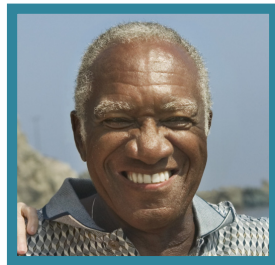




Onondaga County Community Health Assessment and Improvement Plan 2016-2018



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Table of Contents

1) Executive Summary	vii
2) Community Health Assessment.....	1
a) Overview of Onondaga County	1
b) Population Characteristics	1
c) Socioeconomic Characteristics	4
d) Health Status and Distribution of Health Issues.....	8
i) Improve Health Status and Reduce Disparities	8
ii) Promote Mental Health and Prevent Substance Abuse	12
iii) Prevent Chronic Disease.....	19
e) Prevention Agenda Priorities.....	29
f) Community Engagement	29
3) Community Health Improvement Plan	31
a) Background.....	31
b) Onondaga County CHIP Table	32
i) Promote Mental Health and Prevent Substance Abuse	32
ii) Prevent Chronic Disease.....	35
c) Partner Engagement.....	38
d) Dissemination to the Public	38

Appendices

1. Data Tables
 - a) Improve Health Status and Reduce Health Disparities
 - b) Promote Mental Health and Prevent Substance Abuse
 - c) Prevent Chronic Disease
 - d) Data Table Technical Notes
2. Community Engagement Survey Executive Summary
3. Onondaga County Health Department Community Health Improvement Plan
4. St. Joseph's Hospital Health Center Community Health Improvement Plan
5. Crouse Health Community Health Improvement Plan and Community Service Plan
6. Onondaga County Drug Task Force Member Agencies

List of Figures

Figure 1:	Map of Onondaga County	1
Figure 2:	Population distribution by age group, Syracuse, Onondaga County and New York State, 2011-2015	2
Figure 3:	Population by race, Syracuse and Onondaga County, 2011-2015	3
Figure 4:	Unemployment by race, Syracuse, Onondaga County, and NYS, 2011-2014.....	6
Figure 5:	Life expectancy at birth by sex, Syracuse and Onondaga County, 2011-2014.....	9
Figure 6:	Survivorship by sex and age, Syracuse and Onondaga County, 2011-2014	10
Figure 7:	Age-adjusted suicide mortality rate, Onondaga County and NYS excluding NYC, 2009-2011 and 2012-2014.....	13
Figure 8:	Opioid overdose outpatient emergency department visits, Onondaga County and NYS excluding NYC, 2015.....	15
Figure 9:	Opioid overdose hospitalizations, Onondaga County and NYS excluding NYC, 2015	15
Figure 10:	Deaths from drug use, Onondaga County, 2013-2015.....	16
Figure 11:	Deaths due to opioid overdoses, Onondaga County and NYS excluding NYC, 2015	17
Figure 12:	Newborn drug-related diagnoses, Onondaga County and NYS excluding NYC, 2015	18
Figure 13:	Percentage of adults who are overweight or obese, Onondaga County, 2013-2014.....	19
Figure 14:	Disparities in adult obesity, Onondaga County, 2013-2014.....	19
Figure 15:	Percentage of children and adolescents who are overweight or obese, Onondaga County, 2012-2014.....	20
Figure 16:	Age-adjusted mortality for diseases of the heart, Onondaga County and NYS excluding NYC, 2012-2014.....	21
Figure 17:	Age-adjusted mortality for diseases of the heart by race and ethnicity, Onondaga County, 2012-2014.....	21
Figure 18:	Age-adjusted emergency department visit rate due to diabetes per 10,000 aged 18+ years, by race and ethnicity, Onondaga County, 2012-2014.....	22
Figure 19:	Age-adjusted hospitalization rate due to diabetes per 10,000 aged 18+ years, by race and ethnicity, Onondaga County, 2012-2014	23
Figure 20:	Age-adjusted diabetes mortality, Onondaga County and NYS excluding NYC, 2012-2014	24

Figure 21: Age-adjusted diabetes mortality by race and ethnicity, Onondaga County, 2012-201424

Figure 22: Age-adjusted incidence and mortality rates for all types of cancer, Onondaga County and NYS excluding NYC, 2010-201225

Figure 23: Incidence and mortality of breast, lung and bronchus, and prostate cancers, Onondaga County, 2010-201225

Figure 24: Physical activity and nutrition behaviors, Onondaga County, 2013-201427

Figure 25: Disparities in cigarette smoking, Onondaga County, 2013-2014.....27

List of Tables

Table 1:	Poverty indicators, Syracuse, Onondaga County, and NYS, 2011-2015.....	4
Table 2:	Highest level of education obtained among adults aged 25 years and older, Syracuse, Onondaga County, and NYS, 2011-2015.....	5
Table 3:	NYS Prevention Agenda Dashboard: Improve Health Status and Reduce Health Disparities	8
Table 4:	Injury indicators, Onondaga County and NYS excluding NYC, 2012-2014	12
Table 5:	Overall emergency department and hospitalization rates per 10,000 aged 18+ years for alcohol abuse, Onondaga County and NYS, 2012-2014.....	13
Table 6:	Overall emergency department and hospitalization rates per 10,000 aged 18+ years for substance abuse, Onondaga County and NYS, 2012-2014.....	14
Table 7:	Percentage of children and adolescents who are obese by school district, 2012-2014.....	20
Table 8:	Cancer screening rates, Onondaga County and NYS excluding NYC, 2013-2014	26

Executive Summary

The Onondaga County Community Health Assessment and Community Health Improvement Plan, 2016-2018 (CHA/CHIP) presents demographic and health indicator data for two Prevention Agenda priority areas, and describes interventions to address these issues. After a year-long planning process, the Onondaga County CHA/CHIP Steering Committee, comprised of representatives from the Onondaga County Health Department (OCHD), the three area hospitals, and several community agencies, recommended reaffirmation of the previous priority areas: **Prevent Chronic Disease** and **Promote Mental Health and Prevent Substance Abuse**. This recommendation was made after a thorough review of current health data, as well as a comprehensive community engagement process. While health disparities are evident in many areas, interventions will be implemented to focus on reducing the higher rates of obesity in adults earning less than \$25,000 per year, and in children attending school in the Syracuse City School District (SCSD).

Although the Prevention Agenda priority areas remain the same from the 2014-2017 cycle, the focus has shifted slightly. Within the area of **Promote Mental Health and Prevent Substance Abuse**, the previous focus was exclusively on reducing the rate of drug-related newborn hospital discharges. Since then, Onondaga County has continued to see an alarming increase in opioid abuse. The interventions proposed in the current CHIP reflect this trend by addressing the broader issue of drug abuse in the community, specifically opioid-related deaths, while still seeking to decrease the impact on newborns. While the CHIP does not include interventions focused specifically on improving mental health outcomes, it is anticipated that strengthening efforts to prevent substance abuse will have a positive impact on mental health issues. In addition, the Central New York Care Collaborative, St. Joseph's Hospital Health Center, Upstate University Hospital, the OCHD, and the Onondaga County Department of Aging and Long Term Care, are working together with other community partners on mental, emotional and behavioral health projects through the statewide Medicaid redesign initiative.

Within **Prevent Chronic Disease**, the previous CHIP focused on community based efforts to improve nutrition. The current CHIP is focused more specifically on reducing obesity in children and adults by implementing

policies to improve access to healthy foods in the workplace and community, and to children in the SCSD. The CHIP also includes interventions to enhance chronic disease self-management programs and improve linkages with primary care.

Several data sources were reviewed for the identification of priority areas. These included the New York State Department of Health's (NYSDOH's) County Health Assessment Indicators, the 2013-2014 Expanded Behavioral Risk Factor Surveillance System, County Health Rankings, and the Statewide Planning and Research Cooperative System. Local data sources included the Onondaga County Medical Examiner's Office, the Statewide Perinatal Data System, the OCHD's Bureau of Surveillance and Statistics, and the OCHD's Bureau of Disease Control.

Where applicable, benchmarks from the Prevention Agenda 2013-2018 dashboard were also included.

The health assessment process and the identification of interventions were guided by the CHA/CHIP Steering Committee. This group included representatives from the Onondaga County Health Department, Crouse Hospital, St. Joseph's Hospital Health Center, Upstate University Hospital, HealtheConnections– Population Health Improvement Program, the Lerner Center for Public Health Promotion, and the Central New York Care Collaborative. Each of these agencies has a role in the implementation of interventions, whether as the lead on an activity or a supporting partner. Many other community agencies are actively involved in CHIP activities, including but not limited to, the Syracuse City School District, Syracuse Housing Authority, Centro, the American Heart Association, local farmers, the YMCA, local media, and the more than 50 agencies represented on the Onondaga County Drug Task Force and the Greater Syracuse H.O.P.E. anti-poverty coalition health committee. More information can be found in the Community Health Assessment and Improvement Plan Report, 2016-2018.

To inform priority selection, the Onondaga County CHA/CHIP Steering Committee implemented a Community Engagement Survey that reached over 3,000 County residents. Respondents provided feedback in four areas: Health Problems, Health Behaviors, Health Systems, and Healthy Community. Many also included suggestions on how to improve the health issues faced in Onondaga County. Focus groups were conducted to identify issues in populations at higher risk for poor health outcomes. The Steering Committee seeks to maintain community

engagement during the implementation and evaluation phases by communicating regularly with community agencies and groups. This will serve to inform and educate the community about important health issues and the ongoing activities to address them, but also to seek feedback when potential course corrections are being considered.

The work selected within the **Promote Mental Health and Prevent Substance Abuse** priority area includes activities to educate medical providers, medical students, and members of the public about topics related to substance abuse, pain management, and access to substance abuse services. Efforts aimed towards community members will focus on individuals most at risk for a substance use disorder. Education of providers will emphasize the importance of using the Internet System for Tracking Over-Prescribing (I-STOP). Progress towards these activities will be measured by the number of individuals reached by the education campaigns and materials. Additional initiatives in this priority area focus on preventing over-prescribing and linking substance use disorder patients to care. This work will be done through the adoption of standardized policies and protocols among participating hospitals and by improving referrals and linkages to substance abuse treatment providers. Progress will be measured by the adoption of policies and the number of patients screened and referred to substance abuse treatment. To supplement this work, the CHIP also includes initiatives to reduce prescription diversion through drug take back events and to increase the availability of Naloxone by training individuals to administer the drug. These efforts will be measured by participation in drug take back events and the number of individuals trained on the use of Naloxone.

Within the priority area of **Prevent Chronic Disease**, activities focus on improving the nutrition and physical activity environment through the adoption of policies and standards and by increasing the sustainability of smaller food venues including corner stores, mobile farmers markets, and community gardens. These activities will be measured through the number of policies or standards adopted and the number of new food venues implemented. Additional CHIP initiatives aimed to reduce obesity focus on expanding the role of health care providers in the promotion of breastfeeding. This will be measured by the number of women participating in

breastfeeding programs and hospitals' progress towards Baby-Friendly designation. The CHIP also includes interventions focused on enhancing chronic disease prevention and self-management by working to increase referrals to chronic disease self-management programs and to expand insurance coverage for the National Diabetes Prevention Program (NDPP). These efforts will be measured by the number of patients referred and the number of insurance programs that cover the cost of NDPP. Finally, the CHIP includes efforts to reduce tobacco use through increased screening, referrals, and improving access to smoking cessation programs. These will be measured by the number of participating individuals and providers.

Whenever possible, interventions and process measures were selected from the updated NYSDOH's Prevention Agenda 2013-2018 Action Plan. Many of the Promote Mental Health and Prevent Substance Abuse activities were informed by additional sources including recommendations from the NYSDOH,¹ the New York State Heroin and Opioid Task Force,² and the American Hospital Association.³ Programs that have achieved success in other New York State counties⁴ as well as additional evidence-based approaches were also reviewed.⁵

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

¹ New York State Opioid Poisoning, Overdose and Prevention: 2015 Report to the Governor and NYS Legislature, NYS Department of Health: AIDS Institute

² Combatting the Heroin and Opioid Crisis: Heroin and Opioid Task Force Report, June 9, 2016, NYS Heroin and Opioid Task Force

³ Ending the Opioid Epidemic: New Patient Education Tool and Other Resources for Hospitals, June 7, 2016, American Hospital Association

⁴ NYSAC Heroin Report Submissions from LGUs, NYS Conference of Local Mental Hygiene Directors, Inc.

⁵ Many evidence based approaches were reviewed including: Alexander GC, Frattaroli S, Gielen AC, eds. The Prescription Opioid Epidemic: An Evidence-Based Approach. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland: 2015

Onondaga County⁶

Onondaga County covers 780 square miles in Central New York State. With a population of 468,463 (2015), Onondaga is the sixth most populous county in upstate New York. Onondaga County is comprised primarily of forests and agricultural lands, resulting in a population density of 600 persons/mi². The County seat is the City of Syracuse, where nearly one-third of County residents reside. In addition to Syracuse, 19 towns, 15 villages, and the Onondaga Nation territory lie within the County's borders. Interstates 90 and 81 are major east-west and north-south highways that intersect just north of Syracuse (Figure 1).

Figure 1. Map of Onondaga County



Source: New York State,
<http://www.nysegov.com/map-NY.cfm>

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

Population Characteristics

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

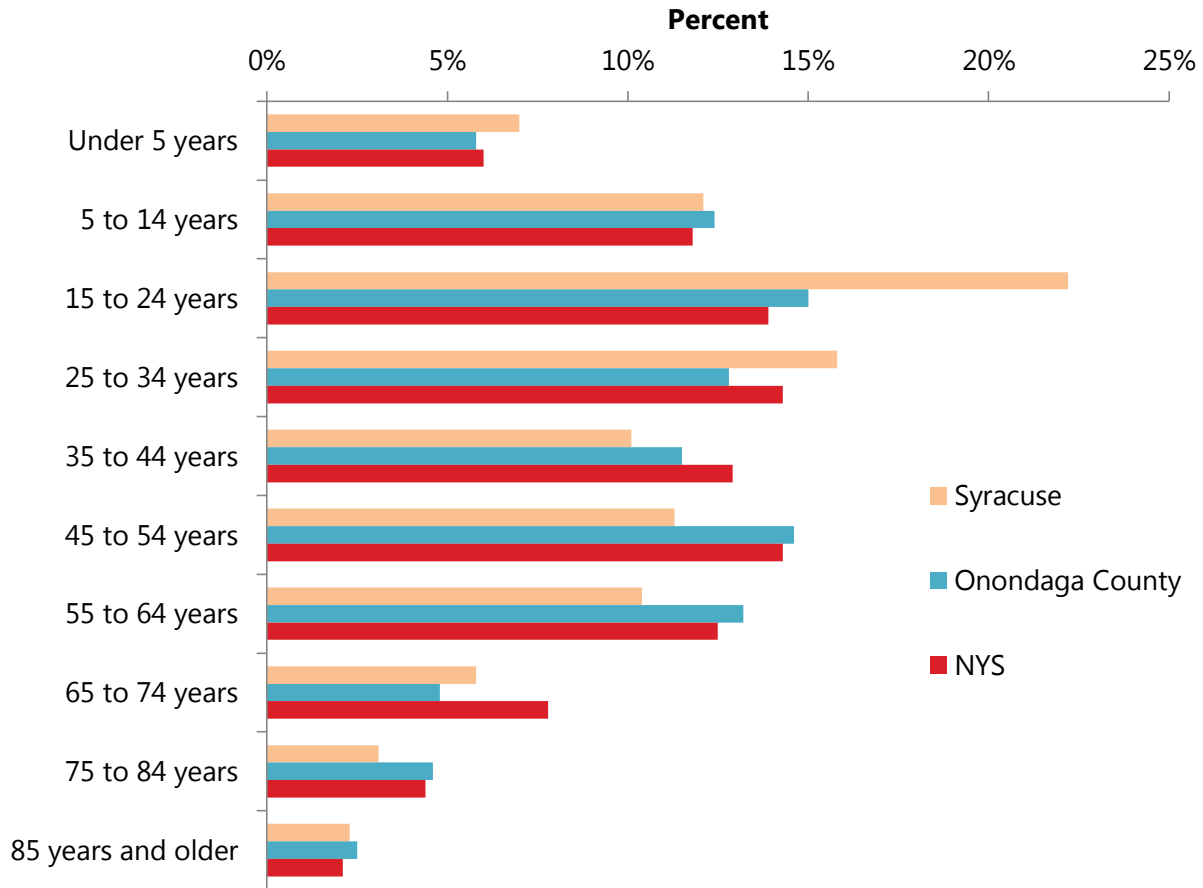
Demographics

Age and Gender

A community's age distribution can have a significant impact on its health needs. In Onondaga County, the median age is 38.8 years; older than Syracuse's median age of 29.9 years. The population age distribution in Onondaga County is similar to that of New York State (NYS) (Figure 2). Syracuse however has a younger population, with both a higher proportion of residents under 5 years of age, and a lower proportion over age 65. Of note, Syracuse also has a substantially higher percentage of residents in the 15 to 24 age group, likely due to the four major universities and colleges (Syracuse University, SUNY Environmental Science and Forestry, SUNY Upstate Medical University, and Le Moyne College) in the City.

⁶ Unless otherwise noted, all data are from the U.S. Census Bureau, American Community Survey, 2011-2015.

Figure 2. Population distribution by age group, Syracuse, Onondaga County, and NYS, 2011 – 2015



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

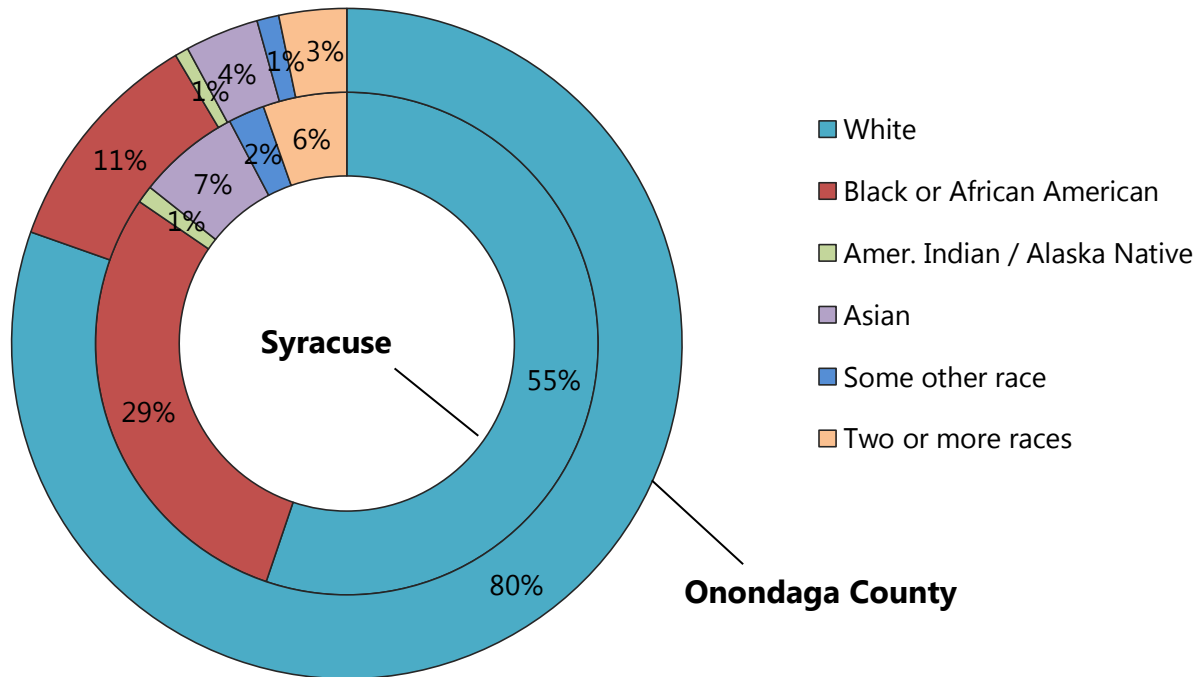
In Onondaga County, there are nearly 27,000 children under the age of 5, which represents 5.8% of the County's population. Over 10,000 of those children reside in the City of Syracuse, comprising 7.0% of the City's population. In addition, there are nearly 70,000 County residents age 65 years and older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

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

Race and Ethnicity

Among Onondaga County residents, 96.7% identified as being one race. Of these, 80.4% self-identify as white and 11.1% as black (Figure 3). The majority of the County's black residents reside in Syracuse, particularly on the near-south and near-west sides of the City. Asians and American Indian/Alaska Natives are also represented in comparatively large numbers. Nearly four percent of Onondaga's total population self-identifies as Asian and 0.7% self-identifies as Native American.

