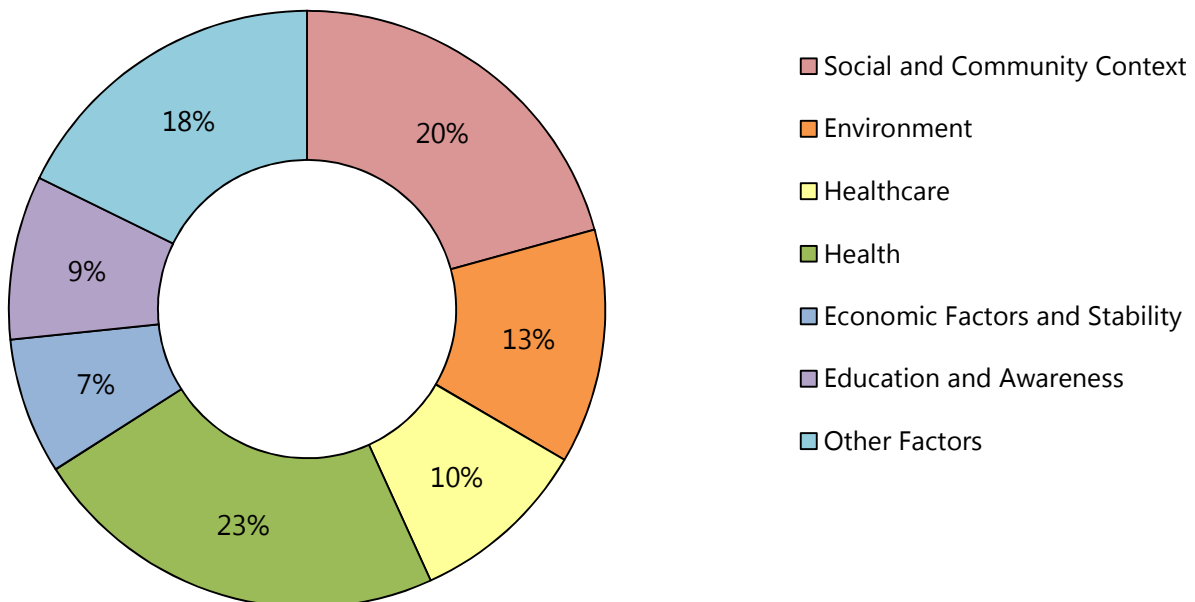
“Violence in Syracuse needs to be addressed... jobs, a healthy economy and reducing food insecurity may alleviate some of this, but attention needs to focus on early intervention beginning at home by educating parents on how to be a positive role model for their children and other children in the neighborhood, followed by increased community resources.”

Please share any additional feedback you have on health behaviors or social factors in our community.

Open-ended feedback regarding health behaviors and social factors was more evenly distributed among themes than the other qualitative questions; the top subthemes indicated by respondents were:

- Need for increased diversity, inclusivity, equal opportunity, and mutual respect
- Need for additional health education
- Failure to meet basic needs
- Safety concerns
- Need for increased support and services for high risk groups

Figure 7. Health Behaviors and Social Factors, Qualitative Feedback, By Theme, Onondaga County (n=223)

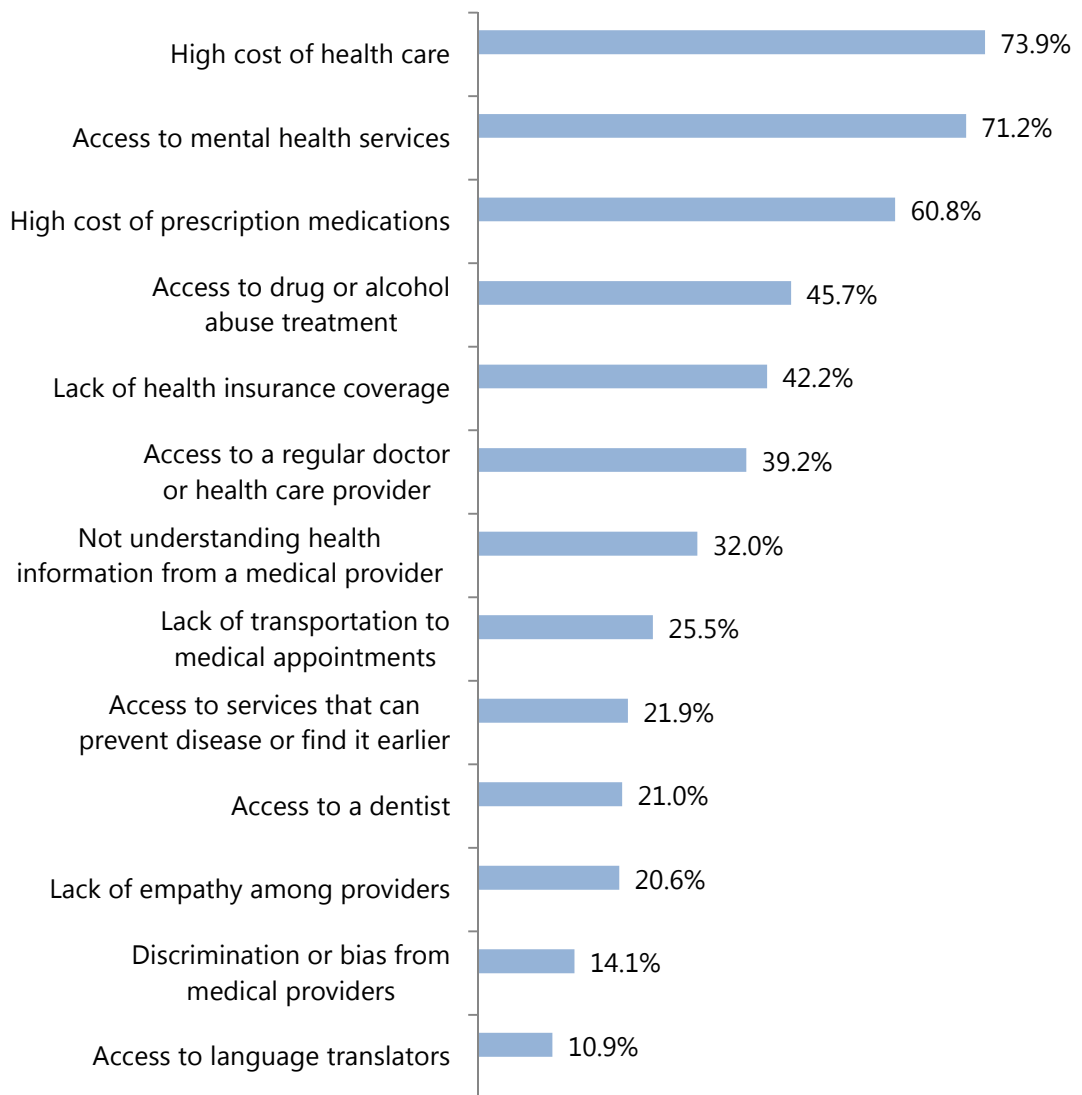


Which five health system issues do you believe are the biggest problems for our community?

Health System Issues

The functioning of a health care delivery system considers if professionals, agencies, and resources comprising that system are meeting community needs. Survey respondents cite the high cost of health care (73.9%) as the largest health system issue in Onondaga County, followed closely by the lack of access to mental health services (71.2%). High cost of prescription medications was also cited as a significant concern (60.8%).

Figure 8. Health System Issues Most Impacting Health, Onondaga County (n=2,890)



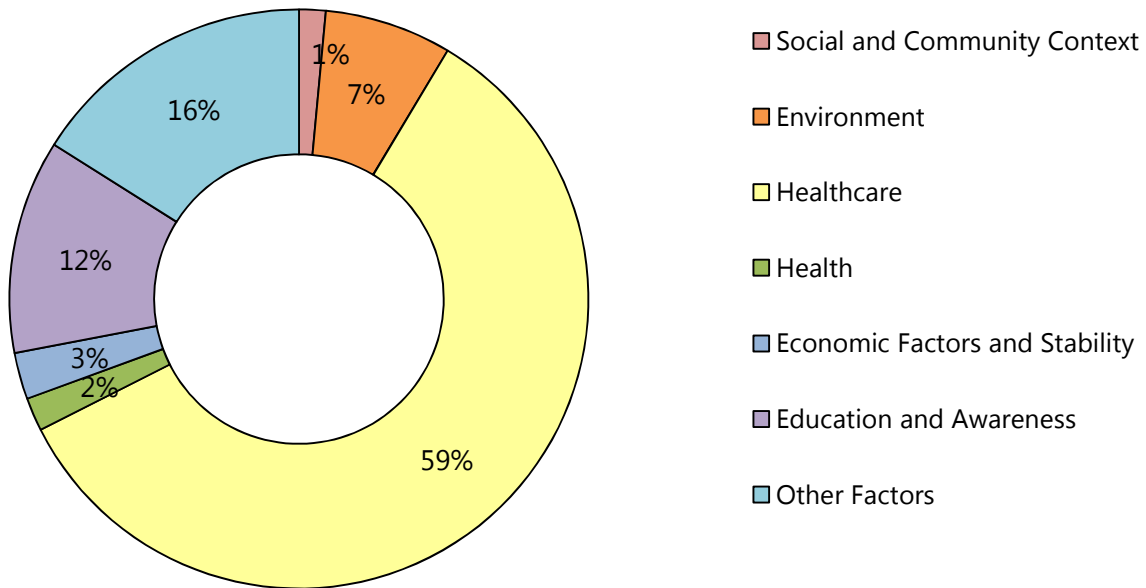
“There are not enough providers in this area. The primary care opportunities for patients are low, long waits to get an appointment. Even for myself I have a tumor in my brain; it was a 2 month wait.”

Please share any additional feedback you have on health system issues in our community.

When evaluating health system issues within the community, qualitative responses focused on the theme of healthcare. While this was the predominate theme, some respondents discussed other social determinants of health impacting the health care delivery system, including limited health education and availability of public transportation for medical appointments. The top healthcare subthemes were:

- Unaffordability of services
- Need for increased access to quality services and providers
- Need for increased support and services for high risk groups
- Lack of or limited insurance coverage

Figure 9. Health System Issues, Qualitative Feedback, By Theme, Onondaga County (n=260)

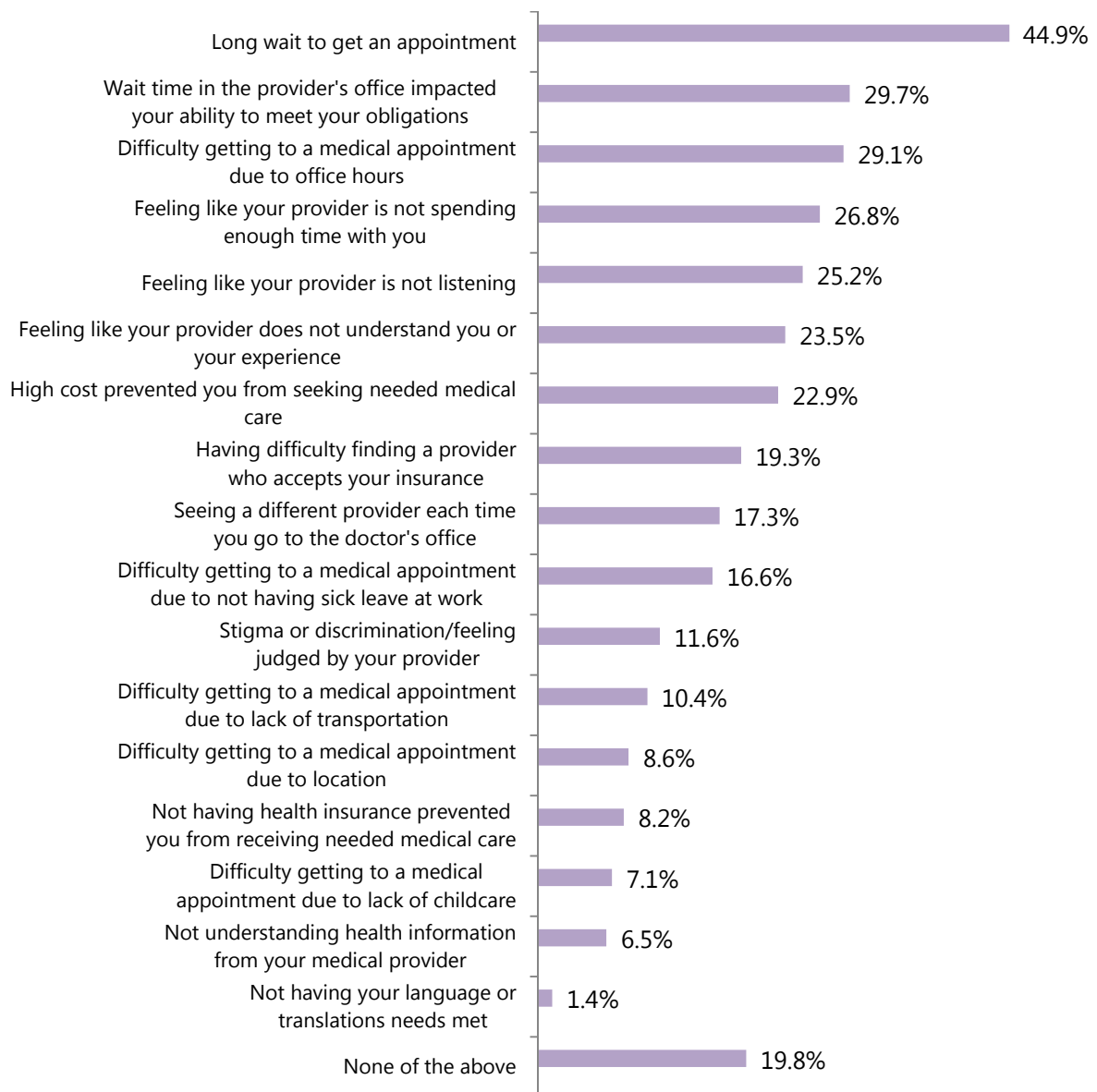


Which of the following have you, or your family experienced when seeking medical care in the last 3 years?

Experiences Seeking Medical Care

Access to quality healthcare is essential to maintain good health and prevent or manage diseases. The most frequently cited experience when seeking medical care was a long wait time to get an appointment (44.9%). Other experiences frequently cited by county residents included, wait time in the provider’s office impacting ability to meet obligations (29.7%) and difficulty getting to a medical appointment due to office hours (29.1%). Feeling rushed during appointments (26.8%), and feeling like providers were not listening (25.2%) or did not understand them/their experience (23.5%) were also common experiences.

Figure 10. Experiences Seeking Medical Care, Onondaga County (n= 2,885)



Notable Geographic Differences

Quantitative data were analyzed to compare responses between Syracuse residents and those living outside the city. Table 1 shows the top five priorities within each topic area by geography. Across all topic areas, top concerns of city and non-city residents aligned. While top priorities were consistent, there were a few notable differences:

- City of Syracuse residents prioritized a clean environment as the second most important feature of a healthy community following access to health care. Non-city residents chose healthy economy and good jobs after access to care.
- While both city and non-city residents identify mental health issues as a significant concern, a lower proportion of city residents (65.2%) selected this response compared to non-city residents (70.4%).

Table 2 provides a breakdown of the five most common experiences seeking medical care by geography. Experiences seeking medical care were fairly consistent among both city and non-city residents, with long wait to get an appointment as the most common experience. Among the five most common experiences, non-city residents identified experiencing these barriers at higher rates than those residing in Syracuse. Difficulty getting a medical appointment due to office hours was the response with the greatest variation, with 31.6% of non-city residents compared to 25.1% of city residents indicating they have had this experience in the last three years.

Within Syracuse, data were also analyzed by zip code of residence. The top five priorities of Syracuse residents by zip code are shown in Appendix C, Table 4 and the top five experiences seeking medical care by zip code are available in Table 5 of Appendix C. Respondents in all zip codes most frequently selected addiction to alcohol or drugs as the top health problem. Within the other topics, responses were fairly consistent with some variation by zip code. Experiences seeing medical care were also consistent by zip code, with every zip code selecting long wait to get an appointment as a top experience.

Table 1. Top Priority Issues by Geography

Topic Area		Onondaga County	City of Syracuse	Rest of County
Features of a Healthy Community	Access to health care	61.3%	58.9%	62.8%
	Healthy economy/good jobs	55.4%	51.5%	57.8%
	Clean environment	53.4%	56.1%	51.8%
	Good schools	42.6%	41.3%	43.5%
	Fresh, healthy + affordable food	38.7%	38.4%	38.8%
Health Problems	Addiction to alcohol or drugs	84.7%	81.5%	86.8%
	Mental health issues	68.4%	65.2%	70.4%
	Cancer	36.5%	35.5%	37.2%
	Obesity in adults	36.0%	35.5%	36.3%
	Obesity in children	32.4%	32.8%	31.7%
Health Behaviors/ Social Factors	Violence	62.8%	59.5%	64.8%
	Illegal drug use	59.5%	56.4%	61.4%
	Abuse	53.7%	54.9%	52.9%
	Homelessness	43.6%	43.5%	43.7%
	Not enough physical activity	36.3%	36.2%	36.5%
Health Systems	High cost of health care	73.9%	70.4%	76.2%
	Access to mental health services	71.2%	67.0%	73.8%
	High cost of prescription medications	60.8%	56.9%	63.3%
	Access to drug or alcohol treatment	45.7%	42.7%	47.5%
	Lack of health insurance coverage	42.2%	41.6%	42.5%

Notes: 1)'Onondaga County' is inclusive of City of Syracuse respondents. 'Rest of County' represents county residents excluding responses from those residing in the City of Syracuse. 2) Responses are listed in the order in which they were selected by Onondaga County Residents.

Table 2. Most Common Experiences Seeking Medical Care by Geography

	Onondaga County	City of Syracuse	Rest of County
Long wait to get an appointment	44.9%	44.7%	44.9%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	29.7%	27.8%	30.8%
Difficulty getting to a medical appointment due to office hours	29.1%	25.1%	31.6%
Feeling like your provider is not spending enough time with you	26.8%	23.9%	28.7%
Feeling like your provider is not listening	25.2%	23.0%	26.6%

Notes: 1)'Onondaga County' is inclusive of City of Syracuse respondents. 'Rest of County' represents county residents excluding responses from those residing in the City of Syracuse. 2) Responses are listed in the order in which they were selected by Onondaga County Residents.

Notable Demographic Differences

The top priorities were fairly consistent across demographic categories with slight variations by race, ethnicity, age, gender, and education level. A breakdown of responses by demographics is provided in Tables 6 – 30 of Appendix C. Key differences are noted below:

- Black or African American respondents reported concerns for discrimination, high blood pressure, HIV/AIDS, homelessness and STDs, where White respondents had greater concern for obesity, illegal drug use and the high cost of health care.
- Hispanic or Latino respondents chose access to language translators, discrimination and STDs as high priorities.
- Respondents aged 65 and older cited Alzheimer's disease, dementia or memory loss; access to health care; and high cost of prescription medications as top concerns, while those aged 18 to 34 cited mental health and clean environment as concerns more frequently.
- Females had greater concerns about access to mental health services and fresh, healthy and affordable foods close to where they live, while males prioritized strong infrastructure (roads, bridges, water pipes, etc.)
- Those with a high school degree or less reported drinking and driving, homelessness, and difficulty getting to a medical appointment due to lack of transportation more than those with a four year degree or higher, who cited obesity and healthy eating as top community concerns.

Comparison to 2016

The CES was last administered to Onondaga County residents in 2016. Table 3 provides a breakdown of survey results by year. In 2019, additional response options were added to the survey making some data incomparable across years. In general, top responses between 2016 and 2019 stayed somewhat consistent. Notable differences are described below:

- Compared to 2016, respondents in 2019 selected violence more frequently than illegal drug use as the health behavior/social factor of greatest concern.
- In 2019, the high cost of health care was prioritized over access to mental health services, the top response in the health systems category for 2016.
- Access to health care was prioritized as the most important feature of a healthy community in 2019, compared to a healthy economy and good jobs in 2016.

Table 3. Top Priority Issues by Year, Onondaga County

Topic Area		2016	2019
Features of a Healthy Community	Access to health care	54.2%	61.3%
	Healthy economy/good jobs	61.0%	55.4%
	Clean environment	36.0%	53.4%
	Good schools	48.5%	42.6%
	Fresh, healthy + affordable food	38.1%	38.7%
Health Problems	Addiction to alcohol or drugs	87.4%	84.7%
	Mental health issues	52.1%	68.4%
	Cancer	44.9%	36.5%
	Obesity in adults	50.5%	36.0%
	Obesity in children	40.7%	32.4%
Health Behaviors/ Social Factors	Violence	68.0%	62.8%
	Illegal drug use	76.0%	59.5%
	Abuse	48.0%	53.7%
	Homelessness	39.8%	43.6%
	Not enough physical activity	42.5%	36.3%
Health Systems	High cost of health care	63.7%	73.9%
	Access to mental health services	64.0%	71.2%
	High cost of prescription medication	55.0%	60.8%
	Access to drug or alcohol treatment	54.0%	45.7%
	Lack of health insurance coverage	38.1%	42.2%

Note: Responses are listed in the order in which they were selected by respondents to the 2019 survey.

FOCUS GROUPS

The OCHD worked with community agencies to identify groups that may have been underrepresented in the CES or that are potentially at higher risk for adverse health outcomes. A total of five focus groups were conducted from May through October of 2019. Populations of focus were racially diverse residents, New Americans, individuals living with a disability, and elderly residents. Focus group prompts directed participants to think about social determinants of health and how these factors influence health and well-being in Onondaga County.

“A lot of drug use comes from peer pressure.”

P.E.A.C.E, Inc.

The first focus group was conducted with community members at P.E.A.C.E, Inc.'s Baldwinsville, NY location on May 8, 2019. P.E.A.C.E, Inc. is a community based organization aiming to bolster self-efficacy among community members. The majority of focus group participants were White and both females and males participated. It is estimated that most participants were approximately 45 to 65 years old. The major themes of the focus group were as follows:

- Early education and intervention for drug use is essential to improving the health and wellbeing of the community's youth.
- There is a lack of empathy and too much bias from healthcare providers.
- The cost of meeting basic needs is increasing; healthcare, prescriptions, food, and transportation are unaffordable.

“I've done voter registration for years and getting our people out to vote is no easy task.”

Dunbar Association

The next focus group was held on May 10, 2019 at the Dunbar Association in Syracuse, NY. The Dunbar Association aims to establish racial equality within the greater Syracuse, NY area. All focus group participants were Black and there was an even breakdown of females and males. It is estimated that all participants were 50 years of age or older. The following themes were identified:

- Improvements in education and literacy are needed across all age cohorts.
- There is need for greater supports for accessing affordable, quality housing, and for safe neighborhoods, especially in the City of Syracuse. Participants saw this as a role of local government.
- There are too many barriers to receive a good education, such as transportation, which has contributed to decreased civic engagement.

“I am profiled a lot because there is not enough education.”

ARISE

On July 3, 2019, OCHD conducted a focus group with ARISE, a non-residential independent living center for people of all ages and physical abilities. A majority of participants were female with estimated ages ranging from 30 to 60 years old. The following themes were identified:

- Public transportation, especially for those with physical disabilities, needs to improve; changes hours of operation, drop-off and pick up locations, and increased accessibility are needed.
- Access to accessible and affordable housing for those with physical disabilities is extremely limited, especially in the City of Syracuse.
- Within health care, there is a need for more accommodations and greater sensitivity for individuals living with a disability.

“When children grow up in poverty and with parents who do drugs, it becomes a cycle.”

Northeast Community Center

The next focus group was conducted at the Northeast Community Center in Syracuse, NY on July 11, 2019. The Center serves a diverse population and is located in an area of concentrated poverty. The majority of focus group participants were female. Estimated ages ranged from 30 and 70 years old. The group members had strong existing interpersonal connections which enabled them to discuss several sensitive and important topics. The main themes included:

- The lack of a sense of community within Syracuse, which participants believe is perpetuating violence, crime, and social isolation.
- Quality education is essential for employment opportunities and financial stability; one barrier to receiving a quality education for inner-city students is the lack of safety felt at school.
- It is difficult to utilize medical services due to cost. Health insurance is complicated to understand.

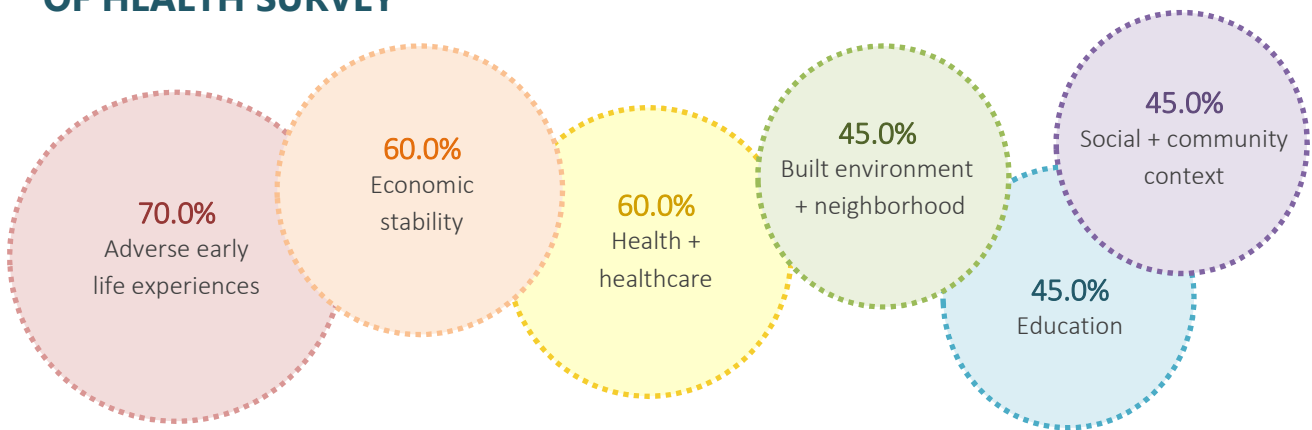
“Transportation has become a class issue that has been forgotten.”

Catholic Charities

On October 11, 2019, the final focus group was conducted with New Americans and staff from Catholic Charities of Onondaga County. Catholic Charities is a community based organization focused on providing services to people in need and advocating for social justice. A majority of the participants were female, with estimated ages ranging from 25 to 60 years old. The following themes were identified:

- Enhanced communication between patients and providers, particularly as it relates to cultural competency, is needed to improve health care delivery.
- Expanding access to basic needs, such as affordable housing, transportation, child care and healthy foods, is vital to supporting the health and well-being of community members.
- It is important to address the root causes of early childhood trauma, including parental, household and community support.

SOCIAL DETERMINANTS OF HEALTH SURVEY



Patrons at CENTRO’s Transportation Center in downtown Syracuse were invited to participate in a short SDOH survey. Participants were asked to select three, out of six topics, that they believe are the biggest challenges to being healthy in our community. Topics focused on social determinants of health and included: adverse early life experiences, economic stability, health and healthcare, built environment and neighborhood, education, and social and community context.

Characteristics of Respondents

A total of 29 responses to the SDOH survey were collected. 20 respondents indicated residing Onondaga County, while the remaining 9 did not respond to this question and were therefore excluded from analysis. Compared to the general population of Onondaga County, a higher percentage of respondents identified as Black or African American (45.0%), Hispanic (25.0%) and Female (60.0%). A total of 15 respondents provided a zip code of residence and of those, 13 (86.7%) live in the City of Syracuse.

Results

Overall, county residents indicated that adverse early life experiences (70.0%), economic stability (60%), and health and health care (60%) were the categories that posed the greatest challenges to health in our community. A breakdown of responses by topic area is provided above.

CONCLUSION

Items for Action

Through this comprehensive community engagement process, it is clear that there is strong agreement within the community around top health priorities. Addressing **addiction to drugs, mental health conditions, chronic diseases,** and **trauma and violence**, is extremely important to residents.