Figure 3. Population by race, Syracuse and Onondaga County, 2011-2015



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

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

In Onondaga County, 7.4% of residents are foreign-born. Of these, the greatest percentage was born in Asia, followed by Europe, Latin America, and Africa. The percent of foreign-born residents increases to 11.9% in Syracuse, where the largest percentage was also born in Asia, followed by Latin America, Europe, and Africa. A number of foreign-born residents, particularly in Syracuse, are recently settled refugees. Since 2000, more than 10,000 refugees have resettled in the Syracuse area. While refugees have resettled from many diverse areas, the primary countries of origin include Burma/Myanmar, Bhutan, Thailand, Nepal, Somalia, and Iraq. Job opportunities and the relatively low cost of living continue to make the Syracuse area popular for resettlement. An estimated 12,000 refugees and former refugees currently reside in Syracuse; many in neighborhoods on the north side of the City.⁷ Newly arrived refugees have specific healthcare needs, as well as a unique set of barriers

⁷ Onondaga Citizens League report: The World at Our Doorstep, 2013. <http://onondagacitizensleague.org/>

to accessing care, including language, education, and transportation. Ensuring access to care and improved health outcomes for this vulnerable population requires a coordinated response among many local service agencies.

Spoken Languages and Linguistic Isolation

English language proficiency can impact everything from an individual’s educational success to his/her ability to communicate with healthcare providers and to secure employment. In Onondaga County, English is the most commonly spoken language. The next most commonly spoken language is Spanish, which is the primary spoken language at home for 3.1% of Onondaga County residents and 6.2% of Syracuse residents ages 5 and older. Overall, 10.5% of households in Onondaga County and 18.1% of households in Syracuse speak a language other than English at home.

Socioeconomic Characteristics

Poverty

Poverty is a significant contributor to poor health outcomes, and a recent report showed that Syracuse had the highest rates of extreme poverty among black and Hispanic residents in the nation. Rutgers University-Camden professor Paul Jargowsky’s paper⁸ noted that in 2000, nine “extreme poverty” neighborhoods (defined as census tracts where more than 40% of residents live in poverty) were identified in the City. By 2010, the number had increased to 19; current data show 30 such census tracts. Especially striking is the poverty rate among children in Syracuse, where 50.0% of those under age 18 live in poverty, compared to 23.0% of children County-wide. In addition to children and families, seniors living in poverty warrant special attention. In Onondaga County, 8.2% of residents ages 65 years and older live in poverty, as do 16.7% of seniors in Syracuse. Select poverty indicators are shown in Table 1.

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

	City of Syracuse	Onondaga County	NYS
Median household income	\$31,881	\$55,092	\$59,269
Living in poverty	34.8%	15.4%	15.7%
Children (under 18 years) living in poverty	50.0%	23.0%	22.2%
Elderly (65+ years) living in poverty	16.7%	8.2 %	11.5%
Receiving SNAP benefits	30.7%	14.2%	15.4%
Unemployed (16+ years, civilian)	11.4%	7.2%	8.2%

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

⁸ Paul A. Jargowsky, “Architecture of Segregation: Civil Unrest, the Concentration of Poverty, and Public Policy,” *Race and Inequality* (The Century Foundation, August 2015).

Education

Educational attainment is recognized as an important social determinant of health. Early education is important for creating a foundation for learning in young children. Currently, only 47.2% of children in Onondaga County and 42.8% in Syracuse participate in preschool programs. There are 18 public school districts in Onondaga County with an enrollment of approximately 70,000 students, including nearly 20,000 students in the Syracuse City School District (SCSD).⁹ Thirty-four private or parochial schools in the County educate an additional 8,000 students. Disparities in education outcomes between Syracuse and the rest of the County are evident, as SCSD students consistently score significantly below the state average on standardized tests. The district is generally considered one of the lowest performing in NYS. In addition, the high school dropout rate in Syracuse was 11% for the 2015-2016 school year, compared to 4% County-wide. The percent of graduates in Syracuse who will go on to some type of college is 71%, compared with 81% County-wide.⁹ Table 2 illustrates the educational outcomes among adults age 25 years and older. In Onondaga County, 90.2% have a high school education or higher, and 34.1% have a bachelor's degree or higher. In Syracuse, these fall to 80.2% and 26.4% respectively.

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

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

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

The Central New York region is home to a large number and variety of post-secondary educational institutions. Over 32,000 students currently attend colleges within Onondaga County, including but not limited to Syracuse University, Le Moyne College, SUNY Upstate Medical University, SUNY College of Environmental Science and Forestry, and Onondaga Community College. Two local hospitals also have Colleges of Nursing. A number of other professional and licensing programs are offered in the County. Furthermore, an additional 35 institutions of higher learning are located within 100 miles of Onondaga County.

Employment

In Onondaga County, 31.0% of civilians ages 16 and older are employed in the educational services, health care and social assistance sector. This is followed by retail trade (11.8%); professional, scientific, management, administrative and waste management (10.0%); arts, entertainment recreation, accommodation and food services (8.6%); and manufacturing (7.7%). The leading employer in the Onondaga County area is Upstate University Health System with 9,525 employees. Other major employers in the area include Syracuse University, St. Joseph's Hospital Health Center, Wegmans, Crouse Hospital, and Onondaga County government.¹⁰ Recent data from the NYS Department of Labor show job growth in the Syracuse Metropolitan Statistical Area in the

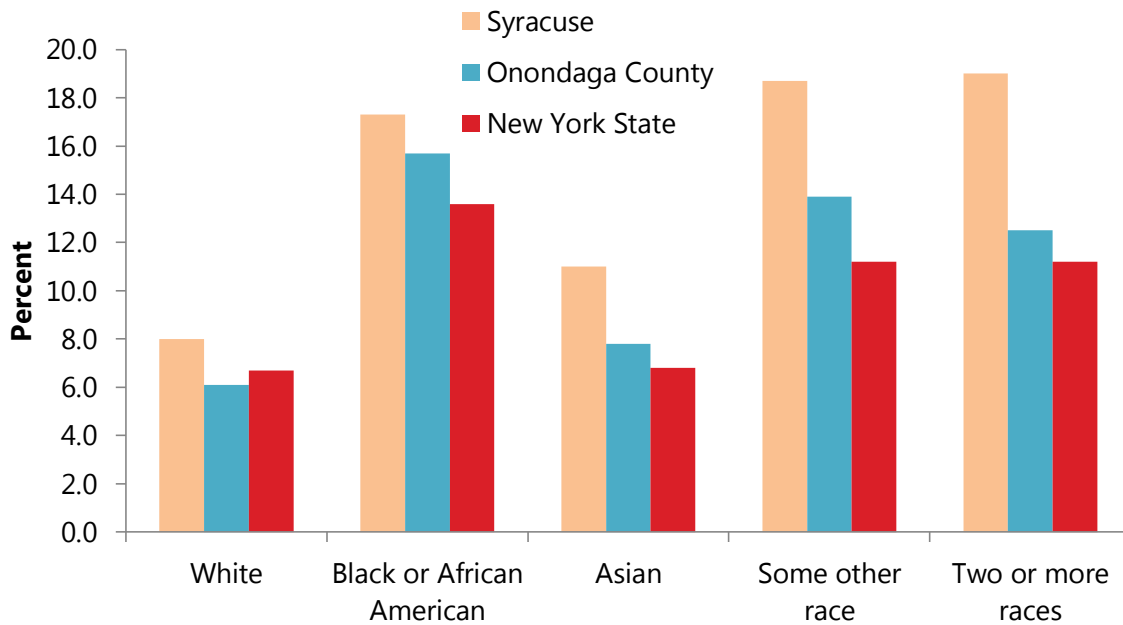
⁹ New York State Report Cards, 2015-2016. <https://data.nysed.gov/profile.php?county=42>

¹⁰ Onondaga County Office of Economic Development

fields of education and health, trade, transportation and utilities, and leisure and hospitality. Recent job losses have occurred in the professional and business services and manufacturing sectors.

The unemployment rate in Onondaga County was 4.3% in October 2016, and has declined steadily from a high of 8.8% in January 2010. The current unemployment rate is lower than the statewide unemployment rate of 5.0% in October 2016.¹¹ Consequences of unemployment can include a decrease in health care-related expenditures and a decrease in access to employer-sponsored health insurance programs, which may lead to higher rates of uninsured persons. As seen in Figure 4, racial disparities in unemployment exist both within Onondaga County and Syracuse. In general, white residents have lower unemployment rates than other races.

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



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

Health Insurance

Another important factor relating to health outcomes and access to care is the presence of health insurance. In Onondaga County, 6.7% of residents do not have any health insurance. This increases to 9.7% in Syracuse.

Housing

Housing in Onondaga County remains relatively affordable, with a median home price of \$135,900. This decreases to \$88,800 in Syracuse. The age and condition of housing stock varies across the County. Syracuse is an older city, with 43.7% of the housing built prior to 1940, and 72.5% built before 1960. Most of the recent new home building has occurred in the County suburbs, though a recent downtown revitalization effort has led to an increase in high end apartments and condominiums in popular business and shopping districts. Syracuse housing units are less likely to be owner-occupied (38.5%) compared to Onondaga County (81.0%), which

¹¹ U.S. Bureau of Labor Statistics. <http://www.bls.gov/lau/#cntyaa>

contributes to some of the poor housing conditions that exist within specific Syracuse neighborhoods. The number of homeless individuals has remained relatively constant over the last several years, with 821 homeless persons recorded in 2015. Of these, 131 are under the age of 18 years.¹²

¹² U.S. Department of Housing and Urban Development. CoC Homeless Populations and Subpopulations Reports. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

Health Status and Distribution of Health Issues

A table of health indicators included in this section is presented in Appendix 1. Differences in statistical significance between Onondaga County and NYS values are indicated in the table in Appendix 1. When available, rates for NYS excluding New York City (NYC) are presented in place of NYS rates as they are more directly comparable to Onondaga County indicators.

Improve Health Status and Reduce Health Disparities

The Centers for Disease Control and Prevention defines a health disparity as: “A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability.”¹³

Addressing disparities is an integral component of a Community Health Assessment. This section presents the primary indicators that capture disparities in health outcomes and access in Onondaga County. These data also provide an overall picture of the health status of Onondaga County residents (Table 3).

Table 3. NYS Prevention Agenda Dashboard: Improve Health Status and Reduce Health Disparities

Indicator	Onondaga County	NYS excluding NYC	NYS 2018 Objective
Percentage of premature deaths (before age 65 years) (2014)	22.9	22.0	21.8
<i>Ratio of black non-Hispanic to white non-Hispanic (2012-2014)</i>	2.35	2.10	1.87
<i>Ratio of Hispanic to white non-Hispanic (2012-2014)</i>	2.92	2.24	1.86
Age-adjusted preventable hospitalization rate (per 10,000) – Aged 18+ years (2014)	111.6	106.1	122.0
<i>Ratio of black non-Hispanic to white non-Hispanic (2012-2014)</i>	2.32	1.94	1.85
<i>Ratio of Hispanic to white non-Hispanic (2012-2014)</i>	1.17	1.51	1.38
Percentage of adults with health insurance – Aged 18-64 years (2014)	91.3	87.6*	100.0
Age-adjusted percentage of adults who have a regular health care provider (2013-2014)	84.3	84.7	90.8

Source: New York State Department of Health (NYSDOH) Prevention Agenda 2013-2018 Dashboard

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

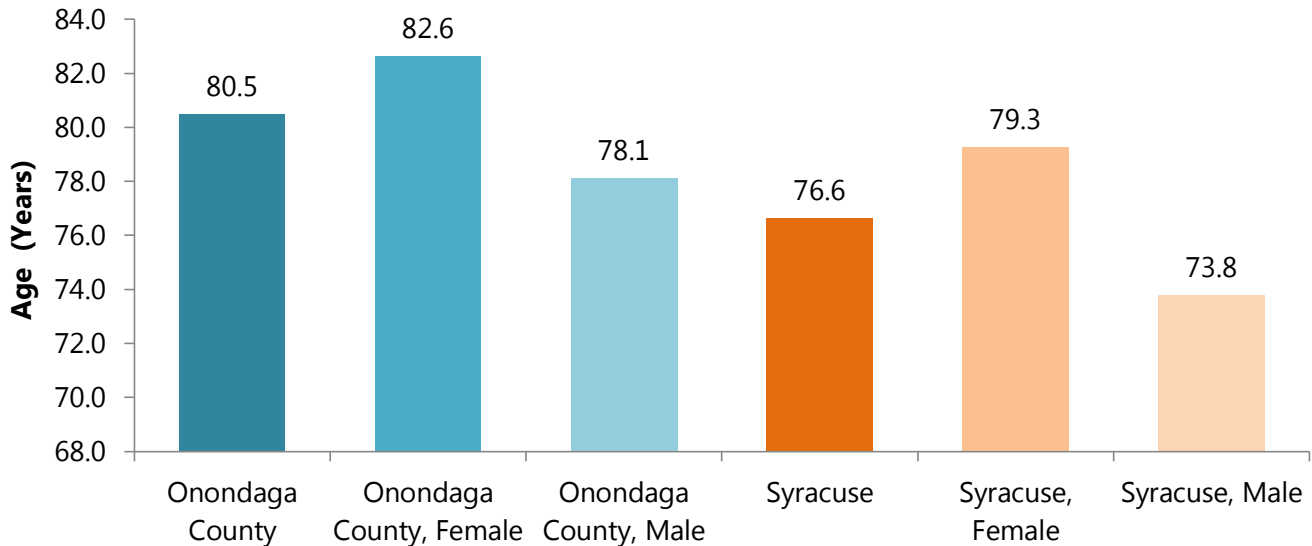
¹³ Centers for Disease Control and Prevention (CDC). *Definitions*. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

Premature Deaths

Premature deaths are any deaths occurring before the age of 65 years. In Onondaga County, 22.9% of residents die prematurely, compared to 22.0% for NYS excluding NYC (Table 3). Both Onondaga County and NYS excluding NYC do not meet the Prevention Agenda objective of 21.8%. The rate of premature death is much higher among black non-Hispanic and Hispanic residents compared to white non-Hispanics. For each white non-Hispanic premature death there are 2.35 black non-Hispanic deaths and 2.92 Hispanic deaths (Table 3).

Local life table analyses revealed geographic disparities in life expectancy between County residents and those residing in the City of Syracuse. As shown in Figure 5, Onondaga County residents have a life expectancy of 80.5 years, 1.7 years longer than the national average of 78.8 years in 2014.¹⁴ The life expectancy for Syracuse residents (76.6 years) falls short of the national average and is 3.9 years shorter than for County residents. Differences are also observed based upon sex, with females in both Onondaga County and Syracuse having longer life expectancies than males. Longer female life expectancies are consistent with national data.

Figure 5. Life expectancy at birth by sex, Syracuse and Onondaga County, 2011-2014

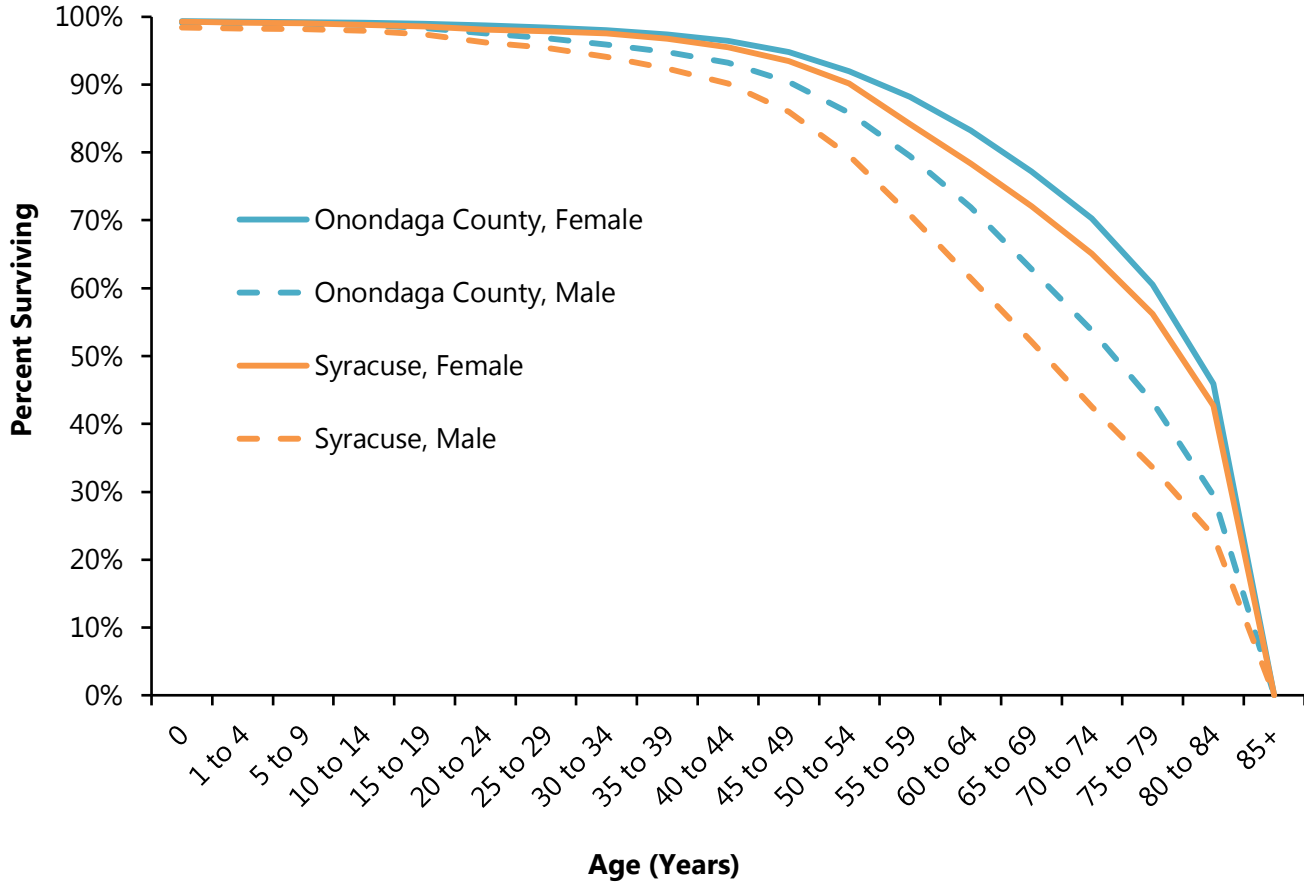


Source: Onondaga County Health Department, Bureau of Surveillance and Statistics

¹⁴ National Center for Health Statistics. Health, United States, 2015: In Brief. Hyattsville, MD. 2016. <http://www.cdc.gov/nchs/hus.htm>

Figure 6 depicts a survivorship curve for Onondaga County and Syracuse residents by sex. This figure further illustrates geographic disparities in length of life.

Figure 6. Survivorship by sex and age, Syracuse and Onondaga County, 2011-2014



Source: Onondaga County Health Department, Bureau of Surveillance and Statistics

Preventable Hospitalizations

Onondaga County’s rate of preventable hospitalizations (111.6 per 10,000) is higher than the NYS excluding NYC rate (106.1 per 10,000). Both the County and NYS excluding NYC meet the Prevention Agenda objective of 122.0 per 10,000 (Table 3). However, within Onondaga County there are disparities in rates of preventable hospitalizations based upon race and ethnicity. For each white non-Hispanic preventable hospitalization, there are 2.32 preventable hospitalizations for black non-Hispanics and 1.17 preventable hospitalizations for Hispanics.