Residents have also collectively recognized **access to health and mental health care, a healthy economy,** and **a clean environment** as key characteristics of a healthy community.

Next Steps

Over the next several months, OCHD and the CHA/CHIP Steering Committee will utilize this community feedback together with health indicator data and feedback from community stakeholders to develop the 2019-2021 Onondaga County Community Health Assessment and Improvement Plan. Once developed, the document will be distributed widely and will be available on the Onondaga County Health Department website.

Appendix A

Community Health Assessment- Community Engagement Survey

What are your thoughts about the health of our community? If you are 18 or older and live in Onondaga County, we want to hear from you! Please answer this survey that will take about 10 minutes. We will keep your answers private.

This survey is part of a “Community Health Assessment.” A key part of this process is hearing about the health issues that are important to you! The Onondaga County Health Department will use this information to work on ways to improve the health of people who live here. If you happen to receive this survey more than once, please only take it one time.

At the end of this survey you can enter a drawing to win one of **five (5) \$50 gift cards to Best Buy or Wegmans!**

Please complete and return this survey by **Friday, May 31**. Mailing address is on the last page.

If you prefer to take this survey online, visit www.surveymonkey.com/r/OCHD_CHA2019 or scan the QR code at right.

Thank you for your thoughts and feedback!



Start Survey:

WHERE DO YOU LIVE?

1. Do you live in Onondaga County?

- Yes
- No {If no, please do not complete this survey. It is for Onondaga County residents only.}

2. Do you live in the City of Syracuse?

- Yes
- No



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HEALTHY COMMUNITY

A healthy community includes features that can improve the health and quality of life of the people who live there.

3. Please select the five (5) features you believe are the most important for a healthy community.

Healthy Community

- | | |
|---|--|
| <input type="checkbox"/> A clean environment (no pollution or trash in public spaces including parks, playgrounds, and lakes) | <input type="checkbox"/> Positive race / ethnic relations |
| <input type="checkbox"/> A healthy economy / good jobs | <input type="checkbox"/> Public spaces and events that are accessible to people of all physical abilities |
| <input type="checkbox"/> Access to health care (family doctor, hospitals, etc.) | <input type="checkbox"/> Public transportation (buses, trains, taxis, etc.) |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Family and other social support | <input type="checkbox"/> Roads that are safe for people who walk or ride their bike |
| <input type="checkbox"/> Fresh, healthy, and affordable foods close to where you live | <input type="checkbox"/> Safe and affordable housing |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Social connectedness (a strong sense of community) |
| <input type="checkbox"/> High quality, affordable day care | <input type="checkbox"/> Social policies and programs (parental leave, social security, employment health insurance, etc.) |
| <input type="checkbox"/> Low crime rates | <input type="checkbox"/> Strong infrastructure (roads, bridges, water pipes, etc.) |
| <input type="checkbox"/> Neighborhood safety | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Parks and outdoor places to exercise and play | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |

4. Please share any additional feedback on what you believe makes a healthy community.



HEALTH PROBLEMS

Health problems are diseases, medical conditions, or environmental factors that can affect a person's health.

5. Please select the five (5) biggest health problems you believe our community is currently facing.

Health Problems

-
- | | |
|--|---|
| <input type="checkbox"/> Accidents at work | <input type="checkbox"/> Infectious diseases (flu, hepatitis, TB, etc.) |
| <input type="checkbox"/> Addiction to alcohol or drugs | <input type="checkbox"/> Injury/ Falls |
| <input type="checkbox"/> Air pollution | <input type="checkbox"/> Lead poisoning in children or homes |
| <input type="checkbox"/> Alzheimer's disease, dementia, or memory loss | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Asthma or other breathing problems | <input type="checkbox"/> Obesity in adults |
| <input type="checkbox"/> Babies born too small or too soon | <input type="checkbox"/> Obesity in children |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Problems with teeth or gums |
| <input type="checkbox"/> Chronic stress | <input type="checkbox"/> Secondhand smoke |
| <input type="checkbox"/> Developmental delays in children | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Diseases spread by insects (Lyme disease, EEE, West Nile virus, etc.) | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Unsafe drinking water |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> HIV / AIDS | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |

6. Please share any additional feedback you have on health problems in our community.



HEALTH BEHAVIORS AND SOCIAL FACTORS

Health behaviors are actions taken by people that can impact their health. Social factors are facts and experiences that impact a person's lifestyle, including their ability to be healthy.

7. Please select the five (5) health behaviors or social factors you believe are the biggest problems for our community.

Health Behaviors and Social Factors

-
- | | |
|--|---|
| <input type="checkbox"/> Abuse (including emotional, physical, or sexual) | <input type="checkbox"/> Not getting vaccines (shots) to prevent disease |
| <input type="checkbox"/> Binge drinking (having many alcoholic drinks in a short period of time) | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Discrimination (based on age, gender, physical ability, race, religious beliefs, sexual preference, etc.) | <input type="checkbox"/> Sexual assault (including rape) |
| <input type="checkbox"/> Drinking and driving | <input type="checkbox"/> Smoking or tobacco use (cigarettes, hookah, chewing tobacco, etc.) |
| <input type="checkbox"/> Electronic cigarette use (vaping) | <input type="checkbox"/> Social isolation |
| <input type="checkbox"/> Food insecurity (not having enough food to eat) | <input type="checkbox"/> Texting and driving |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Unhealthy eating |
| <input type="checkbox"/> Illegal drug use | <input type="checkbox"/> Violence (guns, gang violence, neighborhood violence, drug violence, etc.) |
| <input type="checkbox"/> Lack of medical care during pregnancy | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Not enough physical activity | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |

8. Please share any additional feedback you have on health behaviors or social factors in our community.



HEALTH SYSTEM

The health system is the organization of people, agencies and resources that deliver services to meet the health needs of our community. Health system issues are factors that can affect the health system's ability to meet community needs.

9. Please select the five (5) health system issues you believe are the biggest problems in our community.

Health System Issues

-
- | | |
|---|--|
| <input type="checkbox"/> Access to a dentist | <input type="checkbox"/> High cost of health care |
| <input type="checkbox"/> Access to a regular doctor or health care provider | <input type="checkbox"/> High cost of prescription medications |
| <input type="checkbox"/> Access to drug or alcohol abuse treatment | <input type="checkbox"/> Lack of empathy among providers |
| <input type="checkbox"/> Access to language translators | <input type="checkbox"/> Lack of health insurance coverage |
| <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Lack of transportation to medical appointments (car, bus, ride from a friend, etc.) |
| <input type="checkbox"/> Access to services that can prevent disease or find it earlier (vaccines, screening tests, etc.) | <input type="checkbox"/> Not understanding health information from a medical provider (after leaving the hospital or during a medical appointment) |
| <input type="checkbox"/> Discrimination or bias from medical providers | <input type="checkbox"/> Other (please specify): |

10. Please share any additional feedback you have on health system issues in our community.



ACCESS TO CARE

Access to care refers to the ease with which a person obtains needed medical services. Access to medical care impacts a person's ability to be healthy.

11. Which one of the following have you, or your family, experienced when seeking medical care in the last 3 years? (Select **all** that apply.)

Access to Care Issues

-
- | | |
|---|---|
| <input type="checkbox"/> Difficulty getting to a medical appointment due to lack of transportation | <input type="checkbox"/> High cost prevented you from seeking needed medical care |
| <input type="checkbox"/> Difficulty getting to a medical appointment due to location | <input type="checkbox"/> Long wait to get an appointment |
| <input type="checkbox"/> Difficulty getting to a medical appointment due to lack of childcare | <input type="checkbox"/> Not having health insurance prevented you from receiving needed medical care |
| <input type="checkbox"/> Difficulty getting to a medical appointment due to not having sick leave at work | <input type="checkbox"/> Not having your language or translations needs met |
| <input type="checkbox"/> Difficulty getting to a medical appointment due to office hours | <input type="checkbox"/> Not understanding health information from your medical provider |
| <input type="checkbox"/> Feeling like your provider does not understand you or your experience | <input type="checkbox"/> Seeing a different provider each time you go to the doctor's office |
| <input type="checkbox"/> Feeling like your provider is not listening | <input type="checkbox"/> Stigma or discrimination/feeling judged by your provider |
| <input type="checkbox"/> Feeling like your provider is not spending enough time with you | <input type="checkbox"/> Wait time in the providers' office impacted your ability to meet your obligations (work, family, etc.) |
| <input type="checkbox"/> Having difficulty finding a provider who accepts your insurance | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Other (please specify): |



DEMOGRAPHICS

Understanding how people from different backgrounds feel about health issues in our county can help us plan the best ways to improve health. Your information will not be shared or used to identify you in any way.

12. Your age:

- 18-34
- 35-49
- 50-64
- Over 65
- I prefer not to answer

13. Your ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Don't know / Not sure
- I prefer not to answer

14. Your race: (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Don't know / Not sure
- Other
- I prefer not to answer

15. Your gender:

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Nonconforming
- Genderqueer/Non-binary
- I prefer not to answer
- Other (please specify if comfortable):

16. Your highest education level

- Less than high school
- High school graduate or GED
- Some college, no degree
- 2 year college degree
- 4 year college degree or higher
- I prefer not to answer

17. The zip code where you live:



18. If you would like to be entered into a drawing for a **\$50** gift card, please write your name and contact information below. This will not be linked to any of your survey responses.

Name:

Email address:

Phone number:

Thank you for participating in this survey!

The information you shared will help to improve the health of all Onondaga County residents. If you have any further questions or concerns, please contact Lorraine Alcover Fernández at (315) 435-3280 or lorrainealcover@ongov.net.

Please mail or email completed surveys to:

Lorraine Alcover Fernández
Onondaga County Health Department
421 Montgomery Street, 9th Floor
Syracuse, NY 13202

Email: lorrainealcover@ongov.net



Appendix B

Please do NOT include your name, address, or other identifying information. **Thanks!**



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Do you live in Onondaga County?: Yes No

Your gender:

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Nonconforming
- Genderqueer/Non-binary
- I prefer not to answer
- Other (please specify if comfortable) :

Your race: (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Don't Know/ Not sure
- Other
- I prefer not to answer

Your age:

- 18-34
- 35-49
- 50-64
- Over 65
- I prefer not to answer

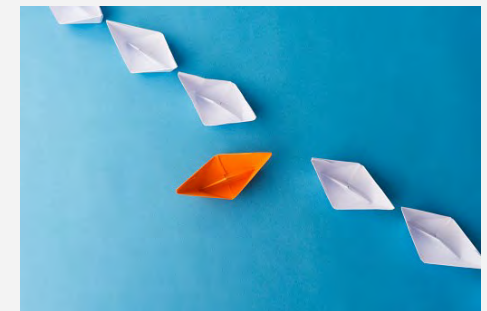
Your highest education level:

- Less than high school
- High school graduate or GED
- Some college, no degree
- 2 year college degree
- 4 year college degree or higher
- I prefer not to answer

Your ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Don't know/Not sure
- I prefer not to answer

Your zip code: _____



*"Making Onondaga County
the healthiest place
for people of all ages!"*

Please mail all completed surveys to:
Onondaga County Health Department
421 Montgomery Street, 9th floor
Syracuse, NY 13202

Healthy Community Survey

Please select **3** topics you believe are the biggest challenges to being healthy in our community . . .



Adverse Early Life Experiences

This includes:

- Trauma
- Neglect
- Drug Use
- Abuse/ Violence (physical, sexual and emotional)

Built Environment and Neighborhood

This includes:

- Lack of parks and places to be active
- Transportation challenges (car, bus, bike lanes)
- Unsafe neighborhoods
- Access to good and safe housing
- A clean environment (air and water quality)

Economic Stability

This includes:

- Unemployment
- Living in poverty
- Access to affordable housing
- Not having enough food to eat

Education

This includes:

- High School graduation
- Access to college education
- Access to early childhood education
- Being able to read and write

Health and Health Care

This includes:

- Access to health insurance
- Access to health care
- Having a regular doctor
- Being able to understand your doctor

Social and Community Context

This includes:

- Discrimination
- Challenges with the judicial system (jail or prison)
- Lack of community activities
- Difficulty voting

Thank you for your valuable feedback!

Appendix C

Top Priority Issues by Geography

Topic Area		Onondaga County	City of Syracuse	Rest of County
Health Problems	Addiction to alcohol or drugs	84.7%	81.5%	86.8%
	Cancer	36.5%	35.5%	37.2%
	Mental health issues	68.4%	65.2%	70.4%
	Obesity in adults	36.0%	35.5%	36.3%
	Obesity in children	32.4%	32.8%	31.7%
Health Behaviors/ Social Factors	Abuse	53.7%	54.9%	52.9%
	Homelessness	43.6%	43.5%	43.7%
	Illegal drug use	59.5%	56.4%	61.4%
	Not enough physical activity	36.3%	36.2%	36.5%
	Violence	62.8%	59.5%	64.8%
Health Systems	Access to drug or alcohol treatment	45.7%	42.7%	47.5%
	Access to mental health services	71.2%	67.0%	73.8%
	High cost of health care	73.9%	70.4%	76.2%
	High cost of prescription medication	60.8%	56.9%	63.3%
	Lack of health insurance coverage	42.2%	41.6%	42.5%
Creating a Healthy Community	Access to health care	61.3%	58.9%	62.8%
	Clean environment	53.4%	56.1%	51.8%
	Fresh, healthy + affordable food	38.7%	38.4%	38.8%
	Good schools	42.6%	41.3%	43.5%
	Healthy economy/good jobs	55.4%	51.5%	57.8%

Source: Onondaga County Community Engagement Survey, 2019

Note: 'Onondaga County' is inclusive of City of Syracuse respondents. 'Rest of County' represents county residents excluding responses from those residing in the City of Syracuse.

5 Most Common Experiences Seeking Medical Care by Geography

	Onondaga County	City of Syracuse	Rest of County
Difficulty getting to a medical appointment due to office hours	29.1%	25.1%	31.6%
Feeling like your provider is not listening	25.2%	23.0%	26.6%
Feeling like your provider is not spending enough time with you	26.8%	23.9%	28.7%
Long wait to get an appointment	44.9%	44.7%	44.9%
Wait time in the provider's office impacted your ability to meet your obligations (work, family, etc.)	29.7%	27.8%	30.8%

Source: Onondaga County Community Engagement Survey, 2019

Note: 'Onondaga County' is inclusive of City of Syracuse respondents. 'Rest of County' represents county residents excluding responses from those residing in the City of Syracuse.

Top Priority Issues by Year, Onondaga County

Topic Area		2016	2019
Health Problems	Addiction to alcohol or drugs	87.4%	84.7%
	Cancer	44.9%	36.5%
	Mental health issues	52.1%	68.4%
	Obesity in adults	50.5%	36.0%
	Obesity in children	40.7%	32.4%
Health Behaviors/ Social Factors	Abuse	48.0%	53.7%
	Homelessness	39.8%	43.6%
	Illegal drug use	76.0%	59.5%
	Not enough physical activity	42.5%	36.3%
	Violence	68.0%	62.8%
Health Systems	Access to drug or alcohol treatment	54.0%	45.7%
	Access to mental health services	64.0%	71.2%
	High cost of health care	63.7%	73.9%
	High cost of prescription medication	55.0%	60.8%
	Lack of health insurance coverage	38.1%	42.2%
Creating a Healthy Community	Access to health care	54.2%	61.3%
	Clean environment	36.0%	53.4%
	Fresh, healthy + affordable food	38.1%	38.7%
	Good schools	48.5%	42.6%
	Healthy economy/good jobs	61.0%	55.4%

Source: Onondaga County Community Engagement Survey, 2016 and 2019

Top Priority Issues by Zip Code (City of Syracuse)

Topic Area	13224	13210	13208	13207	13206	13205	13204	13203	13202
Health Problems									
Addiction to alcohol or drugs	85.7%	71.3%	83.0%	81.9%	87.7%	83.3%	85.9%	84.2%	80.0%
Cancer	23.8%	28.7%	33.9%	34.0%	31.2%	38.5%	33.3%	32.5%	35.6%
Mental health issues	73.0%	63.4%	68.8%	63.8%	71.7%	71.8%	71.9%	67.5%	68.9%
Obesity in adults	41.3%	33.7%	25.9%	41.5%	34.1%	20.5%	23.7%	27.5%	42.2%
Obesity in children	28.6%	27.7%	28.6%	39.4%	29.0%	23.1%	25.9%	25.0%	22.2%
Health Behaviors/ Social Factors									
Abuse	47.6%	47.5%	58.9%	70.2%	57.2%	50.0%	68.1%	66.7%	51.1%
Homelessness	39.7%	43.6%	43.8%	44.7%	50.0%	55.1%	62.2%	59.2%	62.2%
Illegal drug use	46.0%	49.5%	58.0%	52.1%	59.4%	57.7%	60.0%	55.8%	55.6%
Not enough physical activity	39.7%	41.6%	26.8%	29.8%	27.5%	19.2%	17.8%	25.8%	40.0%
Violence	63.5%	66.3%	59.8%	78.7%	68.8%	78.2%	66.7%	58.3%	66.7%
Health Systems									
Access to drug or alcohol treatment	42.9%	41.6%	42.9%	45.7%	46.4%	47.4%	45.2%	38.3%	35.6%
Access to mental health services	74.6%	83.2%	63.4%	67.0%	74.6%	73.1%	74.8%	63.3%	62.2%
High cost of health care	71.4%	70.3%	65.2%	70.2%	72.5%	65.4%	69.6%	65.0%	64.4%
High cost of prescription medication	52.4%	46.5%	58.0%	59.6%	55.1%	60.3%	48.1%	44.2%	46.7%
Lack of health insurance coverage	41.3%	41.6%	40.2%	51.1%	45.7%	41.0%	37.8%	37.5%	40.0%
Creating a Healthy Community									
Access to health care	61.9%	66.3%	58.0%	58.5%	57.2%	56.4%	56.3%	59.2%	66.7%
Clean environment	47.6%	41.6%	57.1%	54.3%	58.0%	53.8%	54.1%	59.2%	60.0%
Fresh, healthy + affordable food	39.7%	47.5%	43.8%	31.9%	35.5%	43.6%	43.0%	37.5%	40.0%
Good schools	46.0%	32.7%	31.3%	40.4%	42.0%	48.7%	48.1%	30.0%	35.6%
Healthy economy/good jobs	61.9%	43.6%	45.5%	58.5%	53.6%	43.6%	60.7%	50.0%	55.6%

Source: Onondaga County Community Engagement Survey, 2019

5 Most Common Experiences Seeking Medical Care by Zip Code (City of Syracuse)

	13224	13210	13208	13207	13206	13205	13204	13203	13202
Difficulty getting to a medical appointment due to office hours	27.0%	30.7%	28.6%	27.7%	21.0%	32.1%	24.4%	25.8%	31.1%
Feeling like your provider is not listening	30.2%	21.8%	27.7%	24.5%	18.1%	32.1%	26.7%	25.0%	24.4%
Feeling like your provider is not spending enough time with you	34.9%	28.7%	25.9%	18.1%	23.9%	30.8%	23.0%	29.2%	26.7%
Long wait to get an appointment	47.6%	35.6%	40.2%	46.8%	42.8%	37.2%	48.1%	52.5%	57.8%
Wait time in the provider's office impacted your ability to meet your obligations (work, family, etc.)	27.0%	24.8%	33.0%	30.9%	31.2%	26.9%	31.9%	37.5%	22.2%

Source: Onondaga County Community Engagement Survey, 2019

Community Health Problems by Age, Onondaga County

	18-34 (n=691)	35-49 (n=870)	50-64 (n=963)	65 and older (n=262)
Accidents at work	1.7%	0.9%	0.9%	0.4%
Addiction to alcohol or drugs	82.9%	84.8%	85.9%	87.4%
Air pollution	11.7%	7.9%	4.4%	6.5%
Alzheimer's disease, dementia or memory loss	8.0%	9.9%	20.8%	29.0%
Asthma or other breathing problems	5.5%	8.6%	8.5%	8.4%
Babies born too small or too soon	5.4%	2.9%	4.8%	4.6%
Cancer	30.4%	37.9%	38.0%	37.0%
Chronic stress	34.6%	35.3%	30.8%	19.5%
Developmental delays in children	10.1%	12.4%	9.3%	6.9%
Diabetes	17.5%	20.1%	25.1%	29.0%
Diseases spread by insects	9.0%	12.2%	15.6%	19.5%
Heart disease and stroke	21.6%	22.0%	26.3%	30.2%
High blood pressure	14.6%	13.8%	15.6%	18.3%
HIV/AIDS	6.1%	3.9%	2.8%	3.1%
Infectious diseases	12.7%	11.0%	9.7%	10.3%
Injury/falls	2.6%	2.1%	2.1%	3.4%
Lead poisoning in children or homes	13.7%	14.0%	10.2%	14.1%
Mental health issues	68.5%	73.7%	69.3%	55.0%
Obesity in adults	34.7%	35.6%	38.4%	38.5%
Obesity in children	30.2%	31.7%	34.8%	35.1%
Problems with teeth or gums	6.9%	3.6%	5.3%	2.3%
Secondhand smoke	9.0%	5.7%	4.8%	5.7%
Sexually transmitted diseases	16.2%	9.8%	6.1%	5.0%
Suicide	20.1%	17.7%	18.6%	17.9%
Teenage pregnancy	18.9%	17.1%	16.5%	14.9%
Unsafe drinking water	18.8%	16.9%	16.2%	14.5%

Source: Onondaga County Community Engagement Survey, 2019

Health Behaviors and Social Factors by Age, Onondaga County

	18-34 (n=691)	35-49 (n=870)	50-64 (n=963)	65 and older (n=262)
Abuse	56.6%	54.3%	52.4%	50.0%
Binge drinking	19.1%	12.2%	11.5%	11.1%
Discrimination	32.9%	28.3%	27.0%	35.9%
Drinking and driving	25.5%	18.7%	25.9%	32.4%
Electronic cigarette use	12.0%	12.2%	12.4%	14.9%
Food insecurity	23.2%	25.1%	25.1%	29.4%
Homelessness	49.5%	41.6%	41.0%	39.7%
Illegal drug use	58.3%	64.6%	58.3%	53.1%
Lack of medical care during pregnancy	2.9%	3.8%	3.0%	3.4%
Not enough physical activity	32.3%	40.8%	37.5%	30.9%
Not getting vaccines to prevent disease	14.0%	10.2%	11.7%	14.1%
Not using birth control	12.0%	10.9%	11.5%	7.6%
Sexual assault	13.7%	7.5%	6.6%	9.2%
Smoking or tobacco use	20.4%	20.0%	22.2%	24.8%
Social isolation	12.3%	16.8%	16.6%	18.7%
Texting and driving	21.0%	20.7%	29.7%	27.1%
Unhealthy eating	28.5%	37.7%	30.0%	23.3%
Violence	54.7%	62.4%	68.3%	67.9%

Source: Onondaga County Community Engagement Survey, 2019

Health System Issues by Age, Onondaga County

	18-34 (n=691)	35-49 (n=870)	50-64 (n=963)	65 and older (n=262)
Access to a dentist	17.4%	21.1%	22.1%	23.7%
Access to a regular doctor or health care provider	45.6%	37.2%	36.1%	36.6%
Access to drug or alcohol abuse treatment	45.7%	44.1%	46.7%	48.5%
Access to language translators	15.3%	11.5%	8.0%	6.1%
Access to mental health services	71.1%	73.7%	72.0%	64.9%
Access to services that can prevent disease or find it earlier	21.3%	17.7%	23.6%	29.0%
Discrimination or bias from medical providers	18.5%	14.0%	12.4%	8.0%
High cost of health care	68.7%	74.1%	76.1%	79.4%
High cost of prescription medication	47.6%	56.8%	69.7%	77.1%
Lack of empathy among providers	22.1%	24.4%	18.9%	10.3%
Lack of health insurance coverage	42.4%	43.0%	40.6%	45.0%
Lack of transportation to medical appointments	30.4%	24.7%	22.9%	23.3%
Not understanding health information from a medical provider	32.7%	34.9%	30.0%	27.1%

Source: Onondaga County Community Engagement Survey, 2019

Creating a Healthy Community by Age, Onondaga County

	18-34 (n=691)	35-49 (n=870)	50-64 (n=963)	65 and older (n=262)
Clean environment	59.9%	53.3%	49.1%	49.2%
Healthy economy/good jobs	50.4%	53.1%	60.3%	53.4%
Access to health care	56.6%	57.4%	64.0%	74.8%
Arts and cultural events	6.5%	5.9%	5.7%	11.1%
Family and other social support	20.7%	22.4%	16.2%	22.1%
Fresh, healthy, and affordable foods close to where you live	44.6%	39.9%	35.4%	30.9%
Good schools	40.7%	47.1%	40.6%	38.2%
High quality, affordable day care	11.1%	9.9%	5.9%	6.9%
Low crime rates	27.5%	32.3%	33.3%	24.4%
Neighborhood safety	25.9%	28.3%	28.8%	25.2%
Parks and outdoor places to exercise and play	24.6%	25.4%	20.0%	14.1%
Positive race/ethnic relations	13.5%	12.4%	14.3%	17.2%
Public spaces and events that are accessible to people of all physical abilities	6.2%	5.1%	6.2%	8.0%
Public transportation	11.3%	9.2%	10.6%	15.3%
Religious or spiritual values	4.3%	6.3%	10.7%	11.8%
Roads that are safe for people who walk or ride their bike	11.7%	11.4%	10.6%	6.9%
Safe and affordable housing	33.1%	28.4%	29.3%	32.1%
Social connectedness	10.4%	10.8%	11.5%	13.0%
Social policies and programs	18.8%	16.9%	18.2%	14.9%
Strong infrastructure	14.0%	15.9%	23.9%	27.1%

Source: Onondaga County Community Engagement Survey, 2019

Experiences Seeking Medical Care by Age, Onondaga County

	18-34 (n=691)	35-49 (n=870)	50-64 (n=963)	65 and older (n=262)
Difficulty getting to a medical appointment due to lack of transportation	15.8%	8.7%	8.3%	10.7%
Difficulty getting to a medical appointment due to location	12.2%	7.5%	6.5%	10.3%
Difficulty getting to a medical appointment due to lack of childcare	12.3%	9.1%	2.8%	1.9%
Difficulty getting to a medical appointment due to not having sick leave at work	26.0%	17.4%	12.5%	5.7%
Difficulty getting to a medical appointment due to office hours	37.2%	32.9%	25.0%	11.8%
Feeling like your provider does not understand you or your experience	29.2%	25.1%	21.7%	14.1%
Feeling like your provider is not listening	29.4%	28.5%	22.7%	16.8%
Feeling like your provider is not spending enough time with you	31.4%	28.9%	24.6%	18.3%
Having difficulty finding a provider who accepts your insurance	23.7%	22.9%	16.7%	8.8%
High cost prevented you from seeking needed medical care	30.1%	24.8%	19.0%	13.7%
Long wait to get an appointment	51.5%	48.4%	42.5%	29.8%
Not having health insurance prevented you from receiving needed medical care	12.0%	8.4%	6.3%	4.6%
Not having your language or translations needs met	1.9%	1.3%	1.2%	0.4%
Not understanding health information from your medical provider	8.1%	6.9%	5.7%	5.7%
Seeing a different provider each time you go to the doctor's office	23.2%	20.5%	11.9%	10.7%
Stigma or discrimination/feeling judged by your provider	16.8%	13.7%	8.8%	2.7%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	32.7%	35.3%	27.6%	13.7%
None of the above	11.0%	14.7%	22.7%	43.5%