Access to Care

Onondaga County fares better than NYS in the percent of adults (age 18 to 64 years) with health insurance; 91.3% of County residents have health insurance compared to 87.6% in NYS (Table 3). The County rate has increased since last measurement (2013) when the rate was 87.2%,¹⁵ however, the Prevention Agenda objective of 100% has not been met. Despite relatively high insurance rates, not all adults in Onondaga County have a

¹⁵ NYSDOH Prevention Agenda 2013-2018 Dashboard

regular health care provider. Among adults, 84.3% report having a regular health care provider compared to 84.7% in NYS excluding NYC (Table 3). Both Onondaga County and NYS excluding NYC do not meet the Prevention Agenda objective of 90.8%.

Improve Health Status and Reduce Health Disparities Summary

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

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

Mental Health

In Onondaga County, 15.6% of adults reported experiencing poor mental health for 14 or more days in the last month compared to 11.8% in NYS excluding NYC.¹⁶ Both Onondaga County and NYS excluding NYC have not met the Prevention Agenda objective of 10.1%.

Suicide and Self- inflicted Injury

Onondaga County has a higher rate of self-inflicted injury hospitalizations, particularly among those age 15 to 19 years, than NYS excluding NYC (Table 4). The suicide death rate in Onondaga County is also higher than in NYS excluding NYC, and neither meet the Prevention Agenda objective of 5.9 per 100,000. Particularly concerning is the increasing trend in suicide death rates in both Onondaga County and NYS excluding NYC, from 2009-2011 to 2012-2014 (Figure 7).

Table 4. Injury indicators, Onondaga County and NYS excluding NYC, 2012-2014

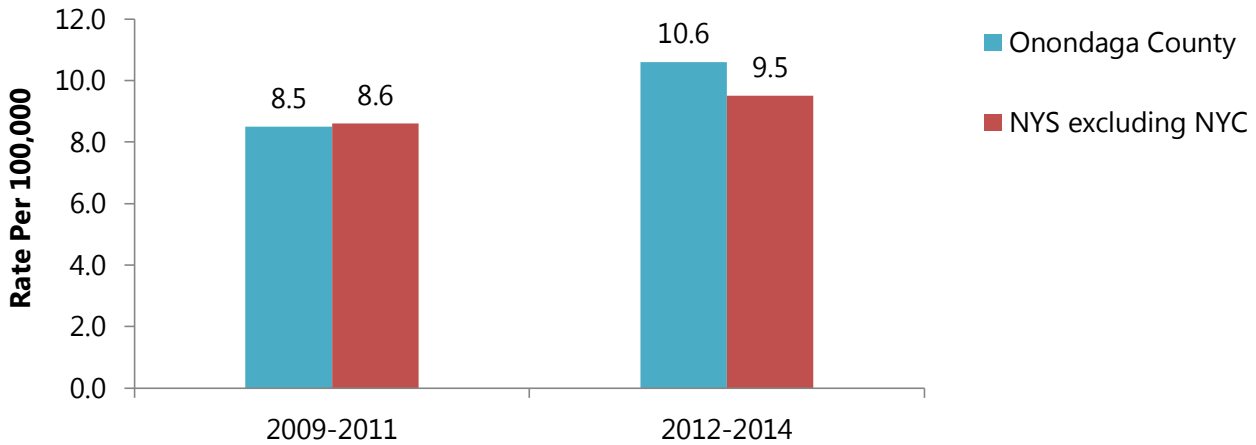
Indicator	Onondaga County	NYS excluding NYS
Age-adjusted self-inflicted injury hospitalizations (per 10,000)	7.9	6.8
Self-inflicted injury hospitalizations (per 10,000)– Aged 15-19 years	14.5	12.9
Age-adjusted suicide mortality rate (per 100,000)	10.6	9.5
Suicide mortality rate (per 100,000)– Aged 15-19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

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

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

¹⁶ Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014

Figure 7. Age-adjusted suicide mortality rate, Onondaga County and NYS excluding NYC, 2009-2011 and 2012-2014



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

Alcohol Abuse

Alcohol abuse is defined as alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol and does not include diseases of the nervous system, digestive system, and circulatory system caused by alcohol. The rates of emergency department (ED) visits and hospitalizations due to alcohol abuse for Onondaga County and NYS are presented in Table 5. In Onondaga County, ED visits due to alcohol abuse are highest among adults ages 18 to 19 (107.7 per 10,000) while hospitalization rates are highest among adults ages 45 to 64 (37.8 per 10,000).¹⁷ Rates for both ED visits and hospitalizations have increased since last measurement in 2011-2013.¹⁸

Table 5. Overall emergency department and hospitalization rates per 10,000 aged 18+ years for alcohol abuse, Onondaga County and NYS, 2012-2014

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

Source: Statewide Planning and Research Cooperative System (SPARCS), 2012-2014

¹⁷ SPARCS, 2012-2014

¹⁸ SPARCS, 2011-2013 and 2012-2014

Binge Drinking and Alcohol Impaired Driving

In Onondaga County, 18.8% of adults report binge drinking during the last month compared to 17.2% in NYS excluding NYC.¹⁹ The rate of alcohol related motor vehicle injuries and deaths occurring in Onondaga County (44.2 per 100,000) is higher than in NYS excluding NYC (42.5 per 100,000). Additionally, the County Health Rankings²⁰ reports that 30% of Onondaga County motor vehicle deaths involve alcohol compared to 23% in NYS.

Substance Abuse

Onondaga County and NYS rates of ED visits and hospitalizations due to substance abuse are shown in Table 6. Alcohol-related disorders were excluded from the substance abuse visits and admissions. Onondaga County's rate of ED visits due to substance abuse is higher than NYS's rate while the County's hospitalization rate is similar to the NYS rate. Within Onondaga County, both ED visits and hospitalizations rates are highest among adults aged 25 to 34 years (ED visit rate: 69.8 per 10,000; hospitalization rate: 45.5 per 10,000).²¹ Differences based upon gender, race, and ethnicity are notable for ED visits with males (46.3 per 10,000), black or African Americans (76.0 per 10,000), and Hispanics (42.0) having higher rates than the County as a whole.²¹ Similar disparities exist for hospitalization rates.

Table 6. Overall emergency department and hospitalization rates per 10,000 aged 18+ years for substance abuse, Onondaga County and NYS, 2012-2014

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

Source: SPARCS, 2012-2014

Opioid Overdose Emergency Department Visits and Hospitalizations

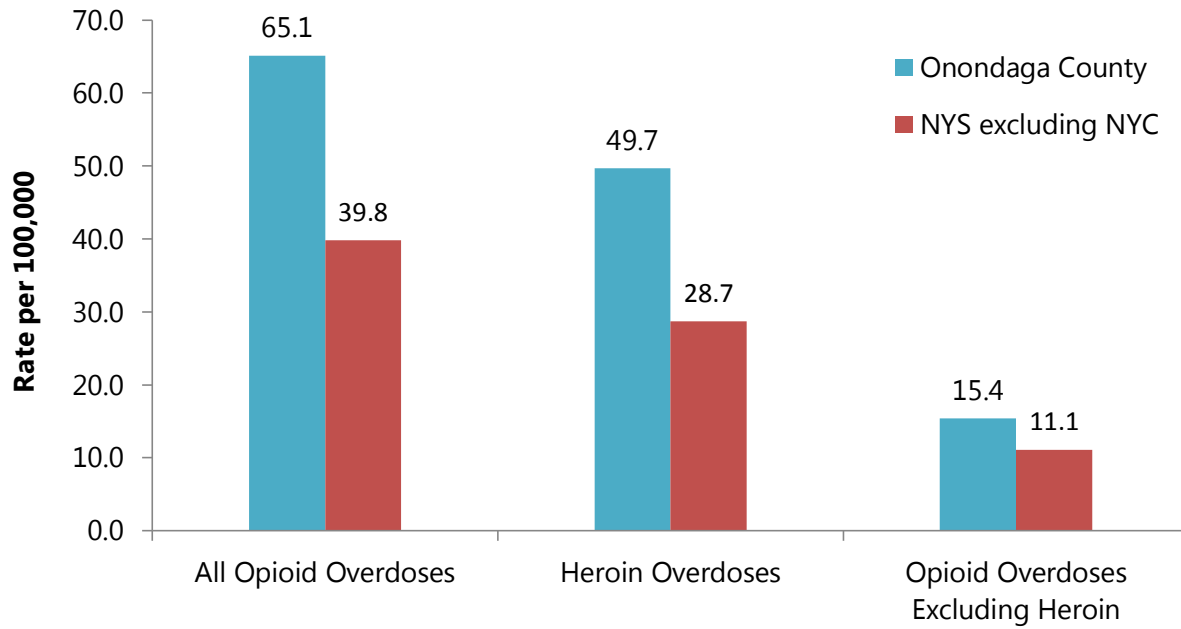
Rates of opioid overdose outpatient emergency department visits and hospitalizations in Onondaga County are higher than those in NYS excluding NYC (Figures 8 and 9). As seen in Figure 8, the rate of emergency department visits for all types of opioid overdoses in Onondaga County in 2015 was 65.1 per 100,000 population compared to 39.8 per 100,000 in NYS excluding NYC. The rate of emergency department visits for heroin overdoses in Onondaga County (49.7 per 100,000) was higher than visits for overdoses excluding heroin (15.4 per 100,000). However, as Figure 9 shows, hospitalizations for overdoses excluding heroin occurred at a higher rate than hospitalizations for heroin overdoses.

¹⁹ Expanded BRFSS, 2013-2014

²⁰ County Health Rankings, 2016. <http://www.countyhealthrankings.org/app/new-york/2016/rankings/onondaga/county/outcomes/overall/snapshot>

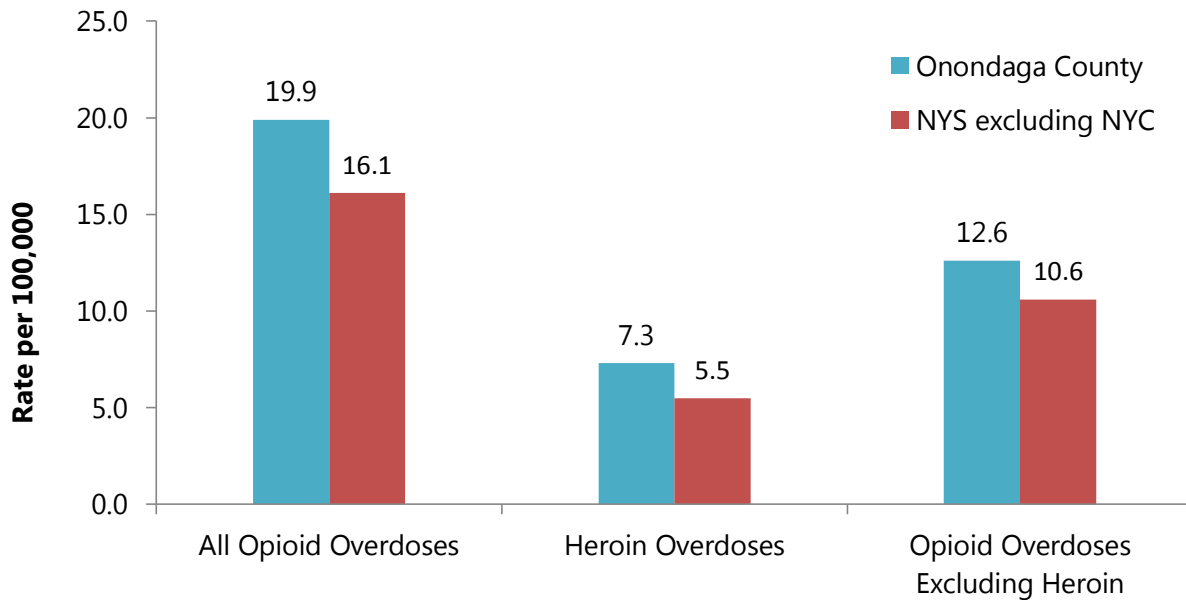
²¹ SPARCS, 2012-2014

Figure 8. Opioid overdose outpatient emergency department visits, Onondaga County and NYS excluding NYC, 2015



Source: SPARCS, 2015

Figure 9. Opioid overdose hospitalizations, Onondaga County and NYS excluding NYC, 2015

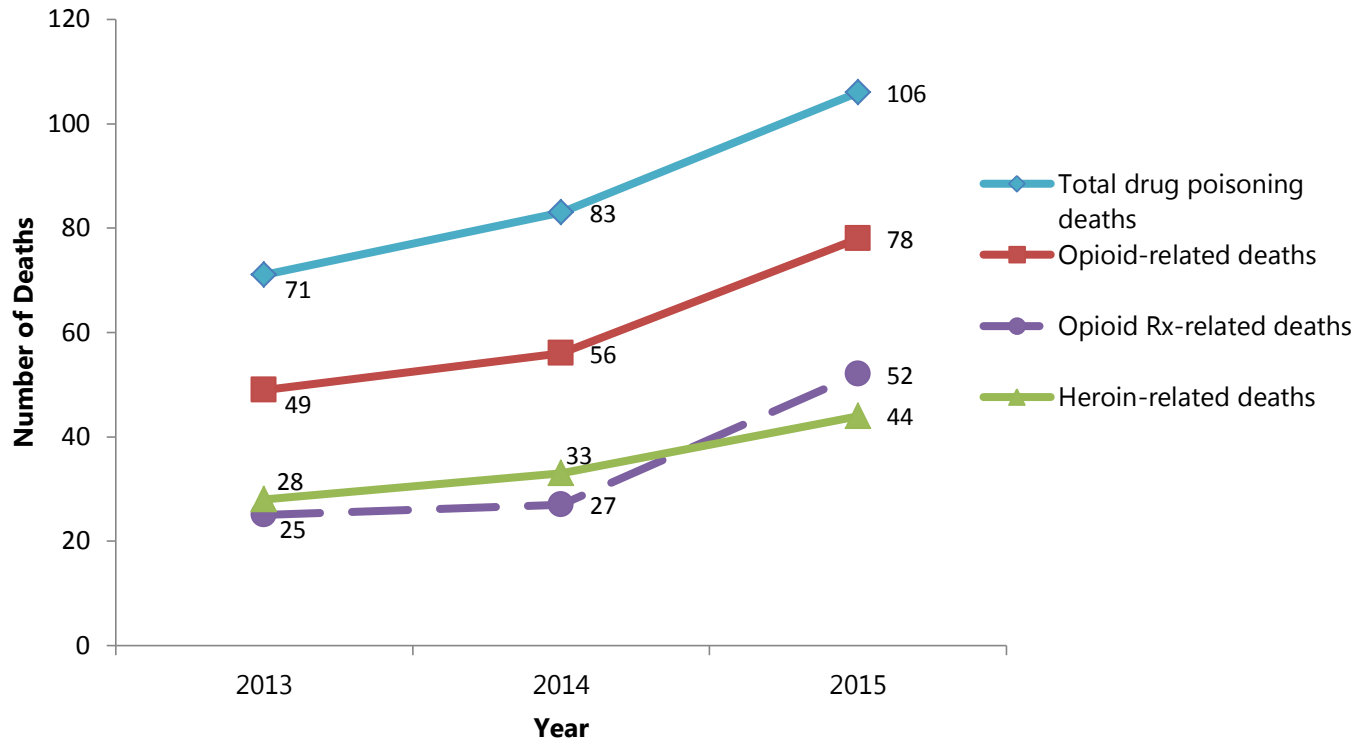


Source: SPARCS, 2015

Drug Use Deaths

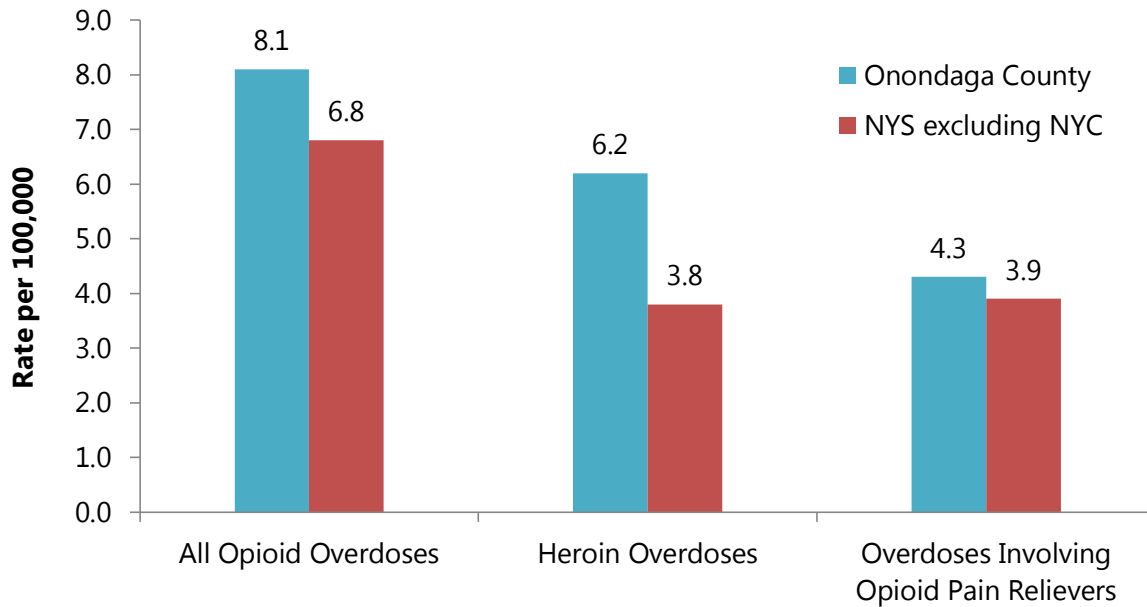
In Onondaga County deaths from drug use have increased in recent years. Figure 10 depicts drug use deaths from 2013 to 2015. The trend seen in Onondaga County follows a broader trend that is occurring both in NYS and nationally. In 2015, the rate of deaths due to all types of opioid overdoses was higher in Onondaga County than in NYS excluding NYC (Figure 11). This was also true for heroin overdoses and overdoses involving opioid pain relievers.

Figure 10. Deaths from drug use, Onondaga County 2013-2015



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

Figure 11. Deaths due to opioid overdoses, Onondaga County and NYS excluding NYC, 2015



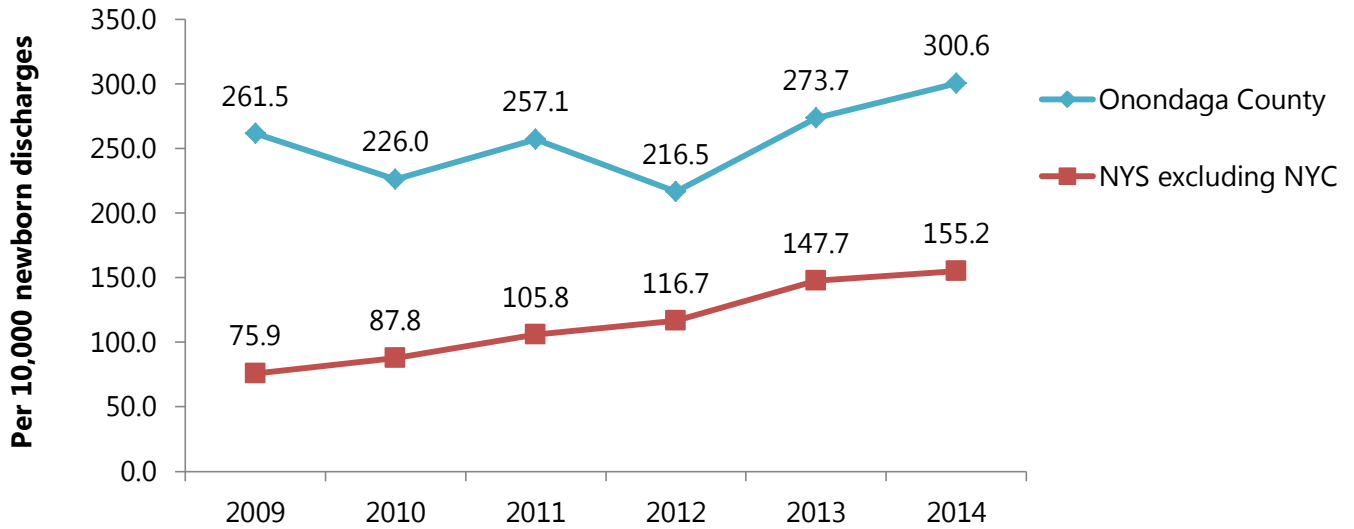
Source: NYSDOH, Vital Statistics, 2015

Drug Dependent Newborns

The 2014-2017 Onondaga County Community Health Assessment identified drug dependent newborns as an indicator of concern. Alarming, the Onondaga County newborn drug-related discharge rate has increased over the last three years, and continues to exceed the NYS excluding NYC rate (Figure 12). Onondaga County has the third highest rate (2014) in NYS for newborn drug-related diagnoses.²²

²² NYSDOH County Health Assessment Indicators. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

Figure 12. Newborn drug-related diagnoses, Onondaga County and NYS excluding NYC, 2009-2014



Source: SPARCS, 2009-2014

Promote Mental Health and Prevent Substance Abuse Summary

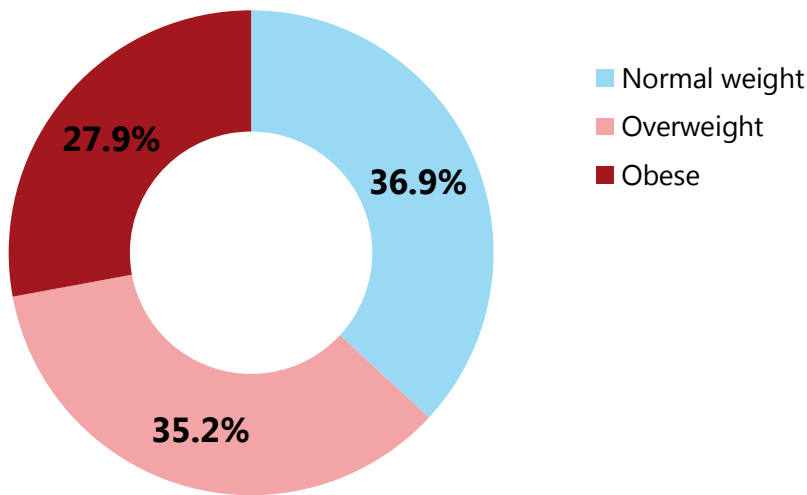
Since the 2014-2017 Onondaga County Community Health Assessment and Improvement Plan, many indicators within this priority area have worsened. The drug-related hospital discharge rate among newborns remains a concern in Onondaga County; however, it is indicative of a much larger community-wide substance abuse issue. Indicators such as opioid overdose ED visits and hospitalizations as well as drug use deaths provide additional evidence of the severity of the substance abuse issue in Onondaga County. For these reasons, substance abuse, specifically opioid abuse, is given priority in the 2016-2018 Community Health Improvement Plan.

Prevention Agenda Priority Area: Prevent Chronic Disease

Overweight and Obesity

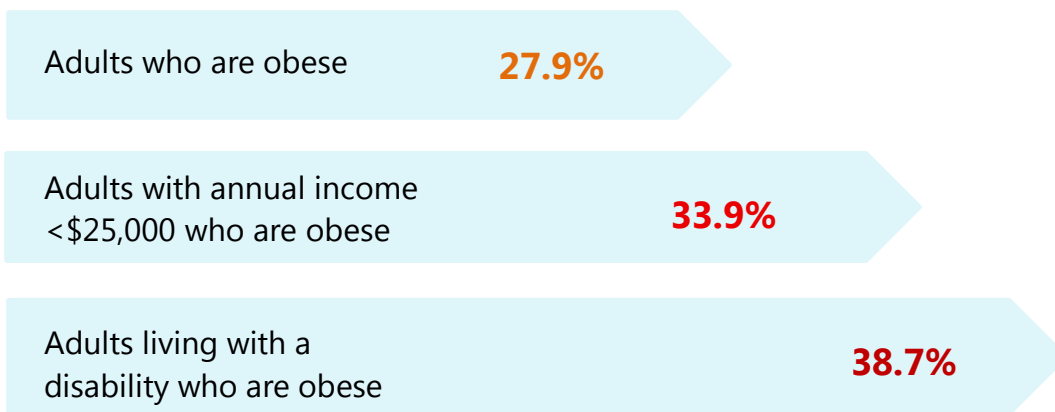
Overweight and obesity presents a substantial challenge in Onondaga County. Among adults, the obesity rate is 27.9% with 63.1% being either overweight or obese (Figure 13). Onondaga County's adult obesity rate is similar to NYS excluding NYC (27.4%) and does not meet the Prevention Agenda objective of 23.2%. As seen in Figure 14, some populations within Onondaga County are at greater risk for obesity, including individuals with an annual income of less than \$25,000 (33.9%) and those living with a disability (38.7%).

Figure 13. Percentage adults who are overweight or obese, Onondaga County, 2013-2014



*Among adults, overweight is defined as BMI between 25.0 and <30.0, obesity is defined as BMI \geq 30.0
 Source: Expanded BRFSS, 2013-2014

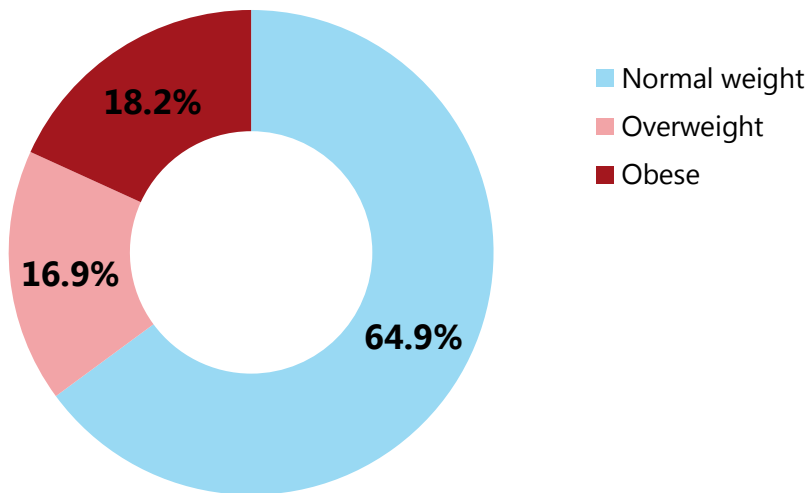
Figure 14. Disparities in adult obesity, Onondaga County, 2013-2014



Source: Expanded BRFSS, 2013-2014

Overall, 35.1% of children and adolescents in Onondaga County are overweight or obese (Figure 15). This rate has increased from 32.0% at last measurement (2010-2012). Obesity among children and adolescents in Onondaga County (18.2%) is slightly higher than in NYS excluding NYC (17.3%), and does not meet the Prevention Agenda objective of 16.7%. Additionally, substantial differences exist by school district (Table 7) with the highest rates seen in the Lyncourt Union Free School District (25.7%) and the Syracuse City School District (23.7%).

Figure 15. Percentage of children and adolescents who are overweight or obese, Onondaga County, 2012-2014



*Among children, overweight is defined as weight category $\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile, obesity is defined as weight category $\geq 95^{\text{th}}$ percentile
 Source: Student weight status category reporting system, 2012-2014

Table 7. Percentage of children and adolescents who are obese by school district, 2012-2014

School District	Students who are obese
Baldwinsville Central School District	13.3%
East Syracuse-Minoa Central School District	16.4%
Fabius-Pompey Central School District	23.4%
Fayetteville-Manlius Central School District	9.0%
Jamesville-DeWitt Central School District	13.2%
Jordan-Elbridge Central School District	23.4%
LaFayette Central School District	20.7%
Liverpool Central School District	17.8%
Lyncourt Union Free School District	25.7%
Marcellus Central School District	10.3%
North Syracuse Central School District	17.0%
Onondaga Central School District	23.1%
Skaneateles Central School District	12.8%

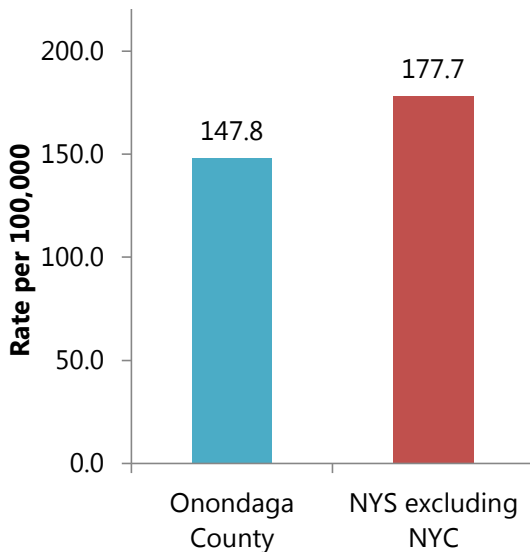
School District	Students who are obese
Solvay Union Free School District	17.3%
Syracuse City School District	23.7%
Tully Central School District	16.3%
West Genesee Central School District	16.4%
Westhill Central School District	14.3%

Source: Student weight status category reporting system, 2012-2014

Heart Disease

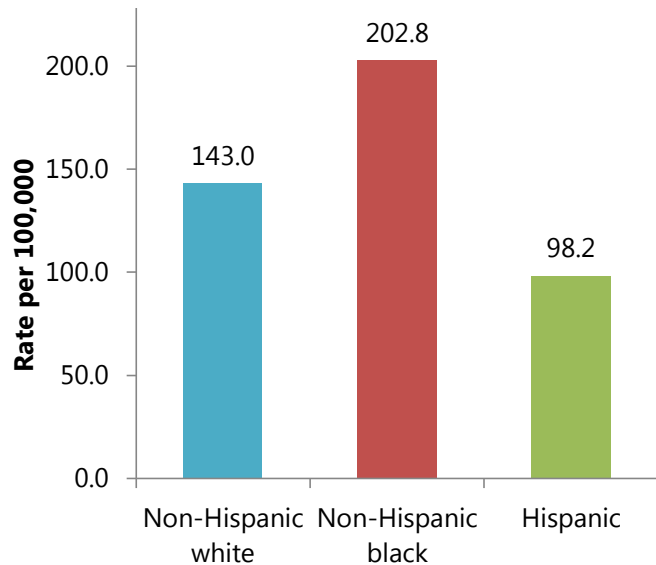
As shown in Figure 16, Onondaga County has a lower age-adjusted mortality for diseases of the heart than NYS excluding NYC. However, heart disease remains an important indicator as it is the second leading cause of death in Onondaga County²³ and substantial disparities in heart disease rates exist based upon race and ethnicity (Figure 17).

Figure 16. Age-adjusted mortality for diseases of the heart, Onondaga County and NYS excluding NYC, 2012-2014



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

Figure 17. Age-adjusted mortality for diseases of the heart by race and ethnicity, Onondaga County, 2012-2014



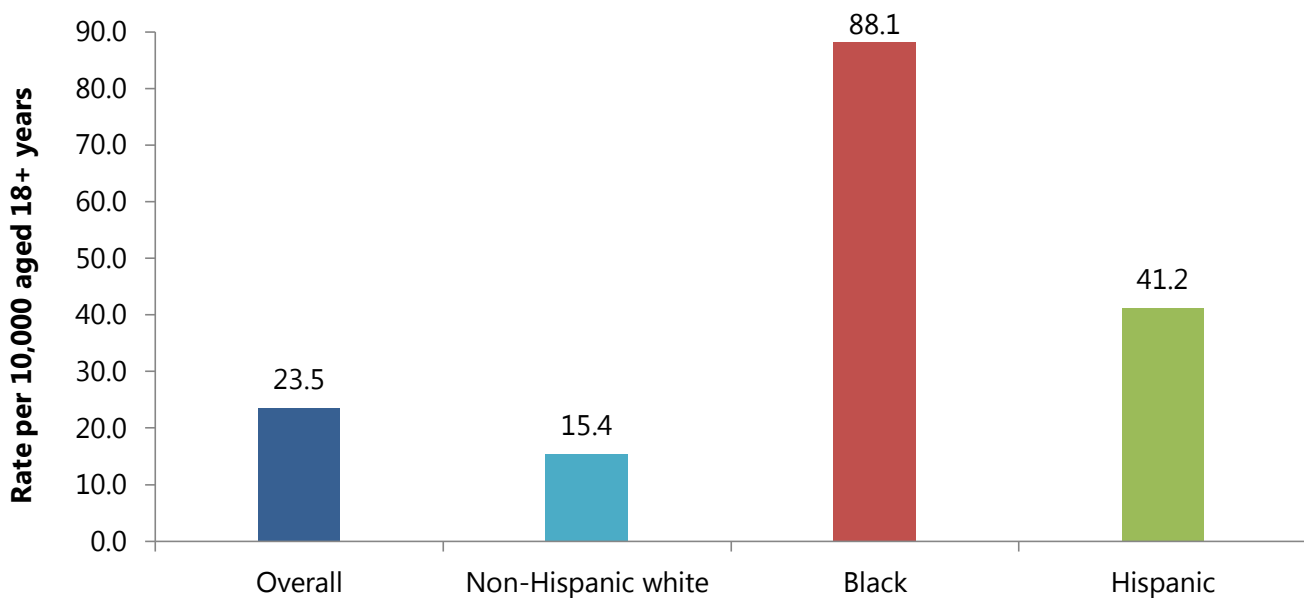
Source: NYSDOH County Health Indicators by Race/Ethnicity, <https://www.health.ny.gov/statistics/community/minority/county/onondag a.htm>

²³ Leading Causes of Death by County, New York State, 2014. https://www.health.ny.gov/statistics/leadingcauses_death/deaths_by_county.htm

Diabetes

The prevalence of physician diagnosed diabetes in Onondaga County (8.6%) is similar to the prevalence in NYS excluding NYC (8.2%).²⁴ Within Onondaga County, there are substantial racial and ethnic disparities in rates of emergency department visits and hospitalizations due to diabetes. Figure 18 shows the emergency department visit rate due to diabetes for the County as a whole and by race and ethnicity. The emergency department visit rate among blacks and Hispanics is higher than the rate for non-Hispanic whites and also higher than the overall County rate.

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



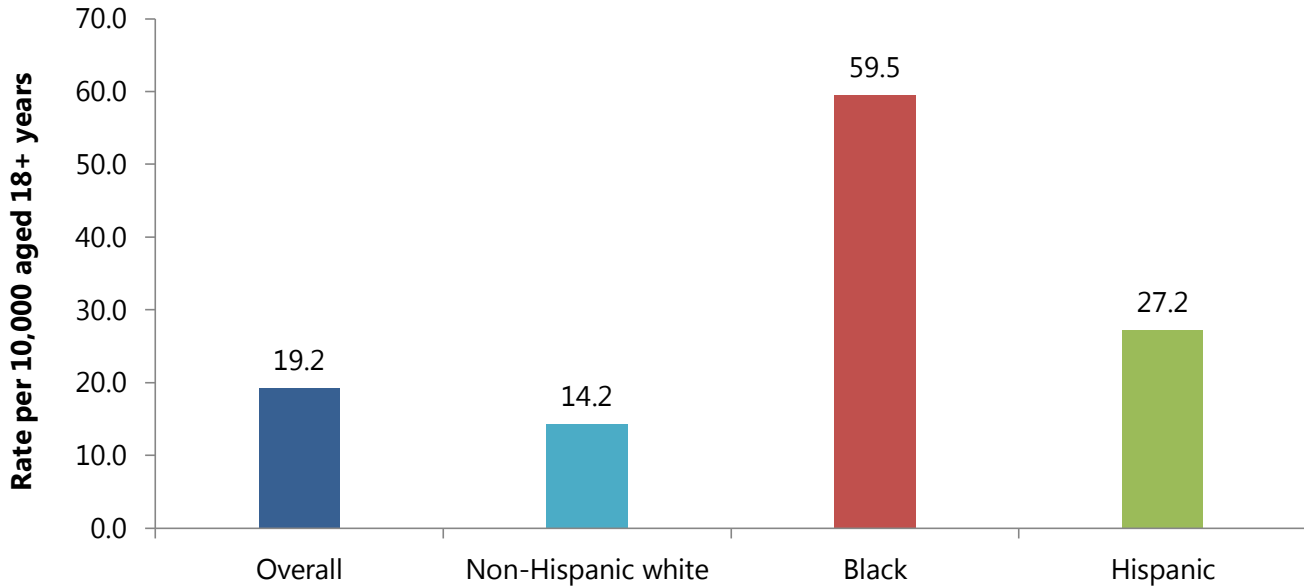
Source: SPARCS, 2012-2014

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

²⁴ Expanded BRFSS, 2013-2014

Similarly, Figure 19 shows the overall hospitalization rate due to diabetes for Onondaga County as well as rates by race and ethnicity. Unfortunately, racial and ethnic disparities can also be seen in hospitalization rates with blacks and Hispanics having higher rates than non-Hispanic whites and the County as a whole.

Figure 19. Age-adjusted hospitalization rate due to diabetes per 10,000 aged 18+ years, by race and ethnicity, Onondaga County, 2012-2014

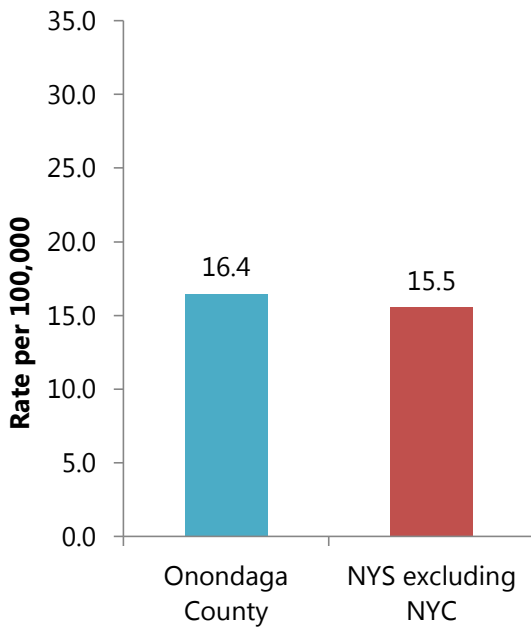


Source: SPARCS, 2012-2014

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

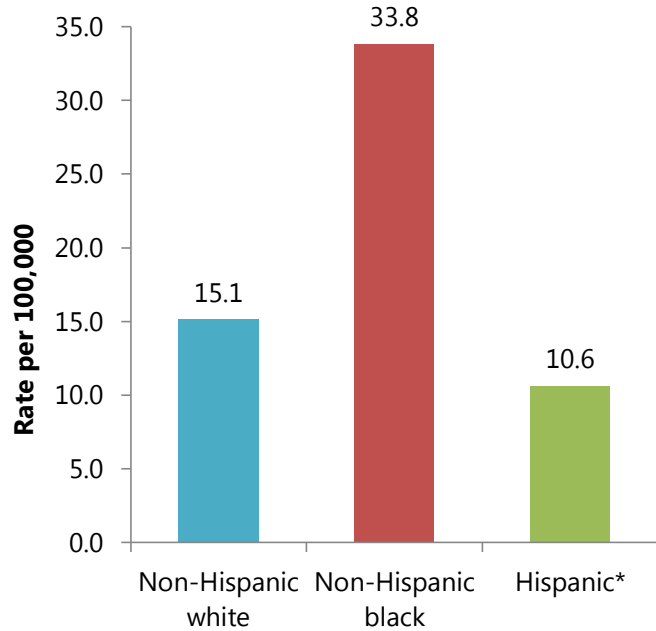
The age adjusted diabetes mortality rate in Onondaga County is similar to NYS excluding NYC, as seen in Figure 20. Within Onondaga County, there are notable differences in diabetes mortality based upon race and ethnicity, with non-Hispanic blacks having a much higher rate than non-Hispanic whites (Figure 21).