Source: Onondaga County Community Engagement Survey, 2019

Community Health Problems by Ethnicity, Onondaga County

	Hispanic or Latino (n=98)	Not Hispanic or Latino (n=2405)	Don't know (n=23)
Accidents at work	0.0%	0.7%	4.3%
Addiction to alcohol or drugs	82.7%	86.6%	73.9%
Air pollution	4.1%	7.3%	8.7%
Alzheimer's disease, dementia or memory loss	8.2%	15.3%	17.4%
Asthma or other breathing problems	11.2%	7.4%	17.4%
Babies born too small or too soon	3.1%	4.3%	4.3%
Cancer	26.5%	35.9%	56.5%
Chronic stress	32.7%	32.9%	26.1%
Developmental delays in children	11.2%	9.9%	4.3%
Diabetes	24.5%	21.5%	13.0%
Diseases spread by insects	8.2%	13.8%	8.7%
Heart disease and stroke	13.3%	24.8%	17.4%
High blood pressure	9.2%	14.6%	21.7%
HIV/AIDS	13.3%	3.2%	0.0%
Infectious diseases	14.3%	11.0%	13.0%
Injury/falls	2.0%	2.2%	8.7%
Lead poisoning in children or homes	18.4%	12.6%	8.7%
Mental health issues	62.2%	70.1%	65.2%
Obesity in adults	29.6%	37.6%	30.4%
Obesity in children	29.6%	34.0%	13.0%
Problems with teeth or gums	6.1%	4.5%	4.3%
Secondhand smoke	8.2%	6.1%	8.7%
Sexually transmitted diseases	23.5%	9.1%	8.7%
Suicide	26.5%	18.4%	17.4%
Teenage pregnancy	20.6%	17.2%	13.0%
Unsafe drinking water	20.6%	16.9%	12.6%

Source: Onondaga County Community Engagement Survey, 2019

Health Behaviors and Social Factors by Ethnicity, Onondaga County

	Hispanic or Latino (n=98)	Not Hispanic or Latino (n=2405)	Don't know (n=23)
Abuse	59.2%	53.6%	56.5%
Binge drinking	11.2%	13.2%	26.1%
Discrimination	51.0%	28.3%	34.8%
Drinking and driving	27.6%	23.7%	30.4%
Electronic cigarette use	15.3%	12.5%	0.0%
Food insecurity	16.3%	26.2%	21.7%
Homelessness	48.0%	43.0%	52.2%
Illegal drug use	56.1%	60.7%	56.5%
Lack of medical care during pregnancy	4.1%	3.1%	8.7%
Not enough physical activity	27.6%	37.8%	26.1%
Not getting vaccines to prevent disease	4.1%	12.4%	8.7%
Not using birth control	10.2%	11.4%	4.3%
Sexual assault	14.3%	8.3%	8.7%
Smoking or tobacco use	21.4%	21.5%	17.4%
Social isolation	18.4%	15.8%	13.0%
Texting and driving	16.3%	24.6%	26.1%
Unhealthy eating	25.5%	32.6%	21.7%
Violence	57.1%	64.1%	60.9%

Source: Onondaga County Community Engagement Survey, 2019

Health System Issues by Ethnicity, Onondaga County

	Hispanic or Latino (n=98)	Not Hispanic or Latino (n=2405)	Don't know (n=23)
Access to a dentist	21.4%	19.9%	17.4%
Access to a regular doctor or health care provider	28.6%	39.9%	47.8%
Access to drug or alcohol abuse treatment	39.8%	46.7%	26.1%
Access to language translators	24.5%	10.0%	13.0%
Access to mental health services	65.3%	72.3%	56.5%
Access to services that can prevent disease or find it earlier	24.5%	21.6%	17.4%
Discrimination or bias from medical providers	22.4%	13.2%	21.7%
High cost of health care	66.3%	75.4%	69.6%
High cost of prescription medication	44.9%	62.8%	47.8%
Lack of empathy among providers	22.4%	20.8%	30.4%
Lack of health insurance coverage	42.9%	42.7%	39.1%
Lack of transportation to medical appointments	32.7%	25.0%	39.1%
Not understanding health information from a medical provider	38.8%	32.1%	26.1%

Source: Onondaga County Community Engagement Survey, 2019

Creating a Healthy Community by Ethnicity, Onondaga County

	Hispanic or Latino (n=98)	Not Hispanic or Latino (n=2405)	Don't know (n=23)
Clean environment	56.1%	53.3%	56.5%
Healthy economy/good jobs	58.2%	55.1%	39.1%
Access to health care	56.1%	62.3%	65.2%
Arts and cultural events	9.2%	5.8%	13.0%
Family and other social support	24.5%	19.0%	34.8%
Fresh, healthy, and affordable foods close to where you live	38.8%	39.3%	21.7%
Good schools	51.0%	42.5%	34.8%
High quality, affordable day care	5.1%	8.6%	13.0%
Low crime rates	26.5%	30.8%	34.8%
Neighborhood safety	33.7%	27.1%	26.1%
Parks and outdoor places to exercise and play	19.4%	22.9%	13.0%
Positive race/ethnic relations	24.5%	13.8%	17.4%
Public spaces and events that are accessible to people of all physical abilities	5.1%	5.9%	0.0%
Public transportation	5.1%	11.0%	8.7%
Religious or spiritual values	4.1%	7.8%	13.0%
Roads that are safe for people who walk or ride their bike	13.3%	10.4%	13.0%
Safe and affordable housing	28.6%	30.5%	21.7%
Social connectedness	9.2%	11.4%	0.0%
Social policies and programs	10.2%	18.3%	13.0%
Strong infrastructure	10.2%	19.6%	26.1%

Source: Onondaga County Community Engagement Survey, 2019

Experiences Seeking Medical Care by Ethnicity, Onondaga County

	Hispanic or Latino (n=98)	Not Hispanic or Latino (n=2405)	Don't know (n=23)
Difficulty getting to a medical appointment due to lack of transportation	15.3%	9.4%	26.1%
Difficulty getting to a medical appointment due to location	10.2%	7.7%	17.4%
Difficulty getting to a medical appointment due to lack of childcare	12.2%	6.3%	8.7%
Difficulty getting to a medical appointment due to not having sick leave at work	13.3%	16.7%	17.4%
Difficulty getting to a medical appointment due to office hours	34.7%	29.3%	30.4%
Feeling like your provider does not understand you or your experience	26.5%	23.7%	21.7%
Feeling like your provider is not listening	29.6%	25.5%	21.7%
Feeling like your provider is not spending enough time with you	26.5%	27.2%	17.4%
Having difficulty finding a provider who accepts your insurance	24.5%	18.6%	13.0%
High cost prevented you from seeking needed medical care	28.6%	22.7%	21.7%
Long wait to get an appointment	55.1%	45.7%	34.8%
Not having health insurance prevented you from receiving needed medical care	4.1%	8.1%	8.7%
Not having your language or translations needs met	8.2%	0.8%	8.7%
Not understanding health information from your medical provider	10.2%	6.3%	17.4%
Seeing a different provider each time you go to the doctor's office	24.5%	16.9%	34.8%
Stigma or discrimination/feeling judged by your provider	16.3%	11.6%	17.4%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	32.7%	29.7%	34.8%
None of the above	17.3%	19.5%	21.7%

Source: Onondaga County Community Engagement Survey, 2019

Community Health Problems by Race, Onondaga County

	American Indian or Alaska Native (n=29)	Asian (n=36)	Black or African American (n=196)	Native Hawaiian or Pacific Islander*	White (n=2240)	More than 1 (n=49)	Don't know*	Other (n=54)
Accidents at work	0.0%	8.3%	1.5%	-	0.7%	0.0%	-	3.7%
Addiction to alcohol or drugs	79.3%	66.7%	78.1%	-	86.6%	85.7%	-	83.3%
Air pollution	10.3%	25.0%	8.7%	-	6.7%	16.3%	-	9.3%
Alzheimer's disease, dementia or memory loss	0.0%	13.9%	7.7%	-	15.8%	14.3%	-	11.1%
Asthma or other breathing problems	17.2%	8.3%	7.7%	-	7.6%	4.1%	-	9.3%
Babies born too small or too soon	0.0%	0.0%	6.1%	-	4.4%	2.0%	-	5.6%
Cancer	24.1%	22.2%	40.3%	-	36.3%	24.5%	-	35.2%
Chronic stress	48.3%	50.0%	26.5%	-	32.7%	28.6%	-	37.0%
Developmental delays in children	10.3%	8.3%	12.8%	-	9.7%	8.2%	-	16.7%
Diabetes	24.1%	19.4%	21.9%	-	22.0%	18.4%	-	24.1%
Diseases spread by insects	3.4%	8.3%	2.6%	-	14.9%	6.1%	-	3.7%
Heart disease and stroke	3.4%	19.4%	18.4%	-	25.5%	18.4%	-	16.7%
High blood pressure	24.1%	13.9%	29.6%	-	13.8%	12.2%	-	9.3%
HIV/AIDS	3.4%	5.6%	15.3%	-	2.3%	8.2%	-	16.7%
Infectious diseases	17.2%	25.0%	11.2%	-	10.5%	12.2%	-	9.3%
Injury/falls	3.4%	11.1%	2.0%	-	2.2%	0.0%	-	5.6%
Lead poisoning in children or homes	10.3%	13.9%	16.3%	-	12.5%	14.3%	-	13.0%
Mental health issues	75.9%	63.9%	66.8%	-	69.4%	65.3%	-	55.6%
Obesity in adults	34.5%	38.9%	18.9%	-	38.7%	36.7%	-	22.2%
Obesity in children	31.0%	13.9%	19.9%	-	34.6%	34.7%	-	35.2%
Problems with teeth or gums	10.3%	5.6%	5.6%	-	4.7%	4.1%	-	1.9%
Secondhand smoke	6.9%	8.3%	10.2%	-	5.9%	4.1%	-	11.1%
Sexually transmitted diseases	20.7%	5.6%	21.4%	-	8.2%	22.4%	-	22.2%
Suicide	20.7%	5.6%	10.2%	-	19.2%	18.4%	-	22.2%
Teenage pregnancy	20.9%	13.5%	16.3%	-	17.2%	18.2%	-	17.3%
Unsafe drinking water	21.0%	13.0%	16.1%	-	17.0%	18.1%	-	17.1%

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Health Behaviors and Social Factors by Race, Onondaga County

	American Indian or Alaska Native (n=29)	Asian (n=36)	Black or African American (n=196)	Native Hawaiian or Pacific Islander*	White (n=2240)	More than 1 (n=49)	Don't know*	Other (n=54)
Abuse	34.5%	55.6%	67.3%	-	52.4%	71.4%	-	61.1%
Binge drinking	13.8%	11.1%	14.3%	-	13.6%	16.3%	-	13.0%
Discrimination	34.5%	55.6%	57.7%	-	26.0%	36.7%	-	46.3%
Drinking and driving	20.7%	25.0%	25.5%	-	24.1%	14.3%	-	27.8%
Electronic cigarette use	0.0%	5.6%	6.1%	-	13.8%	6.1%	-	13.0%
Food insecurity	17.2%	36.1%	20.9%	-	26.0%	30.6%	-	13.0%
Homelessness	55.2%	47.2%	61.7%	-	41.5%	42.9%	-	50.0%
Illegal drug use	51.7%	44.4%	46.9%	-	61.6%	44.9%	-	63.0%
Lack of medical care during pregnancy	0.0%	8.3%	3.1%	-	3.1%	6.1%	-	5.6%
Not enough physical activity	44.8%	30.6%	19.9%	-	38.2%	30.6%	-	24.1%
Not getting vaccines to prevent disease	24.1%	16.7%	4.6%	-	12.6%	10.2%	-	9.3%
Not using birth control	13.8%	5.6%	8.7%	-	11.3%	8.2%	-	9.3%
Sexual assault	3.4%	5.6%	7.7%	-	8.3%	28.6%	-	14.8%
Smoking or tobacco use	20.7%	22.2%	17.3%	-	22.0%	18.4%	-	20.4%
Social isolation	10.3%	11.1%	16.8%	-	15.8%	18.4%	-	14.8%
Texting and driving	20.7%	19.4%	14.3%	-	25.7%	20.4%	-	25.9%
Unhealthy eating	34.5%	33.3%	21.9%	-	32.6%	22.4%	-	20.4%
Violence	65.5%	47.2%	70.4%	-	63.2%	59.2%	-	53.7%

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Health System Issues by Race, Onondaga County

	American Indian or Alaska Native (n=29)	Asian (n=36)	Black or African American (n=196)	Native Hawaiian or Pacific Islander*	White (n=2240)	More than 1 (n=49)	Don't know*	Other (n=54)
Access to a dentist	20.7%	13.9%	23.5%	-	20.1%	18.4%	-	24.1%
Access to a regular doctor or health care provider	31.0%	36.1%	42.9%	-	39.2%	28.6%	-	37.0%
Access to drug or alcohol abuse treatment	31.0%	44.4%	37.8%	-	47.7%	36.7%	-	42.6%
Access to language translators	13.8%	13.9%	13.3%	-	9.8%	22.4%	-	27.8%
Access to mental health services	72.4%	61.1%	62.2%	-	73.0%	69.4%	-	68.5%
Access to services that can prevent disease or find it earlier	31.0%	30.6%	23.0%	-	21.3%	20.4%	-	29.6%
Discrimination or bias from medical providers	13.8%	11.1%	32.1%	-	11.9%	22.4%	-	18.5%
High cost of health care	58.6%	80.6%	58.7%	-	76.4%	65.3%	-	68.5%
High cost of prescription medication	62.1%	41.7%	51.0%	-	63.1%	59.2%	-	44.4%
Lack of empathy among providers	31.0%	5.6%	29.1%	-	19.9%	22.4%	-	14.8%
Lack of health insurance coverage	24.1%	55.6%	37.2%	-	43.3%	46.9%	-	31.5%
Lack of transportation to medical appointments	44.8%	41.7%	30.1%	-	24.6%	24.5%	-	27.8%
Not understanding health information from a medical provider	27.6%	30.6%	29.6%	-	32.0%	24.5%	-	29.6%

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Creating a Healthy Community by Race, Onondaga County

	American Indian or Alaska Native (n=29)	Asian (n=36)	Black or African American (n=196)	Native Hawaiian or Pacific Islander*	White (n=2240)	More than 1 (n=49)	Don't know*	Other (n=54)
Clean environment	55.2%	61.1%	53.6%	-	53.3%	46.9%	-	61.1%
Healthy economy/good jobs	41.4%	50.0%	61.7%	-	54.5%	46.9%	-	51.9%
Access to health care	58.6%	72.2%	57.1%	-	62.8%	53.1%	-	53.7%
Arts and cultural events	10.3%	13.9%	4.6%	-	6.4%	6.1%	-	9.3%
Family and other social support	17.2%	19.4%	19.9%	-	19.4%	24.5%	-	18.5%
Fresh, healthy, and affordable foods close to where you live	48.3%	36.1%	37.8%	-	39.3%	40.8%	-	42.6%
Good schools	34.5%	38.9%	45.4%	-	42.0%	44.9%	-	42.6%
High quality, affordable day care	6.9%	5.6%	9.7%	-	8.5%	14.3%	-	9.3%
Low crime rates	24.1%	27.8%	26.0%	-	31.3%	24.5%	-	20.4%
Neighborhood safety	24.1%	13.9%	25.5%	-	27.9%	28.6%	-	31.5%
Parks and outdoor places to exercise and play	27.6%	11.1%	15.8%	-	23.7%	14.3%	-	22.2%
Positive race/ethnic relations	13.8%	27.8%	23.0%	-	12.5%	26.5%	-	18.5%
Public spaces and events that are accessible to people of all physical abilities	10.3%	5.6%	5.1%	-	5.7%	6.1%	-	7.4%
Public transportation	20.7%	8.3%	9.7%	-	10.7%	22.4%	-	11.1%
Religious or spiritual values	3.4%	5.6%	13.3%	-	7.3%	2.0%	-	11.1%
Roads that are safe for people who walk or ride their bike	10.3%	8.3%	9.2%	-	10.8%	12.2%	-	3.7%
Safe and affordable housing	37.9%	22.2%	36.2%	-	29.5%	30.6%	-	35.2%
Social connectedness	0.0%	11.1%	9.7%	-	11.5%	4.1%	-	7.4%
Social policies and programs	13.8%	19.4%	13.8%	-	18.3%	22.4%	-	11.1%
Strong infrastructure	6.9%	16.7%	9.7%	-	20.0%	12.2%	-	16.7%

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Experiences Seeking Medical Care by Race, Onondaga County

	American Indian or Alaska Native (n=29)	Asian (n=36)	Black or African American (n=196)	Native Hawaiian or Pacific Islander*	White (n=2240)	More than 1 (n=49)	Don't know*	Other (n=54)
Difficulty getting to a medical appointment due to lack of transportation	20.7%	5.6%	20.4%	-	8.6%	28.6%	-	20.4%
Difficulty getting to a medical appointment due to location	13.8%	5.6%	15.8%	-	7.6%	16.3%	-	9.3%
Difficulty getting to a medical appointment due to lack of childcare	13.8%	0.0%	12.2%	-	6.0%	14.3%	-	16.7%
Difficulty getting to a medical appointment due to not having sick leave at work	24.1%	5.6%	17.9%	-	16.3%	28.6%	-	14.8%
Difficulty getting to a medical appointment due to office hours	24.1%	30.6%	19.4%	-	29.6%	34.7%	-	38.9%
Feeling like your provider does not understand you or your experience	27.6%	11.1%	21.4%	-	23.4%	40.8%	-	22.2%
Feeling like your provider is not listening	31.0%	13.9%	19.4%	-	25.5%	36.7%	-	27.8%
Feeling like your provider is not spending enough time with you	34.5%	30.6%	17.9%	-	27.5%	34.7%	-	18.5%
Having difficulty finding a provider who accepts your insurance	24.1%	13.9%	27.0%	-	18.2%	30.6%	-	27.8%
High cost prevented you from seeking needed medical care	37.9%	25.0%	16.8%	-	23.3%	28.6%	-	22.2%
Long wait to get an appointment	51.7%	38.9%	41.8%	-	45.7%	49.0%	-	44.4%
Not having health insurance prevented you from receiving needed medical care	17.2%	8.3%	8.7%	-	7.9%	14.3%	-	5.6%
Not having your language or translations needs met	20.7%	8.3%	2.6%	-	0.6%	6.1%	-	9.3%
Not understanding health information from your medical provider	20.7%	5.6%	9.7%	-	6.2%	8.2%	-	1.9%
Seeing a different provider each time you go to the doctor's office	24.1%	22.2%	17.9%	-	16.9%	26.5%	-	24.1%
Stigma or discrimination/feeling judged by your provider	17.2%	16.7%	18.9%	-	10.3%	38.8%	-	14.8%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	27.6%	27.8%	30.1%	-	29.7%	38.8%	-	33.3%
None of the above	13.8%	19.4%	19.4%	-	19.9%	8.2%	-	18.5%

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Community Health Problems by Gender, Onondaga County

	Female (n=2095)	Male (n=628)	Transgender Female*	Transgender Male*	Gender Non- conforming*	Genderqueer/ Non-binary*
Accidents at work	0.7%	1.9%	-	-	-	-
Addiction to alcohol or drugs	86.7%	80.7%	-	-	-	-
Air pollution	6.5%	10.0%	-	-	-	-
Alzheimer's disease, dementia or memory loss	15.1%	14.3%	-	-	-	-
Asthma or other breathing problems	8.9%	4.1%	-	-	-	-
Babies born too small or too soon	4.7%	3.0%	-	-	-	-
Cancer	36.5%	34.2%	-	-	-	-
Chronic stress	33.6%	27.9%	-	-	-	-
Developmental delays in children	10.7%	8.3%	-	-	-	-
Diabetes	21.1%	25.0%	-	-	-	-
Diseases spread by insects	14.3%	10.7%	-	-	-	-
Heart disease and stroke	23.2%	26.9%	-	-	-	-
High blood pressure	13.4%	19.7%	-	-	-	-
HIV/AIDS	3.6%	5.3%	-	-	-	-
Infectious diseases	9.9%	14.6%	-	-	-	-
Injury/falls	2.5%	2.4%	-	-	-	-
Lead poisoning in children or homes	13.4%	10.0%	-	-	-	-
Mental health issues	70.8%	63.2%	-	-	-	-
Obesity in adults	36.2%	39.3%	-	-	-	-
Obesity in children	33.0%	32.5%	-	-	-	-
Problems with teeth or gums	4.3%	5.7%	-	-	-	-
Secondhand smoke	6.3%	6.1%	-	-	-	-
Sexually transmitted diseases	9.6%	10.4%	-	-	-	-
Suicide	19.5%	15.9%	-	-	-	-
Teenage pregnancy	17.1%	17.3%	-	-	-	-
Unsafe drinking water	16.9%	17.1%	-	-	-	-

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Health Behaviors and Social Factors by Gender, Onondaga County

	Female (n=2095)	Male (n=628)	Transgender Female*	Transgender Male*	Gender Non- conforming*	Genderqueer/ Non-binary*
Abuse	54.9%	50.8%	-	-	-	-
Binge drinking	12.7%	17.0%	-	-	-	-
Discrimination	29.5%	30.6%	-	-	-	-
Drinking and driving	24.1%	25.0%	-	-	-	-
Electronic cigarette use	12.6%	12.6%	-	-	-	-
Food insecurity	26.7%	19.9%	-	-	-	-
Homelessness	44.6%	39.6%	-	-	-	-
Illegal drug use	60.5%	56.5%	-	-	-	-
Lack of medical care during pregnancy	3.4%	2.9%	-	-	-	-
Not enough physical activity	35.7%	39.6%	-	-	-	-
Not getting vaccines to prevent disease	12.2%	11.6%	-	-	-	-
Not using birth control	10.6%	12.3%	-	-	-	-
Sexual assault	8.3%	9.6%	-	-	-	-
Smoking or tobacco use	20.2%	24.8%	-	-	-	-
Social isolation	15.2%	18.6%	-	-	-	-
Texting and driving	24.5%	24.0%	-	-	-	-
Unhealthy eating	30.8%	33.8%	-	-	-	-
Violence	64.9%	57.0%	-	-	-	-

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Health System Issues by Gender, Onondaga County

	Female (n=2095)	Male (n=628)	Transgender Female*	Transgender Male*	Gender Non- conforming*	Genderqueer/ Non-binary*
Access to a dentist	21.1%	19.3%	-	-	-	-
Access to a regular doctor or health care provider	38.2%	40.6%	-	-	-	-
Access to drug or alcohol abuse treatment	48.5%	37.9%	-	-	-	-
Access to language translators	10.6%	10.8%	-	-	-	-
Access to mental health services	74.5%	61.5%	-	-	-	-
Access to services that can prevent disease or find it earlier	20.1%	27.4%	-	-	-	-
Discrimination or bias from medical providers	14.0%	13.1%	-	-	-	-
High cost of health care	73.4%	77.5%	-	-	-	-
High cost of prescription medication	60.2%	65.0%	-	-	-	-
Lack of empathy among providers	20.6%	20.7%	-	-	-	-
Lack of health insurance coverage	41.6%	44.7%	-	-	-	-
Lack of transportation to medical appointments	27.4%	20.9%	-	-	-	-
Not understanding health information from a medical provider	32.2%	31.8%	-	-	-	-

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Creating a Healthy Community by Gender, Onondaga County

	Female (n=2095)	Male (n=628)	Transgender Female*	Transgender Male*	Gender Non- conforming*	Genderqueer/ Non-binary*
Clean environment	52.4%	56.4%	-	-	-	-
Healthy economy/good jobs	52.7%	61.0%	-	-	-	-
Access to health care	63.4%	55.1%	-	-	-	-
Arts and cultural events	5.8%	8.8%	-	-	-	-
Family and other social support	18.5%	23.7%	-	-	-	-
Fresh, healthy, and affordable foods close to where you live	42.1%	28.3%	-	-	-	-
Good schools	42.7%	41.6%	-	-	-	-
High quality, affordable day care	9.5%	5.9%	-	-	-	-
Low crime rates	29.7%	34.1%	-	-	-	-
Neighborhood safety	28.4%	24.7%	-	-	-	-
Parks and outdoor places to exercise and play	22.4%	22.6%	-	-	-	-
Positive race/ethnic relations	14.0%	13.2%	-	-	-	-
Public spaces and events that are accessible to people of all physical abilities	6.0%	5.9%	-	-	-	-
Public transportation	10.2%	12.3%	-	-	-	-
Religious or spiritual values	7.1%	9.9%	-	-	-	-
Roads that are safe for people who walk or ride their bike	10.8%	10.5%	-	-	-	-
Safe and affordable housing	32.0%	24.5%	-	-	-	-
Social connectedness	11.0%	11.8%	-	-	-	-
Social policies and programs	18.8%	13.7%	-	-	-	-
Strong infrastructure	17.5%	24.7%	-	-	-	-

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Experiences Seeking Medical Care by Gender, Onondaga County

	Female (n=2095)	Male (n=628)	Transgender Female*	Transgender Male*	Gender Non- conforming*	Genderqueer/ Non-binary*
Difficulty getting to a medical appointment due to lack of transportation	9.6%	12.3%	-	-	-	-
Difficulty getting to a medical appointment due to location	8.1%	9.4%	-	-	-	-
Difficulty getting to a medical appointment due to lack of childcare	7.1%	6.1%	-	-	-	-
Difficulty getting to a medical appointment due to not having sick leave at work	18.1%	11.5%	-	-	-	-
Difficulty getting to a medical appointment due to office hours	31.3%	21.8%	-	-	-	-
Feeling like your provider does not understand you or your experience	24.3%	21.2%	-	-	-	-
Feeling like your provider is not listening	27.3%	19.4%	-	-	-	-
Feeling like your provider is not spending enough time with you	27.9%	22.9%	-	-	-	-
Having difficulty finding a provider who accepts your insurance	19.7%	19.1%	-	-	-	-
High cost prevented you from seeking needed medical care	24.2%	18.8%	-	-	-	-
Long wait to get an appointment	46.7%	40.8%	-	-	-	-
Not having health insurance prevented you from receiving needed medical care	7.5%	9.6%	-	-	-	-
Not having your language or translations needs met	1.3%	1.3%	-	-	-	-
Not understanding health information from your medical provider	5.5%	9.9%	-	-	-	-
Seeing a different provider each time you go to the doctor's office	18.3%	13.4%	-	-	-	-
Stigma or discrimination/feeling judged by your provider	11.7%	10.4%	-	-	-	-
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	31.5%	24.0%	-	-	-	-
None of the above	18.3%	23.7%	-	-	-	-

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Community Health Problems by Education Level, Onondaga County

	Less than HS (n=49)	HS or GED (n=319)	Some College (n=393)	2 year degree (n=402)	4+ year degree (n=1584)
Accidents at work	2.0%	2.2%	2.0%	1.5%	0.3%
Addiction to alcohol or drugs	79.6%	82.8%	89.8%	85.1%	84.6%
Air pollution	8.2%	9.4%	10.7%	8.2%	6.1%
Alzheimer's disease, dementia or memory loss	6.1%	14.7%	15.5%	19.4%	13.8%
Asthma or other breathing problems	10.2%	8.5%	8.1%	8.2%	7.2%
Babies born too small or too soon	8.2%	5.3%	3.1%	3.2%	4.7%
Cancer	44.9%	41.4%	42.2%	45.0%	30.7%
Chronic stress	24.5%	27.9%	30.5%	28.9%	35.1%
Developmental delays in children	10.2%	11.6%	9.2%	7.7%	10.8%
Diabetes	24.5%	16.6%	17.8%	24.1%	23.5%
Diseases spread by insects	10.2%	11.9%	16.0%	13.7%	13.1%
Heart disease and stroke	16.3%	16.0%	23.2%	20.6%	27.1%
High blood pressure	20.4%	15.4%	14.0%	14.9%	14.8%
HIV/AIDS	16.3%	10.3%	5.1%	4.5%	2.0%
Infectious diseases	10.2%	19.7%	13.2%	11.4%	8.3%
Injury/falls	4.1%	2.5%	2.5%	3.2%	2.1%
Lead poisoning in children or homes	18.4%	8.2%	8.7%	8.0%	16.0%
Mental health issues	63.3%	58.9%	66.2%	66.4%	72.7%
Obesity in adults	12.2%	25.1%	29.0%	34.1%	42.1%
Obesity in children	16.3%	20.4%	26.0%	36.3%	36.6%
Problems with teeth or gums	10.2%	7.8%	6.4%	4.2%	3.7%
Secondhand smoke	10.2%	7.8%	6.4%	6.0%	5.7%
Sexually transmitted diseases	22.4%	13.2%	13.7%	10.9%	7.6%
Suicide	24.5%	20.1%	23.2%	23.1%	16.0%
Teenage pregnancy	17.7%	14.7%	15.8%	17.0%	18.0%
Unsafe drinking water	17.5%	14.4%	15.5%	16.7%	17.9%