Figure 20. Age-adjusted diabetes mortality, Onondaga County and NYS excluding NYC, 2012-2014



Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/dia_31.htm

Figure 21. Age-adjusted diabetes mortality by race and ethnicity, Onondaga County, 2012-2014



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

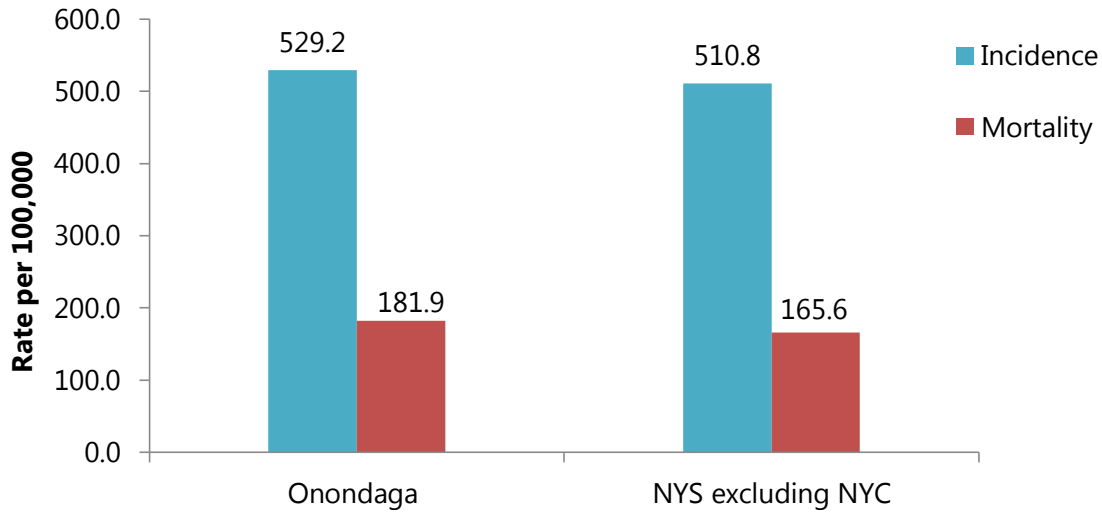
*Fewer than 10 events in the numerator, therefore the rate is unstable

Cancer

Cancer is the leading cause of death in Onondaga County and accounts for almost one in four deaths to County residents.²⁵ Compared to NYS excluding NYC, Onondaga County has a higher rate of incidence and mortality for all types of cancer (Figure 22). Within Onondaga County, the incidence rate appears to be decreasing over time while the mortality rate has remained the same over the last few years.

²⁵ Leading Causes of Death by County, New York State, 2014. https://www.health.ny.gov/statistics/leadingcauses_death/deaths_by_county.htm

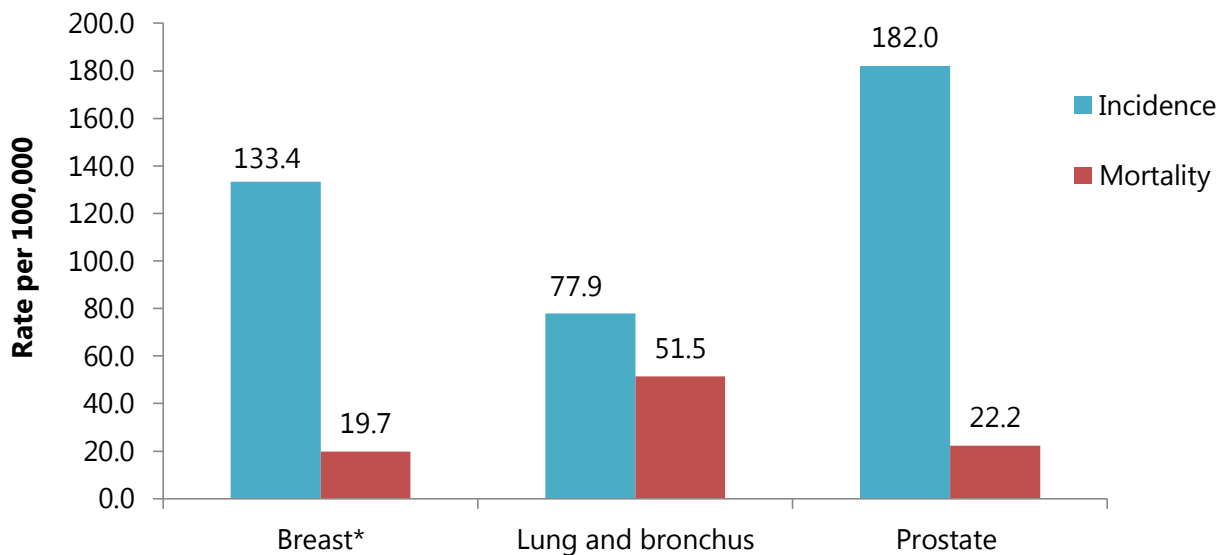
Figure 22. Age-adjusted incidence and mortality rates for all types of cancer, Onondaga County and NYS excluding NYC, 2010-2012



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

Figure 23 shows the incidence and mortality rates for three of common types of cancer. Of the three types, breast, lung and bronchus, and prostate cancers, the incidence rate is highest for prostate cancer while the mortality rate is highest for lung and bronchus cancer.

Figure 23. Incidence and mortality of breast, lung and bronchus, and prostate cancers, Onondaga County, 2010-2012



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

*Only includes female cases of breast cancer

Screening rates in Onondaga County for breast, cervical, and colorectal cancer are shown in Table 8. Onondaga County has screening rates higher than NYS excluding NYC for all three cancer types. However, Onondaga County's screening rate for colorectal cancer does not meet the Prevention Agenda objective of 80.0%.

Table 8. Cancer screening rates, Onondaga County and NYS excluding NYC, 2013-2014

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

Source: Expanded BRFSS, 2013-2014

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

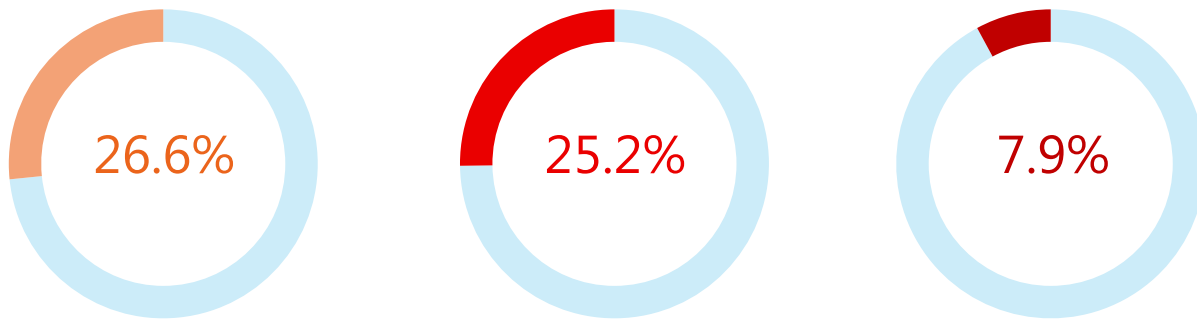
[†]Rate is unreliable due to large standard error

Health Behaviors

Health behaviors are significant drivers of health outcomes including both length and quality of life. Health behaviors that directly impact chronic disease outcomes include physical activity, nutrition, and smoking. Physical activity and nutrition behaviors for Onondaga County residents are presented in Figure 24. Among adults in Onondaga County, 26.6% reported that they did not participate in leisure time physical activity in the past 30 days. This is similar to the rate of 26.2% in NYS excluding NYC.²⁶ Compared to adults in NYS excluding NYC, Onondaga County adults were slightly more likely to report consuming one or more sugary drink daily (Onondaga County: 25.2%; NYS excluding NYC: 24.7%) and fast food three or more times per week (Onondaga County: 7.9%; NYS excluding NYC: 6.8%).²⁶

²⁶ Expanded BRFSS, 2013-2014

Figure 24. Physical activity and nutrition behaviors, Onondaga County, 2013-2014



% of adults who did not participate in leisure time physical activity in past 30 days

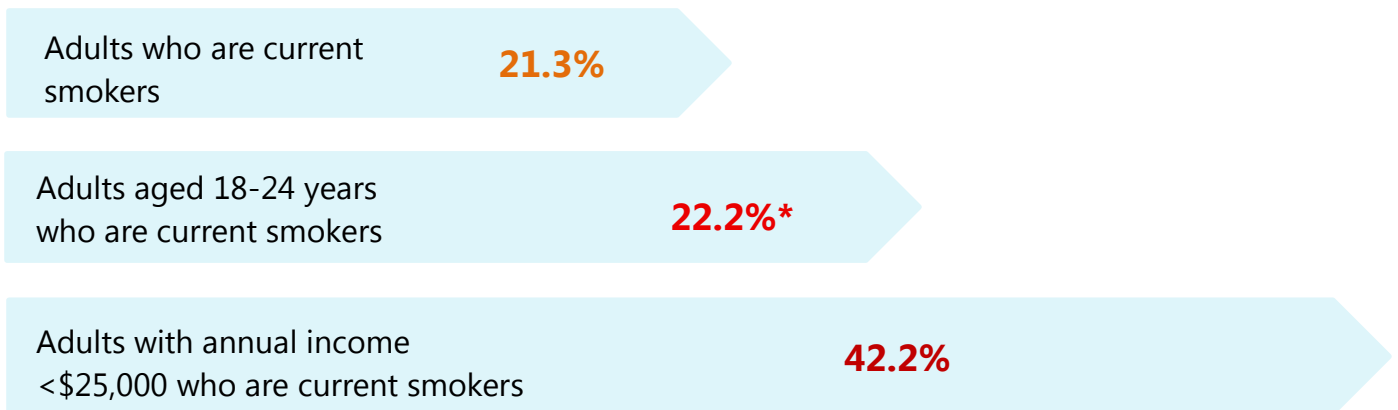
% of adults who consume 1+ sugary drinks daily

% of adults who consume fast-food 3+ times per week

Source: Expanded BRFSS, 2013-2014

The prevalence of cigarette smoking in Onondaga County is 21.3%, higher than the prevalence of 18.0% in NYS excluding NYC.²⁷ Within Onondaga County, the prevalence of cigarette smoking is higher among young adults (aged 18-24 years) and adults with an annual income less than \$25,000 (Figure 25).

Figure 25. Disparities in cigarette smoking, Onondaga County, 2013-2014



Source: Expanded BRFSS, 2013-2014

*Rate is unreliable due to large standard error

²⁷ Expanded BRFSS, 2013-2014

Prevent Chronic Disease Summary

Obesity is a significant concern in Onondaga County as the rates for both children and adults fail to meet the Prevention Agenda objectives. Also of concern is the County's diabetes rate and disparities in diabetes based upon race and ethnicity. Health behaviors like physical activity and nutrition contribute to high rates of both obesity and diabetes, and should be monitored in the future to identify trends. Finally, while the County is doing better than NYS excluding NYC in screening for many types of cancer, the County's cancer incidence and mortality rates continue to exceed NYS excluding NYC rates.

Prevention Agenda Priorities

The two Prevention Agenda priority areas to be addressed in Onondaga County are 1) **Promote Mental Health and Prevent Substance Abuse**, and 2) **Prevent Chronic Disease**. These priorities were reaffirmed by the community, as well as by health and public health professionals following a thorough data review and community engagement process over the course of a year.

Although the priorities themselves remain the same, the focus has shifted slightly for this Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) cycle. Within the area of Mental Health and Substance Abuse, the previous focus was on reducing the rate of drug-related newborn hospital discharges. Since that time, Onondaga County has continued to see an alarming increase in opioid abuse. The interventions proposed in the current CHIP are focused on addressing the broader issue of drug abuse in the community, with the goal of reducing opioid-related overdose deaths.

Within Chronic Disease, the previous CHIP focused on community based efforts to improve nutrition. The current CHIP is focused more specifically on reducing obesity in children and adults by implementing policies to improve access to healthy foods in the workplace and to children in the Syracuse City School District. The CHIP also includes interventions to enhance chronic disease self-management programs and improve linkages with primary care.

Health disparities are evident throughout the indicator data, and are noted in both priority areas. However, the disparity to be addressed specifically with these interventions is the higher rate of obesity in adults earning less than \$25,000 per year, and the higher rate of obesity among children attending school in the SCSD.

Community Engagement

To reaffirm existing or identify new priority areas, the Onondaga County Health Department (OCHD) and CHA/CHIP Steering Committee sought to gather feedback from the community on important health issues. A Community Engagement Survey was designed and distributed to reach average County residents, and focus groups were conducted to reach populations at higher risk for poor health outcomes. The survey was developed by the OCHD health assessment team, with input from the Steering Committee. Respondents were asked to select their top five priorities in each of four areas: Health Problems, Health Behaviors, Health Systems, and Healthy Community. Demographic information was also collected, and space for open-ended comments was provided. The survey was made available online and in hard copy in English and Spanish, and responses were anonymous. Participants had the option to include their name and contact information to enter to win one of 5 gift cards to a local shopping mall. The survey was distributed through a variety of outlets, including agency websites and social media pages. Paper copies were distributed to clinic areas for patients to complete as they waited for appointments. Steering Committee members and key stakeholders assisted by forwarding the survey link to community listservs, and promoting it to agency staff, including the staff of three large area hospitals. Through additional community outreach, the survey was distributed to employees of two local universities, volunteer firefighters, central library patrons, university students, YMCA members, and pharmacy customers at a

large local grocery chain, among others. A total of 3,485 survey responses were received. After removing non-Onondaga County residents and responses with no data, 2,799 responses remained. Of these, 31.4% were Syracuse residents, and 68.6% lived outside the City of Syracuse. Compared to the general population of Onondaga County, survey respondents were more likely to be female, between the ages of 50 – 64 years and have at least a 4-year college degree. Respondents were also less likely to report being black or African American or Hispanic.

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

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

Several other community initiatives occurring simultaneously with the CHA/CHIP process involved listening sessions that were attended by the OCHD health assessment team. Examples include Greater Syracuse H.O.P.E. anti-poverty coalition, the YMCA, and the Near West Side Initiative. While not conducted by the OCHD, the information gathered from these sessions also helped to inform the community's perceptions of, and barriers to health.

Onondaga County Community Health Improvement Plan (CHIP)

The scope of work included in the Onondaga County CHIP reflects interventions that will have a substantial impact on improving the health and wellbeing of County residents within the selected priority areas. These interventions were selected by the Steering Committee based upon their potential for broad impact and considerations made for the strengths and capacity of the OCHD and the hospitals partners.

The table below describes the objectives, activities, process measures, and partner agencies for each goal being addressed in the Onondaga County CHIP. The agency-specific work plans include actions and resources committed by the Onondaga County Health Department, St. Joseph's Hospital Health Center, and Crouse Hospital can be found in Appendices 3, 4, and 5.

In addition to the deep commitment from the OCHD and hospitals, a strong network of community partners is essential to the success of the proposed interventions. Within the Prevent Chronic Disease priority area, the work selected builds upon existing assets in the community including strong partnerships with key public health focused organizations such as HealtheConnections, the Lerner Center for Public Health Promotion, and the Central New York Care Collaborative. Each of these institutions have demonstrated a commitment to working towards addressing chronic diseases in Onondaga County and have been important partners throughout the CHA/CHIP process.

Identifying points of intervention within the Promote Mental Health and Prevent Substance Abuse priority area required careful consideration. Through the CHA process, feedback from key stakeholders, representatives from local government, and Onondaga County residents revealed challenges around access and barriers to drug treatment. While not addressed directly in the CHIP, these issues, including capacity for opioid overdose treatment, are being examined through the Onondaga County Drug Task Force. A key partner in this work, the Task Force is comprised of representatives from over 50 organizations, and is committed to addressing substance abuse through a focus on prevention, crisis, and treatment. A list of agencies participating in the Onondaga County Drug Task Force can be found in Appendix 6.

As noted above, significant health disparities exist within the selected priority areas. The interventions in the CHIP will focus on reducing the higher rates of obesity in adults earning less than \$25,000 per year, and in children attending school in the Syracuse City School District. This will be done by targeting programs to reach high risk geographic areas, and working directly with partners who serve at risk populations. More details can be found in the agency-specific appendices.

Onondaga County Community Health Improvement Plan 2016 – 2018

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders				
Goal 1: Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive alcohol consumption by adults				
Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
<p>1. By December 31, 2018, focus interventions on prevention, crisis and treatment to reduce:</p> <ul style="list-style-type: none"> Opioid-related overdose deaths by 15% from 91²⁸ to 77 The number of newborn drug-related discharges by 15% from 148²⁹ to 126 	<p>1. Increase education to providers through physician detailing and a targeted social marketing campaign in the areas of:</p> <ul style="list-style-type: none"> Early identification of substance abuse in patients Pain management, addiction and prescribing practices, including the Internet System for Tracking Over-Prescribing (I-STOP) 	<p><i>Number of providers receiving education on pain management, addiction, prescribing practices, and early identification of substance abuse</i></p> <p><i>Number of opioid prescriptions dispensed</i></p>	<p>OCHD Crouse Hospital St. Joseph's Hospital Upstate University Hospital OC Drug Task Force</p>	December 2018
	<p>2. Implement a community-based media and social marketing campaign to increase awareness of:</p> <ul style="list-style-type: none"> The opioid abuse problem Available services and how to access them 	<p><i>Number of unique visits to newly developed community education website</i></p> <p><i>Number of residents reached by educational campaign</i></p> <p><i>Number of community agencies using campaign materials</i></p>	<p>OCHD Crouse Hospital St. Joseph's Hospital Upstate University Hospital OC Drug Task Force OC Department of Aging & Long Term Care (DALTC)</p>	August 2017
	<p>3. Enhance instruction on pain management and opioid prescribing in medical school curriculum</p>	<p><i>Number of medical students / residents receiving prescriber education aligned with CDC recommendations</i></p>	<p>Upstate Medical University Crouse Hospital</p>	December 2018

²⁸ Onondaga County Medical Examiner's Office, 2016. Data are preliminary through 12/20/2016. Objective will be updated when all 2016 cases are finalized.

²⁹ NYSDOH County Health Assessment Indicators, 2014. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders				
Goal 1: Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive alcohol consumption by adults				
Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
	4. Implement standardized prescription drug monitoring program in local EDs	<i>A policy is developed and implemented in local EDs regarding patient education on correct pain medication usage as part of the discharge plan</i>	Crouse Hospital St. Joseph's Hospital Upstate University Hospital	July 2018
	5. Ensure proper discharge for patients treated for substance abuse disorder (SUD)	<i>Standard protocols developed for care transitions, including patients with SUD</i>	Crouse Hospital Upstate University Hospital CNYCC OC DALTC	December 2018
	6. Safeguard prescription opioids against diversion	<i>Number of individuals participating in prescription drug take-back events</i> <i>Pounds of prescriptions collected through Sharps, Needles, and Drug Disposal (SNADD) boxes</i>	OC Drug Task Force Crouse Hospital	December 2018
	7. Increase availability of Naloxone	<i>Number of individuals trained on use of Naloxone</i>	OC Drug Task Force OCHD St. Joseph's Hospital	December 2018
	8. Increase referrals for patients with substance abuse disorders	<i>Number of patients participating in patient navigator programs</i> <i>Number of adult patients screened using Screening Brief Intervention Referral to Treatment (SBIRT)</i> <i>Number of adolescent patients screened using SBIRT</i>	Crouse Hospital Upstate University Hospital CNYCC OC DALTC OCHD	December 2018

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders				
Goal 1: Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive alcohol consumption by adults				
Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
		<i>Number of referrals to substance abuse resources</i> <i>Number of home visitors trained in SBIRT administration</i>		
	9. Improve linkages between primary care and substance abuse treatment providers	<i>A directory of substance abuse treatment providers is developed and distributed.</i> <i>Number of primary care providers accepting Medicaid patients</i>	CNYCC OC DALTC <i>OC Drug Task Force</i> <i>Crouse Hospital</i>	December 2018

Priority Area: Prevent Chronic Disease

Focus Area 1: Reduce Obesity in Children and Adults

Goal 1: Create community environments that support healthy food and beverage choices and physical activity

Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
By December 31, 2018, reduce the age-adjusted percentage of adults ages 18 years and older who are obese: <ul style="list-style-type: none"> From 27.9%³⁰ to 25% among all adults From 33.9%³⁰ to 31% among adults with income less than \$25,000 	1. Increase the number of worksites with nutrition standards for healthy food and beverage procurement	<i>Number of worksites that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending)</i>	OCHD <i>St. Joseph's Hospital</i>	December 2017
	2. Improve sustainability of healthy food offerings through small retail venues, corner stores, mobile markets, community gardens, and food pantries	<i>Number of new mobile markets or produce delivery programs implemented</i> <i>Number of new community gardens planted and harvested</i>	OCHD <i>St. Joseph's Hospital</i>	December 2018

Goal 2: Expand the role of health care and health service providers and insurers in obesity prevention

Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
By December 31, 2018, increase the percentage of infants: <ul style="list-style-type: none"> Exclusively breastfed in the hospital from 54.3%³¹ to 60% Fed any breastmilk in the hospital from 76.7%³¹ to 81% 	1. Increase participation in CenteringPregnancy programs	<i>Number of pregnant women participating in CenteringPregnancy programs</i>	Upstate University Hospital Crouse Hospital	December 2018
	2. Increase the number of hospitals with Baby-Friendly designation	<i>Baby-Friendly Hospital letter of intent submitted</i>	Upstate University Hospital	August 2017

³⁰ Expanded BRFSS, 2013-2014

³¹ Statewide Perinatal Data System, 2015

Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

Goal 1: Promote tobacco use cessation, especially among low SES populations and those with poor mental health

Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
By December 31, 2018, decrease the age-adjusted prevalence of cigarette smoking from: <ul style="list-style-type: none"> • 21.3%³² to 19% among all adults • 42.2%³² to 40% among adults with annual household income less than \$25,000 	1. Expand smoking cessation programs for hospital employees	<i>Number of hospital employees participating in smoking cessation programs</i>	Crouse Hospital	December 2018
	2. Support smoking cessation at outpatient chemical dependency programs	<i>Number of patients receiving smoking cessation education at outpatient chemical dependency programs</i>	Crouse Hospital	December 2018
	3. Screen all primary care patients over 18 for tobacco use <ul style="list-style-type: none"> • Counsel tobacco users, refer to cessation programs and/or treat 	<i>Number of primary care provider offices implementing Million Hearts Campaign smoking cessation strategies</i>	Upstate University Hospital St. Joseph's Hospital CNYCC	December 2018

³² Expanded BRFSS, 2013-2014

**Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management
in Both Clinical and Community Settings**

Goal 1: *Promote culturally relevant chronic disease self-management education and prevention*

Objectives	Activity	Process Measures	Lead Agency & Partners	Target Date
By December 31, 2018, increase the percentage of adults who have taken a course or class to learn how to manage their chronic condition from 8.7% ³² to 11%	1. Improve and expand outreach to refugee community	<i>Number of chronic disease self-management education sessions conducted in refugee communities</i>	Crouse Hospital OCHD	
	2. Increase referrals to chronic disease self-management classes from primary care physicians	<i>Number of evidence-based self-management program workshops conducted</i> <i>Number of participants in self-management education and prevention programs</i> <i>Number of participants referred to workshops through primary care</i>	St. Joseph's Hospital Upstate University Hospital CNYCC	
	3. Increase coverage of the National Diabetes Prevention Program (NDPP) by self-insured employers and associated health plans	<i>Number of new self-insured employers with coverage of NDPP</i> <i>Number of employees newly insured for NDPP</i>	OCHD	

Partner Engagement

Over the course of the planning process, the Onondaga County CHA/CHIP Steering Committee met monthly to review data, implement solicitation of community feedback, and identify interventions. Beginning in 2017, the Steering Committee will meet quarterly in January, April, July, and October. The January and April meetings will focus on planning and progress toward implementing activities, as well as reviewing successes and challenges encountered with implementation. During the July meeting, the group will review preliminary data for process measures and make recommendations for course corrections as needed. The October meeting will involve planning for the annual progress report. Relevant new and updated community data will be reviewed at each meeting as appropriate, and any changes to community-based efforts impacting the priority areas will be discussed. The OCHD will also continue to engage, inform, and update both the Greater Syracuse H.O.P.E. anti-poverty coalition health committee, and the Onondaga County Drug Task Force on CHIP implementation activities on a quarterly basis.

Dissemination to the Public

The 2016-2018 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 Drug Task Force and the H.O.P.E. anti-poverty coalition, among others. Local media outlets, including Syracuse.com, 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 2017.

Appendix 1.a Improve Health Status and Reduce Health Disparities

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Premature death				
% of premature deaths (before age 65 years)	22.9 [§]	23.7	22.0	21.8
Premature deaths- ratio of black non-Hispanic to white non-Hispanic	2.35 [§]	1.98	2.10	1.87
Premature deaths- ratio of Hispanic to white non-Hispanic	2.92 [§]	1.92	2.24	1.86
Preventable hospitalization				
Preventable hospitalization rate (per 10,000)- Aged 18 + years	111.6 [§]	119.0	106.1	122.0
Preventable hospitalization- ratio of black non-Hispanic to white non-Hispanic	2.32 [§]	2.11	1.94	1.85
Preventable hospitalization- ratio of Hispanic to white non-Hispanic	1.17 [§]	1.52	1.51	1.38
Access to care				
% of adults with health insurance- Aged 18-64 years	91.3 [†]	87.6		100.0
% of adults who have a regular health care provider	84.3	84.5	84.7	90.8

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

*Rate is unstable or unreliable

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

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

[§]Statistical significance data not available

Appendix 1.b Priority Area: Promote Mental Health and Prevent Substance Abuse

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Mental health				
% of adults with poor mental health for ≥ 14 days in the last month	15.6	11.1	11.8	10.1
Suicide and self-inflicted injury				
Self-inflicted injury hospitalizations (per 10,000)	7.9 ^{††}	5.7	6.8	
Self-inflicted injury hospitalizations (per 10,000)- Aged 15-19 years	14.5 [†]	11.9	12.9	
Suicide mortality rate (per 100,000)	10.6 ^{††}	7.9	9.5	5.9
Suicide mortality rate (per 100,000)- Aged 15-19 years	6.7 [*]	5.1	5.9	
Alcohol abuse				
Emergency department visit rate (per 10,000)- Aged 18+ years	52.5 [†]	72.9		
Hospitalization rate (per 10,000)- Aged 18+ years	25.1 [†]	25.3		
% of adults binge drinking in the past month	18.8	17.7	17.2	18.4
Alcohol related motor vehicle injuries and deaths (per 100,000)	44.2 [†]	32.2	42.5	
% of motor vehicle deaths involving alcohol	30.0 [§]	23.0		
Substance abuse				
Emergency department visit rate (per 10,000)- Aged 18+ years	35.3 [†]	28.7		
Hospitalization rate (per 10,000)- Aged 18+ years	21.6 [†]	22.6		
Newborn drug-related hospitalizations (per 10,000 newborn discharges)	300.6 [§]	110.3	155.2	
Opioid overdose				
Emergency department visit rate (per 100,000)- All opioids	65.1 [§]		39.8	
Emergency department visit rate (per 100,000)- Involving heroin	49.7 [§]		28.7	
Emergency department visit rate (per 100,000)- Excluding heroin	15.4 [§]		11.1	
Hospitalization rate (per 100,000)- All opioids	19.9 [§]		16.1	
Hospitalization rate (per 100,000)- Involving heroin	7.3 [§]		5.5	
Hospitalization rate (per 100,000)- Excluding heroin	12.6 [§]		10.6	

The Onondaga County Community Health Assessment and Improvement Plan, 2016-2018

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Opioid overdose (continued)				
Mortality rate (per 100,000)- All opioids	8.1 [§]		6.8	
Opioid overdose mortality rate (per 100,000)- Involving heroin	6.2 [§]		3.8	
Opioid overdose mortality rate (per 100,000)- Involving opioid pain relievers	4.3 [§]		3.9	

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

*Rate is unstable or unreliable

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

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

[§]Statistical significance data not available

Appendix 1.c Priority Area: Prevent Chronic Disease

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Overweight and obesity				
% of students who are overweight or obese (85 th percentile or higher)	35.1 [§]		33.9	
% of students who are obese (95 th percentile or higher)	18.2 [§]		17.3	16.7
% of adults who are overweight or obese (BMI ≥ 25)	63.1	60.5	62.3	
% of adults who are obese (BMI ≥ 30)	27.9	24.6	27.4	23.2
% of adults with annual income less than \$25,000 who are obese (BMI ≥ 30)	33.9	28.5	33.5	
% of adults living with a disability who are obese (BMI ≥ 30)	38.7	35.4	36.9	
Diseases of the heart				
Mortality rate (per 100,000)	147.8 ^{†‡}	180.1	177.7	
Mortality rate (per 100,000)- Non-Hispanic white	143.0 [§]	182.8	179.0	
Mortality rate (per 100,000)- Non-Hispanic black	202.8 [§]	213.1	206.8	
Mortality rate (per 100,000)- Hispanic	98.2 [§]	136.2	111.8	
Diabetes				
% of adults with physician diagnosed diabetes	8.6	8.9	8.2	
Emergency department visit rate (per 10,000)- Aged 18+ years	23.5 [†]	23.4		
Emergency department visit rate (per 10,000)- Aged 18+ years-Non Hispanic white	15.4			
Emergency department visit rate (per 10,000)- Aged 18+ years-Black	88.1			
Emergency department visit rate (per 10,000)- Aged 18+ years- Hispanic	41.2			
Hospitalization rate (per 10,000)- Aged 18+ years	19.2 [†]	21.3		
Hospitalization rate (per 10,000)- Aged 18+ years- Non-Hispanic white	14.2			
Hospitalization rate (per 10,000)- Aged 18+ years- Black	59.5			
Hospitalization rate (per 10,000)- Aged 18+ years- Hispanic	27.2			

The Onondaga County Community Health Assessment and Improvement Plan, 2016-2018

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Diabetes (continued)				
Mortality rate (per 100,000)	16.4 ^{†‡}	17.4	15.5	
Mortality rate (per 100,000)- Non-Hispanic white	15.1 [§]	14.2	14.7	
Mortality rate (per 100,000)- Non-Hispanic black	33.8 [§]	34.4	28.9	
Mortality rate (per 100,000)- Hispanic	10.6* [§]	20.0	14.1	
All cancer				
Incidence rate (per 100,000)	529.2 ^{†‡}	489.2	510.8	
Mortality rate (per 100,000)	181.9 ^{†‡}	158.6	165.6	
Female breast cancer				
Incidence rate (per 100,000)	133.4	127.2	133.2	
Mortality rate (per 100,000)	19.7	20.9	20.9	
Lung and bronchus cancer				
Incidence rate (per 100,000)	77.9 ^{†‡}	61.6	68.6	
Mortality rate (per 100,000)	51.5 ^{†‡}	41.0	46.1	
Prostate cancer				
Incidence rate (per 100,000)	182.0 ^{†‡}	145.3	143.8	
Mortality rate (per 100,000)	22.2 [†]	20.0	18.5	
Cancer screening				
% of women who received breast cancer screening- Aged 50-74 years	87.9	80.9	80.5	
% of women who received cervical cancer screening- Aged 21-65 years	87.4	80.6	83.8	
% of women who received cervical cancer screening- Aged 21-65 years - With an annual household income <\$25,000	87.2	75.3*	75.5	
% of adults who received colorectal cancer screening - Aged 50-75 years	75.3	69.3	70.0	80.0
% of adults who received colorectal cancer screening- Aged 50-75 years - With an annual household income <\$25,000	69.1*	61.4	60.0	

The Onondaga County Community Health Assessment and Improvement Plan, 2016-2018

Indicator	Onondaga	NYS	NYS Excl. NYC	NYS 2018 Objective
Health behaviors				
% of adults who participated in leisure time physical activity in the past 30 days	73.4	72.9	73.8	
% of adults who consume ≥ one sugary drinks daily	25.2	24.7	24.7	
% of adults who consume fast-food ≥3 times per week	7.9	5.9	6.8	
% of adults who are current smokers	21.3	15.9	18.0	12.3
% of adults aged 18-24 years who are current smokers	22.2*	13.0	21.0	
% of adults with an annual household income <\$25,000 who are current smokers	42.2 ^{†‡}	24.2	29.3	

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

*Rate is unstable or unreliable

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

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

[§]Statistical significance data not available

Appendix 1.d Data Table Technical Notes

Improve Health Status and Reduce Health Disparities

Premature death

% of premature deaths

The percentage of deaths occurring before age 65 years, 2014. Ratios use 2012-2014 data and are calculated by dividing the rate for one race/ethnicity by the rate for the other race/ethnicity.

Data for Onondaga County and New York State are from the New York State Department of Health (NYSDOH) Office of Vital Statistics.

Preventable hospitalization

Preventable hospitalization rate

The age adjusted rate of preventable hospitalizations per 10,000 population aged 18 years and older, 2014. Ratios use 2012-2014 data and are calculated by dividing the rate for one race/ethnicity by the rate for the other race/ethnicity.

Data for Onondaga County and New York State are from the Statewide Planning and Research Cooperative System (SPARCS).

Access to care

% of adults with health insurance-Aged 18-64 years

The percentage of adults aged 18-64 who reported that they had health insurance coverage, 2014.

Data for Onondaga County and New York State are from the U.S. Census Bureau- Small Area Health Insurance Estimates

% of adults who have a regular health care provider

The age-adjusted percentage of adults who have a regular health care provider, 2013-2014.

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

Priority Area: Promote Mental Health and Prevent Substance Abuse

Mental health

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

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

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

Suicide and self-inflicted injury

Self-inflicted injury hospitalizations

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

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

Suicide mortality rate

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

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

Alcohol abuse

Emergency department visit rate

The age-adjusted emergency department visit rate due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older, 2012-2014.

Data for Onondaga County and New York State are from the New York Statewide Planning and Research Cooperative System (SPARCS).

Hospitalization rate

The age-adjusted hospitalization rate due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older, 2012-2014.

Data for Onondaga County and New York State are from the New York Statewide Planning and Research Cooperative System (SPARCS).

Alcohol abuse (continued)

% adults binge drinking in the past month The age-adjusted percent of adults binge drinking in the past month. Binge drinking is defined as ≥ 5 drinks (men) or ≥ 4 drinks (women) on at least one occasion during the past month, 2013-2014.

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

Alcohol related motor vehicle injuries and deaths

The rate of alcohol related motor vehicle injuries and deaths per 100,000 population, 2012-2014.

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

% of motor vehicle deaths involving alcohol

Percentage of driving deaths with alcohol involvement, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from the County Health Rankings, 2016, available at: <http://www.countyhealthrankings.org/app/new-york/2016/rankings/onondaga/county/outcomes/overall/snapshot>

Substance abuse

Emergency department visit rate

The age-adjusted emergency department visit rate due substance abuse per 10,000 population aged 18 years and older, 2012-2014. Cases of alcohol-related disorders were excluded

Data for Onondaga County and New York State are from the New York Statewide Planning and Research Cooperative System (SPARCS).

Hospitalization rate

The age-adjusted hospitalization rate due to substance abuse per 10,000 population aged 18 years and older, 2012-2014. Cases of alcohol-related disorders were excluded

Data for Onondaga County and New York State are from the New York Statewide Planning and Research Cooperative System (SPARCS).

Newborn drug-related hospitalizations

Newborn drug-related hospitalizations per 10,000 newborn discharges, 2014

Data for Onondaga County and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm.

Opioid overdose

Emergency department visit rate

The emergency department visit rate for opioid overdoses per 100,000 population, 2015.

Data for Onondaga County and New York State Excluding New York City are from the New York Statewide Planning and Research Cooperative System (SPARCS).

Hospitalization rate

The hospitalization rate for opioid overdoses per 100,000 population, 2015.

Data for Onondaga County and New York State Excluding New York City are from the New York Statewide Planning and Research Cooperative System (SPARCS).

Mortality rate

The rate of opioid overdose deaths per 100,000 population, 2015. 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.

Data for Onondaga County and New York State Excluding New York City are from NYSDOH Office of Vital Statistics.

Priority Area: Prevent Chronic Disease

Overweight and obesity

% of students who are overweight or obese The percentage of all students (Pre-K, K, 2nd, 4th, 7th, and 10th grades) attending public schools with a BMI at or above the 85th percentile, 2012-2014

Data for Onondaga County and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/obs_31.htm. The original data source is the Student Weight Status Category Reporting System (SWSCR) 2012-2014.

% of students who are obese The percentage of all students (Pre-K, K, 2nd, 4th, 7th, and 10th grades) attending public schools with a BMI at or above the 95th percentile, 2012-2014

Data for Onondaga County and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/obs_31.htm. The original data source is the Student Weight Status Category Reporting System (SWSCR), 2012-2014.

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

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

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

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

Diseases of the heart

Mortality rate The age-adjusted rate of deaths due to diseases of the heart per 100,000 population, 2012-2014.

Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm. Data by race and ethnicity for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Indicators by Race/Ethnicity at: <https://www.health.ny.gov/statistics/community/minority/county/>

Diabetes

<p>% of adults with physician diagnosed diabetes</p>	<p>The age-adjusted percent of adults who report being told of having diabetes (other than diabetes during pregnancy), 2013-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators: https://www.health.ny.gov/statistics/chac/chai/docs/dia_31.htm. The original data source is the Expanded BRFSS, 2013-2014.</p>
<p>Emergency department visit rate</p>	<p>Age-adjusted emergency department visit rate due to diabetes per 10,000 population aged 18 years and older, 2012-2014. Includes both Type 1 and Type 2 diabetes. Cases of gestational diabetes were excluded.</p> <p>Data for Onondaga County and New York State are from the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
<p>Hospitalization rate</p>	<p>Age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, 2012-2014. Includes both Type 1 and Type 2 diabetes. Cases of gestational diabetes were excluded.</p> <p>Data for Onondaga County and New York State are from the New York Statewide Planning and Research Cooperative System (SPARCS).</p>
<p>Mortality rate</p>	<p>Age-adjusted deaths due to diabetes per 100,000 population, 2012-2014.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/dia_31.htm. Data by race and ethnicity for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Indicators by Race/Ethnicity at: https://www.health.ny.gov/statistics/community/minority/county/</p>
<h2>Cancer indicators</h2>	
<p>Incidence rate</p>	<p>Age-adjusted new cancer cases per 100,000 population, 2010-2012.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm.</p>
<p>Mortality rate</p>	<p>Age-adjusted cancer deaths per 100,000 population, 2010-2012.</p> <p>Data for Onondaga County, New York State, and New York State Excluding New York City are available from NYSDOH County Health Assessment Indicators at: https://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm.</p>

Cancer screening

% of women who received breast cancer screening - Aged 50-74 years

The percentage of women aged 50-74 years who received a breast cancer screening based on the most recent clinical guidelines, 2013-2014.

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

% of 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, 2013-2014.

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

% of adults 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, 2013-2014.

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

Health behaviors

% of adults who participated in leisure time physical activity in the past 30 days

The age-adjusted percentage of adults who participated in leisure time physical activities for exercise in the past 30 days, 2013-2014.

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

% of adults who consume \geq one sugary drinks daily

The age-adjusted percentage of adults who consume regular soda or other sugar-sweetened drinks (fruit drinks, sweet tea, and sports or energy drinks) at least one or more times per day, 2013-2014.

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

% of adults who consume fast-food \geq 3 times per week

The age-adjusted percentage of adults who consume fast-food three or more times per week, 2013-2014.

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

Health behaviors (continued)

% of adults who are current smokers

The age-adjusted percent of adults who currently smoke cigarettes, 2013-2014. Current smoking is defined as having smoked 100 cigarettes during the lifetime and reported smoking every day or some days. Age-specific rates use crude values

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

Appendix 2: Community Engagement Survey Executive Summary

Background

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

Methodology

Survey Design | The survey was developed by the OCHD Health Assessment team, with input from the steering committee. The survey consisted of four main sections: Health Problems, Health Behaviors, Health Systems, and Healthy Community, as well as demographics. Each of the four topic areas asked respondents to choose their top five priorities from a list and included space for open-ended comments. The survey was made available online in English and Spanish. Paper copies were also developed in both English and Spanish. Survey responses were anonymous. Participants had the option to include their name and contact information to enter to win one of 5 gift cards to a local shopping mall. All identifying information was removed prior to analysis.

A copy of the survey tool (English) can be found in Appendix A.