Source: Onondaga County Community Engagement Survey, 2019

Note: HS refers to High School

Health Behaviors and Social Factors by Education Level, Onondaga County

	Less than HS (n=49)	HS or GED (n=319)	Some College (n=393)	2 year degree (n=402)	4+ year degree (n=1584)
Abuse	63.3%	55.5%	63.1%	54.5%	50.6%
Binge drinking	20.4%	20.1%	14.5%	9.5%	12.8%
Discrimination	42.9%	29.2%	28.0%	26.4%	30.7%
Drinking and driving	40.8%	35.4%	28.2%	30.3%	18.9%
Electronic cigarette use	8.2%	11.3%	11.2%	13.7%	13.1%
Food insecurity	18.4%	12.9%	19.1%	22.4%	30.0%
Homelessness	59.2%	53.3%	48.1%	43.5%	39.7%
Illegal drug use	42.9%	62.1%	61.3%	65.9%	58.1%
Lack of medical care during pregnancy	6.1%	2.2%	1.3%	1.7%	4.2%
Not enough physical activity	28.6%	23.2%	28.0%	32.8%	42.7%
Not getting vaccines to prevent disease	8.2%	11.9%	14.2%	16.4%	10.6%
Not using birth control	6.1%	12.2%	12.2%	10.2%	11.0%
Sexual assault	18.4%	11.6%	12.0%	9.0%	7.1%
Smoking or tobacco use	24.5%	21.0%	19.1%	17.2%	22.6%
Social isolation	10.2%	14.7%	12.5%	13.7%	17.7%
Texting and driving	14.3%	27.3%	25.7%	30.3%	22.3%
Unhealthy eating	10.2%	18.5%	25.4%	30.1%	36.8%
Violence	49.0%	56.4%	65.1%	66.7%	63.6%

Source: Onondaga County Community Engagement Survey, 2019

Note: HS refers to High School

Health System Issues by Education Level, Onondaga County

	Less than HS (n=49)	HS or GED (n=319)	Some College (n=393)	2 year degree (n=402)	4+ year degree (n=1584)
Access to a dentist	26.5%	27.6%	22.6%	20.9%	18.6%
Access to a regular doctor or health care provider	46.9%	35.7%	36.4%	37.3%	40.2%
Access to drug or alcohol abuse treatment	34.7%	42.9%	44.5%	53.0%	45.4%
Access to language translators	8.2%	8.5%	8.4%	10.4%	11.6%
Access to mental health services	55.1%	58.6%	67.2%	73.1%	75.3%
Access to services that can prevent disease or find it earlier	24.5%	23.2%	23.4%	19.7%	21.5%
Discrimination or bias from medical providers	14.3%	18.8%	18.1%	10.4%	12.8%
High cost of health care	55.1%	74.0%	77.1%	78.1%	73.4%
High cost of prescription medication	51.0%	55.2%	67.9%	67.9%	59.4%
Lack of empathy among providers	32.7%	28.5%	24.2%	19.7%	18.4%
Lack of health insurance coverage	28.6%	46.7%	47.1%	42.8%	40.9%
Lack of transportation to medical appointments	36.7%	21.6%	20.4%	19.9%	28.9%
Not understanding health information from a medical provider	28.6%	27.3%	29.5%	29.1%	34.3%

Source: Onondaga County Community Engagement Survey, 2019

Note: HS refers to High School

Creating a Healthy Community by Education Level, Onondaga County

	Less than HS (n=49)	HS or GED (n=319)	Some College (n=393)	2 year degree (n=402)	4+ year degree (n=1584)
Clean environment	63.3%	57.1%	58.8%	53.7%	50.6%
Healthy economy/good jobs	51.0%	53.9%	53.9%	57.5%	54.6%
Access to health care	53.1%	55.5%	62.8%	60.0%	62.6%
Arts and cultural events	12.2%	5.0%	5.9%	6.7%	6.7%
Family and other social support	34.7%	22.3%	23.7%	18.9%	17.7%
Fresh, healthy, and affordable foods close to where you live	46.9%	34.2%	37.7%	37.3%	40.2%
Good schools	40.8%	40.8%	37.9%	45.3%	43.1%
High quality, affordable day care	14.3%	6.0%	7.6%	8.2%	9.2%
Low crime rates	34.7%	32.9%	35.6%	34.3%	27.9%
Neighborhood safety	30.6%	33.2%	27.2%	30.6%	25.6%
Parks and outdoor places to exercise and play	18.4%	19.1%	19.1%	23.1%	23.9%
Positive race/ethnic relations	10.2%	11.6%	15.0%	11.4%	14.6%
Public spaces and events that are accessible to people of all physical abilities	8.2%	7.5%	8.4%	6.5%	4.9%
Public transportation	14.3%	15.0%	8.4%	9.5%	10.7%
Religious or spiritual values	2.0%	8.2%	8.1%	9.2%	7.7%
Roads that are safe for people who walk or ride their bike	12.2%	11.3%	10.4%	11.2%	10.5%
Safe and affordable housing	24.5%	29.8%	30.3%	25.9%	31.8%
Social connectedness	4.1%	7.2%	9.9%	7.5%	13.6%
Social policies and programs	10.2%	15.7%	14.0%	15.2%	20.0%
Strong infrastructure	2.0%	16.3%	22.4%	18.9%	19.6%

Source: Onondaga County Community Engagement Survey, 2019

Note: HS refers to High School

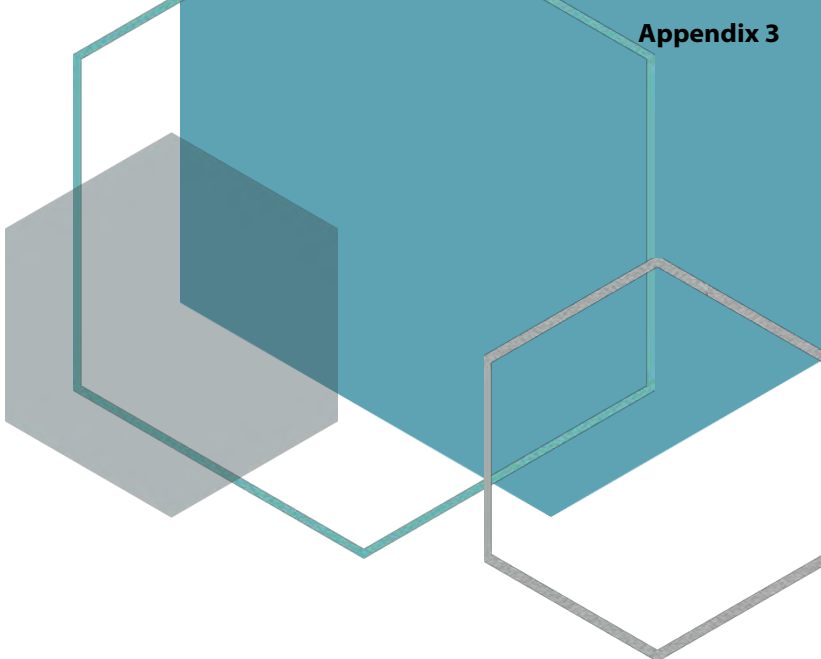
Experiences Seeking Medical Care by Education Level, Onondaga County

	Less than HS (n=49)	HS or GED (n=319)	Some College (n=393)	2 year degree (n=402)	4+ year degree (n=1584)
Difficulty getting to a medical appointment due to lack of transportation	46.9%	25.7%	15.3%	8.2%	5.6%
Difficulty getting to a medical appointment due to location	28.6%	15.0%	14.2%	9.0%	5.2%
Difficulty getting to a medical appointment due to lack of childcare	24.5%	9.4%	6.6%	7.7%	6.2%
Difficulty getting to a medical appointment due to not having sick leave at work	12.2%	15.7%	23.9%	17.7%	15.1%
Difficulty getting to a medical appointment due to office hours	20.4%	20.4%	24.4%	30.1%	32.5%
Feeling like your provider does not understand you or your experience	26.5%	24.1%	27.2%	20.9%	23.6%
Feeling like your provider is not listening	26.5%	20.4%	29.3%	23.1%	26.3%
Feeling like your provider is not spending enough time with you	12.2%	21.9%	28.0%	25.1%	28.3%
Having difficulty finding a provider who accepts your insurance	22.4%	24.5%	23.4%	20.9%	17.6%
High cost prevented you from seeking needed medical care	40.8%	21.0%	26.7%	25.4%	21.5%
Long wait to get an appointment	36.7%	45.1%	46.3%	42.5%	46.3%
Not having health insurance prevented you from receiving needed medical care	16.3%	10.0%	12.5%	10.0%	6.1%
Not having your language or translations needs met	8.2%	2.8%	1.5%	1.2%	0.8%
Not understanding health information from your medical provider	16.3%	12.2%	6.9%	4.7%	5.6%
Seeing a different provider each time you go to the doctor's office	26.5%	18.5%	18.1%	16.4%	16.9%
Stigma or discrimination/feeling judged by your provider	12.2%	14.7%	15.3%	10.7%	10.4%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	38.8%	24.5%	29.3%	29.1%	31.3%
None of the above	20.4%	16.9%	18.1%	20.6%	19.8%

Source: Onondaga County Community Engagement Survey, 2019

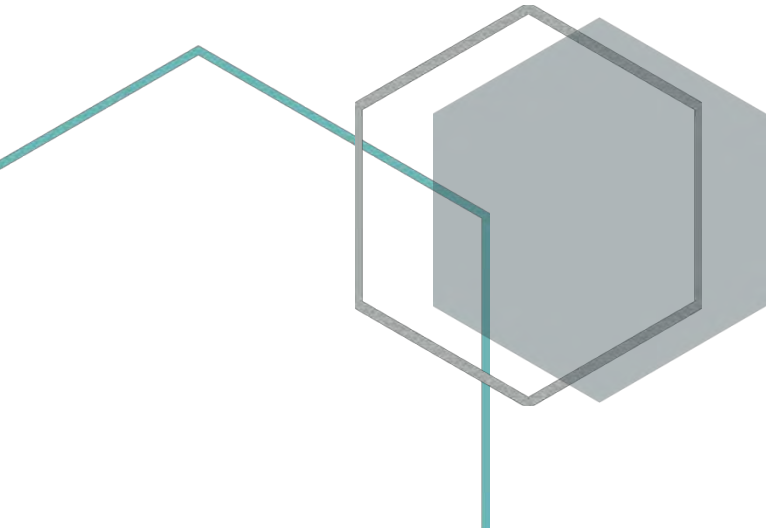
Note: HS refers to High School

Qualitative Themes and Sub Themes , Community Engagement Survey						
Social + Community Context	Environment	Healthcare	Health	Economic Factors + Stability	Education + Awareness	Other Factors
Collective/ supportive mindset + community engagement	Infrastructure + built environment	Supportive attention + services for high risk groups	Meeting basic needs	Economy, economic growth, poverty + taxes	Health education	Individual + family responsibility
Sense of pride; Positive image of City/County	Transportation	Coordination of care + services	Healthy behaviors + presence of disease	Employment	Schools	Religious or spiritual values
Diversity, inclusivity, equal opportunity + mutual respect	Affordable + quality housing	Affordability of services	Affordable, healthy food	Income + expenses	Communication + awareness	Multiple factors/All
Positive support + presence from government, police + community leaders	Safety	Access to quality services + providers		Daycare		Other
Community events, arts, + culture	Focus on/enabling health lifestyle	Wait time + appointment availability				
	Pollution + environmental sustainability	Competency + understanding				
		Insurance coverage				



**Onondaga County
Community Health Assessment and Improvement Plan**

**Community Engagement Survey
Health System Feedback**



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Overview

As part of the 2019-2021 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process, the Onondaga County Health Department (OCHD) and CHA/CHIP Steering Committee gathered feedback from Onondaga County residents on important community health issues. Resident feedback was solicited through a comprehensive Community Engagement Survey (CES) administered in the Spring of 2019. The CES was distributed both electronically and on paper and was available in both English and Spanish. More information regarding the survey methodology, promotion, and distribution, as well as a copy of the CES can be found in the Onondaga County Community Health Assessment and Community Health Improvement Plan Community Engagement Summary.¹

A total of 3,025 responses were received from County residents. City of Syracuse residents comprised 38.5% of responses. Compared to the population of Onondaga County, survey respondents were more likely to be female (74.3%), between the ages of 50 – 64 years old (34.1%) and have a 4-year college degree or higher (56.3%). Respondents were also less likely to report being Black or African American (7.0%), or Hispanic or Latino (3.3%).



Purpose

This report, created in the Summer of 2019, outlines survey results relating to the health care delivery system and access to health care. In particular, this report focuses on responses to two survey questions that relate to these topic areas. Responses to other sections of the survey are available in the Onondaga County Community Health Assessment and Community Health Improvement Plan Community Engagement Report.¹

This report seeks to inform health care professionals and community health stakeholders about perceived health system issues among Onondaga County residents. In this report, community feedback is coupled with data from the Behavioral Risk Factor Surveillance System (BRFSS) to provide additional context to understanding the strengths and challenges related to health care delivery and access in Onondaga County.

¹ The Onondaga County Community Health Assessment and Community Health Improvement Plan Community Engagement Summary is available at:

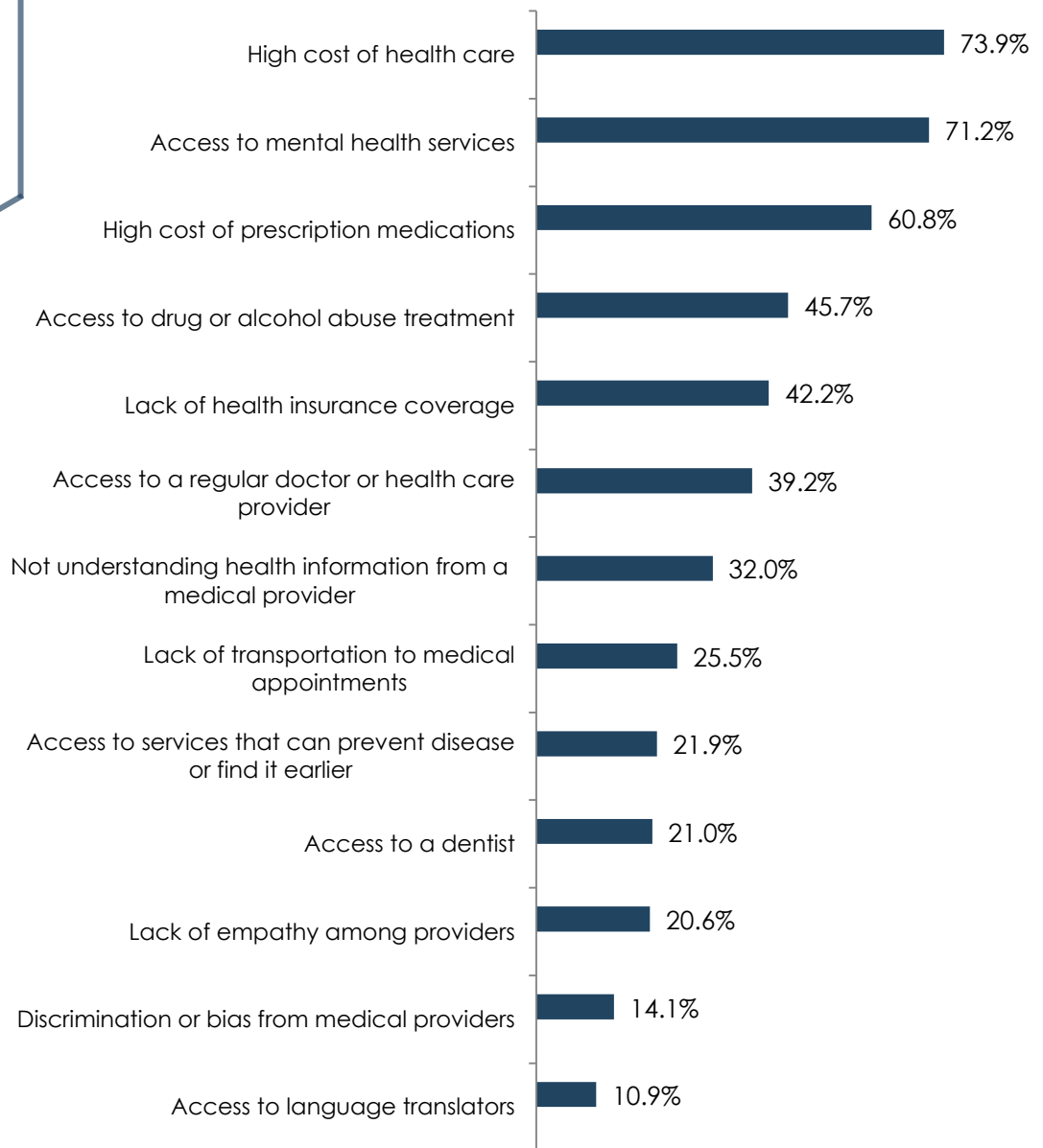
<http://www.ongov.net/health/documents/CommunityEngagementSummary2019.pdf>

Health System Issues

Please select the five (5) health system issues you believe are the biggest problems in our community.

The functioning of a health care delivery system considers if professionals, agencies and resources comprising that system are meeting community needs. Survey respondents cite the high cost of health care (73.9%) as the largest health system issue in the community, followed closely by the lack of access to mental health services (71.2%). High cost of prescription medications was also cited as a significant concern (60.8%).

Health System Issues Most Impacting Health, Onondaga County (n=2,890)



Notable Differences

Affordable health care and greater access to mental health services are key priorities across all demographic groups. Although these themes are fairly consistent, there are some noticeable differences in concerns by respondent demographics. Data tables with a breakdown of responses by demographic category can be found in the appendix. Notable differences by demographics include:

- Those aged 18 to 34 years cited lack of transportation to medical appointments (30.4%) at higher rates than other age groups. While those older than 65 years focused on the high cost of prescription medications (77.1%).
- Hispanic or Latino respondents often selected access to language translators (24.5%) and discrimination or bias from medical providers (22.4%) as health system issues.
- Black or African American respondents selected discrimination or bias from medical providers (32.1%) at higher rates than respondents of other races.
- Females chose lack of access to drug or alcohol abuse treatment (48.5%) as health system issues more frequently than males (37.9%).
- Those with less than a high school degree selected the lack of empathy from medical providers (32.7%) and transportation to medical appointments (36.7%) as significant concerns.

The table below provides a breakdown of responses by geography, comparing responses for City of Syracuse residents to those outside of the City. Top 5 responses by zip code in the City of Syracuse are presented in Table 1 of the Appendix.

Top 5 Health System Issues, by Geography	Onondaga County	City of Syracuse	Rest of County
High cost of health care	73.9%	70.4%	76.2%
Access to mental health services	71.2%	67.0%	73.8%
High cost of prescription medications	60.8%	56.9%	63.3%
Access to drug or alcohol abuse treatment	45.7%	42.7%	47.5%
Lack of health insurance coverage	42.2%	41.6%	42.5%

Notes: 1) 'Onondaga County' is inclusive of City of Syracuse respondents. 'Rest of County' represents county residents excluding responses from those residing in the City of Syracuse.

2) Responses are listed in the order in which they were selected by Onondaga County Residents.

More context surrounding health systems issues in Onondaga County was provided through qualitative feedback from county residents. Written responses centralized around themes related to health care, emphasizing the unaffordability of services, insufficient access to quality services and providers, lack of supportive attention and services for high risk groups, and limited health insurance coverage for care. Direct feedback provided by community members is included below:

“Although it is a smaller population, there are many different cultures that have settled in Onondaga County. Hand in hand with language barriers, there is also a lack of understanding about how different cultures view medicine and health care, and that the approach with these individuals has to be modified accordingly. There is also the challenge of communication and lack of coordination among different parts of the health system.”

“There are not enough providers in this area. The primary care opportunities for patients are low, long waits to get an appointment. Even for myself I have a tumor in my brain; it was a 2 month wait.”

“The cost is too high and the lack of compassion from medical providers hinders a person from visiting a doctor regularly.”

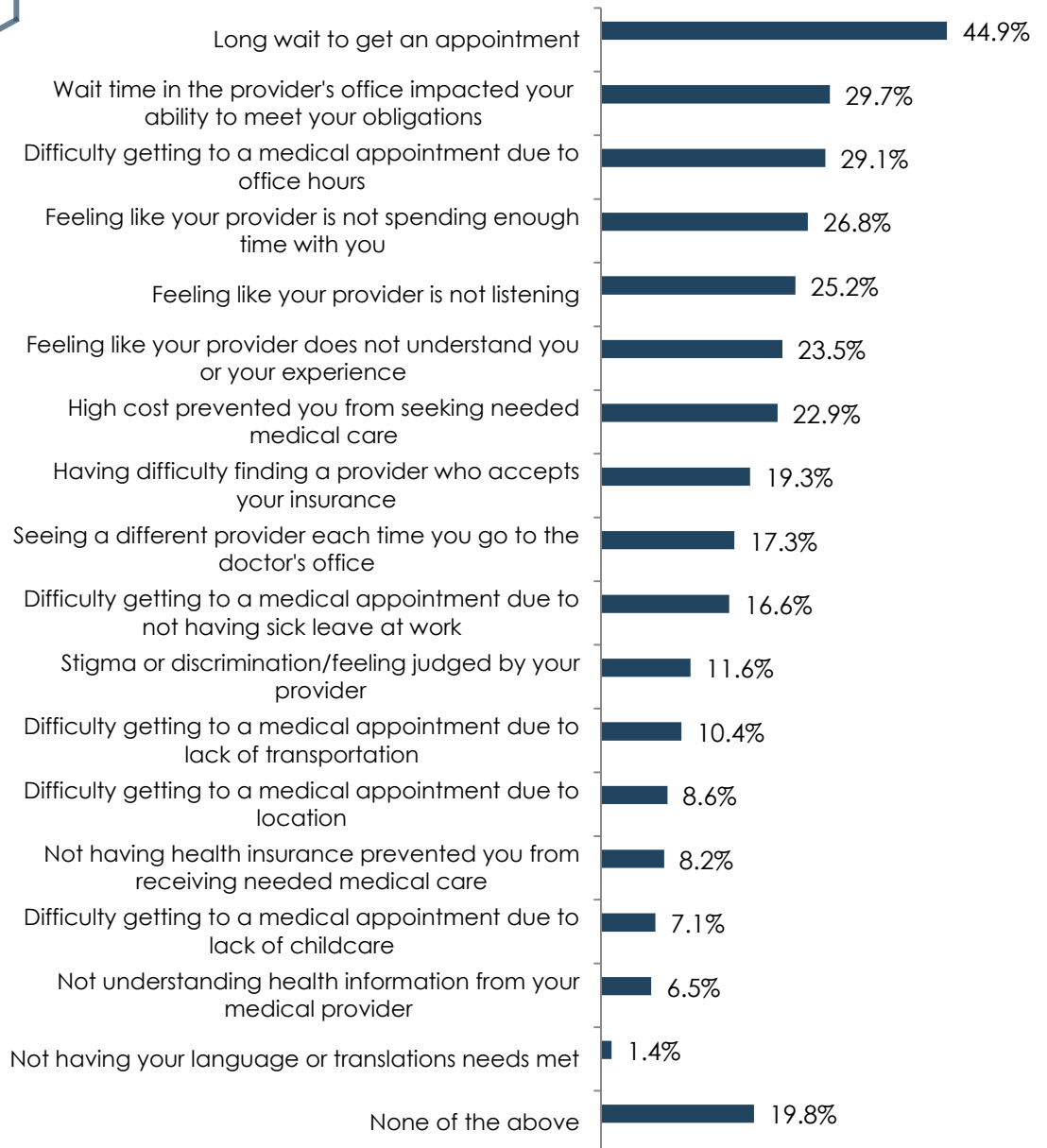
Experiences Seeking Medical Care

Which of the following have you, or your family, experienced when seeking medical care in the last 3 years?

Access to quality health care is essential to maintain good health and prevent or manage diseases. The most frequently cited experience when seeking medical care was a long wait time for an appointment (44.9%).

Other experiences frequently cited by County residents included wait time in the provider's office impacting ability to meet their obligations (29.7%) and difficulty getting to a medical appointment due to office hours (29.1%). Feeling rushed during appointments (26.8%) and feeling like providers were not listening (25.2%) or did not understand them/their experience (23.5%) were also common responses. Alarming, more than one tenth of respondents (11.6%) indicate experiencing stigma or discrimination from their provider.

Experiences Seeking Medical Care, Onondaga County (n=2,885)



Notable Differences

The most common experience seeking medical care across Onondaga County is a long wait time to get an appointment. Notable differences by demographics can be found below. Tables with response rates by demographic category are available in the Appendix.

- 18 to 34 year olds have frequently experienced difficulty getting to medical appointments due to office hour availability (37.2%) and have not sought medical care due to high cost (30.1%).
- 8.2% of Hispanic and Latino respondents have experienced challenges having their language or translation needs met.
- Black or African American respondents and respondents indicating more than one race frequently cited feeling like their provider is not listening (31.0% and 36.7% respectively).
- Females were more likely to report feeling like their provider is not listening (27.3%) compared to males (19.4%).
- Respondents with less than a high school education often avoid medical treatment due to high cost (40.8%).

10 Most Common Experiences Seeking Medical Care, by Geography	Onondaga County	City of Syracuse	Rest of County
Long wait to get an appointment	44.9%	44.7%	44.9%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	29.7%	27.8%	30.8%
Difficulty getting to a medical appointment due to office hours	29.1%	25.1%	31.6%
Feeling like your provider is not spending enough time with you	26.8%	23.9%	28.7%
Feeling like your provider is not listening	25.2%	23.0%	26.6%
Feeling like your provider does not understand you or your experience	23.5%	21.9%	24.6%
High cost prevented you from seeking needed medical care	22.9%	21.0%	24.1%
Having difficulty finding a provider who accepts your insurance	19.3%	19.5%	19.3%
Seeing a different provider each time you go to the doctor's office	17.3%	17.3%	17.3%
Difficulty getting to a medical appointment due to not having sick leave at work	16.6%	17.3%	15.6%
None of the above	19.8%	19.8%	19.8%

Notes: 1) 'Onondaga County' is inclusive of City of Syracuse respondents. 'Rest of County' represents county residents excluding responses from those residing in the City of Syracuse. 2) Responses are listed in the order in which they were selected by Onondaga County Residents.



BRFSS

The BRFSS is a national telephone survey that collects data to better understand the health status of residents. Data from the BRFSS in Onondaga County gives context to better understand strengths and challenges of the local health care delivery system. Findings from the 2016 (and 2013/2014) BRFSS pertaining to Onondaga County include:



7.7%

*** Of adults did not receive medical care because of cost in the last 12 months.**

10.1% indicated in the 2013/2014 BRFSS



12.9%

*** Of adults do not have a regular health care provider.**

15.7% indicated in the 2013/2014 BRFSS



11.0%

*** Of adults 18 to 64 years old do not have health care coverage.**

13.8% indicated in the 2013/2014 BRFSS



26.7%

‡ Of adults aged 18 to 64 years old did not see a doctor for a routine checkup within the last year.