Promotion and Distribution | The OCHD and steering committee members promoted the survey through a variety of outlets. OCHD added a survey link to its website and social media pages. Paper copies were distributed to health department clinics for patients to complete as they waited for appointments. The OCHD also shared the link with all County staff, and posted flyers and table tents in the elevator and cafeteria of the main office building. OCHD Senior Staff sent the survey link to community partners working directly with the public. Steering committee members and key stakeholders assisted by adding the survey to agency websites, forwarding to community listservs, and promoting it to agency staff, including the staff of three large area hospitals. Through additional community outreach, the survey was distributed to employees of two local universities, volunteer firefighters, central library patrons, university students, YMCA members, and pharmacy customers at a large local grocery chain, among others.

Data Entry | Surveys that were completed in OCHD clinics, or sent to the office via mail were entered by OCHD support staff. Surveys were excluded if the respondent did not live in Onondaga County or answer any questions.

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

Results

Response

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

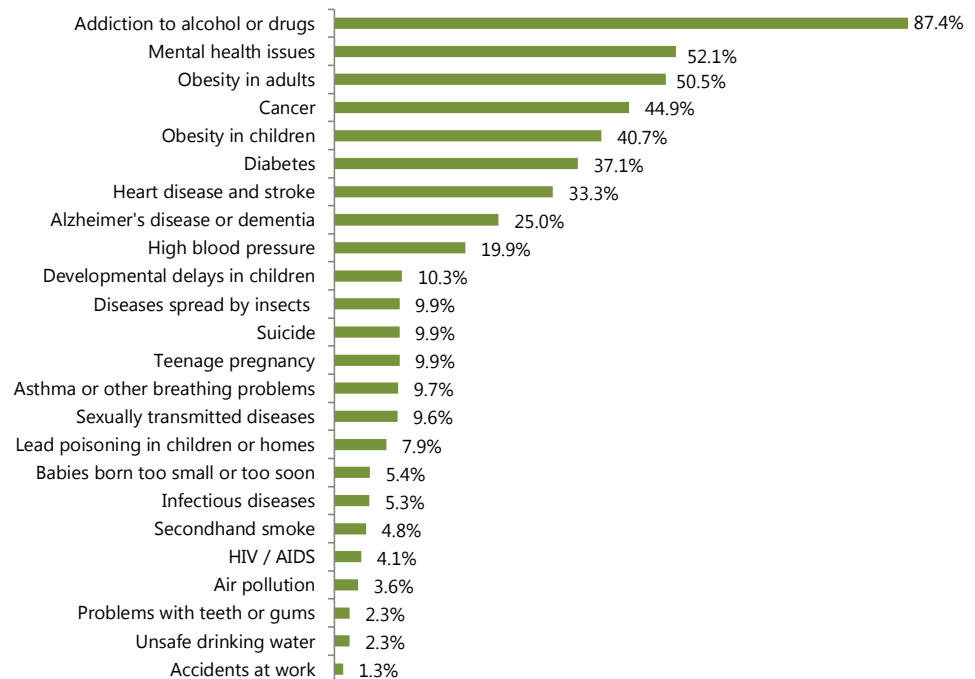
Despite numerous outreach efforts, no responses were received using the Spanish-language version of the survey.

Health Problems

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

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

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



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

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

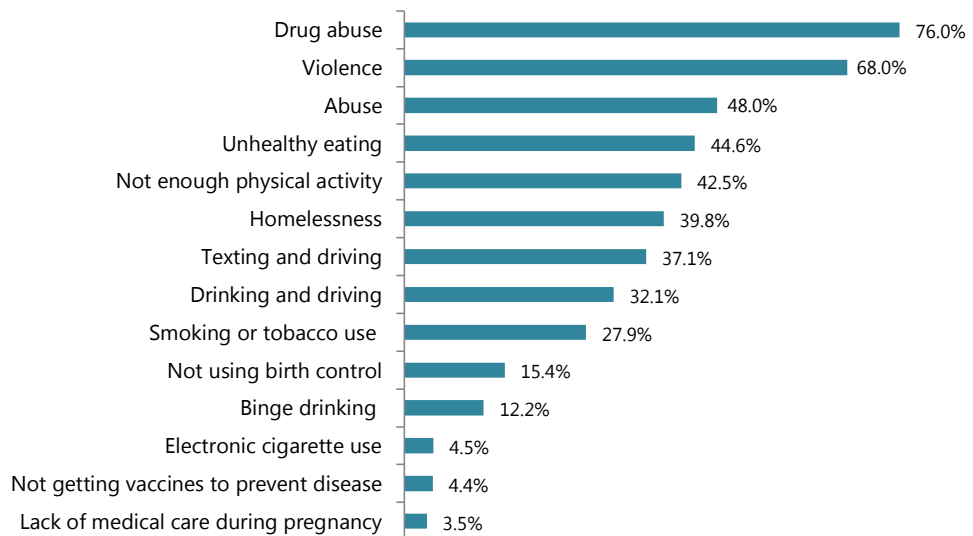
“(We need) better education of health in schools starting at an elementary level. Teaching children about the dangers of drugs. Teaching children how to eat healthy. More programs that allow children to receive a healthy meal. Having more activities children can participate in. More summer leagues of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

Health Behaviors and Social Factors

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

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

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



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

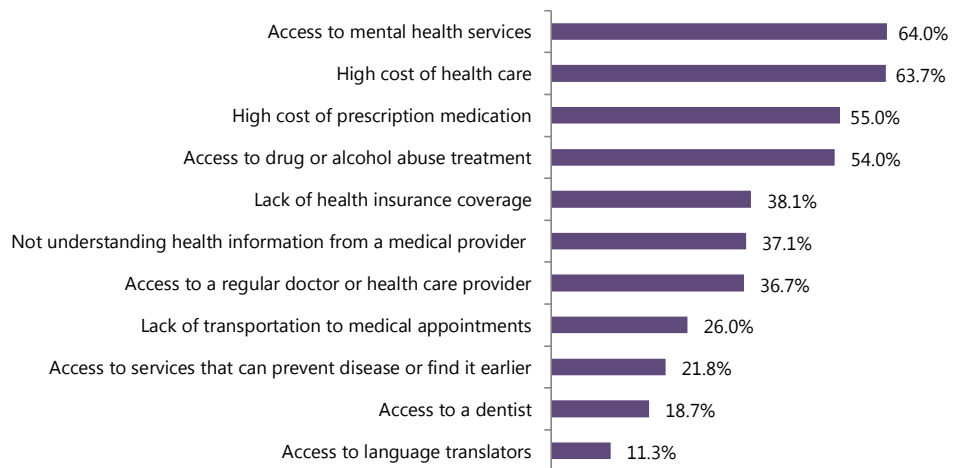
“Reaching the community where they are is extremely important. Promoting things at the hospital is useful, but [we need to] bring things to schools, community centers, and churches to bring the knowledge to them.”

Health System Issues

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

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

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



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

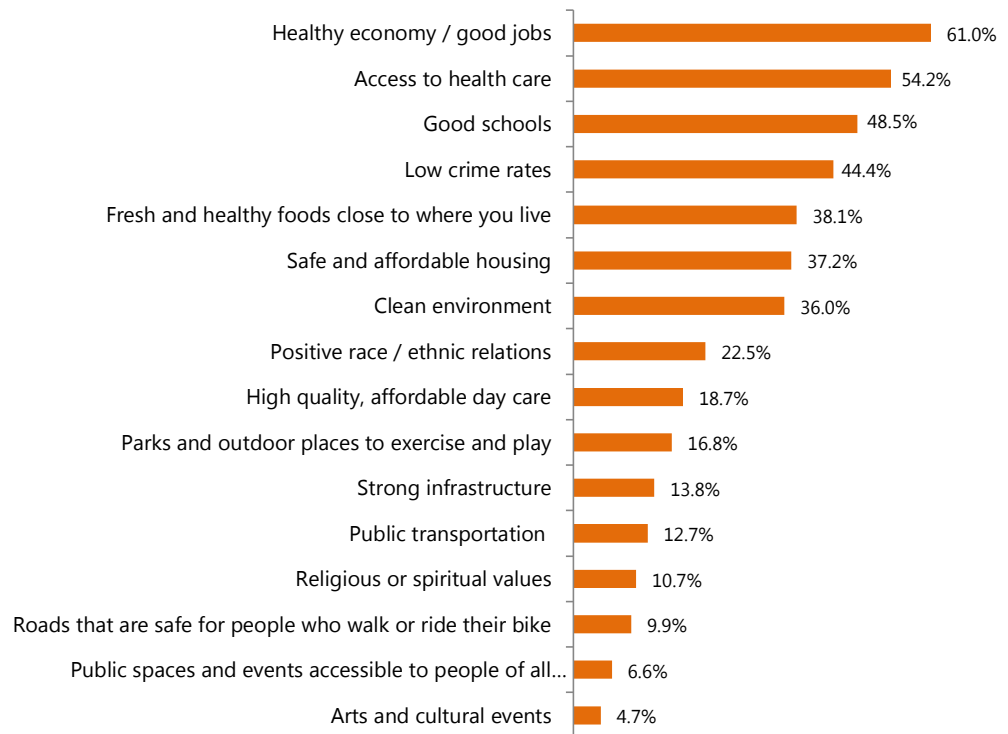
“People of all ages and ethnicities are (experiencing) short comings in health care, and it is quite sad. The health system just has to keep progressing and adapting to the current problems we face.”

Envisioning a Healthy Community

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

A healthy community includes many features that can improve the health and quality of life for residents. Survey respondents felt that a strong economy with good jobs was essential for a community to be healthy (61.0%). Respondents also wanted to see access to health care, good schools, low crime rates, and fresh and healthy foods close to where they live (Figure 4).

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



When providing open-ended feedback on a healthy community, responses focused on the desire for a community culture involving community pride and engagement, and strong values of cooperation, acceptance, integrity, support, respect and positivity.

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

**Notable
Geographic
Differences**

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

**Notable
Demographic
Differences**

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

- Black respondents reported concern about diabetes, high blood pressure and homelessness, while white respondents were more concerned about obesity in adults and children, and a lack of physical activity.
- Those reporting Hispanic ethnicity chose drinking and driving, homelessness, and a clean environment as high priorities, while non-Hispanics had more concerns around lack of physical activity and unhealthy eating.
- Respondents age 65 and older cited Alzheimer’s disease, dementia or memory loss, as well as drinking and driving as high priorities, while those younger than 65 years chose obesity in children, homelessness, and lack of physical activity.
- Males had greater concerns about access to a regular doctor or health care provider as a top priority while females were more concerned with a lack of health insurance coverage. Men were also more likely to cite a clean

environment as a feature of a healthy community, while women cited proximity to fresh and healthy foods.

- Those with a high school degree or less were more likely to be concerned about diabetes, drinking and driving, and texting and driving compared to those with at least some college.

Focus Groups

Process

The Onondaga County Health Department worked with community agencies to identify groups that were potentially underrepresented in the online survey. A facilitator's guide was developed to ensure consistency, and at least one facilitator and one note-taker attended each group. Each group was facilitated by a member of the OCHD Community Health Assessment team.

RISE

The first focus group was conducted with New Americans at Refugee & Immigrant Self-Empowerment (RISE). There were 17 adult participants. The majority were from Somalia, with Bhutan, Burma, and Kenya also represented. Two translators assisted with the session. Estimated ages ranged from 20 to 60 years old. The following themes were identified:

- Assistance is needed to identify housing that is accessible for those who are mobility impaired, and those with health concerns related to housing such as allergies, asthma and eczema.
- There is a need for family support around parenting, with special focus on the cultural gap between parents and older adolescent children.
- More resources are needed for individuals with physical and/or mental disabilities.

While specific concerns did not surface during the discussion, when asked to prioritize the health issues of the community, participants chose Mental Health and Substance Abuse as the highest priority (82%).

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

The next focus group was conducted at the County East Family Resource Center of P.E.A.C.E, Inc. Six participants attended, with the majority over 50 years of age. Themes:

- Concerns over water quality should be addressed, particularly for those on public water in East Syracuse.
- More resources are needed for mental health issues, particularly for those that are unrecognized or untreated.

SHS Executive Council

- Agencies in the community should work to better coordinate the services offered.

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

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

Themes:

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

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

Conclusion

Items for Action

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

To complement the qualitative analysis, the CHA/CHIP Steering Committee has gathered and reviewed quantitative data around the health status of Onondaga County residents. A wide variety of health indicators, as well as detailed information about the collection and review process, can be found in the Community Health Assessment. Examination of the quantitative data reinforced the top priorities of the community, and the CHA/CHIP Steering Committee elected to focus on interventions that **Prevent Chronic Diseases** and **Promote Mental Health and Prevent Substance Abuse** for the 2016 – 2018 Community Health Improvement Plan. Detailed information about implementation of interventions can be found in the CHIP.

Table 1. Top priority issues by geography

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

Source: Onondaga County Community Engagement Survey, 2016

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

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

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

Source: Onondaga County Community Engagement Survey, 2016

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

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

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders					
Goal: Prevent underage drinking, non-medical use of prescription drugs by youth, and excessive alcohol consumption by adults					
Objectives: 1) By December 31, 2018, reduce opioid-related overdose deaths by 15% from 91 ³³ to 77 2) By December 31, 2018, reduce the number of newborn drug-related discharges by 15% from 148 ³⁴ to 126					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 - Increase education to providers on pain management, addiction and prescribing practices, as well as early identification of substance abuse in patients	1. Identify and adapt, or develop appropriate educational materials	<i>Commissioner, assessment team, health promotion team</i>	1. Number of providers receiving education on pain management, addiction, prescribing practices, use of I-STOP and early identification of substance abuse 2. Percent of providers routinely using I-STOP 3. Number of home visiting staff trained in SBIRT	<i>Crouse Hospital, St. Joseph's Hospital, Upstate University Hospital, OC Drug Task Force</i>	Physician detailer trained by December 2017
	2. Train additional staff in physician detailing				Physician detailing completed by December 2018
	3. Schedule and complete detailing visits				Staff training completed by August 2017
	4. Implement SBIRT training for OCHD home visiting staff				
2. OC Plan Activity #2 - Implement a community-based educational campaign	1. Identify and secure funding for an educational campaign	<i>Assessment team, health promotion</i>	1. Number of residents reached by educational campaign	<i>Crouse Hospital, St. Joseph's Hospital,</i>	Partial funding secured – December 2016

³³ Onondaga County Medical Examiner's Office, 2016. Data are preliminary through 12/20/2016. Objective will be updated when all 2016 cases are finalized.

³⁴ NYSDOH County Health Assessment Indicators, 2014. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

on opioid abuse	2. Develop and implement media campaign	<i>team, Commissioner, Medical Director</i>	<i>2. Number of unique visits to newly developed community education website</i>	<i>Upstate University Hospital, OC Drug Task Force, OC Department of Aging and Long Term Care (DALTC)</i>	Media campaign launched – June - August 2017 Website live – June 2017 Materials distributed – June 2017
	3. Create new interactive website				
	4. Distribute all materials to hospitals, OC Drug Task Force agencies and other partners				
3. OC Plan Activity #6 - Safeguard prescription opioids against diversion.	1. Publicize and promote use of Sharps, Needles And Drug Disposal (SNADD) boxes throughout the county.		<i>1. Pounds of prescriptions collected through SNADD boxes</i>	<i>OC Drug Task Force</i>	Ongoing through December 2018
4. OC Plan Activity #7 - Increase availability of Naloxone	1. Train OCHD home visiting staff in the appropriate administration of Naloxone	<i>Medical Director</i>	<i>1. Number and percent of OCHD home visiting staff trained on use of Naloxone</i>	<i>OC Drug Task Force</i>	Completed – June 2016
	2. Support community trainings in Naloxone use				
5. New Activity - Participate in In-Depth Technical Assistance (IDTA) opportunity from OASAS to identify strategies to decrease neonatal abstinence syndrome (NAS).	1. Attend 2017 Policy Academy in Baltimore, MD	<i>Commissioner, health assessment team, Healthy Families team</i>	<i>1. NYS policy agenda and action plan developed</i>	<i>Crouse Hospital, Upstate University Hospital, Prevention Network</i>	Ongoing, initiated in November 2016
	2. Participate in NYS team to create a state-specific policy agenda and action plan to reduce NAS.				
	3. Strengthen collaboration across systems to address complex needs of those with opioid and other substance abuse disorders				

Priority Area: Prevent Chronic Disease

Focus Area 1: Reduce Obesity in Children and Adults

Goal 1: Create community environments that promote and support healthy food and beverage choices and physical activity

Objective: By December 31, 2018, reduce the age-adjusted percentage of adults ages 18 years and older who are obese:

- From 27.9%³⁵ to 25% among all adults
- From 33.9%³⁵ to 31% among adults with income less than \$25,000

Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Increase the number of agencies with nutrition standards for healthy food and beverage procurement	1. Develop action plans with 4-6 organizations or worksites to identify innovative strategies for offering healthy food options at the worksite	<i>Health promotion team, health assessment team</i>	1. Number of action plans developed and implemented 2. Number of individuals accessing settings with new procurement standards and practices 3. Number of healthy options purchased before and after implementation (sales data)	<i>HealthConnections, Near Westside Initiative, St. Joseph's Hospital, Syracuse Housing Authority, Centro, Early Childhood Centers</i>	December 2017
	2. Assist agencies with plan implementation, including promotion and evaluation of new interventions				
	3. Implement a special event to promote new standards and practices at each site				
2. New Activity – Implement additional Complete Streets policies within the City of Syracuse	1. Complete an assessment of Complete Streets practice implementation in Syracuse	<i>Health promotion team</i>	1. Number of new Complete Streets practices implemented 2. Number of streets in Syracuse with Complete Streets practices implemented	<i>City of Syracuse Transportation Planner, HealthConnections, Department of Transportation, Law Enforcement, Syracuse Metropolitan Transportation Council</i>	December 2017
	2. Work with partners to identify new projects that would benefit from Complete Streets practices				
	3. Implement new Complete Streets projects				

³⁵ Expanded BRFSS, 2013-2014

	4. Launch a social media campaign to promote awareness of health and safety benefits associated with Complete Streets practices				
3. OC Plan Activity #2 – Improve sustainability of healthy food offerings through small retail venues, corner stores, and mobile markets	1. Provide information, education, and support items to small retail venues/ corner stores on strategies to promote the sale of healthy foods and beverages	<i>Health promotion team</i>	1. Number of small retail venues/ corner stores supported 2. Number of additional mobile markets or produce delivery programs implemented	<i>HealtheConnections, Local Farmers, American Heart Association, Farm Fresh Mobile Markets</i>	December 2017
	2. Coordinate on-site mobile markets or produce delivery programs in high-need areas that are currently not being served				
Goal 2: Prevent childhood obesity through early child care and schools					
Objective: By December 31, 2018, reduce the percentage of children in the Syracuse City School District (SCSD) who are obese from 23.7% ³⁶ to 20%					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. New Activity – Increase the number of schools in the SCSD that have healthy nutrition environments	1. Develop and implement a comprehensive and strong Local Wellness Policy (LWP)	<i>Health promotion team, health assessment team</i>	1. Use Wellness School Assessment Tool (WellSAT 2.0) to evaluate the revised SCSD LWP; compare with previous score 2. Environmental assessment completed 3. Number of students attending schools complying with revised LWP	<i>SCSD – Wellness Committee, SCSD – Food Service Director, Cornell Cooperative Extension, American Heart Association</i>	1. Complete - October 2016
	2. Conduct a baseline environmental assessment in 4-6 school buildings to identify compliance with the revised LWP				2-3. December 2017
	3. Develop and action plans to increase compliance with the revised LWP				

³⁶ Student weight status category reporting system, 2012-2014

2. New Activity – Increase the number of schools in the SCSD that have adopted and implemented a comprehensive school physical activity program (CSPAP)	1. Conduct a baseline CSPAP assessment in 4-6 school buildings	<i>Health promotion team, health assessment team</i>	<p>1. Number of school buildings implementing CSPAP</p> <p>2. Number of children attending schools with CSPAP in place</p> <p>3. Number of students participating in physical activity during recess, before and after recess kits</p>	<p>SCSD – Wellness Committee, YMCA, SCSD – Physical Education Director</p>	December 2017
	2. Develop, implement, and evaluate improvement plans to improve CSPAP activities				
	3. Distribute and evaluate recess kits provided to 4-6 elementary school buildings				
Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings					
Goal 1: Promote culturally relevant chronic disease self-management education and prevention					
Objective: By December 31, 2018, increase the percentage of adults who have taken a course or class to learn how to manage their chronic condition from 8.7% ³⁷ to 10%					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #3 – Increase coverage of the National Diabetes Prevention Program (NDPP) by self-insured employers and associated health plans	1. Contact 3-5 self-insured employers and provide education on NDPP coverage	<i>Health promotion team</i>	<p>1. Number of new self-insured employers with coverage for NDPP</p> <p>2. Number of employees newly insured for NDPP</p>	<p>City of Syracuse businesses, YMCA, Local media</p>	December 2017
	2. Obtain agreement for coverage from at least two new employers				

³⁷ Expanded BRFSS, 2013-2014

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

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders					
Goal: Prevent underage drinking, non-medical use of prescription drugs by youth, and excessive alcohol consumption by adults					
Objectives: 1) By December 31, 2018, reduce opioid-related overdose deaths by 15% from 91 ³⁸ to 77 2) By December 31, 2018, reduce the number of newborn drug-related discharges from 148 ³⁹ to 126					
Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 - Increase education to providers on pain management, addiction and prescribing practices, as well as early identification of substance abuse in patients	1. Schedule and complete educational visits in collaboration with the OCHD	<i>OC Drug Task Force representatives; Community Benefit staff; OCHD health promotion team</i>	<i>1. Number of providers receiving education on pain management, addiction, prescribing practices and early identification of substance abuse 2. Number of opioid prescriptions dispensed</i>	<i>Crouse Hospital, Upstate University Hospital, OC Drug Task Force, OCHD</i>	Physician detailing completed by December 2018
2. OC Plan Activity #2 – Implement a community-based educational campaign on opioid abuse	1. Develop and implement media campaign in collaboration with the OCHD	<i>Community Benefit staff; marketing and communications team,</i>	<i>1. Number of residents reached by educational campaign</i>	<i>Crouse Hospital, Upstate University Hospital,</i>	Media campaign launched – June - August 2017

³⁸ Onondaga County Medical Examiner's Office, 2016. Data are preliminary through 12/20/2016. Objective will be updated when all 2016 cases are finalized.

³⁹ NYSDOH County Health Assessment Indicators, 2014. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

	2. Distribute materials throughout the St. Joseph's system; provide education at internal leadership meetings; integrate campaign into social media and PR efforts as appropriate	<i>OCHD health promotion team</i>	<p>2. Number of unique visits to newly developed community education website</p> <p>3. Number of community agencies using campaign materials</p>	OC Drug Task Force, OCHD	<p>Website live – June 2017</p> <p>Materials distributed – June 2017</p>
3. OC Plan Activity #4 – Implement standardized prescription drug monitoring program in local EDs		<i>OC Drug Task Force representatives; ED leadership</i>	<i>1. A policy is developed and implemented in local EDs regarding patient education on correct pain medication usage as part of the discharge plan</i>	<i>Crouse Hospital, Upstate University Hospital</i>	July 2018
4. OC Plan Activity #7 - Increase availability of Naloxone	1. Create training opportunities for staff in the appropriate administration of Naloxone	<i>Behavioral Health leadership; medical education leadership; clinical education leadership</i>	<i>1. Number and percent of relevant/targeted Behavioral Health staff trained on use of Naloxone</i>	OC Drug Task Force	<p>Completed 2016 – Behavioral Health facilitated two trainings (July 2016 & September 2016) resulting in the training of 45 staff members.</p> <p>Additional training targeted for 2017</p>

Priority Area: Prevent Chronic Disease

Focus Area 1: Reduce Obesity in Children and Adults

Goal 1: Create community environments that promote and support healthy food and beverage choices and physical activity

Objective: By December 31, 2018, reduce the age-adjusted percentage of adults ages 18 years and older who are obese:

- From 27.9%⁴⁰ to 25% among all adults
- From 33.9%⁴⁰ to 31% among adults with income less than \$25,000

Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Increase the number of agencies with nutrition standards for healthy food and beverage procurement	1. Implement Healthy vending initiative	<i>Community Benefit team, nutritional services, St. Joseph's auxiliary</i>	<i>1. Number of healthy options purchased at the time of implementation and in the quarters/years following (trending)</i>	OCHD	December 2017
	2. Raise awareness among employees and the public on the benefits of healthy choices				
	3. Participate in OCHD's "special event" promoting healthy food and beverage practices				
2. OC Plan Activity #2 - Improve sustainability of healthy food offerings through small retail venues, corner stores, and mobile markets	1. Coordinate on-site mobile markets or produce delivery programs in high-need areas that are currently not being served	<i>Community Benefit staff</i>	<i>1. Number of additional mobile markets or produce delivery programs implemented</i>	OCHD Community centers/community-based organizations	July, 2018

⁴⁰ Expanded BRFSS, 2013-2014

Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

Goal 1: Promote tobacco use cessation, especially among low SES populations and those with poor mental health

Objectives: By December 31, 2018, decrease the age-adjusted prevalence of cigarette smoking from:

- 21.3%⁴¹ to 19% among all adults
- 42.2%⁴¹ to 40% among adults with annual household income less than \$25,000

Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #3 - Screen all primary care patients over 18 for tobacco use. Counsel tobacco users, refer to cessation programs and/or treat	1. Monitor screening compliance in all owned primary care practices on a monthly basis	<i>Community Benefit staff; Population Health Management team</i>	1. Number of primary care provider offices implementing Million Hearts Campaign smoking cessation strategies	CNYCC	December 2018
	2. Provide collaborative clinical education to further improve measures as appropriate		2. Percent compliance with screening for tobacco use (# screened/# eligible) with the ultimate goal of reaching 19% by 2019		

⁴¹ Expanded BRFSS, 2013-2014

**Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management
in Both Clinical and Community Settings**

Goal 1: Promote culturally relevant chronic disease self-management education and prevention

Objective: By December 31, 2018, increase the percentage of adults who have taken a course or class to learn how to manage their chronic condition from 8.7%⁴² to 10%

Activity	Actions	Person Responsible	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #2 - Increase referrals to chronic disease self-management classes from primary care physicians	1. Determine the best pathway for patients according to payor: development of internal DPP program vs. working with the YMCA	<i>Chronic Disease Management team; Dietitians</i>	<i>1. Number of evidence-based self-management program workshops conducted</i>	<i>YMCA - Senior Healthy Living Director</i>	December 2018
	2. Develop and implement a process for targeting pre-diabetic patients and facilitating enrollment into a DPP program		<i>2. Number of participants referred to workshops through primary care</i>		

⁴² Expanded BRFSS, 2013-2014

Appendix 5: Crouse Health

New York State 2016 Community Health Assessment and Improvement Plan and Community Service Plan

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

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

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

Crouse Health Mission

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

Vision

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

Values

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

Strategic Initiatives 2016 – 2017

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

Community Served by Crouse Health

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

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

Crouse CDTS is the region's largest provider of substance abuse services, and is the only hospital-based program in the region. CDTS provides a comprehensive system of assessment and treatment services for

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

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

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

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

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

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders

Goal: Prevent underage drinking, non-medical use of prescription drugs by youth, and excessive alcohol consumption by adults

Objectives: **1)** By December 31, 2018, reduce opioid-related overdose deaths by 15% from 91⁴³ to 77
2) By December 31, 2018, reduce the number of newborn drug-related discharges by 15% from 148⁴⁴ to 126

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 - Increase education to providers in the areas of: early identification of substance abuse in patients and pain management, addiction and prescribing practices	1. Provide education to inpatients' providers on patient pain management	<i>Crouse staff, educational materials, IT staff, CDTS staff, community collaborative</i>	1. Number of providers receiving education on pain management, addiction, prescribing practices, and early ID of substance abuse 2. Number of individuals successfully completing treatment, increased patient access to mental health, housing, employment services	St. Joseph's Hospital, Upstate University Hospital, OC Drug Task Force, OCHD, HealthConnections	December 2018
	2. Increase data sharing on patients' pain management within Crouse Health Network				
	3. Enhance existing programs through evidence-based innovative treatment and strengthen partnerships with CBOs to address the social determinants of health				

⁴³ Onondaga County Medical Examiner's Office, 2016. Data are preliminary through 12/20/2016. Objective will be updated when all 2016 cases are finalized.

⁴⁴ NYSDOH County Health Assessment Indicators, 2014. https://www.health.ny.gov/statistics/chac/chai/docs/sub_31.htm

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
<p>2. OC Plan Activity #2 – Implement community-based educational campaign to increase awareness of the opioid abuse problem and available services and how to access them</p>	<p>1. Promote website at all public substance abuse educational programs</p>	<p><i>Staff, educational materials, crouse.org</i></p>	<p><i>1. Number of unique visits to newly developed community education website</i></p>	<p><i>OCHD, St. Joseph’s Hospital, Upstate University Hospital, OC Drug Task Force, OC Department of Aging and Long Term Care (DALTC)</i></p>	<p>December 2018</p>
	<p>2. Promote website on Crouse Hospital website; educational materials available to all and placed at Crouse; distribute materials at all agency meetings attended by Crouse staff</p>		<p><i>2. Number of residents reached by educational campaign</i></p>		
<p>3. OC Plan Activity #3 – Enhance instruction on pain management and opioid prescribing in medical school curriculum</p>	<p>1. Provide education to all Upstate Medical University students who attend programs at Crouse CDTS on unintended effects of opioid pain medication</p>	<p><i>Crouse staff</i></p>	<p><i>1. Number of medical students receiving prescriber education aligned with CDC recommendations</i></p>	<p><i>Upstate Medical University</i></p>	<p>December 2018</p>
<p>4. OC Plan Activity #4 – Implement standardized prescription drug monitoring program in local Emergency Departments (EDs)</p>	<p>1. Implement policy in collaboration with St. Joseph’s Hospital Health Center and Upstate University Hospital to educate patients on correct use of pain medication</p>	<p><i>ED staff, public education materials, CDTS staff, I-STOP, Crouse EMR</i></p>	<p><i>1. A policy is developed and implemented in local EDs regarding patient education on correct pain medication usage as part of the discharge plan</i></p>	<p><i>St. Joseph’s Hospital, Upstate University Hospital</i></p>	<p>December 2018</p>
	<p>2. Continue Crouse ED policy to complete medical screening on patients displaying symptoms of potential substance abuse</p>				
	<p>3. Continue hospital policy for pain management in the ED - if patient meets identified criteria and has not seen a provider one dose of pain medication is prescribed</p>				

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
5. OC Plan Activity #5 – Ensure proper discharge for patients treated for substance use disorder	1. Continue and enhance Crouse Hospital Intervention Service, consultations at the patient’s bedside with a Substance Abuse counselor when attending physician has suspicions of SUD	<i>CDTS staff, hospitalists, physicians</i>	1. Standard protocols developed for care transitions, including patients with Substance Use Disorder (SUD)	St. Joseph’s Hospital Upstate University Hospital CNYCC OC DALTC	December 2018
	2. Develop an inter-hospital collaboration for inpatient assessment for substance abuse for Medicaid patients				
6. OC Plan Activity #6 – Safeguard prescription opioids against diversion	1. Provide patient education to hospital inpatients and outpatients including patients in the methadone treatment program	<i>Staff, brochures, website</i>	1. Number of individuals participating in prescription drug take-back events	OC Drug Task Force	December 2018
7. OC Plan Activity #8 – Increase referrals for patients with substance abuse disorders	1. Work with CNY Care Collaborative peer support program and Crouse Health Network to expand patient navigator program	<i>Communications staff, CDTS staff, website, educational materials</i>	1. Number of patients participating in patient navigator programs	HealthConnections Upstate University Hospital CNYCC OC DALTC	December 2018
	2. Expand use of SBIRT in expanded ED space		2. Number of adult patients screened using SBIRT in EDs		
	3. Create links on hospital and providers’ websites to Combat Heroin website and create links on hospital and providers’ websites to the Prevention Network list of resources		3. Number of referrals to substance abuse resources		

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
8. OC Plan Activity #9 – Improve linkages between primary care and substance abuse treatment providers	1. Improve linkages between primary care and substance abuse treatment providers	<i>CDTS staff</i>	<i>1. A directory of substance abuse treatment providers is developed and distributed</i>	<i>CNYCC, OCDALTC, OC Drug Task Force</i>	December 2018

Crouse Health Chemical Dependency Treatment Services Description

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

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

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

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

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

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

- Perinatal Substance Abuse Committee
- Onondaga County Drug Task Force
- Onondaga County Community Service Board
- Prevention Network.

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

Crouse CDTS Services

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

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

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

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

Patients have access to a vocational counselor and work on employability skills. Additionally, through partnerships with other Crouse Hospital departments and community partners such as Children's Consortium, Catholic Charities,

Vera House, Cornell Cooperative Extension, ACR Health and Onondaga County Department of Health, Crouse offers classes on topics such as childbirth and parenting; nutritional programming; preventing sexually transmitted and communicable diseases; and family planning education.

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

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

Priority Area: Prevent Chronic Disease

Focus Area 1: Reduce Obesity in Children and Adults

Goal 1: Create community environments that promote and support healthy food and beverage choices and physical activity

Objective: By December 31, 2018, reduce the age-adjusted percentage of adults ages 18 years and older who are obese:

- From 27.9%⁴⁵ to 25% among all adults
- From 33.9%⁴⁵ to 31% among adults with income less than \$25,000

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Increase the number of worksites with nutrition standards for healthy food and beverage procurement	1. Expand Crouse “Simply Well” nutrition, exercise and wellness program to staff, their families, and worksites in the Crouse Health Network	<i>“Simply Well” educational materials, nutrition information, exercise classes</i>	<i>1. Number of worksites that develop and adopt policies to implement nutrition standards</i>	<i>OCHD, St. Joseph’s Hospital</i>	<i>December 2017</i>

⁴⁵ Expanded BRFSS, 2013-2014

Goal 2: Expand the role of health care and health service providers and insurers in obesity prevention

Objective: By December 31, 2018, increase the percentage of infants:

- Exclusively breastfed in the hospital from 54.3%⁴⁶ to 60%
- Fed any breastmilk in the hospital from 76.7%⁴⁶ to 81%

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 - Increase participation in CenteringPregnancy programs	1. Collaborate with Crouse CDTS and Upstate OB/GYN to encourage women to enter CenteringPregnancy program for substance abusing women	<i>CDTS staff</i>	<i>1. Number of pregnant women participating in CenteringPregnancy programs</i>	<i>Upstate University Hospital OB/GYN staff</i>	December 2018
2. OC Plan Activity #2 – Increase the number of hospitals with Baby-Friendly designation	1. Achieve all 2017 DOH mandates related to breast feeding and move toward Baby Friendly designation	<i>Kienzle Family Maternity Center and Baker Regional NICU staff/physicians</i>	<i>1. 2017 DOH mandates achieved</i>		December 2017

⁴⁶ Statewide Perinatal Data System, 2015

Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

Goal 1: Promote tobacco use cessation, especially among low socioeconomic status (SES) populations and those with poor mental health

Objectives: By December 31, 2018, decrease the age-adjusted prevalence of cigarette smoking from:

- 21.3%⁴⁷ to 19% among all adults
- 42.2%⁴⁷ to 40% among adults with annual household income less than \$25,000

Activity	Actions	Person Responsible / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Expand smoking cessation programs for hospital employees	1. Continue and expand Quit for Life program for employees throughout the Crouse Health Network and their families	<i>Counseling, medication recommendations, free nicotine replacement products, quit guides, online forums, help guide for family and friends</i>	<i>1. Number of hospital employees/family members participating in smoking cessation programs</i>		December 2018
2. OC Plan Activity #2 – Support smoking cessation at outpatient chemical dependency programs	1. Strengthen smoking cessation and support, including addressing triggers and decreasing stress factors for patients in outpatient chemical dependency services	<i>Counseling, help guides, community collaboratives</i>	<i>1. Number of patients receiving smoking cessation education at outpatient chemical dependency programs</i>		December 2018
3. OC Plan Activity #3 – Screen all primary care patients over 18 for tobacco use – counsel tobacco users, refer to cessation programs and/or treatment	1. Work with Crouse Medical Practice in implementation of Million Hearts Campaign	<i>Crouse Health Network staff, patient/family educational materials, Crouse social media sites</i>	<i>1. Number of primary care provider offices implementing Million Hearts Campaign smoking cessation strategies</i>	<i>Upstate University Hospital, St. Joseph’s Hospital, CNYCC</i>	December 2018
	2. Work through Crouse Heart Caring program to initiate 100 Congregations for Million Hearts Campaign				
	3. Join the Tobacco 21 Campaign to raise the sale age for tobacco products to 21 to improve public health				

⁴⁷ Expanded BRFSS, 2013-2014

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Goal 1: Promote culturally relevant chronic disease self-management education and prevention

Objective: By December 31, 2018, increase the percentage of adults who have taken a course or class to learn how to manage their chronic condition from 8.7%⁴⁸ to 10%

Activity	Actions	Responsible Person / Resources	Process Measures	Partner Agencies	Target Date
1. OC Plan Activity #1 – Improve and expand outreach to refugee community	1. Provide education through Visit to Hospital Land programs and Heart Caring initiatives	<i>Crouse staff</i>	<i>1. Number of chronic disease self-management education sessions conducted in refugee communities</i>	<i>OCHD</i>	December 2018
2. OC Plan Activity #2 – Increase referrals to chronic disease self-management classes from primary care physicians	1. Work within Crouse Health Network physician leadership to educate providers on chronic disease management including use of self-management tools	<i>Crouse Medical Practice staff/physicians, Crouse staff, EMR, Crouse Health Network staff/physicians</i>	<i>1. Number of evidence-based self-management program workshops conducted</i> <i>2. Number of participants referred to workshops through primary care</i>	<i>St. Joseph’s Hospital, Upstate University Hospital, CNYCC</i>	December 2018
	2. Increase use of data with Crouse Health Network for chronic care management including care coordination to increase number of patients referred to chronic disease self-management classes				

⁴⁸ Expanded BRFSS, 2013-2014

Crouse Health Programs

Addressing the Prevention Agenda Priority Area: Prevent Chronic Diseases

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

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

- Health Care Proxy Card Program distribution by mail and at events
- Crouse Hospital medical library is open to the community and staff serve as Health Literacy Network for CNY members
- Student Mentoring Program for hundreds of healthcare students each year

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

Appendix 6.

Onondaga Drug Task Force Member Agencies*

Adapt Pharma
Addicted To Hope
American Medical Response (AMR) of Central New York
Baldwinsville Addiction Awareness Group
Belvedere Addictions Center
Conifer Park
Crouse Hospital
District Attorney's Office
Eric Mower + Associates
Excellus BlueCross BlueShield
Gifford Foundation
Greater Syracuse Labor Council
Heroin Epidemic Action League (HEAL) Madison County
Justice Center Oversight Committee (JCOC)
Kinney Drugs
Le Moyne College
MAK Consultants
North Area Volunteer Ambulance Corps (NAVAC), Inc.
NYS Office of Alcoholism and Substance Abuse Services (OASAS)
NYS Senator David Valesky's Office
NYS Police
Onondaga Community College
Onondaga County Department of Social Services-Economic Security
Onondaga County Department of Adult Long Term Care
Onondaga County Department of Probation
Onondaga County District Attorney's Office – Task Force Co-Chair
Onondaga County Health Department – Task Force Co-Chair
Onondaga County Medical Society
Onondaga County Sheriff's Department
POMCO
Prevention Network
ProAct RX
REACH CNY, Inc.
Rescue Mission
Southwest Community Center
Statewide Peer Assistance for Nurses (SPAN)
St. Joseph's Hospital Health Center
SUNY Upstate Medical University
Syracuse Behavioral Healthcare
Syracuse City School District
Syracuse Community Treatment Court

Onondaga Drug Task Force Member Agencies*

Syracuse Recovery Services

Syracuse University

Tully Hill

United Way of Central New York

Upstate New York Poison Center

Upstate Psychiatry and Behavioral Sciences

U.S. Senator Kirsten Gillibrand's Office

U.S. Senator Charles Schumer's Office

Wegmans

West Genesee Central School District

Workers' Compensation Pharmacy Benefit Management

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