31.6% indicated in the 2013/2014 BRFSS



28.8%

‡ Of adults without a dentist visit within the past year.

26.5% indicated in the 2013/2014 BRFSS



8.6%

† Of adults have taken a course or class to learn how to manage their chronic disease or condition.

8.4% indicated in the 2013/2014 BRFSS

* Age-adjusted rate

‡ Crude rate

† Unreliable age-adjusted rate due to large standard error



Conclusion

Community member feedback on health care delivery and access to care in Onondaga County demonstrate challenges relating to the **high cost of health care**, access to **mental health services** and **long wait to get an appointment**. Additional challenges related to **health equity**, including stigma, discrimination, and bias as well as feeling like providers are not listening were significant concerns among respondents. Despite these challenges, BRFSS data indicate positive trends relating to access to health care providers and health insurance coverage.

Overall this feedback is critical to inform future work of the Onondaga County Health Department and health system partners.



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Table 1

Top 5 Health System Issues, City of Syracuse, by Zip Code

	13224	13210	13208	13207	13206	13205	13204	13203	13202
Access to drug or alcohol treatment	42.9%	41.6%	42.9%	45.7%	46.4%	47.4%	45.2%	38.3%	35.6%
Access to mental health services	74.6%	83.2%	63.4%	67.0%	74.6%	73.1%	74.8%	63.3%	62.2%
High cost of health care	71.4%	70.3%	65.2%	70.2%	72.5%	65.4%	69.6%	65.0%	64.4%
High cost of prescription medication	52.4%	46.5%	58.0%	59.6%	55.1%	60.3%	48.1%	44.2%	46.7%
Lack of health insurance coverage	41.3%	41.6%	40.2%	51.1%	45.7%	41.0%	37.8%	37.5%	40.0%

Source: Onondaga County Community Engagement Survey, 2019

**Table 2****5 Most Common Experiences Seeking Medical Care, City of Syracuse, by Zip Code**

	13224	13210	13208	13207	13206	13205	13204	13203	13202
Difficulty getting to a medical appointment due to office hours	27.0%	30.7%	28.6%	27.7%	21.0%	32.1%	24.4%	25.8%	31.1%
Feeling like your provider is not listening	30.2%	21.8%	27.7%	24.5%	18.1%	32.1%	26.7%	25.0%	24.4%
Feeling like your provider is not spending enough time with you	34.9%	28.7%	25.9%	18.1%	23.9%	30.8%	23.0%	29.2%	26.7%
Long wait to get an appointment	47.6%	35.6%	40.2%	46.8%	42.8%	37.2%	48.1%	52.5%	57.8%
Wait time in the provider's office impacted your ability to meet your obligations (work, family, etc.)	27.0%	24.8%	33.0%	30.9%	31.2%	26.9%	31.9%	37.5%	22.2%

Source: Onondaga County Community Engagement Survey, 2019

**Table 3****Health System Issues by Age, Onondaga County**

	18-34 (n=691)	35-49 (n=870)	50-64 (n=963)	65 and older (n=262)
Access to a dentist	17.4%	21.1%	22.1%	23.7%
Access to a regular doctor or health care provider	45.6%	37.2%	36.1%	36.6%
Access to drug or alcohol abuse treatment	45.7%	44.1%	46.7%	48.5%
Access to language translators	15.3%	11.5%	8.0%	6.1%
Access to mental health services	71.1%	73.7%	72.0%	64.9%
Access to services that can prevent disease or find it earlier	21.3%	17.7%	23.6%	29.0%
Discrimination or bias from medical providers	18.5%	14.0%	12.4%	8.0%
High cost of health care	68.7%	74.1%	76.1%	79.4%
High cost of prescription medication	47.6%	56.8%	69.7%	77.1%
Lack of empathy among providers	22.1%	24.4%	18.9%	10.3%
Lack of health insurance coverage	42.4%	43.0%	40.6%	45.0%
Lack of transportation to medical appointments	30.4%	24.7%	22.9%	23.3%
Not understanding health information from a medical provider	32.7%	34.9%	30.0%	27.1%

Source: Onondaga County Community Engagement Survey, 2019



Table 4

Experiences Seeking Medical Care by Age, Onondaga County

	18-34 (n=691)	35-49 (n=870)	50-64 (n=963)	65 and older (n=262)
Difficulty getting to a medical appointment due to lack of transportation	15.8%	8.7%	8.3%	10.7%
Difficulty getting to a medical appointment due to location	12.2%	7.5%	6.5%	10.3%
Difficulty getting to a medical appointment due to lack of childcare	12.3%	9.1%	2.8%	1.9%
Difficulty getting to a medical appointment due to not having sick leave at work	26.0%	17.4%	12.5%	5.7%
Difficulty getting to a medical appointment due to office hours	37.2%	32.9%	25.0%	11.8%
Feeling like your provider does not understand you or your experience	29.2%	25.1%	21.7%	14.1%
Feeling like your provider is not listening	29.4%	28.5%	22.7%	16.8%
Feeling like your provider is not spending enough time with you	31.4%	28.9%	24.6%	18.3%
Having difficulty finding a provider who accepts your insurance	23.7%	22.9%	16.7%	8.8%
High cost prevented you from seeking needed medical care	30.1%	24.8%	19.0%	13.7%
Long wait to get an appointment	51.5%	48.4%	42.5%	29.8%
Not having health insurance prevented you from receiving needed medical care	12.0%	8.4%	6.3%	4.6%
Not having your language or translations needs met	1.9%	1.3%	1.2%	0.4%
Not understanding health information from your medical provider	8.1%	6.9%	5.7%	5.7%
Seeing a different provider each time you go to the doctor's office	23.2%	20.5%	11.9%	10.7%
Stigma or discrimination/feeling judged by your provider	16.8%	13.7%	8.8%	2.7%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	32.7%	35.3%	27.6%	13.7%
None of the above	11.0%	14.7%	22.7%	43.5%

Source: Onondaga County Community Engagement Survey, 2019

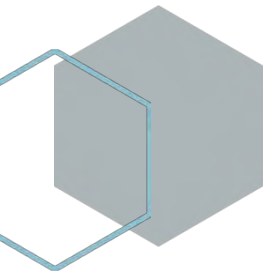


Table 5

Health System Issues by Ethnicity, Onondaga County

	Hispanic or Latino (n=98)	Not Hispanic or Latino (n=2405)	Don't know (n=23)
Access to a dentist	21.4%	19.9%	17.4%
Access to a regular doctor or health care provider	28.6%	39.9%	47.8%
Access to drug or alcohol abuse treatment	39.8%	46.7%	26.1%
Access to language translators	24.5%	10.0%	13.0%
Access to mental health services	65.3%	72.3%	56.5%
Access to services that can prevent disease or find it earlier	24.5%	21.6%	17.4%
Discrimination or bias from medical providers	22.4%	13.2%	21.7%
High cost of health care	66.3%	75.4%	69.6%
High cost of prescription medication	44.9%	62.8%	47.8%
Lack of empathy among providers	22.4%	20.8%	30.4%
Lack of health insurance coverage	42.9%	42.7%	39.1%
Lack of transportation to medical appointments	32.7%	25.0%	39.1%
Not understanding health information from a medical provider	38.8%	32.1%	26.1%

Source: Onondaga County Community Engagement Survey, 2019



Table 6

Experiences Seeking Medical Care by Ethnicity, Onondaga County

	Hispanic or Latino (n=98)	Not Hispanic or Latino (n=2405)	Don't know (n=23)
Difficulty getting to a medical appointment due to lack of transportation	15.3%	9.4%	26.1%
Difficulty getting to a medical appointment due to location	10.2%	7.7%	17.4%
Difficulty getting to a medical appointment due to lack of childcare	12.2%	6.3%	8.7%
Difficulty getting to a medical appointment due to not having sick leave at work	13.3%	16.7%	17.4%
Difficulty getting to a medical appointment due to office hours	34.7%	29.3%	30.4%
Feeling like your provider does not understand you or your experience	26.5%	23.7%	21.7%
Feeling like your provider is not listening	29.6%	25.5%	21.7%
Feeling like your provider is not spending enough time with you	26.5%	27.2%	17.4%
Having difficulty finding a provider who accepts your insurance	24.5%	18.6%	13.0%
High cost prevented you from seeking needed medical care	28.6%	22.7%	21.7%
Long wait to get an appointment	55.1%	45.7%	34.8%
Not having health insurance prevented you from receiving needed medical care	4.1%	8.1%	8.7%
Not having your language or translations needs met	8.2%	0.8%	8.7%
Not understanding health information from your medical provider	10.2%	6.3%	17.4%
Seeing a different provider each time you go to the doctor's office	24.5%	16.9%	34.8%
Stigma or discrimination/feeling judged by your provider	16.3%	11.6%	17.4%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	32.7%	29.7%	34.8%
None of the above	17.3%	19.5%	21.7%

Source: Onondaga County Community Engagement Survey, 2019



Table 7

Health System Issues by Race, Onondaga County

	American Indian or Alaska Native (n=29)	Asian (n=36)	Black or African American (n=196)	Native Hawaiian or Pacific Islander*	White (n=2240)	More than 1 (n=49)	Don't know*	Other (n=54)
Access to a dentist	20.7%	13.9%	23.5%	-	20.1%	18.4%	-	24.1%
Access to a regular doctor or health care provider	31.0%	36.1%	42.9%	-	39.2%	28.6%	-	37.0%
Access to drug or alcohol abuse treatment	31.0%	44.4%	37.8%	-	47.7%	36.7%	-	42.6%
Access to language translators	13.8%	13.9%	13.3%	-	9.8%	22.4%	-	27.8%
Access to mental health services	72.4%	61.1%	62.2%	-	73.0%	69.4%	-	68.5%
Access to services that can prevent disease or find it earlier	31.0%	30.6%	23.0%	-	21.3%	20.4%	-	29.6%
Discrimination or bias from medical providers	13.8%	11.1%	32.1%	-	11.9%	22.4%	-	18.5%
High cost of health care	58.6%	80.6%	58.7%	-	76.4%	65.3%	-	68.5%
High cost of prescription medication	62.1%	41.7%	51.0%	-	63.1%	59.2%	-	44.4%
Lack of empathy among providers	31.0%	5.6%	29.1%	-	19.9%	22.4%	-	14.8%
Lack of health insurance coverage	24.1%	55.6%	37.2%	-	43.3%	46.9%	-	31.5%
Lack of transportation to medical appointments	44.8%	41.7%	30.1%	-	24.6%	24.5%	-	27.8%
Not understanding health information from a medical provider	27.6%	30.6%	29.6%	-	32.0%	24.5%	-	29.6%

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Table 8

Experiences Seeking Medical Care by Race, Onondaga County

	American Indian or Alaska Native (n=29)	Asian (n=36)	Black or African American (n=196)	Native Hawaiian or Pacific Islander*	White (n=2240)	More than 1 (n=49)	Don't know*	Other (n=54)
Difficulty getting to a medical appointment due to lack of transportation	20.7%	5.6%	20.4%	-	8.6%	28.6%	-	20.4%
Difficulty getting to a medical appointment due to location	13.8%	5.6%	15.8%	-	7.6%	16.3%	-	9.3%
Difficulty getting to a medical appointment due to lack of childcare	13.8%	0.0%	12.2%	-	6.0%	14.3%	-	16.7%
Difficulty getting to a medical appointment due to not having sick leave at work	24.1%	5.6%	17.9%	-	16.3%	28.6%	-	14.8%
Difficulty getting to a medical appointment due to office hours	24.1%	30.6%	19.4%	-	29.6%	34.7%	-	38.9%
Feeling like your provider does not understand you or your experience	27.6%	11.1%	21.4%	-	23.4%	40.8%	-	22.2%
Feeling like your provider is not listening	31.0%	13.9%	19.4%	-	25.5%	36.7%	-	27.8%
Feeling like your provider is not spending enough time with you	34.5%	30.6%	17.9%	-	27.5%	34.7%	-	18.5%
Having difficulty finding a provider who accepts your insurance	24.1%	13.9%	27.0%	-	18.2%	30.6%	-	27.8%
High cost prevented you from seeking needed medical care	37.9%	25.0%	16.8%	-	23.3%	28.6%	-	22.2%
Long wait to get an appointment	51.7%	38.9%	41.8%	-	45.7%	49.0%	-	44.4%
Not having health insurance prevented you from receiving needed medical care	17.2%	8.3%	8.7%	-	7.9%	14.3%	-	5.6%
Not having your language or translations needs met	20.7%	8.3%	2.6%	-	0.6%	6.1%	-	9.3%
Not understanding health information from your medical provider	20.7%	5.6%	9.7%	-	6.2%	8.2%	-	1.9%

Seeing a different provider each time you go to the doctor's office	24.1%	22.2%	17.9%	-	16.9%	26.5%	-	24.1%
Stigma or discrimination/feeling judged by your provider	17.2%	16.7%	18.9%	-	10.3%	38.8%	-	14.8%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	27.6%	27.8%	30.1%	-	29.7%	38.8%	-	33.3%
None of the above	13.8%	19.4%	19.4%	-	19.9%	8.2%	-	18.5%

Source: Onondaga County Community Engagement Survey, 2019.

*Data were suppressed for categories with fewer than 10 responses.



Table 9

Health System Issues by Gender, Onondaga County

	Female (n=2095)	Male (n=628)	Transgender Female*	Transgender Male*	Gender Nonconforming*	Genderqueer/ Non-binary*
Access to a dentist	21.1%	19.3%	-	-	-	-
Access to a regular doctor or health care provider	38.2%	40.6%	-	-	-	-
Access to drug or alcohol abuse treatment	48.5%	37.9%	-	-	-	-
Access to language translators	10.6%	10.8%	-	-	-	-
Access to mental health services	74.5%	61.5%	-	-	-	-
Access to services that can prevent disease or find it earlier	20.1%	27.4%	-	-	-	-
Discrimination or bias from medical providers	14.0%	13.1%	-	-	-	-
High cost of health care	73.4%	77.5%	-	-	-	-
High cost of prescription medication	60.2%	65.0%	-	-	-	-
Lack of empathy among providers	20.6%	20.7%	-	-	-	-
Lack of health insurance coverage	41.6%	44.7%	-	-	-	-
Lack of transportation to medical appointments	27.4%	20.9%	-	-	-	-
Not understanding health information from a medical provider	32.2%	31.8%	-	-	-	-

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.



Table 10

Experiences Seeking Medical Care by Gender, Onondaga County

	Female (n=2095)	Male (n=628)	Transgender Female*	Transgender Male*	Gender Nonconforming*	Genderqueer/ Non-binary*
Difficulty getting to a medical appointment due to lack of transportation	9.6%	12.3%	-	-	-	-
Difficulty getting to a medical appointment due to location	8.1%	9.4%	-	-	-	-
Difficulty getting to a medical appointment due to lack of childcare	7.1%	6.1%	-	-	-	-
Difficulty getting to a medical appointment due to not having sick leave at work	18.1%	11.5%	-	-	-	-
Difficulty getting to a medical appointment due to office hours	31.3%	21.8%	-	-	-	-
Feeling like your provider does not understand you or your experience	24.3%	21.2%	-	-	-	-
Feeling like your provider is not listening	27.3%	19.4%	-	-	-	-
Feeling like your provider is not spending enough time with you	27.9%	22.9%	-	-	-	-
Having difficulty finding a provider who accepts your insurance	19.7%	19.1%	-	-	-	-
High cost prevented you from seeking needed medical care	24.2%	18.8%	-	-	-	-
Long wait to get an appointment	46.7%	40.8%	-	-	-	-
Not having health insurance prevented you from receiving needed medical care	7.5%	9.6%	-	-	-	-
Not having your language or translations needs met	1.3%	1.3%	-	-	-	-
Not understanding health information from your medical provider	5.5%	9.9%	-	-	-	-
Seeing a different provider each time you go to the doctor's office	18.3%	13.4%	-	-	-	-

Stigma or discrimination/feeling judged by your provider	11.7%	10.4%	-	-	-	-
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	31.5%	24.0%	-	-	-	-
None of the above	18.3%	23.7%	-	-	-	-

Source: Onondaga County Community Engagement Survey, 2019

*Data were suppressed for categories with fewer than 10 responses.

Table 11

Health System Issues by Education Level, Onondaga County

	Less than HS (n=49)	HS or GED (n=319)	Some College (n=393)	2 year degree (n=402)	4+ year degree (n=1584)
Access to a dentist	26.5%	27.6%	22.6%	20.9%	18.6%
Access to a regular doctor or health care provider	46.9%	35.7%	36.4%	37.3%	40.2%
Access to drug or alcohol abuse treatment	34.7%	42.9%	44.5%	53.0%	45.4%
Access to language translators	8.2%	8.5%	8.4%	10.4%	11.6%
Access to mental health services	55.1%	58.6%	67.2%	73.1%	75.3%
Access to services that can prevent disease or find it earlier	24.5%	23.2%	23.4%	19.7%	21.5%
Discrimination or bias from medical providers	14.3%	18.8%	18.1%	10.4%	12.8%
High cost of health care	55.1%	74.0%	77.1%	78.1%	73.4%
High cost of prescription medication	51.0%	55.2%	67.9%	67.9%	59.4%
Lack of empathy among providers	32.7%	28.5%	24.2%	19.7%	18.4%
Lack of health insurance coverage	28.6%	46.7%	47.1%	42.8%	40.9%
Lack of transportation to medical appointments	36.7%	21.6%	20.4%	19.9%	28.9%
Not understanding health information from a medical provider	28.6%	27.3%	29.5%	29.1%	34.3%

Source: Onondaga County Community Engagement Survey, 2019

Note: HS refers to High School



Table 12

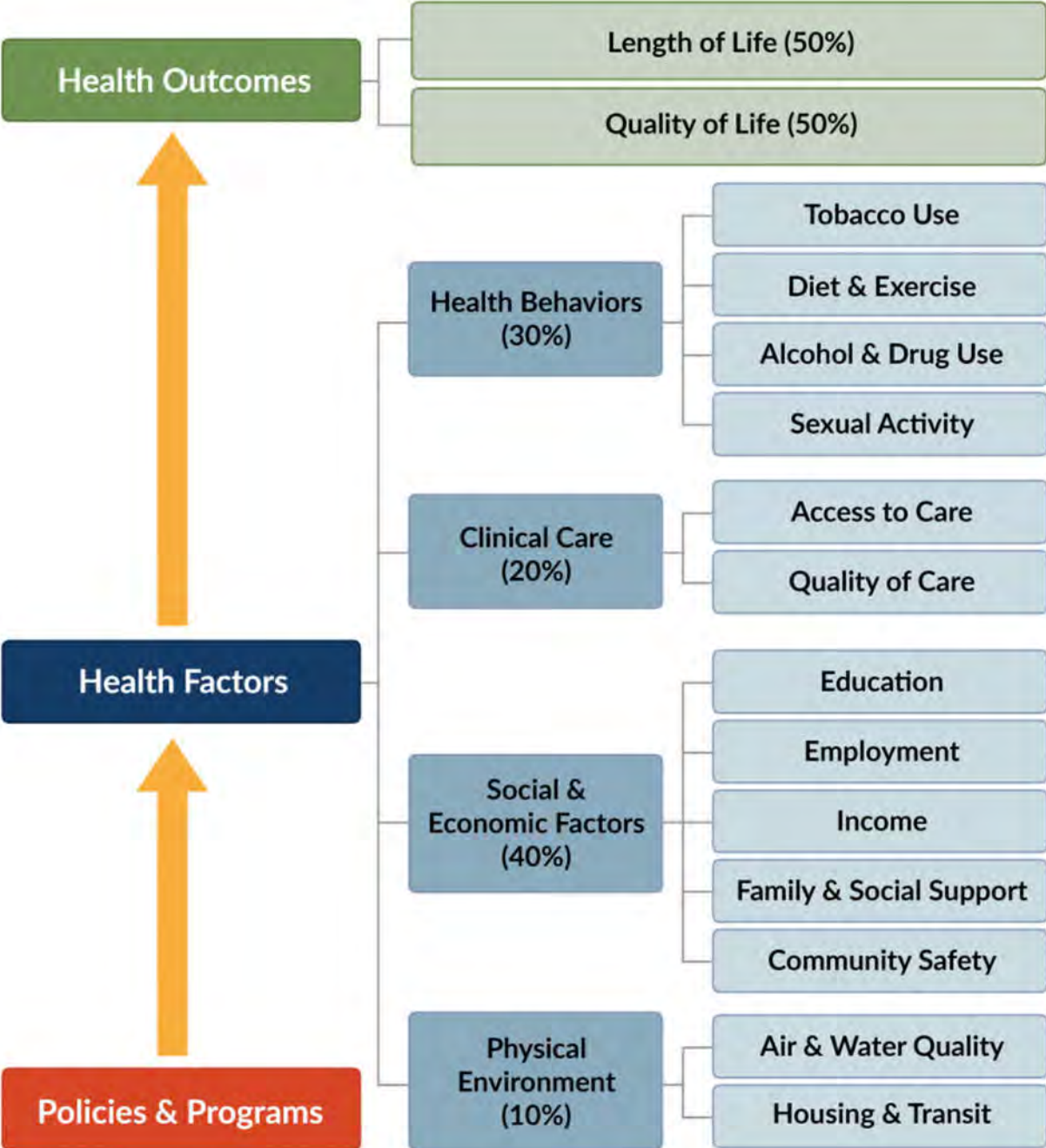
Experiences Seeking Medical Care by Education Level, Onondaga County

	Less than HS (n=49)	HS or GED (n=319)	Some College (n=393)	2 year degree (n=402)	4+ year degree (n=1584)
Difficulty getting to a medical appointment due to lack of transportation	46.9%	25.7%	15.3%	8.2%	5.6%
Difficulty getting to a medical appointment due to location	28.6%	15.0%	14.2%	9.0%	5.2%
Difficulty getting to a medical appointment due to lack of childcare	24.5%	9.4%	6.6%	7.7%	6.2%
Difficulty getting to a medical appointment due to not having sick leave at work	12.2%	15.7%	23.9%	17.7%	15.1%
Difficulty getting to a medical appointment due to office hours	20.4%	20.4%	24.4%	30.1%	32.5%
Feeling like your provider does not understand you or your experience	26.5%	24.1%	27.2%	20.9%	23.6%
Feeling like your provider is not listening	26.5%	20.4%	29.3%	23.1%	26.3%
Feeling like your provider is not spending enough time with you	12.2%	21.9%	28.0%	25.1%	28.3%
Having difficulty finding a provider who accepts your insurance	22.4%	24.5%	23.4%	20.9%	17.6%
High cost prevented you from seeking needed medical care	40.8%	21.0%	26.7%	25.4%	21.5%
Long wait to get an appointment	36.7%	45.1%	46.3%	42.5%	46.3%
Not having health insurance prevented you from receiving needed medical care	16.3%	10.0%	12.5%	10.0%	6.1%
Not having your language or translations needs met	8.2%	2.8%	1.5%	1.2%	0.8%
Not understanding health information from your medical provider	16.3%	12.2%	6.9%	4.7%	5.6%
Seeing a different provider each time you go to the doctor's office	26.5%	18.5%	18.1%	16.4%	16.9%
Stigma or discrimination/feeling judged by your provider	12.2%	14.7%	15.3%	10.7%	10.4%
Wait time in the provider's office impacted your ability to meet you obligations (work, family, etc.)	38.8%	24.5%	29.3%	29.1%	31.3%
None of the above	20.4%	16.9%	18.1%	20.6%	19.8%

Source: Onondaga County Community Engagement Survey, 2019

Note: HS refers to High School

Appendix 4: County Health Rankings Model © 2014 UWPHI



County Health Rankings model © 2014 UWPHI

Appendix 5: Onondaga County Community Health Improvement Plan (CHIP) 2019-2021 Progress Reporting and Revision Plan

The following plan will be implemented by the Onondaga County Health Department (OCHD) and the CHA/CHIP Steering Committee in order to effectively evaluate progress made towards interventions outlined in the CHIP while continuing to meet the evolving needs of our community.

Activities	Agencies involved	Frequency / Timeframe
Complete <i>Quarterly Progress Update</i> form	OCHD Crouse Health St. Joseph's Hospital Upstate University Hospital*	Completed quarterly beginning in 2020
Attend <i>Steering Committee Meeting</i> and discuss the following: <ul style="list-style-type: none"> Progress towards interventions Review of recently available data Changes in resources 	OCHD Crouse Health St. Joseph's Hospital Upstate University Hospital*	Every 6 months as follows: <ul style="list-style-type: none"> June 2020 December 2020 June 2021 December 2021
Complete <i>2020 CHIP Progress Update</i> form	OCHD Crouse Health St. Joseph's Hospital Upstate University Hospital*	Complete in December 2020
Review and compile <i>2020 CHIP Progress Update</i> forms and identify necessary revisions to CHIP	OCHD	Complete by January 2021
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

CHIP 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

Community Health Improvement Plan 2019-2021

Quarterly Progress Update

Priority Area: _____

Agency name: _____

Reporting period: _____

Completion date: _____

Completed by: _____

Focus Area 1:

Objectives:

Goal 1:						
Intervention:						
Activity	Performance Measures	Partner Agencies (if applicable)	Target Date	Current Status <i>(Not started, In progress, Completed)</i>	Performance Measure Data (if available)	Updates, Changes, Recommendations

Onondaga County Community Health Improvement Plan 2020 Progress Update

Please complete the following questions in regards to activities completed by your agency in 2020 as part of the Onondaga County Community Health Improvement Plan.

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 Progress Update* form.
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 Diseases* and *Promote Well-Being and Prevent Mental and Substance Use Disorders*.
4. Are you aware of any newly available data sources or updated indicators within the priority areas of *Prevent Chronic Diseases* and *Promote Well-Being and Prevent Mental and Substance Use Disorders*? 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 6: Onondaga County Health Equity Coalition Member Agencies

Allyn Family Foundation

American Heart Association/American Stroke Association

Black Nurses Rock Syracuse Chapter, Inc.

Boys and Girls Clubs of Syracuse

Catholic Charities of Onondaga County

Centro, Inc.

City of Syracuse

CNY Cares Collaborative

Crouse Health

Downtown Committee of Syracuse, Inc.

FOCUS Greater Syracuse/CNY-CAN

Greater Syracuse HOPE

Health Foundation of Western and Central New York

HealtheConnections

InterFaith Works

Lerner Center for Public Health Promotion

Onondaga County Adult and Long Term Care

Onondaga County Department of Children and Family Services

Onondaga County Department of Social Services – Economic Security

Onondaga County Family Planning Services

Onondaga County Health Department

Onondaga Nation

PEACE, Inc.

REACH CNY, Inc.

St. Joseph's Health

SUNY Upstate University Hospital

Syracuse Community Connections

Syracuse Housing Authority

Syracuse University

United Way of Central New York

YMCA of Greater Syracuse

Appendix 7: Onondaga County Drug Task Force Member Agencies

ACR Health

Adapt Pharma

Addicted To Hope

American Medical Response of CNY

Baldwinsville Addiction Awareness Group

Belvedere Addictions Center

City of Syracuse

Conifer Park

Contact Community Services

Crouse Health

Excellus Blue Cross Blue Shield

HEAL Inc. (Heroin Epidemic Action Force)

HEAL Madison County

Helio Health

High Intensity Drug Trafficking Area Program (HIDTA)

Kinney Drugs

Le Moyne College

Lerner Center

MAK Consultants

NAVAC, Inc.

New York State Office of Addiction Services and Supports (OASAS)

New York State Office of Children and Family Services

Onondaga Community College

Onondaga County Department of Adult & Long Term Care Services

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

Onondaga County Health Department

Onondaga County Medical Society

Onondaga County Sheriff's Department

Prevention Network

Pro Act, Inc.

REACH CNY, Inc.

Rescue Mission

St Joseph's Health

Statewide Peer Assistance for Nurses (SPAN)

SUNY Upstate University Hospital

Syracuse Community Treatment Court

Syracuse Recovery Services

Syracuse University Public Health & Addiction Studies

U.S. Attorney's Office

U.S. Probation Office Northern District of New York

U.S. Senator Charles Schumer's Office

U.S. Senator Kristen Gillibrand's Office

United Way of Central New York

Upstate New York Poison Center

Wegmans

Appendix 8: Data Tables

I. DETERMINANTS OF HEALTH

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Access to care						
% of children with health insurance	97.0	96.4	-	97.0	-	-
% of adults with health insurance – Aged 19-64 years	92.7	90.1	-	89.2	-	97.0
% of adults with health insurance – Aged 65+ years	99.8	99.6	-	99.1	-	-
% of population with Medicaid/means tested public insurance coverage	20.9	37.3	-	24.8	-	-
% of adults who have a regular health care provider	87.1	-	87.6	82.6	84.4	86.7
% of adults who saw a doctor for a routine checkup within the last year – Aged 18-64 years	73.3	-	74.2	71.6	70.2	-
% of adults who did not receive medical care because of cost	7.7	-	9.3	11.5	10.6	-
% of adults who had a dentist visit within the past year	71.2	-	68.6	68.4	69.6	-
Crime and violence						
Violent crimes (per 100,000)	300.4	-	-	350.6	203.3	-
Firearm related violent crimes (per 100,000)	57.0	-	-	40.4	33.2	-
Homicides (per 100,000)	6.1	-	4.0	3.5	-	-
Property crimes (per 100,000)	1,878.1	-	-	1,433.6	1,380.4	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Crime and violence (continued)						
Assault-related hospitalizations (per 10,000)	3.5	-	2.8	3.2	2.2	3.0
<i>Ratio of black non-Hispanics to white non-Hispanics</i>	8.35	-	14.63*	6.23	6.42	5.5
<i>Ratio of Hispanics to white non-Hispanics</i>	2.77	-	-	2.78	2.11	2.5
<i>Ratio of low income zip codes to non-low income zip codes</i>	6.91	-	4.03	3.00	2.88	2.7
Economic opportunity and poverty						
Median household income (dollars)	57,271	34,716	-	62,765	-	-
<i>American Indian or Alaska Native</i>	37,993	20,000	-	40,043	-	-
<i>Asian</i>	43,620	25,243	-	68,567	-	-
<i>Black or African American</i>	30,165	26,924	-	43,997	-	-
<i>White</i>	62,805	41,553	-	70,712	-	-
<i>Other race</i>	21,085	16,769	-	38,290	-	-
<i>Two or more races</i>	45,185	31,566	-	54,078	-	-
<i>Hispanic (all races)</i>	36,112	25,062	-	43,889	-	-
% of population living in poverty	14.9	32.6	-	15.1	-	-
<i>American Indian or Alaska Native</i>	19.7	30.0	-	25.6	-	-
<i>Asian</i>	28.1	47.3	-	16.8	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Economic opportunity and poverty (continued)						
<i>Black or African American</i>	37.2	41.0	-	22.5	-	-
<i>White</i>	10.3	23.7	-	11.0	-	-
<i>Other race</i>	41.0	53.4	-	27.9	-	-
<i>Two or more races</i>	29.4	46.9	-	20.4	-	-
<i>Hispanic (all races)</i>	31.8	45.1	-	24.4	-	-
% of children living in poverty	21.6	46.8	-	21.3	-	-
Adults age 65+ years living in poverty	8.2	14.7	-	11.5	-	-
Persons with disability living in poverty	31.9	46.8	-	29.9	-	-
% of households that are Asset Limited, Income Constrained, Employed (ALICE)	25.6	-	-	30.8	-	-
% of households that are above the Asset Limited, Income Constrained, Employed (ALICE) threshold	60.1	-	-	54.8	-	-
% unemployed (age 16+ years, civilian)	6.4	10.5	-	6.8	-	-
Highest education level						
Less than high school education (adults 25+ years) (%)	9.2	18.5	-	13.9	-	-
High school graduate or higher (adults 25+ years) (%)	90.8	81.5	-	86.1	-	-
<i>American Indian or Alaska Native</i>	76.2	72.5	-	73.3	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Highest education level (continued)						
<i>Asian</i>	69.2	55.2	-	78.4	-	-
<i>Black or African American</i>	78.6	75.7	-	83.0	-	-
<i>White</i>	93.3	87.2	-	90.6	-	-
<i>Other race</i>	70.6	61.6	-	64.1	-	-
<i>Two or more races</i>	88.7	82.2	-	80.3	-	-
<i>Hispanic (all races)</i>	77.1	70.2	-	68.4	-	-
Bachelor's degree or higher (adults 25+ years) (%)	35.0	27.4	-	35.3	-	-
<i>American Indian or Alaska Native</i>	22.7	20.0	-	17.2	-	-
<i>Asian</i>	46.3	34.7	-	45.9	-	-
<i>Black or African American</i>	14.3	11.1	-	23.2	-	-
<i>White</i>	37.1	34.3	-	39.3	-	-
<i>Other race</i>	22.5	16.5	-	13.9	-	-
<i>Two or more races</i>	31.7	23.0	-	32.5	-	-
<i>Hispanic (all races)</i>	25.5	18.3	-	18.1	-	-
Food access						
% of adults with food security over the last 12 months	73.9	-	76.1	75.8	78.1	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Food access (continued)						
% of households receiving Food Stamp/SNAP benefits	14.3	30.7	-	15.2	-	-
Housing						
Median home value	139,400	91,100	-	293,000	-	-
% of adults experiencing housing insecurity in the past 12 months	34.2	-	32.6	36.4	32.8	-
% of households with severe housing problems	15.0	-	-	24.0	-	-
% of occupied housing units built in 1939 or earlier	23.5	43.8	-	32.3	-	-
% of occupied housing units built in 1979 or earlier	74.1	90.5	-	78.1	-	-
% of properties that are owner occupied	64.9	38.3	-	54.0	-	-
% of properties that are renter occupied	35.1	61.7	-	46.0	-	-
% of renters spending 30% or more of household income on rent	49.1	56.2	48.6	53.5	-	-
<i>Ages 15-24 years</i>	61.9	-	58.5	-	-	-
<i>Ages 65 + years</i>	57.3	-	53.8	-	-	-
% of population who lived in a different residence one year ago	14.1	23.9	-	10.6	-	-
Social environment						
% of children in single-parent households	39.1	61.0	38.6	34.3	-	-
% of adults age 65+ years living alone	31.1	36.8	29.9	28.3	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Technology access						
% of households with one or more types of computing devices	86.4	78.6	-	86.8	-	-
% of households with an internet subscription	78.3	66.6	-	79.4	-	-
Transportation						
% of households with no vehicle available	12.3	28.3	-	29.0	-	-
% of workforce that drive alone to work	79.6	64.1	-	52.9	-	-

Notes:

See the Technical Notes table (Appendix 9) for information on data sources and years.

*Rate is unstable or unreliable

-Data not available

II. IMPROVE HEALTH STATUS AND REDUCE HEALTH DISPARITIES

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Mortality						
Total mortality rate (per 100,000)	725.0	-	739.7	638.2	673.1	-
Asian/Pacific Islander	322.9	-	-	341.6	283.1	-
Black	939.7	-	-	695.1	727.1	-
White	702.0	-	-	657.0	684.4	-
Hispanic (all races)	506.1	-	-	493.2	437.7	-
% of premature deaths (before age 65 years)	24.0	31.3	23.5	24.0	22.4	22.8
<i>% of premature deaths: Black non-Hispanic</i>	48.2	-	49.3	37.3	40.2	-
<i>% of premature deaths: White non-Hispanic</i>	19.6	-	20.7	19.1	19.6	-
<i>% of premature deaths: Hispanic</i>	59.3	-	56.6	35.8	42.5	-
Emergency department visits and hospitalizations						
Total emergency department visit rate (per 10,000)	3,614.0	-	3,946.0	4,133.4	-	-
Total hospitalization rate (per 10,000)	1,047.1	-	1,070.7	1,081.5	-	-
Preventable hospitalization rate (per 10,000) – Aged 18 + years	125.6	-	131.3	124.0	116.8	115.0
Preventable hospitalization rate: <i>Black non-Hispanic</i>	241.2	-	244.4	200.5	209.0	-
Preventable hospitalization rate: <i>White non-Hispanic</i>	109.0	-	121.9	96.9	102.5	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Emergency department visits and hospitalizations (continued)						
Preventable hospitalization rate: <i>Hispanic</i>	135.0	-	134.8	124.3	130.1	-
Health status						
% of adults with poor self-reported health	4.3	-	4.0	4.0	3.9	-
% of adults with poor physical health for ≥ 14 days in the last month	11.0	16.0	12.3	10.8	11.4	-
% of adults with poor mental health for ≥ 14 days in the last month	9.1	15.4	10.7	10.7	11.2	-

Notes:

See the Technical Notes table (Appendix 9) for information on data sources and years.

*Rate is unstable or unreliable

-Data not available

III. PREVENT CHRONIC DISEASES

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Active living						
% of adults who participated in leisure time physical activity in the past 30 days	75.0	68.3	74.9	74.0	75.0	77.4
Asthma						
% of adults with current asthma	11.5	12.7	10.6	9.6	10.4	-
Emergency department visit rate (per 10,000)	37.9	-	34.5	77.0	42.0	73.0
<i>Aged 0-4 years</i>	125.4	-	93.6	186.4	105.8	175.8
Hospitalization rate (per 10,000)	5.0	-	4.5	11.4	-	9.6
<i>Aged 0-4 years</i>	21.6	-	17.8	43.5	-	38.6
Mortality rate (per 100,000)	1.1	-	1.1	1.3	-	-
Cancer – all types						
Incidence rate (per 100,000)	517.8	-	-	482.9	-	-
<i>Black</i>	474.1	-	-	444.6	-	-
<i>White</i>	526.5	-	-	497.7	-	-
Mortality rate (per 100,000)	170.4	-	-	151.0	-	-
<i>Black</i>	206.0	-	-	150.1	-	-
<i>White</i>	169.2	-	-	156.4	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Cancer – colon and rectum cancer						
Incidence rate (per 100,000)	39.3	-	-	38.9	-	-
<i>Black</i>	40.3	-	-	40.5	-	-
<i>White</i>	39.4	-	-	38.7	-	-
Late – stage incidence rate (per 100,000)	20.3	-	-	21.5	-	-
<i>Black</i>	27.0	-	-	22.7	-	-
<i>White</i>	19.8	-	-	21.6	-	-
Mortality rate (per 100,000)	14.0	-	-	13.2	-	-
<i>Black</i>	16.4	-	-	15.0	-	-
<i>White</i>	14.0	-	-	13.3	-	-
Cancer – female breast cancer						
Incidence rate (per 100,000)	137.1	-	-	130.7	-	-
<i>Black</i>	104.2	-	-	117.5	-	-
<i>White</i>	141.3	-	-	135.9	-	-
Late – stage incidence rate (per 100,000)	39.7	-	-	42.4	-	-
<i>Black</i>	40.5	-	-	48.0	-	-
<i>White</i>	40.2	-	-	42.2	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Cancer – female breast cancer (continued)						
Mortality rate (per 100,000)	19.5	-	-	19.7	-	-
<i>Black</i>	30.7	-	-	23.7	-	-
<i>White</i>	19.0	-	-	19.8	-	-
Cancer – lung and bronchus						
Incidence rate (per 100,000)	75.0	-	-	58.9	-	-
<i>Black</i>	85.1	-	-	47.5	-	-
<i>White</i>	74.4	-	-	62.4	-	-
Late – stage incidence rate (per 100,000)	52.5	-	-	41.3	-	-
<i>Black</i>	62.7	-	-	35.5	-	-
<i>White</i>	52.0	-	-	43.5	-	-
Mortality rate (per 100,000)	45.9	-	-	37.1	-	-
<i>Black</i>	48.6	-	-	30.8	-	-
<i>White</i>	46.0	-	-	39.7	-	-
Cancer – prostate						
Incidence rate (per 100,000)	144.6	-	-	125.0	-	-
<i>Black</i>	181.1	-	-	196.8	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Cancer – prostate (continued)						
<i>White</i>	142.9	-	-	114.7	-	-
Late – stage incidence rate (per 100,000)	17.9	-	-	22.1	-	-
<i>Black</i>	27.6	-	-	34.0	-	-
<i>White</i>	17.0	-	-	20.8	-	-
Mortality rate (per 100,000)	16.5	-	-	18.1	-	-
<i>Black</i>	32.4	-	-	33.6	-	-
<i>White</i>	16.0	-	-	16.9	-	-
Cancer screening						
% of women who received breast cancer screening – Aged 50-74 years	80.3	79.9	82.3	79.7	79.2	-
% of women who received cervical cancer screening – Aged 21-65 years	80.6	82.2	83.6	82.2	83.5	-
% of adults who received colorectal cancer screening – Aged 50-75 years	72.4	60.3	74.5	68.5	69.7	80.0
Chronic disease self-management						
% of adults who have taken a class to learn how to manage their chronic disease or condition	8.9	-	8.4	9.5	7.5	10.6
Chronic lower respiratory disease						
Hospitalization rate (per 10,000)	20.7	-	23.7	27.6	-	-
Mortality rate (per 100,000)	35.9	-	41.9	28.9	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Diabetes						
% of adults with physician diagnosed diabetes	10.2	13.8	10.5	9.5	8.5	-
% of adults with a test for diabetes within the past three years	53.3	-	54.3	57.9	56.8	-
Emergency department visit rate (per 10,000) – Aged 18+ years	23.1	-	22.8	24.7	-	-
<i>American Indian or Alaska Native</i>	48.9	-	-	-	-	-
<i>Asian</i>	9.6	-	-	-	-	-
<i>Black or African American</i>	91.6	-	-	-	-	-
<i>Non-Hispanic white</i>	14.5	-	-	-	-	-
<i>Hispanic</i>	37.9	-	-	-	-	-
<i>Ages 65-84 years</i>	33.3	-	-	-	-	-
<i>Ages 85+ years</i>	27.9	-	-	-	-	-
Hospitalization rate (per 10,000) – Aged 18+ years	19.0	-	19.0	19.0	-	-
<i>American Indian or Alaska Native</i>	52.8	-	-	-	-	-
<i>Black or African American</i>	57.4	-	-	-	-	-
<i>Non-Hispanic white</i>	13.7	-	-	-	-	-
<i>Hispanic</i>	28.8	-	-	-	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Diabetes (continued)						
<i>Ages 65-84 years</i>	28.0	-	-	-	-	-
<i>Ages 85+ years</i>	24.6	-	-	-	-	-
Mortality rate (per 100,000)	15.8	-	18.1	17.0	15.2	-
<i>Non-Hispanic Asian/Pacific Islander</i>	7.8*	-	-	11.1	7.3	-
<i>Non-Hispanic Black</i>	32.9	-	-	32.7	27.0	-
<i>Non-Hispanic White</i>	13.7	-	-	13.9	14.6	-
<i>Hispanic</i>	13.4*	-	-	19.1	12.1	-
Healthy eating						
% of adults who consume ≥ one sugary drinks daily	28.9	-	28.7	24.2	24.6	22.0
% of adults who consume less than one fruit and less than one vegetable daily	31.1	-	31.0	31.5	29.0	29.6
Heart disease						
Diseases of the heart hospitalization rate (per 10,000)	72.6	-	79.3	83.7	-	-
Diseases of the heart mortality rate (per 100,000)	159.8	-	173.8	178.1	174.4	-
<i>Non-Hispanic Asian/Pacific Islander</i>	62.2	-	-	94.7	78.2	-
<i>Non-Hispanic Black</i>	247.0	-	-	207.7	196.7	-
<i>Non-Hispanic White</i>	153.3	-	-	180.4	176.3	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Heart disease (continued)						
<i>Hispanic</i>	91.8	-	-	135.8	106.6	-
Diseases of the heart pretransport mortality (per 100,000)	130.7	-	137.7	131.0	-	-
Diseases of the heart premature death (per 100,000) – Aged 35-64 years	79.4	-	87.3	83.4	-	-
Heart attack hospitalization rate (per 10,000)	12.6	-	15.2	13.9	-	-
Heart attack mortality rate (per 100,000)	40.8	-	42.8	27.5	-	-
Hypertension						
% of adults with physician diagnosed high blood pressure	32.4	32.3	31.1	28.9	29.4	-
% of adults with diagnosed high blood pressure taking high blood pressure medication	51.8	-	59.6	57.3	57.2	-
Emergency department visit rate (per 10,000) – Aged 18+ years	21.9	-	22.8	28.4	-	-
<i>American Indian or Alaska Native</i>	16.6	-	-	-	-	-
<i>Asian</i>	12.8	-	-	-	-	-
<i>Black or African American</i>	85.3	-	-	-	-	-
<i>Non-Hispanic white</i>	13.7	-	-	-	-	-
<i>Hispanic</i>	36.2	-	-	-	-	-
Hospitalization rate (per 10,000) – Aged 18+ years	3.4	-	3.4	5.0	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Hypertension (continued)						
<i>Black or African American</i>	15.6	-	-	-	-	-
<i>Non-Hispanic white</i>	2.0	-	-	-	-	-
<i>Hispanic</i>	4.6*	-	-	-	-	-
Overweight and obesity – children and adolescents						
% of students who are overweight or obese	33.8	37.7	36.0	-	33.7	-
% of students who are obese	18.0	21.6	19.3	-	17.2	17.3
% of elementary school students who are obese	16.6	19.7	17.3	-	16.0	-
% of middle/high school students who are obese	20.5	25.5	22.9	-	18.8	-
Overweight and obesity – adults						
% of adults who are overweight or obese	65.9	-	66.3	60.5	63.6	-
% of adults who are obese	33.4	38.3	32.9	25.5	27.5	24.2
<i>Annual income less than \$25,000</i>	40.2	-	39.6	30.5	33.2	29.0
<i>With a disability</i>	45.4	-	46.7	38.0	39.5	36.2
Smoking						
% of adults who are current smokers	18.0	24.6	19.5	14.5	17.0	11.0
<i>Annual household income < \$25,000</i>	31.7	-	32.5	20.7	26.7	15.3
<i>With a disability</i>	26.9	-	32.6	23.7	29.3	15.6

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Smoking (continued)						
<i>Among adults reporting poor mental health</i>	36.5	-	39.3	25.7	29.7	20.1
% of adults who use e-cigarettes	6.9	-	5.7	4.3	4.1	-
Stroke (cerebrovascular disease)						
Hospitalization rate (per 10,000)	22.1	-	22.7	21.2	-	-
Mortality rate (per 100,000)	32.2	-	32.5	25.6	28.3	-
<i>Non-Hispanic Asian/Pacific Islander</i>	39.8*	-	-	18.6	17.8	-
<i>Non-Hispanic Black</i>	35.8	-	-	27.8	34.2	-
<i>Non-Hispanic White</i>	31.8	-	-	25.4	28.0	-
<i>Hispanic</i>	21.4*	-	-	20.7	21.6	-
Pretransport mortality (per 100,000)	18.6	-	19.9	12.4	-	-
Premature death (per 100,000) – Aged 35-64 years	11.6	-	11.8	10.5	-	-

Notes:

See the Technical Notes table (Appendix 9) for information on data sources and years.

*Rate is unstable or unreliable

-Data not available

IV. PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Alcohol misuse						
% of adults binge drinking in the past month	19.8	17.3	21.3	18.3	19.1	16.4
Emergency department visit rate due to alcohol use (per 10,000)- Aged 18+ years	55.6	-	45.5	82.7	-	-
Hospitalization rate due to alcohol use (per 10,000) – Aged 18+ years	25.5	-	21.3	28.1	-	-
Alcohol related motor vehicle injuries and deaths (per 100,000)	40.3	-	41.1	29.9	-	-
% of motor vehicle deaths involving alcohol	30	-	-	21	-	-
% of women who report alcohol use during pregnancy	0.6	0.6	-	-	-	-
Mental health						
% of adults with poor mental health for ≥ 14 days in the last month	9.1	15.4	10.7	10.7	11.2	-
Substance use						
Emergency department visit rate due to substance use (per 10,000)- Aged 18+ years	49.6	-	39.4	36.9	-	-
Hospitalization rate due to substance use (per 10,000)- Aged 18+ years	21.1	-	16.1	22.0	-	-
Emergency department visit rate due to opioid overdose (per 100,000)	65.0	-	-	-	50.2	53.3
<i>Heroin overdoses</i>	51.3	-	-	-	36.0	-
<i>Opioid overdoses excluding heroin (includes illicitly produced opioids such as fentanyl)</i>	13.7	-	-	-	14.2	-
Hospitalization rate due to opioid overdose (per 100,000)	17.8	-	-	-	14.9	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Substance use (continued)						
<i>Heroin overdoses</i>	8.2	-	-	-	5.9	-
<i>Opioid overdoses excluding heroin (includes illicitly produced opioids such as fentanyl)</i>	9.7	-	-	-	9.0	-
Mortality rate due to opioid overdose (per 100,000)	16.7	-	-	-	15.2	14.3
<i>Heroin overdoses</i>	6.9	-	-	-	5.4	-
<i>Overdoses involving opioid pain relievers (includes illicitly produced opioids such as fentanyl)</i>	15.4	-	-	-	13.9	-
% of women reporting illegal drug use during pregnancy	10.4	17.3	-	-	-	-
Newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs of addiction (per 10,000 newborn discharges)	35.2	-	30.0	10.1	16.0	-
Suicide and self-inflicted injury						
Self-inflicted injury hospitalizations (per 10,000)	6.5	-	7.1	3.5	-	-
<i>Aged 15-19 years</i>	15.7	-	15.8	7.6	-	-
Suicide mortality rate (per 100,000)	10.0	-	10.8	8.0	9.6	7.0
<i>Aged 15-19 years</i>	6.8*	-	6.3	5.0	-	4.7

Notes:

See the Technical Notes table (Appendix 9) for information on data sources and years.

*Rate is unstable or unreliable

-Data not available

V. PROMOTE A HEALTHY AND SAFE ENVIRONMENT

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Air quality						
Average annual concentration of fine particulate matter (micrograms per cubic meter)	5.37	-	-	-	-	-
# of days with ozone concentration above National Ambient Air Quality Standard	2	-	-	-	-	-
Asthma						
% of adults with current asthma	11.5	12.7	10.6	9.6	10.4	-
Emergency department visit rate (per 10,000)	37.9	-	34.5	77.0	42.0	73.0
<i>Aged 0-4 years</i>	125.4	-	93.6	186.4	105.8	175.8
Hospitalization rate (per 10,000)	5.0	-	4.5	11.4	-	9.6
<i>Aged 0-4 years</i>	21.6	-	17.8	43.5	-	38.6
Mortality rate (per 100,000)	1.1	-	1.1	1.3	-	-
Lead exposure						
% of tested children with blood lead level of $\geq 5\mu\text{g/dL}$	5.2	10.4	-	-	-	-
% of tested children with blood lead level of $\geq 10\ \mu\text{g/dL}$	1.5	3.1	-	-	-	-
Occupational health						
Blood lead levels $\geq 10\ \mu\text{g/dL}$ (per 100,000) employed and aged 16 +years	7.8	-	15.6	17.3	-	-
Incidence of malignant mesothelioma (per 100,000)- aged 15 +years	1.2	-	1.4	1.3	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Occupational health (continued)						
Asbestosis hospitalization rate (per 100,000)- aged 15 + years	2.9	-	2.6	5.5	-	-
Work-related hospitalizations (per 100,000)- employed and aged 16+years	217.8	-	212.0	133.8	-	-
Fatal work-related injuries (per 100,000)- employed and aged 16+years	3.6	-	4.0	2.7	-	-
Injury						
Hospitalizations due to falls (per 10,000) – Aged 65+ years	199.6	-	196.2	179.0	189.9	173.7
Unintentional injury hospitalization rate (per 10,000)	60.5	-	61.1	55.7	-	-
Unintentional injury mortality rate (per 100,000)	46.5	-	45.4	30.2	-	-
Motor vehicle mortality rate (per 100,000)	6.1	-	8.4	5.3	-	-
Poisoning hospitalization rate (per 10,000)	11.2	-	10.6	6.9	-	-
Water fluoridation						
% of residents served by community water systems with optimally fluoridated water	98.8	-	79.4	70.8	46.6	77.5

Notes:

See the Technical Notes table (Appendix 9) for information on data sources and years.

*Rate is unstable or unreliable

-Data not available

VI. PROMOTE HEALTHY WOMEN INFANTS AND CHILDREN

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Birth outcomes						
Low birth weight % (<2,500 grams)	7.9	-	7.6	7.9	7.6	-
<i>Non-Hispanic Asian</i>	7.9	-	-	8.3	9.0	-
<i>Non-Hispanic Black</i>	13.1	-	-	12.2	12.9	-
<i>Non-Hispanic White</i>	6.5	-	-	6.4	6.7	-
<i>Hispanic</i>	7.6	-	-	7.7	7.5	-
Low birth weight % (<2,500 grams)- Singleton births	6.0	-	5.8	6.0	-	-
Very low birth weight % (<1,500 grams)	1.6	-	1.4	1.4	-	-
Very low birth weight % (<1,500 grams)- Singleton births	1.0	-	1.0	1.0	-	-
Preterm birth % (<37 weeks gestation)	8.6	-	8.7	8.8	8.9	8.3
<i>Non-Hispanic Asian</i>	6.8	-	-	8.0	8.5	-
<i>Non-Hispanic Black</i>	12.1	-	-	12.2	12.7	-
<i>Non-Hispanic White</i>	7.5	-	-	7.8	8.3	-
<i>Hispanic</i>	9.2	-	-	9.1	9.2	-
% of births delivered by cesarean section	31.5	-	32.3	33.5	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Breastfeeding						
% of infants fed any breast milk in delivery hospital	77.3	-	75.5	87.3	-	-
% of infants fed exclusively breast milk in delivery hospital	57.9	43.1	57.1	46.3	50.9	51.7
<i>Non-Hispanic Black</i>	32.2	-	30.7	33.2	32.5	38.4
<i>Non-Hispanic White</i>	63.9	-	62.0	56.1	59.4	-
<i>Hispanic</i>	45.6	-	43.5	32.0	34.1	37.4
Child health						
% of children who have had the recommended number of well child visits in government sponsored insurance programs	69.4	-	70.2	74.0	-	-
% of children with health insurance	97.0	96.4	-	97.0	-	-
% of children with at least one dental visit in government sponsored insurance programs—Aged 2-20 years	54.3	-	55.5	59.8	-	-
Childhood mortality (per 100,000)	-	-	-	-	-	-
<i>Aged 1-4 years</i>	23.3	-	32.3	18.2	-	-
<i>Aged 5-9 years</i>	12.1	-	11.9	10.0	-	-
<i>Aged 10-14 years</i>	13.9	-	13.0	11.4	-	-
<i>Aged 15-19 years</i>	43.9	-	38.5	31.1	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Family planning and natality						
Adolescent pregnancy rate per 1,000 females – Aged 15-17 years	16.0	-	15.0	13.3	9.9	-
<i>Non-Hispanic Black</i>	38.1	-	36.1	28.2	25.5	-
<i>Non-Hispanic White</i>	6.8	-	7.8	5.9	5.9	-
<i>Hispanic</i>	44.4	-	36.4	25.9	21.0	-
% of births to adolescents- Aged 15-17 years	1.7	-	1.7	1.0	-	-
% of births to adolescents- Aged 15-19 years	5.3	-	6.0	3.8	-	-
% of unintended pregnancy among live births	30.0	46.7	30.8	22.6	24.9	-
<i>Non-Hispanic Black</i>	52.7	-	51.8	35.1	43.0	-
<i>Non-Hispanic White</i>	22.5	-	26.7	16.5	20.7	-
<i>Hispanic</i>	41.1	-	40.3	27.7	30.8	-
<i>Medicaid-paid births</i>	45.2	-	44.0	28.6	36.2	-
<i>Births not paid by Medicaid</i>	17.8	-	19.3	16.8	18.5	-
Abortions per 1,000 live births	246.6	-	219.5	370.9	-	-
<i>Aged 15-19 years</i>	607.7	-	489.1	990.8	-	-
% of live births within 24 months of previous pregnancy	26.7	26.4	25.5	19.8	22.5	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Infant and maternal mortality						
Infant mortality (per 1,000 live births)	6.3	10.0	-	-	-	4.0
<i>Non-Hispanic Black</i>	12.9	13.8	-	-	-	-
<i>Non-Hispanic White</i>	4.8	9.2	-	-	-	-
Maternal mortality (per 100,000 live births)	12.7	-	15.3	20.4	-	16.0
Prenatal care						
% births with early (1 st trimester) prenatal care	79.6	-	78.4	75.2	-	-
% births with late (3 rd trimester) or no prenatal care	3.4	-	3.6	5.6	-	-
% of births with adequate prenatal care	83.9	-	83.5	74.0	-	-
Smoking and substance use in pregnancy						
% of women who smoked in first trimester	11.1	16.4	-	-	-	-
% of women who report alcohol use during pregnancy	0.6	0.6	-	-	-	-
% of women reporting illegal drug use during pregnancy	10.4	17.3	-	-	-	-
Newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs of addiction (per 10,000 newborn discharges)	35.2	-	30.0	10.1	16.0	-
Socioeconomic factors						
% of births to women aged 25 years and older without high school education	10.8	-	10.5	12.8	-	-

Notes:

See the Technical Notes table (Appendix 9) for information on data sources and years.

*Rate is unstable or unreliable

-Data not available

VII. PREVENT COMMUNICABLE DISEASES

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
HIV/AIDS						
Newly diagnosed HIV case rate (per 100,000)	8.3	-	6.4	16.0	6.9	5.2
<i>Black non-Hispanic</i>	22.2	-	23.3	40.6	23.0	13.0
<i>White non-Hispanic</i>	4.0	-	3.6	5.3	2.9	-
<i>Hispanic</i>	36.2	-	23.4	28.3	16.9	10.0
AIDS case rate (per 100,000)	5.2	-	3.9	7.7	-	-
AIDS mortality rate (per 100,000)	1.3	-	1.1	2.6	-	-
Sexually transmitted diseases						
Chlamydia case rate (per 100,000) – Females aged 15-44 years	1,869.5	-	1,549.7	1,577.4	-	-
<i>Aged 15-19 years</i>	3,447.2	-	2,709.2	3,147.6	-	-
<i>Aged 20-24 years</i>	3,856.8	-	3,119.2	3,424.6	-	-
Chlamydia case rate (per 100,000) – Males aged 15-44 years	932.9	-	678.5	875.7	-	-
<i>Aged 15-19 years</i>	991.9	-	681.1	922.5	-	-
<i>Aged 20-24 years</i>	1,934.2	-	1,472.8	1,638.0	-	-
% of sexually active females aged 16-24 years with at least one Chlamydia test in Medicaid Program	69.4	-	64.3	74.3	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Sexually transmitted diseases (continued)						
Gonorrhea case rate (per 100,000) – Females aged 15-44 years	511.6	-	289.5	206.2	197.1	-
Gonorrhea case rate (per 100,000) – Males aged 15-44 years	490.0	-	284.9	452.5	230.0	-
Primary and secondary syphilis case rate (per 100,000)	4.6	-	-	11.9	5.2	-
Primary and secondary syphilis case rate (per 100,000) – Females	0.4	-	-	1.4	1.0	-
Primary and secondary syphilis case rate (per 100,000) – Males	9.0	-	-	22.5	9.4	-
Late and late latent syphilis case rate (per 100,000)	0.8	-	-	18.3	6.4	-
Vaccine-preventable diseases						
% of children with 4:3:1:3:3:1:4 immunization series– Aged 19–35 months	76.3	-	74.7	-	64.0	-
% of adolescents with 3-dose HPV immunization – Females aged 13-17 years	50.0	-	47.5	-	41.7	-
% of adults with an influenza immunization in the past year –Aged 18+years	43.9	-	42.4	38.7	38.9	-
<i>Aged 65+ years</i>	60.8	-	62.3	59.5	59.6	-
Pneumonia/influenza hospitalization rate (per 10,000) – Aged 65+years	96.2	-	106.2	87.3	-	-
% of adults with pneumococcal immunization– Aged 65+years	76.8	-	80.1	69.3	73.8	-
Hepatitis A incidence rate (per 100,000)	1.7	-	-	0.8	0.9	-
Acute Hepatitis B incidence rate (per 100,000)	0.0	-	-	0.3	0.3	-
Meningococcal incidence rate (per 100,000)	0.1*	-	0.1*	0.1	-	-

Indicator	Onondaga County	Syracuse	Central NY	NYS	NYS Excl. NYC	NYS 2024 Objective
Vaccine-preventable diseases (continued)						
Mumps incidence rate (per 100,000)	0.07*	-	0.13*	1.08	-	-
Pertussis incidence rate (per 100,000)	9.2	-	7.0	5.1	-	-
Hepatitis C						
Acute Hepatitis C incidence rate (per 100,000)	1.3	-	-	-	2.1	-

Notes:

See the Technical Notes table (Appendix 9) for information on data sources and years.

*Rate is unstable or unreliable

-Data not available

Appendix 9: Data Technical Notes

I. DETERMINANTS OF HEALTH

Access to care	
% of children with health insurance	The percentage of children with health insurance coverage, 2013-2017. Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S2701.
% of adults with health insurance – Aged 19-64 years	The percentage of adults aged 19-64 years who reported that they had health insurance coverage, 2013-2017. Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S2701.
% of adults with health insurance – Aged 65+ years	The percentage of adults aged 65 years and older who reported that they had health insurance coverage, 2013-2017. Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S2701.
% of population with Medicaid/means tested public insurance coverage	The percentage of the population with Medicaid/means tested public insurance coverage, 2013-2017. Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S2704.
% of adults who have a regular health care provider	The age-adjusted percentage of adults who have a regular health care provider, 2016. Data are available from the NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard . The original data source is the Behavioral Risk Factor Surveillance System (BRFSS).
% of adults who saw a doctor for a routine checkup within the last year – Aged 18-64 years	The percentage of adults aged 18-64 years who saw a doctor for a routine checkup within the last year, 2016. Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).
% 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, 2016. Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).
% 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, 2016. Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).

Crime

Violent crimes	<p>The number of violent crimes reported per 100,000 population, 2018. Violent crimes include: murder, rape, robbery, and aggravated assault.</p> <p>Data are available from the NYS Division of Criminal Justice Services; Uniform Crime Reporting System and are accessible here: https://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm.</p>
Firearm related violent crimes	<p>The number of firearms-related violent crimes reported per 100,000 population, 2018.</p> <p>Data are available from the NYS Division of Criminal Justice Services; Uniform Crime Reporting System and are accessible here: https://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm.</p>
Homicides	<p>The age-adjusted number of deaths due to homicide per 100,000 population, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
Property crimes	<p>The number of property-related crimes reported per 100,000 population, 2018. Property crimes include: burglary, larceny, and motor vehicle theft.</p> <p>Data are available from the NYS Division of Criminal Justice Services; Uniform Crime Reporting System and are accessible here: https://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm.</p>
Assault-related hospitalizations	<p>The number of hospitalizations with ICD-10-CM external cause of injury codes per 10,000 population, 2016. Ratios are calculated by dividing the rate for one subgroup by the rate for the other subgroup.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>

Economic opportunity and poverty

Median household income	<p>Median household income in U.S. dollars, 2013-2017. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older.</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S1903.</p>
% of population living in poverty	<p>The percent of those living below of the poverty level, 2013-2017.</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S1701.</p>
% of children living in poverty	<p>The percent of children living below of the poverty level, 2013-2017.</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S1701.</p>

Economic opportunity and poverty (continued)

% of households that are Asset Limited, Income Constrained, Employed (ALICE) The percentage of households that are Asset Limited, Income Constrained, Employed (ALICE), 2016. Comprised of households with income above the Federal Poverty Level but below the basic cost of living.

Data were accessed on www.HealtheCNY.org. The original data source is the United Way, more information available here: <https://www.unitedforalice.org/all-reports>.

% of households that are above the Asset Limited, Income Constrained, Employed threshold The percentage of households that are above the Asset Limited, Income Constrained, Employed (ALICE) threshold, 2016. These households have income above the ALICE threshold and the Federal Poverty Level, and are able to afford the basic costs of living.

Data were accessed on www.HealtheCNY.org. The original data source is the United Way, more information available here: <https://www.unitedforalice.org/all-reports>.

% unemployed (age 16+ years, civilian) The percentage of unemployed residents over 16 years old, 2013-2017.

Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S2301.

Highest education level

Less than high school education (adults 25+ years) The percentage of adults 25 years and older with less than a high school diploma, 2013-2017.

Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S1501.

High school graduate or higher (adults 25+ years) The percentage of adults 25 years and older who are a high school graduate or higher, 2013-2017.

Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S1501.

Bachelor's degree or higher (adults 25+ years) The percentage of adults 25 years and older who have a bachelor's degree or higher, 2013-2017.

Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S1501.

Food security

% of adults with food security over the last 12 months The age-adjusted percentage of adults with food security in the past 12 months, 2016.

Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).

% of households receiving Food Stamp/SNAP benefits The percentage of households receiving Food stamps or Supplemental Nutrition Assistance Program (SNAP) benefits, 2013-2017.

Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S2201.

Housing

Median home value	<p>The median home value in U.S. Dollars, 2013-2017.</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table DP04.</p>
% of adults experiencing housing insecurity in the past 12 months	<p>The age-adjusted percentage of adults experiencing housing insecurity in the past 12 months 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS)</p>
% of households with severe housing problems	<p>The percentage of households with one or more of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 2011-2015.</p> <p>Data are available from the 2019 County Health Rankings at: https://www.countyhealthrankings.org/app/new-york/2019/rankings/onondaga/county/outcomes/overall/snapshot. The original data source is the U.S. Department of Housing and Urban Development</p>
% of occupied housing units built in 1939 or earlier	<p>The percentage of occupied housing units built in 1939 or earlier, 2013-2017.</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table DP04.</p>
% of occupied housing units built in 1979 or earlier	<p>The percentage of occupied housing units built in 1979 or earlier, 2013-2017.</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table DP04.</p>
% of properties that are owner occupied	<p>The percentage of occupied properties that are owner occupied, 2013-2017.</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table DP04.</p>
% of properties that are renter occupied	<p>The percentage of occupied properties that are renter occupied, 2013-2017.</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table DP04.</p>
% of renters spending 30% or more of household income on rent	<p>The percentage of renters who are spending 30% or more of their household income on rent, 2013-2017.</p> <p>Data were accessed on www.HealtheCNY.org. The original data source is the U.S. Census Bureau American Community Survey, 5-year estimates.</p>
% of population who lived in a different residence one year ago	<p>The percentage of population who lived in a different house one year ago, 2013-2017</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table B07003.</p>

Technology access

% of households with one or more types of computing devices	The percentage of households in which there are one or more types of computing devices (computer, tablet, smart phone, etc.), 2013-2017 Data were accessed on www.HealtheCNY.org . The original data source is the U.S. Census Bureau American Community Survey, 5-year estimates.
% of households with an internet subscription	The percentage of households that have an internet subscription, 2013-2017. Data were accessed on www.HealtheCNY.org . The original data source is the U.S. Census Bureau American Community Survey, 5-year estimates.

Social environment

% of children in single-parent households	The percentage of children living in single-parent family households (with a male or female householder and no spouse present) out of all children living in family households, 2013-2017. Data were accessed on www.HealtheCNY.org . The original data source is the U.S. Census Bureau American Community Survey, 5-year estimates.
% of adults age 65+ years living alone	The percentage of people aged 65 years and over who live alone, 2013-2017. Data were accessed on www.HealtheCNY.org . The original data source is the U.S. Census Bureau American Community Survey, 5-year estimates.

Transportation

% of households with no vehicle available	The percentage of occupied housing units that have no vehicle available, 2013-2017. Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table DP04.
% of workforce that drive alone to work	The percentage of the workforce that usually drives alone to work, 2013-2017. Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table B08101.

II. IMPROVE HEALTH STATUS AND REDUCE HEALTH DISPARITIES

Mortality	
Total mortality rate	<p>The age-adjusted number of deaths per 100,000 population, 2014-2016.</p> <p>Data are available from NYS Community Health Indicator Reports at: https://www.health.ny.gov/statistics/chac/indicators/index.htm. The original data source is the NYSDOH Office of Vital Statistics.</p>
% of premature deaths	<p>The percentage of deaths occurring before age 65 years, 2016. Rates by race and ethnicity use 2014-2016 data. Rate for Syracuse uses 2013-2016 data.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the NYSDOH Office of Vital Statistics.</p>
Emergency department visits and hospitalizations	
Total emergency department visit rate	<p>The age-adjusted number of emergency department visits per 10,000 population, 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Total hospitalization rate	<p>The age-adjusted number of hospitalizations per 10,000 population, 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Preventable hospitalization rate	<p>The age-adjusted rate of preventable hospitalizations per 10,000 population aged 18 years and older, 2016.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Health status	
% of adults with poor self-reported health	<p>The age-adjusted percentage of adults who selected "poor" in response the question "how is your general health?," 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).</p>

Health status (continued)

% of adults with poor physical health for \geq 14 days in the last month

The age-adjusted percentage of adults reporting their physical health was not good 14 or more days in the past month, 2016.

Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: <https://www.cdc.gov/500cities/index.htm>.

% of adults with poor mental health for \geq 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, 2016.

Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: <https://www.cdc.gov/500cities/index.htm>.

III. PREVENT CHRONIC DISEASES

Active living	
% 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, 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: https://www.cdc.gov/500cities/index.htm.</p>
Asthma	
% of adults with current asthma	<p>The age-adjusted percentage of adults who report currently having diagnosed asthma, 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: https://www.cdc.gov/500cities/index.htm.</p>
Emergency department visit rate	<p>The rate of emergency department visits due to asthma per 10,000 population, 2016.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. 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, 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
Mortality rate	<p>The age-adjusted mortality rate due to asthma per 100,000 population 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
Cancer	
Incidence rate	<p>The age-adjusted rate of new cancer cases per 100,000 population, 2012-2016.</p> <p>Data are available from State Cancer Profiles: https://statecancerprofiles.cancer.gov/index.html.</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, 2012-2016.</p> <p>Data are available from State Cancer Profiles: https://statecancerprofiles.cancer.gov/index.html.</p>
Cancer (continued)	

Mortality rate The age-adjusted rate of deaths due to cancer per 100,000 population, 2012-2016.

Data are available from State Cancer Profiles: <https://statecancerprofiles.cancer.gov/index.html>.

Cancer screening

% of women who received breast cancer screening – Aged 50-74 years The percentage of women aged 50-74 years who received a breast cancer screening based on the most recent clinical guidelines, 2016.

Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).

% of women who received cervical cancer screening – Aged 21-65 years The percentage of women aged 21-65 years who received cervical cancer screening based on the most recent clinical guidelines, 2016

Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).

% of adults who received colorectal cancer screening – Aged 50-75 years The percentage of adults aged 50-75 years who received a colorectal cancer screening based on the most recent clinical guidelines, 2016

Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).

Chronic disease self-management

% of adults who have taken a class to learn how to manage their chronic disease or condition The age-adjusted percentage of adults who have taken a course or class to learn how to manage their chronic disease or condition, 2016.

Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).

Chronic lower respiratory disease

Hospitalization rate The age-adjusted rate of hospitalizations due to chronic lower respiratory disease per 10,000 population 2016.

Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

Mortality rate The age-adjusted rate of deaths due to chronic lower respiratory disease per 100,000 population, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

Diabetes

% of adults with physician diagnosed diabetes	<p>The age-adjusted percentage of adults who report being told of having diabetes (other than diabetes during pregnancy), 2016</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: https://www.cdc.gov/500cities/index.htm.</p>
% of adults with a test for diabetes within the past three years	<p>The percentage of adults who had a test for high blood sugar or diabetes within the past three years, 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).</p>
Emergency department visit rate	<p>The age-adjusted rate of emergency department visits due to diabetes per 10,000 population aged 18 years and older, 2014-2016. Includes both Type 1 and Type 2 diabetes. Cases of gestational diabetes were excluded.</p> <p>Data 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 diabetes per 10,000 population aged 18 years and older, 2014-2016. Includes both Type 1 and Type 2 diabetes. Cases of gestational diabetes were excluded.</p> <p>Data were accessed on www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Mortality rate	<p>The age-adjusted rate of deaths due to diabetes per 100,000 population, 2014-2016</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. Data by race and ethnicity are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm.</p>

Healthy eating

% 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, 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).</p>
% of adults who consume less than one fruit and less than one vegetable daily	<p>Percentage of adults who report consuming less than one fruit and less than one vegetable daily, 2016</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).</p>

Heart disease

Diseases of the heart hospitalization rate	<p>The age-adjusted rate of hospitalizations due to diseases of the heart per 10,000 population, 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
Diseases of the heart mortality rate	<p>The age-adjusted rate of deaths due to diseases of the heart per 100,000 population, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. Data by race and ethnicity are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm.</p>
Diseases of the heart 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, 2014- 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
Diseases of the heart 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, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
Heart attack hospitalization rate	<p>The age-adjusted rate of hospitalizations due to heart attack (Acute Myocardial Infarction), 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
Heart attack mortality rate	<p>The age-adjusted rate of deaths due to heart attack (Acute Myocardial Infarction), 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>

Hypertension

% of adults with physician diagnosed 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, 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: https://www.cdc.gov/500cities/index.htm.</p>
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Hypertension (continued)

% of adults with diagnosed high blood pressure taking high blood pressure medication	<p>The age-adjusted percentage of adults with diagnosed blood pressure who report that they are taking high blood pressure medication, 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).</p>
Emergency department visit rate	<p>The age-adjusted emergency room visit rate due to hypertension, or high blood pressure, per 10,000 population aged 18 years and older, 2014-2016. Cases with kidney disease combined with dialysis access procedure, and cases with a cardiac procedure are excluded.</p> <p>Data are available from 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 hospitalization rate due to hypertension, or high blood pressure, per 10,000 population aged 18 years and older, 2014-2016. Cases with kidney disease combined with dialysis access procedure, and cases with a cardiac procedure are excluded.</p> <p>Data are available from www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>

Overweight and obesity – children and adolescents

% of students who are overweight or obese	<p>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, 2016-2018.</p> <p>Data are from the Student Weight Status Category Reporting System (SWSCR).</p>
% of students who are obese	<p>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, 2016-2018.</p> <p>Data are from the Student Weight Status Category Reporting System (SWSCR).</p>
% of elementary school students who are obese	<p>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, 2016-2018.</p> <p>Data are from the Student Weight Status Category Reporting System (SWSCR).</p>
% of middle/high school students who are obese	<p>The percentage of all middle/high school students (7th and 10th grades) attending public schools with a BMI at or above the 95th percentile, 2016-2018.</p> <p>Data are from the Student Weight Status Category Reporting System (SWSCR).</p>

Overweight and obesity-adults

% of adults who are overweight or obese	<p>The age-adjusted percentage of adults with body mass index (BMI) of 25 or greater, 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: https://www.cdc.gov/500cities/index.htm.</p>
% of adults who are obese	<p>The age-adjusted percentage of adults with body mass index (BMI) of 30 or greater, 2016.</p> <p>Data are from the Behavioral Risk Factor Surveillance System (BRFSS).</p>

Smoking

% of adults who are current smokers	<p>The age-adjusted percentage of adults who currently smoke cigarettes, 2016. Current smoking is defined as having smoked 100 cigarettes during the lifetime and reported smoking every day or some days.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: https://www.cdc.gov/500cities/index.htm.</p>
% of adults who use e-cigarettes	<p>The age-adjusted percentage of adults who use e-cigarettes, 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).</p>

Stroke (cerebrovascular disease)

Hospitalization rate	<p>The age-adjusted rate of hospitalizations due to cerebrovascular disease per 10,000 population, 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
Mortality rate	<p>The age-adjusted rate of deaths due to cerebrovascular disease per 100,000 population, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. Data by race and ethnicity are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/onondaga.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, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>

Stroke (cerebrovascular disease) -continued

Premature death

The rate of deaths due to cerebrovascular disease among persons age 35-64 years per 100,000 population aged 35-64 years, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at:
https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

IV. PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS

Alcohol misuse

<p>% of adults binge drinking in the past month</p>	<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, 2016</p>
<p>Emergency department visit rate due to alcohol use</p>	<p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).</p> <p>The age-adjusted rate of emergency department visits due to acute or chronic alcohol use per 10,000 population aged 18 years and older, 2014-2016. This indicator 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>Hospitalization rate due to alcohol use</p>	<p>Data were accessed on www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p> <p>The age-adjusted rate of hospitalizations due to acute or chronic alcohol use per 10,000 population aged 18 years and older, 2014-2016. This indicator 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>Alcohol related motor vehicle injuries and deaths</p>	<p>Data were accessed on www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p> <p>The rate of alcohol related motor vehicle injuries and deaths per 100,000 population, 2014-2016.</p> <p>Data are available from the NYSDOH County Health Assessment Indicators: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is NYS Department of Motor Vehicles.</p>
<p>% of motor vehicle deaths involving alcohol</p>	<p>The percentage of motor vehicle crash deaths with alcohol involvement, 2013-2017.</p> <p>Data are available from the 2019 County Health Rankings at: http://www.countyhealthrankings.org/app/new-york/2019/rankings/onondaga/county/outcomes/overall/snapshot. The original data source is the Fatality Analysis Reporting System.</p>
<p>% of women who report alcohol use during pregnancy</p>	<p>The percentage of women who self-report alcohol use during pregnancy, 2018</p> <p>Data are from the OCHD Division of Community Health. Data were accessed from the Statewide Perinatal Data System. Data are provisional.</p>

Mental health

% of adults with poor mental health for \geq 14 days in the last month	<p>The age-adjusted percentage of adults with poor mental health for 14 or more days in the last month, 2016.</p> <p>Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: https://www.cdc.gov/500cities/index.htm.</p>
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Substance use

Emergency department visit rate due to substance use	<p>The age-adjusted emergency room visit rate due to substance use disorders per 10,000 population aged 18 years and older, 2014-2016. Substance-related disorders include the use, abuse, and dependence of opioids, cannabis, sedatives, hypnotics, anxiolytics, cocaine, other stimulants, hallucinogens, nicotine, inhalants, and other psychoactive substances. Cases of abuse of non-psychoactive substances, maternal care for (suspected) damage to fetus by drugs, and drug use complicating pregnancy, childbirth, and the puerperium are also included. Cases of alcohol-related disorders and poisoning due to intentional self-harm (if primary diagnosis) are excluded.</p> <p>Data were accessed on www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Hospitalization rate due to substance use	<p>The age-adjusted hospitalization rate due to substance use disorders per 10,000 population aged 18 years and older, 2014-2016. Substance-related disorders include the use, abuse, and dependence of opioids, cannabis, sedatives, hypnotics, anxiolytics, cocaine, other stimulants, hallucinogens, nicotine, inhalants, and other psychoactive substances. Cases of abuse of non-psychoactive substances, maternal care for (suspected) damage to fetus by drugs, and drug use complicating pregnancy, childbirth, and the puerperium are also included. Cases of alcohol-related disorders and poisoning due to intentional self-harm (if primary diagnosis) are excluded.</p> <p>Data were accessed on www.HealtheCNY.org. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Emergency department visit rate due to opioid overdose	<p>The rate of outpatient emergency department visits for opioid overdoses per 100,000 population, 2018.</p> <p>Data are from the <i>New York State-County Opioid Quarterly Report Published July 2019</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 due to opioid overdose	<p>The rate of hospitalizations for opioid overdoses per 100,000 population, 2018.</p> <p>Data are from the <i>New York State-County Opioid Quarterly Report Published July 2019</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>

Substance use (continued)

Mortality rate due to opioid overdose	<p>The rate of opioid overdose deaths per 100,000 population, 2018. 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 are from the <i>New York State-County Opioid Quarterly Report Published July 2019</i>, available here: https://www.health.ny.gov/statistics/opioid/. The original data source is the NYSDOH Office of Vital Statistics.</p>
% of women reporting illegal drug use during pregnancy	<p>The percentage of women who self-reported illegal drug use during pregnancy, 2018</p> <p>Data are from the OCHD Division of Community Health. Data were accessed from the Statewide Perinatal Data System. Data are provisional.</p>
Newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs of addiction	<p>The rate of newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs of addiction per 10,000 newborn discharges, 2016.</p> <p>Data are available from the NYSDOH Opioid Data Dashboard: https://www.health.ny.gov/statistics/opioid/. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>

Suicide and self-inflicted injury

Self-inflicted injury hospitalizations	<p>The age-adjusted rate of hospitalizations for self-inflicted injury per 10,000 population, 2016. Age-specific rates use crude values and reflect hospitalizations in the specified age group per 10,000 population in that age group.</p> <p>Data are available from the NYSDOH County Health Assessment Indicators: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm</p>
Suicide mortality rate	<p>The age-adjusted rate of suicide deaths per 100,000 population 2014-2016. Age-specific rates use crude values.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. Data for Central New York are available from the NYSDOH County Health Assessment Indicators: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is NYS Vital Records.</p>

V. PROMOTE A HEALTHY AND SAFE ENVIRONMENT

Air quality

Average annual concentration of fine particulate matter The average daily density of fine particulate matter (PM2.5) in micrograms per cubic meter, 2017. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. 12 µg/m³ is the current National Ambient Air Quality Standard.

Data are from the NYSDOH Environmental Public Health Tracker:
https://health.ny.gov/environmental/public_health_tracking/

of days with ozone concentration above National Ambient Air Quality Standard The number of days in which eight hour average ozone concentration was above National Ambient Air Quality Standards, 2016.

Data are from the NYSDOH Environmental Public Health Tracker:
https://health.ny.gov/environmental/public_health_tracking/

Asthma

% of adults with current asthma The age-adjusted percentage of adults who report currently having diagnosed asthma, 2016.

Data are available from the Behavioral Risk Factor Surveillance System (BRFSS). Syracuse data are available from the CDC 500 Cities Project at: <https://www.cdc.gov/500cities/index.htm>.

Emergency department visit rate The rate of emergency department visits due to asthma per 10,000 population, 2016.

Data are available from NYSDOH Prevention Agenda Dashboard at: <https://health.ny.gov/preventionagendadashboard>. 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 asthma, 2016.

Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).

Mortality rate The age-adjusted mortality rate due to asthma per 100,000 population 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at:
https://www.health.ny.gov/statistics/chac/indicators/county_list.htm

Lead exposure

% of tested children with blood lead level of ≥5µg/dL The percentage of tested children who had blood lead levels of 5 micrograms per deciliter or greater, 2018

Data are from OCHD Division of Community Health, Lead Poisoning Prevention Program. Data are provisional.

Lead exposure (continued)

% of tested children with blood lead level of ≥ 10 $\mu\text{g}/\text{dL}$ The percentage of tested children who had blood lead levels of 10 micrograms per deciliter or greater, 2018
Data are from OCHD Division of Community Health, Lead Poisoning Prevention Program. Data are provisional.

Occupational injuries

Blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$ – employed persons The rate of elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons aged 16 years and older, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is NYS Department of Health Heavy Metals Registry.

Incidence of malignant mesothelioma The incidence of malignant mesothelioma per 100,000 population aged 15 years or older, 2013-2015.

Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

Asbestosis hospitalization rate (per 100,000) - aged 15 + years The hospitalization rate due to asbestosis per 100,000 population aged 15 years or older, 2016.

Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).

Work-related hospitalizations Work-related hospitalizations per 100,000 employed persons aged 16 years and older, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).

Fatal work-related injuries Fatal work-related injuries per 100,000 employed persons aged 16 years and older, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the Bureau of Occupational Health and Injury Prevention.

Unintentional injury

Hospitalizations due to falls	<p>The rate of hospitalizations due to falls, per 10,000 population, adults aged 65+ years, 2016.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. 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 10,000 population, 2016</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
Unintentional injury mortality rate	<p>The age-adjusted rate of deaths due to unintentional injury per 100,000 population, 2014-2016</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is NYSDOH Vital Statistics.</p>
Motor vehicle mortality rate	<p>The age-adjusted rate of deaths due to motor vehicle injury per 100,000 population, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is NYSDOH Vital Statistics.</p>
Poisoning hospitalization rate	<p>The age-adjusted rate of hospitalizations due to poisoning per 10,000 population, 2016</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).</p>

Water fluoridation

% of residents served by community water systems with optimally fluoridated water	<p>The percentage of residents served by community water systems with optimally fluoridated water, 2017</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the Safe Drinking Water Information System.</p>
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VI. PROMOTE HEALTHY WOMEN INFANTS AND CHILDREN

Birth outcomes

Low birth weight %	<p>The percentage of infants born weighing less than 2500 grams, 2014-2016. Singleton births include births with only one baby. Otherwise, multiple births are included.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. Data by race and ethnicity are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm.</p>
Very low birth weight %	<p>The percentage of infants born weighing less than 1500 grams, 2014-2016. Singleton births include births with only one baby. Otherwise, multiple births are included.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
Preterm birth %	<p>The percentage of infants with known gestation born before 37 weeks, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. Data by race and ethnicity are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm.</p>
% of births delivered by cesarean section	<p>The percentage of births delivered by cesarean section, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</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), 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
% of infants fed exclusively breast milk in delivery hospital	<p>The percentage of infants exclusively fed breast milk in the hospital among infants with known breastfeeding status, 2016. Data by race and ethnicity are from 2014-2016. Syracuse data are from 2013-2016.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the NYSDOH Office of Vital Statistics.</p>

Child health

% of children who have had the recommended number of well child visits in government sponsored insurance programs	<p>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, 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the NYS Medicaid and Child Health Plus</p>
% of children with health insurance	<p>The percentage of children with health insurance coverage, 2013-2017.</p> <p>Data are available from the U.S. Census Bureau American Community Survey, 5-year estimates, Table S2701.</p>
% of children with at least one dental visit in government sponsored insurance programs– Aged 2-20 years	<p>The percentage of children aged 2-20 years in government sponsored insurance programs who have had at least one dental visit, 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The original data source is the NYS Medicaid and Child Health Plus.</p>
Childhood mortality	<p>The number of deaths in a particular age group per 100,000 children in that age group, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>

Family planning and natality

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, 2016. Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths. Data by race and ethnicity are from 2014-2016.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the NYSDOH Office of Vital Statistics.</p>
% of births to adolescents	<p>The percentage of total births to females in the specified age groups, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>

Family planning and natality (continued)

% of unintended pregnancy among live births	<p>The number of unintended pregnancies (current pregnancy indicated as 'Wanted Later' or 'Wanted Never') among live births with known pregnancy intendedness, 2016. Syracuse data are from 2013-2016.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the NYSDOH Office of Vital Statistics.</p>
Abortions per 1,000 live births	<p>The number of induced abortions per 1,000 live births in a specified age group, 2014-2016.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the NYSDOH Office of Vital Statistics.</p>
% of live births within 24 months of previous pregnancy	<p>The number of live births that occur within 24 months of a previous pregnancy among all live births, 2016. Syracuse data are from 2013-2016.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the NYSDOH Office of Vital Statistics.</p>

Infant and maternal mortality

Infant mortality	<p>The number of deaths among infants less than 1 year of age per 1,000 live births, 2016-2018</p> <p>Data are from the OCHD Division of Community Health and OCHD Office of Vital Statistics. Birth data were accessed from the Statewide Perinatal Data System. Data are provisional.</p>
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, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>

Prenatal care

% births with early (1 st trimester) prenatal care	<p>The percentage of births (excluding births without a known prenatal care start date) that began prenatal care within the first three months of pregnancy, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
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Prenatal care (continued)

% 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, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at:
https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

% of births with adequate prenatal care The percentage is based on Adequate Plus and Adequate groups defined in Adequacy of Prenatal Care Utilization (APNCU) Index, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at:
https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

Smoking and substance use in pregnancy

% of women who smoked in first trimester The percentage of women who self-report cigarette use during first three months of pregnancy, 2018

Data are from the OCHD Division of Community Health. 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, 2018

Data are from the OCHD Division of Community Health. Data were accessed from the Statewide Perinatal Data System. Data are provisional.

% of women reporting illegal drug use during pregnancy The percentage of women who self-reported illegal drug use during pregnancy, 2018

Data are from the OCHD Division of Community Health. Data were accessed from the Statewide Perinatal Data System. Data are provisional.

Newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs of addiction The rate of newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs of addiction per 10,000 newborn discharges, 2016.

Data are available from the NYSDOH Opioid Data Dashboard: <https://www.health.ny.gov/statistics/opioid>. The original data source is the New York Statewide Planning and Research Cooperative System (SPARCS).

Socioeconomic factors

% of births to women aged 25 years and older without high school education The percentage of births that were born to women aged 25 and older without a high school education, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at:
https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

VII. PREVENT COMMUNICABLE DISEASES

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, 2014-2016. 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 are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is NYS HIV Surveillance System.</p>
AIDS case rate	<p>Age-adjusted rate of AIDS cases per 100,000 population, 2014-2016. Data are based on year of diagnosis and exclude prison inmates.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
AIDS mortality rate	<p>Age-adjusted number of deaths due to AIDS per 100,000 population, 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>

Sexually transmitted diseases

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 2014-2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
% of sexually active females aged 16-24 years with at least one Chlamydia test in Medicaid Program	<p>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, 2016.</p> <p>Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.</p>
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, 2016.</p> <p>Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard. The original data source is the New York State Sexually Transmitted Disease Surveillance System.</p>

Sexually transmitted diseases (continued)

Primary and secondary syphilis case rate	The number of cases of primary or secondary syphilis per 100,000 population, 2017. Data are available from NYSDOH Sexually Transmitted Infections Surveillance Report 2017: https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2017.pdf
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Late and late latent syphilis case rate	The number of cases of late and late latent syphilis per 100,000 population, 2017. Data are available from NYSDOH Sexually Transmitted Infections Surveillance Report 2017: https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2017.pdf
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Vaccine-preventable diseases

% of children with 4:3:1:3:3:1:4 immunization series– Aged 19-35 months	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), 2016. Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard . The original data source is the New York State Immunization Information System (NYSIIS).
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% of adolescents with 3-dose HPV immunization – Females aged 13-17 years	The percentage of females (aged 13-17 years) who received their 3 or more doses of Human Papillomavirus (HPV) immunization vaccine, 2016. Data are available from NYSDOH Prevention Agenda Dashboard at: https://health.ny.gov/preventionagendadashboard . The original data source is the New York State Immunization Information System (NYSIIS).
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% of adults with an influenza immunization in the past year –Aged 18+years	The percentage of adults in a particular age group who received an influenza immunization in the past year within that specified age group, 2016. Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).
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Pneumonia/influenza hospitalization rate– Aged 65+years	The number of hospitalizations for pneumonia and flu among persons aged 65 or older per 10,000 population in this age group, 2016. Data are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/indicators/county_list.htm
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% of adults with pneumococcal immunization– Aged 65+years	Percentage of adults aged 65 years and older with pneumococcal immunization, 2016. Data are available from the Behavioral Risk Factor Surveillance System (BRFSS).
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Hepatitis A incidence rate	The number of reported cases of hepatitis A per 100,000 population, 2018 Data are available from NYSDOH 2018 Communicable Disease Annual Reports: https://www.health.ny.gov/statistics/diseases/communicable/2018/docs/rates.pdf
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Vaccine-preventable diseases (continued)

Acute Hepatitis B incidence rate The number of reported cases of acute hepatitis B per 100,000 population, 2018

Data are available from NYSDOH 2018 Communicable Disease Annual Reports:
<https://www.health.ny.gov/statistics/diseases/communicable/2018/docs/rates.pdf>

Meningococcal incidence rate The number of reported cases of meningococcal disease per 100,000 population, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at:
https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The Onondaga County rate and Central New York rate are unstable due to fewer than 10 events in the numerator.

Mumps incidence rate The number of reported cases of mumps per 100,000 population, 2014-2016.

Data are available from NYSDOH County Health Assessment Indicators at:
https://www.health.ny.gov/statistics/chac/indicators/county_list.htm. The Onondaga County rate and Central New York rate are unstable due to fewer than 10 events in the numerator.

Pertussis incidence rate The number of reported cases of pertussis per 100,000 population, 2014-2016.

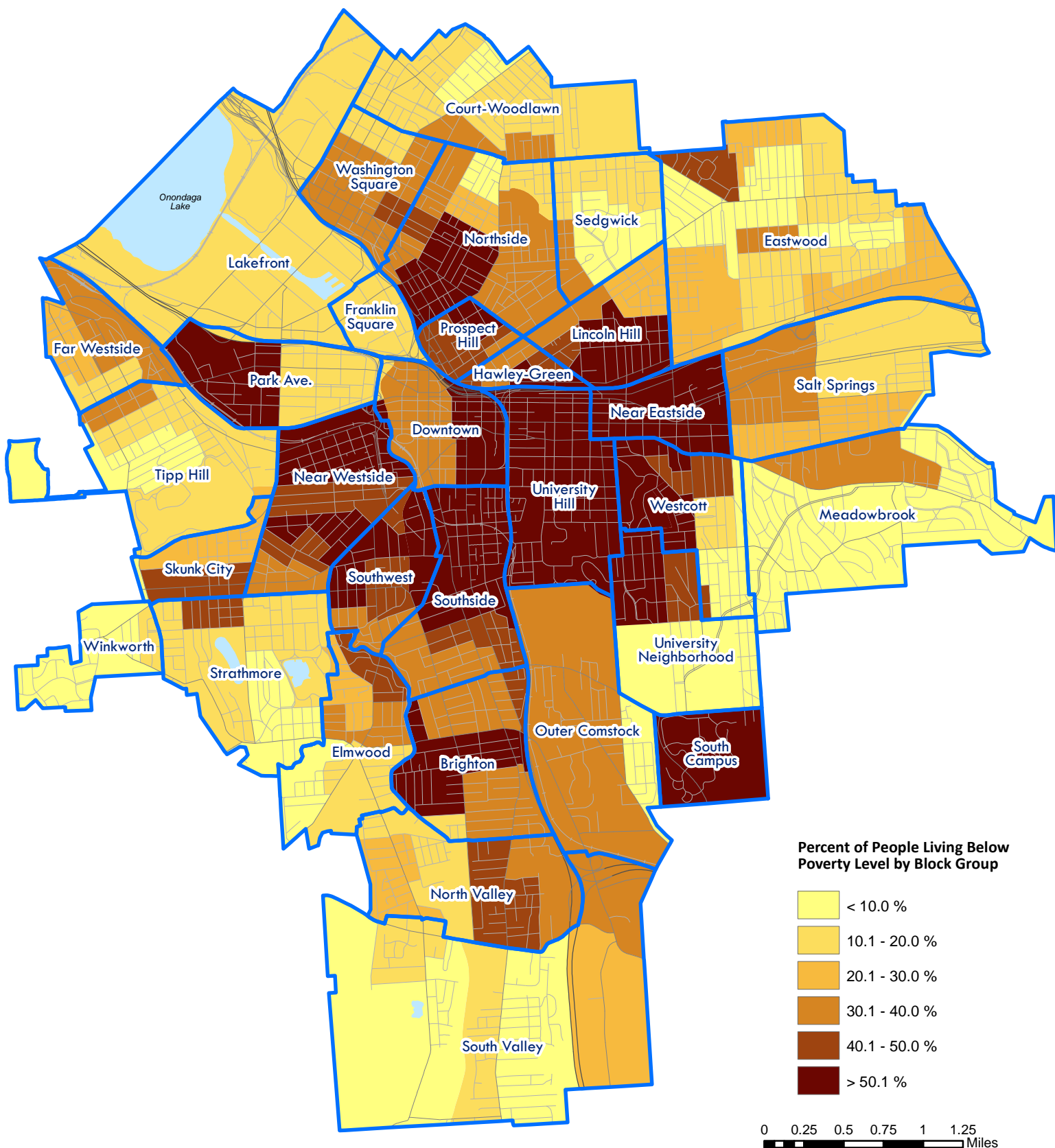
Data are available from NYSDOH County Health Assessment Indicators at:
https://www.health.ny.gov/statistics/chac/indicators/county_list.htm.

Hepatitis C

Acute Hepatitis C incidence rate The number of reported cases of acute hepatitis C per 100,000 population, 2018

Data are available from NYSDOH 2018 Communicable Disease Annual Reports:
<https://www.health.ny.gov/statistics/diseases/communicable/2018/docs/rates.pdf>

People Living Below Poverty Level in the City of Syracuse



Poverty Data Source: 2017 U.S. Census American Community Survey (ACS) 5 Year Summary, Table B17021 for Onondaga County.

ALICE IN ONONDAGA COUNTY

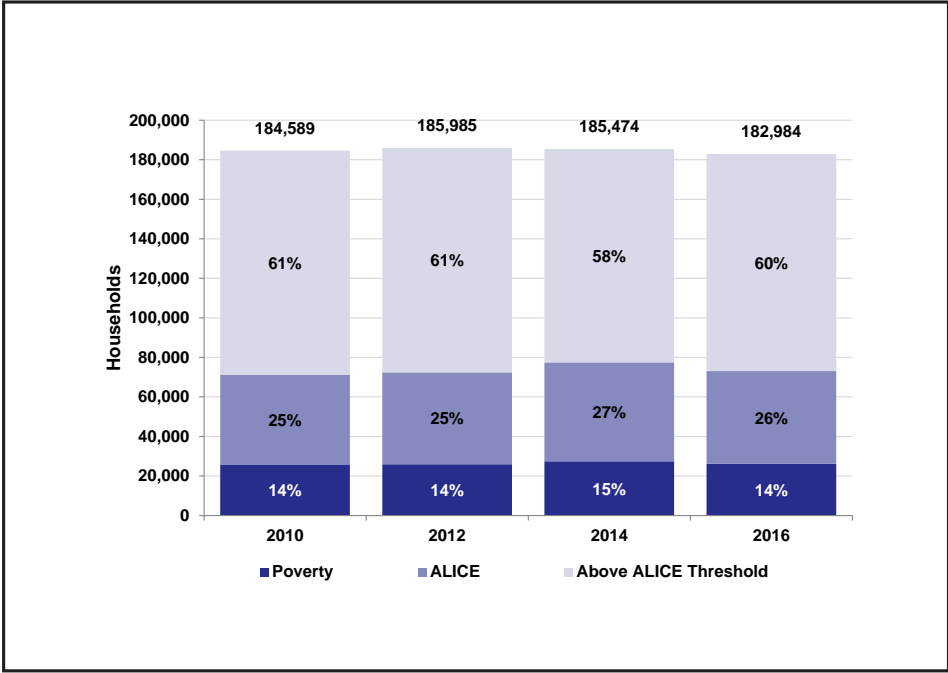
2016 Point-in-Time Data

Population: 466,194 • **Number of Households:** 182,984
Median Household Income: \$56,991 (state average: \$62,909)
Unemployment Rate: 5.3% (state average: 5.9%)
ALICE Households: 26% (state average: 31%) • **Households in Poverty:** 14% (state average: 14%)

How has the number of ALICE households changed over time?

ALICE is an acronym for Asset Limited, Income Constrained, Employed – households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold). Combined, the number of ALICE and poverty-level households equals the total population struggling to afford basic needs. The number of households below the ALICE Threshold changes over time; households move in and out of poverty and ALICE status as their circumstances improve or worsen. The recovery, which started in 2010, has been uneven across the state. Conditions have improved for some families, but with rising costs, many still find themselves struggling.

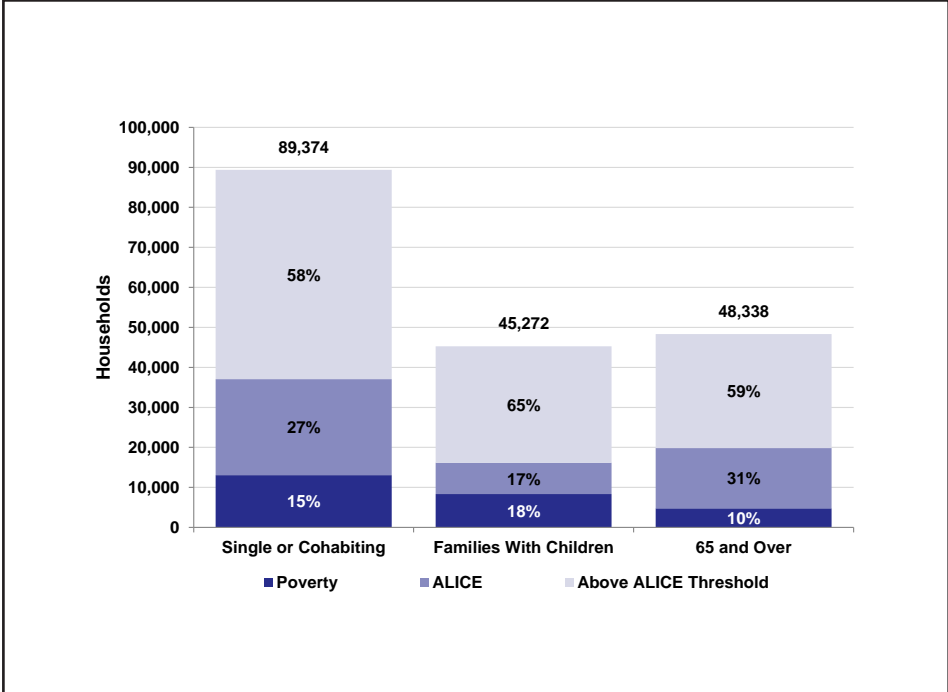
Households by Income, 2010 to 2016



What types of households are struggling?

The way Americans live is changing. There are more different family and living combinations than ever before, including more adults living alone, with roommates, or with their parents. Families with children are changing: There are more non-married cohabiting parents, same-sex parents, and blended families with remarried parents. The number of senior households is also increasing. Yet all types of households continue to struggle: ALICE and poverty-level households exist across all of these living arrangements.

Household Types by Income, 2016



Why do so many households struggle?

The cost of living continues to increase...

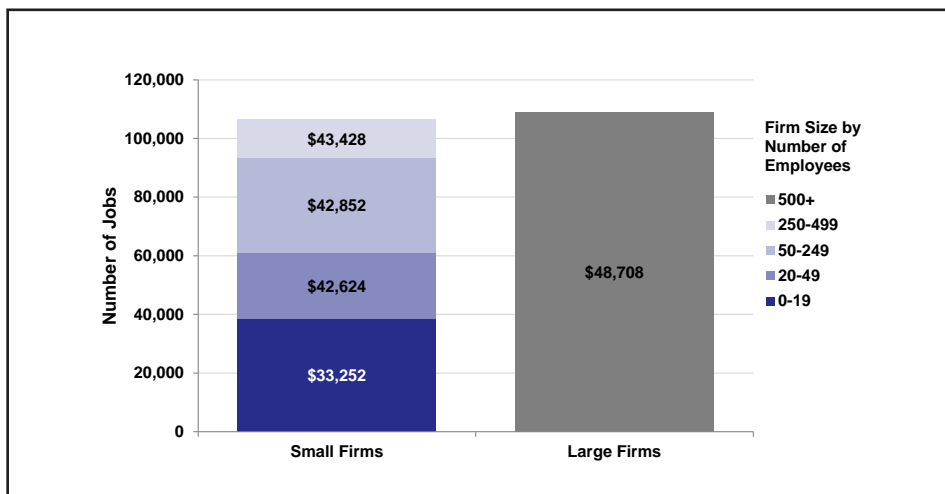
The Household Survival Budget reflects the bare minimum that a household needs to live and work today. It does not include savings for emergencies or future goals like college. In 2016, costs were well above the Federal Poverty Level of \$11,880 for a single adult and \$24,300 for a family of four. Family costs increased by 22 percent statewide from 2010 to 2016, compared to 9 percent inflation nationally.

Household Survival Budget, Onondaga County		
	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs		
Housing	\$545	\$809
Child Care	\$-	\$1,500
Food	\$182	\$603
Transportation	\$341	\$682
Health Care	\$213	\$792
Technology	\$55	\$75
Miscellaneous	\$160	\$521
Taxes	\$267	\$748
Monthly Total	\$1,763	\$5,730
ANNUAL TOTAL	\$21,156	\$68,760
Hourly Wage	\$10.58	\$34.38

...and wages lag behind

Employment and wages vary by location; firms generally pay higher wages in areas with a higher cost of living, although those wages still do not always cover basic needs. Employment and wages also vary by firm size: Large firms tend to offer higher wages and more job stability; smaller businesses can account for more jobs overall, especially in rural areas, but may pay less and offer less stability. Medium-size firms pay more but typically employ the fewest workers.

Private-Sector Employment by Firm Size With Average Annual Wages, 2016



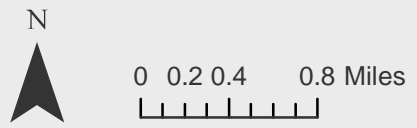
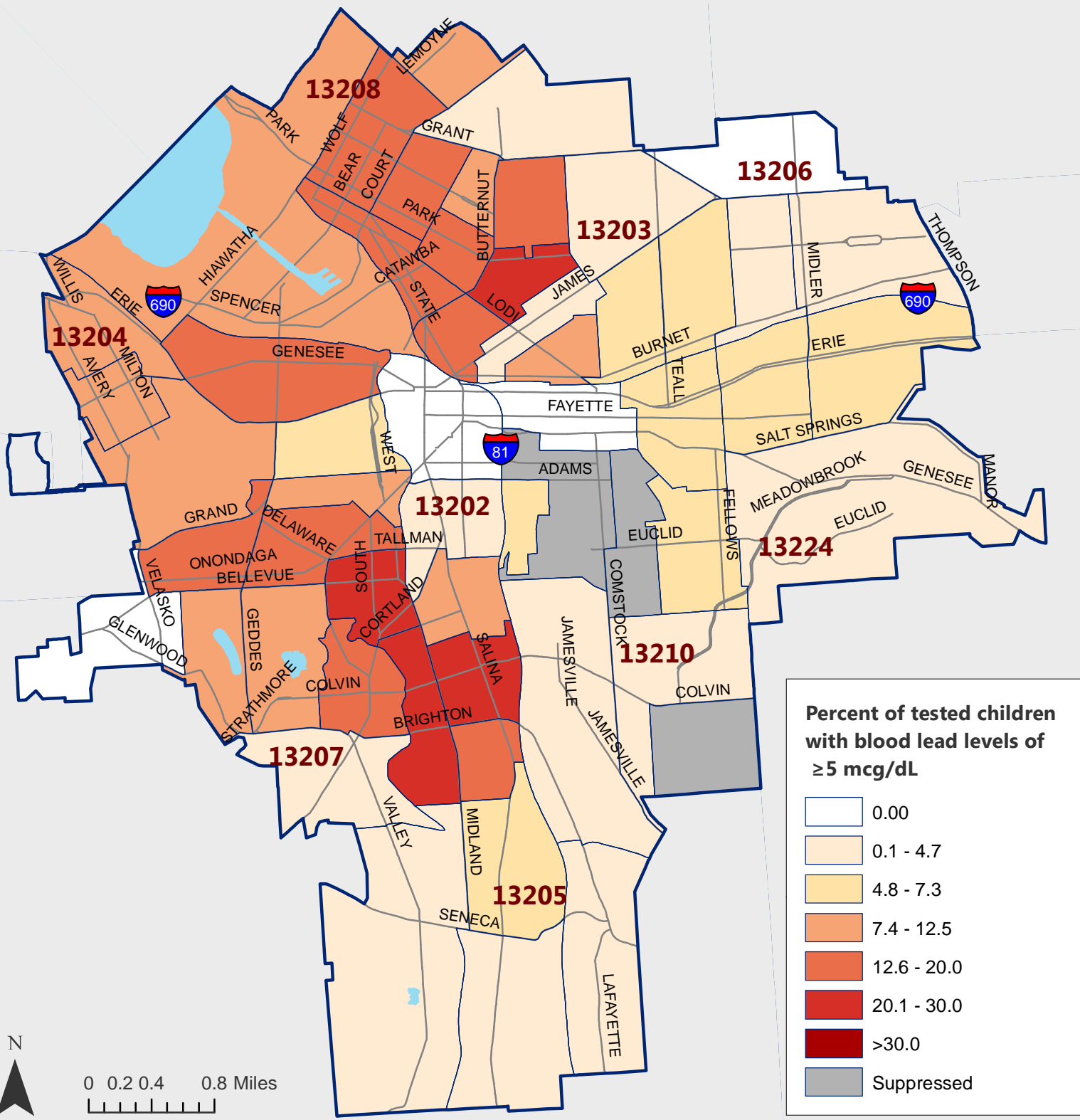
Sources: 2016 Point-in-Time Data: American Community Survey. ALICE Demographics: American Community Survey; the ALICE Threshold. Budget: U.S. Department of Housing and Urban Development; U.S. Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; Tax Foundation; and New York State Office of Children & Family, 2016.

Onondaga County, 2016		
Town	Total HH	% ALICE & Poverty
Baldwinsville (P)	3,083	38%
Brewerton CDP (P)	1,699	44%
Camillus (P)	557	49%
Camillus (SD)	10,009	31%
Cicero (SD)	12,105	32%
Clay (SD)	23,516	32%
De Witt (SD)	9,876	34%
East Syracuse (P)	1,331	60%
Elbridge (P)	387	34%
Elbridge (SD)	2,252	38%
Fabius (P)	127	37%
Fabius (SD)	764	28%
Fairmount CDP (P)	4,238	33%
Fayetteville (P)	1,817	25%
Galeville CDP (P)	2,092	48%
Geddes (SD)	7,024	40%
Jordan (P)	569	45%
LaFayette (SD)	1,963	34%
Lakeland CDP (P)	1,123	32%
Liverpool (P)	1,162	41%
Lyncourt CDP (P)	1,692	43%
Lysander (SD)	8,890	26%
Manlius (P)	1,891	36%
Manlius (SD)	13,202	26%
Marcellus (P)	772	44%
Marcellus (SD)	2,492	33%
Mattydale CDP (P)	2,588	48%
Minoa (P)	1,432	37%
Nedrow CDP (P)	857	47%
North Syracuse (P)	2,991	51%
Onondaga (SD)	8,469	28%
Otisco (SD)	972	31%
Pompey (SD)	2,540	17%
Salina (SD)	14,906	40%
Seneca Knolls CDP (P)	956	36%
Skaneateles (P)	1,140	26%
Skaneateles (SD)	3,087	25%
Solvay (P)	2,953	54%
Spafford (SD)	662	29%
Syracuse (P)	56,295	62%
Syracuse (SD)	55,442	62%
Tully (P)	415	54%
Tully (SD)	1,025	29%
Van Buren (SD)	5,686	35%
Village Green CDP (P)	1,813	38%
Westvale CDP (P)	2,014	27%

Note: Municipal-level data is 1 or 5-year averages for Places (P) and County Subdivisions (SD), which include Census Designated Places (CDPs). Totals do not match county-level numbers because some places cross county borders, geographies may overlap, data is not available for the smallest towns, and county-level data is often 1-year estimates.

Elevated Blood Lead Levels among Tested Children, by Census Tract

Syracuse, NY, 2018



Data source: OCHD Lead Poisoning Prevention Program. Prepared by: OCHD Division of Community Health, 8/14/2019

Data notes: Includes unconfirmed fingersticks. Location data represent address provided at time of testing. Census Tracts with fewer than 10 children tested were suppressed. 2018 data are provisional.



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